

Primary Health Care Governance in Quebec

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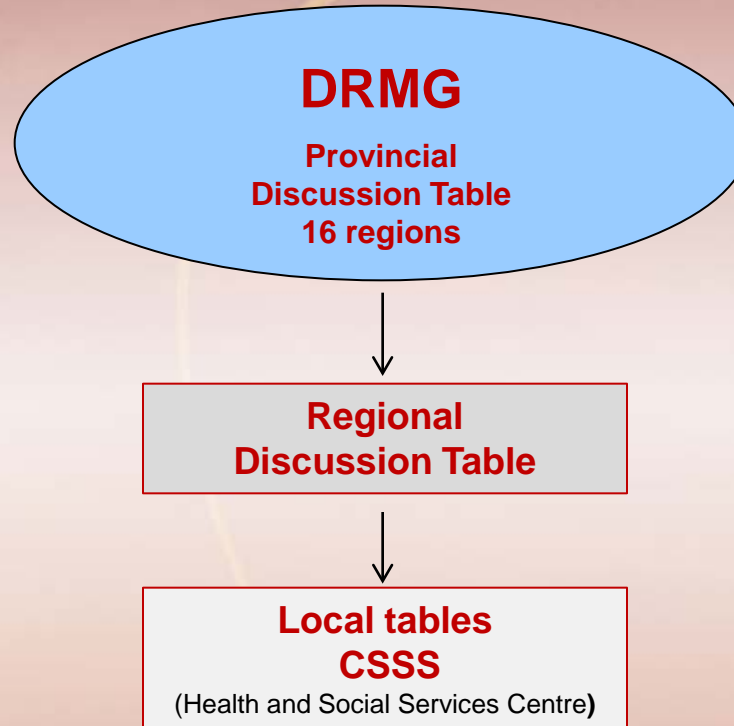
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History of Regional Departments of General Medicine (DRMG)

- Year 2000 : Clair Commission
- Agreement between the Health and Social Services Ministry and the FMOQ (Union of General Physicians)
- The LSSSS (Act respecting Health Services and Social Services) has lead to the creation of the DRMG

The DRMG in Québec



Example

Montérégie:

- A population of 1.5 million
- 1350 general physicians
- 11 Local Discussion Tables (CSSS)

The DRMG in Montérégie

Local Discussion Tables (11 CSSS)

Front Line Medical Practice:

- Family Medicine Groups (FMG)
- Network clinics
- CLSC (Local Community Services Centre)

CSSS Authority:

- CEO
- Medical Director
- Chief of General Medicine Dept.

Role of the DRMG - Regional

- Medical Workforce Regional Plan
- Management of special medical activities
- Promotion of FMG
- Evaluation of the FMG services
- Crisis management regarding access to primary and secondary care physicians

Role of the DRMG - Local

- Bring general physicians together
- Solve local problems: short and long-term care, obstetrics, emergency, access to technical platforms, specialty consultation, distribution of new doctors, front line networks.
 - Promotion and development of computerisation of doctors and clinics;
 - Integration of advanced nurses
 - Creation of collective prescriptions.
 - Access to specialized services, diagnostic and consultation

Role of the DRMG - Local

One-stop access service for vulnerable clients
without a family doctor (GACO)

- 30% of the population doesn't have access to a family doctor;
- Agreement between the Health Ministry and the FMOQ en 2008;
- Appointment of a local medical coordinator by the local DRMG;
- A nurse evaluates the demands of patients in order to prioritize access to a family doctor;
- SIGACO : computerized provincial data bank.

DRMG achievements in Montérégie 2012-2013

- FMG promotion: 2 new FMG
- Evaluation of the FMG services: 20/38
- Distribution of 46 new physicians
- Since the creation of GACO in 2008:
 - number of patients referred to a physician: 79 537
- Creation of an evaluation tool for each CSSS for a better share of work between general physicians and specialists in hospitals

Conclusion

Objectives of the DRMG are:

- establishment of structures that will promote the continuity of care;
- improvement of the interdisciplinary work;
- improvement of the management by supporting the front line by various models;
- respect of the interregional and intraregional equity;
- front line empowerment;
- valorisation of family doctors.

Conclusion

***Primary Health Care Governance in Quebec
is a top down strategy;***

***The challenge is
to develop this Primary Health Care Governance
at Local and Regional levels.***

Question period