



L'ÉCOLE DE SANTÉ PUBLIQUE
DE L'UNIVERSITÉ DE MONTRÉAL

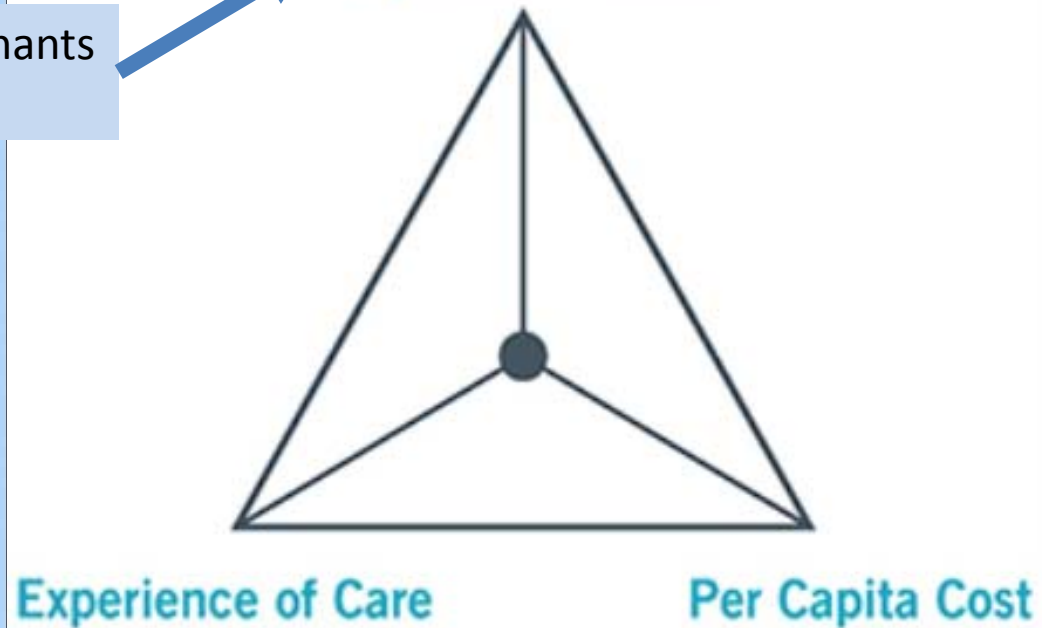
Promotion de la santé dans contexte de réforme et restrictions budgétaires

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Professeur titulaire

The IHI Triple Aim

Population Health

Social determinants
of health



Côte-Vertu → Pie-IX
38 minutes en métro
 Perte de **11 ans** d'espérance de vie
 Retour de **38 ans** dans le temps

Saint-Laurent
 EV: 85,0 ans



Hochelaga-Maisonneuve
 EV: 74,2 ans

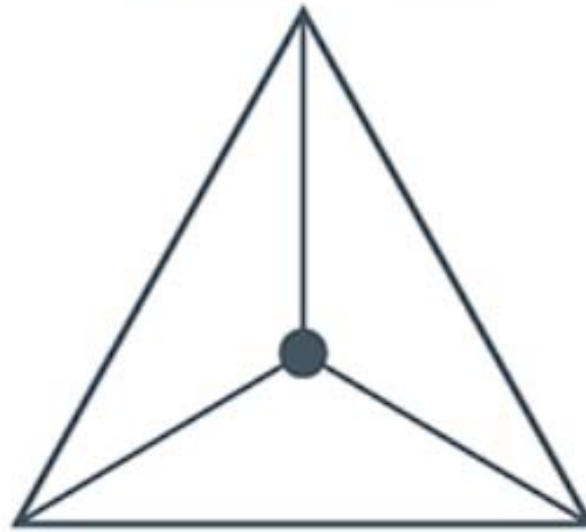
Canada: 1977
 Comparable à celle des
premières nations (Qc) et
 des pays **d'Amérique**
latine et **d'Afrique du**
nord

Budget constraints

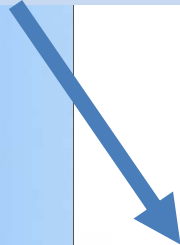
- More important impact on vulnerable population
 - Housing
 - Poverty: inequality → less access to education (OECD)
 - Employment
 - Nutrition
 - Physical activity
- Public health budget cuts
 - Impact on health promotion
- Importance of a National Policy on Prevention and Health Promotion (Health in all policies)

The IHI Triple Aim

Population Health



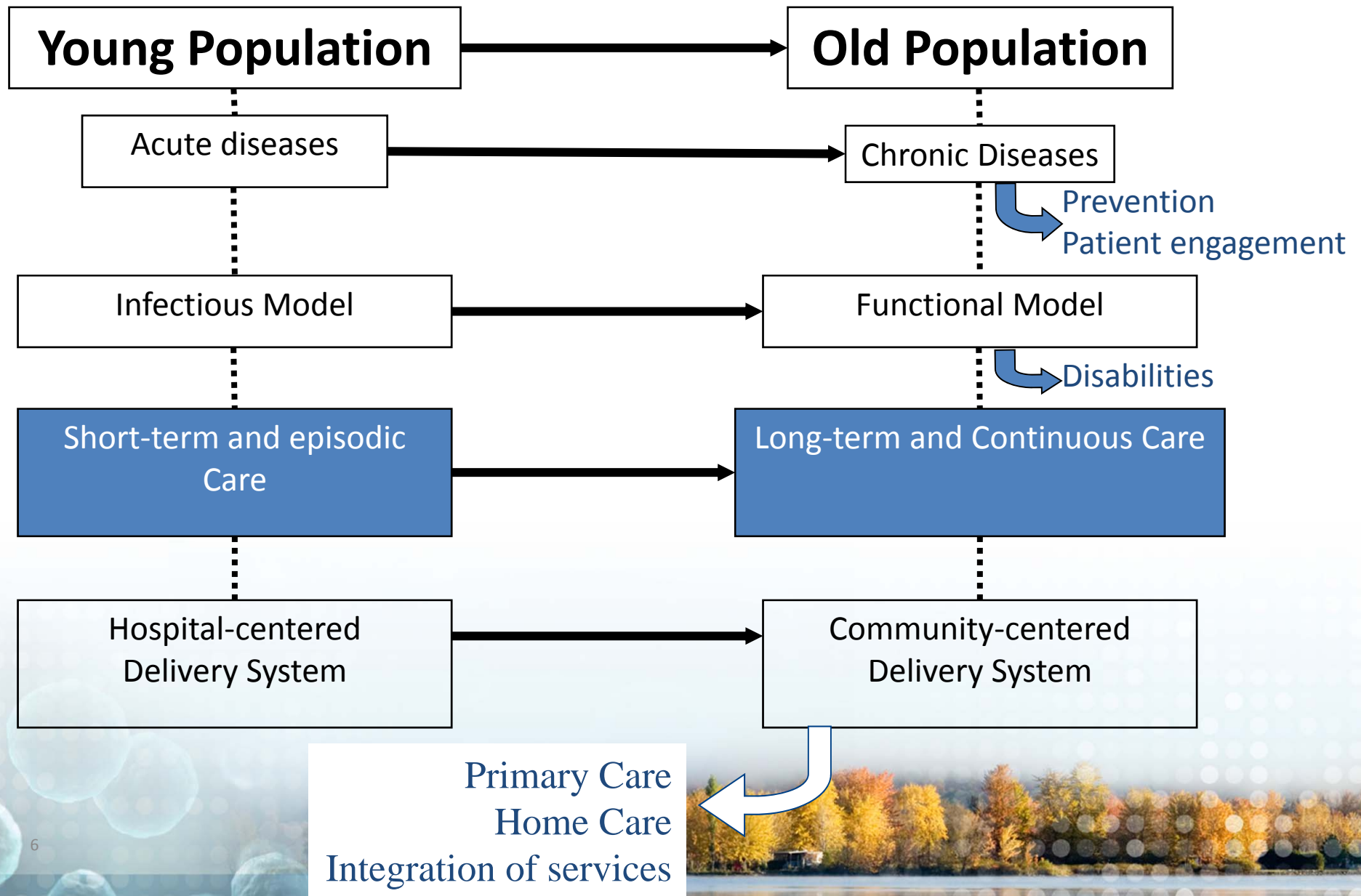
Aging → Priority shifting



Experience of Care

Per Capita Cost

Demographic Transition



Les établissements du réseau public:

Avant: 182 établissements

- Centres de santé et de services sociaux (94)
 - Fusion des CLSC, hôpitaux et CHSLD
- Centres hospitaliers (21)
- Centres de réadaptation (39)
- Centres de protection de l'enfance et de la jeunesse (16)
- Centres d'hébergement et de soins de longue durée (8)
- Établissements nordiques (4)
 - CLSC Naskapi, CRSSS Baie-James, RRSSS Nunavik, Conseil Cri SSS BJ

Après: 33 établissements

- Centres intégrés de santé et services sociaux (22)*
 - 1 par région (12)
 - Gaspésie – Les Îles (2)
 - Montérégie: 3 (une partie en Estrie)
 - Montréal: 5

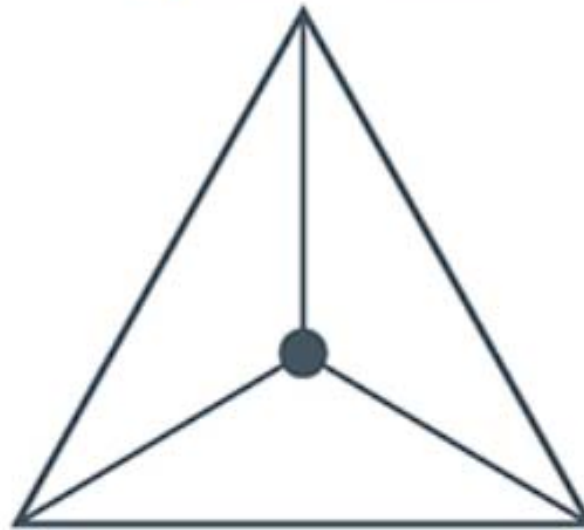
*dont 9 sont « universitaires »
- Établissements non fusionnés (7)
 - CHUM, CUSM, ICM, Ste-Justine, Philippe-Pinel, CHUQ, IUCPQ
- Établissements nordiques (4)

Health Care Reforms

- Centralization means hospital-centered
 - Priority to the hospital
 - Home care and community care marginalized
 - Specialized care over primary care
- Centralization means distance with local population
 - Decreased public engagement
- Centralization does not mean integration
- Centralization does not mean cost or bureaucracy reduction

The IHI Triple Aim

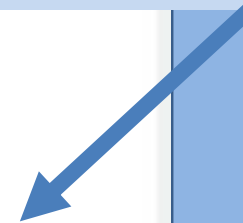
Population Health



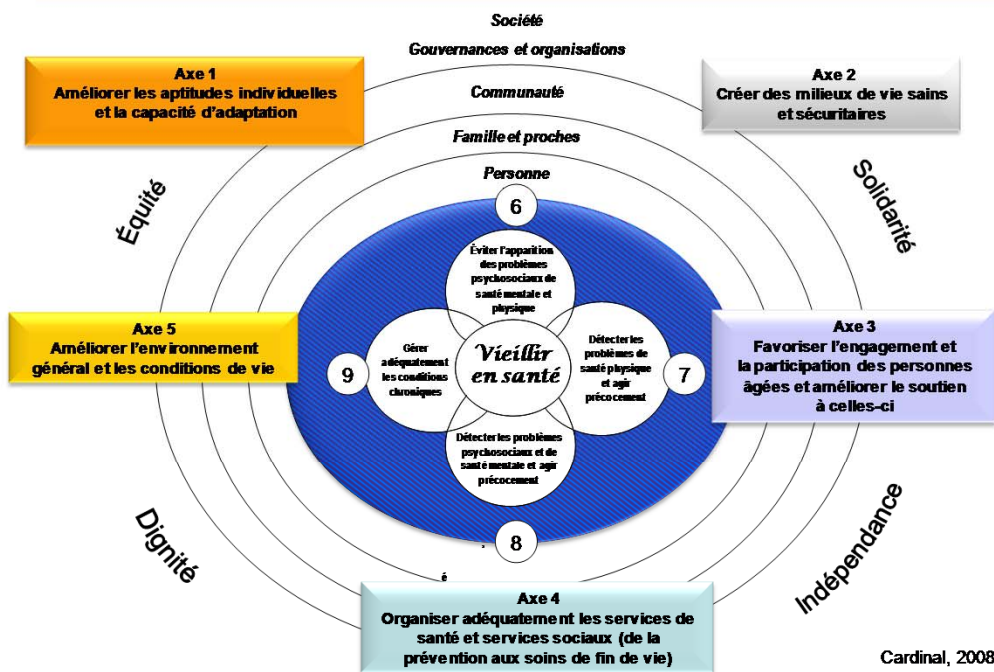
Experience of Care

Per Capita Cost

Efficiency: intersectorial action
Long-term care financing

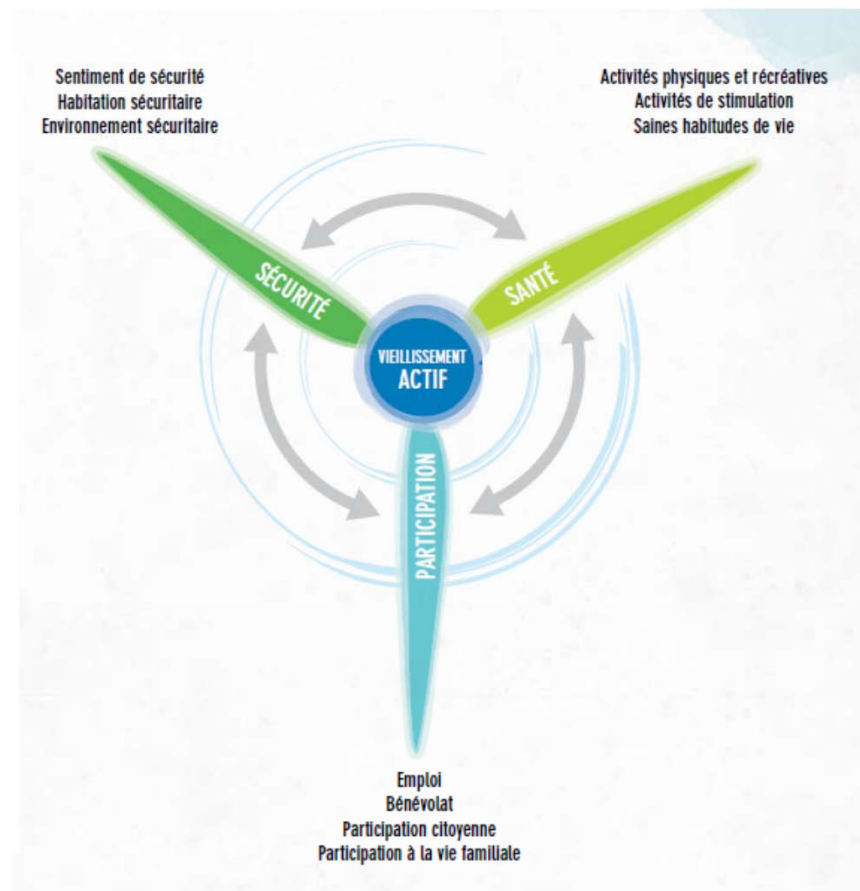


Perspectives pour un vieillissement en santé

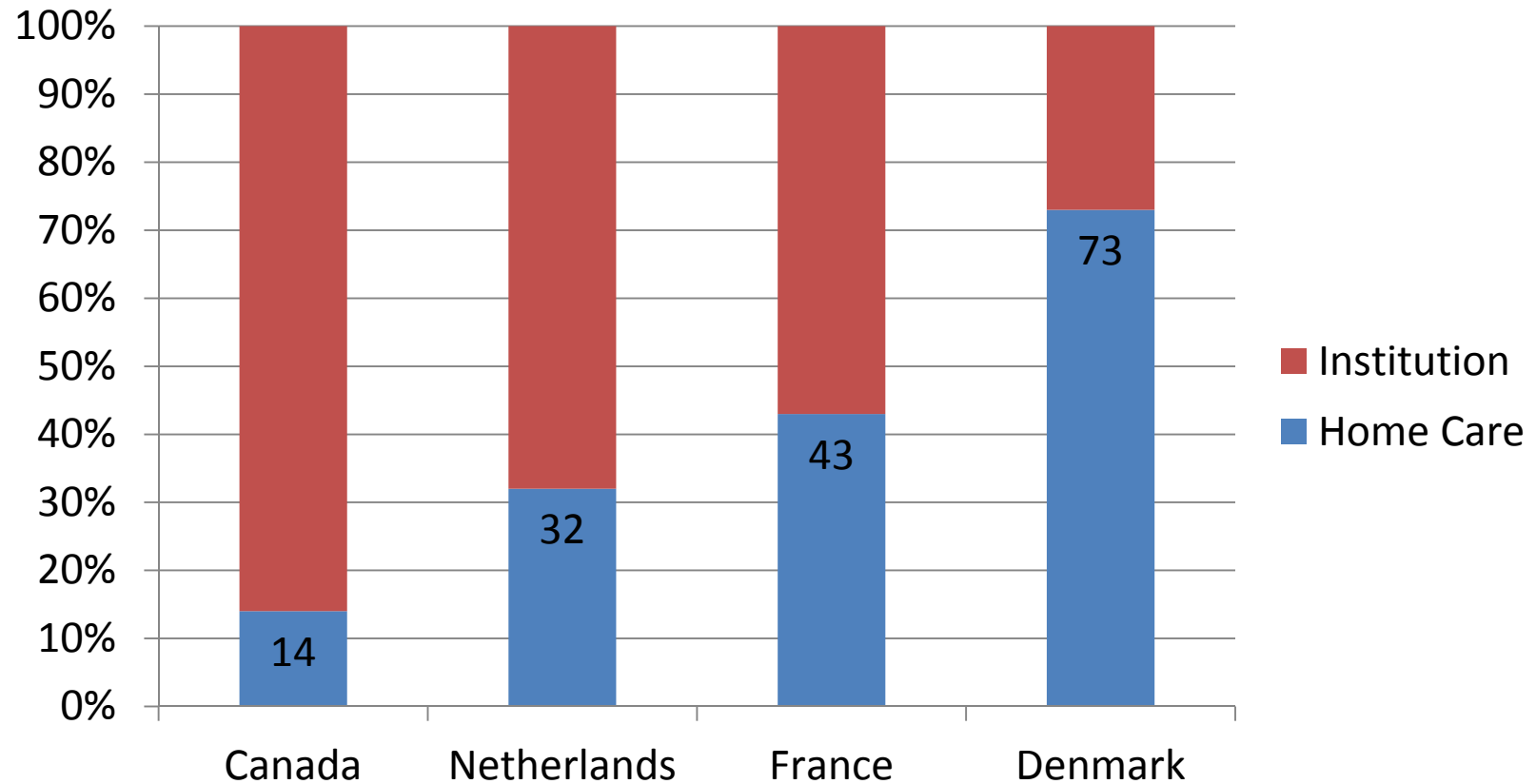


Cardinal, 2008

Municipalités amies des aînés (MADA)



Distribution of Public Long-Term Care expenses



Source: Huber et al. Facts and figures on Long-Term Care, 2009

Long-Term Care

- Not covered by the Canada Health Act
 - Except for institutional care (hospital)
- Limitation of the Beveridge Model
 - Mix of Public-Private Providers
 - Partial Coverage of the cost
- Need for a Public Long-Term Care Insurance
 - Many countries (Europe and Asia)
 - Recommended by Clair Commission and Senate Committee

Quebec Autonomy Insurance

L'AUTONOMIE POUR TOUS

Livre blanc sur la création de
l'assurance autonomie



Parliamentary Commission: Fall 2013
60 days– 61 reports & groups
General support.



NATIONAL ASSEMBLY

FIRST SESSION

FORTIETH LEGISLATURE

Bill 67

Autonomy Insurance Act

Introduction

Introduced by
Mr. Réjean Hébert
Minister of Health and Social Services
and Minister responsible for Seniors

Québec Official Publisher
2013

Introduced at the National assembly on
December 6th 2013

Waiting for Parliamentary Commission
and detailed article revision ▲

Planned Implementation: April 1st 2015 ▲

Election triggered and parlement
dissolution on March 6th ▲

Parti Québécois defeated on April 7th ▲

Project abandoned by the Liberals ▲

AUTONOMIE

SOUTIEN ▲

CHOIX ▲

Conclusion

- Competing factors for population health outcomes: not just the system of care
- Adaptation of the health care system to the aging of the population
- Reducing cost:
 - Efficiency means intersectorial actions
 - Long-term care financing