



## **Québec Medical Association**

### **Clarification regarding the QMA's position on the pilot project to compare the costs of day surgeries**

The Québec Medical Association (QMA) is favourable to the pilot project to compare the costs of day surgeries. This ministry pilot project was set up to detail the costs generated by each user during certain same-day surgeries and scope procedures. It allows surgeons from a number of public establishments of Montérégie, Laval, Lanaudière, the Laurentides and Montreal to operate in three private clinics, namely the Chirurgie Dix30 clinic, the RocklandMD private medical and surgical centre, and the OPMEDIC Group clinic.

These three clinics receive the estimated price of the procedures (their actual cost in a hospital), with a 25% markup to cover overhead costs (receptionist, security, equipment, ventilation, etc.) and an additional margin for opportunity costs of up to 10%. The clinics make their accounting records available to the Minister of Health and Social Services.

At the time the decision was made by the minister to include the Dix30 clinic in the project, Dr. Hugo Viens, one of the owners of the clinic, was not president of the QMA; his election as President therefore has not put him in a conflict of interest. It is the Board of Directors that decides on the position of the QMA; the president's role is rather to act as its spokesperson.

By electing to the presidency an orthopedic surgeon who treats patients in the public sector while also being one of the owners of a surgical clinic, the QMA does not position itself as being in favour of private healthcare.

The QMA has always upheld the same position. We are for universal access and for quality of care. We have therefore never been opposed to the private provision of medically required health services if they are paid for by a universal healthcare system. We have often reiterated that we are against patient payment, and this is why we have stood against accessory fees. We are in favour of an efficient public system that meets the needs of the public at an acceptable cost. If a treatment is medically required, it must be covered by the government.

The QMA believes that private management is acceptable within a public system, just as nearly 70% of the public considers it normal that different types of organizations (private, non-profit or cooperative) can offer health and social services paid by the government, according to a CROP survey conducted as part of research by the Pôle Santé HEC Montréal.

This is in fact already the case in the majority of the network. Family medicine groups (FMG), medical clinics, medical specialists' offices, and radiology clinics come under a private business model but offer public coverage.

For example, in a radiology clinic, some services are covered and the patient does not have to pay; other services such as MRIs are at the expense of the patient because they are not covered by the RAMQ. All these services are provided under the same roof. And depending on the location, the cost of services covered is marked up by 30 to 60% to take into account the price of the equipment required.

At an FMG or doctor's office, which is a private business, doctors receive a 30% surcharge over the treatments performed, for their office expenses.

References (French only)

[Québec's Funding of Health Services](#)

[La profession médicale et le financement à l'activité – La qualité d'abord et avant tout – Rapport de l'Association médicale du Québec](#) (French only)

[Gazette officielle du Québec – 24 février 2016, 148e année, no 8](#) (French only)

[Gazette officielle du Québec – 25 mai 2016, 148e année, no 21](#) (French only)

[Présentation des résultats de recherche par le Pôle Santé HEC Montréal – Des idées en santé pour le Québec](#) (French only)