QUÉBEC MEDICAL ASSOCIATION

QMA·info

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Dr. Ruth Vander Stelt
President

A strong and significant presence

The Québec delegation, made up of some 20 physicians, distinguished itself once again at the General Council of the Canadian Medical Association, which took place in St. John's in August.

The General Council is the highest authority of the CMA. It brings together some 400 physician delegates and observers from all over the country. Every year, the QMA brings a delegation of member physicians who present a number of motions that must be debated and submitted to the delegates for a vote.

Among these motions, the QMA called for the inclusion of courses on health system operations and financing in the curricula of Canadian medical faculties. In the context of ever-rising health-care costs, it is important for physicians to fully comprehend how the health system is organized and funded. By better understanding how financial resources are allocated in the care system and how the money is spent for the overall operation of the health system, physicians will be better equipped to play a role in government reform initiatives and the application of policies to control the costs and expenses of health care.

But drawing the clinical and administrative worlds closer together must go both ways. Therefore, in order to foster the emergence of medical-administrative models, to optimize cooperative management, and to generate a close relationship between managers and physicians, the QMA piloted a motion that governments require Canadian universities to integrate clinical observation and epidemiology training into health administration programs.

The QMA also used the occasion to denounce the Canadian government's decision to contest the international designation of chrysotile asbestos as a hazardous chemical. Ignoring international medical consensus on the issue, the Canadian government in fact blocked the proposal to list chrysotile asbestos as a dangerous substance at the fifth meeting of the Conference of the Parties to the Rotterdam Convention, which took place in Geneva, Switzerland, in June 2011.

With a dynamic and enthusiastic delegation, the QMA once again showed that it was able to act effectively as a representative for Québec physicians on the Canadian stage.

An exclusive interview with one of the pioneers of Advanced Access in Québec:

DR. ANDRÉ MUNGER

Caring for Patients When They Need Care

In 2008, Dr. André Munger's 1200 patients at the Grandes-Fourches CLSC were told that their attending physician would not be taking appointments from June 1 to September 1. The reason? He was reorganizing his medical practice.

Well-informed and after having experienced the positive effects of this reorganization effort, his patients went from being worried to being very satisfied! Since Dr. Munger integrated the Advanced Access approach into his practice, they can get in to see him in less time than ever before!

Dr. Munger, what made you decide to reorganize your practice by integrating the Advanced Access approach?

I felt like I was doing "catch-up" medicine. Often, because they couldn't get an appointment with me right away, my patients would consult other physicians when they were ill. I would see them later, for follow-up, to take stock of what had occurred. It was this, associated with the desire to be at the heart of decisions concerning their health, that forced me to change things. I want to see my patients when they need me: when they are sick and their condition requires care. Today, my practice is fundamentally different; it had to adapt to the fact that now when they come to see me, my patients are sicker than they were in the past. Because of this, with Advanced Access, it is essential to be supported by other professionals, especially by a nurse. The cases are often more complex and therefore more time must be taken with our patients.

Dr. André Munger
Family physician at
the Grandes-Fourches FMG
Centre hospitalier universitaire de Sherbrooke
Coordinating physician of frontline
medical services/Sherbrooke

How was the transition to Advanced Access? It wasn't done in a day?

Well in my case, that's basically what I did! I learned about it, I read a lot, I informed my clientele and then I decided to go for it. But I wouldn't say that my way is the only way, especially if you are in a group practice where you must, for example, define which appointments should be made with the shortest lead-time. There is a framework and a strategy that must be developed to implement this kind of model. Now, in my situation, I wasn't faced with that issue, and I was therefore a bit cavalier, asking the secretary to play the game with me! In my opinion, ideally, this organizational model should be implemented in a clinic, using a multidisciplinary approach with a sharing of responsibilities. Personally, I was lucky to be able to count on the presence of the walk-in clinic that my team and I run every day of the week. It acts as a safety valve and enables more flexible time management. The models developed in the United States and English Canada are partial. By this I mean that perhaps 70% of appointments are Advanced and

Just like Dr. André Munger,
you did modernize your medical practice? Tell us about it!

then there are appointments reserved for a specific clientele: obstetric and newborn and those with mental health issues. I opted for a 100% approach, which is perhaps not the best choice for everyone.

How did your patients react?

With insecurity and incredulity, like a number of physicians. Even though they had been well informed, there were patients who could not believe that they would be able to get an appointment more quickly! But after testing the waters and experiencing how the system works, people have expressed their satisfaction. They were surprised: I have space for them. I take appointments one or two weeks in advance. When I get to Friday, only the following week is planned, and my secretary asks me "André, how should we plan the week after that?" And we try to set up a schedule that will respond to needs.

What is your assessment of this reorganization?

In my daily practice, I'm not working less than before. I have to concentrate even more on the complexity of problems, with more people in my care and slightly greater obligations. I don't work less, but I work differently, in a context that I feel has more relevance. In September 2008, I established Advanced Access in my practice and three years later there are five or six people at the Grandes-Fourches CLSC who are interested in using the approach in their practices.

But what still surprises me, above and beyond everyday examples, is the overall impact of the reorganization on my practice. Before, when I did walk-in clinics, more than 50% of the patients there were my own patients, i.e., all of those who were unable to get an appointment. Today, when I do walk-ins, none of my patients are there. That makes a considerable change to the practice!

Advanced Access in a few words

This method of organizing clinical practice is “more than simply a way of managing appointments. It is a flexible, responsive process that is part of a philosophy and an ethic.” In order to balance supply and demand, this global approach to providing care enables physicians “to see people when they need to be seen and to foster increased, even optimal accessibility.” (Dr. Munger).

Elsewhere in Canada, Advanced Access has been implemented in several provinces including British Columbia, Alberta, Saskatchewan and Manitoba.

QMA Doctors IN ACTION

QMA IS ALWAYS ON THE LOOKOUT FOR PROMISING NEW INITIATIVES.

We want to know about your projects, and their benefits on your practice and on your patients' health!

Who knows?! You will maybe be the next star of the new *Member News* section of the QMA website!

Make your own project famous by writing us at **info@amq.ca** !
Write **Member News** for the object of your message.

A NEW AGREEMENT TO ENSURE A HEALTHY FUTURE FOR OUR PHYSICIANS:

One stop service!

In order to simplify and optimize its members' insurance services, the Québec Medical Association signed an agreement on April 8 with its partners, making *MD Physician Services* the official distributor of *QMA Insurance*. *MD Physician Services* constitutes a one-stop service for all of the QMA's group insurance plans, individual plans and other wealth management plans offered by major Canadian insurance companies to which our members are eligible.

All our insurance products will be brought together under one roof by a team of advisers with experience in the medical field, who, according to QMA President Dr. Vander Stelt, "specialize in providing clear information about insurance products, and objectively offering personalized and competitive service solutions."

Once again this year, over 3000 members reiterated their confidence in and satisfaction with QMA Insurance, and will be taking advantage of this agreement (without their rates and the specificities of their current protections being affected). All other members will be able to benefit as well by subscribing.

QMA Insurance *is first and foremost a complete range of life, critical illness, disability, health, drug and dental insurance solutions designed for your needs. Let our experienced advisors guide you to the most appropriate products for your situation by calling 1 800 363-3932 or visiting http://www.vigilis.ca/qma.*

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From left to right: Francine Girard, Director, Client Services, QMA; Richard Desormeau, President-Management, Vigilis; Claudette Duclos, Outgoing Executive Director, QMA; François Durocher, Regional Assistant Vice-President, MD Physician Services–Québec; Jacques Béland, Director, Facturation.net, MD Physician Services–Québec.

NSURANCE

E ASSURE YOUR FUTURE

Meeting with INESSS Executives

On September 15, QMA President Dr. Ruth Vander Stelt, Dr. Jean-François Lajoie and Dr. Geneviève Desbiens, met with the CEO of INESSS, Dr. Roberto Iglesias, who was accompanied by Dr. Véronique Déry, the organization's Vice-Chair of Scientific and Professional Affairs.

The meeting was part of consultations with partners initiated by the INESSS over the summer. In the INESSS' discussion guide, working closely with and for the health and social services community is an indispensible principle.

For the QMA, there is no doubt that the transfer of knowledge is a key issue for the INESSS. More specifically, we must ensure that the INESSS recommendations are not ignored and are effectively communicated to the clinical community and integrated by professionals in the field.

The QMA welcomed the mention of coverage by the public plan in the INESSS mission statement. This very clear recommendation was first proposed by the QMA at the parliamentary commission studying Bill 67, which created the INESSS. Although it was not explicitly stated in the Act, the fact that the INESSS integrated it into its discussion guide is a good indication that it is a concern.

Since the meeting, the QMA leaders have officially submitted an evaluation project that they would like to see integrated into the INESSS 2012–2015 strategic plan. Basically, the goal of the project is to establish national guidelines for the levels of medical intervention, including the status of resuscitation, for physicians and other professionals working in clinical settings, from hospitals to independent establishments.

The problem found within the network is the lack of a uniform approach in various clinical settings. In Québec there are many models for levels of care and medical intervention, in both short- and long-term healthcare institutions, and independent establishments. However, in some settings, there are no models, or their application is optional.

Patients cannot count on continuity or a uniform approach regarding their medical care and they must constantly deal with variable scales of intervention, depending on regions and practice settings. This situation is likely to bring about a loss of efficiency and more costs with respect to use of resources, as well as being a source of confusion among both physicians and patients and their families or substitute decision-makers.

The INESSS strategic plan will be made public in the spring of 2012.

THE RESULTS OF THE QMA SURVEY AT A GLANCE

Québec physicians are open to expanding pharmacists' responsibilities... Under certain conditions

Last June, the QMA carried out a vast survey targeting all practicing physicians in Québec to learn their thoughts about the Ordre des pharmaciens du Québec's request for legislative changes, made in March.

The QMA survey left no doubt about what physicians think. "With one voice, Québec physicians, irrespective of personal and professional background, have said they agree with increasing the responsibilities of pharmacists," commented the President of the QMA, Dr. Ruth Vander Stelt. "However, they stress that this greater contribution from pharmacists must be accompanied by constant care and vigilance to ensure the safety of patients."

The physicians, polled on five issues dealing with the possible expansion of pharmacists' responsibilities, responded as follows:

Issue 1:

Extend some prescriptions that are no longer renewable, in accordance with precise criteria.

Completely disagree	8%
Somewhat disagree	9%
Completely agree	39%
Somewhat agree	44%
	83%

Participants frequently made the following comment:

- There should be time limits on the renewal of these prescriptions and they should only be extended to help out patients "in a pinch." Prescribing physicians must be informed about renewals and patients must consult their physician to ensure that their state of health is being properly monitored.

An essential survey:

- **13.4**% of Québec physicians in practice participated.
- **1352** questionnaires were completed.
- This exceptional percentage of responses led to a margin of error of **2.5%.**
- Five open questions generated **2088** comments! Physicians had a lot to say!
- Physicians' voices were **clearly expressed**: cross-checking by region, status (general practitioner or specialist), language, gender or according to QMA membership status did not reveal significant statistical differences.

Issue 2:

Adapt a prescription when necessary, for example, based on a patient's weight or allergies.

Completely disagree	7%
Somewhat disagree	13%
Completely agree	35%
Somewhat agree	44%
	79%

Participants frequently made the following comment:

- Prescribing physicians must be informed of a pharmacist's intention to adapt a prescription so that they can make the decision to approve it or not.

Issue 3:

Help resolve simple health problems such as cold sores and seasonal allergies.

Completely disagree	9%
Somewhat disagree	13%
Completely agree	33%
Somewhat agree	45%
	78%

Participants frequently made the following comments:

- Making diagnoses should be an act reserved for physicians.
- Pharmacists could be authorized to offer treatment for simple health problems, but with restrictions, following well-defined criteria and in very specific contexts.

Issue 4:

Order certain laboratory tests, for example, to monitor the safety of a course of treatment (e.g., kidney function).

Completely disagree	26%
Somewhat disagree	27%
Completely agree	28%
Somewhat agree	19%
	47%

Participants frequently made the following comments:

- It is the responsibility of physicians to request tests, and to clinically assess and analyze the results and what action to take in consequence (treatment and follow-up).
- Professional responsibility for the follow-up of tests must be clearly determined.
- There is a risk of repeating requests for tests and an increase in costs for the health system.

Issue 5:

Administer certain medications for the purpose of teaching patients how to do it (e.g., asthma inhaler) or meeting public health objectives.

Completely disagree	3%
Somewhat disagree	5%
Completely agree	35%
Somewhat agree	58%
	93%

Participants frequently made the following comments:

- Pharmacists have the expertise and the training to administer certain drugs and to teach patients how to use them.
- Pharmacists may administer drugs, but under well-defined conditions and criteria.

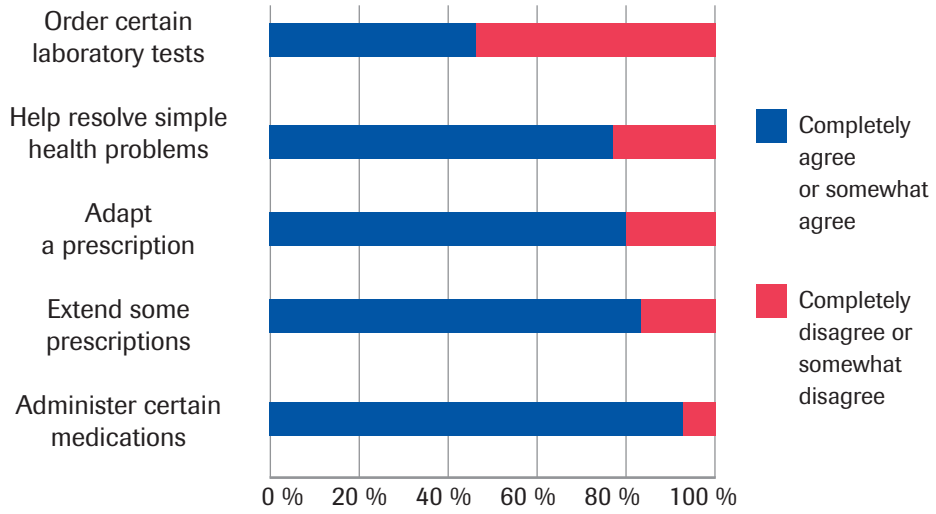
(Continued on the next page)

(Results of the QMA survey... **continued**)

"The survey clearly shows that Québec physicians are open to increasing the responsibilities of pharmacists," affirmed Dr. Vander Stelt. "However, they feel that patient safety must be the primary criteria guiding lawmakers in their actions. The great majority stressed that physicians must be informed of any intention by pharmacists to extend or adapt a prescription. They also brought up the point that diagnosis must remain strictly part of medical practice."

Health Minister Yves Bolduc is expected to table this fall a bill on the extension of the responsibilities of pharmacists. The QMA will monitor closely the issue.

OVERVIEW OF RESULTS



For more information about the results of the survey :

http://www.amq.ca/fr/documents/sondages

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