On April 20, 2013, Dr. Laurent Marcoux became the 71st president of the Québec Medical Association, taking the torch from Dr. Ruth Élaine Vander Stelt. At the induction ceremony, Dr. Marcoux thanked Dr. Vander Stelt for her energetic governance, constructive actions and commitment during her two-year mandate.

With a degree in family medicine from Université Laval and a master’s degree in health administration from Université de Montréal, Dr. Marcoux is the director of professional services at the CSSS de la Baie-James. He is also active with the Canadian Medical Association (CMA) as a member of the Audit Committee. He has an impressive career history: practising general medicine in a rural area and in a short-term institution, founding a medical centre and a radiology centre, and contributing to numerous medical administration bodies. Very socially committed, Dr. Marcoux manages a residential construction project for economically disadvantaged families in Mexico’s Zihuatanejo region.

At the induction ceremony, Dr. Marcoux gave a vibrant speech to colleagues, friends and family members present: “The greatest challenges facing our Association are providing the Québec population with adequate access to health care and supporting our members. Our Board of Directors and myself, as president, will make every effort necessary to represent our Association and its members. I am personally very proud to take the reins.

I am and will continue to be a staunch defender and fierce advocate of the concept of comprehensive medicine that is supported by the social determinants of health. For me, the notion of comprehensive medicine includes the concept of interdisciplinarity. Although applying this notion scares some people, it is a new approach and an asset for enabling access to comprehensive health care. As a profession, we must reaffirm and redefine ourselves by introducing the necessary interdisciplinary collaboration and intersectoral approaches to our practices, now more so than ever.

The medical profession’s dedication in this respect is very important and it will be our duty as an association to promote this cause and rally the profession around this objective.”

On behalf of the boards of the QMA, CMA and all members, congratulations to Dr. Laurent Marcoux!

### 2013-2014 Board of Directors

Dr. Marcoux is pleased to present the members of the 2013-2014 Board of Directors:

- Dr. Laurent Marcoux, President
- Dr. Pierre Harvey, Vice-president
- Dr. Ruth Élaine Vander Stelt, Outgoing President
- Dr. François Gobeil, Treasurer
- Dr. Daniel Tardif, Director
- Dr. Yun Jen, Director
- Dr. Isabelle Samson, Director
- Colin Laverty, Director (student representative)
- Normand Laberge, Executive Director

Special thanks go to the four members who have contributed actively to the Board of Directors over the past years and whose term ended in April 2013: Dr. Geneviève Desbiens, Evelyne Gentilcore-Saulnier, Dr. Jean-François Lajoie and Dr. Stephen E. Rosenthal.
On April 18, 19 and 20, 2013, some 200 practising physicians, physician-managers, directors of family medicine groups (GMF) and in the health care system attended the QMA’s 16th annual convention. Speakers from Québec and abroad came to share their views related to the theme of the convention – Efficiency, Productivity, Performance: Turn words into action!

The event kicked off with the GMF symposium on April 18. Among the guest speakers, Sébastien Desjardins, Executive Director for the GMF Jacques-Cartier in Sherbrooke, gave a presentation of the legal aspects of a GMF, demystifying the question of professional third party liability. Julie Carignan, an organizational psychologist, talked about some tools and strategies for identifying sources of conflict and the mechanisms to resolve them, which raised considerable interest for the Négociation et gestion de conflits (negotiation and conflict management) course offered by Ms. Carignan as part of the PMI leadership program.

Other conferences on hot topics rounded out the convention and enabled managers of family medicine groups to acquire tools to help them meet the challenges they face every day.

**Efficiency, Productivity and Performance: Turn words into action!**

Other topics, such as pay-for-performance, clinical performance measurement, activity-based funding, co-management and medical leadership development were also discussed during the convention on April 19 and 20.

Speaker Robert Gagné, Director of the HEC Montréal Centre for Productivity and Prosperity, presented his findings from a comparative analysis of management practices in Québec and six countries recognized for their economic performance. His analysis showed that Québec does not have a funding problem. In his opinion, the lack of physicians and the fact that there is no competition between them and the institutions are the main problems of the health care system. Training new physicians, activity-based funding and introducing competition are some solutions susceptible of increasing the productivity and efficiency of the public health care system.

Patrick Négaret, General Manager of the Caisse primaire des Yvelines and Manager of the national Santé Active
project Caisse nationale d’Assurance Maladie - France, came to explain their activity-based funding methods. Adopted eight years ago in France for certain hospitalizations, this system has had many positive effects on transparency, equity and efficiency in the French health care system. Mr. Négaret presented the limitations of activity-based funding, warning that it did not guarantee quality of care and spending control. In a context in which the Québec government is considering implementing activity-based funding, Mr. Négaret’s conference was well timed to add to the discussions.

Dr. Tom Noseworthy, an ICU physician and Associate Chief Medical Officer of Alberta Health Services, led a pilot project to optimize medical practice by introducing strategic clinical networks (SCNs). SCNs are multidisciplinary groups with the provincial mandate of designing and recommending improvement plans in order to provide high quality health care at a reasonable cost. Alberta’s good results have inspired the other provinces, including Québec, to learn from this initiative in order to ensure the efficiency of their own health care systems.

Once again this year, the contribution of certain physicians in improving medical practice and health care was acknowledged at the induction ceremony for the new president. The Teaching-Clinician Award was given to two physicians at McGill University, Dr. Dominique Shum-Tim and Dr. Raquel del Carpio-O’Donovan, in recognition of their exceptional contribution to the training of future physicians in Québec. The Prestige Award was conferred upon the first Aboriginal surgeon in Québec, Dr. Stanley Vollant, to recognize his commitment to the health and education of First Nations.

Many other conferences of great interest were also given. We invite you to watch the speakers’ presentations on our Web site at www.amq.ca/en/in-action/qma-annual-convention, and to read the profiles of the recipients of the Teaching-Clinician and Prestige awards, along with those of the scholarship winners.

CONTINUING PROFESSIONAL DEVELOPMENT: FREE ONLINE COURSES

Did you know? The CMA offers free online medical training courses, accredited by the College of Family Physicians of Canada and the Royal College of Physicians and Surgeons of Canada, exclusively for its members. You can access your personal learning environment to take a wide range of self-paced courses related to your medical practice. Some courses are also offered in French.

To see the list of courses currently available and to register, go to: http://www.cma.ca/learning/cmacourses.
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PQB-13-00851
OUR MOST RECENT ACTIONS

Many activities kept the QMA very busy in the last quarter: GMF Symposium, 16th annual convention, PMI training sessions, the development of agreements with our partners, as well as pushing forward on some major issues. Below is a brief summary of our most recent actions.

Discussion paper – Optimizing clinical practice
On April 8, the QMA released a discussion paper on optimizing clinical practice. Overdiagnosis, overtreatment, gaps in care coordination, hospital-acquired infections, medication errors, preventable incidents and readmissions at every level of the health care system represent an estimated $5 billion that could be invested in activities that are more useful and relevant for patients. Studies show that sources of inappropriate use account for at least 20% of all health care spending in the US. Despite the differences between the Québec and US systems, there is reason to believe that the situation is similar in Québec.

Press conference – Public coverage of medical imaging in Québec
At a joint press conference on April 10, 2013, the Québec Medical Association, the Médecins québécois pour le régime public, the College of Family Physicians and the Fédération médicale étudiante du Québec asked the Québec government to extend public coverage to include all medical imaging. Noting that a number of tests are paid for by patients when they are conducted outside the hospital, they asked for these exceptions to the Health Insurance Act to be removed in order to improve patient access and operation of the health care system. They stressed the possibility of covering ultrasounds immediately because the costs and conditions were already well defined. The message was heard, because on April 21 the Minister of Health and Social Services, Dr. Réjean Hébert, announced that the cost of ultrasounds would be covered by the public health care system by the end of 2013.

Town hall – The effects of social determinants on population health
As part of its National Dialogue on Health Care Transformation, the CMA, in collaboration with the QMA, held a public town hall in Montreal on May 8, 2013. At this session chaired by Dr. Laurent Marcoux, panelists talked with members of the public about the social factors that influence the population’s state of health, including family income, childhood development, housing and access to healthy food. This public town hall was part of a series of sessions organized by the CMA to explore measures that governments and stakeholders can take regarding social determinants. In the next few months, the CMA will publish a report on what people said at the public town halls.

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Feel free to call the advisors at DPA Assurances at 1 855 747-6873 or visit www.groupedpa.com.
The QMA is actively preparing for the next CMA General Council. This annual platform attended by all the provincial and territorial medical associations will take place from August 17 to 20 in Calgary, Alberta. The goal of this democratic exercise is to position the concerns of Canadian physicians and to guide the CMA’s representation with respect to the federal government and the organizations and influencers in Canadian society.

This year, the General Council will take a flying start for QMA delegates because the first discussion session will focus on end-of-life care in Canada. In the light of the work and discussions among the public and the Québec government on this topic over the past few years, the QMA will give a diligent report of the concerns of the Québec medical community regarding access to palliative care and the introduction of medically assisted death.

The second strategic session will give delegates from all the provinces and territories a chance to submit motions aimed at guiding policies on the future of the medical workforce in Canada. The growing climate of uncertainty about job prospects for physicians in many provinces is a call to adapt the postdoctoral education system in order to support the future of health care delivery in Canada.

The third discussion and debate session will cover the issues related to the relevance and accountability of clinical decision-making. Delegates will be invited to propose policies and strategies aimed at mobilizing physicians and patients to reduce clinical activities that are not relevant, thereby increasing the accountability of both regarding the use of health care resources without having a negative impact on patient care.

Finally, a session is reserved for emerging issues, where the delegates from the medical associations are invited to present motions on emerging concerns among their members.

Delegates will also be able to attend four training sessions on different hot topics such as current payment models for physicians, or mobilizing patients with respect to advanced directives for end-of-life care.

QMA delegates can look forward to a full agenda. We hope that the debates and discussions will be promising and enriching for the medical profession.
In 2012, the CMA launched a broad national campaign to boost the public image of the medical profession that highlights the exceptional work and original initiatives of Canadian physicians. Through ads on television, in newspapers and on the Web, the Canadian public was able to learn about physicians who have gone to extraordinary lengths to overcome a problem that was challenging their patients and to raise the awareness of fellow citizens about the importance of taking care of themselves. What if this campaign became a source of inspiration for physicians as well?

For instance, they include Dr. Mike Evans from Toronto, who has worked for over 10 years on a project that has produced animated videos for the Internet covering various aspects of health such as physical activity, stress management, addictions, etc.

Another example in Edmundston, New Brunswick, is Dr. Luce Thériault who created the Prescription: Action movement to make the population more aware of the highest obesity rates in Canada.

Check these great achievements on line. And find your inspiration...

To all the physicians featured in this campaign and elsewhere, we thank you for your dedication, initiatives and interest in the health of your patients!

We invite you to visit www.healthcaretransformation.ca/innovating to discover these initiatives and see how they could become a reality in your environment. Besides learning more about the endeavours of the physicians representing Québec in this campaign, Dr. Ruth Vander Stelt, a family physician in the Outaouais, and Dr. Christian Carrier, a hematological oncologist in Mauricie, you can also read stories about the efforts being made by physicians in Canada’s other provinces.

You can now browse the online store on the OMA’s Web site to buy Apple products at special government pricing. This promotion is part of the agreement with our partner, CGI, related to the consulting services offered to clinics and family medicine groups to support implementation of their electronic medical records. This offer has been made possible thanks to a specific agreement between CGI/Apple and the OMA.

Click the scrolling banner for the Quebec Electronic Medical Records Adoption Program – Apple/CGI online store on the home page at any time to access a selection of the medical community’s most popular products. Some accessories are also offered, in particular those related to health and well-being.

Visit the online store regularly to check for occasional limited time offers. Over the next few weeks, scanners, tablet covers and other products are on promotion with the purchase of an iPad. Read the details of this offer on the Web site!

Remember to send us your new contact information to keep your file up to date.

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