

# Dear Premier Legault



DIAN COHEN

I saw last week that you are “fed up” with family doctors who aren’t working hard enough. I saw that you’re threatening them with harsh penalties if they don’t take on more patients. Far be it for me, just an ordinary citizen, to criticize you, our esteemed first minister, but I have to ask, “What the hell are you thinking?”

Here’s a little rundown on our present situation:

- In Quebec, a doctor (who is an independent businessperson) is not allowed to practice wherever and however s/he pleases. In Quebec, a medical graduate is told by your government where and how to practice – a typical graduate’s full-time practice will include working at a clinic and registering patients and another government-mandated 2 or 3 half-days in another walk-in clinic or hospital where they may, in addition to seeing patients, have to supervise other medical students or nurse-practitioners.
- Bill 20, passed 6 years ago by your predecessor government, introduced quotas for family physicians and financial penalties as steep as a 30 per cent pay cut for those who didn’t sign up the requisite number of patients.
- Quebec medical school graduates have for several years

chosen not to go into family medicine. As of June 2021, 75 family residency positions were unfilled. According to Louis Godin, president of the Federation of General Practitioners of Quebec (FMOQ), “Every time we get one fewer family doctor, 1,000 Quebecers will not have a family doctor.”

- Between 600,000 and 800,000 Quebecers are without a family doctor – up from 400,000 when your government came to power.

- More than a third of practicing doctors in Quebec are of retirement age; the pandemic has convinced many of them and younger doctors to rethink their career path.

Do you really believe, Mr. Premier, that the threat of financial penalties or being on a blacklist is going to change the behavior of family physicians and medical school graduates in a positive way? Have you heard the expression, “Insanity is doing the same thing over and over again and expecting different results.”? Einstein didn’t say it, but it’s true, nevertheless.

Perhaps you could try another tack. With all humility I offer some suggestions.

- Re-examine the basis for government subsidization of primary care delivery. Today, more than a quarter of total healthcare spending goes to hospitals. Yet all current research indicates that primary care is better suited to being delivered in small clinics closer to home.
- Re-examine the basis for government subsidization of Family Medical Groups (GMFs). GMFs are overwhelmingly for-profit corporations that often restrict access to primary care (in the Townships most GMFs will not see new patients). Yet smaller, not-for-profit clinics that are open to new patients are not eligible for subsidies.
- Re-examine the basis on which RAMQ reimburses physicians.

Right now, almost all reimbursement is on the basis of fee-for-service – RAMQ has hundreds of descriptions of services that the physician has to identify to get paid (so many that most physicians have to hire experts to do their billing.) Yet this system doesn’t tie remuneration to patient outcomes. Current thinking is that patient-centred care in the hands of a team will improve care for patients. With its core based on overall wellness and preventive treatments, value-based care improves healthcare outcomes and reduces costs.

- Integrate telemedicine with onsite care on a permanent basis. Until the pandemic was in full swing, physicians were not reimbursed by RAMQ if they talked on the phone or electronically with a patient. The regulation that allows RAMQ-paid virtual consultations expired on Oct. 31, 2021. Unless this regulation is made permanent, only privately paid-for virtual consults will be available and wait times to see a physician in person will increase exponentially.

On this last point, there is sufficient evidence to indicate that virtual healthcare is additive to positive outcomes. One of the most recent studies out of McMaster University in Hamilton indicates that patients who underwent non-elective surgery and used technology for regular remote monitoring sessions with healthcare providers had better outcomes a month after their release from hospital compared to people who were asked to go see their doctors for follow-up concerns. One interesting finding is that 30 per cent of people who were remotely monitored reported having medication errors detected, compared to six per cent of individuals who received traditional care. And that people who experienced pain had it addressed more quickly than the patients who received standard care.

Other results show that for the hospitals that followed the protocols for when changes were noticed in patients – such as low or high blood pressure, or changes to heart rate or temperature – and escalated to a physician, there was a very dramatic response in decreasing patients’ need to come back the emergency room or be readmitted to the hospital. This not only decreased costs to the hospital of patients coming back for emergency care, but also took stress off the healthcare system while improving patient outcomes.

In addition to improving access to care, telehealth has spurred more widespread use of wearable and digital technologies that enable virtual care. Remote monitoring tools, including mobility trackers, blood pressure monitors and glucometers, allow doctors to monitor the health of their patients and their response to treatment. Patients engage with smartphone health apps that can keep track of other aspects of daily living that affect their health, such as nutrition data. The detailed and long-term monitoring that these tools provide can identify early signs of disease and has the potential to improve preventative care, as well as providing more personalized care. These innovations are particularly important to people who live in rural areas where getting to a doctor or hospital is a transportation challenge.

Premier Legault, many of us know from personal experience how difficult it is to encourage doctors and the healthcare system in general to make desperately needed changes. Threatening financial Armageddon will not help.

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## Mark your calendars! Mansonville’s Christmas market is coming!



THE SCOOP

MABLE HASTINGS

For those who like to support local artisans the Annual Mansonville Christmas Market it always a great place to find a unique gift or two. This year’s market is being organized by Sarah-Ann Bellefeuille-Woodard and her grandmother, Jeannette Bellefeuille and will take place two

Saturdays, December 4 and December 11 from 9 a.m. to 5 p.m. at the Baluchon French Elementary School at 330 Principale in Mansonville.

“We are going to have the Christmas Market despite Covid as we want to give happiness and joy to the village,” shared Sarah-Ann Bellefeuille Woodard. “We look forward to providing a space where people can come and meet the wonderful local artists and see their creations.”

Sweaters and hats, flower arrangements, alpaca products, wooden items, candles, jewelry, mugs, homemade treats like pies, jams.... Each week it seems more vendors are getting involved - but likely the spaces won’t last.

“We have even ordered chocolate bars to sell to raise funds for the Baluchon school and a portion will go to the CABMN non-profit organization,” said Bellefeuille-

Woodard.

Sarah-Ann is a vendor herself with her “Sarah-Ann homy Dezines” company that offers candles and bath bombs. While she will be taking part in the market, she is quick to highlight all of the vendors and smiles as she describes the excitement in the air when the sale is taking place and all are gathered with their creations.

“For me it is the reminder that holiday magic is in the air,” she said.

If you would like more information about the upcoming market you are invited to visit their Facebook page at: <https://www.facebook.com/March%C3%A9-de-No%C3%ABIMansonville-108702131582316>

Christmas shopping can be stressful at the best of times, however the market promises an opportunity to buy local and share in the spirit of the holiday season with friends and neighbours.



COURTESY

Sarah-Ann Bellefeuille Woodard, one of the market organizers