Quebec Primary Health Care Transition Fund Initiative

Provincial–Territorial Envelope

Lead and Partner Organization(s)

Ministère de la Santé et des Services sociaux du Québec [Quebec Department of Health and Social Services]

**Background and Goals**

Quebec has made Family Medicine Groups (FMGs) one of the cornerstones of its reform. An FMG is a new organization composed of family physicians working as a group in close collaboration with nurses, and providing a wide range of services to clients who enrol of their own free will. Each FMG signs an agreement with a local community service centre (CLSC) to have the CLSC deliver psychosocial services in particular to the FMG clientele. The groups belong to a more extensive network comprising other FMGs, hospitals and other services. Through the networks, the FMGs provide access to some services 24 hours a day, 7 days a week. The array of services offered by the FMGs includes the provision of care suited to the health status of registered patients; disease prevention and health promotion; medical assessments; and diagnosis and treatment of acute and chronic conditions. The goal of the FMGs is to ensure that Quebec's primary health care system remains viable and accessible.

Their objectives are consistent with those set at the First Ministers Meeting 2000, and with the shared objectives of the Primary Health Care Transition Fund (PHCTF), namely, to:

- Develop services that supplement those of the CLSCs; and
- Recognize and value the role of the family physician.

The Commission d’étude sur les services de santé et les services sociaux (Clair Commission) first proposed FMGs in December 2000, and the Quebec government announced their creation in 2001. Quebec declared its intention to register 75 per cent of the populace on FMG lists in the coming years, and expects to establish about 300 FMGs in the province.

The first wave of FMGs appeared in the fall of 2002, and the PHCTF has since contributed to their development.

**Activities**

The initiative, conducted between October 2001 and March 2006, included the following activities:

- Continuing the government's FMG implementation process;
- Negotiating contractual agreements, especially for the hiring of nurses (who maintain an employment relationship with the CLSCs); and
- Developing and installing information systems.

**Resources**

- In February 2006, slightly more than 100 FMGs were active or in various phases of implementation.
- Some 1,000 family physicians and 200 nurses work in FMGs, and nearly 800,000 Quebecers are enrolled in them.
- Other FMGs are in the certification stage.
Key Learnings

In April 2006, a Université de Montréal case study of five first-wave FMGs found that:

- There had been notable progress in the level of collaboration among physicians and nurses in most of the FMGs studied.
- The majority of users saw only the benefits of enrolling in an FMG.
- Users saw improvements in the following areas (presented in order of importance): accessibility after regular business hours; accessibility during regular business hours; doctor–nurse coordination; inclusiveness of care; and knowledge of the patient.
- FMG client enrolment went much more smoothly than expected, and consisted mainly of patients already under the care of the doctors involved.
- There were no serious disparities between the services offered by the FMGs under study.

The evaluation also noted challenges, including: a slow and bureaucratic government process; contractual agreement problems between FMGs and nurses, who maintain an employment relationship with CLSCs (the nurses feel the lines of authority are unclear, while some doctors have been frustrated by negotiations with the local union); lack of support for the change process; and delays in installing information systems, which have disappointed the professionals.

Despite these problems, the case study clearly showed that FMGs significantly benefit Quebec’s population, and play an important role in supporting the province’s primary health care system.

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