

Montreal's Health Care System (Quebec, Canada)

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List of acronyms

Regional governance entities:

CISSS	Centre intégré de santé et de services sociaux <i>(Integrated University Health and Social Services Center)</i>
CIUSSS	Centre intégré universitaire de santé et de services sociaux <i>(Integrated University Health and Social Services Center)</i>
CSSS	Centre de santé et de services sociaux <i>(Health and Social Services Center)</i>
MSSS	Ministère de la santé et des services sociaux <i>(Ministry of Health and Social Services)</i>
RAMQ	Régie de l'assurance maladie du Québec <i>(Quebec Health Insurance Board)</i>
RLS	Réseaux locaux de services de santé et de services sociaux <i>(Local (Health and Social) Services Network)</i>
RTS	Réseaux territoriaux de services de santé et de services sociaux <i>(Territorial (Health and Social) Services Network)</i>

Health and social service providers:

CLSC	Centre local de services communautaires <i>(Local Community Services Center)</i>
CR	Clinique réseau <i>(Network Clinic (NC))</i>
GMF	Groupe de médecine de famille <i>(Family Medicine Group (FMG))</i>

Canadian health care system at a glance

- Provision of health care and social services are under provincial jurisdiction in Canada
- Federal government contributes to financing according to contractual agreements with the provinces (<25%)
- Canada Health Act requires public administration of provincial health insurance

Health care expenditures: U.S., Canada, and Quebec

	 Source: OECD (2015)	 Source: OECD (2015)	 Source CIHI, 2014
Total per capita	8,715 US\$	4,351 US\$	5,616 CAN\$, the lowest among Canadian provinces
% of GDP	16.4%	10.9%	11.9%
% public	49%	70%	71%
% private	51%	30%	29%
<i>Out-of-pocket</i>	12%	14%	
<i>Private Insurance</i>	35%	13%	
<i>Other</i>	4%	3%	

Services covered by the Quebec public health insurance plan for permanent or temporary residents

Hospital Insurance (1961), Physician Services Insurance (1970)

- Hospital-based Medical (including mental health) services (including outpatient departments and ER)
- Medical services (including mental health) provided by physicians, in and outside hospitals
- Most radiology services offered in private clinics
- Dental care (aged < 10)
- Optometry services (aged < 18 and ≥ 65)

Some services are not covered outside of hospitals, e.g. specialized imaging (Ultrasound, CAT, CT scan, MRI), laboratory tests analyses done by private labs, services provided by non-MD professionals (e.g., psychologists, physical therapists) unless provided in public establishments (e.g., CLSCs).

Quebec's Prescription Drug Insurance Program (1997)

Universal and mandatory coverage for prescribed drugs is provided in three different ways:

1. Private insurance through employment and membership in professional orders (e.g., physicians, pharmacists, lawyers): compulsory if offered
2. Public insurance (limited to RAMQ formulary) based on eligibility:
 - For those aged < 65 years and not eligible for a private plan (active enrollment or default enrollment through tax system)
 - For those aged ≥65 years
 - For recipients of social assistance

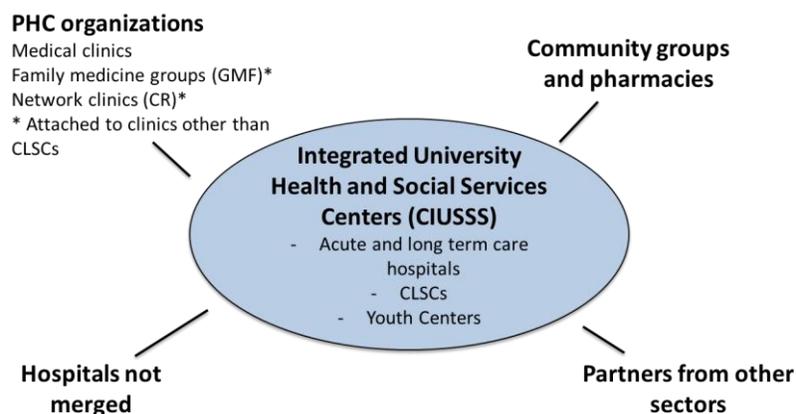
Premium is adjusted based on ability to pay.
3. Blended: public insurance as basic, private insurance as complementary (aged ≥ 65)

Governance of health care in Montreal

In April 2015, Law 10 changed the governance model in place since the early 2000s. The current model reflects a two-level system, with informal networks at the local level.

Levels	Governing entities
Provincial	Quebec MSSS oversees 13 Integrated health and social services centers (CISSS) and 9 Integrated University health and social services centers (CIUSSS)
Territorial health and social services networks (RTS)	Montreal: 5 CIUSSS + 5 independent institutions <ul style="list-style-type: none"> • 2 university-affiliated hospital networks: CHUM & MUHC • St. Justine Children's Hospital • Montreal Heart Institute • Phillippe Pinel Institute (psychiatric hospital)
Local services networks (RLS)	No governing entity (collaboration and local initiatives)

In each RTS, the CIUSSS are responsible for “ensuring the development and proper functioning of all local health (including mental health) and social service networks that operate within its territorial service network in order to fulfil their population-based responsibility” (Adapted from MSSS, 2015). To do so, each CIUSSS must develop collaborations and partnerships with primary health care clinics, community groups and pharmacies, non-merged hospitals and other partners (e.g. schools). Among all CIUSSS partners, only GMF clinics receive direct financial support (nurses and nutritionists paid by the CIUSSS).



Primary health care organization in Montreal

Montreal has about 5,500 full-time equivalent physicians among which almost half (2,500) are family physicians. Types of primary care clinics vary by their ownership status, source of financing and method of payment to physicians. The vast majority of physicians (primary care as well as specialists) receive most of their income from fee-for-service billing. Since 2002, the MSSS has developed GMFs, groups of 6 to 12 full-time equivalent physicians working together and with other health professionals (mainly nurses), in order to strengthen primary care delivery in Quebec. Compared to the rest of Quebec, Montreal has a higher concentration of specialist physicians, and access to primary care doctors is particularly challenging. The number of Montrealers without a regular source of primary care, as well as waiting times for appointments, are higher than in other regions.

Type of PHC organizations	Ownership	Financing	
		Operating costs	Source and method of payments to MDs
Local community services center (CLSCs)	Public (CIUSSS)	Public	Public (salary)
Medical clinic (non-GMF or CR)	Private (MDs)	Private (MDs' revenues)	Public (fee-for-service*)
Family medicine groups (GMF)			
Attached to a CLSC	Public (CIUSS)	Public	Public (salary)
Attached to a medical clinic	Private (MDs)	Mixed (public funds + MDs)	Public (fee-for-service)
Network clinic (CR)	Private (MDs)	Mixed (public funds + MDs)	Public (fee-for-service)

* Under the fee-for-service payment scheme, the RAMQ pays about 30% more for a service provided in private clinics than the same service provided in a public establishment (CLSC, Outpatient Department)

Tertiary care organization in Montreal

Montreal is home to 75 health care institutions offering services in over 300 establishments: 5 CIUSSS, 14 short-term hospitals, 4 psychiatric hospitals, 12 rehabilitation centers, 2 youth centers and 37 long-term care hospitals (nursing homes). Among these, we find, 2 large university-affiliated hospital networks – the Centre Hospitalier de l'Université de Montreal (CHUM) – Sainte-Justine and the McGill University Health Center (MUHC) – with one children's specialty hospital in each, 6 university institutes, 8 university-affiliated centers and 4 facilities with mandates beyond the Montreal region (adapted from ASSS, 2013). In 2011, the city had an average of 26.4 beds per 10,000 residents.

Public Health in Montreal

Montreal's Public Health Department, which was part of the Regional Health and Social services Agency before 2015, has been administratively attached to one of the 5 CIUSSS although it maintains its responsibility for the whole Montreal population. To meet its responsibilities, the Public Health Department establishes and maintains ties not only to the four CIUSSS but also to other partners that influence the social, economic and environmental determinants of population health.

A regional public health plan aims to carry out activities proposed in the National Public Health Program, which focuses around 5 themes:

- Continuous monitoring of the health status of the population and its determinants
- The overall development of children and youth
- The adoption of healthy lifestyles and the creation of safe environments
- Prevention of infectious diseases
- Management of risk and threats to health and preparation for health emergencies