

FAIRE autrement MAINTENANT

FOR PATIENTS AND USERS OF SOCIAL SERVICES

The right to health is fundamental. The State must ensure this right is respected and is the everyday reality for all Quebecers. Our health system has to be improved and become more innovative. Privatization is not the path to take. This would merely reduce access to services and increase costs. The public health system must however change to control spiraling costs – such as doctors’ pay and the price of drugs. The system has become bureaucratically centralized: as a result, health sector personnel are becoming less motivated and health-care programme fails to respond to the needs of the different regions of Quebec.

The NPDQ recognizes the importance of:

- ✓ Promoting health and preventing disease
- ✓ Universal access to health care
- ✓ The need to re-organize the provision of health care to benefit patients and users of services while also respecting the rights of health-care professionals
- ✓ All health care to be provided by the public health-care system
- ✓ Increasing financial support for people suffering from mental health issues
- ✓ More support for the elderly, and to families and friends providing care and to vulnerable populations.
- ✓ Adequate use of advanced technology for those requiring such resources
- ✓ Universal health insurance for all Quebecers.

OUR COMMITMENTS

Promoting health and preventing disease

- Developing programmes so people can manage their own health concerns
- Better prevention and screening particularly for:
 - cervical cancer
 - prenatal congenital anomalies
 - deafness in newborns
 - vaccination programmes

- Give CLSCs the means to be primary care providers, establish prevention and health promotion programs adapted to each community
- Consolidating and improving long-term care, home-care and palliative care
- Better nutrition in the schools
- Ensuring the independence of public health and funding it adequately (the World Health Organization [WHO] recommends at least 5% of the health budget)

Universal access to health care

- Better public-awareness campaigns for health-care programmes
- More availability of consultations with health-care providers 24/7 in the regions as well as urban centres
- Priority to front-line and home-support services
- Establish maximum wait times for different health problems according to science-based criteria
- More family doctors and real – not just on paper – access to other health care professionals : specialized nurse practitioners, psychologists, physiotherapists, occupational therapists, nutritionists ...
- Increased multi-disciplinary team intervention for chronic diseases
- Restoring public funding for fertility treatments
- More clinics to be run by nurse practitioners
- More short-stay beds and long-term care beds in the regions where there is a chronic shortage
- Build a new hospital in Nunavik and another one in James Bay.

Re-organizing the provision of health care to benefit patients and users of services while respecting the rights of health-care professionals

- Decentralize management of the health-care network (revoke the clauses of Bill 10):
 - End ministry- and Quebec bureaucrat-controlled micro-management of all components of the health-care network
 - The Health Ministry should focus on provincial orientations, data collection and oversight of the health-care
 - Restore management decisions to regions and local institutions
 - Support institutions’ autonomy and organizational culture, so they can adapt to local community needs
- Give CLSCs rather than GMFs or other structures the means to organize the first line for the entire population of each community.
- End financing based on previous funding and financing-by-activity. Funding to be based on the population served, demography and each institution’s regional or provincial responsibilities
- Restore the autonomy of Boards of Directors:
 - encourage decision-making based on patients’ and personnel priorities

- participation in local management by patients, users, workers and professionals
- Encourage the use of nurse practitioners’ competences
- End mandatory overtime work for nurses
- Ensure health-care continuity: management of patient-files on the basis of their real needs.
- Encourage multidisciplinary health-care teams in by recognizing distinct contributions : psychotherapists, occupational therapists, nursing aides, psychologists, social workers, administrative assistants, secretaries, cleaning and transport personnel
- To maximize the time clinical personnel spend with patients, ensure that office tasks are performed by office personnel
- End “lean-type” industrial practices and flexi-management models, inappropriate for health-care.
- More funds for clinical and front-line personnel rather than for training personnel
- To encourage team-work, oblige the different professional orders to end corporatist practices and workplace silos
- Create positive working conditions, provide structural support for reconciling family- and work-lives, such as day-care facilities at the work-place

All health care to be within the public system

- Including dentists, optometrists, audiologists – in the same health-care system as other health professionals
- Services provided by these professionals in health-insurance and Pharmacare coverage

Increased support for mental health

- More funding for mental health research
- Better mental health awareness and information campaigns
- Expand the public recognitions and coverage of recognized psychotherapies as well as other non-pharmaceutical therapies shown to be effective in treating mental health issues
- Easier access of psychotherapy without a doctor’s consultation.
- Strengthen support programmes for people suffering from mental pathologies :
 - Food security
 - Struggle against poverty
 - Housing
- Develop the network of group-housing and increase autonomous-housing support
- Reconstitute funding for community organizations providing specialized services to support people with mental health problems
- Develop a plan to counteract for the shortage of psychiatrists in Quebec.

Support for elders, vulnerable populations and caregivers

- Massive investment in home-support to reduce short- and long-term hospitalization
- More money for residential accommodations and long-term care units to all the personnel to maintain adequate surveillance and provide a quality of service reflecting dignity, in physical terms, in meals, in security, the social environment and well-being.
- Financial support for housing for the elderly and for handicapped persons:
 - Adapting existing facilities for greater accessibility
 - Affordable housing
 - Subsidized housing
- Help the elderly fight back against poverty
- Throughout all regions of Quebec, provide quality palliative care within institutions and at home.
- Provide access to specialized care for vulnerable people, especially those with a cognitive deficit, development delay, and addiction
- Ensure a seamless transition between pediatric and adult care management
- Ensure atypical cases are provided appropriate care rather than being fitted into current categories which they do not correspond to.
- Provide financial and structural support required by family caregivers (elderly, youths, handicapped) to make home-care easier
- Provide caregivers with information and emotional supporting as well as opening a file at the CLSC under their name so they can themselves benefit from CLSC services

Adequate deployment of advanced technologies applied to health care

- Provide free cell-phone service to professionals, social workers, and other health-care professionals, including apps needed for fast and efficient access to useful resources and accessing these if needed
- Set up a system of optimal use of electronic medical files based on best practices developed by their users
- Include the contribution of end-users in development projects and/or the implementation of any new technology
- Rigorous evaluation of new technologies to ensure that the value-added is greater than the costs. This is to be assessed *before* any project development or implementation

Universal Pharmacare for all Quebecers

- Set up a public and universal Pharmacare insurance plan
- Determine the coverage for generic and brand-name drugs, based on available scientific data and according to the needs of each patient
- Collaborate with other provinces with similar drug plans to improve Quebec's negotiating power with the pharmaceutical corporations

Fair pay for doctors

- Encourage a fixed income wherever it helps achieve the goals of permanence, quality and relevance of care as well as multidisciplinary work. Doctors will still be able to practice individually as independent professionals, collectively or cooperatively, outside the RAMQ. The modes of financing remain to be determined.
- Adopt legislation to stop and sanction the frequent transfer of services from the public to the private sectors, as well as ending the use of public institutions providing preferential access to private-sector patients.
- Negotiate retirement options with doctors, according to their particular situations.
- End the incorporation of doctors who are not engaged in commercial activities.
- Achieve equity between family-doctors and the different medical specialties by encouraging a fixed income as well as the revision, simplification and progressive reduction of the cost of each consultation.
- Help the regions provide financial incentives and working conditions that encourage newly-trained doctors to remain in Quebec as well as generate a better demographic distribution of these doctors