

The process of implementing a population-based approach to managing local healthcare : the Québec example

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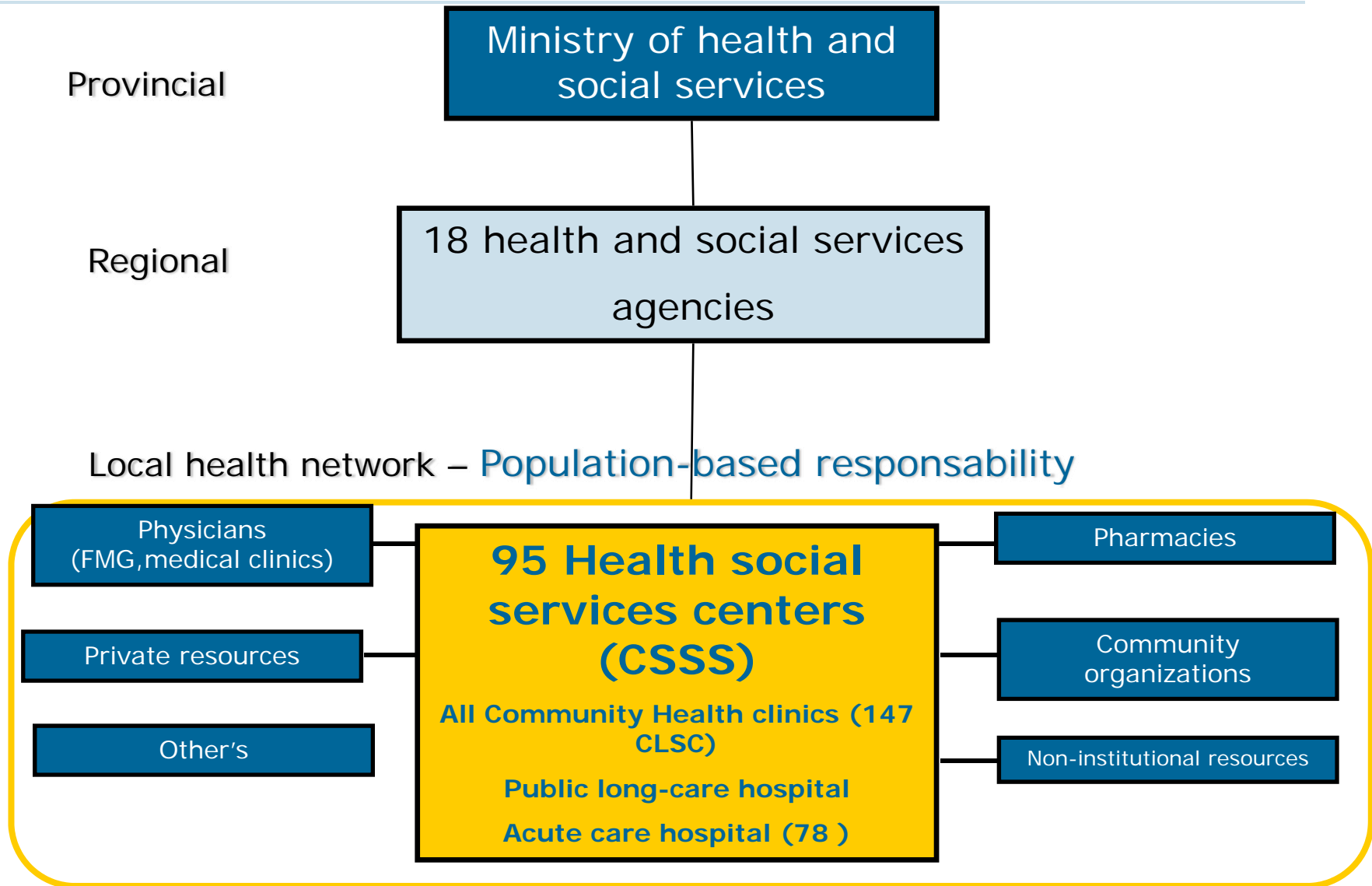
Objective

- ▣ Discuss 5 domains of activities where managers of *Health and social services centers (CSSS)* have develop actions to meet population-based responsibility.

Outline

- 1) Presentation of the current reform being achieved in Québec
- 2) Concept of Population-based responsibility
- 3) Methodology
- 4) Results: 5 components of population-based responsibility
- 5) Conclusion

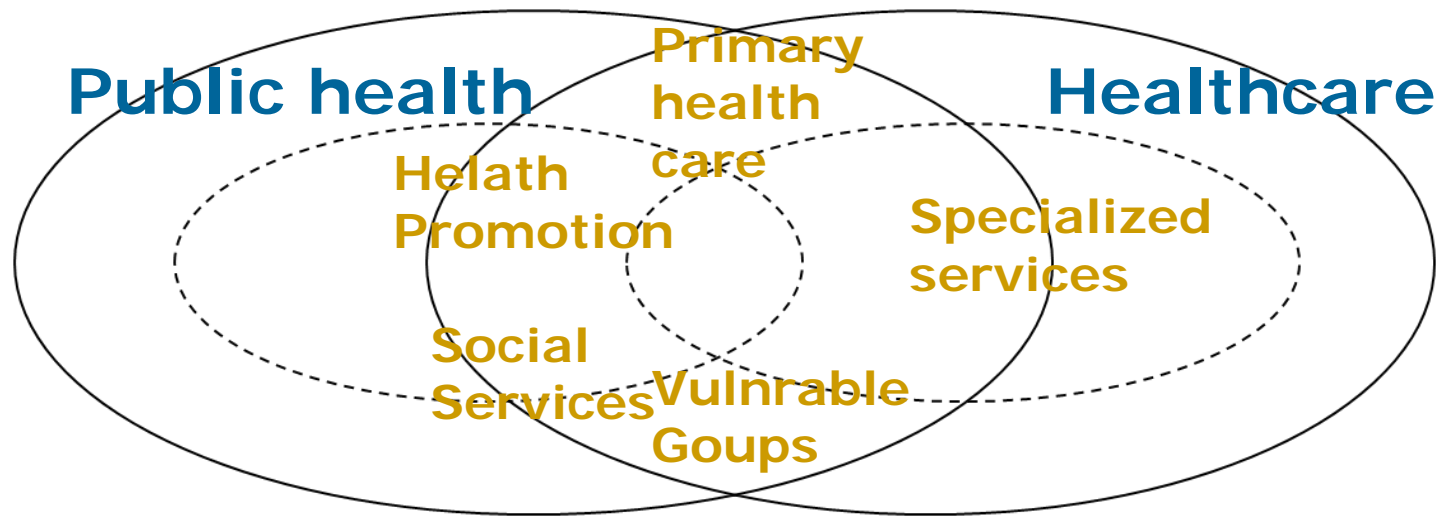
Québec health system governance structure



Method

- Longitudinal cases study (2)
 - 2 CSSS from Montréal region
 - One case included an acute care hospital; the other did not
 - Size
 - Data collected
 - Observations (2005-2008)
 - Interviews N= 46
 - T1 = 30
 - T2 = 16
 - Documentation
- * Project fund by CHIR - Jean-Louis Denis and al.

Results: population-based responsibility divided itself into 5 components



Expansion of domains of activities targeted by the HSSC and to public health influencing their thinking about services organization

Process

- Time
- Services more directly delivered to the population – **Organizational territorial vision**
 - Improve the overall supply of primary care services
- Support more professionals carrying out preventive interventions
 - Health Education centers
- Territorial leadership in the development of community projects



Presence of acute care hospital

- ▣ Invest + + specialized services (surgery, emergency, hospitalization)
- ▣ Have worked over a much longer period to harmonized services
 - Merging with a hospital is more complex
- ▣ But once steps have been taken to harmonize
 - Facilitate the creation of alliances with various partners in the territory

Conclusion

- This reform is still in early stage.
- Little change in management practices have been made
 - Private primary health care setting
- But – a lot remains to be done

Questions

