

Board Meeting Public September 10, 2013

(The following transcript represents a condensed version of the discussion in the language used by those involved)

**Q. David Morris:** With the elimination of much of our ambulation care from the hospital, how does the MUHC propose to maintain academic accreditation because since outside offices are not going to be subject to the normal university limitations? In regards to educational accreditation and ambulatory care, are there measures in place to insure that the devolved clinics will be subject to the same academic standards normally present in the teaching hospitals? Many of my concerns are shared by my colleagues in rheumatology, ophthalmology and SLE.

**A. Normand Rinfret:** In response to the second part of your question, in the context of our discussions with the Dean of the Faculty of Medicine, we have decided to hire an outside consultant who has done quite a lot of work regarding assessment of situations that will prevail in 2015 for many organisations in Montreal. In an effort to guide both the University and the MUHC as to what would be the best practices to insure that the academic responsibility be maintained. This mandate was given to the consultant in June 2013 and his report should be in by the end of October 2013. We want to make sure, in the context of transformation, where some of the care might be going e.g. to our CSSS partners, to partners like the Jewish or St. Mary's, to private clinics or the GMF specialized clinics. Il faut s'assurer que nous sommes en mesure de pouvoir donner la formation à nos résidents, nos internes et à nos professionnels qui sont en train d'obtenir les diplômes nécessaires pour travailler dans nos établissements. I understand your concerns and those of your colleagues' because there is a possibility some of them might be working outside in what is called '*les cliniques médicales spécialisées.*' On the list of 6 programs that are of much concern to the MUHC, there is ophthalmology, rheumatology, hemodialysis and the private offices of the physicians. We refer to these areas as our core program of specific areas which the MUHC still needs to resolve.

**Q. Paul Horowicz, Member of Central Patient Users Committee:** Many concerns were expressed at the last patient Users Committee meeting about changes and transition, particularly, concerns about when clinics will be in other settings, will there be a possibility of additional fees being charged to patients?

**A. Normand Rinfret:** I have no knowledge of any plans to charge patients additional fees and we certainly have no such plans. Normally, when a patient goes to a GMF clinic, e.g. Queen E, they don't pay but rather they present their (RAMQ) card. I don't know of any instances where patients have to pay, except for imaging where radiologists do have the legal right to charge for their service or clinics in the private sector.

**Ann Lynch:** I concur with Normand. GMFs provide a Medicare service. There are some special fees that are charged such as for special reports but these are minimal. Imaging is private but we are working closely with Dr. Sidorowicz to look at our wait lists and improve our access in the public system and that is really what our goal should be.

**Pierre Hurteau:** Je voudrais ajouter à ce que Paul a dit que c'est une préoccupation que nous avons, et que nous n'avons pas la réponse, mais nous savons qu'il y a des cliniques qui sont assez spécialisées, comme la clinique de la voix au Montréal Général, ou à des cliniques en otorhinolaryngologie, qui utilisent des appareils spécialisés pour des laryngoscopies, etc. Moi, je fais partie d'un GMF, mais mon médecin n'a pas cela. Là, c'est des cliniques vraiment spécialisées et je pense que Paul pose la question à titre de préoccupation qu'on doit garder à l'esprit pour voir si cela n'ouvre pas la porte à des services qui étaient assurés, mais qui indirectement deviendraient tout à coup, des services payants.

**Normand Rinfret :** Vous avez entièrement raison et dans les années à venir il faut se préoccuper de cette dimension-là. Puis de toute façon il faut en parler avec le comité des usagers. Or, la clinique médicale spécialisée qui amène l'otorhinolaryngologiste ou qui amène la personne qui a une spécialité en neurochirurgie et qui fait une clinique, dans ce contexte-là, le ministre et les 2 derniers ministres étaient très clairs qu'ils ne voulaient pas avoir de patients qui paient pour les services. Ils l'ont même déclaré dans les journaux. Je ne peux pas empêcher qu'à l'extérieur du CUSM qu'il y aient des personnes qui décident de créer une clinique, mais il faut en parler avec le comité des usagers, car si le service n'est pas couvert par la RAMQ, ce sera un problème.

**No name given:** Just to give an example, I was recently charged \$480 for a procedure, which my doctor told me would cost me nothing in a hospital. Once you have a private office, the doctor has to pay for rent, secretarial support, nurse assistant, all of his equipment and medication, all of which have to be paid for by someone and it is usually passed on to the patient.

**Normand Rinfret:** I recommend that you send a copy of your proof of payment to the RAMQ for assessment. Also, if there is a service that we have decided to move out the MUHC, for which you have now encountered a bill of \$480, I would like to know the specific details this so please send this to me.

**David Morris:** I think that there should be an ethical rule in regards to transfer of services such that doctors, who take and accept services, accept that they will not charge. The reason that services are being removed from the hospital is because they cost money and there are no resources for these services, which is something that people should be made aware of.

**Normand Rinfret:** I beg to disagree because I honestly don't think that the motivation for moving services outside the academic health science centre is purely financial. There are many more reasons related to the continuum of care, the talents that we have available to provide the service, which are much more important. Also, according to recent study findings, patients want to have services delivered closer to their home.