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Ideas for a More Prosperous Nation

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MEDICAL SPECIALISTS IN QUEBEC: HOW TO UNLOCK THE RESERVE SUPPLY

Waiting lists for medical services in Canada are painfully long. Too many Canadians lack access to a family doctor, and our low ratio of medical specialists to population size is a growing cause of concern. Could this problem be partly solved by making better use of the supply of medical specialists' work through mixed practice? To get an answer, the Montreal Economic Institute (MEI) conducted a survey among medical specialists to find out if some of them might be willing to work extra hours in the private sector, beyond their commitment to the public system.

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In 2007, health care spending in Canada stood at $160 billion, up 6.6% from 2006. Canada lags behind most other OECD member countries in terms of access to medical specialists. It has longer waiting times and does less well at preventing avoidable deaths. Moreover, its per capita health care costs are among the highest.[1]

The private sector could supply resources to improve the situation. But the provincial health systems operate within the limits of the *Canada Health Act*, which largely excludes private sector participation in the provision of health insurance and health care.

In 2005, the *Chaoulli* ruling by the Supreme Court of Canada opened a breach in the state medical care monopoly by encouraging governments to allow private insurance for three specific surgical procedures. In August of the same year, delegates to the annual meeting of the Canadian Medical Association adopted a motion in favour of access to private health care services and private medical insurance in instances where patients are unable to get timely access to care in the public health system.[2]

But the *Chaoulli* ruling did not penetrate the hermetic barrier between the public and private sectors in the provision of health care by doctors. The Quebec Medical Association favours maintaining this barrier, though it did state in 2006 that "there must be a recognition that, in certain instances, it could be entirely appropriate and even desirable for doctors to be allowed to provide services in both sectors."[3] A brief presented to the Quebec National Assembly's Social Affairs Committee on April 5, 2006, by Dr. Robert Ouellet, then president of the Association, added: "As regards surgical specialties, for example, our surgeons cannot get enough operating time. Many surgeons are operating barely more than one day per week in public institutions."[4]

Underused resources

The sub-optimal use of the Quebec health system's resources has already been pointed out by the Montreal Economic Institute. In December 2007, an MEI survey of 23 hospitals revealed that operating rooms are underused,[5] with an occupancy rate of about 50% during the day on weekdays. This is well below a desirable rate of use for operating rooms.[6]

1. OECD, *OECD Health Data 2007* (version of July 18), 2007, 2007. Also discussed in Nadeem Esmail and Michael Walker, *How good is Canadian health care? 2007 Report*, Fraser Institute, 2007.
2. Barbara Sibbald, "CMA okays private health care for waiting patients," *Canadian Medical Association Journal*, Vol. 173, No. 6 (September 13, 2005).
3. Website of the Quebec Medical Association (2006).
4. Excerpted from the brief presented by Dr. Robert Ouellet, then president of the Quebec Medical Association, to the National Assembly's Social Affairs Committee, April 5, 2006.
5. Julie Frappier and Mathieu Laberge, *An overview of operating room use in Quebec hospitals*, Montreal Economic Institute, December 2007.
6. The report of an inquiry by France's *Mission nationale d'expertise et d'audit hospitaliers* concluded that the goal to be sought is for rooms to be occupied 75% to 80% of the available time.

In June 2008, an MEI survey on the availability of nurses for mixed practice concluded that the nursing shortage may be less severe than people believe.[7] More than half the nurses surveyed (54%) are willing to work day shifts on weekdays in the private sector in addition to their normal workweek in the public sector. Overall, this represents up to two extra days of work per month, or the equivalent of more than 5,000 full-time nurses. This compares to an officially estimated or anticipated shortage of 2,643 nurses in 2008 and 8,733 in 2013.[8] Could the shortage of medical specialists, as in the case of nurses, be little more than a myth, created by organizational inefficiencies?

To contribute to this debate, the Montreal Economic Institute conducted a survey to assess whether medical specialists are willing to provide services beyond their commitment in the public system and, if so, to quantify this reserve supply.

The survey used two forms: a comprehensive questionnaire posted on the Web and a short questionnaire emphasizing parameters of the reserve time supply. The latter questionnaire was sent to doctors through medical specialists' associations that agreed to send it by e-mail to their members.

The presidents of associations affiliated with the Federation of Medical Specialists of Quebec (FMSQ) were approached to solicit their members' participation. Following a review of literature on the subject, 19 interviews were conducted with the various association presidents to validate the contextual health care framework and thereby validate the study's hypotheses. The questionnaire was approved by five doctors before the study was launched to ensure its pertinence. Quebec medical specialists were then asked to fill out the questionnaire on a voluntary basis.

The sample examined consisted of 581 medical specialists. The sample size varied for each question according to response rates. Nearly half the medical specialists questioned (44%) are less than 40 years old, 29% are 41 to 50, and 25% are 51 to 60. This group is slightly younger than the 50.5-year-old average for medical specialists in the FMSQ. Medical specialists close to retirement age are less likely to want to offer time for the private sector beyond their commitment to the public health care system.[9]

Doctors willing to work more

The results show that medical specialists in Quebec want to protect the public health care system. A majority of respondents (68%) support the government imposing a minimum of 35 hours of work in the public sector before hours are offered in the private sector.

However, as shown in Table 1, many respondents (43.6%) are willing to offer time in the private sector in the daytime on weekdays beyond their public sector commitments. As well, 38.6% and 30.4%, respectively, are willing to offer time on evenings and weekends.

The most popular time periods are from 1 to 5 hours (20%, 20% and 40% respectively for weekdays, evenings and weekends) and 6 to 10 hours (37%, 23% and 23% respectively). For those willing to offer only 1 to 5 hours, the preference is for weekends, whereas those willing to offer 6 to 10 hours prefer weekdays.

We also conducted a quantitative assessment of medical specialists' reserve time. These specialists said they were willing to offer 3.98 hours a week on average on weekdays in the daytime, 3.77 hours on weekday evenings and 3.88 hours on weekends. Assuming they work 40 hours a week, these hours of availability are equivalent to adding 790 full-time specialists on weekdays in the daytime, 740 on weekday evenings, and 1,924 on weekends (see Table 2).

It is interesting to note that medical specialists are ambiguous in how they deal with questions about the private and public sectors. For weekdays in the daytime, 51.2% of them indicated they were willing to offer a precise number of hours in the private sector beyond the hours they provide in the public sector. But only 43.6% said they wish to offer time in the private sector.

> *The Montreal Economic Institute conducted a survey to assess whether medical specialists are willing to provide services beyond their commitment in the public system.*

7. Julie Frappier, *The availability of nurses for mixed practice,* Montreal Economic Institute, June 2008.
8. Quebec Department of Health, *Étude des crédits 2008-2009, Réponses aux questions particulières*, Vol. 1, pp. 100 and 142.
9. A great majority of respondents were women (84%). These data are not representative of the groups of medical specialists belonging to the Federation of Medical Specialists of Quebec (FMSQ). A breakdown by gender of FMSQ members shows 33% women and 67% men. In an effect to assess the impact of the gap between respondents to this study and the FMSQ membership, we conducted a sub-analysis to compare the reserve time offered to the private sector by male and female medical specialists. The results showed that there was no difference in willingness to offer reserve time beyond commitments to the public health care system.

TABLE 1

Willingness of medical specialists to provide services in the private sector[10]

	Weekdays (daytime)	Weekdays (evenings)	Weekends
PROPORTION OF RESPONDENTS WILLING TO OFFER TIME			
Average among respondents	43.6%	38.6%	30.4%
PROPORTION OF RESPONDENTS WILLING TO OFFER MORE THAN ZERO HOURS			
Average among respondents (including respondents undecided on the number of hours)	51.2%	53.2%	70.9%
AVERAGE RESERVE TIME (HOURS) PER WEEK			
All respondents (including those answering zero but excluding respondents undecided on the number of hours)	2.38	3.73	3.75
All respondents (including those answering zero and including respondents undecided on the number of hours)	3.98	3.77	3.88
All respondents (excluding those answering zero and excluding respondents undecided on the number of hours)	7.78	7.10	5.48

This gap of 7.6 percentage points shows the dilemma medical specialists face when they have to choose between the two sectors: protecting the public system, or taking the opportunity to reduce waiting lists.

Conclusion

This Note has examined the possibility of allowing medical specialists to work both in the public and private sectors in health care. The results show that 43.6% of medical specialists are willing to offer time in the private sector on weekdays during the day, beyond their commitment in the public system. Overall, this is equivalent to adding 790 full-time medical specialists on weekday day shifts, 740 on weekday evenings and 1,924 on weekends. Thus, allowing medical specialists to work both in the public and private sectors would largely help fill the shortage of specialists.

These hours of availability are equivalent to adding 790 full-time specialists on weekdays in the daytime.

Many measures will be needed to correct the shortage of medical specialists. The current rationing is due to a number of causes, including limited financial resources, a shortage of specialized staff, inadequate availability of beds, etc. However, it is possible to maximize the current supply of available hours by allowing medical specialists to work both in the public sector and in the private sector.

On the other hand, the provincial health care systems must still respect the framework of the *Canada Health Act*, which imposes constraints on the provincial insurance systems and runs counter to reforms that could improve access (and thus patients' health) and that could alleviate pressure on taxpayers.[11] We already know that our operating rooms are used at less than 50% of their capacity. We also know that many doctors and nurses would be prepared to offer more hours, and thus more health care, to Quebecers if they were allowed to provide work hours in the private sector after fulfilling their duties in the public sector. As long as openings to greater private

10. In this table, "respondents willing to offer time" refers to the proportion of respondents who are willing to offer time for the private sector in addition to their time in the public sector. "Respondents willing to offer more than zero hours" refers to the proportion of respondents who are willing to offer more than zero hours outside the public health care system, beyond their duties in the public sector. "Respondents undecided on the number of hours" refers to respondents who stated that they were willing to offer time but did not indicate the number of hours they were willing to offer. "Excluding respondents undecided on the number of hours" means that we regarded these respondents as being willing to offer zero hours. "Including respondents undecided on the number of hours" means that we regarded these respondents as willing to offer the same average number of hours as those who replied to the question.
11. Philippe H. Trudel, Bruce W. Johnston and Michel Bédard , *Health Care Reforms: Just How Far Can We Go?* Montreal Economic Institute, April 2003.

TABLE 2
Equivalent number of full-time medical specialists per week
(based on a total of 7,935 medical specialists)

	Hours offered per week	Normal week (hours)	% of the workweek	Equivalent in full-time medical specialists
WEEKDAYS (DAYTIME)				
Including those answering zero but excluding undecided respondents	2.38	40	6%	472
Including those answering zero and including undecided respondents	***3.98***	***40***	***10%***	***790***
WEEKDAYS (EVENINGS)				
Including those answering zero but excluding undecided respondents	3.73	40	9%	740
Including those answering zero and including undecided respondents	***3.73***	***40***	***9%***	***740***
WEEKENDS				
Including those answering zero and excluding undecided respondents	3,75	16	23 %	1860
Including those answering zero and including undecided respondents	***3.88***	***16***	***24%***	***1924***

sector participation – while preserving government's role in insurance – remain blocked, the waste of resources will continue.

Nonetheless, examples of private sector participation in medical care are plentiful in social democratic societies like Canada. Mixed practice is especially widespread in Europe. The use of systems in which the public and private sectors cooperate within the structure of a universal health insurance system is what enables a number of countries, including France, Sweden and many others, to serve their citizens better than Canada is able to.

Allowing medical specialists to work both in the public and private sectors would largely help fill the shortage of specialists.

The French public health care system in particular provides results that are superior to ours in most areas, especially in terms of waiting time and avoidable mortality rates. The French system shows us that private health care suppliers can make a major contribution to public health by helping society meet the goals of accessibility and universality in health care. In Germany, the system provides universal health care access with service providers coming as much from the private sector as from the public sector. The result is that waiting lists are nearly non-existent.

We must act now, before inaccessibility to health care causes serious damage to the quality of life of society at large.[12] We have the resources. What we need are ways of using them.

12. Nadeem Esmail and Michael Walker, *How good is Canadian health care? 2007 Report,* Fraser Institute, November 2007.

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