Revolution *within* a Revolution

Québec's experiment with co-operative health care & social service delivery

Jean-Pierre Girard

In 1992, the retirement of the sole physician practicing in Saint-Étienne-des-Grès, population 3800, brought residents to the brink of despair. For generations they had been accustomed to the presence of a doctor in the vicinity. Now access to medical services would require making a trip to one of the region's larger centres, Trois-Rivières or Shawinigan. Not a long trip – maybe 20 kilometres in either direction. But a trip that nevertheless would mean finding the necessary means of transportation as well as the time – something particularly annoying for seniors, persons of reduced mobility, or busy households with young children. Two working parents and frequent medical consultation would put a heavy burden on a family's schedule.

A petition with upwards of a thousand names got things moving. A group of local leaders put their heads together. It soon became apparent that the solution would lie off the beaten track. Given budgetary constraints, a public clinic after the model of the local community service centres (CLSCs), or even a branch office of such a clinic, was out of the question. Likewise, it seemed hardly possible that one or more physicians would come and set up a private office or clinic. Given the limited market (or "clientele"), not a single doctor was interested in investing the sums required to build or move into such infrastructure.

So innovation was key, and much of the credit for it goes to action taken by the manager of the local Desjardins credit union, Jacques Duranleau. It occurred to Jacques to use the co-operative model as a mechanism to further mobilize and focus the citizenry as a new sort of entrepreneur in the world of health services. By means of a co-op they could create a clinic that would concentrate in one location a range of health services including, of course, those of physicians.

The upshot is indicative of the imaginative capacity of the locals and especially their ability to mobilize: people were invited to join a co-op by subscribing to shares varying in value, according to category, from $50-250. The existing credit union members network was tapped for this process, so that more than 1000 members were quickly recruited. Total subscriptions approached $125,000. To this was added the credit union's offer of a mortgage on generous terms and support from the municipality, which leased the co-op a parcel of land for 80 years and granted a tax holiday to boot.

With these resources in hand, a 10,000 square foot facility could be built and its offices leased to a variety of professionals. Attracted by the clinic's terms of occupancy, a pharmacist,

(top to bottom) Coopérative de services de santé Les-Grès, Coopérative de solidarité santé St-Thècle, Coopérative de santé Robert-Verrier. Photo credit: Jean-Pierre Girard.

psychologist, dentist, optician, and even physicians agreed to lease space. It was sufficient to guarantee rental revenue that would cover the co-op's operating costs, including the mortgage payments. What's more, the co-operative itself elected to offer physiotherapeutic services. In a matter of months, construction was so far along that the co-operative officially opened its doors in 1995.

Since then, far from resting on its laurels, the co-operative has been at the forefront of innovation. In 1999, before a large crowd, it opened a branch office in another town. In 2001, the co-operative assumed the managerial duties at a seniors' facility for 19 residents that employs five staff. Then in 2003, after years of lobbying, the co-operative secured funding through the federal-provincial infrastructure budget to double the floor space of the main clinic, and thereby increase service revenues. Once again, the municipality weighed in, renting a portion of the projected space for its library.

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Proof positive of the clinic's success: today it is responsible for nearly 20,000 patient records! On the way, it has created a foundation in which funds accumulate for members whose incomes cannot cover the cost of health products or services. The clinic recently changed its status from that of a consumer co-operative to that of a solidarity co-operative, that is, one which includes users, workers, and stakeholders (a model recognized by an amendment to Québec's co-operative legislation in 1997). This action can be expected to further broaden its base of support and participation.

Fear vs Need

The project at Saint-Étienne-des-Grès, unquestionably innovative, could be said to have incited a mini-revolution in the organization of primary health care in Québec. Hitherto reserved to the State by means of public health clinics and physicians in private practice or private clinics, the health care sector was suddenly invaded by a group of strangers – citizens organized as co-operatives!

In the months following the co-op's launch, Saint-Étienne was visited by several civil servants from the Ministry of Heath and Social Services. The project was raising questions in a sector that was still in the grip of clearly-defined interest groups. On account of the experience at St-Étienne alone, some civil servants went so far as to accuse the Desjardins Credit Union of trying to privatize the health system.

Under closer examination, the project was really nothing more than an expression of the community's will to organize and respond to its needs, rather than wait for physicians or the State to take the initiative (a highly unlikely event). What's more, in the summer of 1996, a survey conducted by the Chaire de coopération Guy-Bernier (the centre for co-operative studies at the University of Québec in Montréal) in collaboration with a group of municipalities reported that Saint-Étienne's case was far from unique. In fact, approximately 125 municipalities with 1,000-10,000 inhabitants lacked primary health care services (doctors, public clinics, access centres, etc.) within a radius of at least eight kilometres.

Saint-Étienne's experience caught the eye of many another community in Québec with the same kinds of need. In some cases, the idea of such a co-operative never got beyond that initial stage – an idea. In other cases, things started happening.

In 1999 in Saint-Cyrille de Wendover, not far from Drummondville, the citizens deliberately followed the St-Étienne model but this time went on to acquire a small modular hospital, moved down to Saint-Cyrille from the James Bay Hydroelectric Project.

As at Saint-Étienne-des-Grès, the manager of the local credit union became actively involved in supporting the project. The financial package demonstrated a high level of originality, blending member participation with a range of types of support in kind and in cash from the municipality and the surrounding areas, notably a significant donation from a private philanthropist.

Today this co-operative has more than 2000 members who enjoy the services of three physicians, a physiotherapist, a dietician, and three pharmacists.

The summer of 2003 also saw the establishment of the Health Services Co-operative of Saint-Thècle in the Mauricie region, about 30 minutes from Shawinigan. The project took shape thanks to very strong community organizing (some 900 subscribed out of a population of 2400), support from numerous other partners and, once again, significant assistance from the municipality, among others, to facilitate the purchase and renovation of a building.

Unlike the other projects, in addition to subscribing to common shares of $10, citizens agreed to an annual fee totalling close to $70,000. This was required to cover the costs of administrative support for two physicians and the mortgage payment (thus awarding the doctors a rent holiday). The project's promoters understood this to be a prerequisite for attracting physicians to town. Residents did not judge the amount burdensome considering the time and money they would otherwise spend travelling to consult with the nearest physician.

Lastly, after a 2-year struggle, something totally unprecedented – and in an urban setting. Doctors in Aylmer (Gatineau), not far from Ottawa, sold a clinic to citizens organized as a solidarity co-operative. This was a strange case indeed, and extremely interesting from a local development perspective, for the physicians agreed to sell to the co-op their very livelihood while at the same time undertaking to continue their practice under the new, democratic structure of governance. Moreover, they proposed to the co-op a very affordable financial arrangement for purchasing the clinic.

Barring unforeseen circumstances, the co-operative should become the clinic's proprietor by 2004 and boast several thousand members. Besides a laboratory, this clinic currently counts as lessees a dentist, a psychologist, an audiologist, and a radiologist. The pharmacy chain Groupe Jean Coutu is also renting space for a dispensary.

Enough of waiting for the State; enough of waiting for physician-entrepreneurs. Instead, endeavour to realize a new social consciousness - one that prizes initiative & local development & eases the grip of State supervision & protection.

The Other Side of the Ledger

Although these projects have experienced a happy landing, others have run into significant obstacles and failed to make it through the stage of popular mobilization and incorporation. In 1996, at Pointe-au-Père, not far from Rimouski, hundreds of residents backed a health care co-operative project. But three years of intense promotional campaigning failed to recruit any physicians, even when the municipality offered the project significant support. To keep the peace, the project was abandoned.

In Lanaudière region there was project involving a walk-in clinic, a CSLC branch, and a 60-bed long-term seniors care facility. It ran up against resistance from the public health and social services board. This notwithstanding enthusiastic support for the project from hundreds of residents, and its highly original integration of public resources with the private and collective resources of individuals and a variety of local organizations.

Then there is the case of the health care co-operative about 50 kilometres from Montréal that spent close to two years in a long and tedious effort to recruit physicians. The task accomplished, the physicians were only briefly at work before they accepted an offer from a member of a big chain of pharmacies and relocated practically next door. Its very purpose up in smoke, the co-operative folded.

Revolution within a Revolution

As you can see, since the mid '90s Québec has been fertile ground for numerous experiments with health care co-operatives. More generally, as I reported in the overview *Les coopératives dans le domaine socio-sanitaire au Québec: portrait de la situation* (2000), co-operatives are also present in many other areas of the health sector and apply every organizational option:

- *Paramedic worker co-operatives*. Of six in operation, one is the very significant Montérégie worker co-operative (CETAM) which has about 250 members and fleet of several dozen ambulances.
- *Public health establishments*. Organized as producer co-operatives these organizations co-ordinate their purchases of products and services and thereby benefit from economies of scale.
- *Home care co-operatives*. Thousands of citizens belong to one or another of 46 co-operatives active in the home care sector (doing household upkeep and maintenance, mainly) for seniors who wish to remain at home. Of these, 28 are solidarity co-operatives, three are worker co-ops, and the rest are consumer co-ops. These co-operatives, too, manifest great innovative potential, not just in terms of their commitment to quality service, but in the other services they offer, like the purchase and development of a seniors residence or services for households without special needs.
- There are many other cases of individual co-operatives evolving in the sphere of health and social services. For one, the solidarity co-operative La Corvée in the village of Saint-Camille in the Eastern Townships offers office space to practitioners of alternative medicine, including an osteopath, an acupuncturist, and a massotherapist.

Indisputably this movement represents a reconfiguration of the actors in the health system. I say this as someone who has now been active for nearly 15 years in the development of various types of co-operative in the health and social service sector: We don't talk about a system with two actors, public and private for-profit, but three, not to mention the many, many community-based organizations active in a range of areas, including mental health. These organizations principally take the form of nonprofits that, with the co-operative, constitute the main legal structures for collective enterprise in Québec.

In the eight years since that first experience at Saint-Étienne, several things have been worthy of note. To repeat, these initiatives reflect a change of paradigm: more and more citizens are refusing to sit back and wait for access to health care services. Enough of waiting for the State; enough of waiting for physician-entrepreneurs to supply the services, and in the interim driving 50, sometimes 150 kilometres for them. In the words of the title of that excellent book by the economist Gilles Paquet, *Oublier la revolution tranquille* (1999), i.e., forget the Quiet Revolution, Québec's 1960s experience of State intervention in a multitude of sectors. Instead, endeavour to realize a new social consciousness - one that prizes initiative and local development and eases the grip of State supervision and protection.

Yet deeply ingrained prejudice bars this transformation: co-operatives supposedly are accessories to a 2-tier health care system, a lower tier for those who pay through their taxes, an upper tier for those who pay extra.

This is to confuse the payment of insurance claims with conventional fees for service. These co-operatives are a new mode of health care service delivery, because the payment of medical fees remains a State jurisdiction – a reimbursement from Québec's Medical Insurance Plan. These co-operative projects are also quite ingenious. As the cases listed in this article show, creativity is key in the design of the financial package, in bringing the citizenry on board, etc. In addition, the results to date suggest that the co-operatives have a structural impact with a geographic dimension in that they reinforce the people's sense of belonging and strengthen their social cohesion.

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These projects are also to a great degree an expression of the imbalance between the supply and the demand for physicians. As a study by the Canadian Medical Association reveals, there are fewer and fewer physicians practising in small towns and rural regions. This is a worrisome trend. Don't health care co-operatives run the risk of finding themselves caught in a bidding war to attract these professionals? Here, the Aylmer example, where the physicians sold their clinic to the citizenry but continued to practice, is very inspiring. One hopes it will have a stimulating effect elsewhere in Québec and Canada.

At another level, there is the diversification of services, like the development of a seniors residence – a sector that can be expected to expand at a steady rate as the population ages. This could make for an interesting complement to a co-operative's activities, as well as reduce its dependence on the presence of physicians.

If then citizen participation is to remain meaningful in a sector marked by the asymmetry of information between practitioner and patient, we must see a multiplication of such projects. We do not promote the creation of a megastructure that will further separate the decision-making process from the demands of day-to-day practice, and from the expectations and needs of the users. The model of the solidarity co-operative constitutes another area that may foster the development of new relationships between the citizen/patient and the physician/insurance claimant. At barely six years in age, the model is still young. In a few years we shall be in a better position to judge its innovative potential in these issues.

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For more information

Publications concerning health care service co-operatives are relatively few in number. The websites of the British Columbia Institute of Co-operative Studies (web.uvic.ca/bcics) and of the University of Wisconsin Centre for Co-operatives (www.wisc.edu/uwcc/index.html) offer a number of documents to read on-line or download. These include Jean-Pierre Girard's article from the *ICA Review*, "Social Cohesion, Governance and the Development of Health and Social Care Co-operatives" (2002) his more detailed discussion of the changing roles of co-operatives and the State in Quebec's health and social service system.

Since 1996 Girard himself and in collaboration with others has written a number of research reports on the subject of health care service co-operatives, many of them published by the Chaire de coopération Guy-Bernier of the Université of Québec in Montréal. (Go to www.er.uqam.ca/nobel/ccgb.)

The following select titles outline a variety of aspects of the subject. They may be ordered directly from the Chaire de coopération, and are available only in French:

- *Les coopératives dans le domaine socio-sanitaire au Québec: portrait de la situation* (cahier 111): an overview of co-operatives in the health sector across Québec, as cited in this article, p. 15.
- *Analyse de différents types d'organismes offrant des services de première ligne en matière de santé* (cahier 86): a comparison of the different types of organization - public, private for-profit, and collective (co-operative and nonprofit) – that offer primary health care services.
- *État de la disponibilité des services de santé au Québec, une réflexion sur la contribution de modèles d'entreprises collectives à un virage santé par et pour les citoyens* (cahier 81): The 1996 survey of primary health care services in Québec municipalities of 1,000-10,000 inhabitants, as cited in this article, p. 14.
- *Les coopératives de santé dans le monde: une pratique préventive et éducative de la santé* (cahier 74): a dozen experiments in building networks of health care co-operatives, primarily the experiences in Japan, Brazil, Sweden, and Spain.

Finally, a publication of the Institut de recherche pour l'étude des coopératives de l'Université de Sherbrooke compares the experiences of health care service co-operatives in Québec with those of Saskatchewan:

- *Développement coopératif comparé, Québec-Saskatchewan : les formes organisationnelles des coopératives dans le domaine de la santé; la capitalisation dans le secteur agro-alimentaire* (cahier IREC-00-02).

Go to callisto.si.usherb.ca/~irecus/centre_document/publication/index.html.