

AMRQ Update

By Nathalie Langlais, MD, FRCPC

The fall of 2019 will be remembered for tight and sometimes difficult negotiations between the *Fédération des médecins spécialistes du Québec (FMSQ)* and the Ministry of Health and Social Services. You will recall that the Ministry, wanting to achieve large, one-off savings, wanted Quebec specialists to agree to substantial fee reductions, which did not happen. Instead, as a result of these negotiations, *l'Institut de la pertinence* was born, a truly unique platform where all medical associations now have the opportunity to present their views on potential recurring savings in their respective practices. For example, some may want to reduce their fee schedule or eliminate procedures that have become superfluous or obsolete, while others may want to propose changes to clinical measures, such as their frequency and/or relevance, target patients, etc., based on the increasingly widespread principle of "Choosing Wisely." For the *Association des médecins rhumatologues du Québec (AMRQ)*, this is a welcome exercise that will allow us to put forward innovative ideas and solutions aimed at providing the best possible care for our patients. The objective here is therefore twofold: to improve efficiency of care while taking part in this exercise. This is a great opportunity to present our views on measures that we believe will be welcomed by both the Ministry and our colleagues.

In the spring of 2020, the COVID-19 pandemic struck Quebec, which nobody had expected. Quebec was the worst-affected province in Canada with a high rate of infections, 25% of which were among healthcare professionals. Quebec's residential and long-term care centers or *centre d'hébergement et de soins de longue durée (CHSLDs)* were hit hard, and specialist physicians were called in to assist this particularly vulnerable population. In rheumatology, our practice then changed completely and, overnight, telemedicine became the new way of doing things. Most of our activities continued with this new reality. We were less affected by the offloading of clinical activities compared to

physicians in other specialties. During the first wave of the pandemic, many activities had to be suspended, including surgeries and endoscopies, and many radiology examinations. These disruptions in service and the postponement of operations and examinations will impact our healthcare system for years to come. During this same time period, many rheumatologists assisted by working COVID units and provided care to hospitalized patients; we are grateful to them. For about six weeks at the beginning of the pandemic, Quebec's Public Health Department requisitioned the majority of hydroxychloroquine reserves for COVID cases with the result that only certain patients, including lupus patients, were able to continue their treatment. Our association made every effort to ensure that they would continue to have access to the drug. Unfortunately, our efforts were unsuccessful until Public Health finally changed its ruling and allowed patients who had been deprived of their medication to resume treatment.

We are now in the second wave of the pandemic and this time the virus is circulating throughout the community and is now affecting a younger population. Given this sad state of affairs, Public Health has unfortunately had to make the decision to impose new restrictions on the public with the hope of limiting the spread of the virus, especially with winter at our doorstep, and the season of flu, colds and other viruses that could complicate matters.

In keeping with our Hippocratic oath, we must observe government directives and guidelines, and show our support for our patients.

In closing, I wish you all the best in staying healthy and keeping your spirits up during these difficult times.

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