Implementation of a health services co-operative: Factors for success and failure

An analysis by: Jean-Pierre Girard

Co-operatives Secretariat
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A health services co-operative: The keys to success!

If there is a sector in which community economic development can be established with vigour, it is that of the health sector. The aging population and the deficiencies of the public health system constitute important challenges for which we must find innovative solutions in the coming years.

Jean-Pierre Girard demonstrates a part of this solution, found in the hands of local citizens.

Jean-Pierre presents in a remarkable manner, how the co-operative model used for a health center can be adapted to meet the collective needs model of both urban and rural communities. He demonstrates that the health co-operative is a mobilizing project that is within the range of those who collectively want to improve the well-being and health of their community.

Jacques Carrière, Executive Director, CEDTAP

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To the hundreds of my fellow citizens who, almost 10 years ago, embarked on the adventure of creating a health services co-operative, each one a pioneer in his/her own way in working to revitalize our healthcare system, and to those among them who graciously agreed to share their reflections with me along the way. To the members of the Aylmer Health Co-operative Board of Directors, with whom I had the pleasure of working with in 2003 to create the business plan.

Jean-Pierre Girard

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The Mandate

Over the past 10 years, it has become increasingly apparent that traditional methods in front-line health services no longer adequately meet the population's needs. On the one hand, the government is increasingly less involved in the direct delivery of front-line health services, through public clinics, for example. On the other hand, possibly due to the feminization of the profession or because of the considerable fixed costs of running a clinic, the medical profession has undergone profound change; there seem to be fewer and fewer medical school graduates or practitioners interested in both practising medicine and getting involved in the business aspect, i.e. owning/managing a clinic. They much prefer to focus on practising medicine.

Who is going to take the initiative and open and run clinics or health centres? Inspired by the *one-stop shopping* concept (the concentration of purchases at the same place), a growing number of clinics are being opened and managed by large commercial groups, e.g. Groupe PJC (Jean Coutu pharmacies) in Quebec and elsewhere in the country, and the Loblaws chain of grocery stores elsewhere in Canada. These companies offer physicians turnkey rental contracts. But communities that do not have large enough populations to make these businesses profitable (located in underprivileged urban areas, or rural or remote areas) are left hanging by this initiative.

This situation therefore seems conducive to the emergence of a new type of entrepreneurship in front-line health services, the mobilization of civil society through the actions of individual and group stakeholders in the form of co-operatives. This type of organization has many advantages likely to gain public interest: provide services to members, rules of accountability, governance structure, more effective use of capital. In addition, under the co-operative structure, several stakeholders can be grouped together, guaranteeing a greater degree of concerted effort in the area. These co-operatives create an environment conducive to the practice of health professionals: by renting space to these professionals, or by hiring resources and providing access to these services, or even by combining these two approaches. If a physician is affiliated with the project, his/her services are covered by the public plan.

Over ten health services co-operatives have been opened in Quebec since 1995, with mixed results—some successes, some half-successes, some half-failures and others, total failures. These projects are located in rural, suburban and urban areas, therefore offering a broad range of experiences from which to draw inspiration.

Based on these experiences, this short guide proposes a series of key indicators providing project proponents with critical benchmarks that should facilitate the smooth implementation of projects. Its purpose is not to repeat the basics of creating a co-operative, since this information can be found elsewhere,[1] but to identify and discuss the specific aspects of starting up a health services co-operative.

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[1] For the basics of starting up a health co-operative, consult the Health Care Co-operative Startup Guide, published jointly in 1999 by the Co-operatives Secretariat, the *Conseil Canadien de la Coopération*, the Canadian Co-operative Association and the *Conseil de la Coopération de l'Ontario*. See references at the end.

1-Needs identification: The issue of distance and waiting time

Since health is everyone's business, it is not too difficult to identify needs. Even if we have not had to personally, we all know someone in our immediate circle—a family member or friend—who has had to consult a healthcare professional, often a physician. Is there a problem with accessing care? Yes! Numerous studies have shown: there is a problem with the distribution of medical staff between privileged and underprivileged areas in large cities, and between urban and rural areas. It is quite common in rural and northern areas to have to travel a fair distance to see a physician. This therefore raises the issue of transportation and mobility. While traveling 30 km may not be so bad for one person, for another, an elderly person with decreased mobility for example, it represents a challenge. We have not yet discussed the difficulties of traveling during winter. The transportation problem is obvious. We can even put a price on it, for example, gas, not to mention time. Barring some exceptions, the government does not reimburse these expenses. It has also been shown that because of the distance factor, people in rural or remote areas generally wait longer before consulting a professional, thereby running the risk that their condition will progress (instead of being treated in its early stages), and that they will be seriously affected.

2-Project leadership

Since a health services co-operative affects many people—after all, health is everyone's business— project leadership must be able to ensure the support of as many people as possible. Therefore, the project should be headed by leaders in the field, people known for their commitment or their achievements and, of course, their credibility! Beyond their ability to inspire members of the public to get involved with the project, these people can also tap into their network of contacts and acquaintances to help the project along. The ideal is to have a complementary team, made up of individuals with different areas of expertise, but also from different places. An increasing number of retirees are taking on the task, people with both experience and extensive networks of contacts. In addition, they have the time and are looking for opportunities to put their talents to work! The support of a community undertaking such as a financial services co-operative is very important. Recent examples show that this type of organization can sustain such a project in many ways:

Support for staff and elected officers (directors);
Use of network of members;
Loan of resources (premises, communication system, etc.);

Financial support;
Know-how (e.g. for project management).

There is also the credibility of having the support of a financial institution. Other community businesses could also get involved with this type of project, for example, an agricultural co-operative or a mutual insurance company.

What about the municipal authorities?

Obviously, the municipal authorities should take an interest in a community project such as a health services co-operative. The importance of having a health services infrastructure is clear: it has the effect of keeping those people in the community who most often use these services—busy households with children, the elderly, people with reduced mobility. It is also something that might attract businesses to set up locally and, on a more basic level, it instils trust in the community, therefore having an overall positive effect on development.

In experiments conducted to date, municipalities have played a wide variety of roles in supporting health services co-operatives:

Free work (preparing the property);
Rental of premises or land at preferred costs;
Free loan of personnel;
Financial support;
Project promotion, etc.

Without a doubt, this support is important to the project's success. The question is to determine just how much a municipality should get involved in the project. Too great a commitment risks driving supporters away, or worse, making the co-operative project an election issue, and a source of division in the community. If the city wants to lend its support to the project, it should be careful not to take over, otherwise members of the public might rightly think that it is nothing more than a well-disguised municipal project (not to mention that this is not exactly compatible with the spirit of co-operation!). Where do we draw the line? There are no absolute rules; each project is unique, but recent experience reveals one case of overstepping the boundaries: the town's mayor became president of the co-op, the town's executive director its treasurer, the city loaned several employees to the project, and the project became an election issue. Needless to say, this co-operative no longer exists today.

3-Understanding the health sector

To start up a project related directly or indirectly to the health sector, one must be familiar with the field, know someone who is, or at least be willing to invest oneself. The education sector provides good inspiration: it is a highly organized sector, with many stakeholders who each have their own roles, and interests to defend. It is also a sector governed by many regulations, laws, etc. Some responsibilities belong to the public network, while others may fall to professional corporations, regulatory bodies, or groups, such as a federation of physicians. There is nothing better for a co-operative project than an association with one or more people familiar with the sector, or one or more retired people, etc. This will save a substantial amount of time and could be exceptionally good for the project! That being said, since it is a constantly evolving sector, there must be systematic strategic monitoring. Subscriptions to specialized health journals, for example, *L'Actualité médicale*, would be a good idea, as would participation at health conferences. Consulting key Web sites is also highly useful.

4-Citizen mobilization: Co-operative and financial aspects, political weight

A clearly explained issue, an explicit strategy, a realistic prospect of results and credible leaders all help to inspire a concerted effort by members of the public to support a health services co-operative. In just a few months, organizers of the co-operative project in Sainte-Thècle in the Mauricie region obtained the support of almost 40% of the population. Members of the public made a direct link between their support and the success of the project; they felt they were stakeholders in its success. The four ingredients were all present. The importance of the issue is also crucial to the level of support. It is important not to forget that the start-up phase of a collective project is a better time to win over supporters with ideological concepts than are the later phases. It is therefore necessary to capitalize as much as possible on the initial momentum. After the initial thrust and the project launch, the motivation and the interests of individuals to become members of the co-operative will probably be higher. People may start to think more about the financial benefits of membership (see next section). However, a project that is slow to evolve, such as one in the Bas-Saint-Laurent region where, after three years, the perspective for recruiting physicians—the heart of the project—was still virtually non-existent, has a demobilizing effect on supporters and discourages the recruitment of new people.

The number or percentage of new members in a health services co-operative has multiple effects. First, it lends strength to the governance component of the co-operative. This leads to a significant number of people getting involved in democratic life, whether it is participation in decision-making bodies or ad hoc activities. Joining a health services co-operative means putting words into action. "I'm making a difference!" It also provides a financial base for the co-

operative: 1,000 members who each purchase a $50[2] membership share totals $50,000. There is also the possibility of issuing preferred shares, generally associated with characteristics such as an interest rate. Finally, we cannot underestimate the fact that the more members a co-operative has, the greater its political weight. This helps when it comes to political action!

5-The project: With or without physicians?

By far, this has been the biggest challenge associated with health services co-operatives as we know them in Quebec for the past 10 years. Why? Because projects are focused on this aspect from the very start, and in the vast majority of cases, it has become an absolute: the co-operative will not get off the ground if there are no physicians. In fact, very often, the presence of other professionals (pharmacists, dentists, etc.) is contingent on it. This is a slippery slope, since there is a huge deficit between supply and demand. In Quebec, in 2004, there was an estimated shortage of approximately 2,000 physicians (60% general practitioners and 40% specialists). In the best-case scenario, this shortage will not be eliminated until 2010. Recruiting physicians is therefore a colossal challenge that proponents do not necessarily consider with all the seriousness it deserves. It may be useful to know that a medical school graduate can receive up to 25 job offers—per week. It takes nothing short of a miracle to win the recruiting game! Not surprisingly, the Quebec film industry had a hit with *La grande séduction!* (Seducing Dr. Lewis), a movie about this very subject. Moreover, to be able to work reasonable hours in a clinic requires, in theory, at least three physicians on staff, obviously pushing the recruitment envelope even further!

Before embarking on this path, the proponents of a co-operative project could explore avenues other than the health sector. Is there an overall greater need for local services (food, postal outlet, bank counter, gas station, etc.)? A solidarity co-operative could start with these kinds of activities and then gradually start a health component. This presents a challenge of ensuring the long-term viability of the infrastructure for the community. If the proponents still want to get involved in the health sector, what other options could they consider before trying to recruit physicians?

A network of first respondents or recruiting a nurse;
A co-operative for easy access to natural medicine practitioners (as is the case of Saint-Camille in the Eastern Townships area);
The establishment of a group transportation system.

They could consider gradually deploying healthcare resources, starting with the professionals who are easiest to attract, and focusing on recruiting physicians at a later stage. Some people will suggest planning this recruitment far in advance, for example, by identifying a potential recruit

[2] One co-operative has already used the sales pitch that this $50 is comparable to the annual membership cost at Costco, but with the advantage that this amount is payable only once and is refundable.

who is just starting medical school and offering him/her the necessary financial support in return for a pledge to practice in the area. This strategy is even more likely to succeed if aimed at someone who is from the area.

There is another sector where needs are significant: homes for the elderly with services. Although not the initial focus, this component is present in the health services co-operative, Les Grès, a residence with 28 units.[3] Located in Saint-Fabien-de-Panet, in the Lower St. Lawrence region, this housing co-operative has a service agreement with a home care services co-operative to provide services to the residents.

We could also consider the format used by the developers of the Aylmer Health Co-op, i.e. buying an existing clinic. In this case, there are several rules to follow:

- Ensure the physicians are open to the co-operative format and secure their collaboration for recruiting colleagues;
- Ensure there is no current or short-term risk of fierce competition, e.g. the opening of a clinic by a major player, such as a large chain of pharmacies or grocery stores;
- Can we get the existing physicians onboard with the existing financial framework, for example through the principle of balance of sale? In this case, the financing could be over a term of 15 years, for example.

If people are absolutely committed to recruiting physicians and renting space, the following elements must also be taken into consideration, in addition to what was mentioned previously:

- Know the rules governing the distribution of medical staff in the region and the technical aspects of priority medical acts (PMA);
- Know the details of this distribution, i.e. where are the physicians?;
- Have a precise demographic profile of the medical staff (average age, replacements, etc.);
- Have no illusions about the ease of the recruitment process—it is no small task! Patience is a virtue!

If it succeeds, remember that the physician(s) will be highly sought-after, and we must therefore constantly be attuned to their needs. By definition, they are self-employed entrepreneurs. The game is never over!

6-An inspiring project: Sharing knowledge

One of the problems regularly encountered in the health sector is the imbalance of knowledge between professionals and mere mortals; this is also called *asymmetry of information* and

[3]This project was implemented in two phases.

obviously creates a strong dependence of the latter on the former. A co-operative project, with its specific rules and humanist ethics, can be an opportunity to experiment with a true sharing of power between these players. Whether it is within the framework of formal governance structures, an executive committee or a board of directors, or even by way of task forces or ad hoc committees, there are possibilities for creating real dialogue between members of the public and professionals (including physicians) about the health issues that will drive the co-operative, such as preventive actions, etc.

7-The benefits of being a member

All health co-operatives have had to confront the issue: how to play up the co-operative advantage? The answer is not simple. Since most projects try to facilitate access to health services, specifically access to a physician, while upholding one of the five major principles of the *Canada Health Act,* the principle of accessibility, imposing conditions on this access is not allowed[4]. In this regard, if the project is focused on the presence of physicians, the co-operative therefore has very limited room to manoeuvre. Of the co-operatives that currently exist, we note that some have support from physicians for prioritizing members during certain time slots and for non-emergencies. This is not surprising—a physician will generally tend to give priority to his/her current patients over new ones.

The benefits of membership must, therefore, lie elsewhere:

Proximity of services;
Limited waiting time[5];
Preferred prices for services not covered by the public plan, such as a check-up;
Discounts negotiated with providers (e.g. pharmacy) or a third party (e.g. a gym);
Other tangible benefits, e.g. cheaper parking.

This element must be seriously considered. We could find ourselves in a situation where a community's residents invest time and energy and buy shares to start up the co-operative. Once the physicians are recruited, residents from other communities could have access to these professionals, but without made the effort to become a member. This creates a paradox: local residents who invested time and money may end up having to wait for the physician's services!

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[4]Assuming that the physician practices under the public plan, which is the case for approximately 96-97% of practitioners.

[5]At the Aylmer Health Co-op, last-minute appointment slots are reserved in the afternoons for members or patients who already have a family physician. Accordingly, a co-op member can call in the morning for an appointment that afternoon, depending of course on whether there are physicians available.

8-Urban and rural: Two worlds

A project is developed differently depending on whether it is located in an urban or a rural area. The short track record of the health co-operatives recently developed in Quebec shows that in urban areas, it might be more appropriate to consider purchasing an existing building, whereas in rural areas, it is best to build from scratch. In addition, the more impersonal nature of city living requires a different promotion and recruiting strategy than the one that might be used for a rural community, where ties are generally stronger.

9-Private and private

One of the main characteristics of all health services co-operatives is the remarkable effort made to explain the project, to clearly distinguish it from what can be viewed as a privatization process. In the debate surrounding the concept of privatization, nuances are often lacking, and it sometimes even seems to suit the protagonists to blur these lines and vilify the co-operative! Let’s examine this more closely:

> Strictly speaking, a health services co-operative is a private project, started by people who, freely and voluntarily, join forces in an association to operate a business to meet one or more needs. Once founded, the co-operative becomes a legal entity with private status.
>
> However, although the co-operative has private status, it must not be confused with other private corporations, such as a joint stock company. Its ultimate goal is radically different; above all, it seeks to meet the needs of its members rather than trying to earn a return on an investment or turn the maximum profit to satisfy shareholders. In addition, the power it holds is not related to capital, but stems from the equality between members.
>
> For this reason, because of the ultimate goal of co-operatives, some people tend to associate them with the tertiary sector, the social economy or even, as suggested in the report by the Arpin Group (1999), the private sector, but with a non-profit goal.
>
> We could also use the expression by Yves Vaillancourt at the *Université du Québec à Montréal* (UQAM), who refers to the process of *communitization*.
>
> In general, when talking about privatization in relation to the health sector, we understand it to mean a set of processes that lead to the client paying the entire cost of services covered by the public plan (or in conjunction with private insurance). Accordingly, the opening of a clinic in Montreal in fall 2004 by physicians who had broken with the public healthcare plan was unquestionably an act of privatization of healthcare. Patients must pay for consultations, not with their health insurance cards, but with their own credit

cards or private insurance plans.[6]

It may be useful to recall that there are hundreds of physician-owned clinics and an increasing number that are owned by major corporate players, such as a large pharmacy chain, or a grocery store chain which also rents space to a pharmacy.

10-The co-op/public network synergy

Although a co-operative works primarily for the well-being of its members, many of its actions, like those of any public organization, can have a broader scope and affect a large number of members of the public, for example, an awareness or prevention campaign. This is what is also known in economic jargon as positive external effects. Unlike a joint stock company, which seeks maximum short-term profit, a co-operative operates within a medium and long-term perspective, especially in the health sector. Numerous studies have shown that we cannot expect to see significant changes in behaviours or lifestyle for at least several years. In this regard, there is a natural union that can form in this field between co-operatives and public institutions. This liaison can take the form of service agreements or joint actions, such as a prevention campaign. Initially, the challenge lies in demystifying health co-operatives for the public, and laying all the cards on the table!

[6] Not all health insurance policies cover medical services covered by the public plan.

Checklist: Development of a health co-op project

1-Identification of needs: The issue of distance and waiting time

- Growing dissatisfaction with distance traveled to access health services
- Growing dissatisfaction with having to wait to see health professionals

2-Project leadership

- The project leaders' credibility and people's trust in them
- Varied, complementary expertise
- Context (setting) conducive to joint action
- Support from the municipality, but which must not attempt to take over the project

3-Understanding the health sector

- Presence of people familiar with the health sector
- Access to relevant sources of information

4-Citizen mobilization: Co-operative and financial aspects, political weight

- Issue clearly explained, explicit strategy, realistic perspective of results, and credible leaders
- Initial momentum of recruitment sustained by concrete results
- Financial commitment of members

5-The project: With or without physicians?

- Is it realistic to recruit physicians quickly?
- Relevance of having a project with several steps before being able to recruit physicians
- Consideration of buying or building a clinic

6-An inspiring project: Sharing knowledge

- Implementation of a strategy for sharing knowledge between professionals and members of the co-operative

7-The benefits of being a member

- Fully consider the benefits: Factors such as proximity of service, limited waiting time, preferred prices for services not covered by the public plan, discounts negotiated with a service provider or a third party, and other tangible benefits

8-Urban and rural: Two worlds

- Urban setting: may be best to purchase an existing building
- Rural setting: may be best to build from scratch
- Different promotion and member recruitment strategies depending on urban vs. rural setting, because of the ties that bind the population

9-Private and private

- The co-operative is a legal entity with private status
- It aims to meet the needs of members rather than obtain a return on investment
- It is non-profit in nature

10-The co-op/public network synergy

- The co-operative format can impact a large number of people
- Operates within the medium and long term
- Need to demystify health co-ops for the public in order to encourage collaboration

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Web sites on health co-operatives

Les Grès health services co-operative: www.coopsante.qc.ca
Aylmer Health Co-op: www.coopsa.org
Co-operative Council of Quebec: http://www.coopquebec.coop/dev/sante/

Model business plan for a health services co-operative[7]

1. Needs analysis
    - 1.1 Meet main health sector players
    - 1.2 Profile of the target population
    - 1.3 Identify services currently available
    - 1.4 Define possible fields of intervention
    - 1.5 Other health and social services needs
    - 1.6 Establish feasibility parameters

2. Operational and financial plan
    - 2.1 Define space and equipment needs
    - 2.2 Description of operations
    - 2.3 Organizational structure: Decision-making and operational structure of the co-operative
    - 2.4 Partnerships with the public network
    - 2.5 Evaluate project costs
    - 2.6 Human resources considerations

3. Recruitment of members, communication and financial participation
    - 3.1 Member recruitment plan
        - 3.1.1 Member status: Related benefits
    - 3.2 Communication plan
    - 3.3 Capitalization strategies

[7] Adapted from the model business plan for the Aylmer Health Co-op.

Health and social services
Vision of the co-operative movement

Many co-operative groups[8] have embraced the current vision of health and social services. Understanding this vision is essential to fully grasping the issues surrounding the creation of health services co-operatives.

The co-operative movement:

> Shares the conclusions of the National Forum on Health regarding the determining factors of health. It believes that health is influenced by socio-economic determinants, such as the quality and availability of health services;
>
> Considers that, in keeping with numerous studies and for the common good and public interest, the government must essentially be responsible for regulating and funding health services. Universal access to health services must not be called into question;
>
> Considers that health services co-operatives must not obey market forces, but rather meet users' needs while acknowledging the contribution of health professionals;
>
> Perceives the creation of health co-operatives as a means of meeting public demand and not as a questioning of the relevance of the government's role in this sector. These health co-operatives would give the public better access to and control over health services, and would promote partnerships with public organizations;
>
> Wishes to share its vision of a new structure for the health system with other social workers.

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[8] Specifically the *Conseil Canadien de la Coopération*, the *Conseil de la coopération du Québec*, and several other regional development co-operatives.

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