

Doctors Nova Scotia's Community Listening Tour

Physicians in Nova Scotia are under pressure. Faced with large patient rosters and limited resources, they are worried about their patients, their practices and their personal lives. That's why this spring, members of Doctors Nova Scotia's (DNS) senior leadership team embarked on a province-wide listening tour. They attended 29 meetings with a total of 235 physicians in 24 communities – learning about the challenges of practising medicine in Nova Scotia from people who are experiencing them first-hand.

Doctors Nova Scotia held four meetings in your zone. This report summarizes the discussion DNS staff members had with physicians in Amherst, highlights key themes in your area and across the province, and outlines what DNS is doing to help.

Community Report: Amherst

Meetings in Zone 2 – Northern

| Location | Date | # of physicians |
|--|-------------------|----------------------|
| Tatamagouche – Willow Lodge Nursing Home | May 19 | 3 |
| Amherst – Cumberland Regional Hospital | June 5 | 12 |
| Truro – Colchester Regional Hospital | June 6 | 6 |
| New Glasgow – Aberdeen Hospital | June 13 | 12 |
| TOTALS | 4 meetings | 33 physicians |

Issues in Amherst

The physicians who participated in the community meeting in Amherst expressed concerns about the following issues. Here's what we heard:

Collaborative care

- Physicians believe there has been too much focus on nurse practitioners (NPs) and emphasize collaborative care is broader than adding an NP to a practice. There is skepticism that collaborative practices will ever be cost-effective; physicians would like to see the evidence that collaborative practices save money. This analysis should include cost comparisons between NPs and family practice nurses (FPNs), including salary, pension, hours worked and the number of patients seen. Physicians fear that NPs are being hired by the Nova Scotia Health Authority (NSHA) as physician replacements and are therefore favoured over FPNs, who function as true physician supports. Physicians acknowledge that in some cases/locations, such as Advocate Harbour, NPs play a

necessary role, but they do not support blind or rigid adherence to a collaborative model that requires an NP for every collaborative practice.

- Physicians expressed the view that collaborative practice must remain voluntary; physicians should not be forced into such models. They were relieved to hear that the premier has committed to this.
- It is important that the notion of primary health care includes mental health care within the collaborative care models. It is unclear whether the NSHA has the same view. This is important from a planning perspective.
- The deliverables for collaborative care models need to be made clearer.
- Government's collaborative care model must also be flexible enough to respond to local community needs. It is important for the NSHA to realize that each community is unique – it doesn't make sense, nor is it fair, for one community to define the model for all the rest.

Doctors Nova Scotia

- Doctors Nova Scotia needs to remember to support fee-for-service physicians as well as those on alternative payment plans (APP) or other payment models.
- Physicians believe that DNS has a long uphill struggle to make doctors feel that DNS does in fact represent them. It has been much better over the past five years or so, but 20 to 30 years ago DNS was different and not representative of physicians (and many physicians remember that era).
- Doctors Nova Scotia should consider that once an issue has been resolved at the community level, it needs to be shared that with the broader community so others can benefit from it. The association has many communication tools that would make this possible.
- Doctors Nova Scotia needs to speak less about NPs and more about other health-care providers, so physicians are not seen to be endorsing NPs per se, but rather the broader concept of collaboration.
- Physicians would like DNS to begin to organize a group RRSP or pension plan that is voluntary for members, in addition to a group medical and dental plan.

Nova Scotia Health Authority

- Physicians are concerned with the way in which the NSHA is restricting physician mobility through the privileging process. There should be increased mobility with one health authority, but physicians are experiencing the opposite. There are too many roadblocks in trying to get Nova Scotian physicians from outside Zone 2 into the zone to provide assistance (such as locums). Physicians assume that this is likely a flaw in the process because all parties claim they want credentialing to flow through one body.
- There is a strong sense that the NSHA values neither the role nor the perspective of physicians and DNS, which leads to a lack of local input on planning. The absence of a

physician voice on the Board of the NSHA is seen as an indicator that the physician perspective is neither valued nor respected.

- Local planning is essential, and it seems to be missing. For example, physicians felt that the NSHA should never have rolled out \$10 million to hire NPs and then expected doctors to respond to an Expression of Interest (EOI) that they had no input in developing. They should instead have asked physicians if and/or where they needed NPs before the EOI went out. Without this, opportunities to identify local issues and nuance are missed and the planning is inadequate.
- The NSHA does not appear to accept the role of DNS as advocate for physicians – they do not accept the legitimacy of DNS as a representative body.
- Physicians believe that DNS should be involved in health services planning.
- Physicians would like to have access to Wi-Fi. The hospitals in Cumberland have no Wi-Fi and physicians can't use point-of-care tools without it.

Professional connection

- Physicians would like to see DNS establish a chat room or electronic message board for physicians to connect with one another. Currently there is not enough communication between physicians; chat rooms and/or message boards would help with this.
- Medical Staff Associations (MSAs) should be an important means of connecting physicians and creating a stronger local voice for physician needs and concerns. MSAs have been tasked with coming up with bylaws and DNS stepped up to help. In the long run, however, the MSAs need meaningful support that DNS could perhaps provide, while still maintaining the independence of the MSAs (admin and secretarial support, such as sending out bills for the MSAs, helping format documents, helping structure press releases and so on).

Succession planning, recruitment and retention

- Succession planning is entirely lacking.
- Retiring physicians need to be involved in their own succession planning. Doctors should be able to identify their own replacement physicians to allow for a graceful exit. Appropriate overlap in practice must be permitted in order to support smooth transitions both into and out of practice, and to enable mentoring of new graduates (Transition into Practice – Transition out of Practice or TIP-TOP, effectively phasing one physician in while phasing the other one out). The system seems currently unable and/or unwilling to support effective succession planning, for reasons that are unclear.
- Family medicine residents are being groomed entirely differently. They want more family time and are not interested in the kind of practices that are becoming available as physicians retire. In some cases, it would require three to four new physicians to take on the work of one retiring physician. This issue is important for other specialists as well, not just family practice specialists.

Sustainability of rural specialty services

- The NSHA needs to strengthen sustainable practices for rural Nova Scotia, particularly within the surgical subspecialty realm. Current call schedules for specialists are not sustainable. There are two physicians in this region who do 1-in-2 call, and the general surgeons do 1-in-3 or 1-in-4 call. It seems as though the government is looking at the lack of sustainability and assuming that centralizing services is the solution. Physicians believe there are more innovative and effective solutions to sustain these practices, rather than simply centralizing services, which will likely lead to longer waitlists.

Addressing the issues in your community

Doctors Nova Scotia staff members tracked the issues and action items that arose from each community meeting and have assigned staff members to certain action items. The actions that arose from your community meeting are:

- Doctors Nova Scotia staff will find out from the Nova Scotia government if/when Cumberland is scheduled for Wi-Fi installation.
- Doctors Nova Scotia will think more carefully about how and when the association refers to other health professionals in correspondence.
- Doctors Nova Scotia will incorporate communications into the community outreach plan, in order to share information and lessons learned between communities/zones.
- Doctors Nova Scotia will explore opportunities to use the DNS website as a vehicle to enable greater physician-to-physician discussion and collaboration.
- Doctors Nova Scotia will continue to work with local physician communities to establish or encourage vibrant and active MSAs wherever possible.

Issue themes across the province

Many of the issues discussed in your community reflect concerns DNS has heard from physicians across the province. These concerns can be grouped into five themes:

Fragility of the physician workforce

- Including the shortage of physicians in Nova Scotia, persistent recruitment and retention concerns, lack of succession planning, lack of support for new physicians, and physician stress and burnout

Loss of professional autonomy and satisfaction

- Stemming from a loss of local authority and decision-making at the Nova Scotia Health Authority (NSHA), a lack of clarity about how, why and by whom decisions are made, a feeling of disconnection from the NSHA, and a loss of connection within the physician community itself

Demise of comprehensive family medicine

- Including excessive workloads, the fact that comprehensive family practice is increasingly an unsustainable business model, unintended incentives away from comprehensive family practice, and the absence of viable alternatives to the fee-for-service payment model

Unsustainability of rural specialty services

- Including unsustainable call schedules, recruitment and retention challenges, lack of succession planning and loss of local authority and decision-making

Lost opportunities to leverage technology

- Including the new non-face-to-face fee codes, which many physicians feel are cumbersome, and lack of compensation for physicians using MyHealthNS

Most of these themes reflect broad, systemic issues that are beyond the association's ability to resolve independently. However, even if DNS can't resolve the issue directly, the association can help members by ensuring that key health-system leaders understand the importance of resolving these issues in a timely manner.

Provincial next steps

- **Provincial report and recommendations** – Doctors Nova Scotia staff members are preparing recommendations on how best to address each of the themes identified above. In many cases, these recommendations will be based on solutions suggested by physicians. These recommendations will be outlined in more detail in the in-depth provincial community meeting report, which will be shared with physicians and key health-system leaders in September.
- **Advocacy** – Doctors Nova Scotia will continue its advocacy efforts on these priority issues that require collaboration with and leadership from other stakeholders, including the NSHA, the IWK, Dalhousie Medical School and the provincial government.
- **Community-specific issues** – Doctors Nova Scotia staff will continue to carry out any action items that are within the association's scope of work, and to advocate for resolutions to issues that are specific to individual communities.

Community support

These community meetings were a first step in the association's work to improve communication and connection with its members. Starting in September, each zone will have a dedicated DNS staff member. Their job will be to help DNS better understand your practice and

community needs, and to help you solve problems and better navigate the system. This dedicated staff person will be your connection to DNS. If your concerns aren't reflected in this report, your dedicated DNS staff member will be available to listen, advise and help you resolve the issue.

Your dedicated staff member is:

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Follow up

If you have any questions or comments on anything included in this report, please email community.outreach@doctorsns.com.