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 11 meetings in your zone. This report summarizes the discussion DNS staff members had with physicians in Tantallon/Hammonds Plains/St. Margaret's Bay, highlights key themes in your area and across the province, and outlines what DNS is doing to help.

Community Report: Tantallon/Hammonds Plains/ St. Margaret's Bay

Meetings in Zone 4 – Central

Location	Date	# of physicians
Cobequid Community Health Centre	May 18	16
Twin Oaks Memorial Hospital	June 7	3
Musquodoboit Valley Memorial Hospital	June 7	2
Eastern Shore Memorial Hospital	June 7	3
QEII – Veteran's Memorial Building	June 13	4
Dartmouth – NSCC Waterfront Campus	June 14	8
Spryfield Medical Centre	June 14	7
St. Margaret's Community Centre	June 21	13
Dalhousie – Collaborative Health Education Building	June 21	4
IWK	June 22	2
Gladstone Family Practice Associates	Sept 10	15
Individual correspondence	Aug-Sep	5
TOTALS	**11 meetings**	**82 physicians**

Issues in Tantallon/Hammonds Plains/St. Margaret's Bay

The physicians who participated in the Tantallon/Hammonds Plains/St. Margaret's Bay community meeting expressed concerns about the following issues. Here's what we heard:

<u>Alternative Payment Plan contracts</u>

- Physicians in this area would like to get on Alternative Payment Plan (APP) contracts, but because they are getting the work done, they believe they are not considered a priority for the Nova Scotia Health Authority (NSHA). Additionally, there seem to be significant barriers related to obtaining an APP beyond current levels of fee-for-service

billing for those in discussions with the NSHA and Department of Health and Wellness (DHW) about transitioning to an APP.

- Physicians feel it is unfair and highly disrespectful that a physician with 20 years of experience, a sizeable patient roster and office hours far in excess of APP deliverable requirements can be counted as a 0.7 or 0.8 FTE in discussing APP conversion, while a brand-new physician with a significantly smaller patient roster and slower pace is offered a full 1.0 APP arrangement. These decisions should be made based on the deliverables to which a physician is prepared to commit, rather than on shadow billings.

<u>Collaborative care</u>

- The Crossroads and Tantallon clinics both have family practice nurses. If Crossroads is unable to secure funding from the NSHA in the near future, they face the possibility of having to let their nurse go. The Hammonds Plains physicians are worried because they can only afford their nurse because of the money generated by the walk-in clinic. If that goes, they will have to let their nurse go as well. There does not seem to be a level playing field through the NSHA for the provision of supports and overhead.

<u>Compensation/fees</u>

- Earning an income from fee-for-service billing is problematic for many physicians. When they are first starting a practice, there is no way they can see enough patients to earn a decent living. The fee codes are insufficient and the current compensation model is not working well for physicians. This makes it difficult to recruit to a fee-for-service position, and difficult to recruit to a fee-for-service locum since HRM does not qualify through the locum program.
- One of the practices just hosted an Alberta physician who was in Nova Scotia looking at a practice. The visiting physician was surprised to learn how insufficient Nova Scotia's fee schedule is (for example, no compensation for charting after the patient leaves, very low rates for visits and so on). Physicians are not optimistic about recruitment in this environment.

<u>Connection with colleagues</u>

- It was noted by physicians that there is no formal way for this group to connect. There are doubts that the current Halifax medical staff association (MSA) framework, which is hospital-based and largely involves specialists, will do anything to improve this. The current MSA is mostly academic, and does not reflect or represent how things work in the world of rural family medicine. There may be greater potential in a family practice focused MSA for central zone.

<u>E-health</u>

- Physicians who are using Nightingale now have to convert to Med Access and they feel that there is no support for doing this. Each practice has to absorb the costs associated with the conversion.
- There were concerns about MyHealthNS, including the absence of a compensation structure to support use of this tool, and also the fact that one of the physicians was recently turned "private" without notice to her, which meant her patients could no longer sign up because her practice was no longer visible on the website.

Nova Scotia Health Authority

- There were mixed views on the NSHA. Some physicians in the area feel that the NSHA has no real presence here. Others feel a better connection with the NSHA now than they did a few years ago. But there is still a lack of clarity regarding who is doing what and how decisions are being made. There was discussion of the NSHA network leads as some feel this is just an additional level of bureaucracy. There was significant confusion and lack of clarity about the role of the network leads.
- Physicians would benefit from an organization chart and description of who does what within the NSHA, the DHW and DNS.

Physician burnout

- This group is feeling very frustrated, stressed and burnt out. The workload is excessive, patient demands cannot be met with current resources, and the stress of being unable to take any kind of leave (short-term or extended) without leaving peers and/or patients in the lurch weighs heavily on these physicians.

Recruitment

- The recruitment of locums is a huge problem for physicians in these communities, particularly for maternity leaves. The primary obstacle in recruiting locum physicians is the fee-for-service payment model. Young physicians are not prepared to consider locums within a fee-for-service practice without the locum program and its guaranteed daily rate, but the locum program is not available within central zone.
- The implications of this are significant. One physician just returned from a maternity leave and was unable to find any locum support or relief for the practice in her absence, which of course was cut short for the same reason. Another physician will be leaving on maternity leave in August and has been unable to recruit any locum support for her leave. These issues have been discussed with the NSHA but no solutions have been provided.
- The group discussed the concept of a roving locum program, where new physicians would move through four, three-month rotations around the province in the span of a year. While that concept might bring some (albeit very short-lived) relief to some physicians, they feel it is highly unlikely to be successful. The physicians believe a

program like this would be highly unattractive to most new physicians (unless they happen to be single, unattached and highly mobile). Logistical issues like living arrangements in each location would have to be in place; and regardless, it is unclear if physicians in central zone would be eligible.

Sustainability of primary care

- Many physicians feel their current practices are unsustainable, as patients are getting more complex and require more time for proper care and follow-up. Physicians believe the NSHA and government are in no hurry to address issues of sustainability.
- It was noted that Nova Scotia seems years behind most other jurisdictions in transforming primary care delivery. A new payment model is essential. New Brunswick just announced a new capitation-based collaborative model in June and they are not moving timidly forward, they are rolling it out across the province quite aggressively. Why can't Nova Scotia replicate that? The current model is not sustainable. Immediate action is needed.

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 will advocate to the NHSA for Tantallon to have a funded family practice nurse.
- Doctors Nova Scotia will work with the NSHA to establish standard rules of engagement for all Expressions of Interest for nurse practitioners.
- Doctors Nova Scotia will determine whether walk-in clinic doctors can get privileged. Doctors Nova Scotia staff will follow up with physicians to clarify their particular details and help them move forward with this issue.
- Doctors Nova Scotia will try to determine the expected role of walk-in clinics in primary care from the NSHA's perspective.
- Doctors Nova Scotia will share MSA information and updates with physicians.
- Doctors Nova Scotia pursued the possibility of extending the Master Agreement Locum Program to the Tantallon area with the DHW, but the DHW was not prepared to discuss this. Instead, the association worked with the NSHA and to secure a temporary or short-term APP solution for the upcoming maternity leave in this area. We will continue to work with the NSHA and government to see if this approach can be used for other extended leaves in similar circumstances.

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