

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 Tatamagouche, highlights key themes in your area and across the province, and outlines what DNS is doing to help.

Community Report: Tatamagouche

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 Tatmagouche

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

Compensation/fees

- Physicians would like to be able to bill for the non-face-to-face fees when functioning as a Collaborative Emergency Centre (CEC) physician; currently they are not allowed to do so.

Doctors Nova Scotia

- The physicians shared their experience in negotiating the CEC contract several years ago. While they felt the former DHA was supportive of their interests, they did not feel supported or even well-understood by DNS at that time. This has left a bad impression of DNS in this community, which was exacerbated in the most recent contract negotiations.
- Physicians would like at least one DNS Board member who is a practicing CEC physician. During the last negotiations, CEC physicians were hit hard financially and they feel like they were disrespected throughout the process.

- There is a feeling of disconnect between DNS and rural physicians. The association needs to have more regular contact with rural physicians if they are going to trust DNS to represent them.
- Tatamagouche physicians would like DNS to better represent physicians to the public. They feel that DNS needs to agitate more often and advocate for physicians more effectively.
- Physicians hope and believe these meetings are a good first step toward repairing the relationship with DNS.
- Tatamagouche physicians are disappointed that the physician leadership program is being held on Fridays and only based in Halifax, which is not convenient for rural physicians.

Master Agreement

- Physicians felt unrepresented in the last round of Master Agreement contract negotiations. This group feels that CEC physicians were targeted, and that they were more negatively affected by the contract than most others.
- Physicians were also displeased that walk-in clinic physicians did not experience negative impacts during Master Agreement negotiations and are still able to practise with no reduced visit rate.

Nova Scotia Health Authority

- Physicians felt strongly connected to and represented by the old district health authority (DHA) but they now feel lost under the Nova Scotia Health Authority (NSHA). Physicians do not trust Department of Health and Wellness (DHW) and now they no longer feel they can trust the NSHA. The former DHA was an ally and advocate for physicians in the area, but they now feel there is very little support from NSHA.
- Physicians are extremely concerned that the NSHA seems to be using its privileging powers to restrict physician mobility.

Recruitment/retention

- Physicians fear that the Pugwash CEC is going to fail or close as one of their physicians is very close to retirement and the other one is fast approaching it. There are no physicians in place yet to replace them and active recruitment does not seem to be underway. This would have a significant impact on volumes in Tatamagouche.

Walk-in clinics

- Physicians indicated that Truro walk-in clinics are turning away patients who do not have a family doctor so they end up going to Tatamagouche to be seen. There is a much higher quality and continuity of care in the CECs compared to the walk-in clinics.

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 work to improve the organization's understanding of CECs.
- Doctors Nova Scotia will meet regularly with CEC physicians to help resolve issues and will share opportunities to join the Board, committees or working groups.
- Doctors Nova Scotia will follow-up with Pugwash physicians to get more information about their current situation.
- Doctors Nova Scotia will ask the NSHA about their succession plan details for the North Shore area and facilitate discussions between NSHA and physicians if necessary.

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.