

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

Community Report: Dartmouth

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 Dartmouth

The association held one session in Dartmouth at the NSCC Waterfront Campus, but attendance was low. This is in part attributable to physicians leading very busy lives, but it may also be a reflection of the lack of connection and community among physicians in Halifax or a lack of confidence in DNS's ability to influence change. Following the initial meeting, DNS reached out to physicians at some of Dartmouth's larger clinics (such as Woodlawn Medical Centre, Cole Harbour Family Medicine Centre and Forest Hills Medical Clinic) to ensure they were given the opportunity to incorporate the key issues and challenges they are dealing with into this report and to ensure those issues are represented by the association's advocacy efforts. As a result of this secondary outreach, DNS also received feedback from others via email.

Doctors Nova Scotia staff will also be meeting separately with physicians in Clinical/Academic Funding Plans at their departmental meetings this fall.

The physicians who participated in the Dartmouth community meeting and corresponded individually with the association expressed concerns about the following issues. Here's what we heard:

Compensation/fees

- Fee-for-service is not working the way the province likely wants it to, and in a hospital setting it does not work at all. There should be a blended payment model in the hospital, perhaps a daily stipend per shift with incentives to see more patients.
- There is an increasing amount of paperwork related to community services, insurance and so on. Many areas of the province have a disproportionate number of patients on assistance and the family physicians are often their only resource to complete the forms for additional supports.

Doctors Nova Scotia

- Dartmouth physicians feel that DNS has been ignoring family physicians. The changes in Complex Care Incentive Payment (CCIP) that DNS agreed to were not fair to primary care physicians and obstetricians, but those physicians felt they were told to "take one for the team."
- Physicians believe the government views DNS as only a union and that the government has a poor attitude toward DNS and physicians.
- Doctors Nova Scotia has lost the trust of physicians almost as much as the Department of Health and Wellness (DHW) has. The association will need to regain the trust.

Government

- Physicians were bothered during the election campaign when the premier said, "We're going to hire more doctors." This was offensive because the province doesn't hire physicians but it is responsible for creating a culture and environment that should make physicians feel valued and want to work in the province.
- When the DHW meets without DNS in the room, the impression they give is that DNS is a union and does not represent the average physician.

Nova Scotia Health Authority

- The approach of the Nova Scotia Health Authority (NSHA) to accreditation is too blunt.
- The gastrointestinal division at Dartmouth General Hospital is completely overrun and the NSHA should be considering referral pools.
- Recently a physician wanted to join a practice but the NSHA told them they had no choice but to work at the local collaborative emergency centre.

Primary care

- Specialists are receiving basic primary care requests directly from patients.
- With the roll-out of collaborative care clinics, it seems primary care is not being equally valued. Having nurse practitioners (NPs) seeing one patient per hour is not cost-effective.

Professional connection

- Physicians expressed concern that they don't have enough connection with one another to truly be able to work collaboratively. They would like to have something similar to the IWK; a directory that is accessible to everyone to allow physicians to contact each other. Medicine has become too institutionalized, which makes it difficult to develop and maintain relationships.
- A lot of physicians do not feel part of the medical staff association. Physicians in Dartmouth used to know each other; that is no longer the case.

Walk-in clinics

- Many physicians are taking paperwork home to get it done and are not being compensated for their time. Walk-in clinic physicians are not required to do any follow-up or review results from tests they ordered, and this is unfair. There needs to be a unified plan to deal with the inequities between walk-in clinics and regular practices. Ideally, primary care practices would be made more attractive with the right incentives.

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.