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

Community Report: Musquodoboit Harbour

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 Musquodoboit Harbour

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

<u>Collaborative Emergency Centre</u>

- Physicians at Twin Oaks Memorial Hospital (TOMH) are under a tremendous amount of strain and need to determine how they can work differently to alleviate the workload. Twin Oaks Memorial Hospital has difficulty balancing work and patient volumes, unlike Musquodoboit Valley Memorial Hospital (MVMH). Twin Oaks and MVMH are set up exactly the same, but physicians at MVMH see half as many patients as their counterparts at Twin Oaks. The MVMH's Collaborative Emergency Centre (CEC) is more

integrated with their office. Twin Oaks would benefit from more enough ancillary services.

E-health

- Physicians in this area initially thought MyHealthNS was a great tool, but there have been significant delays implementing it in this area (due to technology interface challenges). There has also been a lack of education about how it works (for example, how the interface between hospital and office works). The physicians believe the tool should create better access and more convenience for patients, and more flexibility for physicians to leverage technology for a more efficient practice. However, the absence of an appropriate compensation structure means this tool will be wasted in Nova Scotia.

Funding model

- It is important that the CEC rate increases are applied as an increase to the overall CEC block funding, and not just an increase in the rate. If it were the latter, it would just mean that the physicians will hit the ceiling more quickly, which is of no help at all.
- There is no reference to teaching within the deliverables of the CEC, which is an ongoing problem.
- There are likely gaps in what Twin Oaks' level of funding should be due to the patient volume and those seen by locum physicians. They may not get credit for patients seen by locum physicians and that skews the actual patient volume statistics.
- Physicians need to know how they can maximize the funding plan without going over. It is difficult to figure this out. What will happen if they reach the end of their funding and it's only January? Government did take a snapshot of how much physician funding was needed at the time, but this would now be inaccurate because they can't recruit enough people, so their portion will be down. The catch-22 is that without that portion, they can't spend money on people who aren't here, but the demand is still present and continues to grow.
- There are two "administrative" issues within the control of the Nova Scotia Health Authority (NSHA) that need to be addressed. One is that funding payments do not always come in on time. This causes strain when there is three- to four-week wait to receive money owed. The second is that NSHA-paid billing staff are not adequately trained, and as a result much of the work of the physicians is either not being shadow-billed accurately, or not being shadow-billed at all.
- The CEC Memoranda of Agreement (MOA) are new and the NSHA is open to making these arrangements flexible. Twin Oaks' MOA looks very different than others as it overlaps with the CEC contract. It's necessary to determine which contract is to be followed should there be conflict.

Patient access and physician burnout

- The outpatient department at Twin Oaks is overburdened. There can be 35 booked patients in one day plus emergencies and inpatients on top of that. It is not possible for physicians to juggle this workload for any sustained period of time.
- Physician believe the CEC model is great when it works well, but it is becoming too much to handle on a regular basis. The patient volume has increased and the pressure physicians are feeling is the result of not having a full complement of health-care providers to handle the increase.
- People are coming to this facility from outside their usual catchment area because they don't have health-care providers in their area or because their physicians can't see them for six to eight weeks. Physicians have observed that to some extent, they are victims of their own success. Patients from other areas know they can get same-day/next-day access at Twin Oaks, so they are prepared to travel for care. The problem is that the physicians cannot handle the increased patient volumes. They need another physician on-site at the clinic just taking same-day patients all day long.

<u>Recruitment/retention</u>

- The current CEC model is definitely attractive for some new graduates, but some do not want to do the larger spectrum of medicine that is required to work here.
- This group has never had a full complement of physicians, and isn't even sure what the full complement is anymore. There are only two full-time physicians; the rest are part-time, but they are all working far more than they would choose to.
- Physicians believe a roving locum program would frustrate the community with such a quick (three-month) turnover.
- It was noted that while Musquodoboit Harbour qualifies as rural for provincial incentives, they do not qualify federally (which means no federal tuition relief).
- In addition to the recruitment challenges, the physicians noted that retention is a significant concern. The unsustainable workload is becoming an increased strain. While there are incentives to recruit, there is little to nothing to assist with retention (and what exists today will disappear when the Master Agreement incentive programs are terminated).

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:

- DNS staff will reach out to the NSHA regarding the MOA, CEC contract, and the issue of late payments.
- DNS staff are reaching out to the NSHA regarding the need for better education of billing staff in order for physicians' shadow billings to be fulsome and accurate.

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.