

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 seven meetings in your zone. This report summarizes the discussion DNS staff members had with physicians in North Sydney, highlights key themes in your area and across the province, and outlines what DNS is doing to help.

Community Report: North Sydney

Meetings in Zone 3 – Eastern

| Location | Date | # of physicians |
|--|-------------------|----------------------|
| Inverness – Inverness Consolidated Memorial Hospital | May 30 | 2 |
| Sydney – Cape Breton Regional Hospital | May 30 | 10 |
| Glace Bay – Glace Bay General Hospital | May 31 | 9 |
| Sydney – psychiatry | May 31 | 5 |
| North Sydney – Northside General Hospital | June 1 | 7 |
| Port Hawkesbury – Maritime inn | June 1 | 2 |
| Antigonish – St. Clare Meeting Place | June 8 | 26 |
| TOTALS | 7 meetings | 61 physicians |

Issues in North Sydney

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

Alternative Payment Plan contracts

- Physicians believe APP conversions should not be based on shadow-billing exclusively; patient volume, office hours and so on should also be considered. When the conversions are based solely on shadow billings the end result is often illogical, and disrespectful of physicians who carry high patient volumes and whose type of care and/or complexity of patients is not adequately compensated in a fee-for-service payment model.
- The criteria for APP conversions should be shared with physicians.
- One physician who wants to work less than she is presently working was told by a Nova Scotia Health Authority (NSHA) representative that her APP contract would require deliverables equal to a 1.4 full-time equivalent (FTE) physician.

Collaborative practice

- Physicians in this area believe it is important for government and the NSHA to recognize that collaborative care does not solve the issue of people who are unable to find a family doctor. Nurse practitioners do not replace family physicians, therefore a collaborative practice is not capable of taking on additional patients.
- The group believes that collaborative practices could be considered as an ideal practice model to help improve physicians' work/life balance and to help recruit new physicians.

Compensation/fees

- There is currently no on-call remuneration for inpatient coverage on weekends. This is becoming a barrier to inpatient care.
- Physicians would like the Northside General Hospital's emergency department rate-reduction issue to be confirmed in writing. Both the Department of Health and Wellness (DHW) and the NSHA have given assurances that the current rate will be maintained, but physicians remain skeptical until this is confirmed in writing.
- The Comprehensive Care Incentive Plan (CCIP) and the Chronic Disease Management (CDM) fees were important supports for comprehensive, full-scope family practitioners. Now the CCIP program is going to be terminated, and CDM is being changed. There is concern among physicians that these changes will further erode full-scope family practice.

Emergency department

- Physicians indicated that the issue of the Northside General Hospital's emergency department rate has not yet been resolved. They have been offered some assurances by the NSHA and the DHW, but nothing has been confirmed in writing. They fear that the rate could still be adjusted at any time, especially since the money being provided to the NSHA by the DHW is at the reduced rate.
- At the reduced emergency department rate, only two doctors were prepared to continue to work in the emergency department. This would not be sustainable. At the Cape Breton Regional Hospital, the standard intake rate is 2.1 patients per hour, while at Northside General Hospital it is often more than 3 per hour (3.6 the day before the community group meeting). Physicians asked why physicians would travel to Northside to work harder for less money.
- The North Sydney physicians fear the implications for the community if the North Sydney emergency department were unable to maintain its current patient load. The Cape Breton Regional Hospital does not have the room for the overflow, and there are people in North Sydney who have never even been to Sydney. This would have a negative impact on the community and could potentially compromise patient care.

Inpatient care

- Family physicians feel under-supported by specialists. They now find themselves doing much of the work that internal medicine should be doing (such as after-hours responsibilities) and are not well compensated for doing so.
- Physicians feel that some patients are being transferred out of the hospital too soon after an operation, before they are stable enough. However, the Northside facility cannot safely accommodate them due to lack of monitors, the fact the hospital no longer has an internist on staff and the fact that there are no physicians on-site after hours.
- Physicians are not paid for inpatient call. Many do 24-hour shifts from home, answering numerous phone calls; but they are only paid for time in the hospital. Often physicians will spend an entire weekend on-call, but they are not paid anything for it, while hospitalists are paid for their on-call work. Physicians have been told by the NSHA that there is no funding for community hospital on-call right now, but that physicians can get \$130/night stipend to be on-call. Physicians have not been able to access such a stipend yet.
- Physicians noted that overly rigid payment models can get in the way of good patient care. For example, Sydney is often full and out of inpatient beds, but physicians are not allowed to send patients to Northside General, which has plenty of beds, because the NSHA won't pay for a hospitalist in North Sydney. Instead, Sydney inpatients have to be admitted to the emergency department rather than to a unit in order to get a bed.

Recruitment, retention and succession planning

- There needs to be flexibility to recruit when a physician starts to think about retiring (the ability for retiring physicians to phase out of their practices as new physicians are phasing in).
- Physicians believe that recruitment efforts by the NSHA are not robust or proactive enough. For example, one Cape Breton physician couple recently graduated and were never approached by the NSHA recruiting team. This was considered a significant missed opportunity, since they likely would have stayed and practised in Cape Breton for life had they been asked to stay.
- Cape Breton is only able to retain about 50 percent of the residents that train there.
- There is a physician in Baddeck who is retiring and another physician has been taking on some of his patients (about 1,300) to prepare for taking over the practice. However, there are 3,000 to 4,000 patients in the retiring physician's practice, and the incoming physician is not willing to take them all on. The retiring physician is willing to continue on at one or two days per week because so far there is no indication of any new physicians being secured by the NSHA. When he does fully retire, there will be a significant access problem in Baddeck.

- Physicians say there has been some indication from the NSHA that they will allow physicians to do a phase-in/phase-out approach to succession planning, but no details have been forthcoming.
- Physicians believe that recruitment needs to start with the medical school. If Dalhousie could admit more Cape Breton students, they wouldn't have to leave the country for medical school, and return as international medical graduates, who face additional challenges when it comes to residency placements. Most are unable to return to Cape Breton to practise. Dalhousie does not come to Cape Breton to recruit potential medical students and they should.

Workload

- Some physicians have had to close their practices to new patients because they are completely overburdened with the current patient load. This is a heavy burden, when the physicians know there are still patients in the community in need.

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 action that arose from your community meeting is:

- Doctors Nova Scotia will continue to pursue a written commitment that the Northside General Hospital emergency department rate will be maintained, not reduced.

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.