

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

Community Report: Sheet 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 Sheet Harbour

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

Alternative Payment Plan contracts

- The Eastern Shore Memorial Hospital (ESMH) physicians' group contract is still under discussion. There has been some progress in determining how funding would flow, and restrictions on how funding will be available through the group Alternative Payment Plan (APP) contract. All parties want to get this done but ESMH physicians are not willing to sign the contract that was sent to them most recently. This particular contract locked the physicians into a 1-in-1 on-call schedule whenever one of the physicians is away.

There is also a funding cap of 40 office hours per week with a 1-in-3 on-call schedule, which works out to 100 hours per week. This is unacceptable to the group.

- The proposed contract allows for six weeks of vacation, time but physicians are expected to use this for sick time, education and vacation. It is not enough when they have to work statutory holidays as well. They often end up with less than three weeks of actual time off.
- The APP does not define full-time equivalents (FTEs), which is positive as it provides flexibility on how the practice is funded.

Facility-specific issues

- The ESMH does not have the same resources that a CEC would have, but they are open 24 hours, seven days per week. There is not enough equipment to do proper assessments on emergency patients and often other facilities will not accept their requests to transfer patients for testing like CT scans (particularly on weekends). The ESMH does not even have a portable ultrasound machine, which is the standard of care for any emergency department.
- There is not enough equipment or supplies to properly stock all exam rooms. Physicians have to get supplies from other rooms when seeing patients in under-stocked rooms. This is not effective care and adds to the examination time.
- Physicians feel they are not supported by ESMH administration and management, and that issues need to reach a crisis point before improvements result. Physicians would like to be able to address issues proactively.

Physician burnout

- Smaller sites are Collaborative Emergency Centres (CECs) which close at 8:00 p.m. The ESMH is open around the clock, and the physicians are exhausted. These shifts are not sustainable. The community is unaware of how much time each physician is contributing and physicians believe they do not have the support of their administration, management or the Nova Scotia Health Authority (NSHA). They have been told that if they take certain time off, they will be accused of patient abandonment. This has led to very low morale among physicians.

Recruitment/retention

- The ESMH cannot recruit physicians because of the lack of work-life balance. The ESMH is also down a physician. If/when that person returns, they will likely need to be supervised, which places an additional burden on the current physicians' workloads.
- Under the current situation, if the ESMH moves to having four physicians, physicians fear that because of their emergency room requirements, they will lose money because they won't be able to shadow bill the required 60 percent. The patient population is older and sicker; with so many complex patients it is difficult to see everyone.

- The ESMH physicians would like to have advanced training to maintain their skills in areas they might not have the opportunity to practise regularly (for example, chest tube insertions are life-saving but there aren't many opportunities to perform them). Requests for additional training have been refused by ESMH management.
- Locum physicians do not want to come to the ESMH when they can work in the city and not be responsible for any on-call hours.

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 staff will find out from the NSHA whether there are plans to provide locum coverage to this community.
- Doctors Nova Scotia staff will share the concerns of physicians practising at the ESMH with NSHA leadership.
- Doctors Nova Scotia staff will support discussions to move to a new group contract that meets the needs of physicians, their patients, the ESMH and the NSHA.
- Doctors Nova Scotia staff will follow up with the NSHA regarding a part-time APP physician contract as a potential six-month stop-gap measure.

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.