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

Community Report: Bridgewater

Meetings in Zone 1 – Western

Location	Date	# of physicians
Liverpool – Queen's General Hospital	May 9, 2017	8
Yarmouth – Yarmouth Regional Hospital	May 11, 2017	13
Bridgewater – South Shore Regional Hospital	May 16, 2017	15
Annapolis Royal – Annapolis Collaborative Centre	May 26, 2017	6
Clare – Clare Medical Centre	May 29, 2017	8
Kentville – Valley Regional Hospital	June 15, 2017	14
TOTALS	**6 meetings**	**64 physicians**

Issues in Bridgewater

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

<u>Alternative Payment Plan (APP) Contracts</u>

- Physicians would appreciate assistance from DNS to navigate APP contracts earlier in the process. They would like to see greater transparency with the contract process and the actual contracts. Greater transparency would give physicians a better understanding of their potential leverage when negotiating contractual issues.

<u>Collaborative care</u>

- Physicians in this area are generally supportive of collaborative practice models and they believe that most physicians in the area already practice in collaborative ways. It was suggested that the Nova Scotia Health Authority's (NSHA) vision of collaborative practice is not always grounded in reality. An example was provided of a particular practice that the NSHA uses to describe a "model" collaborative practice. In reality, the

practitioners of this "model" collaborative practice are just co-located and are not really collaborating at all.
- The group questioned whether the use of nurse practitioners (NPs) is truly cost-effective. Some physicians find it frustrating that while they need to work extra hours to meet patient needs, there is no expectation for NPs to do the same.

Compensation/fees

- Physicians were quite concerned about the lack of a hospitalist structure and the resulting lack of sustainability of inpatient care. The lack of a hospitalist model has an impact on the emergency department physicians in particular, who have had up to 11 inpatients under their watch even with two hospitalists on site. It was suggested that in a new hospitalist model, family practitioners who are coming in on weekends to attend to inpatients should be paid the new hospitalist rate for that time (regardless of whether they work in a fee-for-service or an APP practice).
- It was noted that stabilizing the hospitalist model will create further pressures for office-based, comprehensive family practices, which are increasingly unsustainable.
- There is an issue regarding obstetrics that is unique to Bridgewater. Obstetrics physicians are on an old sessional contract and for years have not benefitted from MSU increases. They will also soon lose the benefit of the Comprehensive Care Incentive Program (CCIP) without the ability to recoup any lost income from new fees.
- Physicians indicated there are many services they are providing for which they are not paid. There are an increasing number of non-face-to-face services, such as filling out forms, for which there is no payment.

Doctors Nova Scotia

- Physicians would like to see DNS offer a "welcome wagon" type of service for new physicians and physicians new to the province, consisting of an orientation to the system, explanation of the governance structures for DNS and other stakeholders, and help with passwords (for example, new physicians need a six-week temporary password to get onto the DNS website, this seems unnecessary).
- Physicians feel that there is little to no outreach from DNS or anyone else after the first few months into practice in NS.
- Information that should be on DNS website:
    - A list of contacts for each zone or community.
    - A checklist of what a new physician needs to do to get started, including which organizations and people they need to speak to in order to successfully begin their practice in Nova Scotia.

Emergency department

- The emergency physicians in this region are concerned about their increasing workload. Many of them are working during their time off to provide inpatient care; given the lack

of hospitalist resources, the situation is going to get worse over the summer due to vacations.

- There are also concerns about the ability to divert Canadian Triage Acuity Scale Level 3 and 4 patients to the walk-in clinic. The walk-in clinic was originally created to solve the issue of orphaned patients using acute-care space. There are only seven or eight general practitioners working in the walk-in clinic; they are now dealing with far more complex patients because the emergency department is full and unable to accommodate them. This area needs a contingency plan for when the emergency department has too many patients. Many of the emergency physicians have been writing letters to the NSHA for assistance in this matter. The Zone Medical Advisory Committee recently passed a motion to bring it to the Health Authority Medical Advisory Committee.
- It was noted that the emergency department locum support program was fantastic, and physicians actively recruited a physician from Ontario and made her feel quite valued through this program. It is disappointing that it has been discontinued and a new program has not been brought in to fill the void.

<u>Internal medicine</u>

- The internal medicine physicians in this region have no involvement in medical education and are therefore missing out on potential recruiting opportunities.
- These physicians are also anticipating an increase in their workload related to the lack of hospitalists and upcoming vacations for internal medicine physicians. The internal medicine physicians typically cover two to three inpatients each in addition to those in the internal medicine unit, but soon they will be covering six to eight inpatients each until a replacement hospitalist is found.
- Physicians also noted that when the internal medicine physician in Liverpool retires, the impact in Bridgewater will be significant. They fear that the NSHA will choose not to replace him in Liverpool.

<u>Nova Scotia Health Authority</u>

- Physicians in this region are highly concerned about the lack of local decision-making and authority within the NSHA. They indicated there is no clarity about who they should speak with about issues requiring decisions within the NSHA.
- The group is also concerned that NSHA zone leadership, which is Kentville-based, is not sufficiently familiar with unique practice issues in Bridgewater and surrounding areas. Bridgewater and surrounding areas have no NSHA administrative or leadership presence.

<u>Professional connection</u>

- Physicians in this area are interested in connecting with their local colleagues and they support the formation of a robust and active medical staff association – as long as it functions independently of the NSHA.

Recruitment/retention

- Physicians feel that the NSHA's approach to recruitment is inflexible and unwelcoming. The NSHA is not consulting with the local community about their needs, and local physicians are not being given the opportunity to meet the new physicians before they begin work.
- The restrictive and reactive nature of current recruiting practices by the NSHA and a lack of funding for practice transitions make it difficult for physicians to find replacements in a timely manner. Currently there is one vacancy for a hospitalist, with a second vacancy opening soon. Rather than recruit for two new hospitalists now so they both can be trained at the same time, the NSHA is restricting recruitment efforts to filling one vacancy now and they will not fill the second vacancy until the leaving physician's actual departure date has passed.
- The group believes the NSHA could be more proactive in its recruitment efforts.

Return of Service contracts

- Doctors believe the Return of Service contracts are too restrictive and not attractive to physicians for the following reasons:
    - Lack of transparency. For example, in return of service discussions, new physicians are often told they can get up to $120,000 in tuition relief. This is disingenuous, because the highest medical school tuition in the country is about $70,000 – which means that the most tuition relief a physician could access is $50,000 less than what is promised.
    - The contracts and the tuition relief component are too onerous and many physicians feel they are not worth the effort (for example, five years instead of three years is too long, there is too much demand to provide services in far-reaching parts of the zone and so on).
    - Tuition relief is an incentive, but it would be better to structure it in a way that offers beneficial tax treatment. For example, physicians cannot claim tuition relief to a corporate entity, and instead are forced to put it toward personal income.
- This community had a physician on a Return of Service contract who went on maternity leave for four months during the term of her contract. She thought she had informed the proper people about her four-month absence, but she received a nasty letter about the maternity leave. When her contract was finished, she received a letter from the NSHA thanking her for her time in Nova Scotia but with no offer to incent her to stay. The group felt this was a very odd approach when physicians are being actively and aggressively recruited to other jurisdictions. No effort was made to encourage the physician to stay in Nova Scotia.

Succession planning

- Physicians see a real gap in the system in terms of succession planning. Specifically, it was noted that there is no transition funding to help when someone is retiring. Ideally, retiring physicians should be able to identify their replacements and then both the new and the retiring physician could practise together for some time, effectively phasing one physician into the practice while phasing the other physician out. However, overlapping billing numbers has been an insurmountable hurdle with government.

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 with the Bridgewater obstetrics/gynecology physicians to explore potential alternatives to the current sessional contract arrangement.
- Orientation and outreach for new physicians will be incorporated into the association's community outreach plan. Community outreach staff will meet with new physicians to share information relevant to starting a practice.
- Doctors Nova Scotia community outreach staff will work more closely with physicians to support them in APP contract discussions, and will work with the local physician community to try and identify new physicians earlier in the process.
- Doctors Nova Scotia communications staff will develop a new member orientation package for new members/medical graduates, which will include links to enhanced information on the DNS website.
- Doctors Nova Scotia will continue to participate in the NSHA's hospitalist working group to try to stabilize the current model.

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:

<u>Fragility of the physician workforce</u>

- 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

<u>Loss of professional autonomy and satisfaction</u>

- 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.