

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

Community Report: Clare

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 Clare

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

Clare Medical Centre

- The Municipality of Clare owns the Clare Medical Centre building. The municipality rents space to the Nova Scotia Health Authority (NSHA) for their services, including mental health and addictions care, public health, blood collection). The municipality pays the administrative staff. The physicians who work in the medical centre contribute a fixed amount per month to cover overhead costs. The municipality is running a deficit and are looking to reduce administrative costs, which could have a negative impact on the clinic (for example, through reduced administrative supports).
- The Clare physicians would like to add a physiotherapist to their practice. There is a physiotherapist who is prepared to come to the practice, but she needs to be allowed to bill publicly through MSI.

- The group believes they are a great example of a highly successful collaborative practice working within a fee-for-service payment model. They suggest the NSHA should learn about what works well within the Clare model as they attempt to establish successful collaborative practices elsewhere.

College of Physicians and Surgeons of Nova Scotia

- There has been a loss of pediatric and radiologist specialists in Yarmouth due to licensing issues; the physicians were unable to get appropriate licenses from the College of Physicians and Surgeons of Nova Scotia (CPSNS).
- One of the physicians on a defined license in this area had a negative experience with the executive of the CPSNS regarding his license.
- Many international medical graduates in the area intend to leave Nova Scotia now that they have their full licenses because they felt the CPSNS was disrespectful and highly adversarial in most of their interactions, and they were left feeling like second-class physicians.

Compensation/fees

- About 100 family practitioners completed the Department of Health and Wellness's (DHW) Mental Health Practice Support Program Adult Mental Health training, however, the program ended months ago and these physicians have heard nothing since then. One of the local physicians who took part in the training was audited by MSI because his psychotherapy billings were higher than peers; now he refuses to do the very work he was trained and encouraged by government to do. It appears that the Department of Health and Wellness wanted to train family physicians to do more mental health care but neglected to ensure that proper billing codes would be available for the additional work physicians would be doing.
- The new Master Agreement is very disappointing for family practitioners in particular. Programs like the Comprehensive Care Incentive Program (CCIP) have been important in incenting full-scope comprehensive care by practices and its loss will be significant.

Digby and Area Health Services Centre

- Physicians indicate that the Digby and Area Health Services Centre was supposed to have four physicians practising but there are currently only three. This centre provides health services to a large catchment area that includes Digby, Weymouth, Bear River, Barton and Digby Neck.
- The new physicians who are taking over the practices of two departing physicians will only be accepting existing patients, they will not take any new patients. This will be of no benefit to orphaned patients in the Digby and Weymouth areas. In addition, the new physicians will not have any senior physicians available to mentor them, so they will require support to help them get set up and ready to practise.

- The challenges in physician recruiting to Digby make it difficult to admit patients to the Digby General Hospital. Physicians in Clare are not be able to look after their patients in hospital in Digby, so they have to send their patients to Yarmouth. This adds to the burden of physicians in Yarmouth.

Nova Scotia Health Authority

- Physicians have major concerns that the NSHA's method of using privileging to restrict physician mobility is in breach of the Canadian Charter of Rights and Freedoms and believe the policy should be challenged.
- Physicians believe the NSHA has done very poorly in the area of community involvement in this region. The NSHA's refusal to allow a physician to practise in Weymouth is seen as a prime example.

Recruitment/retention

- Physicians would like DNS to provide orientation for new physicians and more support, earlier in the process, for residents considering Return of Service contracts.
- The group expressed concern that the NSHA's recruiting efforts are minimal. Clare had a physician recruiting committee for years; this ultimately led to the establishment of the Clare Medical Centre and securing the physicians who presently practise here. Now the NSHA wants to have full control of the recruitment process, yet the process and the decision-making are unclear.

[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 work with the group to explore with the NSHA the possibility of securing a physiotherapist for the practice.

[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:

Brent Andrews

Zone 1 (western)

902-225-8577 (cell)

1-800-563-3427 (office)

brent.andrews@doctorsns.com

Follow up

If you have any questions or comments on anything included in this report, please email community.outreach@doctorsns.com.