

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

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## Community Report: Musquodoboit Valley

### 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                    |
| <b>TOTALS</b>                                       | <b>11 meetings</b> | <b>82 physicians</b> |

### Issues in Musquodoboit Valley

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

#### Collaborative Emergency Centres

- The physicians at Musquodoboit Valley Memorial Hospital (MVMH) believe that the CEC model is a good one – if there are enough physicians to support the model. The MVMH does not have enough physicians, therefore the model is not currently working.

#### Contingency planning for events

- The physicians were highly concerned that a national Scouts Jamboree would be taking place in the area the week of July 8. The CEC already had planned closures during that

week due to lack of coverage, and for the days that it would remain open they were to be down to just one physician, one nurse practitioner (NP) and one registered nurse (RN). The jamboree will bring up to 5,000 kids plus an additional 1,500 adults to the area, which is double the population of the catchment area for that week. There had been discussions with the Nova Scotia Health Authority (NSHA), Public Health, Emergency Health Services (EHS) and others, but no contingency plans were put into place and the physicians' concerns seemed largely ignored. These other stakeholders likely did not appreciate that the MVMH is already strained to respond to the "regular" community needs, and therefore has no elasticity to respond to this kind of influx.

### E-health

- Physicians at the MVMH could use more electronic support. They do have Dragon, but would like help with a program that can produce templates to simplify their paperwork. Their current EMR is "clunky," and difficult to search for information.
- Physicians believe MyHealthNS could be a valuable tool, but they have no time to get trained or ready to use it.

### Physician burnout

- The MVMH is under-resourced. The collaborative emergency centre (CEC) is more challenging work for physicians, but the office work is causing physician burnout as well. The MVMH does not track how many people are not able to access a physician, and many are coming from other catchment areas thinking the wait is shorter. The emergency department used to be manageable, which allowed physicians to help out in the office, but this is no longer true. This is MVMH's first time having emergency department closures, but they are forecasting anywhere from 17 to 27 scheduled days closed in July and August alone.
- There are concerns about the amount of paperwork for the CEC physicians, which is contributing to burnout. For most physicians, the only time to complete the required paperwork is after their emergency department shift (the CEC closes at 8 p.m.; the physicians are often there doing paperwork until 10 or 11 p.m.).
- The primary care office offers same-day bookings, but these are filled within five minutes of opening. The rest of the patients are then diverted to the CEC. A family practice nurse would be helpful, but there is no physical space for anyone else to practice.
- Physicians have had conversations with NSHA Primary Care team, but felt their needs were dismissed as they were told to work "harder and faster." The site manager feels powerless and knows there are issues but her hands are tied. The hospital needs more physicians and longer time slots to effectively manage their more complex patients.
- The physicians proposed the following solutions:
  - Recruit more aggressively to fill the vacant 1.8 FTE.

- Augment administrative support. Current supports are not trained as medical secretaries, which is transferring increased (and unnecessary) burden onto the physicians.
- Hire a family practice nurse (FPN) in addition to the nurse practitioner (NP) complement.
- Enable 30-minute time slots for appointments, which would allow more appropriate visit times for the complexity of the patient population. Also enable more of the documentation to be completed during the day and in closer proximity to the patient visit.

### Recruitment/retention

- The MVMH has CEC funding for an additional physician, but has not been able to recruit anyone to fill the position. Physicians are willing to speak to residents to explain the benefits of working at the hospital. They fear that the NSHA's efforts are not proactive enough. The NSHA sends emails, but email messages do not adequately sell the area and the practice group. There needs to be a stronger, in-person approach.
- The physicians do not understand why the NSHA is hesitant to post the vacancies they currently have. For example, they have a vacancy right now and the NSHA is only posting the spot as a "temporary" opportunity. This seems to be due to confusion about one physician's return to work, however, even when that physician returns to work there will be another vacancy to fill. Soon, the MVMH will be down a 0.9 FTE due to an upcoming health leave and another physician will be returning but it is not known when; the hospital needs another physician now.

### 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 reach out to Dalhousie to find opportunities for rural physicians to speak to medical students and graduates to promote their communities as ideal places to work.
- Doctors Nova Scotia will discuss contingency planning with the NSHA for events being held in the future that will significantly increase the local population.

### 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](mailto:community.outreach@doctorsns.com).