

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

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## Community Report: New Glasgow

### Meetings in Zone 2 – Northern

Location	Date	# of physicians
Tatamagouche – Willow Lodge Nursing Home	May 19	3
Amherst – Cumberland Regional Hospital	June 5	12
Truro – Colchester Regional Hospital	June 6	6
New Glasgow – Aberdeen Hospital	June 13	12
<b>TOTALS</b>	<b>4 meetings</b>	<b>33 physicians</b>

### Issues in New Glasgow

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

#### Alternative Payment Plan contracts

- The obstetrics/gynecology physicians are having issues with their current Alternative Payment Plan Contract (APP). They three physicians but currently there are only two. The funding is there but they can't recruit anyone for the position. One of the two physicians will not sign his APP because the deliverables won't work unless there are three doctors practising. The second physician did sign his APP, but was not aware of the deliverables issue; if he had been, he would not have signed either.
- Physicians say there is currently no plan in place for physicians new to Canada to work in a fee-for-service environment. They should be offered an APP to start. The health authority seems to prefer APPs, and physicians adapting to a new practice might be

better served with an APP. Physicians should always have a choice with respect to payment model.

### Collaborative care

- Physicians indicate that there are issues between collaborative care doctors and fee-for-service doctors, some of which are related to the issue of money versus resources. Fee-for-service physicians think collaborative practice physicians get paid too much and have access to resources that they do not. There needs to be a clear understanding of how a collaborative practice works, how it is funded and so on.
- Some physicians in collaborative practices feel they have lost control over their practices and are not able to take time off when they want or need to. They also take issue with the fact that nurse practitioners have no inpatient duties. There is a balance between certainty of income through an APP and loss of professional autonomy.
- It is the physicians' understanding that doctors who are recruited to this area are only given the option of being in a collaborative practice. There needs to be flexibility in both payment model as well as practice type.

### Compensation/fees

- Billing non-face-to-face fees is very hard so most physicians are not bothering with it. Physicians in this area feel it is too cumbersome and takes too much time.

### Doctors Nova Scotia

- Doctors Nova Scotia needs to do something different to make their members more aware of the issues.
- Physicians feel that DNS has no weight and no power; it seems like the nurses and CUPE have more.
- Physicians believe that DNS and physicians appear to be excluded from planning by government and the NSHA. They believe it would be a good time for DNS to be more proactive and aggressive with government and NSHA. Doctors Nova Scotia needs to apply pressure on the premier's office to get what physicians need to provide effective care for their patients.

### Nova Scotia Health Authority

- Physicians find that it is difficult to work with the NSHA when there are no physicians on the NSHA's Board of Directors.
- Physicians believe there is money for equipment and personnel but physicians are not allowed to access the funds. The NSHA is not backing up their refusals with any reasoning.
- Physicians' professional lives working with the former District Health Authority were much better than under the current NSHA. Physicians now have no local decision-

making authority or voice. This lack of control and ability to make decisions at the local level has really tied their hands. The NSHA has to work with the doctors if they want to effect change.

#### Physician stress/burnout

- Physicians believe too many patients going to walk-in clinics who have a family doctor but cannot or do not want to wait to see them.
- The patient demographic is different in this area: patients are older and require more complex care than patient populations in urban areas. A one-size solution will not be suitable for all.
- Fee-for-service doctors say they are working much harder than collaborative care doctors for less money and with fewer resources.
- There has to be a better balance of integrating walk-in clinics as part of the primary care system rather than functioning as stand-alone clinics.

#### Recruitment and retention

- The NSHA seems to have no plan for recruiting new physicians.
- Physicians say the recruiter for Amherst is not doing a good job. They are not notifying New Glasgow when there are new doctors coming nor have there been any notices when physicians are in the area for site visits.

### 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).