

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

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## Community Report: Sydney

### Meetings in Zone 3 – Eastern

Location	Date	# of physicians
Inverness – Inverness Consolidated Memorial Hospital	May 30	2
Sydney – Cape Breton Regional Hospital	May 30	10
Glace Bay – Glace Bay General Hospital	May 31	9
Sydney – psychiatry	May 31	5
North Sydney – Northside General Hospital	June 1	7
Port Hawkesbury – Maritime inn	June 1	2
Antigonish – St. Clare Meeting Place	June 8	26
<b>TOTALS</b>	<b>7 meetings</b>	<b>61 physicians</b>

### Issues in Sydney

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

#### Alternative payment plan contracts

- Physicians would like to see alternative payment plan contracts (APPs) be made available for Physical Medicine and Rehabilitation (PMR) physicians because the current fee codes will not attract PMR physicians to Sydney. This issue has been brought to the attention of Nova Scotia Health Authority (NSHA) administration but there has been no response.

#### Collaborative practice

- Some physicians believe the collaborative practices will eventually lead to a reduction in the number of family physicians practising in the province.
- Locally there is an issue with one of the new collaborative practices. The practice had been promised a mental health social worker by the NSHA during negotiations, but this commitment has recently been retracted. The practice is very concerned as having the

social worker on staff was a key part of the contract negotiation and that critical piece was removed from the contract at the last minute and without discussion, which is unacceptable.

### Compensation/fees

- Physicians believe the billing rules for the non-face-to-face fees are far too cumbersome; as a result, they believe the new fees will be useless because no one will bother using them. The documentation requirements, the need to pre-schedule calls and the risks of audit in the current environment are all disincentives to the use of these fee codes. The same thing happened with the remote orthopedic consults pilot, which was ultimately discontinued.

### Doctors Nova Scotia

- Physicians are disappointed with DNS. They do not feel supported by DNS and do not feel that DNS is effective.
- Physicians expressed some confusion about the association's role in advocacy as compared with the role of physicians themselves. It was noted that the Cape Breton Medical Staff Association, for example, has been highly effective in advocating for the issues that are affecting physicians and patients in Cape Breton. There was discussion of whether this advocacy work should instead be done by DNS or whether it is in fact more effective when led by physicians themselves.
- Physicians would like to see greater transparency from DNS in the following areas:
  - Declare potential conflicts of interest to the membership when relevant to a membership election/decision.
  - Share details about compensation for Clinical/Academic Funding Plan physicians.
- Some suggestions offered for areas in which DNS could do better or provide greater support:
  - Help with the Physical Medicine and Rehabilitation recruitment situation.
  - Help with recruitment more generally.
  - Help with getting fee codes changed, and ensuring all physicians impacted by a change are consulted in the process.
  - Provide support around electronic medical records support, especially with the changes now coming for all Nightingale users.

### Master Agreement

- Physicians believe the last two rounds of contract negotiations were ineffective. They encouraged DNS to focus more exclusively on negotiation as its core business and to spend less time on matters like health policy, health promotion and collaboration in health system improvement initiatives.

### Nova Scotia Health Authority

- Sydney physicians feel disconnected from the NSHA zone leadership. They do not feel represented and feel that their input into issues is not sought or is disregarded.
- Physicians also noted the absence of local authority and decision-making authority as a serious problem in this region, particularly when it comes to physician recruitment and retention.
- Physicians believe the emergency department rate reduction in North Sydney should have been foreseeable by all stakeholders, including DNS, and are concerned that there has been no written commitment to maintain the rate.

### Recruitment/retention

- Sydney physicians feel that there is little to no support from NSHA to help recruit physicians to provide coverage and take over from retiring physicians.
- Cape Breton has some of the lowest compensation and worst work-life balance in the country, so recruiting is already challenging. This area has lost a dozen physicians in the past five years and has been unable to recruit replacements. These recruitment challenges are exacerbated by the lack of any local authority or decision-making power. This was not the case five years ago, but it is now a very real challenge.
- It was recommended to NSHA that an additional physician recruiter be hired for this area.
- The Physician Resource Plan seems to have been ineffective.
- The group believes family medicine is in crisis. Most of the family physicians are over 50, many are over 60.

### Workload

- Physicians in the area are struggling with a high level of burnout. Workloads are unsustainable, the costs of running a practice is climbing much faster than the value of the MSU is increasing, and the number of patients in need far exceeds the capacity of the physicians to respond.

### [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 staff will follow up with ongoing support for physicians transitioning to collaborative practices.

### [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).