

What are physicians' perspectives of the structures and supports that enable medical inpatient physician coverage in rural, community and regional hospitals?

Group members: Drs. Vicky Allen, Amy Hendricks, Todd Howlett, Tania Sullivan, Laura Whyte

Action Challenge:

1. What are the current models of medical inpatient care in Nova Scotia?
2. What are the physician related barriers to ensuring that a patient requiring inpatient medicine care has an MRP?
3. What other factors and patterns of care affect delivery of medical inpatient care across Nova Scotia?

Background:

Acute medicine inpatients in rural, community and regional hospitals

- There are increasing challenges to providing continuous and comprehensive medical inpatient care and in recruiting and maintaining family physicians.
- Inpatient care in community hospitals by family physicians and general practitioners has declined from 39.3% in 2004 to 23.4% in 2014.

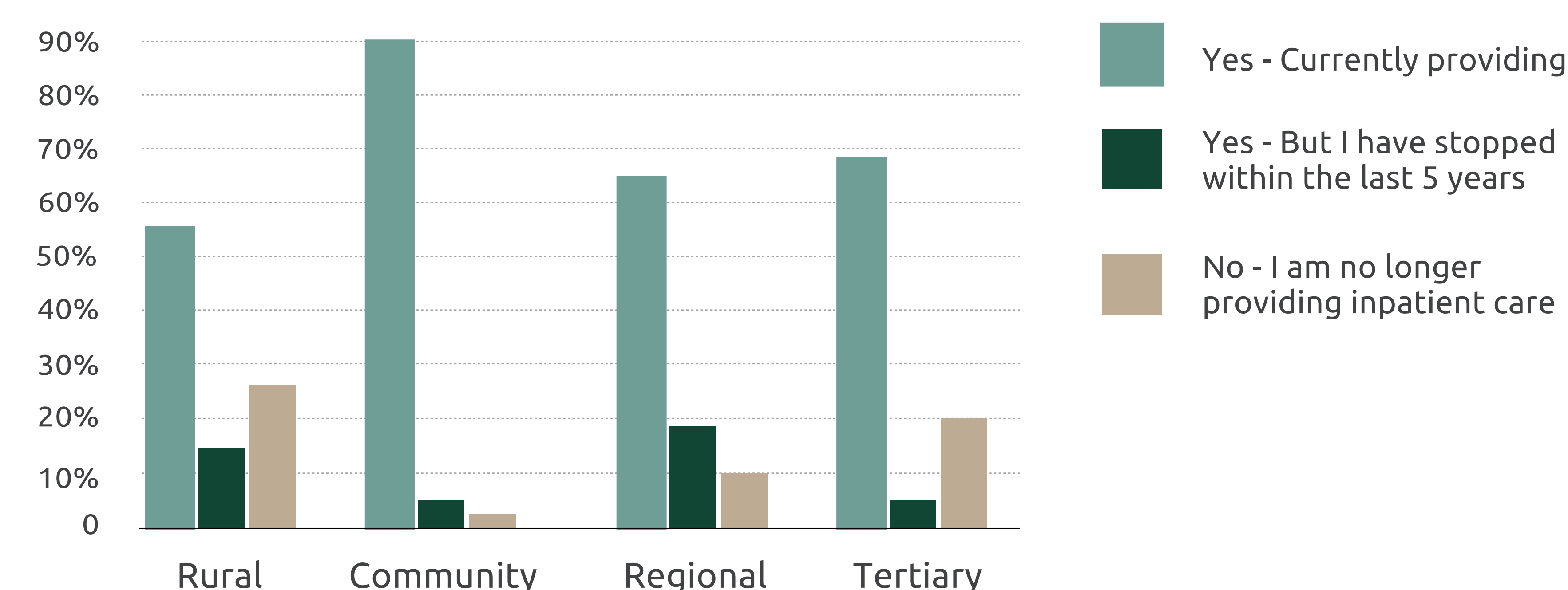
Methods:

1. Review of existing hospital documents/policies to identify the most responsible physician (MRP).
2. Survey to family physicians in Nova Scotia
 - Survey content informed by the site visits and personal interviews by Dr. Amy Hendricks.
 - 172 responses were received. The number of family physicians in N.S. providing inpatient care is unknown.
3. Review of provincial inpatient medicine data including LOS and 28 day readmission rates.

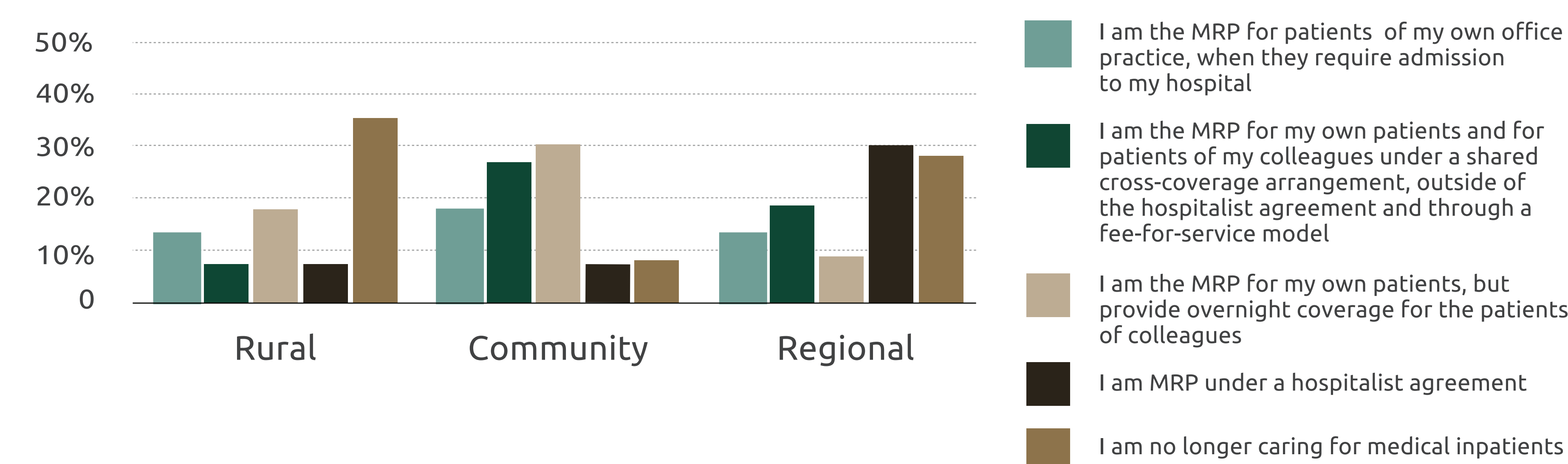
Results:

- Significant decrease in family physicians providing medical in-patient care across N.S.
- Wide variation in remuneration models resulting in significant physician frustration.
- Decrease in health system resources to provide adequate inpatient care.
- Rural and Community hospitals seeing more complex patients.
- Hospitalist agreement has been favourable at many sites; there is an opportunity to do the same for non-hospitalist family physicians.

Do you currently provide inpatient care or have you provided care for medical inpatients in the past five years?



What is your current model for medical inpatient care?



Recommendations/next steps:

- Using connected local physician leaders from similar sites, MRP guidelines could be developed to support a consistent approach to care and transfer of patients between sites.
- Continue to work toward providing fair, comparable and transparent funding for family physicians providing inpatient care outside of the hospitalist agreement.
- Consideration given to creating ongoing connection between like facilities (rural with rural, community with community, regional with regional) to identify positive variances and opportunities to share best practices.