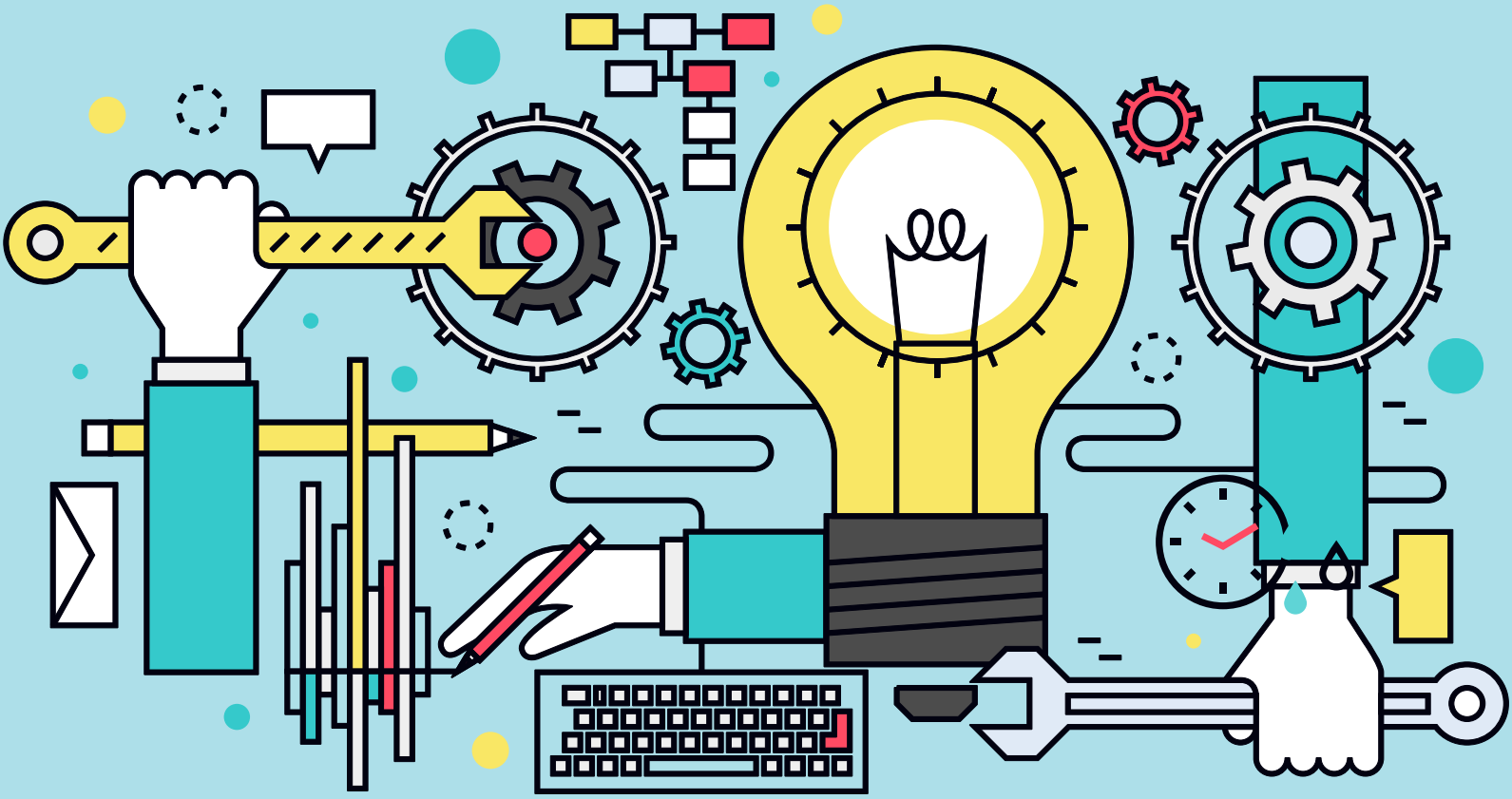


Healing Nova Scotia

Recommendations for a Thriving Physician Workforce

Doctors Nova Scotia | September 2017

Doctors Nova Scotia

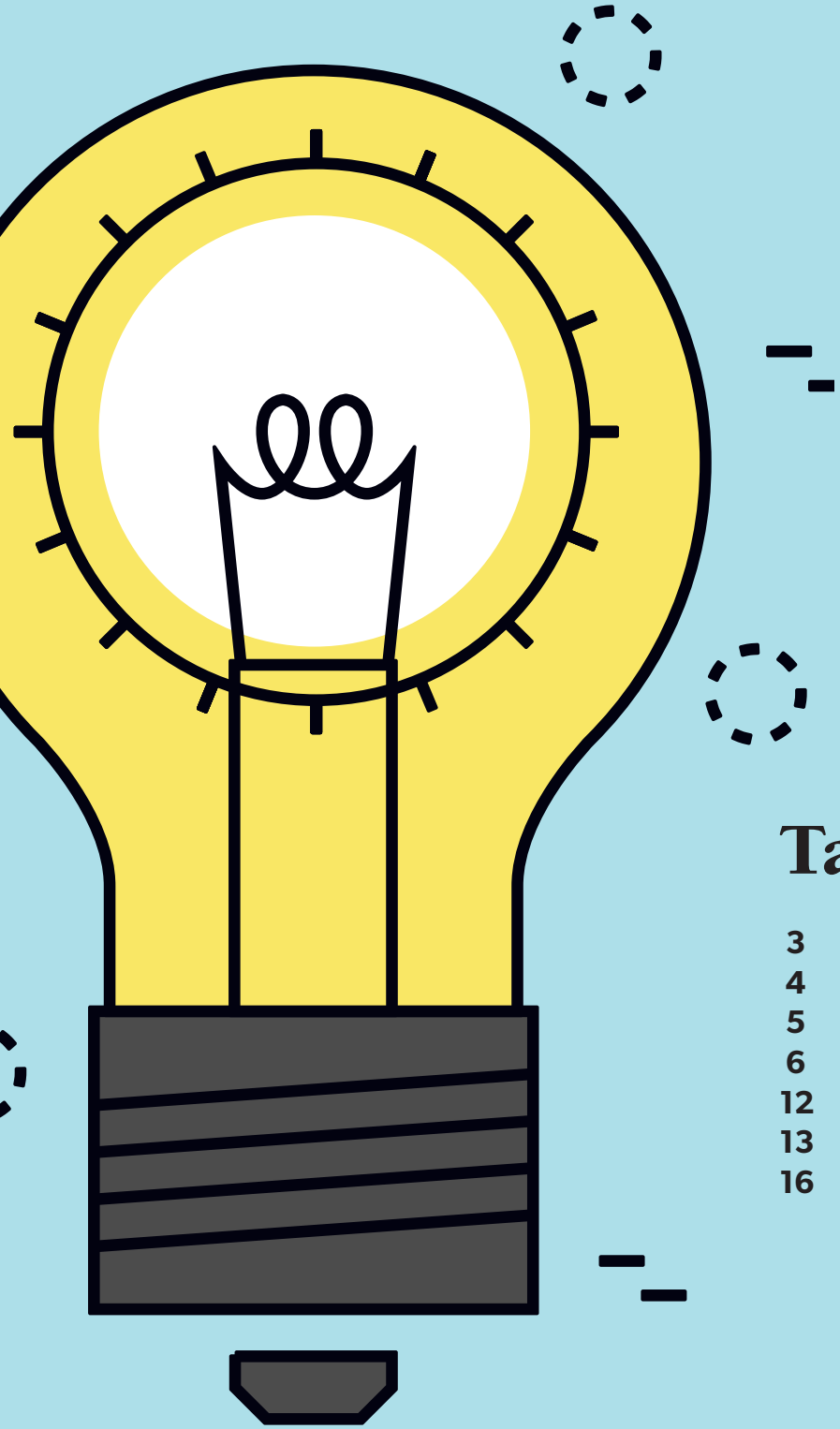


Table of Contents

Message
from the Board of Directors

On behalf of Doctors Nova Scotia's (DNS) Board of Directors, we would like to thank our members for making the association's community tour a reality. In just a few weeks, we held 29 meetings in 24 communities and spoke face-to-face with 235 physicians. We came. We listened. And we're prepared to act.

We are incredibly grateful to the physicians who shared what's happening in their respective communities. Your time, trust, honesty and patience are truly appreciated. The members of the DNS leadership team who attended these meetings found the insights and experiences you shared to be eye-opening and, in many cases, inspiring.

We would also like to extend our gratitude to the physicians who helped organize the community meetings. Most of the meetings were planned on short notice, and would not have happened without the tremendous support of community physicians, their administrative staff members and local caterers.

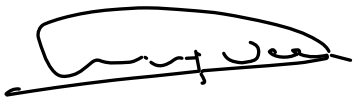
One thing is certain: DNS needs to connect regularly with its members – in the communities where they work and live. We are pleased to say that a strategy to make this happen is already in development. The community meetings were merely a first step. Under the association's 2017–2021 Strategic Plan, DNS will be launching the Physician Advisory Team. This team will be focused on supporting physicians in their communities, and connecting physicians more meaningfully with one another, with DNS, and with health-system administrators and decision-makers.

The province is struggling to recruit physicians, and too many of the physicians currently practising in Nova Scotia are suffering from burnout. In recent months, physicians have left the province out of sheer frustration with the system and a sense of powerlessness to help their patients access the care they need in a timely manner. The physician workforce in Nova Scotia is fragile and at risk. It's time for action, and we all have a role to play in getting things on track.

This report is meant to start a conversation between key health-system leaders, including those within the Department of Health and Wellness, the Nova Scotia Health Authority and the IWK Health Centre. We believe it is critical that all stakeholders come together to address these issues. Doctors Nova Scotia is prepared to do its part, and we invite our partners to work with us, for the sake of all Nova Scotians and for the future of our health-care system.

Sincerely,

Andre Bernard, MD, MSc, FRCPC
Board Chair



Manoj Vohra, MD, CCFP, MBA
President

On behalf of Doctors Nova Scotia's Board of Directors

In just a few weeks, we held **29 meetings in 24 communities and spoke face-to-face with 235 physicians**. We came. We listened. And we're prepared to act.

Executive summary

> Most of the **issues are broad, complex and systemic**; clearly beyond the capacity of any individual health-system stakeholder to resolve independently.

This report synopsizes the highest-priority issues identified by physicians across Nova Scotia, and provides recommendations on how to address them. Most of the issues are broad, complex and systemic, clearly beyond Doctors Nova Scotia's (DNS) ability to resolve independently. In fact, DNS leaders believe that resolving many of these issues is beyond the capacity of any individual health-system stakeholder. It is therefore critical that all stakeholders come together to address these issues.

The issues identified by physicians across the province fall under five overarching themes:

1. ***Fragility of the physician workforce***
2. ***Loss of professional autonomy and satisfaction***
3. ***Erosion of comprehensive family medicine***
4. ***Unsustainability of rural specialty services***
5. ***Lost opportunities to leverage technology***

At the root of many of these issues is a lack of trust. The trust that once existed between physicians and key health-system stakeholders has been eroding over the years, for a variety of reasons. Rebuilding that trust is essential if we are to move forward effectively.

Doctors Nova Scotia has identified a number of recommendations that, if acted upon, can begin to mend the broken relationships between physicians and stakeholders, and between stakeholders themselves. The first step requires a commitment from all groups to come together in a meaningful way through the proposed Health System Physician Coordination Council. The council will discuss how physicians and stakeholders can work together to strengthen the physician workforce and create the best possible health-care system for all Nova Scotians.

The council should serve as a forum to resolve the priority issues identified by physicians and to identify and seize opportunities for health-system improvement. We propose that the council include physicians and senior leaders from DNS, the Department of Health and Wellness (DHW), the Nova Scotia Health Authority (NSHA), the IWK and Dalhousie Medical School. We also propose that the council meet quarterly, with an immediate agenda to review and act upon the following recommendations put forward by physicians:

1. ***Improve and restore local decision-making and engagement of physicians.***
2. ***Integrate existing recruitment initiatives to improve recruitment outcomes for physician supply in Nova Scotia.***
3. ***Decrease the burden of unsustainable workloads.***
4. ***Revive full-scope comprehensive family medicine.***
5. ***Maintain rural specialty services.***

Doctors Nova Scotia is looking forward to working with physicians and other key health-system stakeholders to address these priority issues and recommendations. Establishing a strong connection between all health-system stakeholders, including payers, planners and providers, will ensure Nova Scotia has a thriving physician workforce and optimal health care is available for all.

Setting the stage

Doctors Nova Scotia (DNS) represents the collective voice of all physicians in Nova Scotia and works on their behalf. The association is committed to working with all partners in health-care delivery to ensure Nova Scotia is positioned to recruit and retain talented and skilled doctors, to introduce new and innovative ways to deliver health care, and to continuously look for ways to improve patient care and access.

Doctors Nova Scotia has worked hard to represent its members and improve the health of Nova Scotians for 163 years. That work continues today. The membership's vision for the future of the association is that DNS and the physicians it represents are respected leaders in the health-care system, that physicians receive competitive and transparent remuneration through one of several compensation models – models that serve the needs of individual physicians, their patients and communities – and that physicians in Nova Scotia are engaged, unified and able to make meaningful contributions to health system decision-making. We also envision a future where physicians in Nova Scotia are members of an adaptive and resilient profession, able to thrive in a rapidly changing health-care environment.

This vision is far from the current reality. Over the past 18 months, DNS staff members have had a number of opportunities to hear from physician members, including the recent community listening tour, the negotiations process, the strategic planning process, member surveys and day-to-day discussions with members. It has become apparent that physicians have very serious concerns about their ability to effectively practise medicine, properly advocate for their patients, and maintain a healthy balance between work and family time in the current health-care environment.

The Nova Scotia Health Authority (NSHA) came into effect in April 2015, replacing nine district health authorities. Its purpose was to centralize provincial health-care planning and decision-making. This change has had a profound impact on physicians in this province. Physicians are feeling isolated, frustrated and unsupported by the health-care system. The trust between physicians and government has been broken; the relationship between physicians and the NSHA is even more fractured. Physicians also have less confidence in their own association's ability to advocate for physicians and resolve the pressing issues confronting them.

This report synopsizes the highest-priority issues identified by physicians across the province, and provides recommendations on how to address them. Most of the issues are broad, complex and systemic, clearly beyond the association's ability to resolve independently. In fact, DNS leaders believe that resolving many of these issues is beyond the capacity of any individual health-system stakeholder.

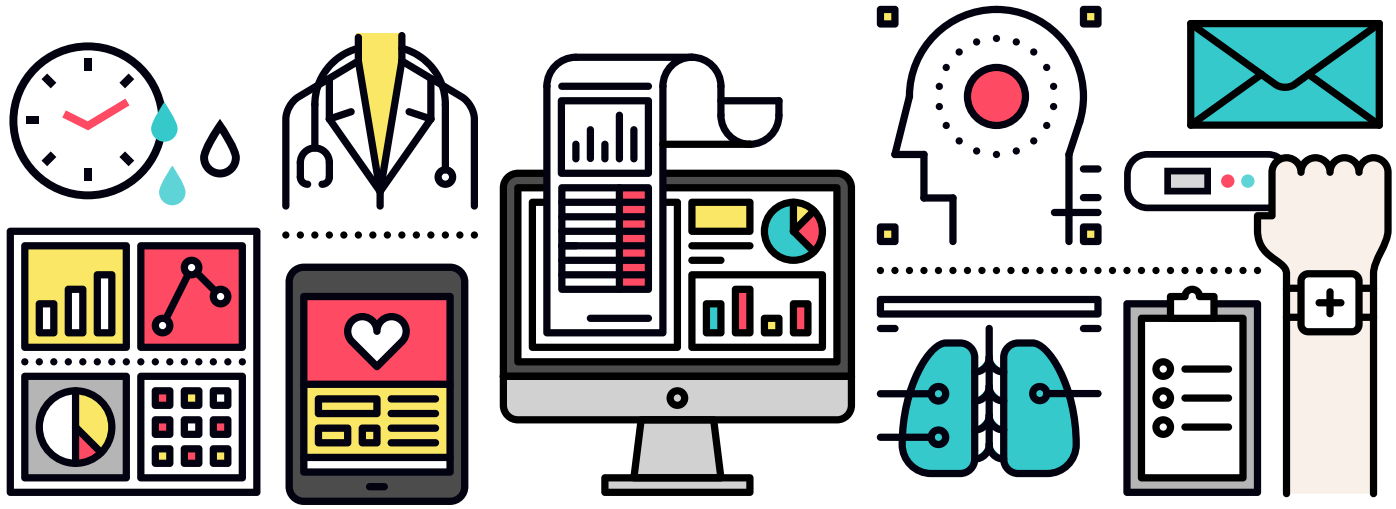
With that in mind, DNS will share this report with key health-system leaders, including those within the Department of Health and Wellness (DHW), the NSHA and the IWK Health Centre. We believe it is critical that all stakeholders come together to address these priority issues.

Doctors Nova Scotia wants to acknowledge that there is good work happening under the leadership of the DHW, the NSHA, the IWK, Dalhousie Medical School, the College of Physicians and Surgeons of Nova Scotia (CPSNS), and others who are invested in improving the health-care system for patients and providers alike. However, in some cases this work isn't enough. Much more must be done in order to make a meaningful difference for Nova Scotians.

> "It has become apparent that **physicians have very serious concerns about their ability to effectively practise medicine** in the current health-care environment.

PLEASE NOTE: This report does not include feedback from Halifax- and Dartmouth-based academic physicians at this time. We will solicit their feedback separately in the fall/winter and will integrate their perspective into the report after those discussions.

Priority issues



The highest-priority issues identified by physicians across Nova Scotia fall under five themes. On its own, any of the following issues would be a problem for the provincial health-care system, but taken together, they could bring the system to a breaking point.

1 Fragility of the physician workforce

The physician workforce is fragile. This is evident in 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. ***More info, page7.***

2 Loss of professional autonomy and satisfaction

Physicians are experiencing a profound loss of professional satisfaction and autonomy stemming from the loss of local authority and decision-making at the NSHA; a lack of clarity about who makes decisions, and how; a loss of connection within the physician community; and feelings of disconnection and disrespect from government itself. ***More info, page 8.***

3 Erosion of comprehensive family medicine

Comprehensive family medicine is slowly eroding. Examples of this include excessive workloads; the fact that the current comprehensive family practice is an unsustainable business model; unintended incentives leading physicians away from comprehensive family practice; and the absence of viable alternatives to the fee-for-service payment model. ***More info, page 9.***

4 Unsustainability of rural specialty services

Rural specialty services in Nova Scotia are at risk of failing due to persistent recruitment and retention challenges; unsustainable call schedules; and loss of local authority and decision-making. ***More info, page 10.***

5 Lost opportunities to leverage technology

Many physicians are unable to take advantage of helpful technology in their practices; attributed to impractical billing guidelines for non-face-to-face services; and a lack of appropriate compensation for using the MyHealthNS health record to its full potential. ***More info, page 11.***

1 Fragility of the physician workforce

The health-care system relies on the passion and commitment of a robust and extensive workforce. Physicians are a critical component of that workforce, and Doctors Nova Scotia has evidence – through direct communication and provincial research – that indicates the physician workforce in Nova Scotia is fragile.

One of the major contributing issues is that Nova Scotia's physician workforce is clearly under-resourced. Simply put, there are not enough physicians to meet the health-care needs of Nova Scotians. The provincial government's Physician Resource Plan identifies the need to recruit more than 1,000 additional physicians to Nova Scotia over the next eight to 10 years. But instead of adding physicians, Nova Scotia is struggling just to retain its current complement of physicians. There are currently more than 60 vacancies for primary care physicians alone, while more than 30,000 Nova Scotians sit on a waiting list for a family doctor. Without enough physicians to meet the needs of patients, practising physicians are bearing the burden: working long hours and taking on excessively heavy patient loads.

Physicians believe the recruitment challenge is exacerbated by the fact that Nova Scotia pays physicians less than most other provinces, and that recruitment efforts are not as proactive or enthusiastic as they should be in this competitive marketplace. Physicians have also noted that recruitment to Nova Scotia was far more successful when local communities were directly engaged in, or even leading, recruitment efforts. These local recruitment groups have been largely disbanded since the establishment of the NSHA. While the government and the NSHA have done some good work to remediate this – such as placing a recruiter in every zone, publishing a website identifying practice opportunities in the province, working with the CPSNS to relax the rules for admission of physicians from other Commonwealth countries, and committing to new residency seats and a new rural residency training site – much more is needed, and all stakeholders must play a role.

Additionally, Nova Scotia is struggling to attract physicians to practise in this province because of the perception that there is worse work-life balance in Nova Scotia; the province lacks appropriate payment models; there are poor practice supports; and physicians have limited ability to earn a competitive or even sustainable income. Physician retention is also an issue. Physicians are leaving the province out of sheer frustration with the system, tired of feeling powerless to help their patients access the care they need in a timely manner. Overall, it is challenging to recruit new physicians to the province, and increasingly difficult to get them to stay.

Physician stress and burnout are also contributing to the fragility of the physician workforce. Physicians are struggling to take much-deserved time away from their practices. They can't find care for their patients during maternity leaves or extended sick leaves. Many physicians are delaying retirement plans because they are unable to find physicians to take over their practices. Instead of retiring – and effectively abandoning their patients, who are often also their friends and neighbours – they continue to work, often for years. The lack of leave puts a tremendous strain on physicians, both those new to the profession and those nearing the end of their career.

This is just one of the factors contributing to the burnout of Nova Scotian physicians. In partnership with Dr. Michael Leiter, an organizational psychologist who studies people's relationships to their work, DNS recently conducted a work stress survey of Nova Scotia's physicians. The survey results confirmed that burnout is a serious issue among Nova Scotia's physicians. The majority of physicians who responded reported feeling overextended, disengaged, ineffective or fully burnt out.

These survey results provide concrete data to support the anecdotes and examples that DNS staff members have been hearing for some time.

Read the full survey results at www.doctorsNS.com > About us > Board of directors > Physician burnout survey

Dr. Leiter's research suggests that the burnout the Nova Scotia physician community is experiencing is a result of systemic issues, not individual failings or lack of self-care. These findings were further supported by the hundreds of physicians who attended the community meetings and relayed their stories of struggling to meet patient needs. Dr. Leiter concluded that many instances of burnout are caused by physicians' challenging relationships with the NSHA, and proposed that the most ›

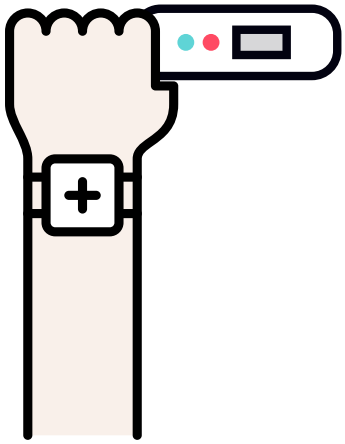
> At its core, medicine is humanistic. **Decision-makers must look beyond the data** to truly reflect on and respond to the lived experience of patients and providers in their communities.

effective way of addressing burnout is to improve those relationships.

While government and NSHA representatives have been quoted in the media as saying there is not a crisis in health care, physicians feel that they work in crisis every day. They feel they are being treated poorly by the NSHA's administrative staff. They are missing out on time with their families, and not getting regular vacations or sick leave. Many physicians who have been working for more than 30 years are unable to retire because there is no one to take over their practices. Young physicians who attended our meetings were experiencing burnout only two years into their career and are now seeking employment elsewhere in the country, in search of a better work-life balance. Some physicians are so worn down they are taking medical leave. Others report "just doing the right thing" – working beyond the hours for which they are compensated in the interest of their patients and to avoid overburdening their colleagues.

Taken together, these issues result in a fragile physician workforce, with far too many physicians at risk of leaving practice (due to illness, retirement or a decision to relocate). This situation is not sustainable and it must be addressed immediately. While data can be used to inform decisions, medicine is at its core humanistic. Decision-makers must look beyond the data to truly reflect on and respond to the lived experience of patients and providers in their communities.

A RECENT SURVEY CONCLUDED that many instances of burnout are caused by physicians' challenging relationships with the NSHA, and proposed that the most effective way of addressing burnout is to improve those relationships.



2 Loss of professional autonomy and satisfaction

Many physicians enter the practice of medicine because they feel they are called to help people. To them, being a doctor is a vocation, not just a career. They have spent years pursuing the education and skills they need to care for the people in their communities. Unfortunately, in the current health-care environment, physicians feel a tremendous amount of guilt about and stress on behalf of the people they care for. They have lost their voice in the health-care system and feel that their professional knowledge and advice is being ignored by system stakeholders.

Physicians in nearly every community, discipline, specialty and practice type across the province share similar concerns. There is confusion about whom physicians should contact at the NSHA for assistance when issues arise. There is no clarity regarding who is in what role at the health authority and what their responsibilities are, or what steps are required to get issues resolved. Physicians feel disconnected from decision-makers and, worse, they are unclear on who makes decisions, and how and why they are made. Many physicians who reach out to the NSHA report being greeted with silence, perhaps because the people they have contacted are themselves unsure how to find answers and resolve issues. As a result of this confusion, physicians feel they are no longer in a position to provide their input and expertise into key decisions affecting their patients and the delivery of health-care services.

This lack of physician involvement creates a significant disconnect between what is happening on the ground and the decisions that are being handed down to medical practitioners. Physicians in Nova Scotia no longer feel engaged, and they believe that the NSHA and other stakeholders do not value the role or the perspective of physicians and their professional association. The absence of a physician voice on the NSHA's Board of Directors or a physician advisory panel to the Board is seen as one indicator that the physician perspective is neither valued nor respected. Numerous physicians referred to the former District Health Authority as having been much more responsive and inclusive when engaging physicians in local decision-making, particularly when it came to recruitment and retention.

Effective physician engagement is essential to making changes within any health-care system. Physicians play a critical role in the delivery of health care. They direct, coordinate, advocate for and deliver health care across the entire spectrum of patient care and population health. Organizations that seek physician input early and often contribute to a safe, high-quality patient experience.

Many of these issues are likely the result of the significant changes in health-care administration in Nova Scotia over the past two years. The merger of nine district health authorities into a single provincial health authority was a substantial shift and growing pains were to be expected. However, it's now time for all stakeholders to assess whether adjustments are required to ensure that the quality of patient care and satisfaction of health-care providers does not suffer.

The feelings of disengagement are not just between physicians and the NSHA. Physicians are also feeling disconnected from one another. Several factors have contributed to this, including: the lack of time physicians have to connect with colleagues because of increasingly unsustainable workloads; the demise of some local Medical Staff Associations (MSAs), which once offered regular meetings and social events;

and the fact that fewer family physicians are working in hospitals, so they don't see each other or have the opportunity to connect with hospital-based specialists as often. Many described this as "the demise of the old doctors' lounge," which has left a void in opportunities for peer-to-peer connection and the resolution of day-to-day issues at a community level. These are all important contributing factors to the loss of physicians' overall professional satisfaction.

Finally, physicians are feeling disconnected from, and disrespected by, government. The government's approach to physician billing matters is a particular concern. All claims submitted by physicians for payment are subject to audit, which DNS supports as appropriate due diligence. However, the approach to audits should primarily be for educational purposes, and punitive only in the rare circumstance of intentional wrong doing on the part of a physician. This is consistent with recommendations provided by John Carter, who was engaged by the DHW and DNS in 2013 to review audit processes and to make recommendations to improve the effectiveness, understanding, timeliness and transparency of the processes. Mr. Carter recommended that education should be one of the primary goals of any audit process. He offered several specific recommendations, including that when a physician is found to be billing inappropriately, particularly in the first instance, they be directed to the appropriate code and provided with an explanation as to why the code used is not considered appropriate; that fee-for-service physicians be audited six months from the date of issuance of a billing number, with a concerted focus on education and assisting with compliance; and that billing seminars should be provided. While DNS clearly has an interest in supporting physicians in their billing practices, Mr. Carter noted that the DHW and MSI have first responsibility for educating physicians on billing matters. Yet despite this report and DNS's advocacy efforts, physicians in Nova Scotia perceive that the government's approach to audit remains highly punitive (perhaps even increasingly punitive in recent years), with little to no effort to educate physicians, even those new to practice in the province.

> Physicians have **lost their voice in the health-care system** and feel that their professional knowledge and advice is being ignored by system stakeholders.

3 The erosion of comprehensive family medicine

Family physicians are managing older, more complex patients than ever before. Nova Scotia has some of the highest rates of chronic illness, and one of the oldest populations, in Canada. Nova Scotia's physicians, particularly primary care specialists, carry the burden of the additional care and management required to effectively meet the health-care needs of the province's chronically ill, aging population.

Despite the fact that health-care demands are at an all-time high, physicians perceive that the value that the health-care system places on primary care physicians appears to be at an all-time low. Family physicians feel unsupported and unheard. Physician workloads continue to increase. Physicians struggle to meet patient needs that far exceed their individual capacities. Practice overhead costs continue to climb, yet the 2015 Master Agreement will result in reduced incomes for many family physicians, particularly those with full-scope comprehensive practices. These issues have had a very real effect on physicians, with many established practices now struggling to stay afloat. Some young, energetic, early-career family physicians are already burning out and considering part-time work or alternative careers.

The current workload for most primary care physicians is excessive and unsustainable. While some contributing factors cannot be controlled – such as the province's aging and unwell population – there are other factors that can be controlled and need to change. Many family physicians are expected to do additional work in the absence of adequate specialist resources or because specialists are referring more follow-up care to family physicians. Physicians are working more hours than they should just to keep up with patients' needs and expectations. Currently, there are more than 60 primary care vacancies in Nova Scotia.

Yet despite the excess of available work, comprehensive family practice is no longer a sustainable business model. Physicians in Nova Scotia are small business owners; they do not have the benefits, pensions or job security that other health-care employees have. Physicians directly employ staff such as nurses, receptionists and billing clerks. Physicians pay rent for their office space, and buy office and medical supplies. Overhead costs are increasing at a faster rate than physicians' incomes, and many can't keep up.

Communities and patients need comprehensive family medicine, which means caring for patients' needs from cradle to grave. It involves time-consuming, complex work that is not well remunerated in Nova Scotia. Physicians can often work fewer hours and earn greater income through sub-specialized work than they can in comprehensive family practice.

This situation is worsened when system stakeholders, including DNS, make decisions to address immediate crises in emergency room care or hospital-based care that unintentionally undermine the viability of comprehensive family medicine. For example, many family practitioners view the Comprehensive Care Incentive Plan (CCIP) as one of the only things that the system has ever done to meaningfully support full-scope, comprehensive primary care. Terminating the CCIP and replacing it with fees in the 2015 Master Agreement is viewed with skepticism; physicians are worried that this transition will not adequately support physicians who provide comprehensive care and may even drive people away from delivering this type of care.

Another example is when the system

increased emergency department (ED) rates in 2011 to address the number of ED physicians leaving the province. This incentive worked to stem the tide of ED physicians leaving Nova Scotia, but diminished the province's ability to attract new comprehensive family practice physicians because working in an emergency department is now seen as much more lucrative. A similar situation is currently playing out with hospitalists. The DHW, the NSHA and DNS are looking to stabilize hospitalist services in Nova Scotia and in so doing will establish a hospitalist rate that may attract family practitioners away from comprehensive practice.

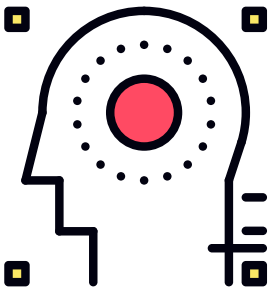
The erosion of comprehensive medicine is further worsened by the lack of viable alternatives to the fee-for-service payment model. Capitation and blended payment models align well with collaborative and comprehensive care, but the only payment model besides fee-for-service available in Nova Scotia is the alternative payment plan (APP).

Alternative payment plans have been effective for some practices and some communities. But APP contracts are not available to all physicians. Many well-established family physicians with large patient rosters have explored converting to APPs in order to stabilize their practices. They are later frustrated to learn from the government that they are only entitled to a part-time APP contract, because the government only calculates fee-for-service billings and uses those billings as a proxy for the amount of work a physician does. Physicians' work hours, patient volumes and additional work, such as nursing home care, in-patient care and emergency room coverage, do not factor into the determination of APP contract eligibility.

In addition, Nova Scotia's fee codes are antiquated, the fee-for-service billings of most physicians who practise comprehensive family medicine do not accurately reflect the full scope of their work. Available fees don't reflect the complexity of patients, time spent working with other health professionals, or time spent navigating the system to get patients timely access to specialist care. This is why fee-for-service billings should not be used as the sole measure to determine eligibility for an APP contract. Alternative payment plan contracts need to be flexible, so that physicians can deliver diverse services based on the needs of their patients and communities. Any physician prepared to commit to the deliverables of a full-time APP physician should be eligible for a full-time APP contract.

APP contracts should not be the only alternative to fee-for-service contracts, nor will they support the move to a more collaborative primary care model. All stakeholders seem to accept that a new payment model is essential if we are to move toward more collaborative practices. This is why DNS has been strongly advocating for a new blended payment model, following the lead of other provinces.

> The erosion of comprehensive medicine **is further worsened by the lack of viable alternatives to the fee-for-service** payment model.



4 Unsustainability of rural specialty services

Rural specialty services in many parts of the province are struggling to meet the growing needs of patients. While it has always been challenging to recruit rural specialists, a number of factors have conspired to make recruitment more challenging today.

A lack of local and community input into both decision-making and recruitment has significantly affected many communities. Real or perceived disparities between how rural specialists and those working on clinical/academic funding plans in urban areas are paid is another contributing factor. Another concern is the fact that rural specialists perceive a lack of human resource support (including residents, clinical assistants or nurse practitioners), their inability to participate in grand rounds, and a real or perceived lack of support from peers at the QEII or IWK.

Physicians see the lack of mandatory resident rotation through rural communities as a missed opportunity. Recent CPSNS policy changes, which provide specific timelines to full licensure, impact both current defined licensed physicians, as well as the ability to attract new physicians to rural communities.

As a result of these persistent recruitment challenges, specialists in some areas of the province are experiencing unsustainable call schedules, while those in other areas are experiencing a general inability to sustain services. Many physicians providing rural specialty services find the burden of equipment costs to be a constant challenge.

Rural specialists are concerned that important health-system planning work is being done without their involvement. Physician input into planning for speciality services is essential. Physicians have the front-line knowledge required to accurately determine the most appropriate health services plans for communities and the province.

This is a complicated situation for which there is no simple solution. It will require a strong collaborative effort to develop a health services plan that best serves the needs of Nova Scotians. In order to develop a plan that results in successfully recruiting and retaining rural specialists across the province, physicians and their association must be engaged.

> As a result of persistent recruitment challenges, **specialists in some rural areas are experiencing unsustainable call schedules.**

5 Missed opportunities to leverage technology

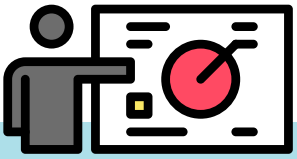
As small business owners, physicians in Nova Scotia must run their practices as viable businesses in order to support themselves, their employees and their families. Physicians are often researchers, innovators and early adopters of new technology. But they cannot afford to incorporate technology into their practices if their incomes will be reduced for doing so. Two prominent examples in Nova Scotia are the new non-face-to-face fee codes and MyHealthNS.

The 2015 Master Agreement includes ground-breaking new fee codes intended to pay physicians for providing telephone-based care to patients in certain circumstances. These non-face-to-face interactions with patients are expected to improve access to care, offer greater patient convenience and satisfaction, improve office efficiencies and decrease congestion within hospitals. Unfortunately, physicians have discovered that the billing rules associated with those new fee codes are cumbersome and time-consuming. As a result, many physicians are choosing not to provide non-face-to-face services because it's simpler just to see the patient. The benefits of these fee codes are unlikely to be realized and the opportunity to improve the patient experience by leveraging technology is lost.

The online health record known as MyHealthNS (formerly known as the personal health record, or PHR) has been rolled out across the province, but the only functionality available is eResults, which allows physicians to send test results directly to their patients. This is despite the findings of the MyHealthNS pilot project, which showed that the function that can create greater efficiency and therefore greater patient access was the eVisit. The eVisit function allows secure email communications between patients and physicians. Despite the evaluation results, the provincial government chose not to implement any fee codes to support use of the eVisit functionality. As a result, physician uptake of MyHealthNS has been minimal, despite overwhelming patient response (only 212 providers have adopted MyHealthNS, yet more than 10,000 patients have signed up). Indeed, physicians are now withdrawing from MyHealthNS because they aren't being appropriately compensated for their time, which means their incomes are reduced when they use this technology.

Physicians speculate that the government's complicated billing rules and hesitation to remove barriers to technology are a direct result of mistrust. Most physicians are honest and accurate when submitting their billing claims, but it seems that many billing rules are designed to catch the few physicians who might try to game the system.

> **Physicians cannot afford to incorporate technology into their practices** if their incomes will be reduced for doing so.



Impact

A **fragile physician workforce** means that physicians are at risk of burnout. They may reduce the number of hours they work, or relocate to an area with a better work-life balance. This **means that Nova Scotians lose access to care**.

When physicians lose professional autonomy and satisfaction, they feel disconnected – from their work and their patients. Patients suffer when health-system decisions don't take their community's needs into consideration.

Comprehensive family medicine is eroding as physicians struggle with heavy workloads and high costs. Many choose to provide more specialized care that is more generously remunerated. **That makes it harder for patients to access the care they need**.

Rural specialty services face ongoing recruitment and retention challenges, which means that physicians are working untenable call schedules and **patients must often wait for weeks – or travel for hours – to see a specialist.**

Opportunities to leverage technology are missed when physicians aren't paid to use services such as email to interact with patients or when billing rules make the use of phone calls impractical. This means that **technologies that could be used to improve patient access are underutilized.**

Working together

The high-priority issues discussed above are not new to DNS, and they are likely not new to other health-system stakeholders either. But the consistency and urgency with which physicians are now expressing their concern about these issues is increasing in both volume and intensity.

Doctors Nova Scotia, the NSHA, the IWK and the DHW all have well-intentioned initiatives underway, but each organization is struggling to some degree because they are independent and isolated from one another. Each of the stakeholder groups possesses unique strengths and mandates, but it is unreasonable to launch programs or processes that directly impact physicians and other organizations without engaging all parties in the decision-making and implementation processes. The lack of health-system integration has led to a growing deterioration of trust between physicians and all stakeholders in the health-care system, particularly between physicians and the NSHA. Because physicians are not included in health-systems planning and other initiatives that affect them and their patients, physicians feel that their clinical expertise and opinions are not valued and that the health system is working around them rather than with them.

Doctors Nova Scotia has committed to supporting the development of physician leaders in the health-care system by partnering with other organizations to provide a physician leadership development program. It is expected that this program will not only develop physicians' leadership skills, but also educate them on the administrative aspects of the health-care system. The true benefit of this education program will only be realized if physicians are properly engaged with the health-care system, and are given the opportunity to work with administrators and other health professionals at the leadership level, to share their medical knowledge and front-line experience, and to advocate for their patients.

Ultimately, physicians and stakeholders all want a health-care system that provides quality health care to the people of Nova Scotia. This shared goal is an opportunity for all stakeholders to come together to share their collective strengths and find the best solutions to the challenges that have been identified by the province's physicians.

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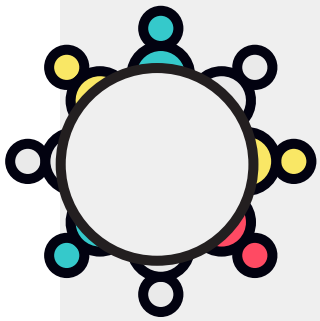
DNS recommends

Strengthening the physician workforce will require a coordinated approach. A commitment from all stakeholders to work together will be a strong first step toward rebuilding trust between physicians and stakeholders, which will strengthen the health-care system for the long term. Before we address specific issues (see page 14) we must establish a Health System Physician Coordination Council (HSPCC).

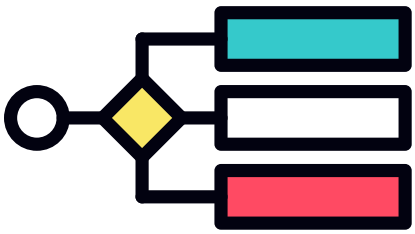
Forming the HSPCC and acting upon the following five recommendations alone will not solve all the problems facing Nova Scotia's physicians. But making progress on any one of them is a good start. The success of these recommendations depends on the approach taken to achieve them. One stakeholder cannot and should not approach these alone. Each stakeholder plays an important role in the design, construction and delivery of the province's health-care system. That's precisely why we all need to work together to keep it alive and healthy.



Establish a Health System Physician Coordination Council

Doctors Nova Scotia recommends the establishment of a Health System Physician Coordination Council (HSPCC), which will serve as a forum to resolve these issues and to identify and seize further opportunities to improve the health-care system. We propose that the HSPCC include physicians and senior leaders from DNS, the DHW, the NSHA, the IWK and Dalhousie Medical School. We suggest that the council meet quarterly, and that the early agenda should be to review the following physician recommendations and create a work plan guided by urgency, ease of implementation and availability of resources. The council must have the authority to act upon the recommendations that the council members agree to implement.

For more recommendations on how to improve and resolve many of the issues discussed in this paper, see page 14.



1. Improve and restore local decision-making and physician engagement

A. Physician engagement in health system decision-making should be based upon respect for physicians' autonomy, knowledge and values, as well as the rights of physicians to make recommendations or raise concerns without fear of reprisal when taking part in discussions with stakeholders. The NSHA, with support from DNS, should seek appropriate physician input into their "plan provincially, implement locally" approach to health-system planning.

Read more in Doctors Nova Scotia's 2017 Physician Engagement position paper: www.doctorsNS.com > Advocacy > Position statements > Physician engagement

B. All stakeholders should support the creation and maintenance of Medical Staff Associations (MSAs) across the province, and should respect and value their input by including MSA representatives at appropriate governance tables within the NSHA and IWK.

C. Doctors Nova Scotia, the IWK and the NSHA should work together to better support current and future physician leaders within their communities and the health authorities.

D. The DHW and the NSHA should be better coordinated in making decisions. The NSHA is the "user" of physician services while DHW is the "payer." This disconnect necessitates careful communication in order to ensure rational, informed and patient-centred decisions.

E. The Board of Directors of the NSHA should include physician members, or the Board should establish a physician advisory panel/committee to provide advice to the Board. Doctors Nova Scotia must be involved in deciding which physician or physicians will participate on the Board or advisory committee.

F. The DHW should ensure more billing education is available to physicians, both as part of orientation for new physicians to the province and as part of the audit process. The DHW should implement the John Carter report in its entirety, with a particular focus on his recommendations pertaining to education as one of the primary goals of the audit process.

2. Integrate existing recruitment initiatives to improve recruitment outcomes

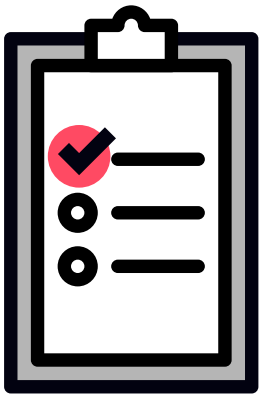
A. Doctors Nova Scotia, the IWK and the NSHA should work together to create a physician recruitment task force with the goal of identifying opportunities to strengthen and invigorate recruitment efforts in the province. The task force should develop a proactive and coordinated approach to recruitment by maintaining initiatives that are working well, enhancing initiatives that are struggling and developing new initiatives to address unmet needs.

B. The recruitment task force should seek local physician input into recruitment issues in all communities and seek to re-establish community-based recruitment teams where possible.

C. The recruitment task force should ensure flexibility in the integrated recruitment plan, particularly around privileging, that is, ensure new physicians have choice in terms of location, type of work, days of work, payment model, and so on.

D. All stakeholders should work together to develop a plan to bring remuneration for Nova Scotia's physicians in line with that of other provinces, while being mindful of the province's fiscal reality. Competitive compensation is essential for all payment models, including fee for service.

E. All stakeholders should make decisions about and integrate return of service physicians in a way that fosters long-term retention.



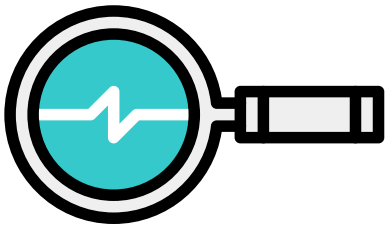
3. Eliminate unsustainable workloads

A. The physician recruitment task force must make every effort to fill every existing vacancy (more than 60 in family medicine alone) and proactively strategize solutions for known future vacancies.

B. All stakeholders should work together to determine gaps in the current succession planning models and work collaboratively to develop meaningful solutions that support the needs of Nova Scotians.

C. All stakeholders – the DHW and DNS in particular – should work together to enable physicians to leverage technology to alleviate some of the administrative elements that contribute to their overwhelming, unmanageable workload, thereby increasing access to care for patients.

D. Doctors Nova Scotia will lead efforts to improve collegiality and unity in the profession, with careful attention to improving intra-professional support and collaboration among physicians across facilities, communities and specialties.



4. Revive full-scope comprehensive family medicine

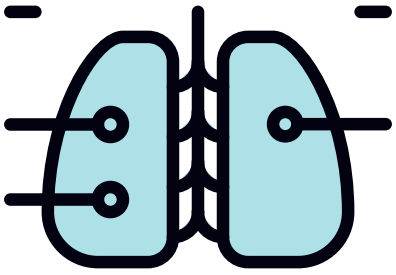
A. All stakeholders should work together to develop a new primary care payment model to appropriately incent the delivery of comprehensive and collaborative primary care services. The model must include payment rates that reflect the true value of the time and effort involved in delivering the comprehensive care that Nova Scotia's sick and aging population needs, and should be informed by lessons learned in other provinces.

Read more in the 2017 Primary Care Renewal position paper: www.doctorsNS.com > Advocacy > Position statements > Primary care renewal.

B. Doctors Nova Scotia will lead the development of supports for physicians considering transitioning to or joining a collaborative practice.

C. The NSHA must ensure that privileging is not used as a method to restrict physician practice opportunities or physician mobility.

D. The NSHA and the DHW must allow for flexibility in APP contracts, particularly the conversion of fee-for-service physicians to APP contracts.



5. Maintain rural specialty services

A. Dalhousie Medical School, working with other stakeholders, should consider mandatory rural rotations for specialty residents. A greater focus on distributed education is needed.

B. The NSHA and DNS should work together to ensure that defined license physicians are integrated into communities in a supportive, coordinated and sustainable way.

C. Doctors Nova Scotia and the CPSNS, along with the NSHA and the IWK, should work collaboratively to ensure that defined licensed physicians are adequately supported, and that they are provided opportunities to achieve full licensure and to practice to their optimal capacity.

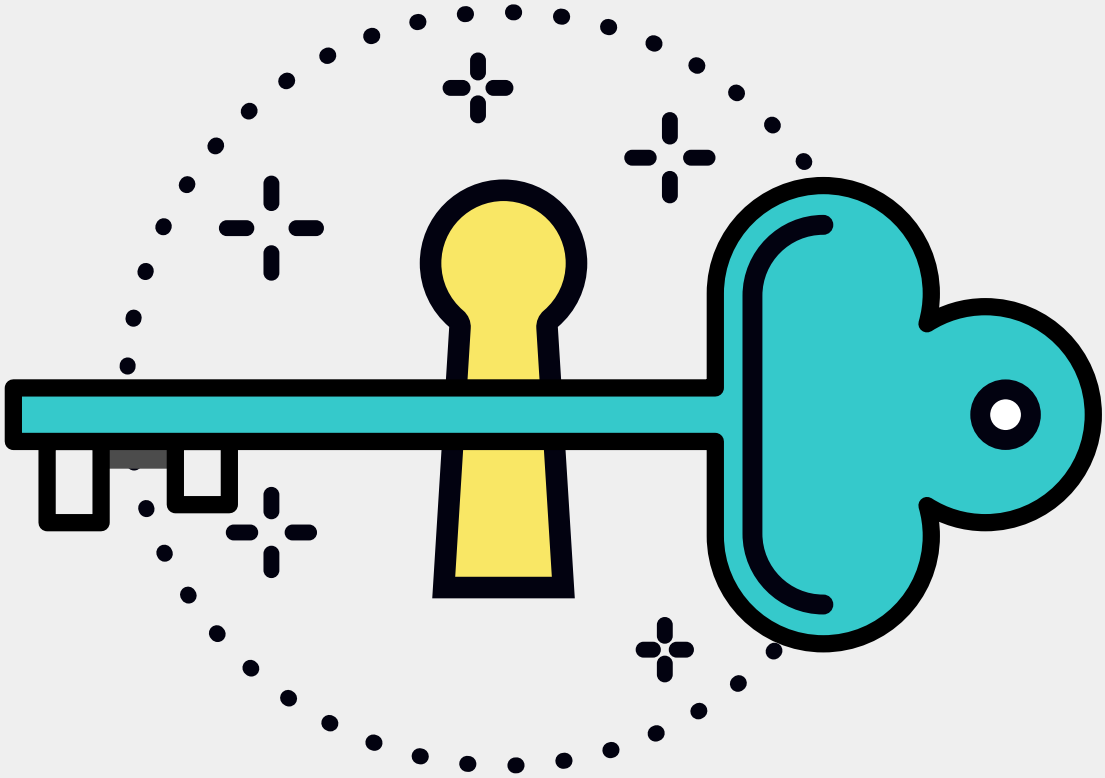
D. A collaborative, integrated focus on clinical planning, with input from community physicians, is essential. Call schedules must be reasonable, not onerous or unsafe. It is critical that physician human resource planning is done at the community level in order to ensure appropriate resourcing.

E. The QEII and IWK should work to better integrate rural specialists in planning; opportunities for rural specialists to access consultative services through the tertiary centres must be improved.

F. Work needs to continue on exploring issues such as technical fees or equipment costs, which can significantly disadvantage rural specialists.

G. A strong and vibrant locum program needs to be in place to ensure that short-term human resource needs are being met.

H. The NSHA needs to have an open and transparent process for approving capital equipment, particularly with funds raised by community foundations. Local and community input is essential when prioritizing equipment needs.



Conclusion

Physicians are a vital component of the health-care system, both providing care to and advocating for their patients. If the system does not seek and respect meaningful physician input into decisions regarding the delivery of health services or the needs of their respective communities, it will become dysfunctional.

Physicians and patients alike are concerned that the health-care system is in crisis. Physician vacancies continue to increase – as does the number of patients without a family doctor. Wait times for specialist referrals and surgeries are too long. Physician burnout is at an all-time high and is plaguing physicians earlier in their careers – the result of unreasonable workloads and a lack of support. Physicians are unable to retire after dedicating decades of their lives to medicine because they are unable to find anyone to take over their practices. Physicians perceive that their administrative leaders are not really listening to their needs – or their advice.

> **Change is possible.** It starts with a commitment from all groups to come together in a meaningful way.

These and many other factors have corroded the trust that once existed between physicians and key system stakeholders. The current government and health-care administration are quite rightfully supporting nurses and other allied health professionals, but seem to have forgotten the important role that physicians play in maintaining and improving the health of Nova Scotians.

Doctors Nova Scotia acknowledges that it is not exempt. Physicians' lack of trust extends to the association as well, and we are actively working on a number of initiatives to rebuild trust with our members. After considerable consultation and deep conversations with hundreds of physicians across the province, it is clear that the only way to succeed is to rebuild the trust between physicians and all stakeholders in the health-care system.

The recommendations we have identified will, if acted upon, begin to mend the broken relationships between physicians and stakeholders, and between stakeholders themselves. Change is possible. It starts with a commitment from all groups to come together in a meaningful way through the proposed Health System Physician Coordination Council, and continues with ongoing discussions between physicians and stakeholders, working together to create a thriving physician workforce and the best possible health-care system for all Nova Scotians.