

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

Community Report: Spryfield

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 (Dartmouth)	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
TOTALS	11 meetings	82 physicians

Issues in Spryfield

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

Alternative Payment Plan contracts

- Physicians would like to know if they can move ahead with individual Alternative Payment Plan (APP) contracts and whether to sign off on deliverables before signing any contracts. They have been told by the Nova Scotia Health Authority (NSHA) that it is relatively easy to change deliverables.
- Physicians would like to see a blended payment model but do not know if that's a reasonable expectation within the next few years.
- When converting to an APP contract from a fee-for-service contract, the conversion is not always realistic or fair because it does not account for all of the unpaid work that

physicians do in a fee-for-service model (for example, paperwork). The physicians noted that when they applied for an APP contract, the NSHA was not going to give enough full-time equivalents (FTEs) (for example, giving 3.5 FTE when they needed 6).

- Not every physician wants to be in the same clinic five days a week. Many seek some diversity in their work and therefore APPs need to be flexible enough to allow work outside of the APP.

Collaborative care

- At one of the practices, there will be one nurse practitioner (NP), a pharmacist twice a week and an occupational therapist once a week. The practice has been able to recruit physicians because of a willingness to collaborate; all of the clinics' physicians are working outside of the clinic as well, which brings diversity to their work. Physicians are focused on collaborating among themselves as well, but this would be easier if there were individual APPs rather than the group APP.

Physician burnout

- It is impossible for most of the physicians to meet needs of their patients in 15-minute appointments, and they cannot meet with more than 30 patients a day without increasing their stress levels and potential for burnout.

Practice issues

- Physicians are concerned that not being allowed see people who are not their patients for methadone treatment is a disincentive. Opioid treatment should be treated like obstetrics, where you can treat patients who are not your own. As well, not having suboxone covered under the methadone maintenance program is a challenge.
- It is very dangerous to have physicians prescribe methadone when they are not experienced. A mentorship program would be a model to look for to help physicians learn how to properly provide care for this patient population.
- Preferential treatment for specific medication is very problematic regarding opioid treatment. There are extra costs associated with opioid treatment that are not being considered and need to be.

Recruitment/retention

- There are three late-career physicians with big practices in this area. One has retired, but has not been replaced, one has retired and has been replaced, and one is currently working shorter hours. Physicians are concerned that new physicians will not be recruited to help, or will not be recruited in time to prevent the fallout if patients don't have a family physician in the interim.

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 will ask if the NSHA has submitted a fee application for the use of suboxone for opioid-dependent patients.

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.