



2016-17 ANNUAL REPORT TO COUNCIL

WORLD TRADE & CONVENTION CENTRE
HALIFAX, N.S.

Doctors Nova Scotia Annual Report to Council 2016-17



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Leadership Message



Dr. Michelle Dow



Nancy MacCready-Williams



Dr. André Bernard

The theme of the past year has been change: Change in contracts. Change in relationships. Change in the health-care system, particularly for primary care physicians. Change in Doctors Nova Scotia's priorities.

The change in contracts – ratifying and implementing the new Master Agreement (MA) and Clinical/Academic Funding Plan (C/AFP) contracts – has been our top priority. It has been challenging work, and we have faced many obstacles, including transitioning MA programs to fees, forming the Master Agreement Management Group (MAMG) and improving the audit appeal process. That work continues today.

The change in our relationship with Department of Health and Wellness (DHW) and the Nova Scotia Health Authority (NSHA) – the result of many months of difficult contract negotiations – meant that much of the contract implementation work was a challenge. We have invested significant effort into rebuilding our relationships with the DHW and NSHA, because we know that collaboration is important to our members. This work will take time and we will continue to make it a priority in the year ahead.

Over the past year, the NSHA has shared its vision for system change, rolling out its vision for primary health care renewal. Their vision focuses on building collaborative family practice teams over the coming decade.

Doctors Nova Scotia supports collaborative practice, but we believe that physicians must be given choices. Physicians who are already working in Nova Scotia must be able to choose whether or not they will practise in a collaborative setting. If they do choose a collaborative practice, they must also have a choice of payment models.

Supporting primary care physicians through this change has been another area of focus for us over the past year. We put resources in place to support individual physicians transitioning into collaborative practices and initiated peer-learning opportunities. We also developed the most comprehensive position paper in the association's history. *Fixing Nova Scotia's Primary Health Care Problem: Physicians' recommendations to improve primary care in Nova Scotia* outlines 11 recommendations for health-care stakeholders engaged in health system reform.

Developing the association's new strategic plan was another priority for the association over the last year. We spent the past 12 months talking with our members and partners, conducting both an environmental scan and physician leader focus groups, seeking further input through a member-wide survey, and facilitating strategic planning sessions with members and staff. We used what we learned to develop a new direction for our association. Our new strategic plan has been designed to meet the evolving needs of physicians, now and in to the future.

At Doctors Nova Scotia, we are excited by the association's new direction. Having aligned the association to better serve members' needs as they are evolving, we are positioned to fulfil our purpose: Helping physicians to thrive and have a positive impact on their patients' lives, at an individual and system level.

Enjoy reading this report to learn more.

Dr. Michelle Dow, President

Nancy MacCready-Williams, CEO

Dr. André Bernard, Chair



**Doctors Nova Scotia
2016-17 Board of
Directors**

From back, left to right:
 Drs. Mike Wadden and David Milne; Drs. Heather Johnson and Minoli Amit;
 Dr. Manoj Vohra (President-Elect), Nancy MacCready-Williams (CEO) and Dr. Kathy Gallagher;
 Drs. John Ginn, John Murdoch, Robyn MacQuarrie, Michelle Dow (President), Norah Mogan, Alex Mitchell and medical student Matthew Lowe
 Missing from photo: Drs. Alfred Bent, André Bernard (Chair), Monika Dutt, Todd Howlett, Tim Holland, Scott Mawdsley, Celina White

**Doctors Nova Scotia
2016-17 Board of Directors**

Eighteen physicians, one medical resident and one medical student serve as Doctors Nova Scotia’s Board of Directors. The Board provides the association with its overall strategic direction. The Board is a diverse representation of general practitioners and specialists practising throughout the province. The majority of Board members are elected through a member-wide election; three members are appointed to help ensure optimal member representation.

EXECUTIVE

- Dr. Michelle Dow, *President***
- Dr. André Bernard, *Chair***
- Dr. Manoj Vohra, *President-Elect***
- Dr. David Milne, *Past-President***
- Dr. Heather Johnson, *Audit Committee chair***

GENERAL PRACTITIONERS IN HALIFAX REGIONAL MUNICIPALITY

- Dr. Kathy Gallagher**
- Dr. John Ginn**
- Dr. Todd Howlett**

GENERAL PRACTITIONERS OUTSIDE HALIFAX REGIONAL MUNICIPALITY

- Dr. Heather Johnson**
- Dr. Norah Mogan**
- Dr. Michael Wadden**
- Dr. Tim Holland**

SPECIALISTS IN HALIFAX REGIONAL MUNICIPALITY

- Dr. Scott Mawdsley**
- Dr. Alex Mitchell**
- Dr. John Murdoch**

SPECIALISTS OUTSIDE HALIFAX REGIONAL MUNICIPALITY

- Dr. Minoi Amit**
- Dr. Alfred Bent**
- Dr. Monika Dutt**

SECTION FORUM CHAIR

- Dr. Robyn MacQuarrie**

MARITIME RESIDENT DOCTORS REPRESENTATIVE

- Dr. John Paul (JP) King**

DALHOUSIE MEDICAL STUDENT SOCIETY REPRESENTATIVE

- Matthew Lowe**

CANADIAN MEDICAL ASSOCIATION REPRESENTATIVE

- Dr. Celina White**



Dr. Heather Johnson
Audit Committee chair

THE AUDIT COMMITTEE OVERSEES the accuracy of Doctors Nova Scotia's financial statements by reviewing the effectiveness of accounting policies, internal controls and risk management practices.

The financial statements were audited by KPMG and no errors or omissions were reported.

The Aug. 31, 2016, year-end financial statements were approved by the Audit Committee and the Board of Directors. The statements are prepared in accordance with generally accepted Canadian accounting principles.

The unrestricted operating fund has a balance of \$2,130,644 (\$1,742,777 at Aug. 31, 2015). The operating fund reported a surplus of \$1,698,719 against a break-even budget. Total operating expenses were above budget by \$314,907, mostly due to severances with the departure of three long-term staff members. This was offset by higher than budgeted revenue for membership dues (\$115,478) and a one-time transfer of surplus funds accrued during this fiscal year from the Recruitment and Retention Fund (\$1,481,163). The investment portfolio exceeded the budget by \$318,318 with an overall net gain of \$768,318; \$311,865 of this was the result of an improvement in market value over last year. The depreciation expense of \$258,205 was under budget by \$91,795.

The association invested \$165,483 in capital assets, including continuation of the member database replacement, computer hardware and software upgrades, and repaving the driveway.

In accordance with the Master Agreement con-

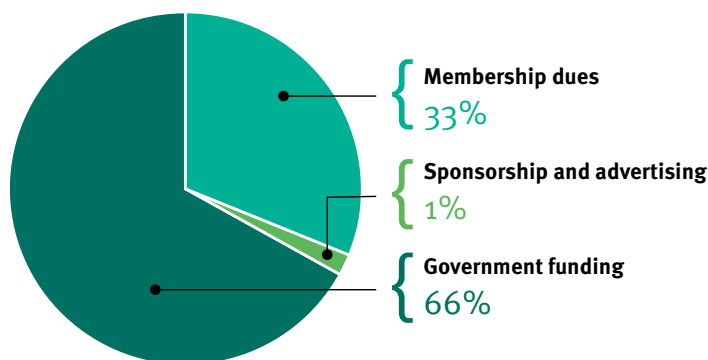
tract, Doctors Nova Scotia received \$7.318 million in government funding. Member benefit costs totalled \$5.837 million, which resulted in a \$1.481 million surplus for this fiscal year. During contract renewal negotiations prior to year-end, Doctors Nova Scotia secured an agreement with the Department of Health which stipulated any surplus from the 2016 fiscal year would accrue to the Association for future operational use rather than being added to the deferred contributions balance carried forward from prior years. This figure is reported as miscellaneous operating revenue on the audited financial statements.

Restricted deferred contributions managed by the Master Agreement Steering Group incurred approved expenditures totaling \$92,579 for initiatives such as the Audit and Appeal Committee, Alternative Payment Plan and Fee Schedule Advisory Committee support.

Doctors Nova Scotia maintains a contingency fund to help defray costs if government stops funding the benefits programs (health and dental, parental leave, etc.). The fund also supports increased utilization of the programs over and above the fixed budget associated with the programs.

Overall, the association has a healthy balance sheet and is performing well against targets set annually.

Summary of Funding

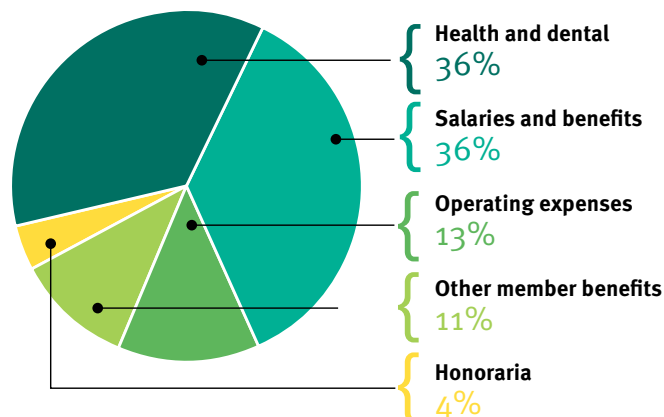


Government funding	\$5,837,172
Membership dues	\$4,158,008
Sponsorship and advertising	\$136,873

CMPSA Funds received and disbursed in 2015-16 totalled \$10,805,816. This increase reflects the Jan. 2015 increase, when rates doubled for many members.

Doctors Nova Scotia maintains a contingency fund to help defray costs if government stops funding benefit programs (health, dental, parental leave, etc.). The fund also supports increased utilization of the programs over and above the fixed budget associated with the programs.

Summary of Expenses



Health and dental	\$3,749,212
Salaries and benefits	\$3,725,921
Operating expenses	\$1,334,580
Other member benefits*	\$1,211,530
Honoraria	\$408,910

*The "other member benefits" category includes parental leave, EMR, Business of Medicine, bursaries and CME.



2016-17 Achievements

Dedicated physicians from across the province helped Doctors Nova Scotia (DNS) advance its strategic plan. It's been a very productive year – here are just a few of the achievements we celebrated.

DOCTORS NOVA SCOTIA MEMBERS RATIFY CONTRACTS

After months of negotiations and weeks of ratification preparation, Doctors Nova Scotia members voted overwhelmingly in favour of the 2015 Master Agreement and Clinical/Academic Funding Plan contracts. The Master Agreement was ratified by 80 percent of voters and the C/ AFP contract was approved by 87 percent of voters. This contract vote saw record numbers: 62 percent of eligible Master Agreement voters and 83 percent of C/AFP voters cast a ballot. This marks a 22 percent increase over voter participation in the 2008 contract vote, which saw just 40 percent voter turnout. The new contracts were signed and came into effect on Sept. 9, 2016.

NOVA SCOTIA PHYSICIANS ASSUME CMA LEADERSHIP ROLES

Dr. Cindy Forbes, a family physician from Fall River, N.S., completed her term as the president of the Canadian Medical Association at the CMA General Council held in Vancouver in August.

Several other DNS members assumed or continue to fulfil leadership roles: Dr. Tim Holland became chair of the Ethics Committee and Dr. Monika Dutt was elected to a seat on the CMA Task Force for GC Reform. Dr. Celina White began the final year of her three-year term as Nova Scotia's appointed member of the CMA Board of Directors. Dr. Maria Alexiadis continues as Speaker of the General Council.

MEDICAL STUDENT WELCOME RECEPTION

Doctors Nova Scotia welcomed 80 students at its tenth annual First-Year Medical Student Reception. Each student received a stethoscope and other medical equipment.

PHYSICIAN'S MANUAL MODERNIZATION PROJECT

Doctors Nova Scotia entered the fifth year of the Physician's Manual Modernization Project with almost 200 physicians involved in the work. Now that the SNOMED-CT diagnostic terminology review is largely complete, volunteers have turned their attention to reviewing and creating specialty-based sets of diagnoses and health services descriptors. The next step of the project is to prepare for the transition to the new system.

SCHEDULE E REFINES AUDIT APPEAL PROCESSES

Schedule E, the process by which physicians can appeal pre-payment assessment and post-

payment audit review decisions, came into effect on Oct. 9. The new process introduced new timelines for the appeal process as well as a two-tiered appeal process that allows physicians to participate in facilitated resolution. Dr. Ken Wilson, Doctors Nova Scotia's medical consultant, continues to support members as they navigate the audit appeal process.

PHYSICIAN LEADERSHIP

Working in cooperation with the Canadian Medical Association, Doctors Nova Scotia hosted the first of a series of physician leadership seminars.

POSITION PAPERS

After months of research, physician consultation, writing and review, Doctors Nova Scotia published two position papers outlining the association's stance on two important issues: primary care renewal and physician engagement. These in-depth reports were prepared in the hopes of informing and facilitating system change.

RECRUITMENT AND RETENTION

Dr. Michelle Dow, President of Doctors Nova Scotia, spoke out in support of realistic goals for physician recruitment and retention in the province. Through a letter to the editor, traditional media and social media, she outlined a case for hiring more physicians in Nova Scotia in order to ensure that patients get the care they deserve.

2016-17 HIGHLIGHT



NON-FACE-TO-FACE FEES

The first set of fees to come out of the new contract became billable on April 1, 2017. The four new fee codes provide remuneration for family physicians and specialists who provide care over the telephone. Uptake will be evaluated by the Fee Committee with the goal of making the fees billable by more physicians for more work.

2016-17 HIGHLIGHT



DOCTORS' DAY CELEBRATIONS

Doctors Nova Scotia staff observed Doctors' Day on May 1, marking the occasion with an advertising and social media campaign celebrating physicians' dedication to patient care. Doctors' Day was established to honour the association's members ongoing contributions to bettering the health of Nova Scotians.

2016-17 HIGHLIGHT



STRATEGIC PLANNING

Physician leaders from across the province were invited to Halifax to help Doctors Nova Scotia staff create the next iteration of the association's strategic plan. Following endorsement by the Board of Directors, the draft plan was forwarded to the broader membership for review. The final draft of this document will help guide the work of the association over the next four years.

2016-17 Business Plan

PROGRESS REPORT

STRATEGIC PRIORITY 1: Enhance the economic and general well-being of physicians

Commitment	Actions
Negotiate, ratify and begin implementing Master Agreement and academic funding plans	<ul style="list-style-type: none"> • Formal negotiations ended in May 2016 • Hosted multiple community-based meetings, department meetings and webinars for members voting on the new Master Agreement and Clinical/Academic Funding Plan (C/AFP) contracts • Sent regular negotiations communication updates by email and <i>doctorsNS</i> magazine • Created dedicated Master Agreement and C/AFP special publications to inform members of the details of the contract and to support ratification • Hosted 1-888 hotline to answer member questions about the contract outside regular work hours • Telephoned every member of DNS to ensure they had received contract materials and knew where to direct questions, and to encourage them to vote • Hosted 27 face-to-face meetings in 10 different communities to present the contract for ratification • Contracts were ratified on June 27, 2016 – Master Agreement (80% of voting members voted yes) and C/AFP (87% of voting members voted yes) • Contract implementation still underway (and more challenging than expected). Progress in some key areas: <ul style="list-style-type: none"> • Fees supporting non-face-to-face care are now in place • Methadone maintenance fees now in place • Comprehensive Care Incentive Program (CCIP) payments issued (after unnecessary delay by government) • AFP targeted funding paid in full (after threatened legal action by DNS) • Contract governance bodies up and running (Master Agreement Management Group, AFP Management Group, Fee Committee) with strong physician representatives
Continue the Physician's Manual Modernization Project	<ul style="list-style-type: none"> • SNOMED-CT diagnostic terminology review largely complete; specialty sets (diagnoses and health services descriptors) currently being reviewed and refined • Transition and implementation planning has begun • Almost 200 physicians have been involved with the project

STRATEGIC PRIORITY 1: Enhance the economic and general well-being of physicians

Support primary care renewal
– explore new payment model
(pending negotiations)

- Consulted with members to discover their ideas for primary care renewal in Nova Scotia
- Pursued new blended payment model as part of negotiations (without success), and continue now to persuade DHW and NSHA to undertake this work in advance of next negotiation
- Provided direct support to primary care physicians struggling to navigate NSHA approvals processes, considering alternative funding or service delivery models, or negotiating deliverables
- Researched, wrote and released two position papers, one on primary care renewal and the second on physician engagement in health system change, outlining ideas for transforming the health system and for making sure that physicians are involved from the outset
- Used Letters to the Editor, *doctorsNS* magazine, the yourdoctors.ca blog and social media to share the association’s position on primary care reform
- Issued a media release, resulting in significant media coverage

Make improvements to the Professional Support Program

- Developed “Docs for Docs,” a peer-support program in which physicians sign up to provide primary care for other physicians
- Revised online content to make it easier and more accessible for members

STRATEGIC PRIORITY 2: Strengthen physician leadership in health transformation

Commitment

Actions

Develop Nova Scotia physician leadership program with CMA

- DNS has partnered with CMA to offer PMI courses to physician leaders
- Began development of a leadership program for physicians in partnership with CMA, NSHA, IWK and Dalhousie Medical School

Influence provincial primary care model

- Published position paper on recommendations for primary care payment models
- Worked to repair relationships with the NSHA and the provincial government in order to continue influencing these issues

Influence new physician resource decision-making model

- Actively advocating for a realistic approach to physician recruitment in Nova Scotia via lobbying and discussion with government, traditional media, *doctorsNS* magazine and social media

E-health: co-lead/influence provincial EMR strategy, One Patient One Record and Personal Health Record project

- Helped support adoption of MyHealthNS, the online personal health record used by physicians and patients; continuing to advocate for appropriate remuneration to ensure the benefits of the tool can be maximized
- Continued to advocate for the development of a working provincial e-health record, such as One Patient One Record
- Advocated for physicians in the transition from Nightingale EMR to TELUS Health
- Advocated for compensation for physicians impacted by the Nightingale Coding Error Quality Review

Foster physician engagement by involving students and residents in association events

- Piloted “Conference Connector” program, sponsoring five medical students and five residents to attend the 2017 annual conference and AGM for free and pairing them with DNS mentors

2016-17 Business Plan: PROGRESS REPORT

STRATEGIC PRIORITY 3: Unify our members

Commitment	Action
Improve on member communications and engagement	<ul style="list-style-type: none"> • Launched community road show to meet with members to discuss contract issues • Launched community road show to support members in dealing with the new NSHA • Increased communications on changes to fee schedule and audit appeal issues • Invited member consultation to help develop 2017–2021 Strategic Plan and to review the draft • Completed Member Satisfaction Survey to measure members' satisfaction with the association and the benefits and services they receive through their membership

STRATEGIC PRIORITY 4: Help our members adapt to change

Commitment	Action
Worked to support members dealing with audit appeal and Schedule E issues	<ul style="list-style-type: none"> • DNS medical consultant worked with members facing audits and helped resolve audit appeal and Schedule E issues • DNS medical consultant worked with members to resolve fee interpretation matters with MSI/DHW • Continuing to work with DHW to ensure the new Schedule E audit appeal process is implemented in a way that is fair to physicians • Met with members who had concerns about their practices under the new contract
Brought physician voices to the forefront of new health-care projects/issues	<ul style="list-style-type: none"> • Advocated at senior levels with DHW and the NSHA for improved processes and communications for physicians, especially in regard to physician recruitment and primary care reform/collaborative practice • Worked extensively with physicians in consultation on projects including strategic planning, position papers and physician leadership endeavours • Provided physicians new opportunities to learn about best practices for opioid prescription • Brought the physician perspective to various working groups linked to the provincial opioid strategy • Hosted peer learning session to support members transitioning to a collaborative practice and working with a nurse practitioner

To be successful in these priorities, we also need to build or strengthen the organizational foundations that support the advancement of our strategic priorities.

OBJECTIVE A: Ensure our financial sustainability

Commitment	Action
Maintain a balanced scorecard reporting framework to measure our progress	<ul style="list-style-type: none"> • This has been delayed as the new strategic plan was being developed
Annual review of three-year financial outlook	<ul style="list-style-type: none"> • Annual budget planning based on future forecasting • Completed annual external audits

OBJECTIVE B: Enhance our organizational structure, capacity and systems

Commitment	Action
Implement a new customer relationship management (CRM) system	<ul style="list-style-type: none"> • Phase I implementation complete • Project refinement and debugging continues
Implement an enhanced governance framework	<ul style="list-style-type: none"> • Hired Dr. André Bernard as new Board Chair • Reviewed and updated member voting eligibility and membership categories • Reviewed bylaws and rules and regulations
Strategic Plan 2017–2021	<ul style="list-style-type: none"> • Conducted member survey and stakeholder interviews to identify priorities • Invited physician leaders to participate in clarifying priorities for next strategic plan • Draft plan approved by Board • Plan sent out for review and comment by general membership (survey closed mid-April)

OBJECTIVE C: Champion a workplace of choice

Commitment	Action
Support our employees to ensure a high level of satisfaction and engagement	<ul style="list-style-type: none"> • Annual performance management program in place • Opportunities for professional development • Ongoing commitment to maintaining a positive and productive culture
Develop internal leadership program	<ul style="list-style-type: none"> • Growing internal leadership capacity through mentorship and training

In Memoriam (April 16, 2016 to April 15, 2017)

Dr. David Abriel, 63

Mahone Bay, N.S.
Feb. 2, 2017

Dr. Barbara Arlene Eisener, 59

Lunenburg, N.S.
April 5, 2016

Dr. Otto Mann, 75

Halifax, N.S.
July 13, 2016

Dr. Lilia A. Aquino, 85

Sydney, N.S.
Dec. 23, 2016

Dr. Cornelius T. Gillespie, 89

Halifax, N.S.
March 23, 2017

Dr. Irving A. Perlin, 96

Toronto, Ont.
Dec. 31, 2016

Dr. Debabrata Bhattacharjee, 88

Toronto, Ont.
April 20, 2016

Dr. John P. T. "Jack" Graham, 73

Upper Tantallon, N.S.
June 17, 2016

Dr. W. G. Carlyle Phillips, 82

Halifax, N.S.
Aug. 6, 2016

Dr. Henry J. Bland, 91

New Glasgow, N.S.
Oct. 2, 2016

Dr. John D. A. Henshaw, 85

Berwick, N.S.
Sept. 7, 2016

Dr. Dawn L. Ross, 59

Halifax, N.S.
Jan. 15, 2017

Dr. Martin J. Brennan, 74

Mahone Bay, N.S.
Oct. 29, 2016

Dr. Ian Holmes, 80

Baddeck, N.S.
April 3, 2017

Dr. James F. Ross, 93

Caledonia, N.S.
Aug. 31, 2017

Dr. Malcolm M. Bruce, 83

Shelburne, N.S.
June 29, 2016

Dr. Wael Fekry Fawzy Ibrahim, 51

New Glasgow, N.S.
April 30, 2016

Dr. Leslie B. Slipp, 82

Hubbards, N.S.
Sept. 1, 2016

Dr. Cyril W. Bugden, 92

Bedford, N.S.
Nov. 4, 2016

Dr. Gillian Lawrence, 84

Amherst, N.S.
May 31, 2016

Dr. Wylie F. Verge, 88

Dartmouth, N.S.
Dec. 17, 2016

Dr. Jean M. Cameron, 57

Antigonish, N.S.
Sept. 11, 2016

Dr. Joseph M. MacSween, 84

Halifax, N.S.
April 23, 2016

Dr. Reginald H. Yabsley, 80

Halifax, N.S.
June 12, 2016

Dr. John F. S. Crocker, 76

Halifax, N.S.
Oct. 26, 2016

Dr. John J. McKiggan, 81

Halifax, N.S.
Aug. 6, 2016

