

## FAQ - Members

### *How many doctors will benefit?*

We estimate there are approximately 800 full scope, comprehensive care family physicians who will benefit most from these investments.

### *How much money will a family doctor get from this investment?*

The investment per physician will vary based on the physician's practice profile, volume of office visits, etc. However, the office visit rate increase could add \$10-20,000 to an average billing physician plus stipends such as MyHealthNS.

### *Will this investment address the physician shortage in the province?*

We believe this investment will start to close the gap between Nova Scotia and its Atlantic Provinces and this will help make recruitment and retention more successful.

### *Will this investment get patients off the 811 list?*

We still have a large number of physicians nearing retirement age, we believe this investment will enable physicians to practise longer, if they choose to and we'll have more success retaining and recruiting doctors. That's where the real success lays in taking people off the 811 list.

### *You reference that Nova Scotia is now more competitive. Where do we rank nationally?*

Nova Scotia physician compensation was the lowest in the country, while these investments don't drastically change our ranking, it's a show of support and good faith to physicians currently practising in Nova Scotia and helps close the gap between the Atlantic Provinces. All of this bodes well for improving our recruitment and retention success.

### *How did you land on the investment of 39 million?*

It's an estimate or projection based on historical utilization. We were looking to make our visit fees more competitive with our Atlantic Canadian neighbours, and we and government were also very interested in leveraging technology like MyHealthNS which brought us to this investment of up to \$39.6m.

### *Was this a negotiation?*

This wasn't a negotiation, we will go to the table in the normal course of our contract. Government and Doctors Nova Scotia were interested in working to improve primary care and we provided our advice and counsel on where we believed investments would have the greatest impact.

### *What is patient rostering?*

Patient rostering is a formal process to assign patients to family doctors. It's a key element in building a new payment model. Patient rostering is voluntary.

### *Is the EMR technology stipend an annual investment?*

The full details of the EMR technology investment have not yet been made clear, so more details will follow. What we know at this point is there will be a combination of one-time funding (for physicians moving from Nightingale) and ongoing support.

*Will this investment impact upcoming negotiations?*

No, contract negotiations will proceed as usual. These investment were a response to the primary care crisis our province finds itself in. And these investments to do not solve all of the compensation issues facing physicians.

*When will the non-face-to-face fees requirements be simplified?*

The billing requirements for non-face-to-face fees will be simplified as soon as possible, through the Master Agreement Management Group. The non-face-to-face fees will be simplified for specialists and family physicians who choose not to enrol in MyHealthNS.

*When do these initiatives come into effect?*

These details are being fleshed out.

*What does this mean in terms of legal action DNS has brought against government?*

Today's announcement doesn't change the legal action on contract issues. Government and DNS have reached an impasse on a few contract issues and we need a third party to resolve them. The current initiative is a positive step towards enhancing our relationship and demonstrates that much can be accomplished when we work collaboratively toward shared goals.