

# We Asked, You Answered

## Doctors Nova Scotia Members' Negotiation Priorities

Doctors Nova Scotia | September 2018

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# Message from the President

**A**s you know, the current Master Agreement and Clinical/Academic Funding Plan (C/AFP) contracts will expire on March 31, 2019. In an effort to secure new contracts before the old ones expire, Doctors Nova Scotia (DNS) expects to begin contract negotiations with the Department of Health and Wellness in autumn 2018.

We know that if we are to represent our members' interests accurately, it's important to ask what you think – and listen to what you have to say. So last spring, we hit the road, attending more than 40 meetings with groups of physicians in communities across the province. At every meeting, we asked physicians to share what they thought were the most important issues to be negotiated in the next Master Agreement to better support physicians and patients in Nova Scotia.

At the same time, DNS representatives met with the members of all of the C/AFP and fee-for-service academic departments in Halifax, to hear their input on negotiations priorities.

We knew that not everyone would be able to attend a meeting in their community, so on May 15 we launched an online survey. We invited each of the 2,414 physicians actively practising in Nova Scotia to complete the survey between May 15 and June 1. A total of 812 physicians, or 34% of practising members, responded to our questions about their priorities in the upcoming negotiations, and how they would like DNS to approach contract

discussions with the government.

In this document, we'll share what we learned from our analysis of the survey answers and the discussions we've had with members over the last several months. To help put this information in context, we'll also be sharing relevant information gathered as a result of two intensive research projects: a cross-Canada physician compensation comparison, and an environmental scan of the economic and political factors that influence Nova Scotia's health-care system. (Read these reports at [www.doctorsNS.com](http://www.doctorsNS.com) > Contract & Practice Support > Negotiations 2019 > Background research.)

We'd like to thank every member who attended a meeting, completed a survey or emailed our team. The information you shared will help us determine our priorities for the next contract and our approach to the negotiations process.

We'll be sharing more about the negotiations process by email, e-newsletters, in the magazine and online. If you have a question or would like to share feedback, please email [negotiations@doctorsns.com](mailto:negotiations@doctorsns.com).

Sincerely,

**Tim Holland, MD, CCFP(EM)**  
President

## INSIGHTS

Highlights from some of the sources we developed as part of our preparations for 2019 contract negotiations can be found throughout this publication.

### FROM THE ROAD

Quotes from physicians who attended one of the 55+ physician meetings we held in communities across the province this spring.

### SURVEY SAYS

Highlights from the member survey on negotiations priorities, which ran from May 15 to June 1. More than a third of practising members shared what they think is important for the next contract.

### DATA POINT

Insights into the state of Nova Scotia's health-care system, taken from survey results and from reports compiled by Doctors Nova Scotia.

# Priorities

## The big picture

**P**hysicians in Nova Scotia have serious concerns about their ability to practice medicine effectively in the province's health-care system. Physicians are extremely concerned about the province's ability to retain our current physicians and to recruit the physicians we desperately need to stabilize the physician workforce. Physicians' feedback suggests that the solutions to this recruitment and retention challenge can be grouped into three themes: compensation, work environment and DNS member benefits.

### COMPENSATION

No matter the forum or format, the feedback is clear: Nova Scotia's physicians feel underpaid and underappreciated. They are dissatisfied with their current compensation, and their top priority is to see compensation levels increased to nationally competitive levels.

The desire for better compensation holds across specialty, location, practice type and payment model. A clear majority of physicians – whether family physicians, regional/rural specialists or academic physicians – define fair and competitive compensation as that which brings them in line with their Atlantic Canadian peers across the country. (Read more on page 4.)

Lest the demands for nationally competitive earnings be seen as self-serving, it's worth noting that 85% of physicians see competitive compensation as essential to the stability of health care in the province. Recruitment and retention issues are an on-going challenge for Nova Scotia's health-care system. Being able to entice physicians to practise in Nova Scotia, and demonstrating an appreciation of the worth of the physicians already practising in the province by paying them appropriately would go a long way to resolving these issues. (Read more on page 4.)

Another issue that unites physicians is concern over the federal government's small business tax changes. The majority of survey respondents are incorporated, but estimates of the financial impact of the tax changes vary widely. Nonetheless, 70% of physicians say that reducing the impact of these changes should be a top priority for negotiations, even though the majority of incorporated physicians expect to continue to benefit from their incorporated status to some degree. (Read more on page 5.)

### WORK ENVIRONMENT

Physicians across Nova Scotia identified numerous issues in their work environment that are contributing to feelings of frustration, distress and burnout, an increased likelihood of physician attrition and difficulties with physician recruitment. A lack of physician engagement by the Nova Scotia Health Authority (NSHA), MSI fee codes and billing and audit practices that are seen as onerous, even punitive, and ongoing administrative burdens are just a few of the issues contributing to a strained work environment for Nova Scotia physicians. (Learn more on page 6.)

### DNS MEMBER BENEFITS

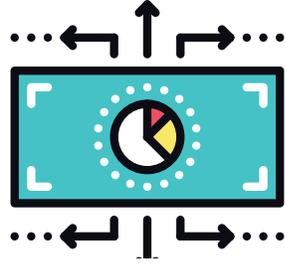
Many physicians identified a need for improved member benefits. Strengthening these programs is seen as a way of improving the working environment, strengthening physician recruitment efforts and making Nova Scotia more appealing for potential physician recruits. Physicians from all stages of practice had recommendations for how member benefits could be improved. Some recommended mentorship programs and enhanced parental leave, benefits that would support new-to-practice physicians. Other

physicians requested access to a pension plan and/or assistance with retirement planning, which might also serve as a retention tool. Finally, more than 50% of physicians highlighted enhancements to the health and dental plan as being highly important to physician well-being. (Learn more on page 8.)

DATA POINT

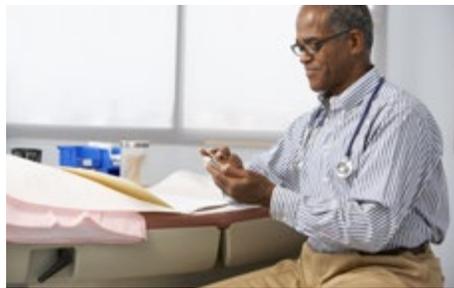
**85%**

of physicians **see nationally competitive compensation as essential** to the stability of health care



# Priority **1** Compensation

All respondents identified a need for competitive compensation (at a minimum, competitive within Atlantic Canada and, ideally, across the country). Overall, 85% of physicians who responded to the member survey said they see nationally competitive compensation as essential to the stability of health care in the province.



## FROM THE ROAD

“The loss of CCIP was a big hit to family physicians... the fees that replaced the program weren't enough to compensate for that loss.”

### Family physicians

In member meetings and in the member survey, family physicians from across the province highlighted the need to increase the value of the medical service unit (MSU) – a crucial step on the path toward competitive compensation. Tied to this issue is the need for billing codes that accurately reflect the work family physicians are doing, especially around preventative and complex chronic care, and that aren't bound by complicated billing rules that result in a substantial administrative burden. Many family physicians lament the loss of incentive programs, including the Comprehensive Care Incentive Program, and say that establishing appropriate incentive programs should be a priority for the new contract. Sorting out shadow billing and establishing a new primary care payment model were also frequent topics of conversation.



#### DATA POINT

The N.S. government spends only \$340,906 per physician, which is just **70% of the Canadian provincial average** (\$485,459).

### Regional/rural specialists

Regional and rural specialists also highlighted the need for competitive compensation, in some cases, with a focus on improving payment relativity between them and their academic colleagues. Increasing the pay of regional/rural specialists is seen as a way of recognizing the challenges of the work environment – “providing specialist care in rural settings is difficult; we don’t have the same supports of a larger centre,” said one physician – and also as a way of helping to combat ongoing physician recruitment and retention challenges in rural areas. Specialists outside of Halifax also want to see increased compensation for on-call shifts and, like their family physician colleagues, better, easier-to-use billing codes.

#### SURVEY SAYS

### Tax changes

Concern over the federal government’s small business tax changes unites physicians. The majority of survey respondents are incorporated, but estimates of the financial impact of the tax changes vary widely. Nonetheless, **in the member survey, 70% of Master Agreement physicians said reducing the impact of these changes should be a top priority for negotiations**, while 53% of C/ AFP physicians said reducing the impact of these changes is critically important.



### Academic physicians

Academic physicians – including specialists and family physicians with an academic focus – also have concerns about the way they are compensated for their work and their ability to retain and recruit academic physicians (particularly mid-career academic physicians) given the ongoing pay disparity in Nova Scotia, relative to academic physicians across the country. Frustration with the block funding model continues to be an issue and is leading to significant under-resourcing in several departments. Academic departments continue to struggle with the effects of the 10% holdback and would like to see the holdback reduced or eliminated. (Thanks to ongoing efforts by the Committee of C/AFP Department Heads and DNS, in August, the DHW announced that the 10% holdback would be released quarterly, rather than annually.) Academic physicians are also seeking increased funding for FTEs, and more funding to support their academic mandate.



## Priority **2**

# The work environment

**T**he physicians who attended community meetings and responded to the member survey identified a number of issues in their work environment that are contributing to feelings of frustration, distress and burnout, reduced physician retention and difficulties with physician recruitment.



### Challenges working with stakeholders

Physicians across the province reported that they feel neither respected nor valued by the Department of Health and Wellness (DHW) and the Nova Scotia Health Authority (NSHA). Rather than being seen as professionals with a wealth of expertise and experience that could make them a potential source of solutions for health-system issues, physicians say they are being treated as part of the problem. The fact that the DHW and NSHA regularly roll out changes to the health-care system without having engaged physicians in the decision-making process is seen as emblematic of this lack of respect.

Physicians also report issues with Medavie/MSI. New fee codes are highly restrictive, sometimes confusing and often result in a burdensome amount of administrative work for physicians – work that is not compensated. Physicians who must rely on shadow-billing have reported repeated audits, especially in the C/AFP space; as a result,

they often choose to shadow bill codes that are lower in value and less representative of the work they do, but which are less likely to result in an audit.

Physicians are concerned with the tone and approach to physician audits in Nova Scotia, which is unnecessarily punitive rather than educational. This is contributing to low physician morale.

#### SURVEY SAYS

##### Billing woes

51% of physicians who completed the member survey cited **“improved audit and appeal processes for fee and billing disputes”** as critically or very important to their well-being. This is most important to surgical specialists (69%), while 58% of family physicians and 37% of non-surgical specialists see it as a priority.



## Heavy administrative burdens

No matter the specialty, location, type of practice or payment model, physicians in Nova Scotia report heavy administrative burdens that affect their work-life balance and their mental health.

Billing and billing-related record-keeping is cited as a major contributor to this problem. The billing rules for new health service codes (such as non-face-to-face care and care plan oversight in nursing homes) require such detailed record-keeping that some physicians say it's not worth billing the codes – the work required to bill outweighs the benefit of the payment they would receive. Other paperwork – for example, death certificates or forms required by government agencies or insurance companies – also

occupies a significant amount of physicians' time and is not remunerated.

Finally, physicians continue to struggle with a fractured e-health system. EMR systems that don't communicate with one another, the inability to use EMRs in hospitals and the lack of a province-wide electronic health record (One Patient, One Record) contribute to the frustration. Physicians would like to see improved health information systems and integration and associated financial support, as well as better compensation for providing virtual care.

(Effective Aug. 16, physicians who enrol in MyHealthNS and provide care using MyHealthNS and the telephone are eligible to receive up to \$12,000 over one year.)

### FROM THE ROAD

“Pay us for the work we actually do. A tremendous amount of a physician's time is spent doing paperwork and filling out forms.”



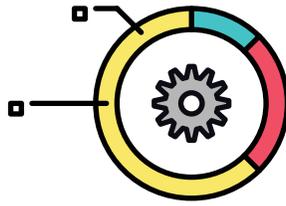
## A fragile workforce

Nova Scotia's overworked, underpaid and underappreciated physicians report struggling with low morale and, in some cases, being burnt out or on the verge of burnout. This atmosphere is bad for both physician retention (some physicians have reported they are considering leaving the province to practice elsewhere or changing careers) and physician recruitment.

In addition to the concerns highlighted above, physicians mentioned a number of other factors contributing to the fragility of the physician workforce, including the burden of high business costs associated with keeping a practice running; competition from other health practitioners, such as nurse practitioners and pharmacists, in a fee-for-service model, and the lack of a primary care payment model that encourages collaborative practice; the need for a better locum system; the need for recruitment incentives; and improved, more transparent accountability measures.

### SURVEY SAYS

**77% of survey respondents highlighted retention incentives as a top priority** for the next Master Agreement – an important issue for both family physicians and specialists.



## Priority **3** Member benefits

**M**any respondents identified a need for improved member benefits. Strengthening these programs is seen as a way of improving the working environment and making it more likely that physicians will stay in Nova Scotia, while simultaneously strengthening physician recruitment efforts by making Nova Scotia more appealing to potential physician recruits.

DATA POINT

**52%** of  
physicians survey-  
ed said enhancements  
to the health and dental  
plan are important.



### Enhanced health and dental plan

Just over half of survey respondents highlighted enhancements to the association's extended health and dental plan as critically or very important to physician well-being. Some physicians reported dissatisfaction with the current health plan service provider (Great-West Life), preferring the previous provider (Blue Cross) instead. In addition, some physicians take exception to the transition to Pharmacare for plan subscribers over the age of 65, and would like to see drug coverage through the DNS plan extended to members over 65.



DATA POINT

42% of DNS members  
**are over 50**

19% of DNS members  
**are over 60**

FROM THE ROAD

“**We need to be able to invest passively for retirement.**”

### Retirement planning

Assistance with retirement planning is a priority for both Master Agreement and C/AFP physicians, with 66% of Master Agreement physicians and 53% of C/AFP physicians citing “compensation in the form of retirement support (i.e., matching RRSP contributions or other pension-like investments)” as a critically or very important outcome for the next set of contracts. Physicians see this as an opportunity to make up for some of the losses they have suffered as a result of the federal government’s changes to the way private incorporations are taxed. It’s notable that both New Brunswick and P.E.I. offer pension support.

Physicians would also like to see the NSHA enable better processes around succession planning. This is particularly important for family physicians in rural areas who are carrying a large patient cohort and who would like to retire. Many physicians recommend instituting a “transition into practice, transition out of practice” (TIPTOP) program that would allow retiring physicians to recruit and train their replacement. This is another opportunity to improve the way that Nova Scotia recruits and retains physicians, especially family physicians.

SURVEY SAYS

**But wait, there’s more: Physicians who answered the member survey identified a number of other benefits they would like to see enhanced,** including financial support for continuing medical education, billing education, the locum program and supports for physicians (especially specialists) in rural areas, as well as enhancements to the CMPA rebate program.



### Parental leave

A small but vocal minority of physicians would like to see DNS offer more comprehensive parental leave. This would benefit young physicians who are hoping to start a family early in their career, and is also seen as a recruitment incentive that would help attract young or mid-career physicians to the province.



# A guide to the 2019 contract negotiations

## REPRESENTATION AND ADVOCACY

Doctors Nova Scotia is the professional medical association and the sole bargaining agent for physicians in Nova Scotia, and members expect strong public and political advocacy from DNS on their behalf.

Survey findings show that only 30% of respondents have confidence in the association's ability to represent their interests in the upcoming negotiations. Of those members who lack confidence, 38% said they want better advocacy for doctors by DNS and equal representation of doctors. Members said they expect DNS to stand up to the government, communicate the challenges facing physicians and advocate for rural and family doctors.

## WHO HAS A SAY?

It's vital that DNS members' concerns are represented accurately during the negotiation process. That's why we hosted more than 55 meetings and conducted a member survey, and it's why the negotiations@doctorsns.com email address exists.

It's also why we have the Master Agreement and C/AFP Members' Advisory Forums. The forum members have been carefully selected and are charged with representing your interests during contract negotiations. (Read

more on page 11.) The forums will advise the members of the negotiating teams on priority issues and strategic approaches during active negotiations. The DNS Board of Directors will also play a substantial advisory role.

## LEARN MORE

As contract negotiations progress, it will become necessary to keep much of what's happening at the table under wraps. This is because we need to maintain a strong negotiating position – not because we want to keep information from our members. We'll share as much as we can, as soon as we can, about the new contracts. This strategy is the most difficult part of negotiations for many members, but it's critical to achieving a positive outcome.

Negotiations updates will be shared by email, e-newsletters, in *doctorsNS* magazine and online. When it comes time to renew your membership with DNS, confirm your email address is up-to-date and your mailing address is accurate to ensure that you receive updates in a timely manner. If you've previously unsubscribed from DNS electronic communication, you may want to consider re-subscribing. To do so, email your request to [cat.henderson@doctorsns.com](mailto:cat.henderson@doctorsns.com).

## OTHER ISSUES

*The feedback we received at the community meetings and via the member survey wasn't limited to the issues highlighted in the previous pages. Physicians also mentioned a variety of other concerns including:*

- high business costs
- scope of practice
- nurse practitioners
- pharmacists
- the need for a better locum system
- lacking recruitment incentives
- better billing education
- more transparent accountability measures
- financial support for CME
- supports for rural specialists
- enhanced CMPA rebate program
- EMR
- personal health record

## Timeline

### April 1 to June 30

Doctors Nova Scotia representatives travel across Nova Scotia seeking member input on negotiations priorities

### May 15 to June 1

Doctors Nova Scotia invites members to complete online survey on negotiations priorities. Survey garners a 34% response rate – 812 out of 2,414 practising physicians

### June 22

Doctors Nova Scotia Board of Directors approves the Master Agreement and C/AFP Member Advisory Forums

### June 1 to August 31

Doctors Nova Scotia staff prepare environmental scans, economic assessments and 19 other research documents to help the negotiations teams prepare for contract discussions

### September 2018

Association publishes "We Asked, You Answered: Doctors Nova Scotia Members' Negotiations Priorities"

### September 2018

Doctors Nova Scotia publishes "Road Map to a Stable Physician Workforce"

### Autumn 2018

DNS expects contract negotiations to begin

### March 31, 2019

Current contracts (2015 Master Agreement and Clinical/Academic Funding Plan contracts) expire



# In your corner

## Meet the Members' Advisory Forums

**T**wenty physicians have been selected to support the upcoming contract negotiations as members of the Master Agreement and Master Clinical/Academic Funding Plan (C/AFP) Members' Advisory Forums.

### MASTER AGREEMENT MEMBERS' ADVISORY FORUM

The Master Agreement Members' Advisory Forum has 16 physician members. The group is divided evenly between family physicians and specialists, with good representation of new-to-practice and later-in-practice physicians, broad geographic reach, good gender diversity, and a combination of fee-for-service (FFS), alternative payment plan (APP), CEC and hourly payment models.

The members of the Master Agreement Members' Advisory Forum are:

Dr. Minoli Amit, pediatrics, Antigonish  
Dr. Simon Bonnington, family medicine, Annapolis Royal  
Dr. James Clarke, radiology, Halifax  
Dr. Joyce Coles, family medicine, Halifax  
Dr. Lori Connors, allergist/immunologist, Halifax  
Dr. Chris Cook, family medicine, Truro  
Dr. Michelle Dow, family medicine, Clare and Yarmouth  
Dr. Heather Johnson, family medicine, Bridgewater  
Dr. Bronwen Jones, family medicine, Hammonds Plains  
Dr. Yvonne Libbus, psychiatry, Sydney  
Dr. Mike MacDonald, family medicine, Sydney  
Dr. Ryan MacDougall, radiology, Kentville  
Dr. Rod McGory, general surgery, Sydney  
Dr. Evan Merrick, cardiology, Halifax  
Dr. Angus Murray, obstetrics/gynecology, Truro  
Dr. Barb O'Neil, family medicine, Kennetcook

### C/AFP MEMBERS' ADVISORY FORUM

The C/AFP Members' Advisory Forum includes each of the 12 C/AFP department heads, plus four C/AFP physician members-at-large.

Dr. Greg Archibald, family medicine  
Dr. Jim Bentley, gynecologic oncology  
Dr. Naeem Khan, diagnostic imaging  
Dr. David Kirkpatrick, surgery  
Dr. Andrew Lynk, pediatrics  
Dr. Kirk Magee, emergency medicine  
Dr. Tony O'Leary, critical care  
Dr. Jean-Phillipe Pignol, radiation oncology  
Dr. Irene Sadek, pathology  
Dr. Christine Short, medicine  
Dr. Romesh Shukla, anesthesia  
Dr. Michael Teehan, psychiatry

#### Members-at-large:

Dr. Ketan Kulkarni, pediatrics  
Dr. Neil Petrie, emergency  
Dr. Ata Quraishi, medicine  
Dr. Matthew Rigby, surgery

#### Get in touch!

If you have a question about the negotiations process or would like to share feedback about your priorities for the next contract, please email [negotiations@doctorsns.com](mailto:negotiations@doctorsns.com).



# Doctors Nova Scotia

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