

Members' Forum
June 9, 2018 at 11:00 am
Membertou Trade & Convention Centre, Sydney NS
NOTES

For the third year, Doctors Nova Scotia (DNS) held a Members' Forum following the Annual General Meeting. Based on a recommendation from the Governance Committee, the Board of Directors held an open and informal forum for members to dialogue with the DNS Board of Directors and senior staff on any key activities and/or issues that are of interest and relevant to them.

Dr. André Bernard, chair of the Board of Directors and facilitator for the Forum, opened the floor to questions from members in attendance.

e-Health

A member raised concerns around the e-Health tools currently available and how they are impacting both family physicians and specialists working in communities and hospitals. With technology constantly changing and revolutionizing the way physicians practice, it is more important than ever that physicians are engaged as things move forward in this space. It has become increasingly difficult for physicians to be nimble and respond to the ever-changing e-health environment they find themselves in. The member noted that it is critical for DNS to play a significant role in engaging not only with stakeholders, but also with the vendors of the products to ensure physician input is reflected in all levels of consultation. In addition, billing must be a high priority with any product that is offered.

Stewart Gray, Senior e-Health strategist, explained that DNS continues to be involved in this work through collaboration with senior representatives of government. We have just recently learned that DNS will be invited to be a formal member on government's steering committee, which will allow us to be involved with vendor discussions on a more formal basis. Mr. Gray noted, however, that DNS has been working with vendors on a frequent basis up until this point, although not formally, to ensure physician needs are well represented. He also noted that in terms of any changes to billing systems, there will need to be extensive analysis and a change management plan developed to ensure a smooth transition for physicians. We're currently in discussions with the Department of Health and Wellness (DHW) to determine the details around when this planning might take place.

A member spoke to the topic of EMR implementation. The member noted frustration with the current EMR solutions available to physicians as most are not suitable for the type of work physicians do, and can often add extra hours to each work day. The member expressed the desire for DNS to propose a moratorium on new EMR implementation until the products meet the standards, usability, interoperability and security that physicians require. It is a considerable financial cost to switch EMR solutions, which is often not feasible for many physicians.

Mr. Gray acknowledged the frustration that physicians are facing with the lack of flexibility and capability with EMR solutions. Fortunately, the two EMRs that are currently available in NS are two of the top three in Canada in terms of market share by physicians, and are widely used across the

county. There are also ways to improve the experience for user groups and getting input to vendors, but certainly it is our hope that over time their functionality and capability will improve greatly, recognizing however that the process will be incremental.

Legal action

A member raised concern around the ongoing DNS legal action and the implications it may have on recruitment of new physicians to the province. Physicians have been told not to sign contracts with government without DNS consultation and this could be a deterrent for some as it creates an uncertain environment. Nancy MacCready-Williams, CEO, explained the two issues that form the basis of the lawsuit; the first being around benefits money owed through the Master Agreement and the second around a unilateral change in contract templates and DNS' ability to act as sole bargaining agent for physicians. While we had hoped for these legal issues to be expedited and resolved in the most efficient means possible through an application in chambers, we were unsuccessful and the courts have granted government's request to convert and consolidate the two issues into a full trial, which we expect could take two to three years to move forward. However, we are expecting the court to respond with a decision on the matter pertaining to our role as sole bargaining agent within the next few months.

Ms. MacCready-Williams noted that physicians are encouraged to continue contacting DNS for support and advice before signing any contracts until these matters have been resolved.

A member inquired on whether this ongoing legal dispute will play a role in the outcome of the next contract negotiations. Alana Patterson, Director of Physician Compensation and Negotiations, noted that we are unsure at this point what the impact on the negotiations process might be, but that it is important (particularly in advance of the next negotiation) that both government and members understand that DNS is prepared to take steps to insist that government honour its contractual commitments. We hope to at least have some certainty around our role as sole bargaining agent from the court before negotiations commence.

U.S. Tax Reform Law

A member expressed concern around the impact of the U.S. tax reform law, passed in late 2017, on physicians with U.S. or dual citizenship who own Canadian corporations and practice in Canada. Ms. Patterson noted that DNS has received some feedback on this issue from a few physicians and as a result, has included some questions about it through a recent survey in preparation for negotiations. DNS is still in the early stages of trying to understand the scope of the issue as it is much larger than Doctors Nova Scotia and even Nova Scotia at all. She noted that DNS is interested in understanding the breadth of the issue as we anticipate it could significantly impact recruitment and retention in the province.

Dr. Blackmer added that federal tax issues are something the CMA has become quite familiar with over the past year. He noted that he will bring this particular issue forward to the team at the CMA to ensure it is on the radar as an issue affecting Canadian physicians.

Physician Wellness & Locums

A member indicated that there continues to be a deficit of support in the area of physician wellness, particularly in cases when physicians fall ill with short term illness, family illness and vacation time. There is not enough locum relief support available and physicians are still responsible for overhead charges while away, both of which exacerbate this issue. The member inquired on whether it would be possible to develop something such as an employment assistance fund that physicians could draw from in these types of situations. In addition, the member posed the suggestion that DNS consider negotiating with the DHW that DNS become the agent who manages the locum services and supports on physicians' behalf.

Ms. Patterson noted that these discussions are timely as the development of the negotiations strategy is still in its early stages and all of these suggestions will be taken into consideration. We are optimistic that there has been a willingness from stakeholders to start looking at developing a locum program, which was not the case in previous contract discussions.

Dr. Blackmer added that physician health and wellness, low morale and burnout is a very grave concern across the country and that the CMA intends to make a very significant investment in this area with the funds from the sale of MD Financial. In addition, the CMA is currently out to market to hire a Vice President of Physician Health which is a new, senior management position. He indicated that an announcement with further details on this investment is expected in the near future.

IMG & Defined Licensure

A member congratulated DNS on the report *Healing Nova Scotia: Recommendations for a Thriving Physician Workforce* and the implementation of the Health System Physician Coordination Council (HSPCC), which was one of the report's recommendations. The member inquired on any plans the Council may have to address the issues facing physicians around defined licensure and examinations.

Dr. Bernard, Chair of the Board, noted that he is the chair of the newly formed HSPCC, which includes representation from several health-system stakeholders. One of the first issues the Council has begun to address is around IMG's path to full licensure and examinations. All stakeholders have acknowledged a shared commitment and responsibility in playing a role to tackle this issue. We are hopeful that we'll see progress moving forward and are feeling encouraged by the work being done in these early stages of the Council's formation.

CMA

A member posed a question to the CMA around the recent Scotiabank acquisition of MD Financial and how it will impact the services and products physicians have come to expect. Dr. Jeff Blackmer, Vice President of Medical Professionalism at the CMA, noted that the CMA does not anticipate any major changes in what is currently offered through MD. Scotiabank has agreed that the core business model is very robust and they don't see the need to change that, but rather add to it. There is a ten year affinity agreement with Scotiabank, during which Scotiabank will invest \$115 million to support the CMA's advocacy goals, however, what that will look like exactly the CMA is not entirely

certain of at this point.

There were also a few inquiries as to what the CMA's plans are moving forward following the sale of MD Financial, and how it plans to enhance its value and give back to its members.

Dr. Blackmer reported that the CMA Board of Directors has been meeting regularly to reflect on the impact of MD sale decision, review the feedback received as well as discuss lessons learned. In terms of a go-forward strategy, the CMA is putting a large focus on enhancing the ways the average member can interact and engage with the association. One of the ways they are doing this is by providing opportunities for input and feedback through mechanisms such as online platforms and communities of interest. If members have an interest in a particular issue that they would like to see the CMA invest in, there is now a mechanism and process in place for members to submit applications for consideration. There will also be a process for putting forward policy proposals. Dr. Blacker invited the delegation to bring forward suggestions and ideas for the CMA's consideration and potential investment.

Dr. Blackmer added that the CMA hopes its members will continue to see the value in membership based on the work and the initiatives they invest in for their members' best interests. He also noted that they are considering moving to a competency based board structure for increased accountability to members and more grassroots connections.

Walk-in Clinics

A member asked a question about walk-in clinics and the fact that the new enhanced office visit fees are not available for walk-in clinic physicians. Ms. Patterson noted that part of the challenge in discussions about walk-in clinics is the fact the service delivery model and practice style can be quite different from one walk-in clinic to the next. System decision-makers often do not have a good understanding of those nuances when decisions are being made. With the new enhanced visit fees, a differential has been created to ensure that full-scope, comprehensive care is remunerated at a higher rate than transactional care provided at walk-in clinics with no obligation for follow-up care.

Adjournment

Dr. Bernard thanked members of the delegation, the Board and DNS staff for their participation and allowing the opportunity to have an open dialogue on issues affecting the medical profession.

The Members' Forum adjourned at 12:00 pm.