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DOCTORS NOVA SCOTIA

# Income Stability Program Evaluation

Impacts and Lessons Learned

November 2020

## **Executive Summary**

In late April, the Government of Nova Scotia launched a program to stabilize the income of fee for service physicians who were negatively impacted by the provincial state of emergency declared in response to the COVID-19 pandemic. The Program was retroactive to March 13 and was intended to ensure there was physician capacity in the system in the event of a significant caseload of COVID-19 cases in the province. The program ended in July 2020. To learn about the impacts the program had on the health system and physicians, Doctors Nova Scotia conducted an evaluation in the fall of 2020. This report presents the results of the evaluation.

In general, the Program was viewed by both physicians and health system leaders as successful in stabilizing the physician workforce, allowing preparation for pandemic readiness, and creating capacity among the physician workforce in case of a large COVID impact. In particular, the Program helped many fee for service physicians keep their staff employed and their practices running to varying degrees.

It is noteworthy that while it was not an explicit objective of the Program, the Program has contributed to a positive shift in perception among physicians about the extent to which the provincial government supports physicians, which has in turn contributed to retention. The Program combined with the new contract has led to a positive shift in the number of physicians who would recommend Nova Scotia as a place to practice medicine, which may support efforts to recruit physicians to Nova Scotia.

Key findings from the evaluation are:

- Eighty-seven percent (n=176) of respondents participating in the Program agreed or strongly agreed that the Program helped to stabilize their practice during the pandemic, 79% (n=159) agreed or strongly agreed that it sufficiently addressed their potential for lost income, and 88% (n=177) agreed or strongly agreed that it helped ease their anxiety or worries during the pandemic.
- Of the survey respondents who enrolled in the Program, 44% (n=96) were involved in some aspect of pandemic-related work. Several physicians undertook multiple pandemic support roles during the first wave such as taking on additional leadership roles, on call work, extra shifts, work in secondary assessment clinics, training and simulations and helping to prepare physical spaces in hospitals.
- The majority of survey respondents who accessed the Program (54%, n=109) agreed or strongly agreed that the program helped them get their practice back up and running more quickly post-wave 1 of the pandemic.
- Of the 202 physicians who enrolled in the program who responded to the question about what worked well about the Program, many commented that the Program contributed to reduction of stress, worry, and income loss.
- A strong theme emerging from many survey and focus group comments is that physicians felt supported and respected by both government and DNS.
  - 80% of survey respondents (n=327) agreed or strongly agreed that they felt supported by Doctors NS;
  - 66% of survey respondents (n=272) agreed or strongly agreed that they felt supported by Nova Scotia Health; and

- 77% of survey respondents (n=316) agreed or strongly agreed that they felt supported by the NS government.
- Seventy-nine percent of respondents (n=322) would recommend NS as a place to practice medicine. Furthermore, 53% of respondents (n=163) said that their perspective on recommending Nova Scotia as a place to practice had changed in the past year, with comments from those who indicated yes almost all relating to feeling positive about the latest contract or the support provided through the Program.

There are numerous lessons learned from the Program that can help inform a future program whether for this pandemic or a future one. Areas for adjustment in a future program include:

- Downsizing the cap for funds;
- Implementing a mechanism that ensures those who do the same work to support pandemic response are compensated equally;
- Exploring other approaches to providing support in more flexible ways;
- Implement a zone-based deployment option;
- Implement a mechanism that enables accountability without overburdening the process;
- Ensure clear communication at the time of implementation about all aspects of the Program, including vacation;
- Use a gender lens when designing the program to ensure gender bias is not inadvertently built into the program; and
- Review the payment process and seek opportunities for speeding up payments.

Another key finding of the evaluation is that the virtual fee codes and the program worked well together, and there is strong support from physicians for the continuation of virtual care as a mechanism to provide more accessible care to patients.

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## **Introduction**

In late April 2020, the Government of Nova Scotia launched a program to stabilize the income of fee for service physicians who were negatively impacted by the provincial state of emergency declared in response to the COVID-19 pandemic. The Program was retroactive to March 13 and was intended to ensure there was physician capacity in the system in the event of a significant caseload of COVID-19 cases in the province. The program ended in July 2020.

To learn about the impacts the program had on the health system and physicians, Doctors Nova Scotia conducted an evaluation in the fall of 2020. This report presents the results of the evaluation.

### **Objectives of the Evaluation**

The objectives of the evaluation were to:

1. Increase understanding about what impact the physician income stability program had on the operations of the health system during the first wave of the COVID-19 pandemic;
2. Increase understanding about what impact the physician income stability program had on physicians during the first wave of the COVID-19 pandemic including:
  - a. Enabling physicians to support the COVID-19 response effort (training, simulations, deployment to assessment centres, etc.), rather than having to generate billings with lower priority patient services;
  - b. Ensuring stable physician services during the first phase of the pandemic; and
  - c. Improving NS physician wellness during the pandemic;
3. Identify lessons learned about the way the program was implemented from the perspective of physicians and health system leaders; and
4. Determine if there has been any shift in perception among physicians about the extent to which the provincial government supports physicians.

## Methods

The evaluation was conducted by a Credentialed Evaluator. The evaluation plan and data collection tools were developed by the evaluator with input from the Doctors Nova Scotia Senior Leadership Team. Data analysis and report writing were completed by the evaluator. Quantitative data was analyzed using descriptive statistics; qualitative data was subjected to thematic content analysis using an inductive coding scheme.

Data collection was designed to answer 11 evaluation questions:

- Did the income stability program enable physicians to support the health system response to the pandemic in ways they would not have been able to without the program? If so, how?
- Do fee for service physicians believe they would have been able to support the response to the pandemic if they had not had access to the income stability program?
- Without the income stability program, what do physicians estimate would have been their total loss of net income (insured services compensation less overhead) this fiscal year?
- To what extent have financial losses been mitigated by the physician income stability program?
- What were physicians able to achieve because of the income stability program that they would not have been able to achieve without it?
- Has the number of patient visits returned to the typical number of patient visits pre-pandemic?
- How has the income stability program impacted physician wellness (anxiety), for both physicians who opted to use the Income Stability Program and those who did not?
- What worked well about the program and the way it was implemented?
- If a similar program was ever implemented again in the future, what should be changed about it to make it more effective or efficient?
- To what extent do physicians feel supported by the provincial government during the pandemic?
- What is the current perspective of physicians about Nova Scotia as a good place to work?

Data to support the evaluation were collected through the following mechanisms:

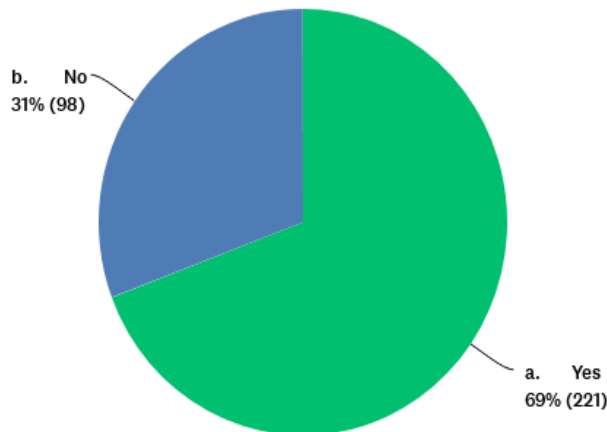
- **Member survey**
  - Conducted electronically from September 11 to September 28, 2020.
  - A total of 468 members completed the survey, of which 318 (68%) earn more than 20% of their income via fee for service.
- **Telephone interviews with Health System Leaders**
  - Seven interviews were conducted with:
    - Deputy Minister of Health
    - CEO, Nova Scotia Health
    - Vice President of Medicine, Nova Scotia Health
    - Four Zone Medical Executive Directors, Nova Scotia Health
  - Interviews were conducted by the evaluator, and data from interviews were recorded manually in shorthand by the evaluator during the call, with all notes transcribed into a Word document immediately post interview.
- **Virtual focus groups** each with a mixture of primary care and specialist physicians:

- Physicians who used the Income Stability Program (6 participated); physicians who were eligible for but chose not to use the Income Stability Program (4 participated); and physicians who were not eligible for the Income Stability Program (6 participated).
- Focus group participants were recruited by a request for participants published in the biweekly Doctors Nova Scotia email distribution to all physicians in the province. The response rate was higher than expected, so names were randomly selected to identify 10 participants for each of the three groups.
- The focus groups were facilitated by the evaluator and supported by two Doctors Nova Scotia staff who participated to provide additional content context to the discussion as necessary (e.g. if a participant had a question about how a particular aspect of the program worked). Data were recorded manually by both the evaluator and a staff person to ensure completeness and accuracy.
- Four physicians who were unable to participate in the focus groups provided input via email to the evaluator.

### Demographics of the Survey Respondents

Of the 468 survey respondents, 68% (n=318) earn more than 20% of their income from Fee for Service and of those, 69% (n=221) took advantage of the Income Stability Program for Fee for Service Physicians.

### Did you take advantage of the Income Stability Program for Fee for Service Physicians?



## Findings

This section of the report presents the results of the evaluation. Language used throughout the report to give a sense of the strength of qualitative findings is as follows:

- Some: 3 to 5 mentions across all data sources
- Several: 6 to 15 mentions across all data sources
- Many: 15 to 20 mentions across all data sources

Representative quotes are drawn from both survey comments or verbatim quotations taken from focus group and Health System Leaders. These have been selected as indicative of the general theme of comments on the identified items.

### Impact of the Program on the Health System

The Program was viewed by both physicians and health system leaders as successful in stabilizing the physician workforce, allowing preparation for pandemic readiness, and creating capacity among the physician workforce in case of a large COVID impact. In particular, the Program helped many fee for service physicians keep their staff employed and their practices running to varying degrees. Several respondents indicated strongly that the health system would have been negatively impacted without the Program.

*“The value of this program cannot be overstated. It was a key factor in enabling us to stand up the services we needed.”*

*“It was there ready to be activated if we needed it. We had a list of people who had signed up for the program. We knew where they were and where they were willing to go and what kind of work they were willing to do. We were certainly prepared and ready... luckily we didn’t have to pull the string on it but it was there for us if we needed it.”*

*“The program allowed us to access divertable human capital. I fear what would have happened without the program. We would not have had the physicians we needed to respond.”*

Health System Leaders

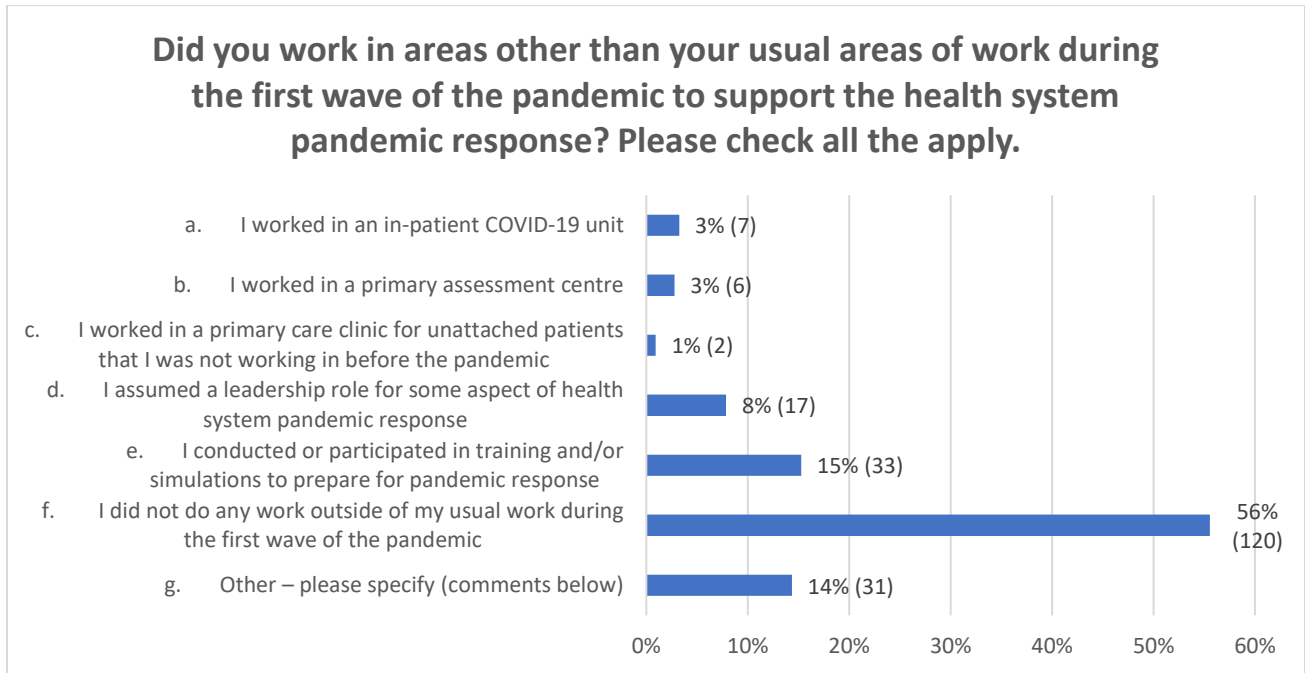
*“We don’t have much COVID spread now and maybe this in part reflects the program and virtual care fee codes. If we had left physicians to fend for themselves, offices would have completely closed sending their patients to the emerg. There would have been 100 patients there at a time instead of 10. That would have increased risk of spread.”*

Focus Group Participant

When asked about working in areas other than their usual areas of work to support the health system pandemic response, of the survey respondents who enrolled in the Program and responded to the question (n = 216), 56% (n=120) indicated that they did not do any work outside their usual work during the first wave of the pandemic. Forty-four percent (n=96) were involved in some aspect of pandemic-related work. Several physicians undertook multiple pandemic support roles during the first wave such as taking on additional leadership roles, on call work, extra shifts, work in primary and secondary assessment clinics, training and simulations and helping to prepare physical spaces in hospitals.



Thirty eight percent (n=33 out of 88 responses to the question) of physicians who enrolled in the Program indicated that they would not have been able to work in support of the health system pandemic response without the Program. Of those who said they would have supported the pandemic response without the Program, several commented that they would have endured financial challenges and income loss to do so, and some commented they would have only been able to provide services at reduced capacity or would have had to layoff staff.



*“[The Program] allowed physicians to continue to provide some level of care and it allowed department members to take on other roles, which they couldn’t do with confidence without the stipend.”*

*“I had to furlough my secretary at the beginning but was able to bring her back because of the Program. I was also able to volunteer to help out. The program definitely impacted me professionally and my practice. I could at least open up my office again.”*

Focus Group Participants

*“Physicians no longer had to be concerned about bills and could focus on helping during the pandemic. There were very real and serious financial constraints for physicians.”*

*“We have the example of a local general surgeon who was not operating or holding clinics. Because of the ISP, she was able to divert her efforts to really critical work during the pandemic, including opening the secondary response unit and offering a lot of training re COVID to other physicians and staff. She was a key player that we would not have had without this program. Her work was extremely valuable.”*

Health System Leaders

*“I would have been able to support the pandemic response, but this would have come at great financial sacrifice. As a physician at the start of my career this would have had significant lasting effects.”*

Survey Respondent

The majority of survey respondents who accessed the Program (54%, n=109) agreed or strongly agreed that the Program helped them get their practice back up and running more quickly post-wave 1 of the pandemic. Seventy two percent (n=145) agreed or strongly agreed that the Program helped them focus on higher priority system needs instead of needing to focus on billing.

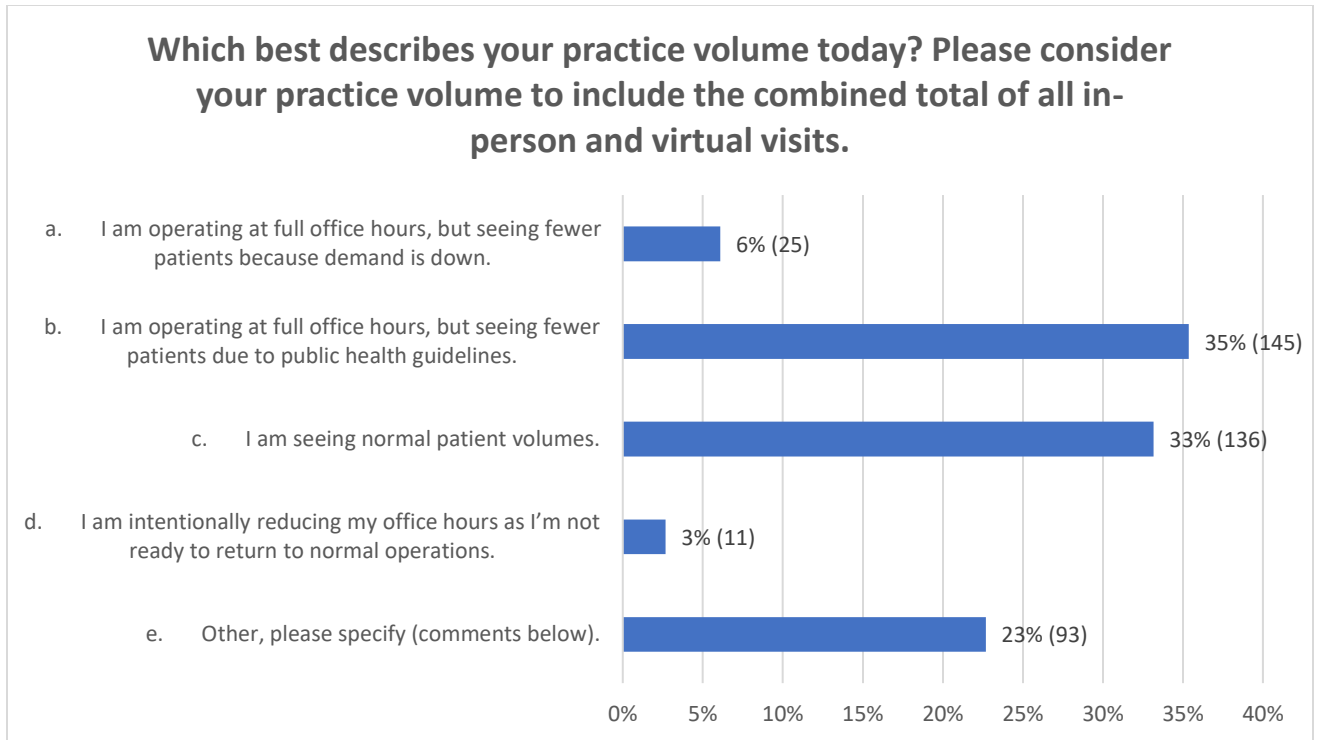
Several participants in the survey, focus groups, and interviews shared comments that they felt the program inappropriately compensated high-income earners at a time when many people in the province were experiencing financial hardship. Some physicians did not enroll in the program because they believed the amount of money being provided was too high and they felt this was ethically wrong. This issue is further explored later in the report in the section on lessons learned. The following quote typifies the sentiment:

*“I had a lot of comments with a lot of physicians who were very uncomfortable with the amount of money that people were garnering through this process . . . and what was happening more broadly economically and what was happening to other family members and their neighbours and all kinds of other people. A lot of physicians I talked to were very uncomfortable with the order of magnitude of this.”*

Health System Leader

### *Current Practice Volume*

About one third of survey respondents (33%, n=136), both those who did and did not enroll in the Program, reported they are now seeing normal patient volumes, while slightly more than a third (35%, n=145) are operating at full office hours but seeing fewer patients due to public health guidelines. Many survey respondents commented that they are seeing higher volumes, in many cases as a combination of virtual and in person visits.



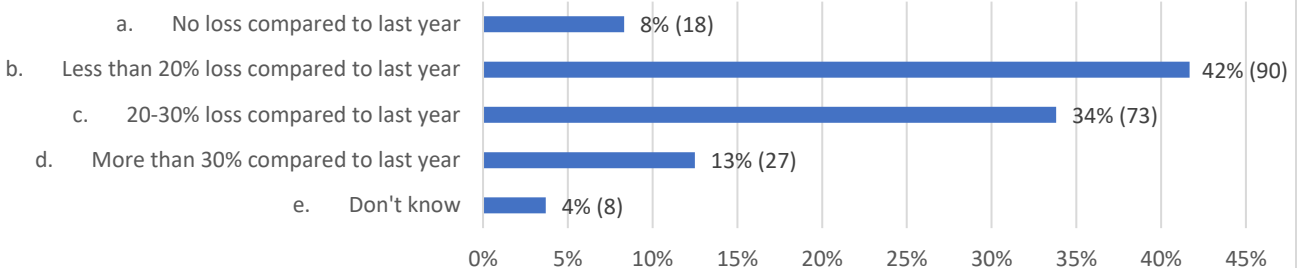
## Impacts on Physicians

### *Income and Stability*

Eighty-seven percent (n=176) of respondents participating in the Program agreed or strongly agreed that the Program helped to stabilize their practice during the pandemic, 79% (n=159) agreed or strongly agreed that it sufficiently addressed their potential for lost income, and 88% (n=177) agreed or strongly agreed that it helped ease their anxiety or worries during the pandemic.

Forty-seven percent of respondents (n=100) indicated that their loss of income would have been 20% or more without the program and 50% (n=108) of respondents indicated that the Program has reduced their losses to less than 20% lost income compared to the previous year.

**With the income you received through the Income Stability Program, what do you anticipate your total loss of net income (insured services compensation, less overhead) will be in your current fiscal year compared to last fiscal year?**



*Perceptions of Support*

A strong theme emerging from many survey and focus group comments is that physicians felt supported and respected by both government and DNS.

*“It was an incredible show of support and respect for the work that we do from government.”*

*“To see that level of support from government and dedication from DNS to ensure we were financially stable will do a lot to improve physician relationships with government in the future. Its hard to put a value on this.”*

Health System Leaders

*“One of the things really tremendous about ISP is it showed there was support for physicians from government. It showed that Nova Scotia is a province that values physicians.”*

*“Even though it didn’t impact our physicians, it was a huge boon to know that the province was ready to support physicians in whatever they needed to do. Also the virtual codes were lifesaving in continuing to treat patients.”*

Focus Group Participants

*Impact on Perception of Nova Scotia as a Place to Practice Medicine*

Several physicians commented on the survey and in focus groups that one of the hard-to-measure benefits of the Program was its impact on future recruitment and retention. Because Nova Scotia was one of the few provinces to provide support to physicians, there was a strong feeling that the provincial government is supportive of physicians in a way that has not been felt for many years.

*“It was more than a 20 percent loss of income for me however without it I would not likely have stayed in NS in the future.”*

Survey Respondent

*“This helped to stop physicians from taking the opportunity to leave NS. It helped with retention. If there had been no program, those thinking about going elsewhere for higher salary may have gone.”*

Focus Group Participant

To try and understand the impact of the program on the physician view of Nova Scotia as a place to practice, the survey asked if physicians would recommend Nova Scotia as a place to practice medicine to their colleagues from elsewhere. Seventy-nine percent of respondents (n=322) would recommend NS as a place to practice medicine. Furthermore, 53% of respondents (n=163) said that their perspective on recommending Nova Scotia as a place to practice had changed in the past year, with comments from those who indicated yes almost all relating to feeling positive about the latest contract or the support provided through the Program.

*“NS needs its doctors. Supporting them allowed physicians to pivot to virtual care, keep themselves and their patients safer, and has kept people motivated and positive.”*

*“The Liberal government has become more willing to accept physicians are not gouging but are actually caring for patients.”*

*“The great support physicians received during the first wave pandemic from both the government and DNS.”*

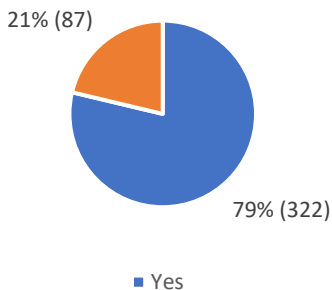
*“Government has been listening to our needs and reason and responding.”*

*“Our DNS worked harder to bring us at least par with other provinces.”*

*“The support for physicians shown in the last contract negotiations and the ISP program reflect a positive shift in relations between docs and govt.”*

Survey Respondents

### Would you recommend Nova Scotia as a place to practice medicine to other physicians?



### Has your perspective on recommending Nova Scotia as a place to practice medicine to other physicians changed at all over the past year?



■ a. Yes - please explain why

Of those who felt their perspective had changed in a negative direction or it had not changed from a negative position, several expressed concern about the fragility of primary care and many said they

could not recommend the province as a place to practice medicine because the system is under-resourced.

*“System is extremely strained and fragmented... not working like a system. It’s operating silos again post first wave. It doesn’t work well for the patients at all.”*

*“Recently returned to practice in NS and though I work in the OR I am shocked at the state of primary care, atrocious. I have serious concerns about the state of family practice and the disregard shown to this CRITICAL, FOUNDATIONAL element of our HC system. Based on my interactions with friends who are family docs I would not recommend starting practice in NS. CMA/DNS needs to start really speaking for doctors rather than appealing to the public and "maintaining face" - who REALLY goes to bat for doctors? Feels like nobody.”*

*“NSHA has improved slightly over the past year, but still seems completely out of touch with community based family medicine concerns. NS govt has consistently shown it is only interested in putting out fires, such as increased funding to ER docs & hospitalists a few years ago that only put the nail in the coffin of trying to recruit family physicians to community practice.”*

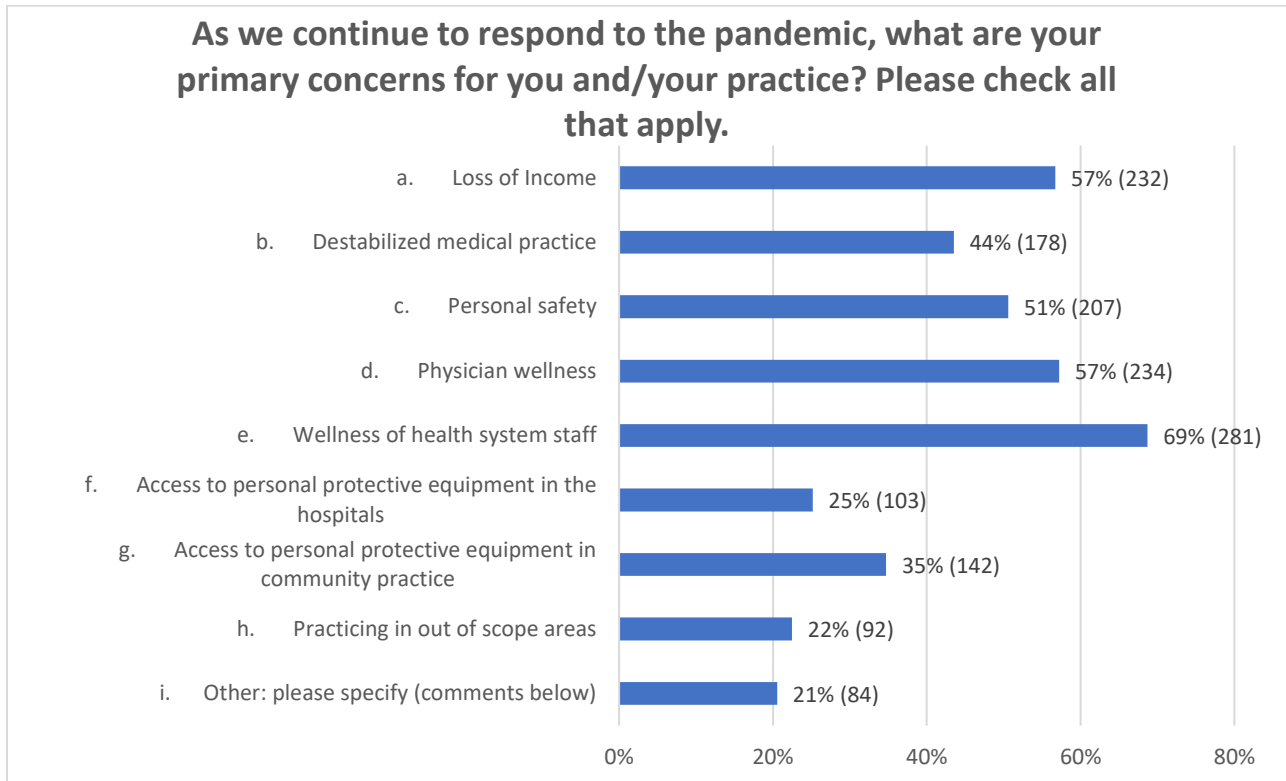
*“Nova Scotia is still a very tough place to work. It is not for the faint of heart. We have to deal with an ever aging population and a lack of access to publicly funded treatment/prevention options to best care for them. I still recommend NS as a great place to practice, but I do also clarify that there is not a day that goes by that is not met with challenges.*

*“Crumbling inaccessible primary care makes it an unpleasant work environment.”*

Survey Respondents

### Current Pandemic Related Concerns

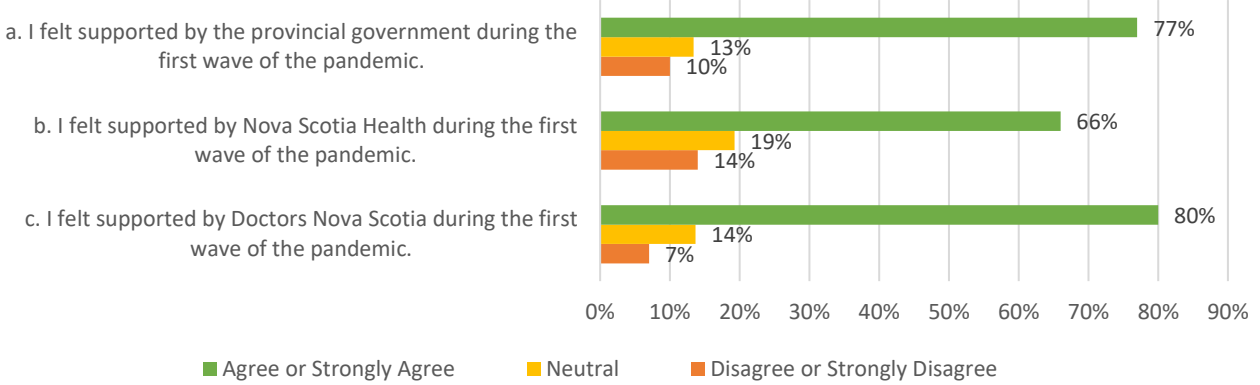
With respect to primary concerns of physicians as the pandemic response continues, 69% (n=281) indicated their primary concerns included health system staff wellness, 57% (n=232) are concerned about loss of income and physician wellness, 51% (n=207) are concerned about personal safety and 44% (n=178) are concerned about the destabilization of their medical practice.



In terms of feeling supported during wave 1 of the pandemic:

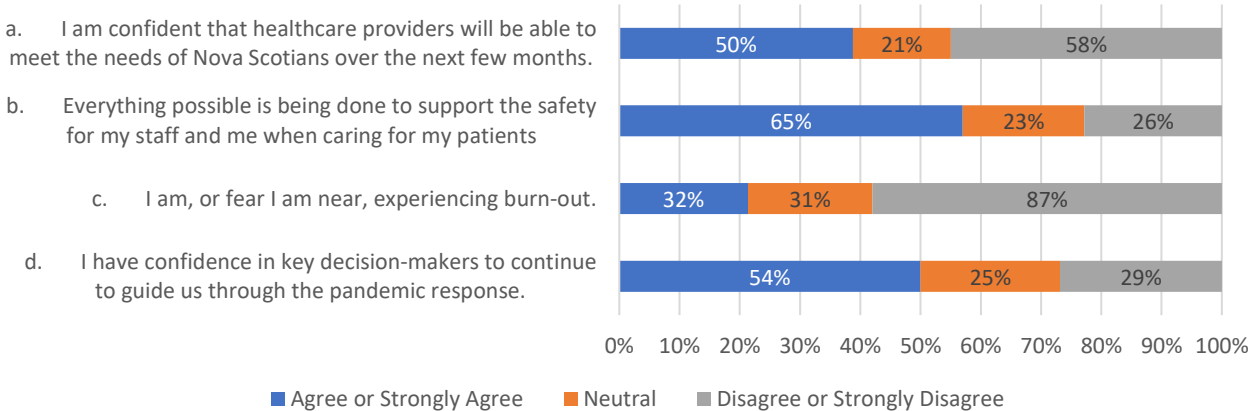
- 80% of survey respondents (n=327) agreed or strongly agreed that they felt supported by Doctors NS;
- 66% of survey respondents (n=272) agreed or strongly agreed that they felt supported by Nova Scotia Health; and
- 77% of survey respondents (n=316) agreed or strongly agreed that they felt supported by the NS government.

**Thinking about the response to the pandemic to date, please indicate the degree to which you agree or disagree with the following statement:**



Looking to the future, the majority of survey respondents (62%, n=262) agreed or strongly agreed that they have confidence in key decision-makers to continue to guide us through the pandemic response; while (67%, n=275) agreed or strongly agreed that everything possible is being done to support the safety for themselves and their staff when caring for patients. About half of survey respondents (52%, n=252) agreed or strongly agreed that they are confident that healthcare providers will be able to meet the needs of Nova Scotians over the next few months.

**Thinking ahead as the pandemic continues, please indicate the degree to which you agree or disagree with the following:**





## Lessons Learned

The evaluation findings point to lessons learned to help with construction of a similar program in the future whether for the current or future pandemic.

### What Worked Well About the Program

Of the 202 physicians who enrolled in the program who responded to the question about what worked well, many commented that the Program contributed to reduction of stress, worry, and income loss. Some commented the Program was fair, and several indicated it was simple, easy to understand and easy to access. Many commented that the Program was implemented quickly.

*“It happened quickly. The decreased stress over financial loss made a huge difference though a bit stressed over risk of place of redeployment given elderly parents and single mother.”*

*“It made people feel that Health actually had concern for doctors.”*

*“Took away the distraction of ‘how am I going to pay the bills.’”*

*“Allowed people to perform duties that do not get compensated that were required during the initial stages of the pandemic - in my case re-triaging and reprioritizing tens of thousands of requisitions. Allowed us to keep people on standby and continue employing our business office staff.”*

Survey Respondents

### Suggestions for Such a Program in the Future

Many survey respondents indicated payments were “very slow,” which was challenging. A future consideration for a similar program in the future is to find ways of providing payment more expediently. Many respondents indicated that the abruptness with which the Program ended was challenging, especially for fee for service physicians whose income depended on being able to access facilities that were still closed at the time the program ended. It was suggested by two respondents that a gradual ramp down that matched the parallel ramp up of services would be helpful.

*“The announcement regarding the termination of the program came too abruptly; more notice would have been appreciated.”*

Survey Respondent

Several survey respondents suggested that some form of protection of income or coverage for those who became ill and were unable to work is warranted, including some form of coverage for those not eligible for the program.

*“If I got exposed at work or sick, I can’t get paid for leave. People on the program could. Those working on the front lines need that protection.”*

Focus Group Participant

Several respondents mentioned the need for better confirmation and communication of details up front, and several mentioned that communications about ability to take vacation were confusing and should be clarified at the beginning of the Program.

Several respondents felt the program was too generous and/or that physicians as well-paid independent contractors should have been able to handle their own income challenges. Many physicians believe there should be a lower cap, with some suggesting the ability to additionally bill for services that are possible to offer. Many respondents believe the Program shone a light on existing inequities within the system, as some physicians with less ability to support pandemic preparedness were paid more money to stay at home because their services were shut down than others who were working to support pandemic preparedness. Several respondents suggest in the future such a program needs to find a way to more equitably distribute support, such as a single level of stipend. Many expressed frustration that specialists could gain significantly more income through the program than other participants, even if they were working side by side doing the same work.

*“Cap it at a more defensible amount of income. \$600k was too much for a cap. Lots of people lost their jobs. A lot of people in the province had nothing and some docs were still getting \$400 – 600k. Many docs said no to the program for ethical reasons.”*

*“Personally, I feel guilt . . . Although I think the work I do is very important and is worthy of significant remuneration, I have seen many other hardworking Nova Scotian's much more severely affected than I was.”*

Survey Respondents

*“Next time maybe it could be built like a dimmer switch that can be turned up or down rather than an on or off light switch. Determine where the shortfall is from previous level of billings and top up, rather than giving everyone the same. This would save the system some dollars.”*

Health System Leader

*“A lot of my surgical colleagues were getting paid 2 to 3 times more than I was even though they weren't working. I was putting on PPE every day and looking after COVID patients while they were at home. We felt a divide in the group.”*

Focus Group Participant

Some physicians paid via Alternative Payment Plans who worked far in excess of shadow billing targets were not compensated for their extra time spent and expressed disappointment in DNS' focus on *“keeping people whole if they weren't working.”* Some respondents indicated that the compensation did not seem fair for fee for service providers since salaried providers continued to receive full compensation.

*“Why didn't APP and AFP docs go down to 80% like FFS docs? The next Master Agreement needs to address this for future pandemics.”*

*“[It] would have been better to better support those who were working super hard.”*

Focus Group Participants

Several respondents believe that the Program was gender biased, and some suggested the whole system response to the pandemic was gender-biased against female physicians and other female health care workers. There was a call to address this issue in future pandemic responses.

*“People were stepping up to the plate to help and we left them hanging without any child support and that was wrong. Maybe it’s not for a program like this but it is an issue that needs attention.”*

Health System Leader

*“I think the program ended up inadvertently discriminating against women. We know that physician mothers take a disproportionate role in childcare relative to physician fathers. During the height of the pandemic, many of my female physician friends could not participate in the program because they had no childcare. These women were mostly family physicians.”*

*“The COVID response was gender biased, not just for physicians but for all of our female essential health care workers”*

Survey Respondents

### Virtual Care Fee Codes

Virtual care fee codes and the Income Stability Program worked well together. Virtual care fee codes enabled both primary care and specialist physicians to continue to see patients they would not otherwise have seen. One physician described how he believes the level of care he is able to provide now is actually a higher level because he can respond more quickly to issues that arise in the nursing home he covers and his isolated elderly frail patients are able to get care without having to travel or leave their homes. Several respondents noted that virtual care is more accessible for patients and more respectful of patients time.

*“It’s a higher standard of care for isolated people. There are people who will not leave their homes to come in for medical treatment. But they will do a virtual appointment. I have seen some patients who have not come in for medical treatment they need in 20 years because of virtual care.”*

*“Virtual care lets us see a lot of people... having that technology really helped a lot.”*

*“Virtual care was the saviour for family physicians.”*

*“Without the ISP and virtual care, primary health care would have had to close their doors and that would have overloaded the emerg.”*

*“It’s important to keep virtual care going. It has improved patient access. Much more efficient for patients. Wait times of some practices are going down significantly because of virtual care.”*

*“I am providing a higher standard of care because of virtual fees. Some of my patients have to drive three hours to see me and many of my patients are elderly. Trying to drag these people out in the cold weather to see me for a thyroid visit isn’t right.”*

Focus Group Participants

## Communication and Implementation Speed

Several respondents indicated that there was poor communication specifically around rules for vacation. Although many survey respondents commented on their appreciation of the speed of implementation of the program, several were concerned by the long lead time to get it started.

*“Based on the miscommunication by DNS about vacation we need to be crystal clear in the language about how the program operates.”*

Focus Group Participant

*“There was too much lead time. DHW needs to examine the process. It took too long from announcement to approval.”*

Health System Leader

## Deployment

Many respondents suggested that making deployment availability mandatory should not have been part of the program, because it is just not feasible for physicians who have family care requirements. One suggestion was to have a zone limitation on the deployment, so physicians who were deployed would know they could drive home after their shift.

*“If they told me I could stay in the Eastern zone so I could get home to look after my family members I could have done it. I just couldn’t travel the province with my family commitments.”*

*“A deterrent would have been the deployment piece. Not really well defined and I was worried that their deployment offer wouldn’t have worked for me and resulted in claw-back. Also, older physicians did not want to risk deployment.”*

Focus Group Participants

*“Next time, we need to think more carefully about redeployment. Deployment is not possible for some. We need to plan for in advance to make sure people have the skills they need to be re-deployable.”*

Health System Leader

## Accountability Mechanism

Some respondents indicated a concern about accountability for work performed during the Program. While they felt the great majority of physicians who used the Program used it as intended, they were aware of a few who they felt enrolled in the Program and then did not work. Implementing a reasonable accountability mechanism was suggested if the Program were to be reoffered.

*“We are all stewards of the health care system. Perhaps some sort of anonymous reporting system could be put in place so that if we are aware of someone taking advantage of the program we could call someone and have them look into it further.”*

Health System Leader

## Summary

The findings of the evaluation indicate that the Program achieved the two intended purposes of stabilizing income for fee for service physicians and creating capacity in the system to respond to COVID-19 cases.

It is noteworthy that while it was not an explicit objective of the Program, the Program has contributed to a positive shift in perception among physicians about the extent to which the provincial government supports physicians, which has in turn contributed to retention. The Program combined with the new contract has led to a positive shift in the number of physicians who would recommend Nova Scotia as a place to practice medicine, which may support efforts to recruit physicians to Nova Scotia.

Physicians were appreciative of the Program and even evaluation participants who had concerns with the Program expressed appreciation for the intent of the Program.

*“I was surprised that it was offered and impressed with how quickly everything happened.”*

*“I appreciate the program was put in place on a short turnaround.”*

Focus Group Participants

There are numerous lessons learned from the Program that can help inform a future program whether for this pandemic or a future one. Areas for adjustment in a future program include:

- Downsizing the cap for funds;
- Implementing a mechanism that ensures those who do the same work to support pandemic response are compensated equally;
- Exploring other approaches to providing support in more flexible ways;
- Implement a zone-based deployment option;
- Implement a mechanism that enables accountability without overburdening the process;
- Ensure clear communication at the time of implementation about all aspects of the Program, including vacation;
- Use a gender lens when designing the program to ensure gender bias is not inadvertently built into the program; and
- Review the payment process and seek opportunities for speeding up payments.

Another key finding of the evaluation is that the virtual fee codes and the program worked well together, and there is strong support from physicians for the continuation of virtual care as a mechanism to provide more accessible care to patients.