

Members' Forum
October 17, 2020 at 11:30 am
via Zoom
NOTES

For the fifth year, Doctors Nova Scotia (DNS) held a Members' Forum following the Annual General Meeting. Each year, the Board of Directors holds 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, noted that the Board of Directors will review the matters raised at their next meeting and determine what action is required, if any. He opened the floor to questions from members in attendance.

Climate Change

A member raised the issue of climate change. She suggested that DNS and its members should start to think about how we can reduce our carbon footprint. The move towards the increased use of virtual care this year has been a positive step in that direction. Climate change is now a priority globally as well as nationally, and there are many grants available. She asked whether the DNS executive would consider working with those who are doing innovative things to reduce the carbon footprint of health care to help them access some of the grants that are available.

The chair noted that he is hearing in his daily practice of Anesthesia, which is a high carbon impact specialty, a strong desire to look at the impacts of healthcare on climate change, and thanked the member for bringing the idea forward.

Ms. Nancy MacCready-Williams, CEO, added that this issue is top of mind for everybody and DNS is happy to take it away to explore what, if anything, can be done in this space collectively on behalf of the membership.

The Canadian Medical Association has been doing some amazing work in response to health and climate change. Dr. Ann Collins, CMA President, added that just very recently the CMA has rejuvenated its work on greening the healthcare system with physician partners. She noted that early in her term as president, she met with a group of physicians representing and speaking to the effects of Climate Change. Although this work was paused temporarily due to the pandemic, it has now started back up again. Dr. Collins thanked the member and DNS for showing interest in this important initiative.

Mr. Kevin Chapman, DNS staff, gave kudos to the Section of Family Doctors, who are currently working on developing a grant process with Doctors Nova Scotia, to look at innovation in family medicine. This will align well with the Climate Change initiative that has been raised.

Vaccinations

A member raised the issue of Covid-19 vaccinations. She suggested that DNS needs to take an active approach in engaging in the planning process to ensure that family physicians have the supports they need to ensure that everyone can get vaccinated. There needs to be a proactive, coordinated effort for mass vaccinations to be achieved safely and successfully. She noted that with public health being so focused on case management, detection, and tracing, a lot of other public health initiatives are not being given adequate attention. This is in large part due to the lack of resources within public health.

The chair noted that this issue is something that the Board of Directors will give some consideration to, and perhaps work with the Family Doctors Council to look at ways in which all physicians might play a role.

A member of the delegation agreed with the points made and added that these efforts should be applied as soon as possible for the administration of this year's flu shots, and public health needs to step in to help physicians coordinate efforts.

Mr. Kevin Chapman, DNS staff, explained that DNS has had several discussions with Dr. Robert Strang and Public Health, the Nova Scotia Health Authority (NSH) and the Pharmacy Association about the upcoming flu season. There are certainly opportunities to engage with Public Health on this. They are keen to ensure that as many people as possible get immunized this year, and that it's done in a disciplined way. There was a webinar that took place last week as part of DNS's Covid-19 series webinars called *Seasonal Flu*, and there were some really great tips offered in that webinar on how to effectively organize drive-through vaccinations. The recording can be accessed on the Covid-19 hub on the DNS website. We hope to hold additional webinars on this topic in the future.

A member suggested looking at opportunities for all of us to work together on this, not necessarily just family physicians. She explained that most prenatal clinics are routinely offering flu vaccines, and that any encounter with a physician may be an opportunity to vaccinate. There are opportunities to partner in an innovative way with colleagues in your communities. Although in previous years there were some politics involved around vaccinations being administered by alternate providers (i.e. pharmacists), this year the goal is really to increase vaccination uptake in whatever way possible.

There was a concern raised about the current shortage of the high-dose flu vaccine. Physicians have been telling patients that they can access it at their local pharmacy, however that has not been the case. Dr. Shelly McNeil, Network Lead for the NSH, confirmed that the high dose vaccine is in very short supply this year because the federal government funded it for all long-term care residents in the country. Unfortunately, physicians were told that it was available before becoming aware of the shortage.

Long Term Care

A member raised some concerns around long-term care work. She sympathized with the physicians, particularly outside of Halifax, who are providing long term care. On top of not being paid well, there has been an increasing level of responsibility placed on their shoulders in light of the pandemic. Should they have outbreaks in their long-term care facilities, there is no real coordination and organization to manage them. The provision of long-term care by family doctors in the province needs to be highlighted and there needs to be more support available for the physicians who are doing this work. Covid-19 has really emphasized the gaps in our system around how we treat our elderly patients, especially those in long-term care facilities. She suggested that maybe a section could be created to provide supports in this area.

The chair noted that this is certainly something that many of us have been reflecting on after the unfortunate tragedies that took place in long-term care facilities in the Spring, and we will bring it forward to the Board and staff for further consideration.

Virtual Care & Political Engagement

A member inquired about the history of DNS's involvement in political matters. She noted that the former health minister has just declared himself a candidate in the upcoming leadership selection for the Liberal Party, which is going to select our premier until the next election. As a virtual care advocate for the province, the member expressed significant concerns about the way in which the former health minister framed the discussion around virtual care. He made a lot of very skeptical public comments, which were likely driven by an underlying distrust of physicians engaging in this type of care.

The member wondered whether there is any precedent for the organization to take a public stance on these kinds of political matters, and whether there is an opportunity to generate some public discussion about having a potential premier who doesn't agree with the principle of virtual care.

Ms. MacCready-Williams indicated that DNS has tried to be clear on what our position is on significant issues that affect physicians, and virtual care would be one of those issues. DNS has been very vocal with government around its support for virtual care and it being an innovative and essential tool moving forward. In terms of our involvement in politics, she explained that we normally try to remain agnostic. We like to meet with every caucus to share our positions and engage and ask questions. However, there is an opportunity here and we could explore whether we should be addressing the former Minister's comments in the lead up to the leadership race.

Ms. Katie Mallam, DNS staff, added that we often do very intentioned behind the scenes work in the political space. With an election strategy, for example we would be very public with our positions, however other times it's a quieter approach with one on one conversations, whether

that's with DNS staff, physicians who happen to be champions in a particular area or having regular conversations with a Deputy Minister or Minister. She noted that government relations are always on our minds and there is a variety of ways that we go about advancing policy matters. In the past, we typically haven't played a role in leadership races, but that's not to say that we don't have established relationships with individuals who become leaders of parties, or that we wouldn't meet to educate them on the health portfolio in advance of the leadership race.

Members echoed their support for virtual care, indicating that it is critical that DNS continue to be a strong advocate for physicians in this space. The pandemic is here for the foreseeable future, and virtual care really expands the ability to provide good patient care.

LEAD Contamination in Schools

A member raised the issue of contamination of water in schools with lead. She explained that parents and teachers have been very concerned and there have been patients in her practice that have been asking whether there is a test for it, and how to know if they or their children have been affected. Some of these are patients who became pregnant during this time. She suggested that something should be coordinated from a public health perspective to inform the public about the risks, the tests that are available, and to support physicians in identifying who is at risk. Currently if a blood test for lead is ordered there would be a request for a letter explaining the reason for the test, and this can become burdensome when submitting requests for several patients. She requested that DNS consider formally liaising with public health about this lead exposure, which clearly is a public health issue, to push for a universal approach in addressing it across this province.

The chair indicated that the Board and staff will take this away and give it some consideration. He noted that it also fits into the earlier call for enhanced collaboration/advocacy with public health with respect to vaccinations.

Adjournment

In closing, the chair thanked everyone for attending and raising these important issues. He noted that the number of registrants and the level of member engagement in today's meetings was at an all time high. He invited physicians to reach out to himself, the Board, or staff at any time with any additional concerns or questions. He also thanked staff for their ongoing efforts on behalf of the province's physicians.

The Members' Forum adjourned at 11:57 am.