NARRATIVE RESEARCH

2023 Negotiations Strategy Member Study - Final Report

November 2022

Prepared for:

Doctors Nova Scotia

Table of Contents

Objectives & Methodology

Doctors Nova Scotia (DNS) is the professional association representing physicians in Nova Scotia, with a membership of approximately 3,500 doctors. The 2015 Master Agreement and Clinical/Academic Funding Plan contracts, which set out compensation and other working terms between Nova Scotia's physicians and the provincial government, are due to expire in 2023.

In preparation for entering negotiations for the next four-year contracts, DNS commissioned Narrative Research to conduct quantitative research with practicing DNS members. Primary research objectives included to gauge doctors' opinions and priorities regarding the upcoming negotiations and gather related feedback. More detailed research objectives include:

- Assess physicians' perceived importance of various negotiation issues (including physician compensation outcomes and health-care system improvements);
- Understand how opinions and priorities vary by payment type; and
- Determine members' preferred approach for the upcoming negotiations.

To meet project objectives, an online survey was undertaken. More specifically, Narrative Research issued invitations to 3,384 practicing DNS members, inviting them to complete an online survey. A total of 777 completed surveys were received, reflecting a positive overall response rate of 23 percent. The survey was conducted between October 20 and November 3, 2022, and the average survey completion time was 20 minutes.

- Online survey with DNS Members
  (survey sent to 3,384 valid DNS member emails)

- **777** surveys completed
- Response rate: **23%**

- Average survey length was 20 minutes

- Data collection dates:
  October 20 to November 3, 2022

The results presented in this report are divided into separate sections relevant to those members who will fall under the 2023 Master Agreement (non-C/AFP physicians), and those who will fall under the 2023 Clinical/Academic Funding Plan Contract. Throughout the report, results are presented as percentages, with reference to each specific question's data table. Detailed data tables are appended to this report, as is a copy of the final survey questionnaire. Where applicable, results from the 2018 Negotiations Study are tracked for comparison. This report also includes an executive summary of overall results, as well as detailed analysis which includes a general profile of respondents, and a comprehensive section on a recommended strategy for the overall negotiations, based on the survey results.

Executive Summary

Results from the **2023 Negotiations Strategy Member Study** clearly outlines priorities for the Association in its upcoming negotiations for the new Master Agreement and Clinical/Academic Funding Plan contracts. Members continue to seek ***compensation that is nationally competitive*** and want this to be the focus of negotiations.

Satisfaction with the current payment model is moderately positive, with two in three satisfied. Dissatisfaction is most evident among those under a fee-for service model. Dissatisfaction largely stems from the payment model not compensating physicians for the full scope of work. The finding that one in five physicians will likely leave their practice in the next five years, either due to retirement or moving out of province, and that one-quarter of members plan to reduce their hours, underscores the importance of ensuring an attractive agreement to retain and recruit physicians.

In terms of the Master Agreement, ***compensation*** continues to be the most important issue to practicing physicians, with two in three doctors whose primary funding models are APP/CEC rating it critically important. ***Overhead support for physicians who bear the costs associated with an office-based practice***, ***permanent fee codes for virtual care***, ***across the board MSU/AU increases***, and ***increases to consult and visit fees*** are deemed the most important compensation issues to address. In terms of health-care system improvements, compensation-related factors, namely ***retention incentives***, and ***new or improved primary care payment models***, top the list.

With regards to the C/AFP contract, ***targeted funding relative to the national mean of peer specialties*** is the top compensation issue for members in the upcoming C/AFP Master Agreement, followed by ***funding for new FTE resources***. Similar to 2018 results, having funding that ***helps support an academic mandate*** is the top health-care system improvement sought by C/AFP doctors in the next contract.

In addition to compensation, enhancements to Doctors Nova Scotia benefits should be considered, particularly ***health and dental coverage***, ***improved audit and appeal processes*** (especially for fee for service) and ***enhanced CME support*** (especially for APP). Considering recruitment of new physicians, the emphasis placed on students/residents on ***enhancements to benefits (health and dental and parental leave)*** also merits consideration.

Further to retention, it is important to note that half of family physicians state they would definitely continue their practice if ***overhead costs were covered***. The ***ability to practice in a team-based environment*** can also play a role in retention, with one in three saying they would definitely continue to practice if this were the case. ***Improved locum coverage*** is undoubtedly a consideration as well, as about half of those seeking locum coverage were unable to secure it largely due to lack of available physicians.

NARRATIVE
RESEARCH

Profile & Payment Methods

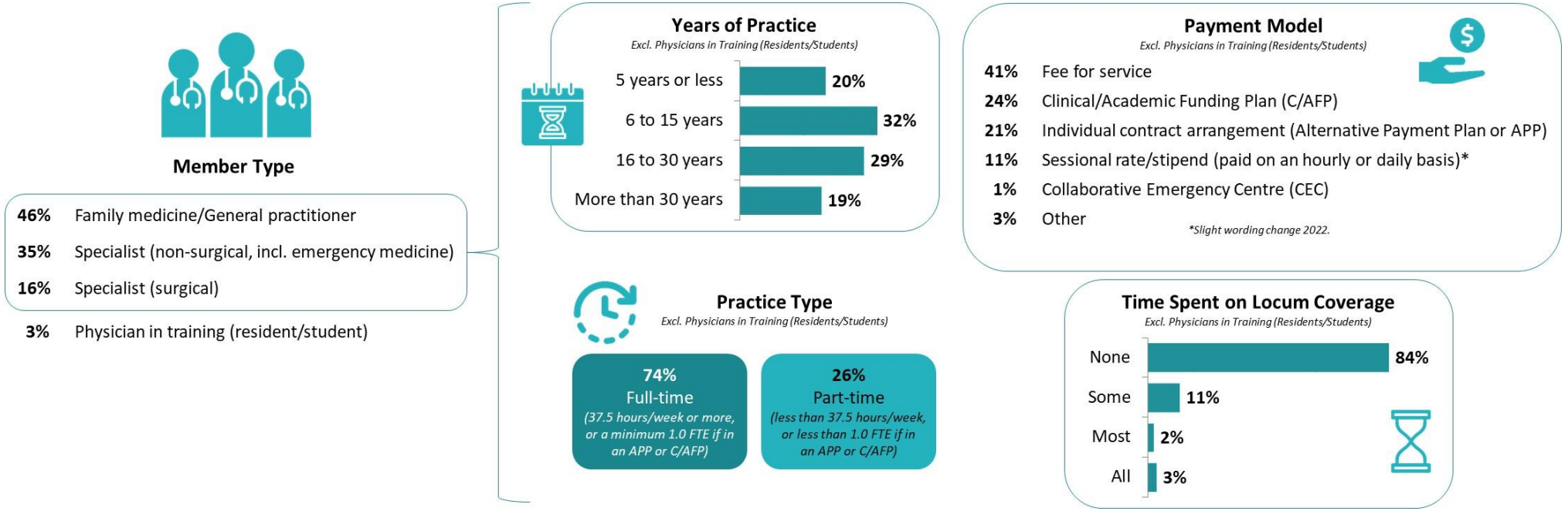
Profile & Payment Methods

Survey participants include a mix of Specialists and Family medicine/General practitioners, and have a range of experience.

Half of the survey respondents are specialists (including 16% who are surgical specialists), while nearly half are family medicine/general practitioners. Practicing members share a wealth of working experience with nearly half having worked as a physician for more than 15 years.

Three-quarters practice full-time, albeit this proportion ranges across practice type (69% of family/general practitioners are full-time compared with 76% of non-surgical specialists and 84% of surgical specialists. Across practice type, most members have not spent any time on locum coverage.

Four in ten are paid via the fee for service method, while one-quarter are paid under the Clinical/Academic Funding Plan (C/AFP) and two in ten by the Alternative Payment Plan (APP). The remainder are paid by sessional rate/stipend, by a Collaborative Emergency Centre (CEC), or by another method. General practitioners are primary a mix of fee for service and individual contract arrangement, whereas specialists are primarily a mix of fee for service and C/AFP. (Tables 1-3, 6, and 9)

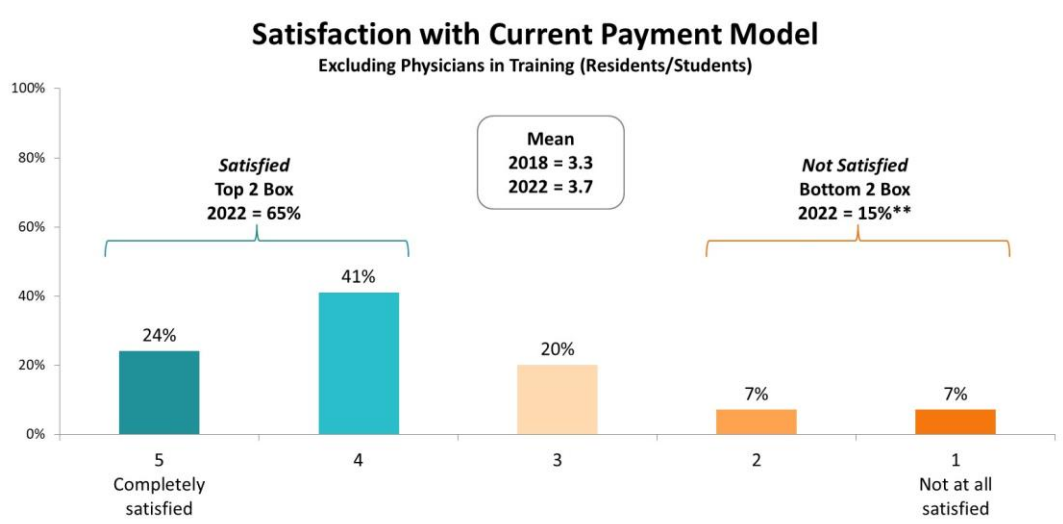


Satisfaction with Method of Payment

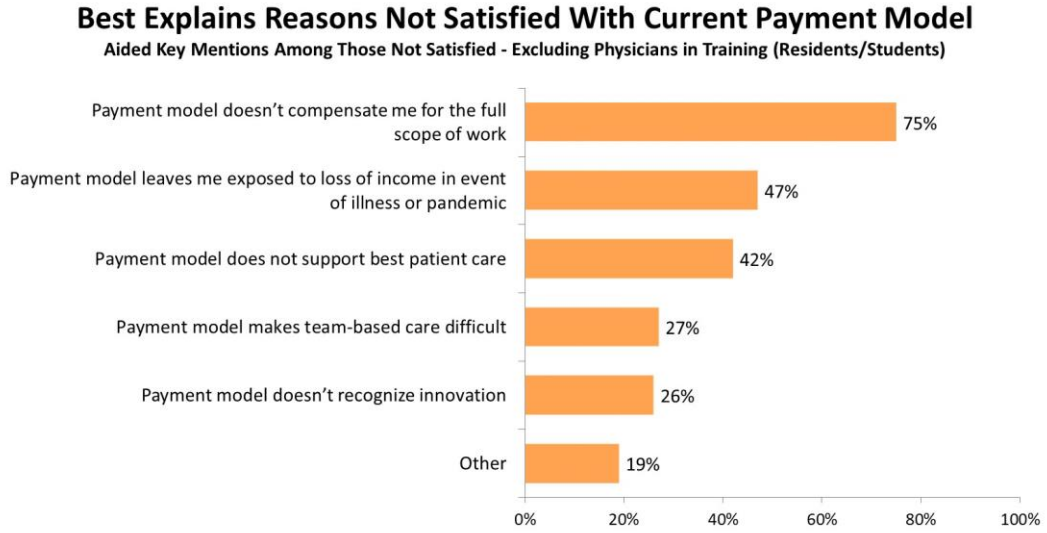
While the majority of members are satisfied with their current payment model, one in four under the fee for service model are dissatisfied.

Those in family medicine/general practitioners, surgical specialists, and non-surgical specialists were asked how satisfied they are with their current payment model (*including fee for service, alternative payment plan, clinical/academic funding plan, etc.*). Results indicate that a majority of members (65%) are satisfied with their current payment model (giving a rating of 4 or 5, where 1 is not at all satisfied and 5 is completely satisfied). Less than two in ten (15%) indicate they are not satisfied with their current payment model. Of note, those under the fee for service model are less inclined to be satisfied with one-quarter (23%) expressing dissatisfaction (rating of 1-2). (Table 4)

Of members who indicated they are not satisfied with the current payment model, the top reason provided was that the ***payment model doesn't compensate them for the full scope of work*** (75%). Other reasons cited include the ***payment model leaves them exposed to loss of income in event of illness or pandemic*** (47%), ***it does not support the best patient care*** (42%), it ***makes team-based care difficult*** (27%), and it ***doesn't recognize innovation*** (26%). (Table 5)



Q.4: **[IF *NOT* 'PHYSICIAN IN TRAINING (RESIDENT/STUDENT)' IN Q.1]** How satisfied are you with your current payment model (fee for service, alternative payment plan, clinical/academic funding plan, etc.)? Note, this is not intended to rate your satisfaction with your compensation, but rather the mechanism through which you are compensated.* (2018, n=812; 2022, n=750) **Slight question wording changes 2022. **Due to rounding.*



Q.5: **[IF *NOT* 'PHYSICIAN IN TRAINING (RESIDENT/STUDENT)' IN Q.1 AND IF RATED SATISFACTION 1, 2 OR 3 IN Q.4]** Which of the following statements best explains why you are not satisfied with your current payment model? (2022, n=260) *New question 2022.*

Time Spent on Activities

Physicians spend more than half of their time, on average, on office visits and/or clinic hours, an increase from 2018 results.

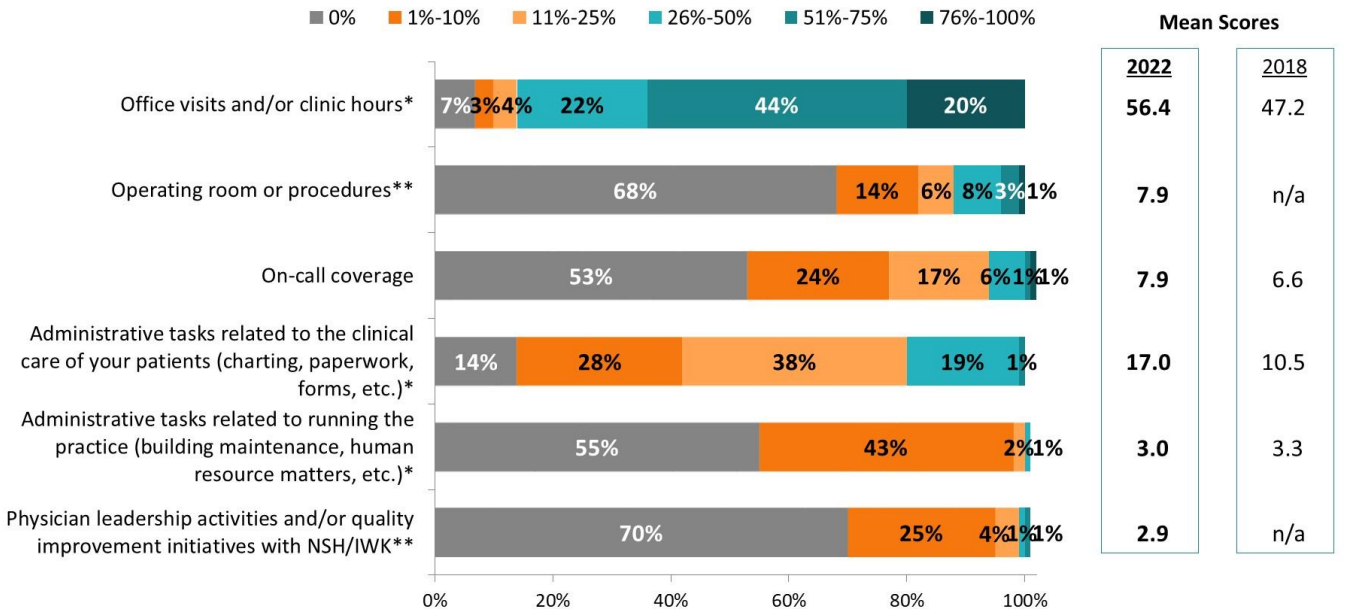
Non-AFP payment model doctors were asked what percentage of time they spend on each of six activities. On average, more than half of their time (a mean score of 56%) is spent in ***office visits or clinic hours***, a slight increase from previous results (47% in 2018). From another perspective, close to two-thirds (64%) spend more than half their time on office visits or clinic hours.

Results also indicate that, on average, the following amounts of time are spent on various other tasks: ***administrative tasks related to the clinical care of their patients*** (17%), ***on-call coverage*** (8%), ***operating room or procedures*** (8%), ***administrative tasks related to running the practice*** (3%) and ***physician leadership activities and/or quality improvement initiatives with NSH/IWK*** (3%). From another perspective, more than one-quarter (28%) spend 1% to 10% of their time on administrative tasks related to clinical care, while nearly four in ten (38%) spend between 11% and 25% on such tasks. At the same time, two in ten (19%) spend between 26% and 50% of their time on administrative tasks related to clinical services.

Overall, far less time is devoted to administrative tasks related to running a practice, with over half (55%) spending no time on such tasks. For on-call coverage, one-half spend no time on this, while one-quarter spend between 1% and 10% of their time on on-call coverage. Seven in ten do not spend any time on operating room or procedures, or on physician leadership activities or quality improvement initiatives, and most of those that do, spend between 1% and 25% of their time on it. (Tables 14a-f)

Percentage of Time Spent on Activities

Excluding **Those with AFP as Primary Payment Model**



Q.14a-f: **[IF NOT 'AFP' IN Q.3]** Please indicate what percentage of your time is spent on each of the following activities. *(Total time spent must total 100%.)* (2018, n=600; 2022, n=600) **Slight wording change 2022. **Activity added 2022.*

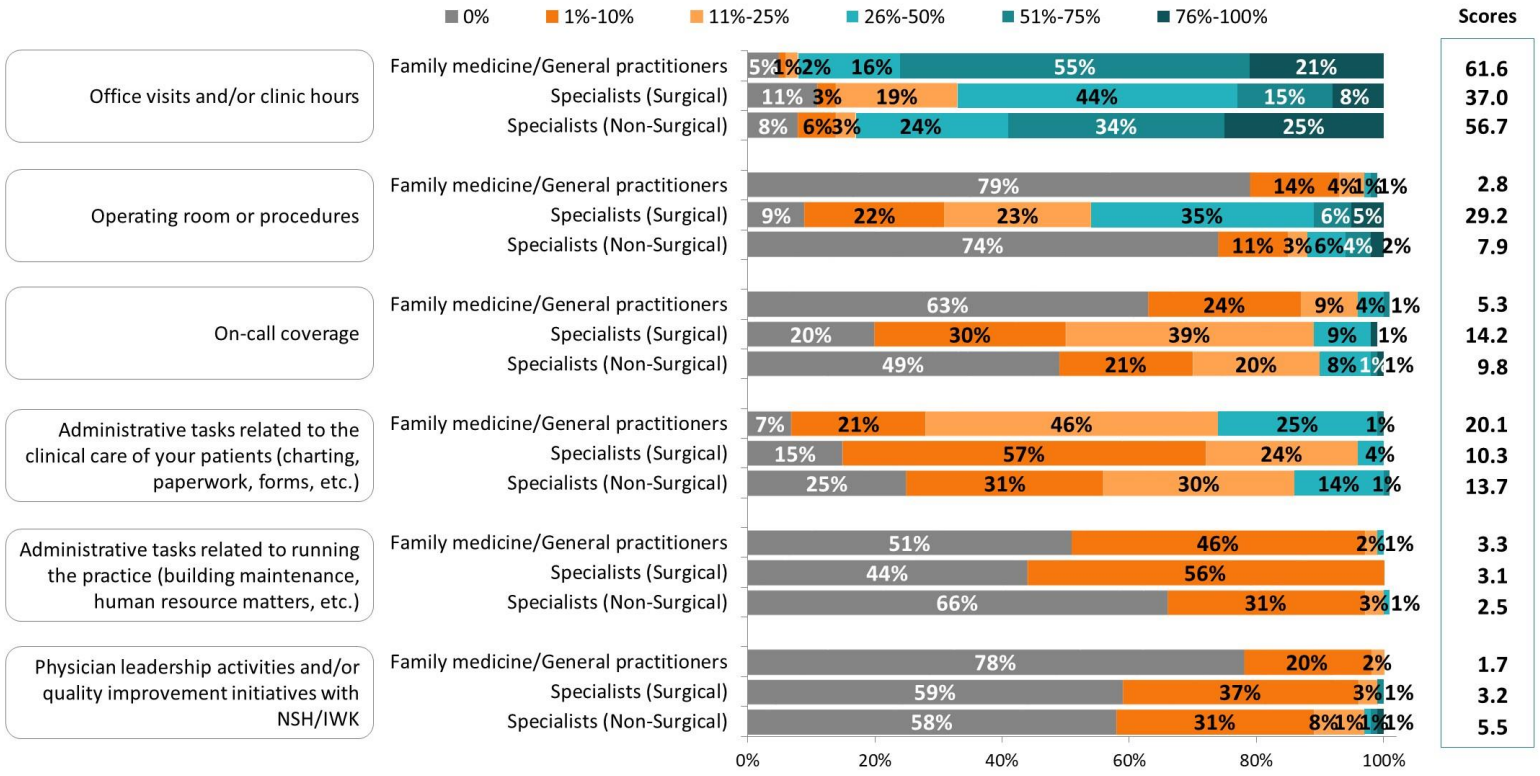
Time Spent on Activities

As would be expected, when examining time spent on activities across practice focus, a few notable differences emerge. Specifically, surgical specialists spend more time, on average, on operating room or procedures (average of 29%) and less on office visits (average of 37%) compared with others.

At the same time, family medicine/general practitioners spend slightly less time on on-call coverage (5%) and more time on administrative tasks related to the clinical care of patients (20%) compared with specialists. (Tables 14a-f)

Percentage of Time Spent on Activities

Among Those in Family Medicine/General Practitioners, Specialists (Surgical) & Specialists (Non-Surgical)
Excluding **Those with AFP as Primary Payment Model**



Q.14a-f: **[IF NOT 'AFP' IN Q.3]** Please indicate what percentage of your time is spent on each of the following activities. *(Total time spent must total 100%.)*
(2022: Family medicine/General practitioners, n=340; Specialists (Surgical), n=79; Specialists (Non-surgical), n=154)

NARRATIVE
RESEARCH

Practice Intentions

Practice Intentions

While over half plan to maintain current hours/workload, over two in ten plan to retire or leave the province for work over the next five years. One-quarter plan to reduce their hours.

Practice intentions among Nova Scotia's practicing physicians over the next five years are concerning.

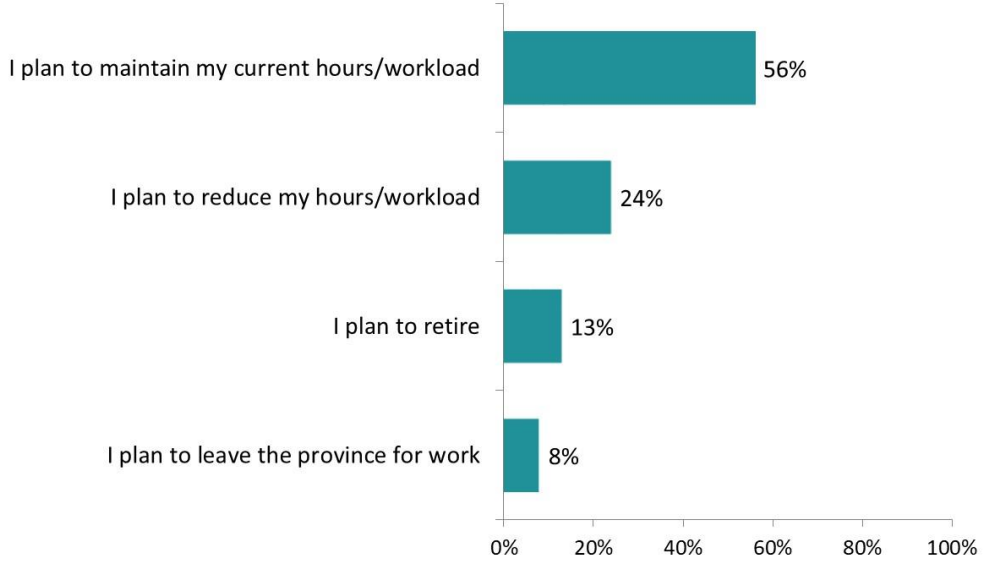
Members were asked which of the following describes their practice intentions over the next five years. Results indicate that a majority of physicians (56%) plan to ***maintain*** the current hours/workload that they already have. This is followed by one quarter (24%) who plan to ***reduce*** their hours/workload.

A worrisome 21 percent plan to ***leave*** the Nova Scotia workforce, with 13 percent planning to retire and 8 percent planning to leave the province for work.

Of note, 22 percent of residents/students plan to leave the province. Otherwise, plans to retire or leave is most elevated among family physicians/general practitioners (25%), than among specialists (surgical: 17% and non-surgical: 16%). (Table 24AA)

Practice Intentions Over the Next Five Years

Aided Mentions



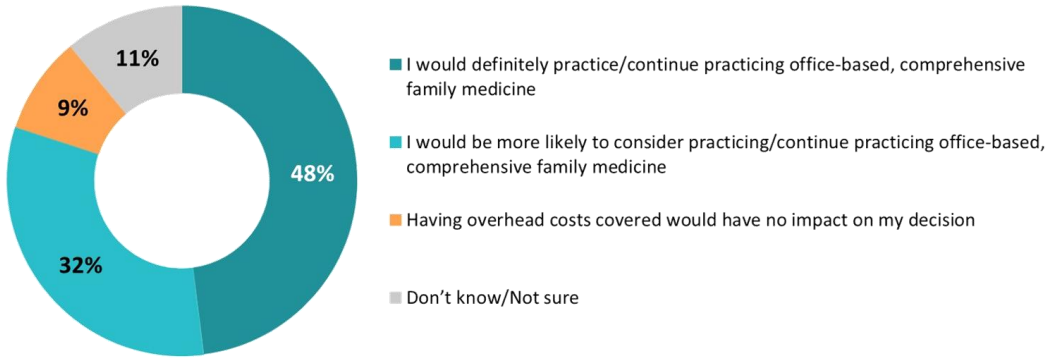
Q.24AA: Which of the following best describes your practice intentions over the next five years? (2022, n=777)
New question 2022.

Impact on Decision to Practice/Continue to Practice

Coverage of overhead costs has the potential to have a substantial impact on practice of office-based, comprehensive family medicine.

Those in family medicine or who are physicians in training were asked what impact having ***overhead costs covered*** would have on their decision to practice. Half of members (48%) mention they would definitely practice/continue practicing office-based, comprehensive family medicine, with another three in ten (32%) mentioning they would be likely to do so. Only a small percentage mention that having overhead costs covered would have no impact on their decision (9%) or that they don't know/are not sure (11%). Perhaps as would be expected, there is more uncertainty (that is, don't know/not sure responses) among residents/students. Those under the APP model (62%) are most inclined to say they would definitely practice/continue to practice with overhead costs covered, followed by fee for service (46%) practitioners. (Table 7)

Impact on Decision to Practice/Continue to Practice Office-Based, Comprehensive Family Medicine in the Future
If Overhead Costs Were Covered
Among Those in Family Medicine or Physicians in Training (Residents/Students)



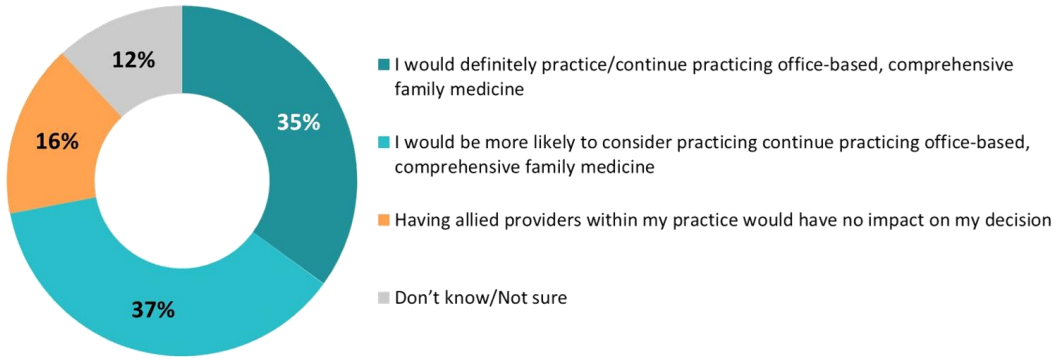
Q.7: **[IF 'FAMILY MEDICINE' OR 'PHYSICIANS IN TRAINING (RESIDENT/STUDENT)' IN Q.1]** If overhead costs were covered, what impact would that have on your decision to practice (or continue to practice) office-based, comprehensive family medicine (either full-time or part-time) in the future? (2022, n=381)
New question 2022.

Impact on Decision to Practice/Continue to Practice

While not as substantial an impact as coverage of overhead costs, the ability to practice in a team-based environment can have a notable impact on decisions to continue office-based family medicine practice.

Those in family medicine or who are physicians in training were also asked about their decision to practice if they were able to practice in a ***team-based environment***. Slightly more than three in ten indicate they would definitely practice/continue to practice (35%), followed by a similar percentage (37%) that would be more likely to consider practicing. Fewer than two in ten (16%) mention that having allied providers within their practice would have no impact and around one in ten (12%) state they don't know/are not sure. Again, there is more uncertainty among residents/students. Those under APP payment (54%) are most inclined to indicate a definite impact. (Table 7b)

Impact on Decision to Practice/Continue to Practice Office-Based, Comprehensive Family Medicine in the Future
If Being Able to Practice in a Team-Based Environment
Among Those in Family Medicine or Physicians in Training (Residents/Students)



Q.7b: **[IF 'FAMILY MEDICINE' OR 'PHYSICIANS IN TRAINING (RESIDENT/STUDENT)' IN Q.1]** What impact would being able to practice in a team-based environment (working with other allied health professionals within your practice) have on your decision to practice (or continue to practice) office-based, comprehensive family medicine in the future? (2022, n=381) *New question 2022.*

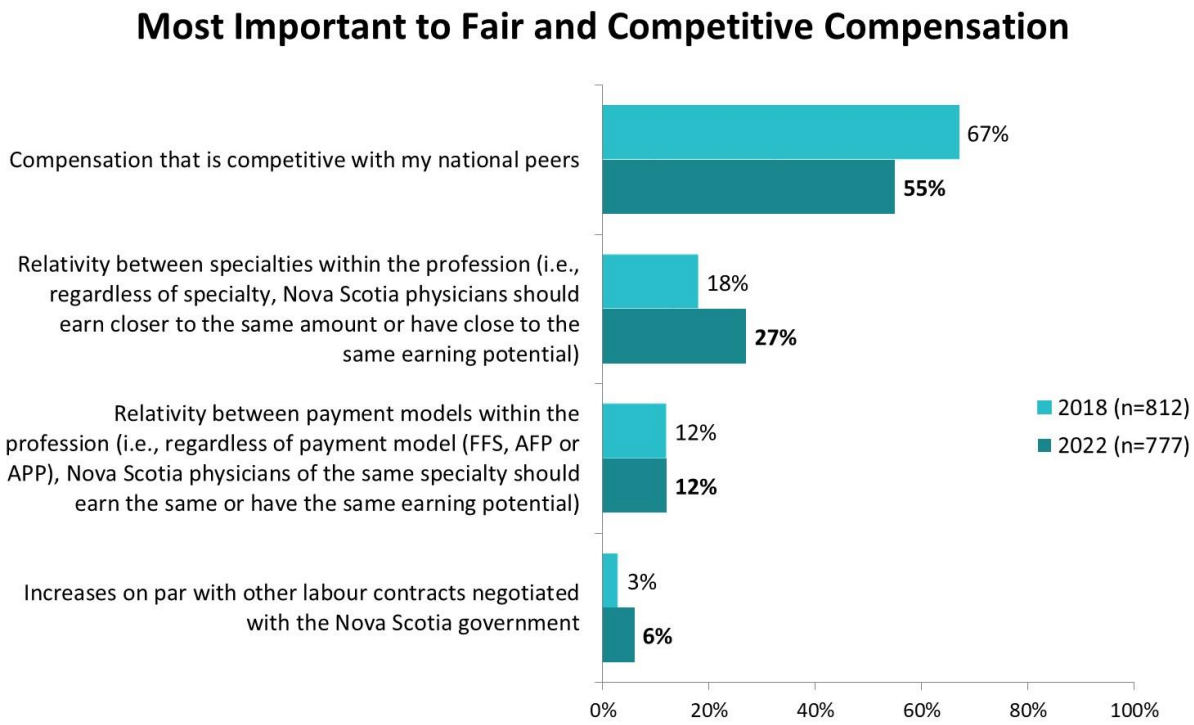
NARRATIVE
RESEARCH

Compensation

Compensation that is competitive with members' national peers continues to be most important to members.

All members were asked to think of fair and competitive compensation and indicate which one factor is most important to them. Results indicate that around half of practicing physicians say it is most important to them that ***compensation is competitive with their national peers***, a decline from 2018 results (55% vs. 67%, respectively). Similar to 2018 results, surgical specialists place more importance (69%) on this factor than other members, albeit it is the most important factor across all segments. Likewise, while there is some variation this is the most important factor across payment models.

Results show an increase in the number of members that indicate it is most important that ***compensation is relative between specialties within the profession*** (27% vs. 18% in 2018). One in ten say that it is most important that ***compensation is relative between payment models within the profession*** (12%) and only a small percentage (6%) indicate it is most important that compensation ***increases on par with other labour contracts negotiated with the Nova Scotia government***. (Table 19)



Q.19: Thinking of **fair and competitive compensation**, which one factor is most important to you?

Income Paid Out in Overhead Costs

There are mixed results regarding the percentage of income paid out in overhead costs.

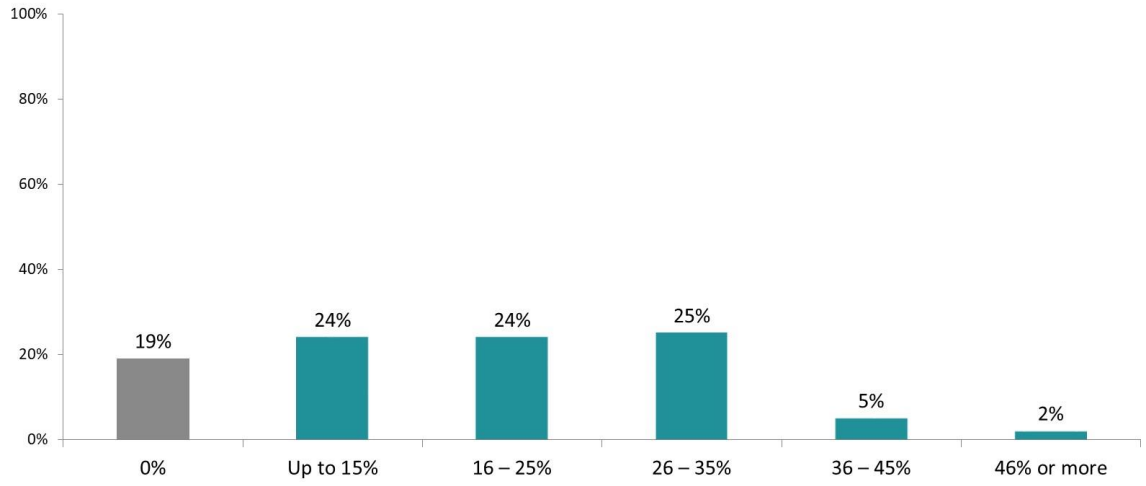
Members who are in family medicine/general practitioners, non-surgical specialists and surgical specialists were asked what percentage of their income is paid out in overhead costs (e.g., rent, staff and technology).

Results indicate a varying degree of answers, as there is an equal distribution among the number that indicate up to 15% (24%), 16-25% (24%), and 26-35% (25%). A slightly smaller percentage of members indicate they have no income paid out in overhead costs (19%). A very small percentage indicate that they pay out 36-45% (5%) or 46% or more (2%).

Non-surgical specialists are more likely to have no income paid out in overhead costs compared to their counterparts (40% vs. 19% overall). By contrast, those in family medicine/general practitioners are more likely to have 26-35% of their income paid out in overhead costs (42% vs. 25% overall). Similarly, those under APP or fee-for service are more likely to pay a high percentage of overhead costs than those with C/AFP or hourly models. (Table 8)

Percentage of Income Paid Out in Overhead Costs

Excluding Physicians in Training (Residents/Students)



Q.8: **[IF NOT 'PHYSICIAN IN TRAINING (RESIDENT/STUDENT)' IN Q.1]** What percentage of your income is paid out in overhead costs (rent, staff, technology, etc.)? (2022, n=750) *New question 2022.*

NARRATIVE
RESEARCH

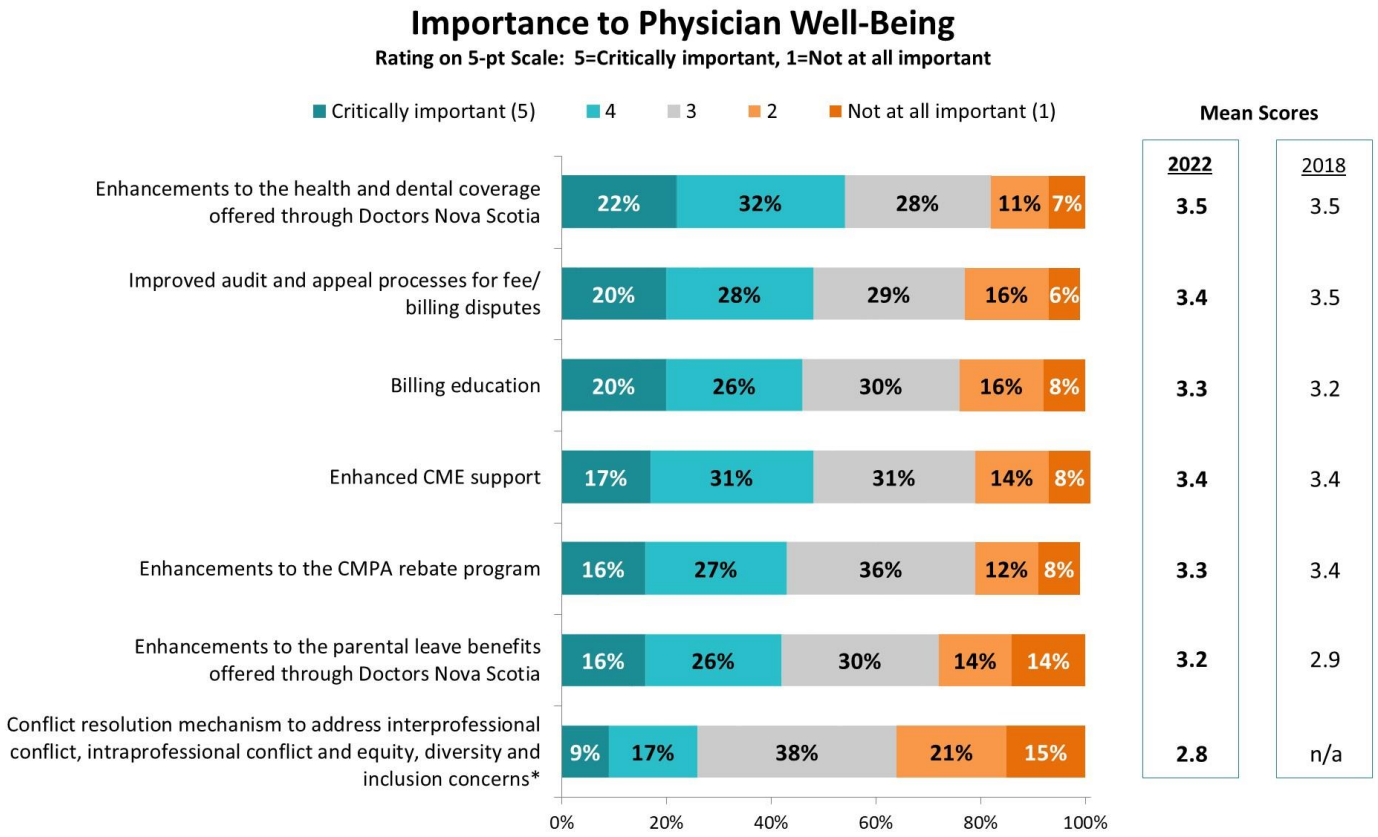
Physician Well-Being

Physician Well-Being

A variety of factors are each of moderate importance to physician well-being, with enhancements to the health and dental coverage offered through Doctors Nova Scotia topping the list.

Physicians were asked how important different factors are related to physician well-being. Of the outcomes presented, no single factor or outcome is considered critically important to a substantial number. Two in ten (22%) physician members feel it is critically important (rating of 5 on the 5-point scale) that ***there are enhancements to the health and dental coverage offered through Doctors Nova Scotia,*** there are ***improved audit and appeal processes for fee/billing disputes*** (20%), and there is ***billing education*** (20%), while slightly fewer consider ***enhanced CME support*** (17%), ***enhancements to the CMPA rebate program*** (16%), and ***enhancements to the parental leave benefits offered through Doctors Nova Scotia*** (16%) as critically important.

Ranking as least important, one in ten (9%) indicate a ***conflict resolution mechanism to address interprofessional conflict, intraprofessional conflict and equity, diversity and inclusion concerns*** is critically important. (Tables 20a-g)



Q.20a-g: Thinking of **physician well-being**, how important do you consider each of the following outcomes? (2018, n=812; 2022, n=777) **Added 2022.*

NARRATIVE
RESEARCH

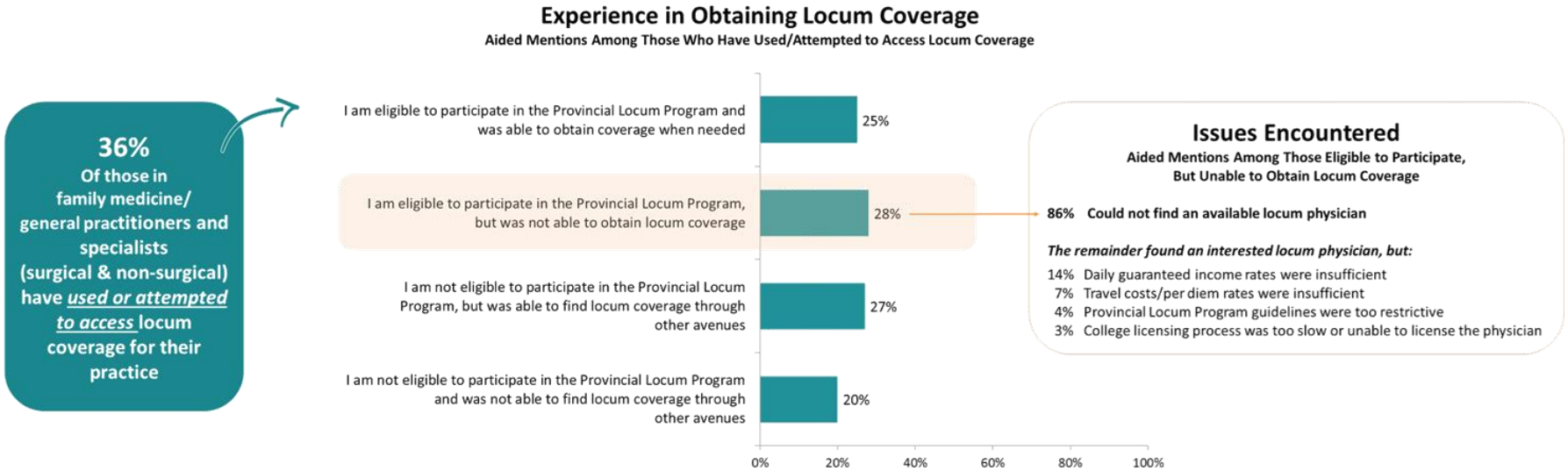
Locum Coverage

Slightly more than one in three of those in family medicine/general practitioners, non-surgical specialists and surgical specialists cite having used or attempted to access locum coverage for their practice. Of those that have, there are mixed experiences.

Those in family medicine/general practitioners, non-surgical specialists and surgical specialists were asked if they have used or attempted to access locum coverage for their practice. Results indicate that slightly more than one third (36%) of those ***have used or attempted to access locum coverage for their practice***. Those in in family medicine/general practitioners are more likely to have used or attempted to access locum coverage compared to their counterparts (51% vs. 36% overall). (Table 10).

Of those who have used or attempted to access locum coverage, just over one-half (53%) were eligible to participate in the Provincial Locum Program but had mixed success with one in four (25%) obtaining coverage and a similar proportion (28%) not obtaining coverage. Of the one-half (47%) not eligible to participate in the Provincial Locum Program, success was again mixed, with one-quarter (27%) obtaining locum coverage through other avenues and one-fifth (20%) unsuccessful in doing so. (Table 11).

Of physicians that are eligible to participate in the Provincial Locum Program, but were not able to obtain locum coverage, most (86%) indicate the ***primary issue is that they were not able to find an available locum coverage***.



Q.10: **[IF NOT 'PHYSICIAN IN TRAINING (RESIDENT/STUDENT)' IN Q.1]** Have you used or attempted to access locum coverage for your practice? (2022, n=750) *New question 2022.*

Q.11: **[IF NOT 'PHYSICIAN IN TRAINING (RESIDENT/STUDENT)' IN Q.1 AND IF 'YES' IN Q.10]** What was your experience in obtaining locum coverage? (2022, n=267) *New question 2022.*
Q.12: **[IF NOT 'PHYSICIAN IN TRAINING (RESIDENT/STUDENT)' IN Q.1 AND IF 'YES' IN Q.10 AND WAS ABLE TO PARTICIPATE IN THE PROVINCIAL LOCUM PROGRAM, BUT NOT ABLE TO OBTAIN LOCUM COVERAGE IN Q.11]** What issues got in the way of your ability to find a locum through the Provincial Locum Program? (2022, n=74) *New question 2022.*

NARRATIVE
RESEARCH

Master Agreement

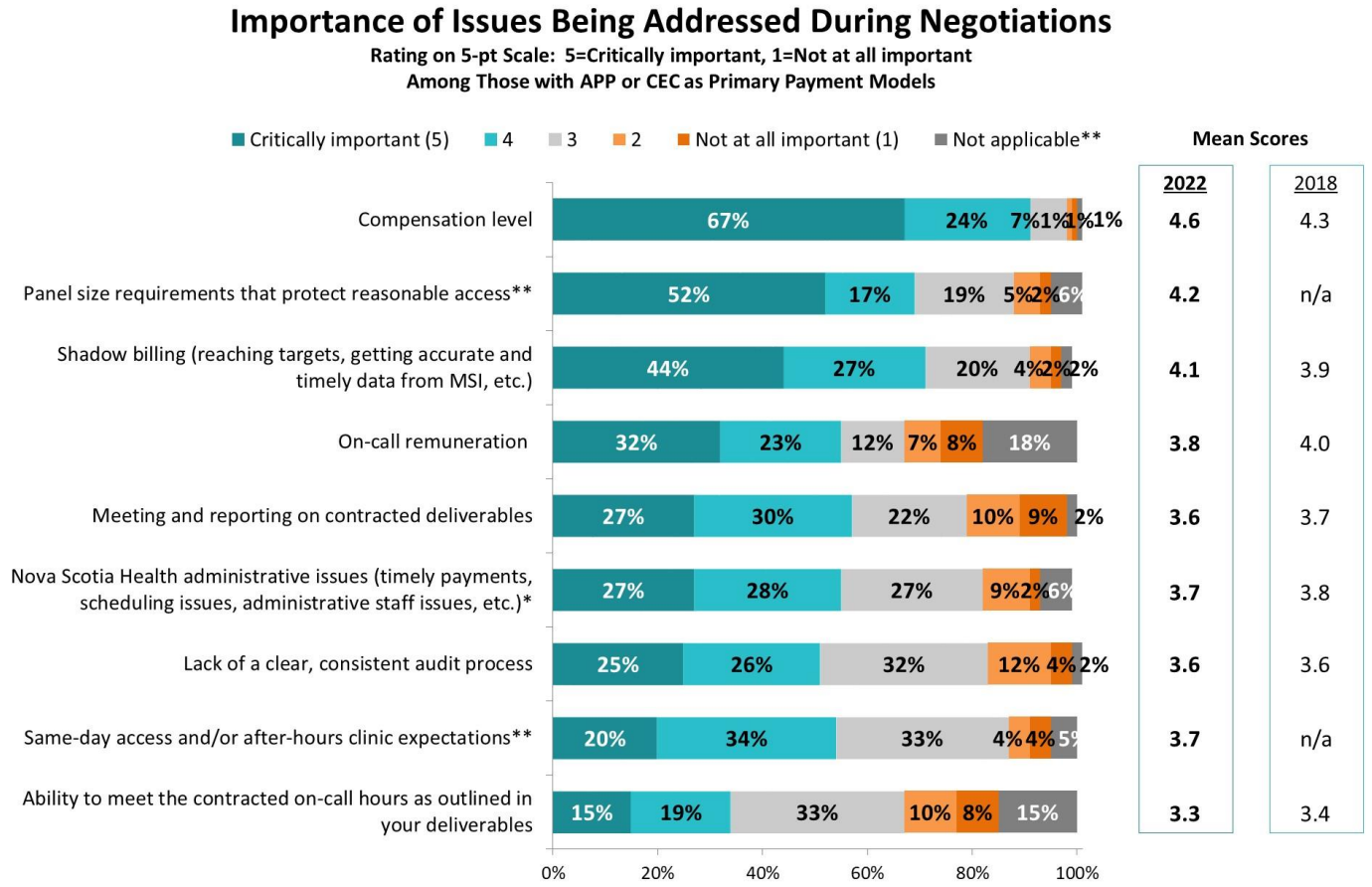
Issues for Negotiations (APP/CEC Only)

Compensation is the most pressing issue to be addressed during negotiations among those with APP or CEC as their primary payment models, with more than two thirds rating it 'critically important.'

APP and CEC members were asked what issues are most important to them in the negotiation of a new Master Agreement.

Results indicate that ***compensation level*** is the most important negotiation issue, with more than two thirds (67%) rating 'critically important', that is, a 5 out of 5. This is followed by ***panel size requirements that protect reasonable access*** (52%). Other mentions with fewer than one half rating it critically important include ***shadow billing*** (44%), ***on-call remuneration (***32%), ***meeting and reporting on contracted deliverables*** (27%), ***Nova Scotia health administrative issues*** (27%), and the ***lack of a clear and consistent audit process*** (25%).

Two in ten, or fewer, assign critical importance to ***same day access and/or after-hours clinic expectations*** (20%) and ***ability to meet the contracted on-call hours as outlined in their deliverable***s (15%). (Tables 13a-i)



Q.13a-i: **[IF 'APP' OR 'CEC' IN Q.3]** How important is it to you that each of the following issues is addressed during negotiations? (2018, n=127; 2022, n=162)
**Slight wording change 2022. **Added 2022. Note: Responses of 'Not applicable' are excluded from the Mean calculations.*

Compensation Outcomes

The top-rated compensation outcomes are overhead support for physicians who bear the costs associated with an office-based practice and permanent fee codes for virtual care.

For non-AFP payment model physicians, the most important compensation outcome for the next Master Agreement is ***overhead support for physicians who bear the costs associated with an office-based practice*** (55% find this critically important, that is a rating of 5 out of 5). This is particularly important for family physicians/general practitioners than for specialists.

Also high on the list of issues are ***permanent fee codes for virtual care*** (50%), ***across the board MSU/AU increases*** (47%) and ***increases to consult and visit fees*** (45%). Permanent fee codes is more important to family physicians/general practitioners than for specialists.

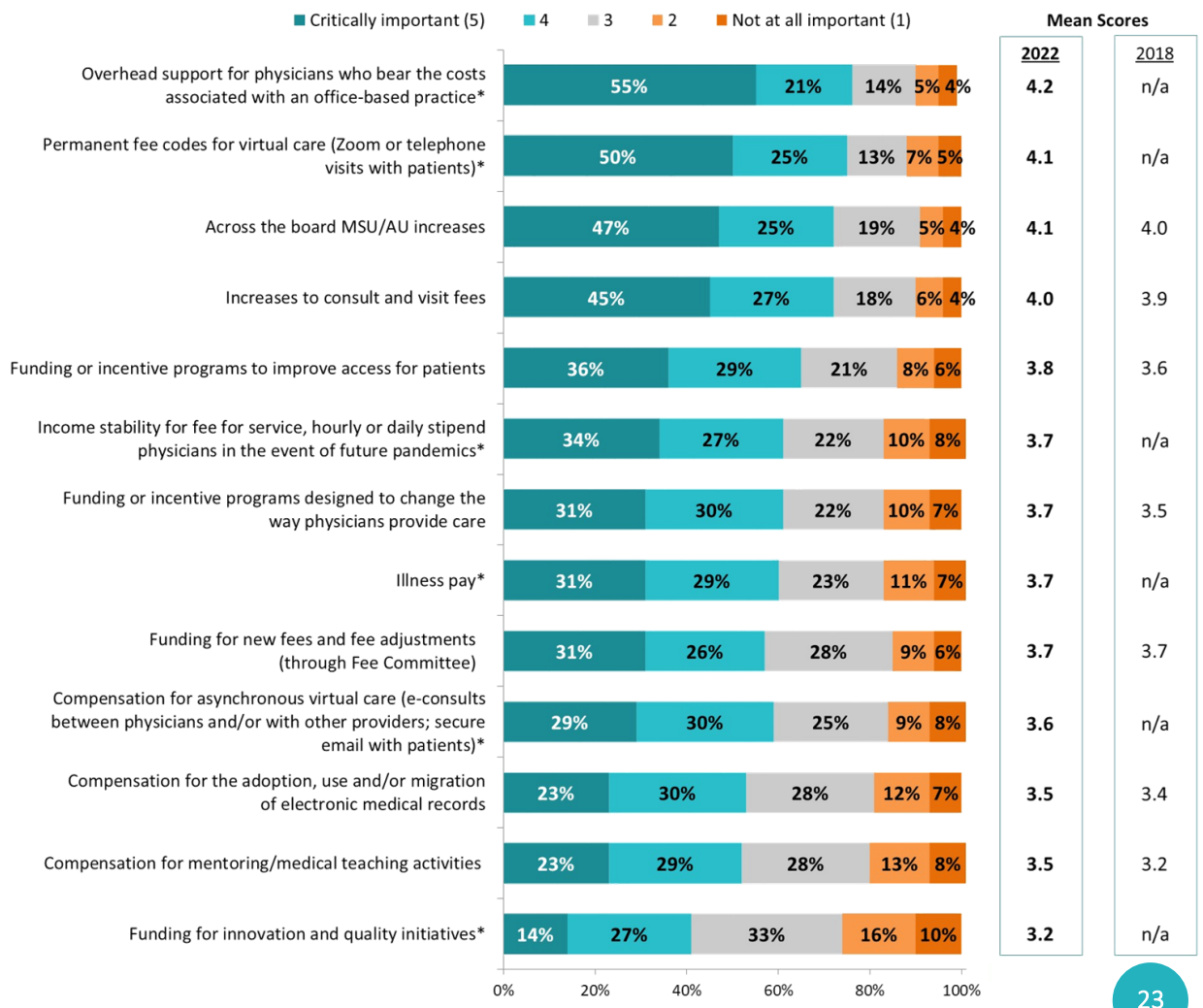
Fewer than four in ten indicate the importance of ***funding or incentive programs to improve access for patients*** (36%), ***income stability for fee for service, hourly or daily stipend physicians*** (34%), ***funding or incentive programs designed to change the way physicians provide care*** (31%), ***illness pay*** (31%), and ***funding for new fees and fee adjustments*** (31%).

Fewer than three in ten indicate the importance of compensation for ***asynchronous virtual care*** (29%), ***compensation for the adoption, use and/or migration of electronic medical records*** (23%), and ***compensation for mentoring/medical teaching activities*** (23%).

The least important issue is funding for ***innovation and quality initiatives*** (14%). (Tables 15a-m)

Importance of Physician Compensation Outcomes for the Next Master Agreement

Rating on 5-pt Scale: 5=Critically important, 1=Not at all important
Excluding **Those with AFP as Primary Payment Model**



Q.15a-m: **[IF NOT 'AFP' IN Q.3]** How important are each of the following **physician compensation outcomes** for the next Master Agreement? (2018, n=600; 2022, n=600)
**Activity added 2022.*

Health-Care System Improvements

A new or improved primary care payment model that better supports modern primary care practice is listed as the top health-care system improvement for the next Master Agreement.

Considering burnout and moral injury is at an all-time high among physicians, members were asked how important each of several factors for health-care system improvement. Physicians feel the most important health-care system improvement is a ***new or improved primary care payment model that better supports modern primary care practice*** (55% rate this critically important). This is closely followed by half of members that indicate ***retention incentives*** are important.

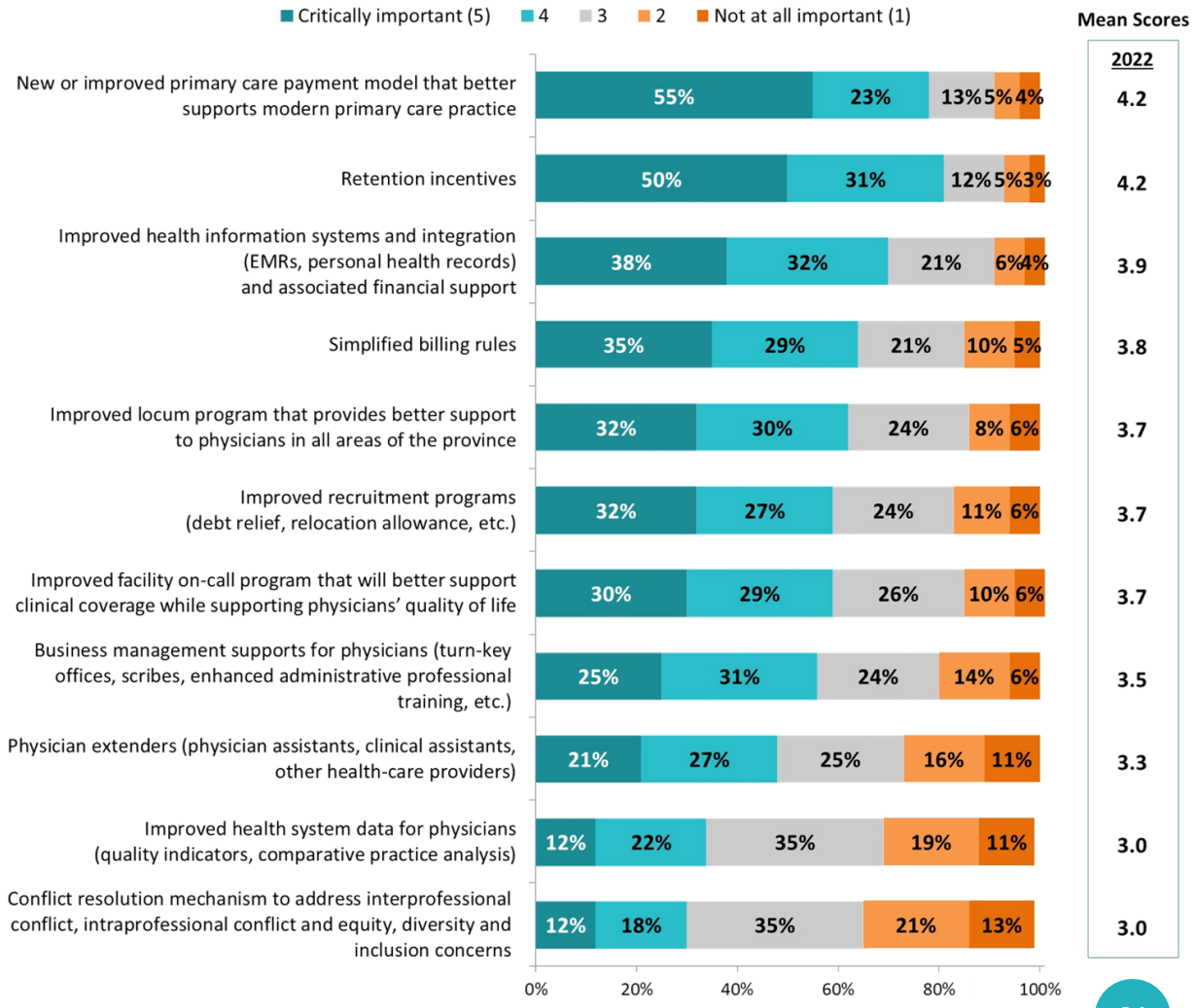
At least three in ten identified the following as critically important: ***improved health information systems and integration*** (38%), ***simplified billing rules*** (35%), ***improved locum that provides better support to physicians in all areas of the province*** (32%), ***improved recruitment programs*** (32%), and ***improved facility on-call program that will better support clinical coverage while supporting physician's quality of life*** (30%).

One-quarter or fewer indicate the importance of ***business management supports*** for physicians (25%), and ***physician extenders*** (21%).

The least important issues rated critically important by one in ten are improved ***health system data for physicians*** and a ***conflict resolution mechanism to address interprofessional conflict, intraprofessional conflict and equity, diversity and inclusion concerns.*** (Tables 16a-k)

Importance of Health-Care System Improvements for the Next Master Agreement

Rating on 5-pt Scale: 5=Critically important, 1=Not at all important



Q.16a-k: We recognize that burnout and moral injury among physicians is at an all-time high. In light of that, how important are each of the following **health-care system improvements** for the next Master Agreement? (2022, n=777)

NARRATIVE
RESEARCH

C/AFP Contract

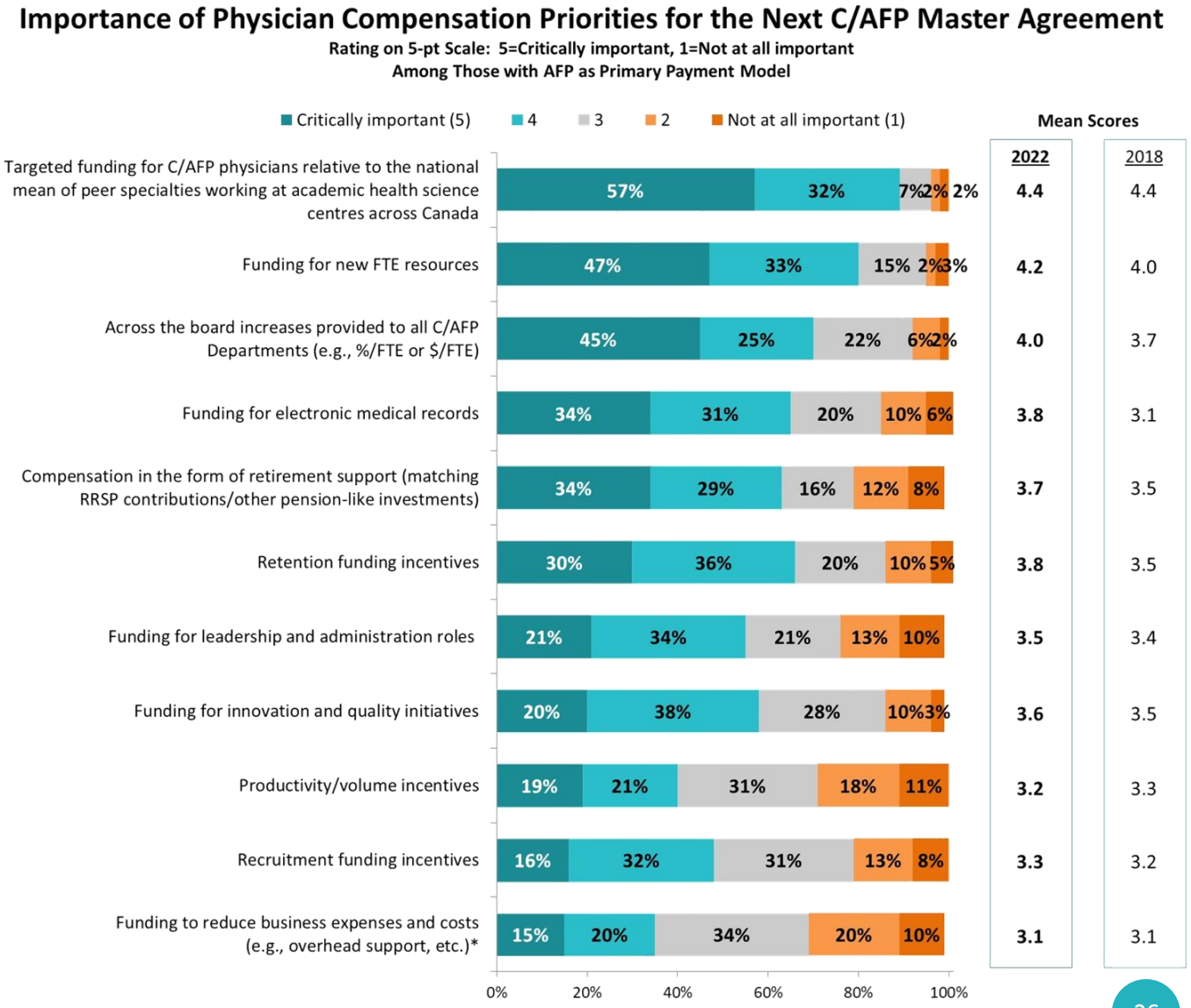
Compensation Outcomes (C/AFP)

Targeted funding relative to the national mean of peer specialties is the top compensation issue for the C/AFP Master Agreement.

A strong majority of C/AFP payment model doctors say that ***targeted funding relative to the national mean of peer specialties at academic health science centres across Canada*** is their most important compensation priority for the next Master Agreement (57% feel it is critically important).

Other priorities are ***funding for new FTE resources*** (47%), **across the board increases provided to all C/AFP Departments** (45%), ***funding for electronic medical records*** (34%), compensation in the form of retirement support (34%), and ***retention funding incentives*** (30%).

Two in ten or fewer highlight the importance of ***funding for leadership and administration roles*** (21%), ***funding for innovation and quality initiatives*** (20%), ***productivity/volume incentives*** (19%), ***recruitment funding initiatives*** (16%), and ***funding to reduce business expenses and costs*** (15%). (Tables 17a-k)



Q.17a-k: **[IF 'AFP' IN Q.3]** How important are each of the following **physician compensation priorities** for the next C/AFP Master Agreement? (2018, n=212; 2022, n=177)
**Slight wording change 2022.*

Health-Care System Improvements (C/AFP)

Similar to 2018 results, funding to support their academic mandate is the top health-care system improvement sought by C/AFP doctors in the next Contract.

C/AFP payment model doctors believe that the most important health-care system improvement for the next Master Agreement is ***funding to support the C/AFP academic mandate*** (47% say this is critically important).

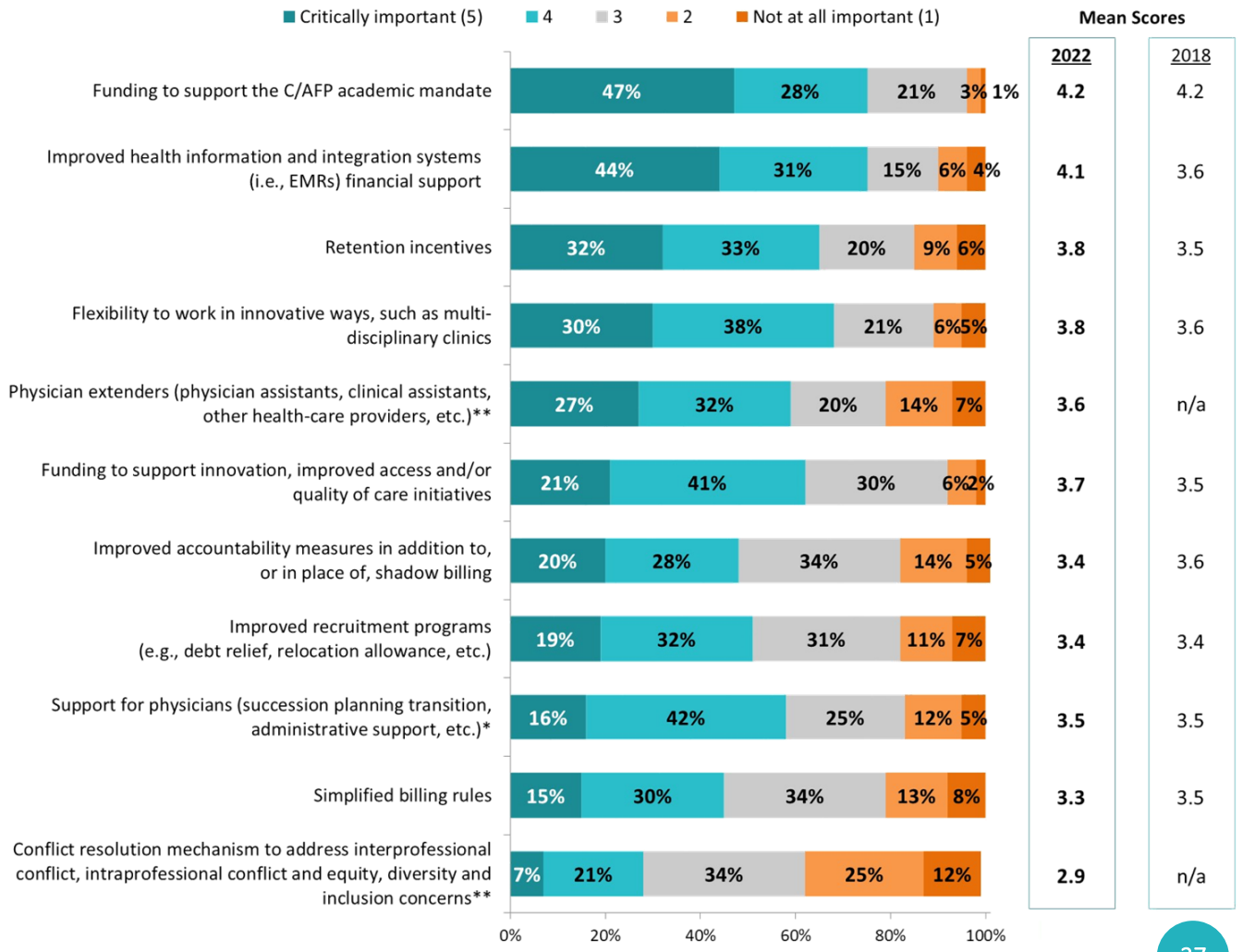
Following this is the importance of ***improved health information and integration systems (EMRs) financial support*** (44%), ***retention incentives*** (32%), and ***flexibility to work in innovative ways***, such as multi-disciplinary clinics (30%).

Fewer identify the following as important health-care system improvements : ***physician extenders*** (27%), ***funding to support innovation, improved access and/or quality of care initiatives*** (21%), ***improved accountability measures in addition to, or in place of, shadow billing*** (20%), ***improved recruitment programs*** (19%), ***support for physicians*** (16%), and ***simplified billing*** rules (15%).

The least important improvement regarding health-care system improvements is a ***conflict resolution mechanism to address interprofessional conflict, intraprofessional conflict and equity, diversity and inclusion concerns*** (7%). (Tables 18a-k)

Importance of Health-Care System Improvements for the Next C/AFP Master Agreement

Rating on 5-pt Scale: 5=Critically important, 1=Not at all important
Among Those with AFP as Primary Payment Model



Q.18a-k: **[IF 'AFP' IN Q.3]** How important are each of following **health-care system improvements** for the next C/AFP Master Agreement? (2018, n=212; 2022, n=177)
**Slight wording change 2022. **Added 2022.*

NARRATIVE
RESEARCH

Overall Negotiations Strategy

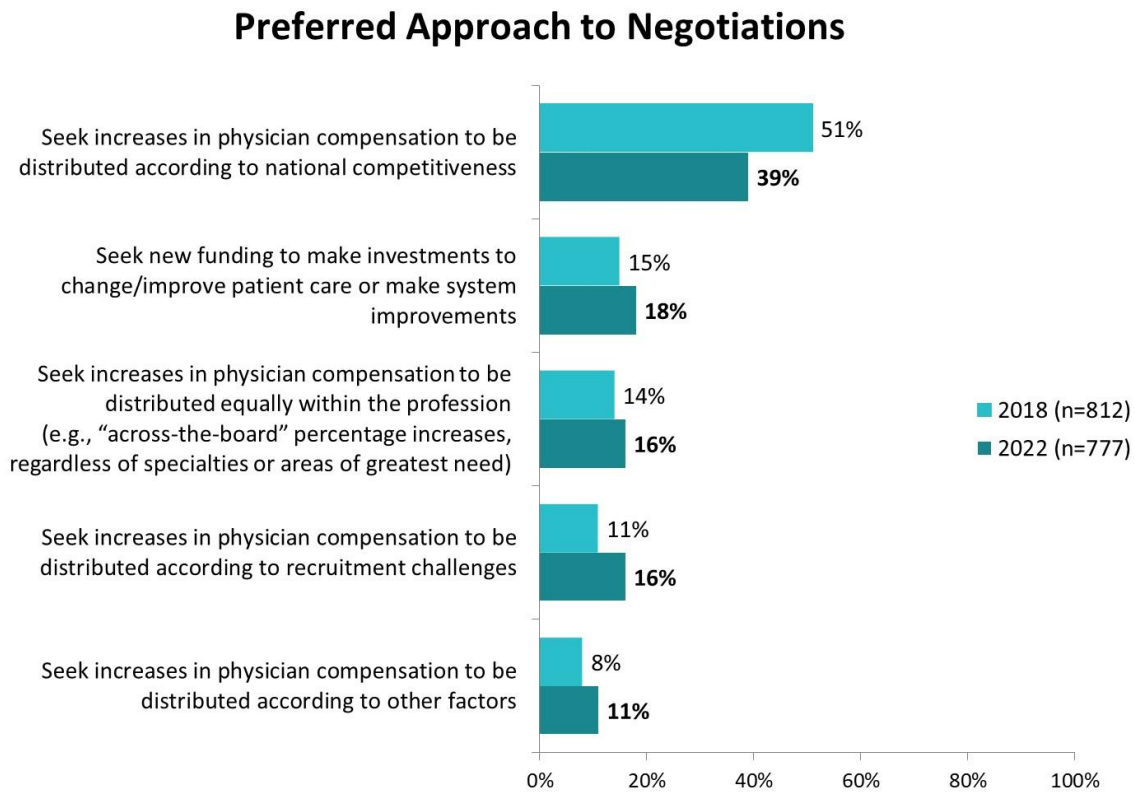
Favoured Approach to Negotiations

While there is no census, the largest segment of members prefer DNS to seek increased compensation, distributed according to national competitiveness.

All respondents were asked what approach DNS should take toward the overall negotiations.

Four in ten doctors (39%) prefer a negotiation approach that pursues ***increased compensation, distributed in a way that lets Nova Scotia physicians be paid competitively with their peers across Canada***. This was more important for specialists (47% surgical, 40% non-surgical) than for those in family medicine/general practitioners (36%), albeit it is the most preferred approach across all segments and overall, is preferred twice as much as any other approach.

Less popular for all three groups are approaches that ***seek new funding to make investments to change/improve patient care or make system improvements*** (18%), ***seek increases in physician compensation to be distributed equally within the profession*** (16%), ***seek increases in physician compensation to be distributed according to recruitment challenges*** (16%), or ***seek increases in physician compensation to be distributed according to other factors*** (11%). (Table 21)



Q.21: Thinking now of the overall negotiations strategy, which of the following negotiations approach would you prefer: ...?

Other Factors in Distribution of Compensation

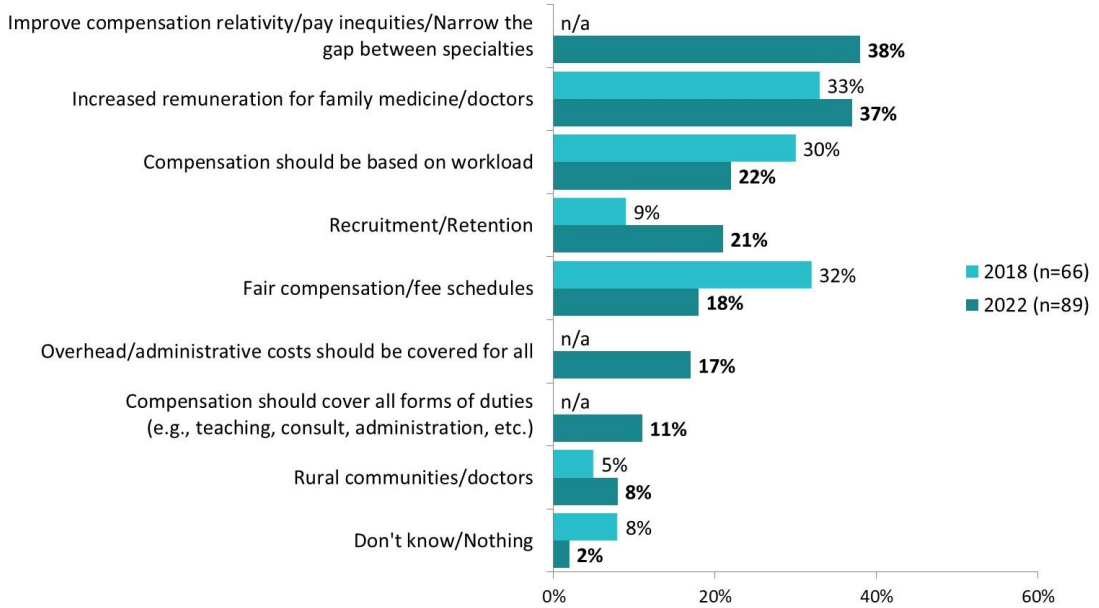
Addressing pay inequities and overall increased remuneration are the most commonly-mentioned 'other' methods of distributing additional compensation.

Of practicing members who cited other factors that compensation distribution should be based on, four in ten physicians mention ***improved compensation relativity/pay inequalities/to narrow the gap between specialties*** (38%), and ***increased remuneration for family medicine/doctors*** (37%). This is followed by two in ten (22%) who mention compensation should be based on ***workload, recruitment/retention*** (21%), ***fair compensation/fee schedules*** (18%), and that ***overhead/administrative costs should be covered for all*** (17%).

One in ten mention that compensation should cover all ***forms of duties*** (11%), and ***rural communities/doctors*** (8%). A very small percentage had nothing additional to say (2%). (Table 22)

Other Factors Compensation Distribution Should Be Based On

Unaided Key Mentions Among Those Who Said According to Other Factors



Q.22: **[IF 'ACCORDING TO OTHER FACTORS' IN Q.21]** Please provide further details on what other factors compensation distribution should be based on.

Attitudes & Opinions - Compensation

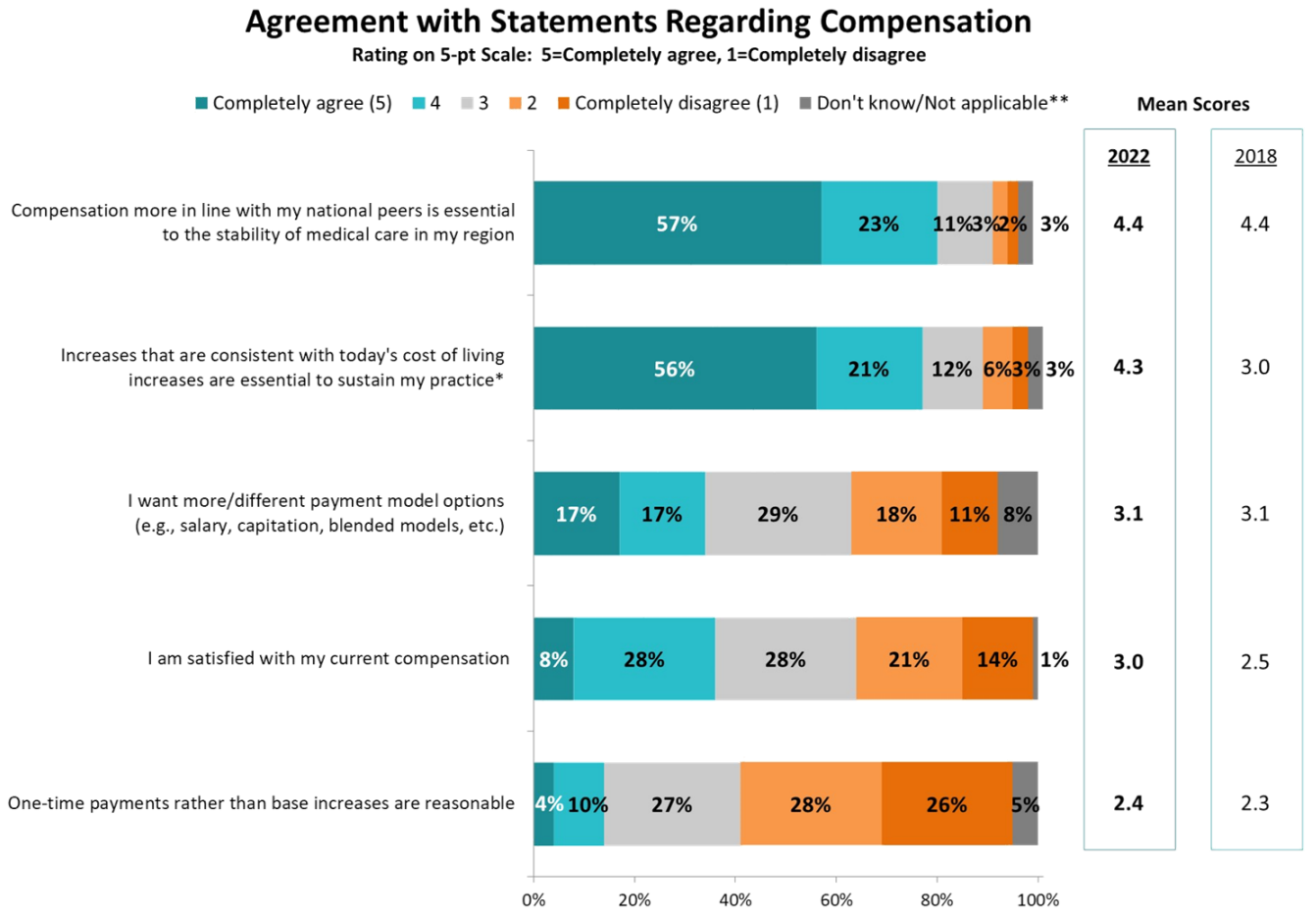
Satisfaction with their current compensation is limited and a majority completely agree nationally-competitive earnings are 'essential' to the stability of medical care in their region

Members are divided with respect to satisfaction with compensation: While one third (35%) are ***not satisfied with their current compensation***, a similar proportion (36%) agree that they are satisfied. While satisfaction is limited across all physician types, it is somewhat stronger among specialists and those under the C/AFP payment model.

There is also division when it comes to wanting ***more or different payment model options***: one-third (34%) agrees and three in ten (29%) disagrees.

A majority of members completely agree ***nationally-competitive compensation is essential to the stability of medical care in the region*** (57%), and that ***increases consistent with rising costs of living are essential to sustain their practice*** (56%).

A majority (54%) disagrees that ***one-time payments rather than base increases are reasonable***.(Tables 23a-d, g)



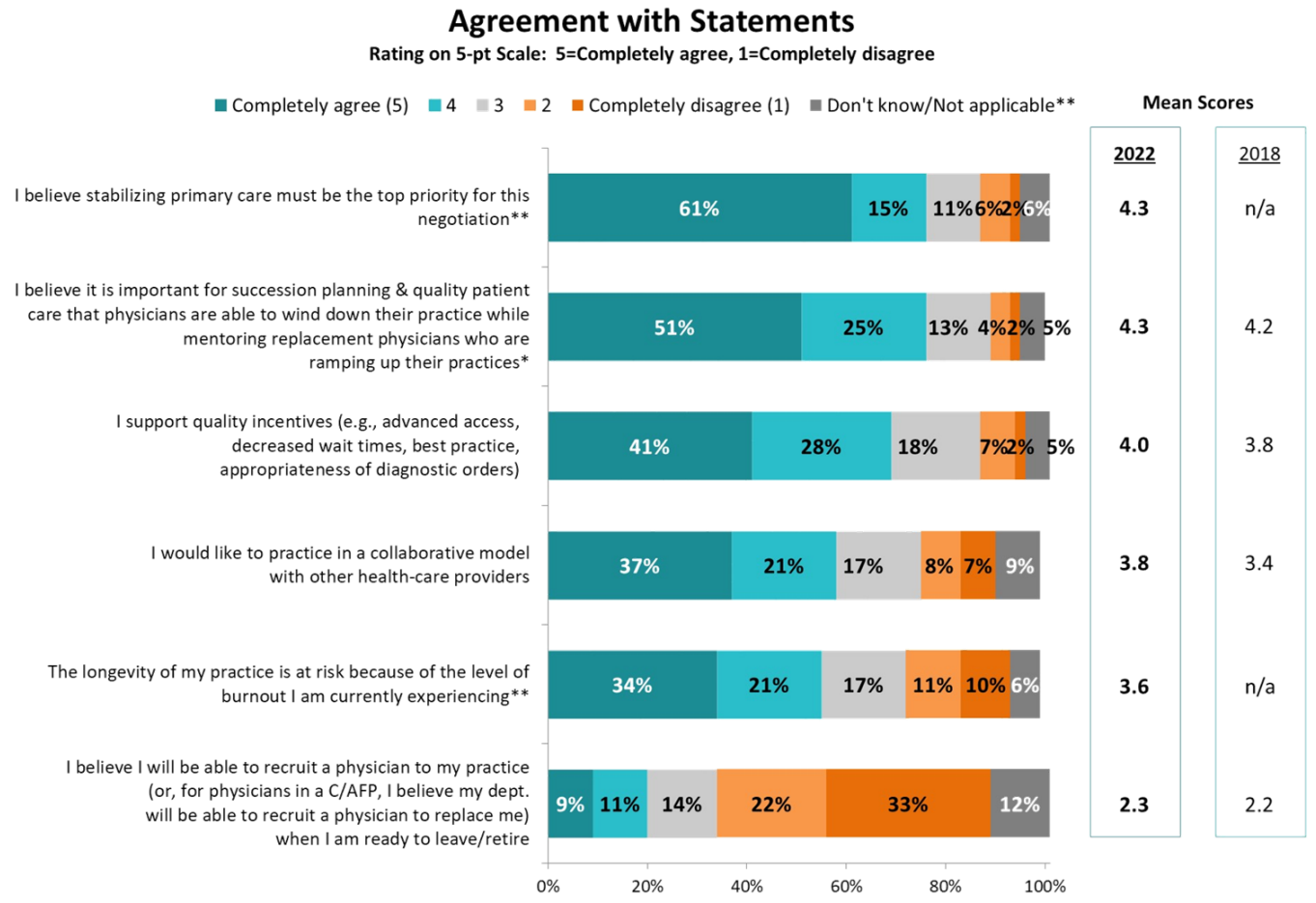
Q.23a-d, g: Please indicate the extent to which you agree or disagree with each of the following statements:? (2018, n=812; 2022, n=777) **Slight wording change 2022.*
Note: Responses of 'Don't know/Not applicable' are excluded from the Mean calculations.

A majority completely agree that stabilizing primary care must be the top priority for this negotiation.

Agreement that ***stabilizing primary care should be the top priority of this negotiation*** is notable, with 61 percent in complete agreement. Those under the APP payment model are most likely and those under the C/AFP payment model are least likely to agree, albeit a strong majority across these segments are in agreement. Surgical specialists are less inclined to agree than other physicians.

Also reflecting strong agreement, half (51%) completely agree ***succession planning and quality patient care is important*** (51%). Slightly fewer members completely agree they ***support quality incentives*** (41%), would like to ***practice in a collaborative model with other health-care providers*** (37%), and ***feel the longevity of their practice is at risk because of the level of burnout they are currently experiencing*** (34%). Fee-for-service doctors are least likely to agree they would like to practice in a collaborative care model, as are specialists.

Few completely agree they will be able to ***recruit a physician to their practice when they are ready to leave/retire*** (9%). That said, agreement is more robust (39%) among those under the C/AFP payment model, as well as among specialists. (Tables 23a-k)

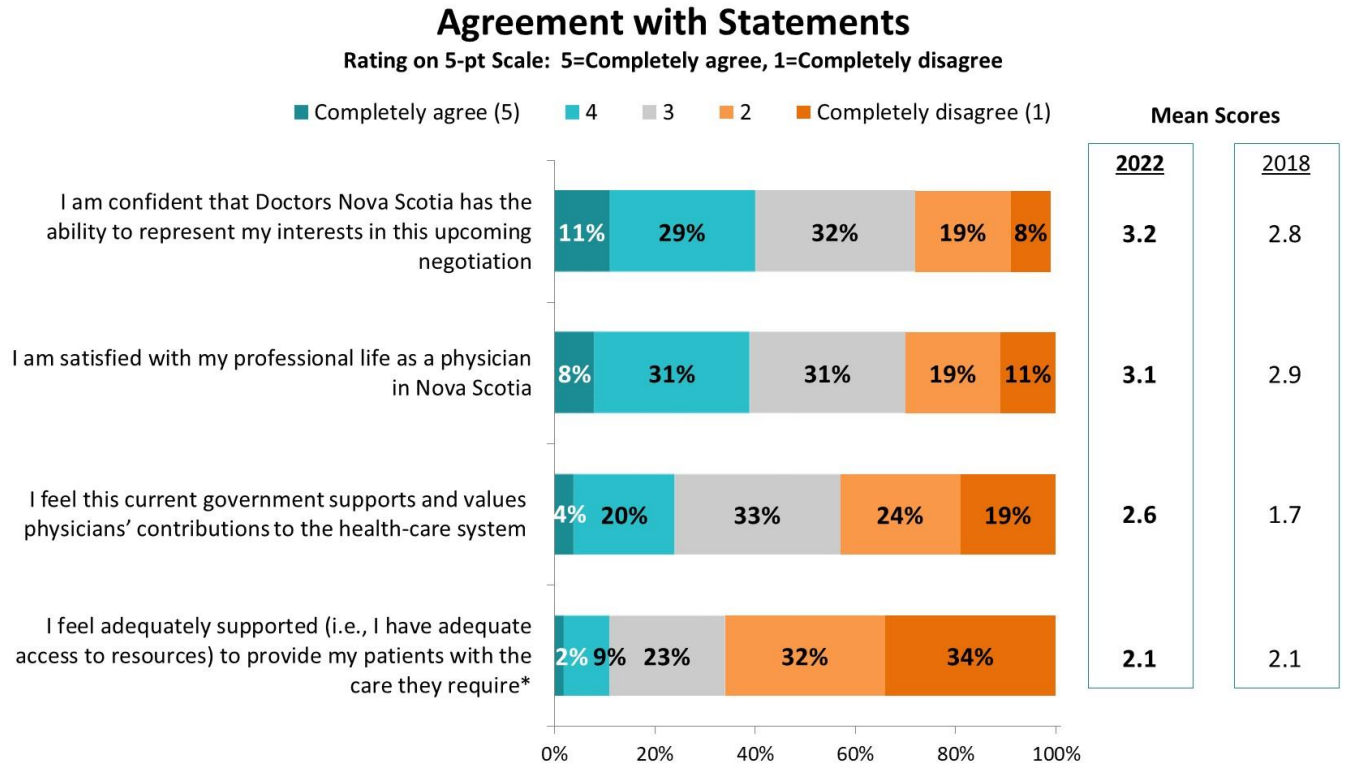


Q.23e-f, h-k: Please indicate the extent to which you agree or disagree with each of the following statements:? (2018, n=812; 2022, n=777) **Slight wording change 2022. **Added 2022.*
Note: Responses of 'Don't know/Not applicable' are excluded from the Mean calculations.

There is considerable pessimism among Nova Scotia physicians about feeling adequately supported – both to provide patients with care and by the current government.

Large segments of members disagree they feel ***adequately supported to provide their patients with the care they require*** (66% disagree) and that ***the current government supports and values physicians' contributions to the health-care system*** (43% disagree).

There are more mixed reviews in terms of being ***satisfied with their professional life as a physician in Nova Scotia*** and being ***confident that Doctors Nova Scotia has the ability represent their interests in this upcoming negotiation***. Notably, a quarter express a lack of confidence in this regard. Satisfaction with their professional life is most limited among family doctors. (Tables 24a-d)



Q.24a-d: Please indicate the extent to which you agree or disagree with each of the following statements: (2018, n=812; 2022, n=777) **Slight wording change 2022.*

How Doctors Nova Scotia Can Improve

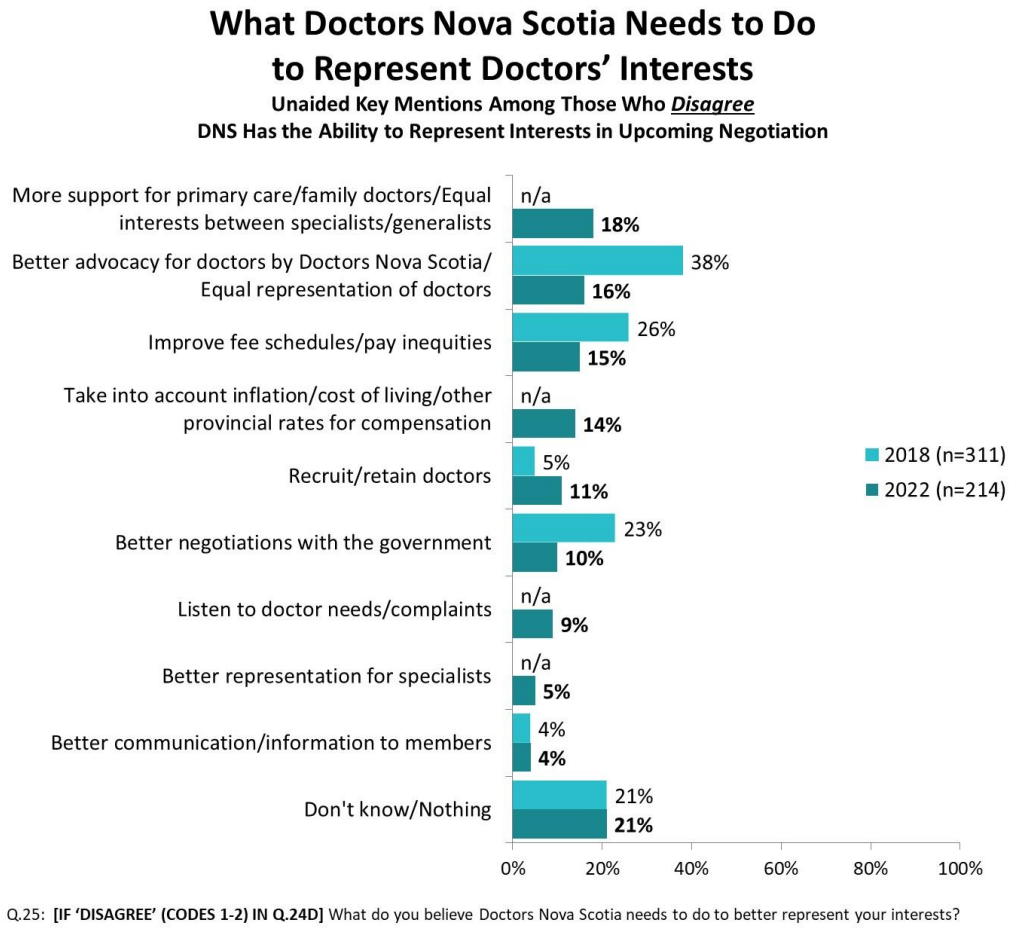
Across unaided mentions, a variety of answers were put forward regarding how Doctors Nova Scotia can better represent doctors' interests, mostly related to support, advocacy, improvement to fee schedules and compensation.

Members who doubt Doctors Nova Scotia's ability to represent their interests in the upcoming election were asked what DNS needs to do to better represent their interests.

Results indicate that slightly less than two in ten want ***more support for primary care/family doctors or equal interests between specialists/generalists*** (18%), ***better advocacy for doctors by Doctors Nova Scotia/equal representation of doctors*** (16%), ***improvements to fee schedules/ pay inequities*** (15%), and to take into account ***inflation/costs of living/other provincial rates for compensation*** (14%).

Additional responses speak to ***recruiting/retaining doctors*** (11%), ***better negotiations with the government*** (10%), ***listening to doctor needs/complaints*** (9%), ***better representation for specialists*** (5%), and ***better communication/information to members*** (4%).

Two in ten members mention they don't know or have nothing additional to add (21%). (Table 25)



Q.25: **[IF 'DISAGREE' (CODES 1-2) IN Q.24D]** What do you believe Doctors Nova Scotia needs to do to better represent your interests?

Comments About Negotiations

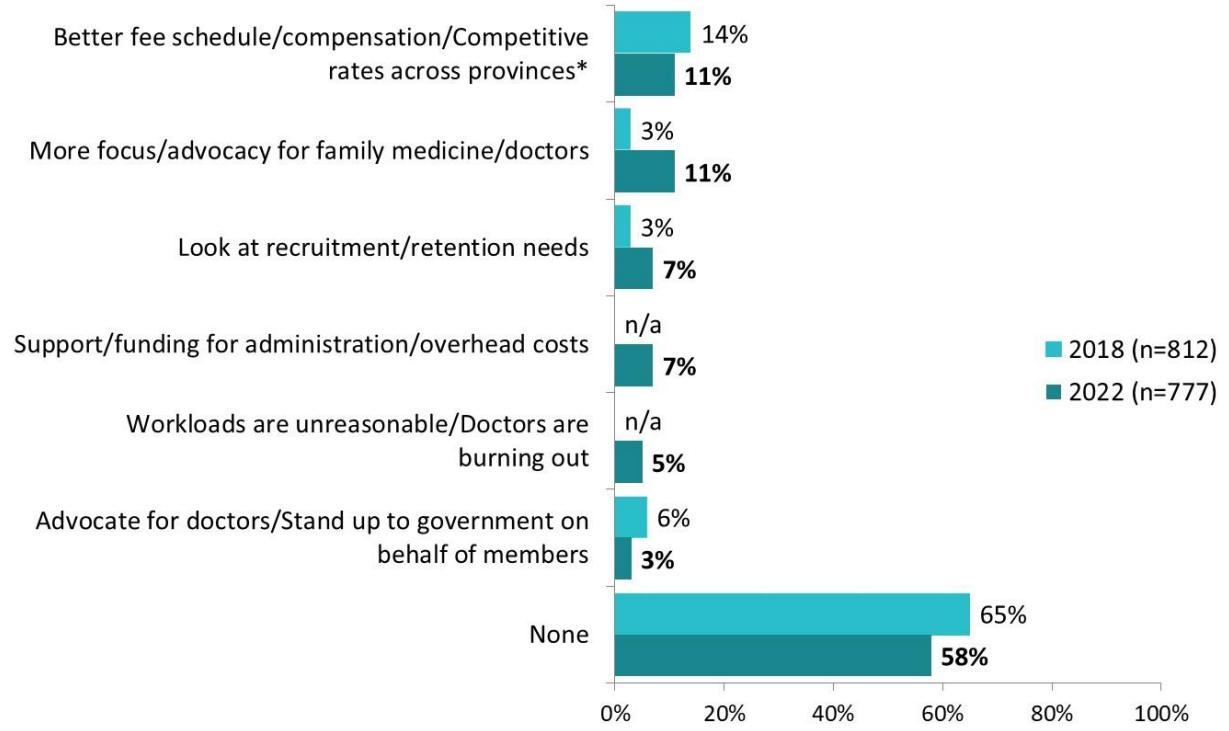
The majority of members do not have additional comments about the upcoming negotiations process. Of the small percentage that do, comments speak to a better fee schedule/compensation and more focus/advocacy for family medicine/doctors.

When asked to offer further comments on the Master Agreement and Contract negotiation, the majority of physicians (58%) do not offer additional comments about the upcoming negotiations process.

Of those that do, mentions speak to ***having a better fee schedule/compensation/ competitive rates across provinces*** (11%), ***more focus/advocacy for family medicine/doctors*** (11%), ***looking at recruitment/retention needs*** (7%), ***support/funding for administration/overhead costs*** (7%), ***workloads are unreasonable/doctors are burning out*** (5%) and ***advocating for doctors/standing up to the government*** on behalf of members (3%). (Table 26)

Additional Comments about the Upcoming Negotiations Process

Unaided Key Mentions



Q.26: Please share any other comments you might have about the upcoming negotiations process? **Slight wording change 2022.*

NARRATIVE
RESEARCH

Priorities

Priorities for Master Agreement – Compensation

Compensation priorities include a variety of factors, with overhead support for physicians who bear the costs associated with an office space practice being among the top responses.

Members who do not have AFP as their primary payment model were asked to identify how important each of various factors are regarding physician compensation outcomes for the next Master Agreement.

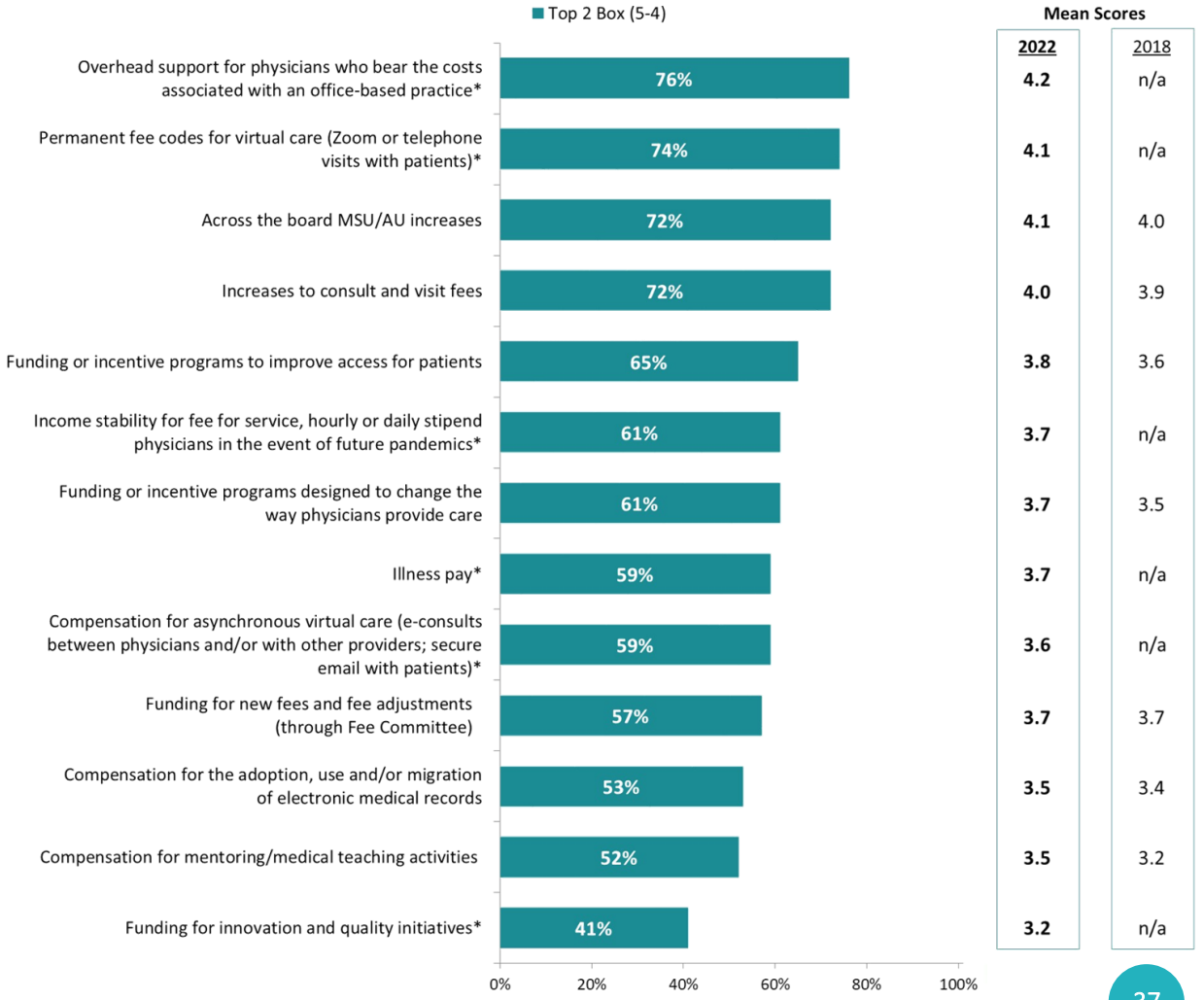
The outcome deemed most important is ***overheard support for physicians who bear the costs associated with an office-based practice*** (76%). This is very closely followed by ***permanent fee codes for virtual*** care (74%), across the ***board MSU/AU increases*** (72%) and ***increases to consult and visit fees*** (72%).

Additional replies include ***funding or incentive programs to improve access for patients*** (65%), ***income stability for fee for service, hourly or daily stipend physicians in the event of future pandemics*** (61%), ***funding or incentive programs design to change the way physicians provide care*** (61%), ***illness pay*** (59%), ***compensation for asynchronous virtual care*** (59%), ***funding for new fees and fee adjustments*** (57%), ***compensation for the adoption, use and/or migration of electronic medica records*** (53%), and ***compensation for mentoring/medical teaching activities*** (52%). The least important element related to physician compensation outcomes is ***funding for innovation and quality initiatives*** (41%).

There is some variation across payment models with those under APP placing more emphasis across a variety of factors, especially in relation to fee for service practitioners. An exception is income stability for fee for service, which as might be expected, is more emphasized by fee for service physicians. (Tables 15a-m)

Importance of Physician Compensation Outcomes for the Next Master Agreement

Rating on 5-pt Scale: 5=Critically important, 1=Not at all important
Excluding **Those with AFP as Primary Payment Model**



Q.15a-m: **[IF NOT 'AFP' IN Q.3]** How important are each of the following **physician compensation outcomes** for the next Master Agreement? (2018, n=600; 2022, n=600)
**Activity added 2022.*

Priorities for Master Agreement – Health-Care System Improvements

Health-care system improvement priorities include retention incentives and a new or improved primary care payment model that better supports modern primary care practice.

Considering burnout and moral injury among physicians is at an all-time high, physicians were asked how important each of several health-care system improvements are for the Master Agreement.

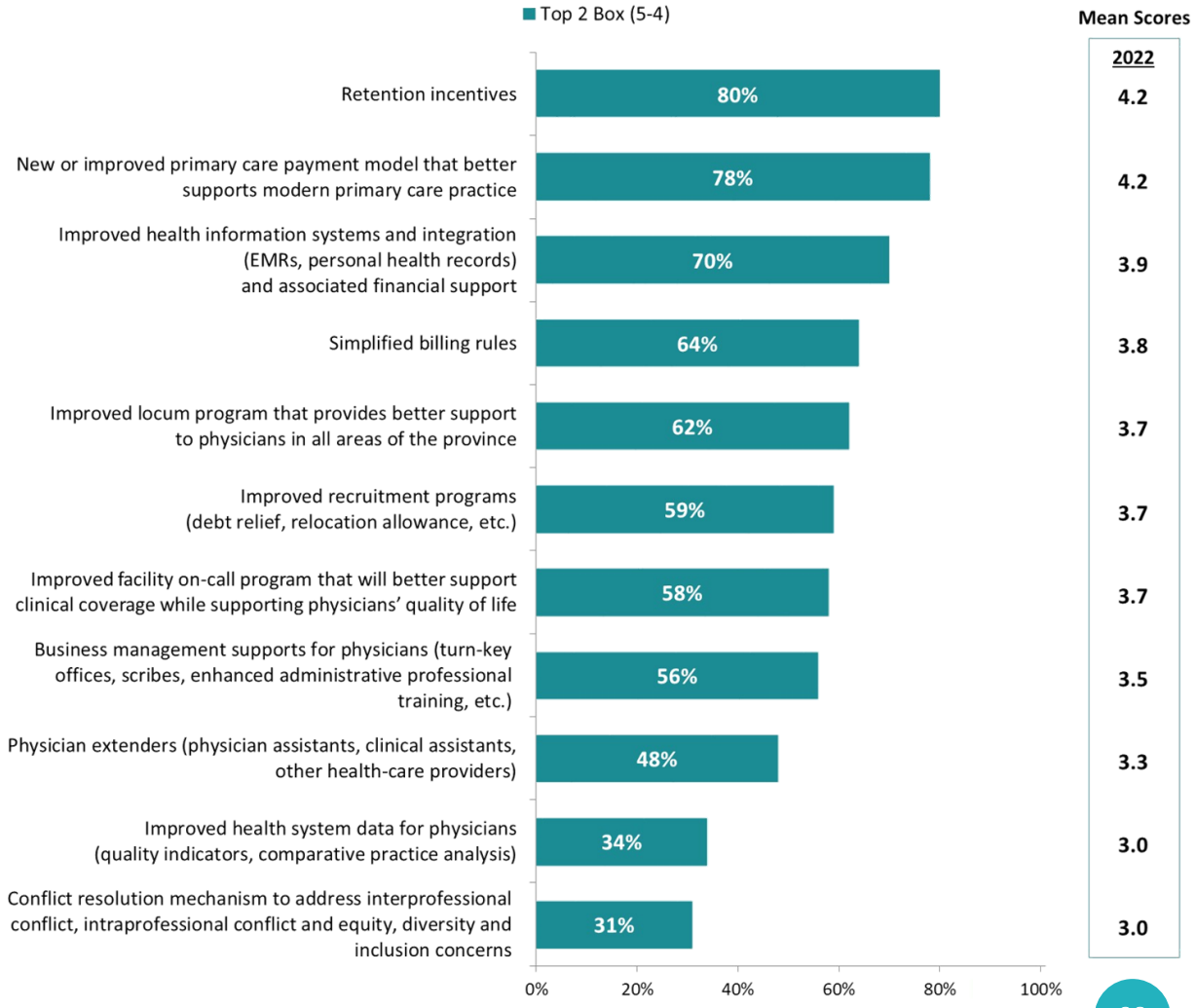
The two highest priority health-care system improvements that doctors would like to see in the next Master Agreement are ***retention incentives*** (80%) and a ***new or improved primary care payment model that better supports modern primary care practice*** (78%). Between seven in ten and half of members indicate the importance of ***improved health information systems and integration*** (70%), ***simplified billing rules*** (64%), an ***improved locum program that provides better support to physicians in all areas of the province*** (62%), ***improved recruitment programs*** (59%), an ***improved facility on-call program that will be support clinical coverage while supporting physicians' quality of life*** (58%), and ***business management supports for physicians*** (56%).

Fewer than half of members rate ***physician extenders*** (48%), ***improved health system data for physicians*** (34%), and a ***conflict resolution mechanism to address interprofessional conflict, intraprofessional conflict and equity, diversity and inclusion concern***s (31%) as important.

Of note, retention incentives and new or improved primary care payment models are among the top three mentions across all payment models. That said, simplified billing rules edges out improved health information system for fee for service physicians, while improved locum program edges into the top three among those under the APP model. (Tables 16a-k)

Importance of Health-Care System Improvements for the Next Master Agreement

Rating on 5-pt Scale: 5=Critically important, 1=Not at all important



Q.16a-k: We recognize that burnout and moral injury among physicians is at an all-time high. In light of that, how important are each of the following **health-care system improvements** for the next Master Agreement? (2022, n=777)

Priorities for C/AFP Contract – Compensation

Targeted funding for C/AFP physicians relative to the national mean of peer specialties working at academic health science centres across Canada is the most important in terms of physician compensation priorities.

Members were asked how important several physician compensation priorities are to them.

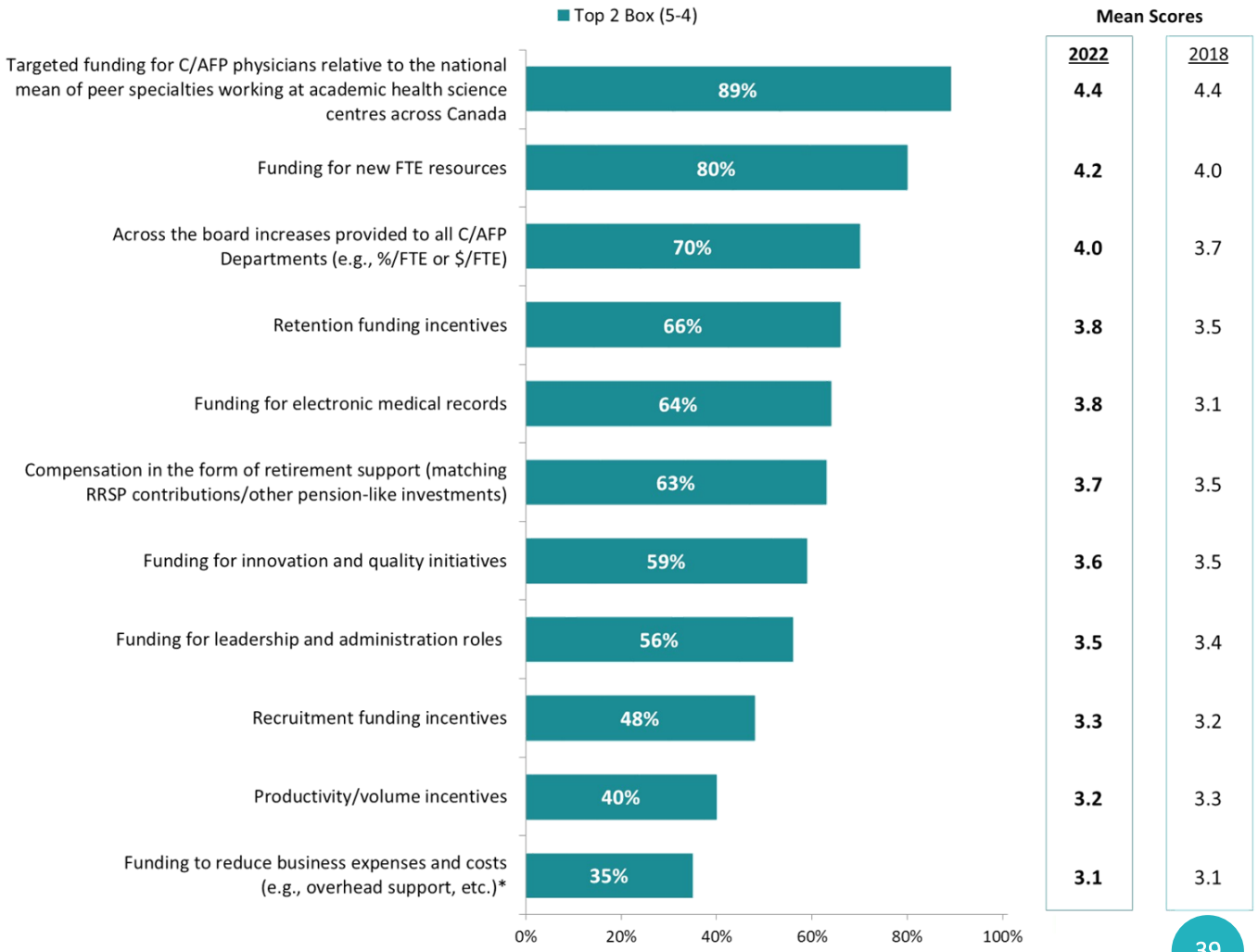
A strong majority (89%) indicate that ***targeted funding for C/AFP physicians relative to the national mean of peer specialties working in academic health science centres across Canada*** is the most important priority.

This is followed by ***funding for new FTE resources*** (80%), ***across the board increases provided to all C/AFP Departments*** (70%), ***retention funding incentives*** (66%), ***funding for electronic medical records*** (64%), ***compensation in the form of retirement support*** (63%), ***funding for innovation and quality initiatives*** (59%), and ***funding for leadership and administration roles*** (56%).

Fewer than half of members gave a top 2 box score (5-4 rating) for ***recruitment funding incentives*** (48%), ***productivity/volume incentives*** (40%), or ***funding to reduce business expenses and costs*** (35%). (Tables 17a-k)

Importance of Physician Compensation Priorities for the Next C/AFP Master Agreement

Rating on 5-pt Scale: 5=Critically important, 1=Not at all important
Among Those with AFP as Primary Payment Model



Q.17a-k: **[IF 'AFP' IN Q.3]** How important are each of the following **physician compensation priorities** for the next C/AFP Master Agreement? (2018, n=212; 2022, n=177)
**Slight wording change 2022.*

Priorities for C/AFP Contract – Health-Care System

The C/AFP Mater Agreement top priorities includes funding to support the C/AFP academic mandate and improved health information and integration systems financial support.

Physicians whose primary payment model is AFP were asked how important each of several health-care system improvements are for the next C/AFP Master Agreement.

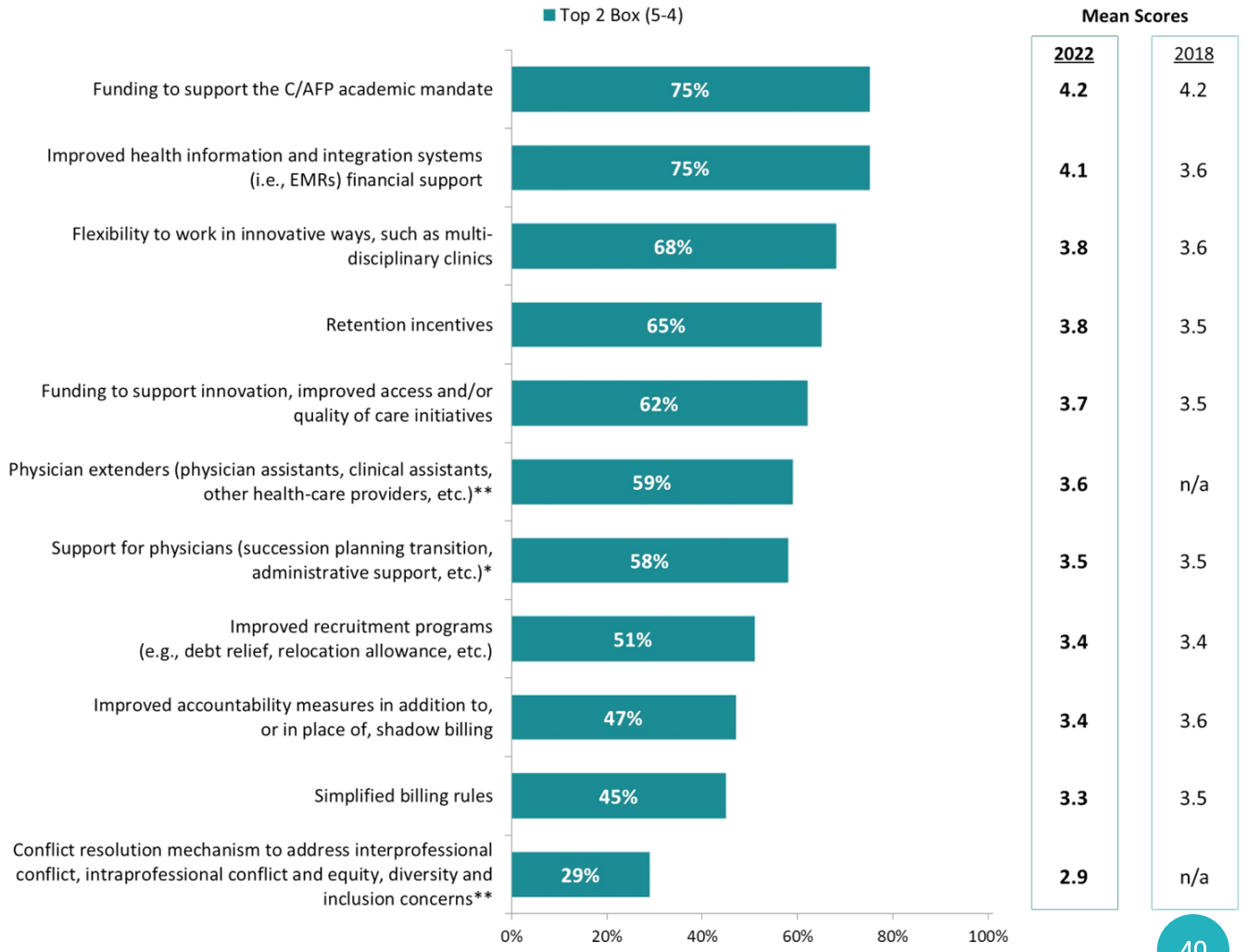
A strong majority place importance on a variety of factors. The highest priority health-care system improvement for C/AFP doctors is ***funding to support the C/AFP academic mandate*** and ***improved health information and integration systems*** (75% each).

Also considered important by a notable majority are ***flexibility to work in innovate ways, such as multi-disciplinary clinics*** (68%), ***retention incentives*** (65%), ***funding to support innovation, improved access and/or quality of care initiatives*** (62%), ***physician extenders*** (59%), ***support for physicians*** (58%), and ***improved recruitment programs*** (51%).

Half or fewer members indicate the importance of ***improved recruitment programs*** (51%), ***improved accountability measures in addition to, or in place of, shadow billing*** (47%) and ***simplified billing rules*** (45%). Three in ten (29%) indicate the importance of a ***conflict resolution mechanism to address interprofessional conflict, intraprofessional conflict and equity, diversity and inclusion concerns***. (Tables 18a-k)

Importance of Health-Care System Improvements for the Next C/AFP Master Agreement

Rating on 5-pt Scale: 5=Critically important, 1=Not at all important
Among Those with AFP as Primary Payment Model



Q.18a-k: **[IF 'AFP' IN Q.3]** How important are each of following **health-care system improvements** for the next C/AFP Master Agreement? (2018, n=212; 2022, n=177)
**Slight wording change 2022. **Added 2022.*

Priorities for Agreement/Contract – Physician Well-Being

When considering physician well-being, no single issue stands out as a widespread priority, although enhancements to the health and dental coverage ranks at the top.

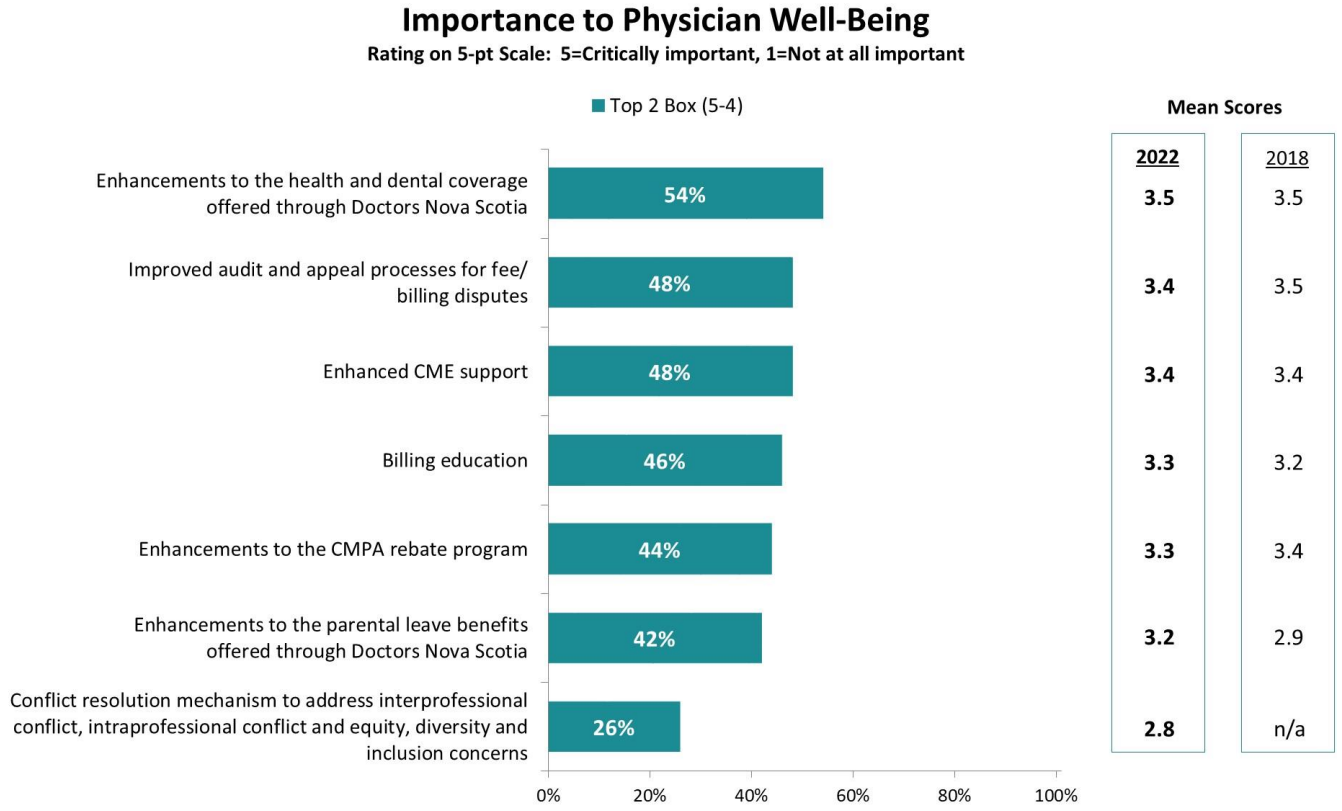
Members were asked to think about physician well-being and indicate how important they consider several outcomes.

No single outcome was identified as important by a widespread majority. That said, ***enhancements to the health and dental coverage offered through Doctors Nova Scotia*** ranks at the top, with just over one-half (54%) rating it as important.

Several other factors are rated as important by at least four in ten including ***improved audit and appeal processes for fee and billing disputes*** (48%), ***enhanced CME support*** (48%), billing education (46%), ***enhancements to the CMPA rebate program*** (44%), and ***enhancements to parental leave benefits*** (42%).

There are some variations across payment models that merit mention. Improved audit and appeal processes is more likely to be mentioned by fee for service physicians and is indeed the top mention among this segment. Enhanced CME support is the top mention among APP payment method physicians and is identified notably more among these than among physicians under other payment models. Those under the C/AFP payment model place less emphasis on billing education compared with those under APP or fee for service.

There is also variation across physician types with residents/students placing much more emphasis on enhancements to benefits (health and dental and parental leave) than others. Surgical specialists place less emphasis relative to others on billing education and improved audit and appeal practices. (Tables 20a-g)



Q.20a-g: Thinking of **physician well-being**, how important do you consider each of the following outcomes? (2018, n=812; 2022, n=777)

NARRATIVE
RESEARCH

Every insight tells a story.