Working Together

Doctors Nova Scotia's 2024 Election Priorities

octors Nova Scotia (DNS) is the collective voice of physicians in Nova Scotia. Its membership comprises more than 3,500 physicians, including practising and retired physicians, medical students and residents.

We believe every Nova Scotian deserves to be attached to a family doctor and to have good access to specialty medical services.

Election 2024 provides an opportunity for Nova Scotians and health-care providers to share their priorities for a healthy, thriving provincial health-care system. Here are doctors' top four election priorities.



PROVINCIAL 2024 ELECTION PRIORITIES



Invest in primary care infrastructure and collaborative clinic implementation

Doctors Nova Scotia supports the College of Family Physicians of Canada (CFPC)
Patient Medical Home (PMH) and Patient Medical Neighbourhood models as the clear vision for collaborative care.

The PMH is a model in which patients are attached to collaborative clinics of family doctors, nurses and other providers who care for them as a team. The model recognizes the critical role that family doctors and family practices play in the health-care system and enables them to deliver better health outcomes, enhance efficiency and improve quality of care. Patients see the most appropriate care provider for their needs, under the leadership of their family physician.

Nova Scotia's primary care leaders, health-care providers, patients and stakeholders agree that increasing the number of PMHs in the province will help stabilize primary care. Research has shown a reduction in wait times, improved coordination of care, more appropriate referrals, less duplication of services and reduced emergency department visits when using teambased primary care approaches.²

Our province must remove barriers for the successful implementation of collaborative care practices.

Invest in infrastructure:

Practice locations and size can create barriers to effective collaboration.

Practices with multiple providers need more exam rooms, larger waiting areas and collaboration spaces. Existing clinics often do not have enough space to welcome new providers or to train medical students, residents and other learners. When increasing the number of collaborative clinics throughout the province, consideration must be given to how to enhance existing infrastructure and how to plan for space in new collaborative clinics.

Develop an implementation strategy:

We must transform the vision of collaborative care in Nova Scotia into a realistic implementation plan so we can make the vision a reality. Health-care provider associations, colleges and regulatory bodies must collaborate with government stakeholders on the development of this implementation plan.

Retain our physician workforce
To maximize the investments in physician recruitment, we must collectively turn our effort toward creating a supportive transition into practice, so that the recruited physicians decide to stay in Nova Scotia.

Onboarding supports

Every new physician arriving in Nova Scotia must feel welcomed and supported as they begin practice here. This includes immigration support, licensing support, help identifying schools and jobs for family members, and feeling welcomed by people in the health-care system and in the community.

Retaining medical learners

About 60 new doctors graduate each

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year in Nova Scotia. Our province must strive to hire them all to fill vacancies. Job offers should be made before they've completed their medical training and before other provinces try to recruit them away. Medical students need to know they are wanted and valued in Nova Scotia.

Supports for international medical graduates:

Doctors who have trained outside of Canada (international medical graduates, or IMGs) who enter practice in Nova Scotia face unique challenges. Many feel isolated, experience racism and feel unsupported when entering practice. International medical graduates are typically not connected to a community (cultural, religious, etc.) and live far from their extended families. To retain IMGs in our province, we need to be aware of these challenges and work together to support the physicians and their family members.

Physician retention coordination committee:

While our province is working hard to recruit physicians, it also needs to invest in retaining our medical students, residents and international medical graduates (IMGs). Our province must develop a provincial committee comprised of health-system partners to focus on supporting physicians transitioning to practice in Nova Scotia. This committee would coordinate onboarding efforts, identify potential issues, provide important practice and compensation information, and ensure physicians starting practice in Nova Scotia are positioned for success.

Prioritizing physician wellness Already-high rates of physician burnout continue to climb in Nova Scotia. Physician burnout impacts patient care. A Canadian Medical Association survey found that half of the physician workforce is considering reducing their clinical workload.3 This comes at a time when more than 150,000 people in Nova Scotia are without a family doctor and wait times for specialty services can be very long. Our province must invest in physician wellness to ensure physicians continue to practise and patient care is not adversely affected. Reducing unnecessary administrative burden and investing in Al assistants are two ways to help.

Continue to invest in reducing unnecessary physician administrative burden:

Nova Scotia is already leading the country in reducing unnecessary administrative burden for doctors. The province expects to have eliminated 400,000 hours of work by the end

of 2024, yet there is more work to do. In addition to reducing the existing administrative burden, we must also work together to ensure less administrative burden is being introduced through new initiatives. We want this work to eventually result in a culture change that sees the end of the duplication, overreach and complexity of administrative tasks. This will improve the efficiency and efficacy of the healthcare system for all.

• Invest in artificial intelligence, specifically AI scribes:

Doctors see the potential of AI scribes to reduce administrative burden by automating note taking. AI scribes can give physicians more concentrated time during patient appointments. The Ontario Medical Association recently completed a study that showed the use of AI scribes saved family doctors three to four hours of work per week. More importantly, 75% of doctors reported a reduction in their mental load, with 48% reporting that the quality of care





they provided increased because of the reduction in mental fatigue. By providing family doctors with an AI scribe and guidance on best practices, we will see better job satisfaction for doctors and improved patient care.

Prioritize interoperability
Nova Scotia's digital health
systems are poorly integrated,
causing significant challenges to

providing timely care and increasing administrative burden. Doctors and other health-care providers spend significant time on various platforms searching for information they need about their patients. Investing in systems like One Patient One Record (OPOR), which will integrate all hospital-based digital systems across the province, is necessary. We need to see a second phase of this project in

which community-based physicians' also have a fully integrated single platform to easily access their patients' records. Our province must continue to work toward an integrated digital Nova Scotia health system that supports physicians and is easy to access in hospital settings and in the community. This would further improve patient care and safety by providing doctors and other providers with a single source of patient information, available across the province, to support patient care.

• Continue to implement OPOR: Implementing OPOR is going to be a long process that puts stress on the system. Doctors must continue to be engaged and supported through the process to ensure it is successful.

• Improve family physician access to patient information:

Community-based doctors must currently access multiple systems to retrieve patient information. These multiple logins create inefficiencies and potential patient safety risks. Doctors need access to all patient information on one platform with a simple sign-in process. The health partners need to work together to find a solution to this issue.

WORKING TOGETHER – IT JUST WORKS

We can ensure Nova Scotia is well positioned to recruit and retain skilled doctors, introduce new and innovative ways to deliver health care, and continuously look for ways to improve patient care and access by working together.