Doctors Nova Scotia's Community Listening Tour

Physicians in Nova Scotia are under pressure. Faced with large patient rosters and limited resources, they are worried about their patients, their practices and their personal lives. That's why this spring, members of Doctors Nova Scotia's (DNS) senior leadership team embarked on a province-wide listening tour. They attended 29 meetings with a total of 235 physicians in 24 communities – learning about the challenges of practising medicine in Nova Scotia from people who are experiencing them first-hand.

Doctors Nova Scotia held 11 meetings in your zone. This report summarizes the discussion DNS staff members had with physicians in Fall River/Cobequid, highlights key themes in your area and across the province, and outlines what DNS is doing to help.

Community Report: Fall River/Cobequid

Meetings in Zone 4 – Central

Location	Date	# of physicians
Cobequid Community Health Centre	May 18	16
Twin Oaks Memorial Hospital	June 7	3
Musquodoboit Valley Memorial Hospital	June 7	2
Eastern Shore Memorial Hospital	June 7	3
QEII-Veteran's Memorial Building	June 13	4
NSCC-Waterfront Campus (Dartmouth)	June 14	8
Spryfield Medical Centre	June 14	7
St. Margaret's Community Centre	June 21	13
Dalhousie-Collaborative Health Education Building	June 21	4
IWK	June 22	2
Gladstone Family Practice Associates	Sept 10	15
Individual correspondence	Aug-Sep	5
TOTALS	**11 meetings**	**82 physicians**

Issues in Fall River/Cobequid

The physicians who participated in the Fall River/Cobequid community meeting expressed concerns about the following issues. Here's what we heard:

<u>Collaborative care</u>

- Physicians are concerned that the terms being offered to nurses within the new collaborative practices are far better than the terms being offered to physicians. For the nurses, for example, there is no overhead and minimal expectations for patients seen per day. In fact, it was noted that some of the local physicians met with the Nova Scotia Health Authority (NSHA) to explore the collaborative model. After explaining the collaborative practice arrangements for physicians and nurses, the NSHA representative

concluded the meeting by saying, “Don’t you wish you had gone to nursing school?” This was frustrating for the physicians present.

- Physicians noted that when nurse practitioners (NPs) when introduced in the province, they were meant to be partners in collaborative care, but this is not how the model has evolved in Nova Scotia. Instead, many NPs have been put into practices where they work practically solo.

Compensation/fees

- Family physicians feel highly undervalued. The non-face-to-face fees are more favourable for specialists than for family physicians, and the billing rules are far too cumbersome for those fees to be billed effectively. There is concern about the loss of the Comprehensive Care Incentive Program (CCIP) for full-scope family practice.
- If the government wants control over how and where physicians practice, it would be appropriate to cover the 30 percent overhead to at least make physicians feel more valued. The group noted there are some physicians in this community who are struggling to cover the rent for their practices.
- There should also be efforts made by the government to stabilize primary care incomes, whether that is by instituting a higher fee for office visits or a capitation-based model.
- Physicians cautioned that it is important to be cautious about preserving physician autonomy; this is critical if physicians are to be effective advocates for patients.

Master Agreement

- Physicians have concerns that the government and DNS favour specialists over family physicians. The new Master Agreement contract was a step backward for family physicians, with the removal of incentive programs like the CCIP.
- It was suggested that physicians and DNS need to build an appropriate and fair payment model for primary care and present it to government.
- Physicians observed that comprehensive family practice is becoming increasingly unsustainable. Well-established physicians and practices are now struggling to keep up with the increasing costs of overhead. More and more work is done on a “voluntary” basis (for example, documentation, forms and non-face-to-face care). In addition, patients are requiring increasingly complex care and appointments take more time than the fee schedule permits.

Nova Scotia Health Authority

- Physicians believe there is insufficient transparency regarding NSHA decisions. It seems to be a moving target, especially with regard to vacancies and recruitment.
- Physicians have significant concerns about requests for new or replacement physicians and how (and by whom) those decisions are being made within the NSHA.

- Physicians are also concerned that the NSHA is using the privileging process to restrict physician mobility. This should be challenged.
- Physicians believes the NSHA lacks meaningful physician input. Having grassroots physicians at decision-making tables (including the NSHA Board) is essential.
- Physicians are lacking enthusiasm about the collaborative clinics primarily because the NSHA has provided very few, if any, details about how the clinics will work from a business perspective.

<u>Primary care</u>

- Family physicians are managing more highly complex patients than ever before. They feel they aren't getting the kind of specialist support they used to receive. For example, psychiatry will not consult by telephone because they are concerned about liability issues and cardiology ceases support after six months.
- Many early-career family physicians are already thinking about retirement. They feel that they can't possibly work full time in this environment because it's too physically draining and too emotionally exhausting.
- The last Master Agreement will bring about *reduced* income for many family practitioners, while overhead costs continue to climb, and many established practices are now struggling to survive. Primary care incomes need to be stabilized, quickly.

<u>Professional connection</u>

- There is no collective voice for family physicians in the metro area. This is a real gap, and it could potentially be addressed through a medical staff association (MSA) specifically for family physicians. It was noted that the notion of becoming part of a MSA that includes specialists and whose leadership is exclusively specialists would be a concern.

<u>Recruitment/retention</u>

- The Fall River practice tried to get a new physician but found many of the NSHA criteria do not make sense as they are not based on billings, the number of patients seen or community need, but on how many sessions per week the physician works. Physicians need clarity on these requirements and they need to understand the rationale for the decisions that are made. Then, if there is an issue, they can have a reasonable and informed discussion should they choose to challenge a particular criterion.
- Physicians in this area are concerned because it is a growing community and the list of physician vacancies is also growing. The current provincial approach to recruitment is lacking in both effort and results, and it does not reflect the reality of what is happening.
- Physicians believe there is no attention being paid to retention. Brand-new physicians are being offered so much more than seasoned physicians. Current physicians can't get the same arrangement because government will only offer an APP based on current billings, even if those physicians are meeting (or exceeding) the deliverables of a full-

time APP physician and carrying a larger patient population than most new graduates will be able to carry. This feels disrespectful of the contributions of seasoned physicians, and is particularly challenging when these same physicians are facing unsustainable practices and struggling just to keep their doors open and businesses afloat.

Succession planning

- The lack of succession planning is a significant concern. There needs to be a less rigid and more flexible way to support physicians who wish to transition out of practice. In doing so, we should also be able to create more opportunity for mentoring of new physicians and smoother transition for patients. Physicians are perplexed that the NSHA and/or government are standing in the way of this approach.

Issue themes across the province

Many of the issues discussed in your community reflect concerns DNS has heard from physicians across the province. These concerns can be grouped into five themes:

Fragility of the physician workforce

- Including the shortage of physicians in Nova Scotia, persistent recruitment and retention concerns, lack of succession planning, lack of support for new physicians, and physician stress and burnout

Loss of professional autonomy and satisfaction

- Stemming from a loss of local authority and decision-making at the Nova Scotia Health Authority (NSHA), a lack of clarity about how, why and by whom decisions are made, a feeling of disconnection from the NSHA, and a loss of connection within the physician community itself

Demise of comprehensive family medicine

- Including excessive workloads, the fact that comprehensive family practice is increasingly an unsustainable business model, unintended incentives away from comprehensive family practice, and the absence of viable alternatives to the fee-for-service payment model

Unsustainability of rural specialty services

- Including unsustainable call schedules, recruitment and retention challenges, lack of succession planning and loss of local authority and decision-making

Lost opportunities to leverage technology

- Including the new non-face-to-face fee codes, which many physicians feel are cumbersome, and lack of compensation for physicians using MyHealthNS

Most of these themes reflect broad, systemic issues that are beyond the association's ability to resolve independently. However, even if DNS can't resolve the issue directly, the association can help members by ensuring that key health-system leaders understand the importance of resolving these issues in a timely manner.

Provincial next steps

- ***Provincial report and recommendations*** – Doctors Nova Scotia staff members are preparing recommendations on how best to address each of the themes identified above. In many cases, these recommendations will be based on solutions suggested by physicians. These recommendations will be outlined in more detail in the in-depth provincial community meeting report, which will be shared with physicians and key health-system leaders in September.
- ***Advocacy*** – Doctors Nova Scotia will continue its advocacy efforts on these priority issues that require collaboration with and leadership from other stakeholders, including the NSHA, the IWK, Dalhousie Medical School and the provincial government.
- ***Community-specific issues*** – Doctors Nova Scotia staff will continue to carry out any action items that are within the association's scope of work, and to advocate for resolutions to issues that are specific to individual communities.

Community support

These community meetings were a first step in the association's work to improve communication and connection with its members. Starting in September, each zone will have a dedicated DNS staff member. Their job will be to help DNS better understand your practice and community needs, and to help you solve problems and better navigate the system. This dedicated staff person will be your connection to DNS. If your concerns aren't reflected in this report, your dedicated DNS staff member will be available to listen, advise and help you resolve the issue.

Your dedicated staff member is:

Jennifer Girard
Zone 4 (central – Halifax Regional Municipality)
902-240-6301 (cell)

902-481-4912 (office)
jennifer.girard@doctorsns.com

Follow up

If you have any questions or comments on anything included in this report, please email community.outreach@doctorsns.com.