

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 six meetings in your zone. This report summarizes the discussion DNS staff members had with physicians in Kentville, highlights key themes in your area and across the province, and outlines what DNS is doing to help.

Community Report: Kentville

Meetings in Zone 1 – Western

Location	Date	# of physicians
Liverpool – Queen's General Hospital	May 9, 2017	8
Yarmouth – Yarmouth Regional Hospital	May 11, 2017	13
Bridgewater – South Shore Regional Hospital	May 16, 2017	15
Annapolis Royal – Annapolis Collaborative Centre	May 26, 2017	6
Clare – Clare Medical Centre	May 29, 2017	8
Kentville – Valley Regional Hospital	June 15, 2017	14
TOTALS	6 meetings	64 physicians

Issues in Kentville

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

College of Physicians and Surgeons of Nova Scotia

- Physicians believe the College of Physicians and Surgeons of Nova Scotia (CPSNS) is investigating physicians more often. Physicians wonder if this is because of more patient complaints or for another reason.
- Physicians would like to know if the CPSNS complaint process requires physicians to create a written response for all complaints.

Compensation/fees

- Emergency Level 3 pay for physicians needs to be competitive.
- The issue of what happens when physicians show up to work in the ER and it is closed should be addressed in the new Master Agreement. There should be some sort of compensation.

- Old community hospitals function as walk-in clinics for after-hours service, but the physicians who work there are not able to receive the GP evenings and weekend incentive payment. This needs to change to allow these physicians to receive the incentives.
- Family doctors feel like they are not wanted in the hospitals. Hospitalist physicians in Kentville receive 2.4 times more money than family physicians do to look after their own patients in hospital. This is an issue that is getting a lot of focus; any new hospitalist funding model needs to consider the impact on family physicians.
- Family physicians often get paid less (or not at all) than specialists doing the same work. For example, gynecologists are paid for IUD consultations, but family physicians are not. There is some confusing communication about the ability of family physicians to bill for IUD insertion, and greater clarity is needed.
- Inpatient care needs to be valued at a much higher rate.
- Physicians believe that the fee-for-service billings allowed in lieu of the Complex Care Incentive Program (CCIP) are insufficient, and they would like the Department of Health and Wellness (DHW) to consider a model that is more equal to the CCIP.

Doctors Nova Scotia

- Physicians are concerned that DNS views all physicians in general terms. However, when the topic of money is being discussed, the disparities between specialties makes things much more complicated. They believe DNS needs to be able to engage physicians at an individual level. Relativity seems to be an ever greater issue.
- Doctors Nova Scotia needs to overhaul how the association looks at the membership in terms of generalists and specialists. Some physicians want to know how DNS represents them – for example, is a family physician who also practises emergency medicine seen as a generalist or a specialist?
- Doctors Nova Scotia should inform new graduates that DNS will provide guidance and advice about their contracts and deliverables when they start to practice.

Nova Scotia Health Authority

- Physicians would like the Nova Scotia Health Authority (NSHA) to implement a consultation process – reaching out to physicians to ask them what the people and patients in their communities need.
- The NSHA and DHW appear to be very similar in what they do, which is confusing. Physicians would like some clarity about the organizations' respective roles and responsibilities.

Physician connection

- Physicians in the Kentville area have a medical society that represents all physicians. They would like to be integrated into the health authority in the same way the medical staff associations were.
- Physicians used to meet regularly to discuss local issues but most are now too busy with their own practices to do this and they feel like no one is listening to them anymore.

Recruitment/retention

- The NSHA is meeting twice a year for recruitment, but physicians in this area think they should be meeting monthly. The Kentville area lost the chance to recruit a geriatrician because of the long delay between meetings.
- Many new physicians do not want to be in an office five days a week. This poses a challenge when looking to recruit physicians to take over a practice where the outgoing physician was in the office for a full week.
- Some of the older practices don't have EMRs. New physicians will need to digitize these clinics and it is going to take a long time.
- Locum service is great, but it is difficult to attract a locum physician to a fee-for-service practice.
- There needs to be an extension of the current locum support for members who require more lengthy medical leaves or treatment.
- Regarding maternity leave, 30 days of locum coverage is not sufficient.

Primary care

- Physicians in the Kentville area are anxious about the “health home” program and how it will work from a logistical and financial perspective (for example, who pays the staff, who pays for rent, who is responsible for scheduling), and whether the new physicians will have to agree to work in a Health Home as a potential deliverable in their contracts.
- Some physicians believe that adding a family practice nurse or nurse practitioner to a practice makes the family physician's work more difficult, removes the physicians' say or control in the practice, and that ultimately they earn less income. Physicians would like to see the funding flow through the physician to avoid these potential problems.

Addressing the issues in your community

Doctors Nova Scotia staff members tracked the issues and action items that arose from each community meeting and have assigned staff members to certain action items. The actions that arose from your community meeting are:

- The DNS compensation team will compile a fact sheet comparing hospitalist and general practitioner fees. This will include an analysis of which general practitioner inpatient services could be incorporated into a hospitalist model.

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:

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Follow up

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