

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 Liverpool, highlights key themes in your area and across the province, and outlines what DNS is doing to help.

Community Report: Liverpool

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 Liverpool

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

Alternative Payment Plan (APP) contract

- Physicians believe that the current APP contracts have no incentives to provide full-service care or to take on more complex or ill patients. They think the contracts encourage itinerant care.
- Some physicians who are transitioning to the “health home” model of practice have been offered APPs. One of the physicians is concerned because the deliverables in his contract were changed to include another catchment area, but he was not consulted.

Collaborative care

- Physicians suggested that the fee-for-service model of payment does not work in a collaborative care setting. This is primarily due to the lack of services to bill for and the inability to bill for work done by other health professionals.

- The physicians value the work of nurse practitioners (NPs) and other health-care providers, but they worry that the provincial government and/or the Nova Scotia Health Authority (NSHA) may wrongly believe that NPs can be the “saviours” of the primary care system. Nurse practitioners can play an important role but the structure has to be carefully considered.
- Two of the physicians are transitioning from fee-for-service to “health home” practices and they are finding the transition exceptionally challenging. They feel that they are working harder and earning less. They are paying their own overhead. Their staff members are paid by the NSHA; as a result, the physicians feel that they do not have the authority to manage them.

Compensation/fees

- The group believes that the current system encourages, rewards and incents “episodic care.” There is nothing to encourage the full-service family practice anymore.
- A blended-payment model without negotiation would be the most appropriate way to compensate physicians in a collaborative practice.
- Physicians were initially optimistic about the non-face-to-face fee codes, but when they reviewed the billing rules and tried to bill, they found the rules so onerous that most have just stopped billing those codes, as they find it is not worth their time and effort.

Connection with colleagues

- The physicians are pleased with their ability to connect with colleagues in the local area. They meet every two weeks to discuss issues; when new physicians come to the area, they are mentored and supported by the older physicians. They would like to increase their connection with their colleagues in neighbouring communities.

Master Agreement

- Physicians expressed concern about the erosion of effective relationships between DNS, the Department of Health and Wellness (DHW) and the NSHA.
- Physicians see DNS as being in the difficult position of trying to represent all groups/specialities.
- Family physicians feel that this last contract was a step backward for the full-scope family physicians.

Nova Scotia Health Authority

- Physicians indicated that there has been a total loss of local decision-making and authority, particularly regarding recruitment and retention.
- Physicians feel that their issues get lost when they raise them with the NSHA. If they ask someone at the NSHA a question, they don’t get an answer for a long time. When

physicians call senior leadership at the NSHA, there seems to be a lack of knowledge about the issue.

Recruitment/retention

- Recruitment is becoming a huge issue as there is a total loss of local control and authority. The Liverpool-area physician group is now short one family physician. They currently have an NP paid for by the local hospital foundation because the NSHA refused to provide funding. The NP is not easing the stress on physicians.
- Liverpool physicians have always paid particular attention to organizational fit when recruiting physicians; they now worry that is no longer valued by the NSHA recruiters. The physicians continue to do some networking, but they no longer attend the Dal recruiting day.
- The Liverpool hospital foundation offers tuition relief; but the money they offer is deducted from money the government offers, so they are questioning its value as an incentive.
- Physicians agree that residents have to be introduced to rural practice before committing to a practice.
- Physicians don't believe that a "roving locum" program would be effective because three months is not enough time to get to know a practice. Most new physicians are just starting to hit their stride after three to six months in a practice.
- This area needs a replacement for physician who is retiring this fall. They are doubtful that the NSHA will approve the two physicians and one NP who will be required to fill the practice, which is currently serving approximately 4,000 patients.
- The local physicians would also like to proactively recruit a replacement for a general internist who is retiring in two to three years. Having this physician as a resource to the family physicians has been a huge asset, but the physicians are concerned that his replacement will go to the South Shore Regional Hospital in Bridgewater.
- A family medicine resident spoke passionately about his concern that out of his class of more than 100, none of them are staying in Nova Scotia and only three of them went into family medicine. The rest opted for higher paying specialties with less overhead.

Physician stress/work-life balance

- The physicians transitioning to "health home" practices indicated they no longer have a good work-life balance. They feel they are being pushed over the brink and there's nothing they can do to stop it and they have no solution at this time.

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.