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

Community Report: Sydney (Psychiatry)

Meetings in Zone 3 – Eastern

Location	Date	# of physicians
Inverness – Inverness Consolidated Memorial Hospital	May 30	2
Sydney – Cape Breton Regional Hospital	May 30	10
Glace Bay – Glace Bay General Hospital	May 31	9
Sydney – Psychiatry	May 31	5
North Sydney – Northside General Hospital	June 1	7
Port Hawkesbury – Maritime Inn	June 1	2
Antigonish – St. Clare Meeting Place	June 8	26
TOTALS	**7 meetings**	**61 physicians**

Issues identified by psychiatrists in Sydney

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

<u>Nova Scotia Health Authority</u>

- Psychiatrists believe that the absence of local decision-making is having huge negative implications for the health-care system in their region.
- Last year one of the adult psychiatrists left Glace Bay. The other psychiatrists in surrounding areas proposed centralizing their services to the Cape Breton Regional Hospital so that the one remaining Glace Bay psychiatrist would be able to provide services in a safer environment and not alone. It took three months to get a meeting with the Nova Scotia Health Authority (NSHA) to discuss centralizing services, which was long after the psychiatrist had left Glace Bay. Nothing has been done since the meeting and now the remaining psychiatrist is leaving as a result of being left to practise in the Glace Bay/New Waterford area alone and without appropriate supports.

- This experience has eroded trust in the NSHA and has left the psychiatry community feeling unsupported and abandoned.
- This was exacerbated by another experience. The psychiatrists in Sydney had been providing services on-site at the emergency department (ED), often until midnight. They negotiated with the Emergency Chief so that they could offer phone consults after 6 p.m. This is working well – ED physician capacity has been enhanced, the work lives of the psychiatrists are more manageable, and they are able to sustain daytime hours and see the patients in greater need. But when this approach was shared with NSHA leadership (*after* it had been negotiated with the Emergency Chief), they were asked not to proceed until meetings could be held to discuss the new plan. The group did not feel they could wait and they proceeded as planned. The result has been good for all involved, but they again felt unsupported by NSHA leadership in this endeavour.
- When there was local decision-making and authority, a situation like the one in Glace Bay/New Waterford (and/or the emergency consult discussions) the district health authority's (DHA) executive team would have responded right away. Psychiatrists could hand off resourcing or service-delivery questions like this to the DHA administration and return to clinical work knowing the problem would be solved. This is no longer the case.

<u>Professional connection</u>

- Psychiatrists in this area feel there is a lack of support and understanding from Halifax-based psychiatrists, who may not appreciate the challenges of practice and the far more limited resources and supports available in Cape Breton.
- They have reached out for support from Halifax (child psychiatry and adult psychiatry), to no avail. Part of the issue may be that physicians on academic funding plans (AFPs) are unclear about remuneration for work in Cape Breton, given the experience of some other AFP physicians who have agreed to provide some clinics in Cape Breton and were later surprised when remuneration was not forthcoming.

<u>Psychiatry practice in Cape Breton</u>

- There is a lack of support and resources from Halifax.
- The intake process is broken and it needs to be reviewed and improved. For example, 500 patient referrals have been sitting on a desk, untouched, since January. An intake review is supposed to be done, and this should be made a higher priority.
- The physicians do not support the merger of addiction and mental health services and believe it is not working well. Psychiatrists here were not consulted about the decision to merge the services.
- Mental health services are under-resourced in terms of non-psychiatric staff for adult care. In the case of child and adolescent services, for example, therapists and psychologists are available; this enables the child psychiatrist to be leveraged as a consultant, as they should be. However, in the case of adult psychiatry, those basic

supports are missing. As a result, the adult psychiatrists are seeing everyone, which leaves less time for the people who need the most care. Greater availability of non-psychiatric resources would allow psychiatrists to be consulted only for more complex or serious psychiatric cases.

- The waitlist for initial assessment for mental health services is as reported. But access to psychiatry is a much shorter wait, since the psychiatrists are constantly juggling and squeezing people in, in response to urgent needs. It is the wait for the follow-up visit that is the real barrier. Initial assessments are handled quickly, but the second visit is the real marker of urgency and the current waitlist data does not reflect that.
- The NSHA seems to believe that "a bed is a bed" but that is not an accurate assessment. The adult psychiatric unit is for people aged 19 to 65 years, but patients outside that spectrum are often admitted when there are no immediate alternatives available. The psychiatrists are then expected to respond to other regions (such as Halifax and Truro) requesting psychiatry beds, which they do, but often those beds are never available again for patients in Cape Breton.
- The Cape Breton group looks after almost double the number of patients per physician when compared to other groups in the province.

<u>Recruitment/retention</u>

- The Cape Breton region is under-resourced by seven psychiatrists and can no longer recruit new psychiatrists, for reasons including:
    - The group can no longer entice or incent new psychiatrists into practice in Cape Breton given the environment (absence of local decision-making and ability to solve problems; workload; lack of resources).
    - Trying to recruit in the context of Halifax psychiatrists on AFP contracts who are getting paid far more after the 2015 contract is not possible.
    - Halifax is not responding to requests from Cape Breton psychiatrists at all now (psychiatrists in Cape Breton used to have somewhere to go with patients that needed more care). When difficult patients are not moved to more appropriate care elsewhere in the province, it's harder to recruit.
- Cape Breton psychiatry has the worst call schedule in the province: they are on call 24 hours a day and are regularly in the ED until midnight, then back to work the next day.
- The psychiatrists have come up with three potential solutions:
    1. Pay people more to work in under-resourced areas.
    2. Require fourth- and fifth-year residents to do a mandatory three-month rural rotation.
    3. Provide increased access to specialized services in Halifax.

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.