

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

Community Report: Truro

Meetings in Zone 2 – Northern

Location	Date	# of physicians
Tatamagouche – Willow Lodge Nursing Home	May 19	3
Amherst – Cumberland Regional Hospital	June 5	12
Truro – Colchester Regional Hospital	June 6	6
New Glasgow – Aberdeen Hospital	June 13	12
TOTALS	4 meetings	33 physicians

Issues in Truro

The physicians who participated in the Truro community meeting (and other Truro-based physicians with whom DNS have been in contact in recent months) expressed concerns about the following issues. Here's what we heard:

Collaborative care

- Physicians in the area are interested in collaborative care, but discussions with the Nova Scotia Health Authority (NSHA) have not been highly successful. In the experience of one practice that expressed interest in working collaboratively with a nurse practitioner (NP) or family practice nurse (FPN), the NSHA ended discussions when the practice raised legitimate but fixable concerns about the proposed contract. This resulted in a lot of wasted time and effort on the part of the physicians and the NSHA. The NSHA has not clearly explained the reasoning behind its decision.
- Some physicians shared their experiences in working with NPs. They reported that sometimes NPs are limited in what services they either can or will provide, and the billing rules are highly inflexible. It was noted that P.E.I. has a 65 percent fee code for

work done by NPs. Nova Scotia would benefit from a fee structure that supports collaborative care within a fee-for-service payment model. Truro physicians would be prepared to pilot such an initiative, if the government were willing.

Compensation/fees

- A physician raised concerns regarding the methadone fees; specifically, the issue of prescribing suboxone as an alternative to methadone, and the opportunity for shared care of methadone patients with physician colleagues. The billing rules should be expanded to address both of these issues.
- Physicians are disappointed by the cumbersome non-face-to-face fee code requirements. Some physicians are trying to implement them and they are having some success, but the billing rules are far more restrictive than necessary.

In-patient services

- There is significant concern that demands for inpatient care in Truro can no longer be met. The planned termination of the Comprehensive Care Incentive Plan (CCIP) program has driven several family practitioners away from continuing to provide inpatient care, and the physician community is unable to meet the need with the hospitalist service as presently structured and remunerated.
- There are a large number of experienced physicians who have dedicated many hours to the hospital over the years. These physicians have reached a point in their personal and professional lives where the demands of after-hours emergent acute care are no longer appealing or sustainable for them. This region needs more physicians who are interested in providing inpatient care on a regular basis.
- Appropriate remuneration is another area of concern for physicians providing in-hospital care in this region. Couple this fact with the limitations being placed on physicians regarding what they can and cannot do outside of their hospital workload and it becomes difficult to entice new physicians to take on in-hospital care.

Physician wellness and burnout

- Physician burnout is a significant concern. Workloads are increasing and patient needs cannot be fully met. Physicians are concerned when they see peers who suddenly go off on extended leaves and wonder if anyone is checking in on them.

Professional connection

- Physicians spoke at length in support of the idea of a robust medical staff association (MSA) and, in particular, how to engage members who don't practise at the regional site. There was discussion about whether the MSA should be hospital- or community-based, whether it needs a new name, and whether a DNS representative could or should attend to help navigate some of these issues.

Recruitment and retention/new payment model

- It is a source of frustration that brand-new physicians are being offered so much more than seasoned physicians in terms of APP contract arrangements in primary care. Established physicians cannot get the same arrangement because the government will only offer an APP conversion 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 workloads and struggling just to keep their businesses afloat.
- A new payment model for primary care is seen as essential to both recruitment and retention.

Succession planning

- Lack of succession planning is a significant concern. There needs to be a more flexible way to support physicians who wish to transition out of practice, and a way to create more opportunities to mentor new physicians and help patients transition more smoothly. Physicians are perplexed that the NSHA or the government are standing in the way of this approach.

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:

- Doctors Nova Scotia staff will check the billing rules to see if suboxone can be added to the approved list of medications for opioid-dependent patients. Association staff will also find out whether physicians can treat these people even if they are not their patients.
- Doctors Nova Scotia will continue to work with existing MSAs and, in areas without an established MSA, will work with local physician communities to establish vibrant and active MSAs wherever possible.
- Doctors Nova Scotia will continue to participate in the NSHA's hospitalist working group to try to stabilize the current 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 – someone whose 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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If you have any questions or comments on anything included in this report, please email community.outreach@doctorsns.com.