Union of NS Municipalities Spring Workshop May 11, 2017

Tricia Cochrane
Vice-President, Primary Health Care and Population Health

Dr. Lynne Harrigan
VP Medicine

nova scotia health authority

Primary Health Care:
A Step Back In Time

- Solo or groups of family physicians
- Office practice, hospital care 24 x 7, nursing homes, surgery, etc.
- Independent practice

nova scotia
health authority

WHAT DO THE NUMBERS MEAN?

It ain’t what you don’t know that gets you into trouble - it’s what you know for sure that just ain’t so……

Mark Twain

nova scotia health authority

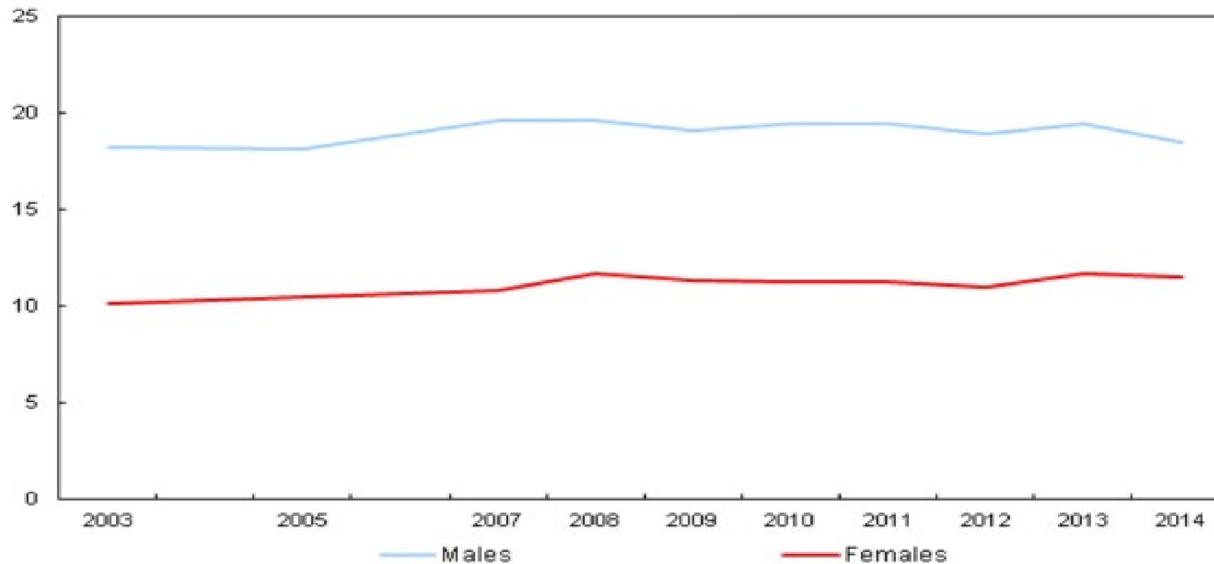
WHAT DO THE NUMBERS MEAN?

Numbers that we have seen:

- **<u>Canadian Community Health Survey</u>**:
  - Been in use since 2002
  - Now an annual survey of 67,000 people in Canada
  - Results are extrapolated to give estimates for a number of issues:
    - Meant to be used for Health surveillance and population health research
    - Changed the survey modality in 2015-so comparing to previous years May not be possible
    - Only real trend for populations that we have in Canada

nova scotia health authority

WHAT DO THE NUMBERS MEAN?



nova scotia health authority

WHAT DO THE NUMBERS MEAN?

- **In Canada**:
  - **11.7%** of females do not have a regular Family Doctor
  - **19%** of males do not have a regular Family Doctor
  - National average: **14.9 %** of Canadians do not have a Family Doctor

Provinces: lower that the National Average:	**Higher than National avg.**
Newfoundland(10.1%)	Quebec(25.2%)
PEI(9.5%)	Saskatchewan(20.1%)
Nova Scotia(10.6%)	Alberta(19.9%)
New Brunswick(6.1%)	Yukon(26.1%)
Ontario(7.5%)	NWT(57.7%)
	Nunavut(82.5%)

WHAT DO THE NUMBERS MEAN?

- **These averages were intended to**:
  - Provide comparators over time
  - Drive research and strategy
  - Not intended to be "literally interpreted"

- **Reasons why people did not have Family Doctor**
  - **45.9%** had not looked for one
  - 21.5% no doctors in their area taking new patients
  - 20.2% doctor left
  - 14.4 no doctors in their area

nova scotia health authority

WHAT DO THE NUMBERS MEAN?

- **811 Find a Family Practice:**
  - Launched in November 2016
  - Combined lists kept by previous DHAs
  - Added new from online registration and phone registration
  - These are real people with addresses and postal codes
    - 29,547 people on the list:
      - Central: 13,124
      - Northern: 3712
      - Eastern: 5111
      - Western: 7335

nova scotia
health authority

In the beginning……

5 years ago:

- **Deputy Minister of Health informed all of the Health Authorities that:**
  - All new physicians requesting privileges in any Health Authority **MUST** be approved by the Deputy Minister
  - Submission by CEO to Deputy Minister
  - Small group at DHW vetted applications
  - Decision making process unclear
  - HA had to agree that they would abide by the decision(went to most boards provincially)
  - Capital Health Family Doctors did not participate in this

New MD process

- **Replacements are replacements**
  - Look at all billings, unique patient visits, practice size
  - Eg: Sport Medicine doctor in "Community A retires"—you will receive approval for a sports medicine doctor replacement in "Community A"
  - "Positions, not people" are approved

- **"Build up –slow down**"
  - Actually have practices where people want to slow down and we now allow "overlap"- good practice
  - Relevant for Primary Care and Surgery
- Compromise is necessary
- Unfilled position referred to as a "vacancy"

nova scotia health authority

What about all these physician vacancies?

Family Docs

	Vacancies	Still working	Delayed start	Vacancies recruiting
Central	64	31	0	33
Eastern	16	5	4	7
Northern	15	1	3	11
Western	22	8	1	13
Totals	117	45	8	64

nova scotia health authority

HOW MANY DOCTORS DO WE NEED?

- **Physician Resource Planning is crucial**:
  - We have a good number of doctors per capita in NS
  - Goal is to ensure that the right number, mix, and geographic distribution of physicians to meet NS health care needs

  - **NS Physician Resource Plan is:**
    - A tool to plan for the future
    - A method to determine need for residency positions
    - A predictor of needs based on a series of factors:
      - Age of docs
      - Male/female ratio
      - Disease burden in population
      - Physician inflow/outflow
  - 100 physicians per year—comes from this statistical data

nova scotia health authority

Where are we now with Primary Care?

- **Family Physician numbers**:
  - 2011-2012: 780.1 FTE
  - 2014-2015: 809.5 FTE
- **Numbers don’t tell the whole story:**
  - Access is still an issue
  - Independent practitioners
  - Family Physicians have many diverse roles
- **Natural ebb and flow:**
  - Always areas where physicians retire(largely) and left with a temporary vacancy
  - Recruitment has been locally driven, traditionally
  - Areas of chronic vacancy need different solutions

nova scotia health authority

Recruitment is everyone's job

- **In the past:**:
  - Doctors found their own replacements
  - "Sold" their practices
  - Was uniformly the responsibility of the doctor
- **Important to know** that now:
  - Recruitment is occurring continuously
  - Usually occurs at the community, department, or "practice" level
  - Is a shared responsibility between Physicians, health authorities and the community
  - NSHA can/does assist in recruitment; but is not uniquely responsible for it.

nova scotia health authority

How are we doing this year?

Zone	Since Apr 2016	Since Apr 2016	Starting 2017	Starting 2017	Awaiting Decision
	Family Doctors	Specialists	Family Doctors	Specialists	
Central	15	48	07	26	1
Eastern	10	06	03	06	1
Northern	07	12	04	02	1
Western	11	02	06	02	1
Totals	43	68	16	36	4

nova scotia health authority

Where were we?

Nine Health Authorities:

All but Capital Health:

- Different approaches to recruitment depending on the situation/need identified locally
- Marked competition between districts
- Differing incentives/deals in DHAs
- Infrequent use of Recruitment firms
- Utilized incentives from DHW

Capital Health:

- Recruitment in Academic Departments occurs in conjunction with Dalhousie University
- Department/Division based
- Community recruitment largely independent(Family Doctors finding own replacements)

nova scotia health authority

What is new?

- April 2016 :
  - Joanne MacKinnon, Provincial Physician Recruiter moves over to NSHA from DHW
  - Two DHW incentive programs transferred to NSHA
  - Continuance of on-going recruitment activities (short/long term) now through NSHA
  - Initiating a re-branding as to “who recruits physicians in Nova Scotia”
  - Development of a framework to establish consistency across the Zones for recruitment under one health authority; development of strategy

nova scotia health authority

Building a Framework

- **Provincial Physician Recruitment Lead:** Joanne MacKinnon
- **4 Zone Physician Recruitment Consultants**:
  - Central Zone(new position): *Katie Meisner*
  - Northern Zone: *Shirley Symes*
  - Eastern Zone: *Lisa Hardy*
  - Western Zone(new position): *Karma Chickoski*

nova scotia health authority

Primary Recruitment Tools

Incentive Programs

- Site Visit Program (NSHA)
- Relocation Allowance Program (NSHA)
- Tuition Relief Program (DHW)
- FM ROS Bursary Program (DHW)
- Debt Assistance Program (DHW)

ROS Programs

- IMG FM Residency Seats (5 annually)
- Med 3 Clerkship (2 clerks annually)
- Tuition Relief & FM ROS Bursary Incentive Programs

APP Agreements and Start Up Contracts for FFS physicians

NSHA Website

nova scotia
health authority

As the framework comes together…

- NSHA has created a website for all physician opportunity postings
- Postings are consistent and include locum opportunities to further support Zones, community practices and feed into full time recruitment
- Initial marketing efforts have begun and will re-establish visibility and branding of NSHA as being the "hub" for physician recruitment in NS
- A more robust marketing strategy/campaign in development
- Additional promotional activities include: e-blast notifications, partnering with other organizations such MarDocs and resident engagement

nova scotia health authority

On-Going Recruitment Activities

- NSHA Specialty Job Fair /Networking event-Halifax (September)
- Dalhousie Family Medicine Retreat/Job Fair-Brudenell (September)
- Family Medicine Forum-Montreal(November)
- Outside Quebec Career Day-Montreal(February)
- BMJ Career Fair-Kensington, UK(October)
- Irish Medical Careers Fair-Dublin, Ireland-(October)
- Campus Tours-NS, NFLD, possibly Ontario

nova scotia health authority

Priority Specialty Vacancies

- Identifies those specialties with significant needs:
  - **Psychiatry**
  - **Diagnostic Imaging**
  - **Pediatrics**

- Targeted Approach:
  - Specialty specific advertising in specialty journals
  - Marketing through the Specialty associations
  - Specialty Resident events
  - Support for out of province residents to do electives in Nova Scotia

nova scotia health authority

How can Municipalities help?

- Change the “Nova Scotia” Story:
  - Promote the great reasons to live and work here
  - Consider the value of community mentorship
  - Focus on the spouse, children
  - Work with NSHA to attract and retain physicians

nova scotia health authority

Primary Health Care Evolution 2015 to Now

- Organizational Development
- Primary Care Planning
  - Community by community: population, primary health care now vs. future
  - Reviewing evidence:
    - What is a strong primary health care system?
    - What difference does it make to health of people?
    - What will it take to move NS to an exemplary primary health care system
- Conversations
- The Call To Action in Nova Scotia and beyond.

nova scotia
health authority

NSHA Strategic Directions

- Person-centered, high quality, safe and sustainable health and wellness for Nova Scotians.
- A healthy, high-performing workforce
- Engagement with Nova Scotians to create a healthier future.

nova scotia
health authority

Primary Health Care Focus

- Health focus with individuals, families, communities.
- Prevent and/or delay Illness
- Support individuals to improve their management of chronic (complex) conditions
- Reduce unnecessary emergency room usage
- Reduce unnecessary hospital utilization

Primary Care
Delivery Across the Lifespan

Nova Scotians will have **access** to a **collaborative family practice team** that serves as a ***Health Home*** for themselves and their families. Individuals and families will work in partnership with their team to receive and participate in th own **continuous, coordinated and comprehensive** care across the lifespan from birth to death.

nova scotia health authority

Planning Metrics to Support the Health Home (Not Yet Approved By DHW)

- As a ratio relative to 10,000 citizens, the collaborative team metric includes the following:
  - 4-5 Family Physicians
  - 1-2 Nurse Practitioners
  - 2-3 Family Practice Nurses
  - 1-2 Community Adaptive Team (e.g. Dietitians, Social Workers, OT, etc.);
  - Community Pharmacist resources aligned to the broader community cluster;
  - 0.6 FTE Clerical support per FP/NP (0.3 FPN, other); and
  - 02. Leadership/Management support

Upper Economy

Little

nova scotia health authority

What are Physicians Saying?

Focus Groups: *Exploring our collective roles and responsibilities for operating health homes in Nova Scotia*

- Family physicians want to maintain their **autonomy**
- Generally, family physicians **want to be involved** in managing a practice, including staff
- Family physicians have **concern** with potential challenges with **collective agreements**
- Family physicians **need support** to manage a practice
- In co-leadership, **clearly define roles and responsibilities**

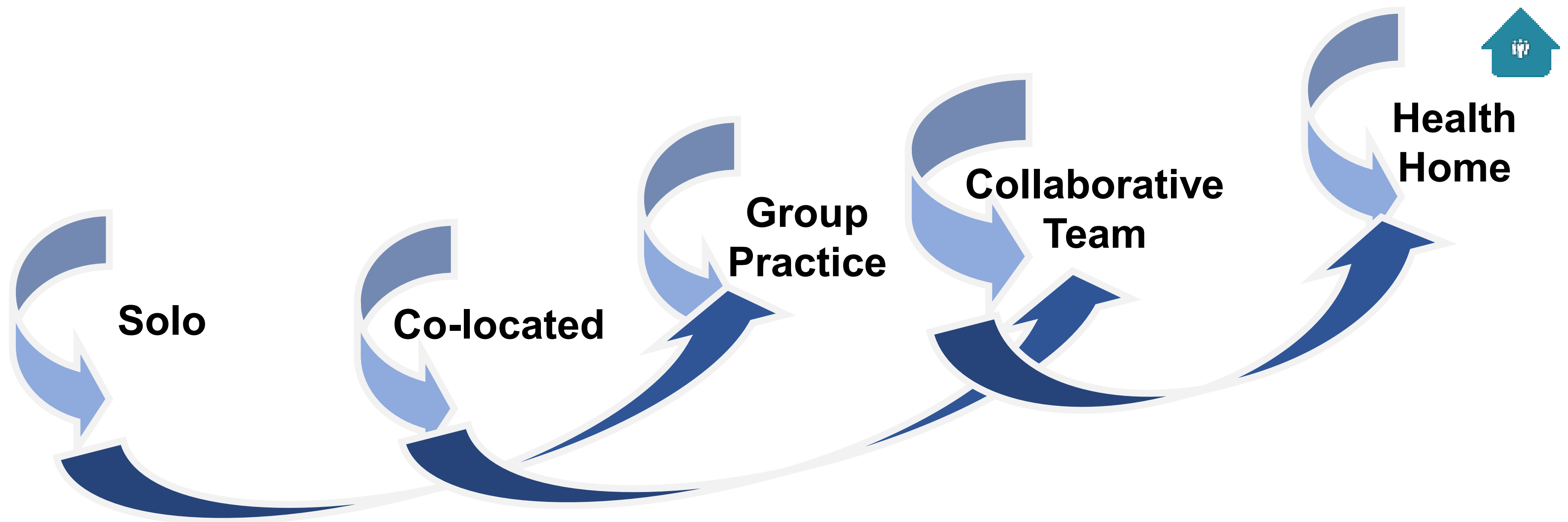
Fall Network Meeting: *Sharing the vision for health homes and providing opportunity for discussion*

- **Interest is high** among family doctors in shifting toward a Health Home Model
- Is the Health Home **financially feasible**?
- More education required related to **philosophy and benefits** of collaborative care
- Space**, infrastructure,** and **timely response** is a concern
- Practice **succession planning** a concern
- **Flexibility** in governance models recommended (owned privately, governed by MDs, NSHA with co-lead role)
- **Transition** planning to respect all citizens needs
- **Integration** across system planning required, i.e. mental health and addictions

- This is happening some places **now**.

nova scotia health authority

Progression: Solo…Collaborative Teams … Health Homes



A Mature Health Home

Person & Family Centred
Accountability, Quality, and Safety
Most Responsible Provider

Timely Access
Coordination
Continuity

Training & Research
Comprehensiveness
Electronic Medical Record

nova scotia
health authority

Partnerships to Support Primary Care Planning

nova scotia
health authority

Partnerships to Support Health