

Summary Notes

Nova Scotia Liberal Party Policy Conference

January 18, 2014

Transforming the Patient Experience – Innovative Solutions for the Recruitment and Retention of Health Care Professionals and Health Care Delivery

The Program

10:00 am	Welcome – Jason Boudrot, Vice President (Provincial), Nova Scotia Liberal Party
10:15 am	Panel – Innovative Solutions for the Recruitment and Retention of Health Care Professionals <ul style="list-style-type: none">▪ Devin Ferguson, Dalhousie Medical School representative to the board of Doctors NS▪ Gretchen McCurdy, Director, Our Health Centre Foundation, Chester▪ Steve Sampson, Richmond Municipality▪ Dr. John Gillis, Emergency and Chronic Pain Physician
12:00 pm	Lunch with Guest Speaker the Honourable Leo Glavine, Minister of Health and Wellness
1:00 pm	Panel – Innovative Solutions for Health Care Delivery <ul style="list-style-type: none">▪ Dion Moulard, CEO, Ocean View Manor Continuing Care Centre▪ Dr. Ravi Parkash, Head of Emergency, Dartmouth General Hospital▪ Dr. Margaret Casey, Board Chair, Northend Community Health Centre
3:00 pm	Closing

The Issues

Recruitment and Retention of Health Care Professionals

The Nova Scotia Physician Resource Plan clearly articulates Nova Scotia's challenge. In the next seven years 31% of the current physician workforce will retire. This, coupled with statistics that show that Nova Scotia has fewer family doctors and more specialists than the national average, requires a province- wide approach to the recruitment and retention of health care professionals.

- *What role does the community at large play in the recruitment and retention of health care professionals? If prospective health care professionals come to your community –how will the community welcome them and promote your community to them as part of the recruitment process?*
- *How can our municipal units support recruitment and retention initiatives?*
- *What do future health care professionals want and look for when they choose to practice in our province and what can be done to support these interests?*

Health Care Delivery

The pressure on emergency rooms remains unabated. Challenges remain in continuing care. The ability for Nova Scotians to access solid primary care in the community to mitigate these pressures and challenges is still elusive. In order for all three levels of care (emergency care, continuing care and primary care in the community) to function optimally, silos need to be broken and solutions which put the patient first need to be planned across the sectors.

- *What needs to be done to address the challenges in emergency care in the short, medium and long term?*
- *How do we best address our aging demographic in emergency rooms and what are the crucial linkages needed outside of the emergency room to ensure patients are getting the best possible care in a timely manner?*

Summary Notes

Morning Panel – Innovative Solutions for the Recruitment and Retention of Health Care Professionals

Devin Ferguson's presentation was the first of the day and outlined many of the themes that would be reiterated throughout. His perspective as a medical student illustrated the issues facing current day medical students and young doctors. The first challenge is the cost of tuition and student debt, given the length of time someone can be in medical school depending on their field in addition to the four years of undergraduate study that precede it. Ferguson said he and some of his contemporaries have been told to expect the whole process to cost up to \$200,000.

Ferguson believes one way to help retain doctors is to deal with tuition either through a cap or freeze so that graduates don't immediately flee to higher paying jobs in other provinces in order to tackle their student debts. He noted that Nova Scotia currently ranks 8th out of the 10 provinces on physician compensation, paying 86% of the national average.

Ferguson said young physicians want to break away from what has been the long standing practice of heavy hours in a community by themselves. He advocated it is time for a more involved community health care approach that sees communal clinics and practices where doctors and other health care professionals can collaborate and share the workload providing benefits to them and their patients.

Ferguson believes that physicians new to the workforce do not wish to directly inherit practices from retiring physicians as they are fearful it will impact their autonomy within the region (i.e. that patients will continuously demand things be done the same way they had been beforehand with the previous doctor)

Gretchen McCurdy and her group are working on building a Community Health Centre in Chester that exhibits many of the aforementioned desired traits such as collaborative health practices, as well as becoming a communal hub within the region.

Steve Sampson's presentation touched further upon methods of retention, as did that of John Gillis. Sampson spoke about building a communal and cultural experience that is appealing to young physicians as well as their spouses. Some of those key elements included: the education system, cultural activity, and employment opportunities for one's spouse, as well as housing.

Current practitioners and provincial recruiters can be empowered as great salespeople as they themselves are on the frontline in these regions. Modern offices with updated technology and medical equipment are also vital, paired with a continued push for updated electronic records (one patient, one record program).

Dr. John Gillis' presentation hit upon many of these same themes and added emphasis on the role a community can play in a doctor's decision. Efforts to be warm and welcoming can make all the difference in the world. He put an onus on marketing the province as a whole, the use of video links and interconnectivity between cities and rural areas where perhaps a needed specialist is not on call. Coming from rural roots himself, Gillis brought up the fact that despite Canada's rural population

standing at 22% only 11% of medical school applicants come from these areas. Battling the “sticker shock” of tuition is vital to ensure more of these students apply for university. Gillis believes that “if you’re from a small town, you are more likely to go back to one and practice”.

In the question and answer session that followed, Dr. Stan Kutcher recommended that the province make better use of IMG’s (International Medical Graduates) to address shortages and manpower issues. “It is much easier to train and bring an MD from Iran up to speed than it is to train an MD from scratch” said Kutcher, who finds we don’t utilize these people enough on the basis that they weren’t trained here in our system.

Another resounding and repeated concern was the push for electronic medical records. Dr. Gillis and Minister Glavine are of the mind that centralization of the District Health Authorities will be helpful in speeding up fuller access of these records.

Afternoon Panel – Innovative Solutions for Health Care Delivery

Panelists Dion Mouland and Dr. Margaret Casey spoke to the merits of community based care. Mouland’s Ocean View Manor has hired a preventative care physician to work in-house at forty hours a week with schedule flexibility. The physician is integrated with the care team at the facility. Mouland said this model saves \$488 per bed per year and is \$3.4 million dollars a year cheaper than the fee for service model other clinics use for their doctors.

Dr. Ravi Parkash said that emergency care currently focuses heavily on the input side of things – the volumes aren’t spiking but are steady. The medical conditions of those in emergency have become increasingly complex and hence more time and resources are being consumed to treat them. He recommends improvements to the timing, from decision to commit to when the patient gets in bed. He closed by saying the challenges can be met but that higher bars need to be set.

Dr. Margaret Casey’s presentation highlighted the great success of community healthcare through initiatives like the Hope Blooms project which recently gained nationally notoriety by the children who appeared on Dragon’s Den. She also noted the partnership with Dalhousie dentistry whose students provide free dental care for the residents of the north end for one day a year. The North End Clinic has also used a mobile outreach street health program that administers help to those who are homeless.