

# Chapter 1

## Health and Wellness and Nova Scotia Health Authority: Family Doctor Resourcing



### Overall Conclusion:

- The department and the health authority are doing a poor job of publicly communicating their plans for primary care and family doctor resourcing
- The health authority has a physician recruitment strategy but needs to define and measure success
- The health authority's long-term decisions about family doctor resourcing are based on the needs of the province and from consulting with key stakeholders

### Why we did this audit:

- Nova Scotians expect timely access to quality primary health care
- Access to family doctors in the province has received extensive media attention
- Previous work indicated issues with access to family practices
- Communication is key for managing realistic expectations

### What we found in our audit:

- Communication plans exist but are not being used
- Websites do not have useful information on changes to primary care service delivery or for doctor recruitment
- Nova Scotia is moving from single-doctor family practices to collaborative care teams
- There is a registry for Nova Scotians who cannot find a family practice
- Doctors do not have to take new patients from this registry
- Placement on the registry is by registration date and community, not by health need or priority
- The health authority has a strategy and staff to recruit family doctors to the province, but has not defined how to measure success
- Shared responsibility for incentives for doctors may negatively affect the recruitment process
- Factors such as population and health trends are used to determine the number and mix of doctors needed
- Appropriate groups, such as Dalhousie Faculty of Medicine, are consulted on physician resourcing decisions at various stages



## Recommendations at a Glance

### **Recommendation 1.1**

The Department of Health and Wellness and the Nova Scotia Health Authority should implement a communications plan to inform Nova Scotians about planned changes to primary care access and service delivery.

### **Recommendation 1.2**

The Department of Health and Wellness and the Nova Scotia Health Authority should update their websites to have consistent and clear information for Nova Scotians on planned changes to primary care service delivery.

### **Recommendation 1.3**

The Department of Health and Wellness and the Nova Scotia Health Authority should develop a process to identify and assist Nova Scotians with serious health conditions who do not have a family doctor.

### **Recommendation 1.4**

The Nova Scotia Health Authority should define and measure performance indicators for its physician recruitment strategy and report regularly to its board of directors on the indicators.

### **Recommendation 1.5**

The Department of Health and Wellness and the Nova Scotia Health Authority should review the physician incentive programs for potential administrative efficiencies, guided by what best supports the recruitment process.

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# 1 Health and Wellness and Nova Scotia Health Authority: Family Doctor Resourcing

## Primary Care in Nova Scotia

- 1.1 In spring 2015, nine former district health authorities (not including the IWK Health Centre) merged into one provincial health authority. Prior to the merger, recruiting and allocating family doctors was primarily managed independently within each health authority, with some department involvement. The merger meant decisions about physician resources could be coordinated province-wide. Certain decisions, such as how doctors are paid, were and continue to be the responsibility of the Department of Health and Wellness.
- 1.2 The Department of Health and Wellness sets overall direction of health care in the province and makes funding decisions. The Nova Scotia Health Authority is responsible for delivering health care services.
- 1.3 In fall 2015, the Department of Health and Wellness instructed the newly-created Nova Scotia Health Authority to undertake a multi-year health services planning project. This project is made up of seven streams of health care, including primary care. The purpose is to determine how health care services could be provided now that the province is operating under one health authority. The IWK Health Centre is also involved to ensure it has input into changes impacting its role.
- 1.4 Planning for primary care is ongoing and changes are being implemented. A significant change for primary care is the health authority's plan to move away from single-doctor family practices to collaborative care teams, in which care is provided in a team-based environment. This is discussed later in the chapter.
- 1.5 Attracting and retaining family doctors to practice in Nova Scotia is a challenging and ongoing process. Nova Scotia must compete with other provinces and territories in Canada, as well as other countries, for an in-demand resource. To address this challenge, the department and the health authority needed to determine the right number of family doctors for Nova Scotia's population, and where they were needed.
- 1.6 The department and the health authority use a forecasting tool to determine what physician resources are needed over the next ten years, to assist in making residency training decisions, and in long-term planning. Various factors, such as population, geography, and physician age and gender, are



considered when developing the forecast. While we did not audit the accuracy of this tool, the latest forecast shows a ten-year need of 512 additional family doctors.

- 1.7 To assist in quantifying the need for family doctors, the health authority created a registry for Nova Scotians looking for a family practice. Initially, existing lists from the former district health authorities were combined into one to provide province-wide data. The registry is voluntary; it is not a complete list of Nova Scotians without a family practice. As of October 2017, there were approximately 37,000 names in the registry; the number of Nova Scotians without a family practice may be higher. We did not audit the accuracy of the list. The registry is discussed later in the chapter.
- 1.8 While long-term planning continues, other committees and working groups meet regularly to make decisions about how to address ongoing physician resourcing needs. This includes addressing current family doctor vacancies, as well as reviewing applications for new family doctor positions. This is discussed later in the chapter.
- 1.9 Results of the work to address family doctor vacancies in the province may not be evident in the short term. To inform and manage public expectations, it is important the department and the health authority communicate what is being done, and what can be expected in the future.

### Communication



#### **The department and the health authority are doing a poor job of communicating publicly on plans for primary care**

- 1.10 The department and the health authority are doing a poor job of communicating publicly about planned changes to delivery of primary care and what is being done to address family doctor vacancies.
- 1.11 We expected the department and the health authority to have comprehensive communication plans for a large undertaking like redesigning health services. The health authority created several draft plans; one dated July 2017 covered all streams of the redesign. The other plans, from 2015 and 2017, focused on the primary care stream. These plans include details on how the department and the health authority will engage with the public, staff, politicians, and other relevant stakeholders. While health services planning continued, none of the communication plans were implemented. Not enough has been communicated to the public about expected changes to delivery of primary care.
- 1.12 Health authority management indicated they need department approval on various aspects of the redesign of health services before they implement their



communications plans. The department said there are ongoing discussions with the health authority about any necessary approvals and they will continue to work with them to ensure plans move forward.

- 1.13 Communication is an important part of managing change. The department and the health authority need to inform Nova Scotians about how delivery and access to primary care, including family doctors, is expected to change in the future. Not doing so can result in public misunderstanding and a lack of trust due to perceived inaction.

### **Recommendation 1.1**

The Department of Health and Wellness and the Nova Scotia Health Authority should implement a communications plan to inform Nova Scotians about planned changes to primary care access and service delivery.

***Department of Health and Wellness Response:** The Department of Health and Wellness agrees with the recommendation that communication about primary care access and service delivery is very important. The department has placed priority on access to primary health care.*

*The Department has been engaging in communications planning with the Nova Scotia Health Authority related to improving access to primary health care. The Department is currently working with the NSHA to develop and implement complementary communications plans that inform Nova Scotians as NSHA enhances access to primary health care services. The plan will be supported by research and public engagement, marketing and digital, and will take advantage of all existing government and NSHA communication channels (including websites and social media channels). Elements of the plan will be implemented before the end of 2017, recognizing that communications and marketing efforts need to be ongoing.*

***Nova Scotia Health Authority Response:** Nova Scotia Health Authority agrees with this recommendation. We are developing a multi-phased communications plan that is being implemented in partnership with the Department of Health and Wellness to provide Nova Scotians with an improved understanding of collaborative family practice teams and how the health authority is working to strengthen the primary health care system. Tactics to address these two areas will be implemented by December 31 and include enhancements to the NSHA website on collaborative family practice teams and doctor recruitment as well as other digital and social media opportunities. A series of stakeholder conversations across the province will begin in November/December 2017, followed by community conversations in 2018. Content on the NSHA website has been enhanced to provide more information on collaborative family practice teams, doctor recruitment, and on opportunities for Nova Scotians to join conversations on planning our health services. Related communications plans are being implemented for initiatives such as the Need a Family Practice registry and more new collaborative family practice teams.*



### Department and health authority websites do not provide adequate information on primary care plans and their progress

- 1.14 Department and health authority websites have some information on plans for primary care. However, neither website provides clear and well-organized information about the ongoing work being done.
- 1.15 The department's website has some information on the new collaborative care model which is discussed later in this chapter. Similar information on the health authority's website is difficult to find. The health authority's website provides an overview of what health services planning is, but does not give details on the progress made to date. Since the health authority is responsible for service delivery, we expected more detailed information to be provided.
- 1.16 Information aimed at attracting potential doctors to the province, apart from a list of vacant positions, was also lacking. Staff at the health authority told us they are working with a marketing firm to improve this part of their website.
- 1.17 Websites are a key tool for providing information to the public and potential family doctors. They should be kept up-to-date and contain relevant and timely information.

#### **Recommendation 1.2**

The Department of Health and Wellness and the Nova Scotia Health Authority should update their websites to have consistent and clear information for Nova Scotians on planned changes to primary care service delivery.

***Health and Wellness Response:** The Department of Health and Wellness agrees with this recommendation. The Department's website is undergoing a significant update and will be launched in the summer of 2018. The goal of the new website will be to contain clear and consistent information and make it easier for Nova Scotians to find information related to primary care.*

***Nova Scotia Health Authority Response:** Nova Scotia Health Authority agrees with this recommendation and will continue to enhance the website. Websites are a key tool for providing information to the public. The first priority for the NSHA site was to bring together in one place information on programs, services and locations from former District Health Authorities for ease of use. With that complete, we are now enhancing reporting of performance information and strategic plans and supporting information to help Nova Scotians understand initiatives such as planned changes to primary care service delivery. Examples include information on collaborative family practice teams and the role of a nurse practitioner as part of a team, and a guiding document on strengthening the primary health care system in Nova Scotia. Ongoing social media and print campaigns will refer people to this web content for more information.*



## Family Practice Registry

### ➡ The registry for those who need a family practice does not include health information

- 1.18 The provincial family practice registry was created in November 2016. Nova Scotians are listed in the registry based on when they registered and their location. Health information is not included in the registry; there is no priority based on health history or condition. That means anyone with a serious health condition is not placed higher on the list.
- 1.19 Health authority management said it is not possible to properly and accurately assess health status over the phone and prioritizing everyone on the registry in person is not feasible. They are looking at what other provinces have done and are working with the department to find a way to help Nova Scotians with serious health concerns who need regular monitoring by a family doctor.

#### **Recommendation 1.3**

The Department of Health and Wellness and the Nova Scotia Health Authority should develop a process to identify and assist Nova Scotians with serious health conditions who do not have a family doctor.

***Health and Wellness Response:** The Department of Health and Wellness agrees with this recommendation. DHW and NSHA are working together to examine options to address how the 811 'Find a Family Practice Registry' is working, as part of our work on the broader issue of patients who need a primary healthcare provider. Implementation will begin in 17/18.*

***Nova Scotia Health Authority Response:** Nova Scotia Health Authority agrees with this recommendation. We are creating more and strengthening existing collaborative family practice teams to support the delivery of comprehensive care for patients, including increased access. We will continue to work with the Department of Health and Wellness to identify interim strategies to increase access to primary care for Nova Scotians without a regular primary care provider as collaborative family practice teams are implemented.*

### ➡ Family doctors do not have to use the registry

- 1.20 The health authority encourages family doctors to use the provincial registry when taking new patients. Family doctors, as independent contractors, do not have to accept someone from the registry as a patient. They may use their own methods for finding patients for their practices. We found the number of family doctors using the registry is increasing. The health authority website shows that by October 2017, 4,331 people were accepted from the list by a family practice.



**The health authority released timely information on the existence and purpose of the registry**

- 1.21 The health authority developed and implemented a communications plan for the registry. It used a variety of ways to communicate the existence and purpose of the registry, such as newspaper and social media advertisements and news releases. The health authority continues to publicly report monthly statistics from the registry.
- 1.22 Members of the public can add themselves to the registry, if they do not have a family doctor, by calling 811 or by using the Need a Family Practice website to self-register. The registry assists the health authority in making planning decisions by providing important information such as identifying communities with a high need for family doctors. The health authority is continuing to improve the reporting capabilities of the registry.

**Recruitment**

**The health authority has a recruitment strategy; has not determined how to measure success**

- 1.23 In 2017, the health authority developed a recruitment strategy which focuses on identifying potential physician candidates and ways to recruit them. The strategy includes various incentive programs available to potential candidates. In 2016, a dedicated provincial recruiter was transferred from the department to the health authority. By early 2017, the health authority also had a dedicated recruiter for each of its four zones.
- 1.24 The health authority maintains a list of family doctor vacancies in the province and the list drives the recruitment process. As of October 2017, the list showed 55 unfilled vacancies (see chart below); we did not audit this list. The number of unfilled vacancies does not include pending departures the health authority has been notified of, or positions with an accepted offer but delayed start. The health authority also uses the forecast tool as a way to gauge long-term physician requirements of the province. This forecast does not drive day-to-day recruitment decisions, but rather provides a long-term focus to guide the process, and as previously noted, assists the department and the health authority in making residency decisions.

Unfilled Vacancies as of October 2017				
Central Zone	Eastern Zone	Northern Zone	Western Zone	Total
26	8	11	10	55

*Information provided by the Nova Scotia Health Authority (unaudited by Office of the Auditor General)*





- 1.25 The recruitment strategy notes the need to track recruitment data, but it does not describe how to measure success. Health authority staff and management indicated they started a project to electronically capture and report on key performance indicators to show if recruitment efforts were successful. The process is currently manual and time consuming and the health authority indicated an electronic process could greatly improve accuracy and efficiency of reporting.
- 1.26 Health authority management provided an update on physician recruitment to their board of directors in July 2017. This included statistics on the number of visits by potential candidates to communities which have vacancies, offers made, and offers accepted. In the future, the health authority also wants to report on vacancy rates, practice closures, recruitment activities, and candidate demographics and they expect the above-noted project will assist them in doing this. A combination of indicators such as these could assist the health authority in assessing the effectiveness of recruitment efforts.

#### **Recommendation 1.4**

The Nova Scotia Health Authority should define and measure performance indicators for its physician recruitment strategy and report regularly to its board of directors on the indicators.

*Nova Scotia Health Authority Response: Nova Scotia Health Authority agrees with this recommendation and is in the process of implementing a quarterly reporting system. The first summary report was provided to the Board of Directors in October 2017 and included six key indicators. The next summary report will be provided in January/February 2018.*



#### **Both the department and the health authority administer physician incentive programs**

- 1.27 Incentives to attract doctors to Nova Scotia are administered either by the department or the health authority. The health authority indicated this shared responsibility creates challenges in recruiting doctors as it can add extra steps for candidates to discuss incentives. Department management felt the incentive programs they administer align with department roles and responsibilities. A single contact point could provide a simpler process for potential candidates to discuss incentives, regardless of which organization has the decision-making authority.

#### **Recommendation 1.5**

The Department of Health and Wellness and the Nova Scotia Health Authority should review the physician incentive programs for potential administrative efficiencies, guided by what best supports the recruitment process.



**Department of Health and Wellness Response:** *The Department of Health and Wellness agrees with this recommendation. The Department will work with the Nova Scotia Health Authority beginning in 2017/18 to review the administration of existing physician incentive programs to assess effectiveness. This work is expected to be complete by June 2018.*

**Nova Scotia Health Authority Response:** *Nova Scotia Health Authority agrees with this recommendation. NSHA will work collaboratively with the Department of Health and Wellness and other stakeholders to immediately form a committee to review and assess all recruitment incentive programs and the related roles and responsibilities for each program, in the context of recruitment process. The committee will work to implement recommendations by the end of the first quarter in 2018/19 (June 30th, 2018).*

### Health Services Redesign

#### Health services redesign is ongoing; changes to primary care service delivery have started

- 1.28 Health services redesign is well underway. Planned changes will result in a significant shift in how primary care is provided in Nova Scotia.
- 1.29 The health authority is moving toward a collaborative care model and away from single-doctor family practices. The collaborative family practice team model gives patients access to a team that could include doctors, nurse practitioners, family practice nurses, and mental health workers, among others. Patients are seen by the practitioner who best meets their needs. Access to a team could enable more patients to be seen in a timely way. As this is a significant shift in service delivery, the planning involved is complex.
- 1.30 Planning within the primary care stream is progressing. We reviewed details of the plan, including the proposed number and location of collaborative family practice teams and ratio of clinicians to population. The health authority indicated that as of November 2017 there are 50 teams in varying stages of implementation. They ultimately plan to have a total of 70-78 full teams in place within the next six years.

### Key Stakeholder Consultation

#### Key groups are regularly consulted on family doctor resourcing

- 1.31 There are several committees and working groups which meet regularly to address doctor resourcing issues, including vacancies and how to address them. Terms of reference mandate who participates on each committee and working group. Each may have a representative from the Department of Health and Wellness, the Nova Scotia Health Authority, the IWK Health Centre, Doctors Nova Scotia, or Dalhousie Faculty of Medicine. As the health



services redesign progresses, the committees and groups continue to meet and make current physician resourcing decisions. More consultation with the non-government representatives and others is expected as the department and health authority continue to implement planned service delivery changes.

- 1.32 Health authority management indicated requests to replace a family doctor or create a new family doctor position are decided jointly with the department and the IWK Health Centre. The process for managing vacancies has become more flexible. Previously, replacement for a vacant position could only be for the same location. Under the new process, the health authority may allocate that vacancy to another site or community. Billing data and community demographics are used to assist in making these decisions. Approvals for new family doctor positions are ranked using criteria, and top-rated positions are assigned funding.

### Conclusion

- 1.33 The department and the health authority are not communicating adequately with Nova Scotians about planned changes and expectations for the delivery of primary care. Draft communication plans were not implemented and websites for each organization provided little information.
- 1.34 The department and the health authority regularly communicate with key stakeholders on the need for family doctors in the province. These stakeholders include the IWK Health Centre, Doctors Nova Scotia, and Dalhousie Faculty of Medicine.
- 1.35 The department and the health authority have a process for family doctor resourcing; however, changes to the process are occurring as primary care planning continues. The department and the health authority use information on the needs of the province when making resourcing decisions. The health authority has a recruitment strategy, but has not yet determined how to define and measure success.



### Additional Comments from the Nova Scotia Health Authority

*Nova Scotia Health Authority has a vision for a healthier Nova Scotia, which is built on a strong foundation of primary health care. A strong primary health care system supports citizens and communities to be healthy and live well.*

*While positive steps have been made, too many Nova Scotians do not have a primary care provider or cannot access one in a timely fashion. NSHA is committed to improving access to primary health care by building new and strengthening existing family practice teams across the province. This includes a strong focus on recruitment and retention of family physicians.*

*There are many successful examples of collaborative teams across the province; however, we agree that many Nova Scotians do not understand what a collaborative family practice team is, the range of services available, and how this team provides accessible, comprehensive, coordinated, continuous and community-oriented care. NSHA understands our responsibility to communicate with and give Nova Scotians an opportunity to understand and provide input into the future of the primary health care system. We are developing and implementing a new multi-phased communications and engagement plan to provide Nova Scotians with a better understanding of collaborative family practice teams and how the health authority is working to strengthen the primary health care system.*

*NSHA agrees with the recommendations of the Auditor General and is committed to keeping Nova Scotians informed as we continue to work to improve access to primary care in Nova Scotia.*



## Appendix I

## Audit Objectives and Scope

In fall 2017, we completed an independent assurance report of the Department of Health and Wellness and the Nova Scotia Health Authority. The purpose of this performance audit was to determine if there are processes for and appropriate communications on family doctor resourcing.

It is our role to independently express a conclusion on whether the processes and communications on family doctor resourcing comply in all significant respects with the applicable criteria. Management at the Department of Health and Wellness and the Nova Scotia Health Authority acknowledged their responsibility for family doctor resourcing.

We conducted this audit to a reasonable level of assurance in accordance with the Canadian Standard for Assurance Engagements (CSAE) 3001 – Direct Engagements set out by the Chartered Professional Accountants of Canada; and sections 18 and 21 of the Auditor General Act.

We apply the Canadian Standard on Quality Control 1 and, accordingly, maintain a comprehensive system of quality control, including documented policies and procedures regarding compliance with ethical requirements, professional standards, and applicable legal and regulatory requirements.

In conducting the audit work, we complied with the independence and other ethical requirements of the Code of Professional Conduct of Chartered Professional Accountants of Nova Scotia and Nova Scotia's Code of Conduct for public servants.

The objectives and criteria used in the audit are below:

**Objectives:**

To determine whether the Department of Health and Wellness and the Nova Scotia Health Authority:

- communicate appropriately with Nova Scotians about plans and expectations for the primary care system;
- communicate with stakeholders on the need for family doctors in the province.

**Criteria:**

To see whether the department and the health authority:

- have plans for communicating with the public regarding resourcing of family doctors;
- communicate with Nova Scotians about changes in and future expectations for the primary care model;
- regularly communicate with key stakeholders on the approximate number and mix of family doctors needed in the province.



**Objective:**

To determine whether the Department of Health and Wellness and the Nova Scotia Health Authority have a process for obtaining family doctor resources and allocating them across the province.

**Criteria:**

To determine whether the department and the health authority:

- have clearly defined roles and responsibilities related to obtaining and allocating family doctor resources;
- have a process for obtaining and allocating family doctor resources based on needs of the province;
- use data to determine the appropriate number and mix of family doctors needed in the province.

Generally accepted criteria consistent with the objectives of the audit did not exist. Audit criteria were developed specifically for this engagement. Criteria were accepted as appropriate by senior management at the Department of Health and Wellness, and the Nova Scotia Health Authority.

Our audit approach consisted of interviews with management and staff at the Department of Health and Wellness, and the Nova Scotia Health Authority, with detailed audit work to assess management's plans and strategies for family doctor resourcing and communications. We examined relevant processes, plans, reports, and other documentation. Our audit period covered April 1, 2015 to March 31, 2017. We examined documentation outside of that period as necessary.

We obtained sufficient and appropriate audit evidence on which to base our conclusions on November 6, 2017, in Halifax, Nova Scotia.