Family Physician Retention and Recruitment in Nova Scotia

Nova Scotia does not have enough family physicians and nurse practitioners to care for the needs of the aging Nova Scotia population. The recent fee increases provided by the government are a step in the right direction in bringing income closer (but not equal) to the other Maritime provinces. However, over 40,000 Nova Scotians are currently without a primary health care provider, as tracked by the number of people on the waitlist. It is estimated that only 15% of those who are on the waitlist get are matched with a family physician within the first year. Compounding this issue is that 55% of physicians in Nova Scotia are over the age of 50. In order to meet the needs of the aging population, it is estimated that Nova Scotia needs to recruit 51 new family physicians per year for the next 10 years. As the primary medical school within the Maritime provinces,[1] Dalhousie is the primary recruitment university for new family doctors looking to begin a practice in Nova Scotia. This year, a low number of Dalhousie graduates ranked and matched to family medicine in Nova Scotia in the first iteration of CaRMS (Canadian Resident Matching System). This is a strong indication that recruitment of new graduates and primary care structure needs to be improved.

We conducted a survey of current Dalhousie medical students and students indicated that they are compelled to stay in Nova Scotia due to having strong family ties and considering Nova Scotia "home" (see methodology below). Given the current climate surrounding family physician practice in Nova Scotia, students indicated that the primary issues for family physician attraction are: 1) Flexibility, 2) Remuneration, and 3) Collaborative practice.

We support the recent increases to the fee schedule and the flexibility for physicians to choose their work location in Nova Scotia. However, based on the survey responses, we ask the Government of Nova Scotia to go further and offer family physicians the option of a blended payment model, which we believe will help address the primary concerns of medical students.

Blended Payment Model:

Doctors in Nova Scotia are currently paid primarily under three models: fee-for-service (FFS), alternative payment plans (APP) and academic funding plans (AFP); in addition, a limited number of physicians working in Collaborative Emergency Centers (CECs) have unique payment structures. Although each of these models works for certain practice environments – solo practice, underserviced areas or a teaching environment, for example – they do not support all practice types. In some instances, they can be barriers to providing patient-centred care.

A blended payment model is a payment arrangement that combines existing models and involves capitation and FFS.[2] Using these elements in combination, this model would serve to support patient access to family physicians, and

[1] Université de Sherbrooke has a satellite campus in Moncton
[2] College of Family Physicians of Canada, 2016

provide physicians with the means and the resources to better care for chronic disease management and other time intensive care patients. Under this model, patients register with a family practice, family physician, or team. This is called patient rostering and it facilitates accountability by defining the population for which the primary care organization or provider is responsible and facilitates an ongoing relationship between the patient and provider.[3] Through capitation, a physician is paid a fixed amount to provide care to a defined group of patients under his or her care, where the remuneration unit is the individual patient, not a service or procedure. This is combined with FFS payment model to encourage productivity and ensure that data is being collected to track the services being provided. Data is an important way to safeguard against inaccurate age and sex modifiers in capitation, and gain a better understanding of the patient profiles in geographical areas. This can help better develop collaborative care teams to ensure the most appropriate health care providers are offering the right services for the community they serve.

This model will address the three major concerns of medical students regarding family practice in Nova Scotia. First, the addition of the blended payment model will give physicians more choice in how they wish to set up their practice. Second, for physicians who can see a large volume of patients, compensation can increase under the FFS component of the model. It will also allow physicians the flexibility to have guaranteed base income under the capitation component, which will allow for more time for patients with complex health needs. It also could facilitate increased use of technology and non-face-to-face care to improve access to care for patients. Third, the structure of a blended payment model will be suited to support collaborative practices.

Conclusion:

There are many details which need to be established. As students, we recognize there will need to be ongoing discussions and pilots of this model to figure out these details. We support the blended payment model in the context that it matches the desires of Dalhousie medical students.

Survey Process

We conducted a survey of medical students at Dalhousie University to ask about interest in family medicine, primary reasons of interest, concerns about family medicine in Nova Scotia and general comments. From the results a qualitative analysis of the data was performed.

We asked students about why they would want to stay in Nova Scotia. The general themes identified in this section were that family/partner were located here, preference for Nova Scotia lifestyle (landscape, culture etc), community needs of family medicine and that Nova Scotia was ‘home’. Notably absent from these themes are remuneration, working conditions and collaborative practice. If we look further into class breakdown, the amount of students who offer responses for reasons to stay decreases, and the appeal of ‘home’ decreases.

Students were asked what would make Nova Scotia more attractive. The primary responses to this question include: improve compensation, revise remuneration system, improve access to benefits, increase support for collaborative practice, reduce work burden and provide family physicians equal priority as specialists at the bargaining table. From the class breakdown of responses, there is no drastic change in response distribution, but it is clear that the major issues across classes are compensation, remuneration system and collaborative practice.

References:

Doctors Nova Scotia. Exploration of Blended Funding Models for Primary Care Report of January 6, 2018 Meeting

[3] CFPC, 2012