



ESSENTIAL DNS

Welcome to Doctors Nova Scotia

Helping physicians thrive and have a positive impact on their patients' lives, individually and within the health-care system.

Doctors Nova Scotia (DNS) is the professional association for Nova Scotia's 3,500-plus medical students, residents, and practising and retired physicians. The association represents its members' interests in contract negotiations with the provincial government, advocates for health-care reform and provides a wide range of member benefits.

Contracts and physician payment

THE VARIETY OF FUNDING MODELS IN NOVA SCOTIA lets physicians teach, research, support collaborative care teams and work in rural communities. The province is currently developing a new, blended payment model for primary care.

Fee-for-service physicians are paid according to the rates set out in the Master Agreement.

Physicians on **Alternative Payment Plans (APPs)** have individual or small-group contracts that are more supportive of a collaborative care model.

Specialists working in blended clinical/academic practice in Halifax have **clinical/academic funding plan (C/AFP)** contracts.

The 2015 Master Agreement and Master Clinical/Academic Funding Plan contracts expired on March 31, 2019, but their terms are in effect until contract negotiations between DNS and the Department of Health and Wellness have concluded and new contracts have been signed.

CONTACT:

Jessica Moore

Compensation manager,
Master Agreement and Fee
Schedule
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Maureen Connolly

Compensation manager,
Clinical/Academic Funding
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Professional environment

NOVA SCOTIA FACES A GROWING DEMAND for qualified physicians, especially family physicians and rural/regional specialists. The province’s Physician Resource Plan outlines the need to recruit more than 1,000 full-time equivalents (FTEs) over the next 10 years; half to primary care and half to specialty care.

Doctors Nova Scotia is working to strengthen Nova Scotia’s physician workforce and improve health care in the province. From providing physician leadership training to developing new care models, DNS is helping build a better system for patients and physicians alike.

Learn more at doctorsNS.com/advocate/healthcare-government

Learn more

Visit the Doctors Nova Scotia website at doctorsNS.com to learn more about the benefits and services offered to you through your membership. Stay engaged by following DNS on [Twitter @Doctors_NS](https://twitter.com/Doctors_NS).

Member benefits and services

DOCTORS NOVA SCOTIA PROVIDES A VARIETY of member benefits and services, including:

- A comprehensive extended health and dental plan
- A free, confidential Professional Support Program
- Support with medical billing, audit and appeal, navigating the provincial health-care system, and choosing and maintaining an EMR
- An annual conference, continuing professional development opportunities and leadership development programs
- A bi-weekly newsletter and monthly member magazine

CONTACT:

Catherine Gervais

Member benefits advisor
 902-481-4904
 1-800-563-3427 ext. 4904
catherine.gervais@doctorsns.com

Physician advisors

AT DNS, WE’RE HERE TO SUPPORT and guide you as you embark on your career in Nova Scotia. Feel free to reach out to your DNS Physician Advisor with any questions or concerns. Our physician advisors have your back when it comes to practising medicine in Nova Scotia and can give you advice on how to navigate the health-care system.

CONTACT:

Kim Oakley

Physician Advisory Team lead – zones 2 (Northern) and 3 (Eastern)
 902-481-4924
 1-800-563-3427 ext. 4924
kim.oakley@doctorsns.com

Jennifer Girard

Physician advisor – zones 1 (Western) and 4 (Central)
 902-481-4912
 1-800-563-3427 ext. 4912
jennifer.girard@doctorsns.com



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Physician Advisors

Sometimes a little help can go a long way. Doctors Nova Scotia's (DNS) physician advisors work with members to resolve issues in their practices and the health-care system.

Advisor activities

Your physician advisor can help you:

- Understand Master Agreement, Alternative Payment Plan (APP) and Return of Service (ROS) contracts
- Review and negotiate your deliverables documents
- Review and interpret your Memorandum of Agreement (MOA) with the Nova Scotia Health Authority (NSHA)
- Access DNS member benefits
- Start or grow your local medical staff association
- Navigate physician credentialing and privileging processes
- Understand fee structures and file new fee applications
- Resolve issues with billing, audit and appeal

If you have questions about any of the above – or anything else regarding setting up your practice or accessing DNS member benefits – reach out to the physician advisor for your area.

Your physician advisors



KIM OAKLEY has been the Physician Advisory Team (PAT) Lead since 2017, advising physicians in Nova Scotia's Eastern and Northern zones as they negotiate contracts with the NSHA and the Department of Health and Wellness (DHW). In addition to her role on the PAT, she is also a compensation manager specializing in APP contracts, and is currently involved in the 2019 contract negotiations.

CONTACT:

Kim Oakley

Physician Advisory Team Lead – zones 2 (Northern) and 3 (Eastern)
902-481-4924
1-800-563-3427 ext. 4924
kim.oakley@doctorsns.com



JENNIFER GIRARD has been assisting physicians and physician groups with their contracts with the NSHA and the DHW since 2017. She is the point of contact for physicians looking to connect with DNS and other physicians, and helps members navigate the non-clinical aspects of health system, such as starting and closing a practice, health-care advocacy and billing. She also supports newly recruited physicians as they get settled and begin to establish their practices in Nova Scotia.

CONTACT:

Jennifer Girard

Physician Advisor – zones 1 (Western) and 4 (Central)
902-481-4912
1-800-563-3427 ext. 4912
jennifer.girard@doctorsns.com



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EMRs and E-health

Electronic medical records are a crucial component of modern-day medical practice, and the e-health landscape is changing all the time. Doctors Nova Scotia (DNS) is here to help.

EMR help, when and where you need it

THE EMR YOU CHOOSE CAN HAVE A BIG IMPACT on how you practise medicine. Brent Andrews, Doctors Nova Scotia's EMR advisor, can help you decide which EMR product is best for you, understand what infrastructure changes you may need to consider, offer insights from others' experiences and troubleshoot any problems that you may experience.

Your EMR advisor can help with a variety of technology issues. Contact Brent if you have:

- Questions about EMRs
- Questions about voice recognition/dictation technologies
- Help implementing electronic faxing
- General or specific IT-related questions
- Issues related to EMR or IT service or support that need escalation
- Help with encrypting computers to help protect patient data

Your EMR advisor can also connect you with the individuals and groups who set the direction and policies on EMR-related issues in the province.

CONTACT:

Brent Andrews

EMR advisor
902-225-8577 (cell)
1-800-563-3427 ext. 4901
brent.andrews@doctorsns.com

Navigating the e-health landscape

THE E-HEALTH LANDSCAPE IN NOVA SCOTIA continues to evolve, and DNS wants to ensure that physicians understand the opportunities available, are involved in key e-health system decisions and are well positioned to deliver optimal patient care.

Stewart Gray is the association's senior e-health strategist. His goal is to bring the profession's voice and influence to e-health planning in Nova Scotia. In this role, he:

- Develops e-health positions and strategies to support the association's goals and business plan
- Works with the DNS Information Technology Steering Committee to inform e-health position and strategy development
- Promotes DNS member engagement with key stakeholders in all stages of e-health initiatives
- Communicates with members regarding key e-health issues
- Works with the EMR advisor to provide consistent, reliable advice and guidance

CONTACT:

Stewart Gray

Senior e-health strategist
902-481-4909
1-800-563-3427 ext. 4909
stewart.gray@doctorsns.com



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Professional Support Program

Doctors Nova Scotia's Professional Support Program (PSP) provides confidential peer-to-peer support for members and their families.

Our services

THE PSP IS A SAFE AND CONFIDENTIAL WAY for members and their families to get help with personal or professional problems, including issues such as anxiety, stress, burnout, family and relationship problems, substance-use disorders, career and life transitions, workplace conflicts, psychiatric illnesses, concerns for colleagues and medico-legal issues.

The program's physician counsellors offer advice, assessment and peer support to determine the best course of action. Counsellors also provide information on a variety of services and options, including private psychologists, support groups, courses and programs. They can make referrals to psychiatrists, addiction treatment programs and other medical specialists.

Providing peer-to-peer support helps eliminate the barriers that can stop physicians from getting help, such as stigma, fear of licensure issues or loss of privileges, lack of access to treatment or lack of confidential peer support.

In addition, the program promotes health and wellness initiatives through workshops, online resources and literature specific to physician health and wellness.

Confidential support

ALL INFORMATION MEMBERS SHARE with PSP counsellors is confidential, including the fact that they have contacted the PSP. The PSP counsellors have no affiliation with licensing and regulatory bodies or related university training programs of the professions they serve. Counsellors do not collect, use or disclose information without consent or as required by law.

Help line

SUPPORT IS JUST A CALL OR AN EMAIL AWAY, AT ANY TIME OF DAY. If you need help, don't wait.

In order to provide members in crisis with faster, more efficient access to care, the PSP uses the intake services of the employment assistance program Morneau Shepell. Morneau Shepell employees are professional and empathetic, and able to effectively triage calls 24 hours a day, seven days a week.

Who we are

LED BY ANTIGONISH FAMILY PHYSICIAN DR. JOHN CHIASSON, the PSP team has physician counsellors across Nova Scotia.

The other physician counsellors are:
Dr. Michelle Dow (Meteghan Centre)
Dr. Moira MacLean (Halifax/Dartmouth)
Dr. Kara MacNeill (Amherst)
Dr. Timothy Matheson (Bedford/Windsor)
Dr. David Saunders (Dartmouth/New Minas)

Members who call Morneau Shepell in crisis will receive help immediately; others will be referred to the appropriate PSP treatment provider and will receive a call back within 48 hours. *All calls, voicemails and emails are confidential.*

CONTACT:

902-468-8215

1-855-275-8215 (toll-free)

professionalsupport@doctorsns.com



Member Discounts

Being a member of Doctors Nova Scotia (DNS) has many benefits – including discounts on goods and services from several companies.

Life and disability insurance

OMA INSURANCE PROVIDES insurance advice, service and solutions to meet the unique needs of physicians and their families. Non-commissioned team members provide intelligent, relevant and helpful solutions and recommendations for physicians at every stage of their career.

With coverage available for students, residents and practising physicians of all ages and stages, OMA Insurance helps you ensure that you're covered in case a critical illness or disability should interrupt your education or practice, while life insurance allows you to take care of your loved ones after your death.

Doctors Nova Scotia members can save money on critical illness coverage, disability insurance and life insurance.

CONTACT:

Alban Moran

Senior Insurance Advisor

902-313-1316

1-800-268-7215 ext. 2861

alban.moran@oma.org

Home and auto insurance

DOCTORS NOVA SCOTIA OFFERS its members home and auto insurance through TD Insurance Meloche Monnex. The TD Insurance Meloche Monnex program provides savings through lower preferred insurance rates.

A study conducted by TD Insurance Meloche Monnex showed that, on average, professionals who have home and auto insurance with the company save \$400.

TD Insurance Meloche Monnex has been serving professionals for 65 years. Request a free quote for home or auto insurance.

CONTACT:

TD Insurance Meloche Monnex

1-866-258-3036

tdinsurance.com/affinity/DOCTORSNS

Audio-visual products and installation

MEMBERS ARE ELIGIBLE for deals from Glubes Audio Video Unlimited. Get up to 30% off equipment list prices and 20% off labour costs for installation.

CONTACT:

Dave Sliming

902-434-5511

Electronics and computer equipment

DOCTORS NOVA SCOTIA members will be eligible for discounts on products online from the Apple Store and Best Buy. Check doctorsns.com/benefits/member-discounts for more info.

Smartphones and mobility plans

DOCTORS NOVA SCOTIA offers members preferred pricing on smartphones and mobility rate plans from Telus.

Members are eligible* for three Telus offers:

- Save 30% on your monthly bill on select plans
- Great discounts on your new smartphone with a plan
- Share data, plus save more with each family member you add to your account

*Terms apply; learn more at doctorsns.com/benefits/member-discounts/telus. Offers available through doctorsNS.com only.

Doctors Nova Scotia

GET TO KNOW YOUR HEALTH & DENTAL PLAN

2016

THE
Great-West Life
ASSURANCE  COMPANY

 **Doctors**
Nova Scotia

DOCTORS NOVA SCOTIA

GET TO KNOW YOUR HEALTH & DENTAL PLAN 2016

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MESSAGE FROM THE BOARD OF TRUSTEES

DEAR MEMBER,

Doctors Nova Scotia (DNS) is one of the few provincial medical associations to provide a comprehensive health and dental plan for its members and their families. The plan includes prescriptions, vision and dental coverage, medical equipment and orthotics, ambulance and at-home nursing services, hospital and travel coverage, and more.

In the 2015 DNS Member Satisfaction Survey, 83 per cent of respondents indicated that they consider the extended health and dental plan to be a valuable benefit of their DNS membership.

The organization strives to offer a benefits plan that meets the needs of its members while also remaining affordable to DNS and individual subscribers. As such, in 2014, the Board of Trustees commissioned a study to evaluate the cost-effectiveness of the DNS health and dental plan.

As a result of that study, in April 2015, DNS transitioned its health plan provider from Medavie Blue Cross to Great-West Life. While the benefits offered by the plan remain similar, naturally, the change in provider resulted in some changes for plan subscribers.

This booklet is like a cheat-sheet for plan subscribers – it aims to clarify the benefits you're eligible to receive, offer tips to support you in accessing these benefits and to help you gain the greatest benefit from your health and dental plan. Read on for information about what services are covered, how to make a claim and how to get the best value from the plan.

We welcome your feedback. If you have suggestions or questions, please don't hesitate to get in touch by emailing trustee.chair@doctorsns.com.

Yours truly,

Dr. Lisa Bonang
Chair, Board of Trustees
Doctors Nova Scotia

FAQ JOINING THE PLAN

How do I join the plan?

a. Within 60-day enrolment period: Members of Doctors Nova Scotia are eligible to join the health and dental plan without providing satisfactory evidence of good health during the 60-day period after they have been a full member for six months (including when their membership dues were paid through Maritime Resident Doctors and DMSS).

b. After 60-day enrolment period: Any member who wishes to join the plan after the 60-day period is considered a late applicant and must provide satisfactory evidence of good health. Late applicants must submit an Evidence of Good Health form to Great-West Life. (Contact Catherine Carnegy, Benefits Administrator, for more information: 902-481-4904, 1-800-563-3427 ext. 4904 or catherine.carnegy@doctorsns.com.) Your responses will be reviewed and you will receive a letter advising you whether you have been approved for coverage. You may be contacted and asked to submit additional information.

CHECK FIRST

Before incurring any large dental expenses or beginning any orthodontic treatment, **ASK YOUR DENTAL SERVICE PROVIDER TO COMPLETE A TREATMENT PLAN** and submit it to Great-West Life for pre-approval.

and renewal of DNS membership are required in order for you to continue to be covered under the plan.

What happens to my plan once I turn 65?

At age 65, all coverage remains the same except drug and out-of-country coverage. All Nova Scotians are expected to apply for provincial coverage under the Nova Scotia Seniors' Pharmacare Plan at the age of 65; as such, drug coverage under the DNS plan is terminated. Seniors with pre-existing health conditions may need to provide three months of health records to qualify for out-of-country coverage.

Is my disabled and fully dependent adult child eligible for coverage under my plan?

Yes. A child 21 years of age or older who by reason of mental or physical disability is incapable of self-sustaining employment and is totally dependent upon a plan member for support is covered under the plan, provided the child was covered under this plan prior to age 21. Plan members are required to apply for disabled dependent status and need to be approved by Great-West Life before they can continue on the plan.

HOW LIFE CHANGES AFFECT YOUR ENROLMENT

I'm on parental leave – do I still have coverage?

DNS members who are eligible for coverage (see page 15) and have paid their annual premiums are covered under the plan. This includes members who are on parental leave.

Will my coverage continue after I retire from active practice?

Yes, your coverage will continue after your retirement. Note that Nova Scotia residency

ACCESSING BENEFITS

What benefits require pre-approval?

Benefits that require pre-approval from Great-West Life include the following:

Dental benefits:

Before incurring any large dental expenses or beginning any orthodontic treatment, ask your dental service provider to complete a

treatment plan and submit it to Great-West Life for pre-approval. Great-West Life will calculate the benefits payable for the proposed treatment, so you will know in advance the approximate portion of the cost you will have to pay.

The DNS dental plan provides coverage for eight units of scaling and root planing (combined) every nine months. Additional units may be considered in cases of severe periodontal conditions. The additional units must be pre-approved (for a 12-month period) before the service is rendered.

Are X-rays ever required before a dental benefit will be approved?

Dental X-rays are required prior to dental benefits being approved in the following circumstances:

- For pre-approval of additional units of scaling and root planing. In addition to current periodontal charting and clinical notes, the Great-West Life dental consultant requires current X-rays (within the past three years) to determine if additional units of scaling and root planing can be approved.
- For appeals for previously declined claims or estimates, we require supporting documentation, which may include X-rays, for review by the Great-West Life dental consultant.

Health-care benefits:

Most health-care benefits do not require pre-approval, with the following exceptions:

- Pre-approval is required for treatment following a dental accident

- A pre-care assessment should be submitted before home nursing begins
- Estimates should be submitted for other health-care benefits, as we may require supporting information for some medical equipment, supplies or services to determine whether the expense is eligible for coverage

Contact a Great-West Life representative for more information: 1-800-957-9777.

Drug benefits:

Great-West Life requires prior authorization for certain high-cost drugs. See “Does my plan provide catastrophic drug coverage?” below.

Does my plan provide catastrophic drug coverage?

Catastrophic drug coverage is defined as the provision of a general level of coverage that protects individuals from drug expenses that threaten their financial security or cause undue financial hardship. Great-West Life provides this coverage for DNS plan members.

Great-West Life requires prior authorization for certain high-cost drugs. The patient must meet certain medical criteria before they will be authorized for these drugs. A list of the drugs requiring prior authorization is provided on the Great-West Life website.

Prior authorization is intended to help ensure that a drug represents a reasonable treatment. If the use of a lower-cost alternative service or supply represents reasonable treatment, you or your dependent may be required to provide medical evidence to Great-West Life showing why the lower cost

Great-West Life requires prior authorization for certain high-cost drugs. **A LIST OF DRUGS REQUIRING PRIOR AUTHORIZATION** is provided at www.groupnet.greatwestlife.com

alternative service or supply cannot be used before coverage may be provided.

Prior authorization is also required for hospital use drugs (HUD). Before paying out an eligible HUD, Great-West Life will confirm where the patient is being administered the drug (not eligible if administered in hospital on an in-patient basis). The following HUD drugs require the patient to meet medical criteria before the cost of the drugs will be covered: Abraxane, Camptosar, Eloxatin, Erbitux, Fludara (vial only), Fludarabine phosphate, Halaven, Herceptin, Irinotecan, Istopax, Jevtana, Mabcampath, Taxotere/docetaxel, Treanda, Trisenox, Vectibix and Velcade.

GREAT-WEST LIFE SERVICE FEATURES

How do I make a claim?

Plan subscribers may make a claim in one of three ways: automatically, via their health-care provider (i.e., dentist, physiotherapist or pharmacist); by a paper claim form; or online, using GroupNet. (More on page 12.)

What is GroupNet, and why should I sign up?

GroupNet (www.groupnet.greatwestlife.com) is the online portal for Great-West Life. It allows plan members to make claims online, to monitor the status of their claims and to review a summary of their claims. It also offers a variety of health-care information. (Read more on page 14.)

FINANCIAL MATTERS

How will I be billed for my premiums?

Doctors Nova Scotia issues health and dental

plan invoices on an annual basis. You will receive your invoice in mid-February each year; payments are due in March.

Are my premiums tax deductible?

According to the Canada Revenue Agency, employee-paid premiums to a private health services plan are considered qualifying medical expenses and can be claimed by the employee on his or her income tax and benefit returns. Although DNS members are not technically employees of Doctors Nova Scotia, this ruling applies to the premiums you pay for your benefits.

MORE QUESTIONS?

We're always available to help. If you need more information, don't hesitate to contact Catherine Carnegy, Benefits Administrator, at 902-481-4904, 1-800-563-3427 ext. 4904, or catherine.carnegy@doctorsns.com.

You can also contact a customer service representative at Great-West Life for assistance with your medical and dental coverage. Call 1-800-957-9777.



There are some coverage limits and pre-approval may be required. SEE THE EXTENDED HEALTH AND DENTAL PLAN BOOKLET.



TOP 5 BENEFITS

THE DOCTORS NOVA SCOTIA EXTENDED health and dental plan offers comprehensive coverage for its members. In this section, we briefly cover the plan's top benefits – and uncover some lesser-known benefits that you might be interested in. (These are just the highlights; **for full details, see the Extended Health and Dental Plan booklet** provided by Doctors Nova Scotia. It's also available online.)

1. Health

When it comes to health benefits, the DNS plan has you covered:

- *Need to get to a hospital?* Your plan covers 80 per cent of the cost of transportation by ambulance (or by air, rail or water, if necessary) to the nearest centre where adequate treatment is available (to a maximum of \$1,000 per trip).
- *Sometimes, only in-patient care will do.* Whether you need acute, convalescent or palliative care, your semi-private hospital room is 50 per cent covered.
 - *When you're out of the hospital but not quite out of the woods,* a registered nurse or licensed practical nurse can make all the difference. After receiving pre-approval, you can claim up to \$13,000 worth of these services each calendar year. (See the full plan booklet for details.)
 - *Prescription drugs are taken care of.* This includes oral contraceptives, drugs to treat erectile dysfunction (up to \$250 each calendar year), fertility drugs (\$3,000 lifetime maximum), injectable drugs and syringes, preventative immunization vaccines and toxoids, and some drugs that don't require

a prescription. Members under 65 pay a \$20 co-pay.

- *Need medical supplies or equipment?* You're covered from head to toe. The plan covers 80 per cent of the cost of the rental or (at the plan's discretion) purchase of certain medical supplies, including: wigs for cancer patients, hearing aids, speech aids, breathing equipment, feeding/alimentation systems, intrauterine devices, diabetic supplies, ostomy appliances, custom-made compression hose and orthotics. The plan also covers medical prostheses and medical equipment such as canes, crutches and wheelchairs, hospital beds, and blood glucose and blood pressure monitors. (See the full plan booklet for a comprehensive list.)
- *Dental injuries bite.* Your plan covers the treatment of accidental injury to sound natural teeth.

2. Paramedical

Your plan provides coverage for a variety of out-of-hospital treatments by a variety of paramedical practitioners. You can claim up to \$600 per practitioner each calendar year. The list of eligible service providers includes:

- Acupuncturists
- Chiropractors
- Massage therapists
- Naturopaths
- Occupational therapists
- Osteopaths
- Physiotherapists
- Podiatrists and chiropodists
- Psychologists and qualified social workers
- Speech therapists

Need a listening ear?
THE PROFESSIONAL
SUPPORT PROGRAM OFFERS
CONFIDENTIAL HELP TO PHY-
SICIANS AND THEIR FAMILIES.
Call 1-855-275-8215 or email
professionalsupport@
doctorsns.com.

To be reimbursed for these services, your service provider must be appropriately qualified. You do not need a doctor's referral to claim these services.

3. Vision

Your extended health and dental plan covers vision care and corrective lenses for you and your dependents.

- **See your way clear.**

You're eligible to have an eye exam performed by a licensed ophthalmologist or optometrist every 24 months.

- **Look sharp.** Your plan covers up to \$200 every 24 months to be used toward glasses, contact lenses or laser eye surgery required to correct vision, as long as they're provided by a licensed ophthalmologist, optometrist or optician. You're also covered for contact lenses for impaired cornea, when the cornea is impaired so that visual acuity cannot be improved to at least the 20/40 level in the better eye with eyeglasses, to a maximum of \$250 every 24 months.

- **Note:** Coverage amounts and time periods are different for dependent children under the age of 18. Check the Extended Health and Dental booklet for details.

4. Dental

For information on **DISCOUNTS ON EYEWEAR AND VISION CARE SERVICES**, refer to the Preferred Vision Services section of the Extended Health and Dental Plan booklet (p. 25).

Your health plan covers a comprehensive array of dental care services for you and your dependents. Basic dental services are 80 per cent covered and major services are 50 per cent covered, up to \$1,500 annually.

- **Diagnostic services** › Such as X-rays, casts and examinations
- **Preventative services** › Including scaling, polishing and fluoride application
- **Minor restorative services** › Such as filling cavities, pain control, and pins, posts and pre-fabricated crowns
- **Endodontic and periodontal services, and oral surgery** › Including root canals, root planing and wisdom tooth extraction
- **Dentures and bridgework**
- **Orthodontics** › For dependents between the ages of 6 and 18

5. Travel

Your health and dental plan offers up to 180 days of travel coverage each calendar year. (Members over 65 with a pre-existing condition may need pre-approval.)

- **Out-of-country emergency care** coverage provides benefits during a medical emergency while you or your covered dependents are temporarily outside Canada for business, education or vacation. This includes:
 - *On-site hospital payment when*

required for admission, to a maximum of \$1,000.

- *If suitable local care is not available, medical evacuation to the nearest suitable hospital.*
- *A variety of health-care services, such as diagnostic exams, X-rays, medical treatment and hospital stays.*
- **Travel assistance** provides aid to international travellers through 24-hour-a-day, seven-day-a-week access to a travel assistance provider that can direct you to a health-care facility or assist with travel arrangements following a medical emergency. Benefits include:
 - *Lodging for a travelling companion if the return trip is delayed by your (or your dependent's) medical condition*
 - *Transportation and lodging for one family member joining a patient hospitalized for more than seven days while travelling alone. (Restrictions apply; see booklet for details.)*

Have the right information when you travel: Always carry your provincial health card and Great-West Life card. **YOUR GWL CARD SHOWS WHAT NUMBER TO CALL IN CASE OF EMERGENCY.**



HOW TO MAKE A CLAIM

MAKING A CLAIM FOR MEDICAL or dental expenses shouldn't be complicated. In most cases – especially for vision care, dental care and at the hospital – your provider will be set up to file electronically. Just present your subscriber card – that's it, you're done! If your provider isn't set up to e-file, you can either submit a claim form or file online through GroupNet for Plan Members.

Tired of shuffling papers? Signing up for **GROUPNET FOR PLAN MEMBERS CAN HELP YOU GO PAPERLESS**. Watch this video to learn more: goo.gl/wmn5X2.

	Provider e-file	Claim form	Online	Notes
HEALTH (medical treatment; prescriptions; medical supplies/ equipment; paramedical treatment)	In most cases, the provider will submit the required form to Great-West Life on your behalf. This includes hospital services.	If you need to submit a Healthcare Expenses Statement, use form M635D. Don't forget to include an itemized receipt and any supporting documentation. Download the form at doctorsNS.com	Register for GroupNet for Plan Members and sign up for direct deposit of claim payments with eDetails. You usually don't need to submit receipts when filing online, but be sure to retain them for your records.	For hospital services, present your subscriber information card to the hospital and they will bill Great-West Life directly. Some drugs, medical supplies and equipment require predeterminations. Find out more on page 4.
VISION (eye exams, glasses, contact lenses and laser eye surgery)	Present your subscriber identification card to participating optometrist/optician when your prescription is filled.	In most cases, the provider will submit the required form to Great-West Life on your behalf. If they don't, you'll need to submit a Visioncare Claim Form (form M1214D). Download the form at doctorsNS.com	Register for GroupNet for Plan Members and sign up for direct deposit of claim payments with eDetails. You usually don't need to submit receipts when filing online, but be sure to retain them for your records.	You'll also need to submit an itemized receipt for paper claims.

	Provider e-file	Claim form	Online	Notes
DENTAL (preventative and routine care; minor and major restorative services; periodontics and orthodontics; dentures)	Present your subscriber identification card when paying for dental services.	In most instances the dental service provider will submit the required claim form to Great-West Life for payment. If they don't, submit a Dentalcare Expenses Statement (form M445D) You'll also need to submit an itemized receipt. Download the form at doctorsNS.com	Register for GroupNet for Plan Members and sign up for direct deposit of claim payments with eDetails. You usually don't need to submit receipts when filing online, but be sure to retain them for your records.	Great-West Life offers predeterminations for dental work. They will tell you exactly how much your plan will cover and how much you will have to pay out-of-pocket. Ask your dentist or call Great-West Life for more information.
HEALTH CARE SPENDING ACCOUNT	N/A	First, submit all claims to any government and private insurance plans under which you or any eligible dependents are covered. Then complete a claim form. For health, vision and travel claims: use form M635D (HCSA). For dental claims, use form M445D (HCSA). Download the form at doctorsNS.com	Register for GroupNet for Plan Members and sign up for direct deposit of claim payments with eDetails. You usually don't need to submit receipts when filing online, but be sure to retain them for your records.	Claims incurred by Dec. 31 must be filed by March 31 of the following year.
TRAVEL (Out-of-country emergency care coverage; travel assistance)	Call the toll-free number on the back of your Great-West Life identification card for assistance when an unexpected illness or injury happens while travelling outside Nova Scotia.	N/A	N/A	Pre-approval may be required.



YOUR HEALTH CARE SPENDING ACCOUNT

THE HEALTH CARE SPENDING ACCOUNT (HCSA) is similar to a bank account; each plan member has an HCSA with \$300 of credit that can be used to pay for expenses beyond what is typically covered by your extended health and dental plan. Doctors Nova Scotia plan subscribers each have an HCSA credit of \$300 each calendar year. The plan subscriber may claim expenses for the whole family up to a total of \$300. If you are covered by multiple plans, the HCSA will reimburse you for the balance of the expense remaining after all other insurance plans have paid out.

1. How do I make a claim to my HCSA?

First submit all claims to any government and private insurance plans under which you or any eligible dependents are covered. Once you have received reimbursement for the expense from all other plans, you may submit a claim against the HCSA. Follow the flow chart on page 10.

2. Is there a time limit on HCSA claims?

Generally, you have three months following the end of the year in which the claim was incurred to make your claim against the HCSA. In other words, if you incurred the expense by Dec. 31, you have until March 31 of the following year to submit your claim against the HCSA. Claims from the previous year that are received by Great-West Life after March 31 will not be paid.

Unused HCSA credits may be carried over to the following year's account. If unused credits are rolled forward, any claims incurred in the new year must be applied first

to the roll-over amount to reduce the chance of forfeiture by the end of the second year. Any rolled-over HCSA credits that have not been used by Dec. 31 of the second year (as above, GWL must receive the claim by March 31 of the following year) will be forfeited.

3. What types of expenses are covered by the HCSA?

You can use HCSA credits to top up or cover expenses that are only partly covered or that aren't covered by group health plans, including deductibles and co-payment amounts. Also, since annual credits are in the form of before-tax dollars, the HCSA is a tax-effective way of paying for your health-related expenses.

HOW TO SUBMIT AN HCSA CLAIM

Before you submit a claim to your HCSA, you must first submit it to any government and private insurance plans under which you or any eligible dependents are covered. This includes your health plan, your spouse's health plan and provincial seniors' pharmaceutical (for members over 65 years old). Once you have been reimbursed by all other plans, you are ready to submit a claim to your HCSA.

NOTE: Expenses incurred before December 31 must be received before March 31 of the following year to be eligible for reimbursement from the HCSA.

SAVE RECEIPTS
SAVE YOUR RECEIPTS FOR 12 MONTHS FROM THE DATE YOU SUBMIT YOUR CLAIM to Great-West Life; you'll need to send them in if Great-West Life asks for proof of payment.

HOW TO SUBMIT AN HCSA CLAIM

Gather the following information before beginning your claim:

- Your GWL member number and plan number (find this on your member card or a recent statement)
- Detailed receipt from the service provider (not a credit card receipt or non-itemized cash register receipt)
- Copy of the original claim form(s) and proof of payment or denial

Was your expense incurred in Canada?

YES

NO

Do you want to submit your claim online or by mail?

SUBMIT BY MAIL

SUBMIT ONLINE

Have you signed up for GroupNet for Members and direct deposit?

NO

YES

DENTAL

HEALTH-CARE

FOR DENTAL EXPENSES, USE FORM **M445D**

FOR OTHER EXPENSES, USE FORM **M635D**

- Visit groupnet.greatwestlife.com
- Set up a username and password
- Registration notification is by posted mail*
- Sign up for direct deposit:
 - Click on the "My Profile" tab
 - Click on "Request Direct Deposit"
- Enter your banking information
- Allow two business days for changes to take effect
- You are now eligible to file a claim online
- *This step can take up to two weeks depending on Canada Post's delivery schedule**

- Proceed to groupnet.greatwestlife.com
- Enter username and password
- On main page, click on "Submit a claim"
- Under "Claim submission method" click on "Online claim" next to HCSA
- Enter claim information as required
- You do not need to send in your receipts unless requested by GWL, but should retain your receipts for one year
- Your payment will be delivered via direct deposit
- Check the status of your claim or your claims history by clicking on the "Claims" tab

- Visit www.doctorsNS.com to download the form you need
- Following the instructions on the form, fill out relevant sections (the form is a fillable PDF)
- Print two copies of the form: one to submit and one for your records
- Attach relevant receipt to the form. Be sure to retain copies of your receipts, as originals will not be returned
- Mail form to the address listed on page two of the claim form



TOP 5 SERVICES OFFERED BY GREAT-WEST LIFE

GREAT-WEST LIFE AND DOCTORS NOVA SCOTIA want to make it easy for you to access your health and dental benefits – whether that means finding out how much a service will cost, making a claim when and how it’s convenient for you, or saving a bit of money on your prescriptions. Here’s a summary of the Top 5 services that Great-West Life offers its plan members.

1. GroupNet for Plan Members

When you register for GroupNet, you free yourself from having to download, print and fill out claim forms – and you save on postage. Using GroupNet means you can submit your claims easily online. It also enables you to review a summary of all of your claims – especially helpful at income tax time. (Read about how to sign up for GroupNet on page 14.)

2. Costco for prescriptions

Plan members save on out-of-pocket costs when filling prescriptions at Costco Wholesale pharmacies. While regular pharmacies charge a \$20 deductible, at a Costco pharmacy, you only pay a \$15 deductible. Anyone – whether they have a Costco membership or not – can use the Costco pharmacy. Plan members who live outside the Halifax Regional Municipality can take advantage of Costco’s provincial mail order service for prescription medications and refills in Nova Scotia. Medications can be delivered to your home or other shipping address via free standard shipping.

3. Mobile app

Smartphone users can download the GroupNet Mobile App for free, enabling you to submit claims, access coverage information, view your card information and use GPS to locate the nearest health-care provider signed up for direct billing with Great-West Life. If you sign up for the text-messaging option, you’ll receive texts from Great-West Life to notify you every time a claim has been paid.

You can also access “Drug Hub” – a virtual medicine cabinet that contains information on medications and reminds you and your family members when to take your medication and when to order refills.

4. Provider e-claim

Many Canadian health-care providers are set up to file claims with Great-West Life automatically. This makes it faster and easier for you to be reimbursed for your care. To find a list of providers who are set up to file claims electronically, sign in to GroupNet. If your provider isn’t set up to file electronically, you can suggest they contact Great-West Life to register by calling 1-866-240-7492.

5. Predeterminations for dental care

A predetermination lets you know up front the amount your benefits plan will pay, and the difference in cost that you may have to pay out of pocket. This information can help you and your providers make informed decisions about your dental care.

Save on deductibles. Regular pharmacies charge a \$20 deductible, BUT A COSTCO PHARMACY ONLY CHARGES A \$15 DEDUCTIBLE.



GROUPNET FOR MEMBERS

ALTHOUGH MANY HEALTH-CARE PROVIDERS have registered for direct billing with Great-West Life, sometimes you will need to submit a claim yourself. If you sign up for GroupNet for Members – a free, easy to use web portal – you can dispense with filing paper claim forms. Using GroupNet means you can connect to a variety of secure, user-friendly services online, any time.

GROUPNET FOR PLAN MEMBERS

GroupNet for Plan Members is simple, secure and available 24-7. Registering for GroupNet enables you to:

- Submit claims (including for your HCSA) online or on paper
- Download and print all the forms you need
- Sign up for direct deposit
- Get text messages or email notifications when your claims have been processed
- View your claim status and Explanation of Benefits for the past 24 months

HOW TO REGISTER

Follow these steps to register and log in for the first time. It only takes five minutes. Here's what to do:

- Visit www.greatwestlife.com
- Click "GroupNet for Plan Members"
- Click "Register now"
- Follow the instructions to register:
- Enter your plan and member ID information
- Enter your name, birth date and postal code
- Accept the site's terms and conditions
- Choose your username, password and security question

- Sign up for direct deposit (this is required if you want to submit claims online; the changes take two business days to take effect)

Your registration will be confirmed in writing by posted mail.

GROUPNET MOBILE APP

The free GroupNet mobile app brings the convenience of GroupNet to your mobile device. Enjoy all the benefits of GroupNet on your iPhone, BlackBerry or Android device. Simply download the app and sign in with your GroupNET username and password to immediately connect to your benefits, claims and coverage while you're on the move.

For more information and how-to videos, visit: <http://goo.gl/KnvVz>

KNOW YOUR NUMBERS

Be sure to **HAVE YOUR BENEFIT ID CARD HANDY WHEN SIGNING UP** – you'll need to enter your policy plan and member ID numbers

MEMBER ELIGIBILITY

DOCTORS NOVA SCOTIA OFFERS its members several options for enrolling in the extended health and dental benefits plan. Full members may choose from four plans: single, family, senior single or senior family. (Senior plans are for members aged 65 and over.)

PLAN ENROLMENT

All full members of Doctors Nova Scotia are eligible to join the health and dental plan without satisfactory evidence of good health during the 60-day period after they have been a full member for six months. Any member who wishes to join the plan after the 60-day period must provide satisfactory evidence of good health. Note: Obtaining proof of good health isn't covered by MSI; it's an out-of-pocket expense.

ELIGIBILITY CRITERIA

Single, family, senior single and senior family plans are available to members whose principal residence is in Nova Scotia and who have been members of Doctors Nova Scotia for six months.

Physicians who provide full-time patient care in Nova Scotia but report their residence address as outside Nova Scotia may appeal to the Board of Trustees. The Doctors Nova Scotia Board of Trustees will adjudicate any appeals regarding eligibility and benefits.

ELIGIBLE DEPENDENTS

If you choose the "family" or "senior family" option, your extended health and dental benefits package will cover the following dependents:

- Your legal spouse (the person you publicly acknowledge to be your spouse and who has cohabited with you continuously for at least 12 months)
- A stepchild, legally adopted child, or natural child of yourself or your spouse (excluding a foster child) who is under 21 years of age and not employed for more than 20 hours a week
- Unmarried children under 25 years of age while attending college or university or other accredited educational institution as full-time students, provided there is no mandatory student program

in effect or available offering the same or similar coverage

- A child 21 years of age or older who by reason of mental or physical disability is incapable of self-sustaining employment and is totally dependent upon you for support, provided such child was covered under this policy prior to age 21

TERMINATION

Benefits cease with the termination of your membership to the association, or failure to meet eligibility requirements, with the exception of a surviving spouse who continues to pay full premiums.

CONVERSION PRIVILEGE

If you terminate participation in the group health and dental plan, you may convert to an Individual Health and Dental plan issued by Great-West Life provided that application is made within 31 days following your date of termination. This conversion privilege is also available to a surviving spouse and/or dependents.

KEY CONTACTS

If you have questions about:	You should talk to:	Contact information:
Plan eligibility Applying to the plan Invoices and billing Adding a dependent to your plan	Catherine Carnegy Membership officer and benefits administrator	Doctors Nova Scotia 902-481-4904 1-800-563-3427 ext. 4904 catherine.carnegy@doctorsns.com
Plan coverage Pre-determinations Pre-approvals Tracking a claim Appealing an unpaid claim	Great-West Life customer service	1-800-957-9777

APRIL 2019



MEDICAL STAFF
ASSOCIATIONS
IN NOVA SCOTIA

PRIMER

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Introduction

Medical staff associations (MSAs) help to facilitate a professional and collaborative work environment that actively engages physicians in health-system planning. Across Canada, MSAs have been growing and helping advocate for physician inclusion in all matters that govern the practice of medicine, facilitate communication with health-system partners, and bring the voice of physicians and the communities they serve to all levels of decision-making within the health-care system.

Robust, active, MSAs already exist in some communities of Nova Scotia, but in other areas they have yet to be established. There are presently no formal zonal MSAs. This presents an opportunity: establishing new or developing MSAs within Nova Scotia's health-care system, at the community or zonal level, would provide many opportunities for the province's physicians to become more involved in provincial health-care decisions.

Doctors Nova Scotia (DNS) is committed to supporting its members as they work to establish or improve MSAs in their communities. As part of that commitment, DNS commissioned this primer and an in-depth tool kit, and has developed a grant program to help physicians in communities establish or grow an existing MSA.

The MSA tool kit

To assist physician leaders who wish to establish an MSA, or who want to help their current MSA evolve, DNS has developed *Medical Staff Associations in Nova Scotia: A tool kit* to guide physicians through the process.

The MSA tool kit is not a one-size-fits-all solution – its components can be used in any combination to assist in the MSA development or modification process.

The tool kit includes:

- A guide to developing terms of reference, and a sample/template for customization
- An overview of and a guide to developing operational processes
- Items to consider when developing MSA policies, and a sample policy (template)
- A guide to forming useful MSA subcommittees

Download the tool kit at doctorsNS.com > Contract & Practice Support > Tool Kits for Physicians > Medical Staff Associations.

What is a medical staff association?

A medical staff association (MSA) is an independent, organized group of practising physicians who work together in a community, medical facility or (in Nova Scotia) zone. The primary purpose of any MSA is to represent and advance the interests of its members, their patients and the health-care system.

Ideally, an MSA comprises a united group of physicians who recognize the importance of building a strong and sustainable health-care system, modelling and sustaining a positive environment for physicians, and providing the highest-quality patient care.

Medical staff associations are not part of the NSHA or IWK admin-

istrative structure or Doctors Nova Scotia (DNS). While there could be several community MSAs in any given zone, the current provincial medical staff bylaws stipulate that there will be four zonal medical staff associations (ZMSAs) in Nova Scotia; one for each of the northern, eastern, western and central zones.

An MSA's objectives include promoting and advancing its members' involvement in the provision of medical services within each community or zone, and representing and advocating for the interests of its members. The operation and structure of an MSA are created, approved and adopted by its members.

The medical staff bylaws are clear about how MSAs relate to the health authorities, but there is no specific mechanism or framework for developing an MSA. To be truly successful in transforming Nova Scotia's health-care system, the physicians who are working on the front lines of health care and who understand the needs of the community and the zone in which they practise must be ably represented. Medical staff associations across the province have the potential to foster physician engagement, build a spirit of collaboration and promote the common goal of health-system transformation.

What does a medical staff association do for its members?

Historically, the work of MSAs ranged from casual (such as focusing on creating a collegial work atmosphere and social activities) to more serious (providing medical education, advocating for members' interests with the health authorities).

Medical staff associations also:

- Provide a forum for physicians to address issues in their facility, community or zone
- Facilitate communication between medical staff and the

zone medical authority

- Represent the interests of the medical staff and the community to each zone medical advisory committee (ZMAC)
- Advise on physician recruitment
- Advocate for members in their interactions with the NSHA, the IWK, the Department of Health and Wellness (DHW), the College of Physicians and Surgeons of Nova Scotia and DNS
- Ensuring policies, procedures and due process are followed

- Enhance members' professional and personal quality of life
- Promote and support continuing medical education and physician leadership development
- Promote workplaces that value integrity, research, learning, teaching, clinical excellence and communication
- Model and sustain a positive physician culture
- Organize and promote social functions for members

What is required to establish a medical staff association?

The crucial ingredient of an MSA is people – a group of physicians united by geography and a sense of purpose. Once the membership has been established and an executive has been elected, the MSA needs:

- Terms of reference
- Policies and processes
- Mechanisms for managing member dues

How are medical staff associations structured?

Because many of the province's MSAs originated independently, each one has a slightly different organizational structure. Generally, MSA members elect an Executive Committee, which is responsible for decision-making and running the association.

Following the development of the NSHA medical staff bylaws, the members of many of the current MSAs worked together to develop a structure for MSAs in Nova Scotia that complements the NSHA administrative structure and is compatible with the NSHA bylaws.

READ the medical staff bylaws at novascotia.ca/just/regulations/regs/hamedstaff.htm

Joining a community- or facility-based MSA allows physicians the opportunity to influence health-system decision making at a local, zonal and provincial level.

What is the role of Doctors Nova Scotia?

Although MSAs exist independently of DNS, the association is committed to supporting their work. Doctors Nova Scotia may support an MSA in a number of ways, including:

- Developing governance processes and policies
- Collecting and administering dues
- Supporting your communication needs
- Providing help with advocacy, media training and government relations
- Improving physician engagement and leadership development
- Connecting groups of physicians with common issues
- Providing financial support (see “What’s next?” below)

If your MSA needs support with any of the above, contact your DNS Physician Advisor (tinyurl.com/DNSphysicianadvisors) to get started.

What's next?

In addition to providing the MSA tool kit for its members, Doctors Nova Scotia has a limited number of financial grants available to support the formation or development of community- or zone-based MSAs. If your MSA would benefit from a grant, fill out the application form or contact your DNS Physician Advisor for more information.

DOWNLOAD the grant application at doctorsNS.com > Contract & Practice Support > Tool Kits for Physicians > Medical Staff Associations.



ROAD MAP TO A
**Stable Physician
Workforce**

Recommendations to stabilize the
physician workforce in Nova Scotia

Doctors Nova Scotia | September 2018

Road Map to a Stable Physician Workforce

Many health-care services are not sustainable in Nova Scotia. They are being held together – in many cases, just barely – by the passion and commitment of health-care providers. Physicians are a critical component of that workforce. Unfortunately, there are not enough physicians to meet the health-care needs of Nova Scotians. The physicians we do have are carrying the burden of this shortage and are suffering from burn-out, low morale and disengagement. The impact of this is being felt by physicians and patients, at all levels of the system and in all corners of the province, including primary and specialty care, rural and urban care. It's affecting physicians in all career stages and potential new physician recruits.

Once a province, speciality or community is experiencing a physician shortage, it can be challenging to reverse the trend. Improving the recruitment and retention environment requires significant system changes. Often, the state of affairs becomes self-perpetuating: It is almost impossible to recruit physicians to a work environment that promises excessive hours, inadequate pay, inadequate supports and

an inability to meet patient needs within reasonable time frames. These are the conditions that many Nova Scotia communities face when trying to recruit.

Several key issues have contributed to the fragility of the physician workforce in Nova Scotia. These include Nova Scotia offering among the lowest compensation rates in the country¹ and the challenging work environment in the province. Acknowledging and understanding these issues is an important step toward improving the recruitment and retention environment in the province.

Immediate action is needed to stabilize Nova Scotia's physician workforce.

Over the past year, efforts have been made to improve the province's health-care system, for example investing \$39.6 million into primary care, creating the Nova Scotia Health Authority (NHSA) Physician Recruitment and Retention Working Group and establishing the Health System Physician Coordination Council. These are important first steps, but much more work is needed if we are to make

¹ National Physician Database, Canadian Institute for Health Information. Retrieved Sept. 6, 2018, from <https://secure.cihi.ca/estore/productSeries.htm?pc=PCC476>

significant improvements toward stabilizing the physician workforce.

It has taken many years for Nova Scotia to reach this critical point and we cannot afford to delay our response any longer.

Doctors Nova Scotia (DNS), Maritime Resident Doctors (MarDocs) and the Dalhousie Medical Students' Society (DMSS) are three distinct organizations that together represent the interests of physicians across the continuum of their career in Nova Scotia. After surveying the state of the physician workforce in Nova Scotia and investigating the issues doctors are facing, these three groups put forward six recommendations to help stabilize the province's physician workforce.

“

Immediate action is needed to stabilize Nova Scotia's physician workforce.

The state of the physician workforce in Nova Scotia

Nova Scotians rely on health-care services being available when and where they are needed. Unfortunately, both primary and specialty care services in Nova Scotia are on an unstable footing. The province is facing sustained physician shortages in both primary and specialty care. A shortage in one area necessarily impacts other areas.

For example:

- Specialists are confronted with patients who do not have family physicians to oversee their follow-up care.
- Emergency physicians, pathologists and other specialists are reporting a worrisome trend: patients presenting with advanced illness, whose care would have been addressed much sooner had they had access to a family physician.
- Surgical services are in jeopardy when the availability of anesthesia services is limited.

There are 100,000 Nova Scotians without a family doctor,¹ and more than 56,000 Nova Scotians are on the province's Need a Family Practice Registry.² When primary care is lacking, the impact is felt throughout the entire health-care system. When Nova Scotians do not have access to the basic supports and resources they need to manage their

health, they become sicker and require more complex services, such as emergency care and specialty services.

Rural and regional specialty services in Nova Scotia are equally at risk. For example:

- A severe shortage of anesthetists exists across the province, and has resulted in the delay or cancellation of numerous surgeries in recent months. This is not sustainable.
- Diagnostic imaging is facing extreme challenges. For example, the chief of radiology in Yarmouth has described that area's situation as being near-crisis for almost two years. Several physicians have left the region because of poor conditions and frustrations with the system. Like other areas of the province, that zone has been unable to recruit replacement physicians.
- The province is struggling with a severe shortage of psychiatrists, especially in Cape Breton. That area should have 16 psychiatrists to meet the needs of patients, but there are only five full-time psychiatrists, and one who works part time. The area has lost seven psychiatrists since December 2014, four in the last year. Although psychiatrists in the region are doing their utmost to triage and ensure timely access for those in greatest need, the provincial wait-times website shows the wait for community-based adult mental health services at the Cape Breton Regional Hospital at a staggering 363 days.

- The closure of emergency departments and Collaborative Emergency Centres because of physician shortages is another common theme in Nova Scotia. The most recent accountability report on emergency room closures, released in December 2017, reported a fourth consecutive annual increase in temporary closures, accumulating to about 460 hours in the previous year, with the vast majority of closures taking place in small rural emergency departments. While the province hasn't released the 2017–18 report, it's expected to highlight a slight downward trend. In the last week of July 2018, as many as eight community emergency departments experienced temporary closures, including those in Sheet Harbour, Lunenburg, Shelburne, New Waterford and Pugwash.

Each element of the health-care system is dependent on the success of another. A sustainability issue in one area can quickly lead to the collapse of another service.



When primary care is lacking, the impact is felt throughout the entire health-care system.

¹ Statistics Canada. (Sept. 27, 2017.) *Primary Health Care Providers, 2016*. Retrieved Sept. 6, 2018, from <https://www150.statcan.gc.ca/n1/pub/82-625-x/2017001/article/54863-eng.htm>

² Nova Scotia Health Authority. (Sept. 1, 2018.) *Need a Family Practice Registry Report*. Retrieved Sept. 6, 2018, from http://www.nshealth.ca/sites/nshealth.ca/files/nsha_accountability-nfp_registry_data-summary_281sep201829.pdf

Understanding the issues

In order to reverse these trends and improve physician recruitment and retention in the province, it's important that all partners in the health-care system understand the issues affecting Nova Scotia's physician workforce.

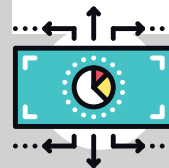
Outdated payment models

Current payment models do not support all practice types, and in some cases are barriers to providing patient-centred care. The province's biggest recruitment competitors are New Brunswick and Prince Edward Island. Both provinces pay more competitive rates than Nova Scotia does, and New Brunswick offers a blended payment model. Offering similar compensation and a wider variety of funding models will better position Nova Scotia to recruit and retain physicians.



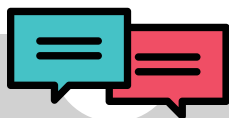
Inadequate compensation

Nova Scotia physicians are among the lowest paid in the country and are also often the lowest paid in Atlantic Canada.



Inadequate physician engagement

Effective physician engagement is essential to making changes within any health-care system. Unfortunately, decisions continue to be made by the provincial government and health authority leaders without engaging the right mix of physicians or DNS, which represents the voice of the profession. For more information about physician engagement, see the association's position statement on physician engagement.



Administrative burden

Physicians are negatively impacted by overly complex or burdensome billing rules; unnecessary and/or unnecessarily complex patient forms, required by a variety of government departments; sick note requests imposed by some Nova Scotian employers; requirements to track the time they spend collaborating with other health-care providers; and cumbersome physician recruiting, privileging and/or licensing processes. Increased administrative burden means less time is available to patients.



Audit and appeal process

The tone of and approach to physician audits in Nova Scotia is unnecessarily punitive, rather than educational. This is contributing to low physician morale and a national reputation as an unattractive province in which to practise medicine.





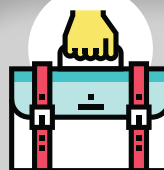
Lack of support for international medical graduates

Many areas, particularly in rural Nova Scotia, rely on international medical graduates (IMGs) to provide crucial medical services. However, IMGs face many challenges, one of which is achieving full licensure to practise in Nova Scotia. There is work underway in this area under the leadership of the Health System Physicians Coordination Council, but more work is needed. It's time to develop a timely and comprehensive pathway to success for foreign-trained physicians.



Nova Scotia's practice environment

Without enough physicians to meet the needs of patients, practising physicians are bearing the burden, working long hours and taking on excessively heavy patient loads. This type of work environment does not lend itself to recruiting or retaining doctors. For more information about the practice environment in Nova Scotia, see *Healing Nova Scotia: Recommendations for a Thriving Physician Workforce*.



Medical school graduates are not choosing Nova Scotia as a place to train in family medicine

Dalhousie Medical School is the primary recruitment university for new family doctors looking to begin a practice in Nova Scotia. Where students train – both in medical school and during residency – has a significant influence on their choice of practice location. This year, however, a low number of Dalhousie graduates ranked and matched to family medicine in Nova Scotia in the first iteration of CaRMS (the Canadian Resident Matching Service). Only 14 students from Dalhousie (13%) matched to family medicine residency spots at Dalhousie, and of those matches, only seven were to spots in Nova Scotia (of 29 possible spots). In addition, only 20.4% of Dalhousie Medical School students chose to specialize in family medicine, down from 29.6% the year before, and far below the national average of 32.8%¹. By comparison, in 2014, 41.7% of Dalhousie Medical School graduates chose to match to family medicine.²

¹ Canadian Resident Matching Service, 2018 Main Residency Match-First Iteration Table 38: CMGs Who Ranked Family Medicine as First Choice by School of Graduation, https://www.carms.ca/wp-content/uploads/2018/06/r1_tbl38e_2018-1.pdf (accessed Sept. 6, 2018)

² Canadian Resident Matching Service, 2014 First iteration Table 38: CMGs Who Ranked Family Medicine as 1st Choice by School of Graduation, https://www.carms.ca/wp-content/uploads/2018/05/table-38-cmgs-who-ranked-family-medicine-as-1st-choice-by-school-of-graduation_english_2014.pdf (accessed Sept. 6, 2018)

Recommendations to stabilize the physician workforce in Nova Scotia

Nova Scotia is struggling to attract physicians to practise in this province. The province lacks appropriate payment models, practice supports are poor and physicians have limited ability to earn a competitive income.

We cannot begin to make progress without a competitive advantage.

A stable physician workforce cannot exist without:

- Competitive pay for physicians
- Meaningful physician engagement and leadership opportunities
- Appropriate resources and practice supports
- Mutual trust and respect between physicians and government and health-system leaders

Doctors Nova Scotia, MarDocs and the DMSS recommend taking the following six actions to stabilize the physician workforce in Nova Scotia.

Financial investments

The foundation for recruiting and retaining doctors is built on competitive compensation. This will require the provincial government to further invest in physicians.

1. Pay physicians competitively.

Nova Scotia must become a leader for physician compensation in Atlantic Canada, with an established path to becoming nationally competitive. This has to be a particular priority for family medicine and specialties experiencing extreme human resource shortages. This will not only support the recruitment of new physicians to the province but will also help retain the physicians currently practising here.



The foundation for recruiting and retaining doctors is built on competitive compensation.

Improvements to work environment

Enacting the following recommendations would improve the morale, workload and practice culture of physicians in Nova Scotia. These recommendations, in combination with competitive compensation, will also bolster the province's recruitment efforts.

2. Introduce a new blended payment model.

Adding a blended payment model for family physicians, similar to what's offered in New Brunswick, the province's major recruitment competitor, would make working in Nova Scotia more enticing to physicians.

3. Invest in succession planning.

The province should implement a Transition into Practice/Transition out of Practice (TIP/TOP) model for all specialties. In this model, new-to-practice physicians are paired with retiring physicians; the physicians overlap in the same practice for a set period of time, as one prepares to retire and the other gradually assumes the duties of a full practice. This provides an improved work environment for both the new-to-practice physician and the retiring physician. The retiring physician mentors the new-to-practice physician, who gets to know the ins and outs of the practice before being on their own with a full roster of patients.

4. Improve physician engagement.

The NSHA and the DHW must actively seek the input of the right mix of physicians when making decisions that impact the delivery of health services. This must involve the engagement of the organizations that represent physicians,

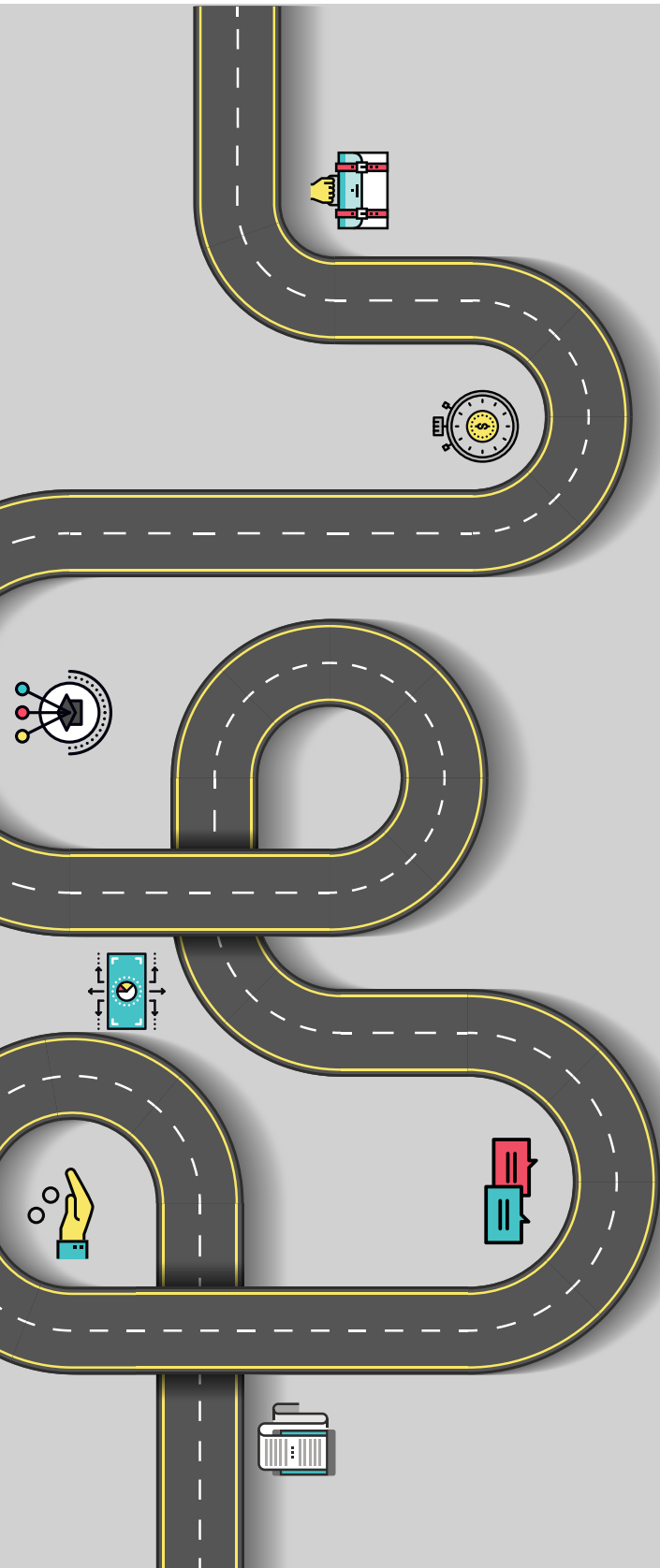
including DNS, MarDocs and the DMSS, as appropriate. Improved physician engagement will enhance decision-making, increase physicians' trust in the health system and improve the practice environment.

5. Change the focus of billing audits.

The primary focus of auditing and claims monitoring must be education. The first time a physician is audited on a particular fee code, the audit should be for education purposes only, with a commitment to discuss the appropriate use of that code and related documentation requirements with the physician. Only in the rare circumstance of fraud or intentional abuse, or if a physician is found to have repeated the error after attempts to educate, should punitive measures be taken.

6. Create a "Red Tape Reduction Task Force" for physicians.

The mandate of this task force would be to identify opportunities to remove unnecessary administrative burden for physicians, and to ensure physicians are paid for the work they do, which in turn will increase the capacity of the physician workforce and increase trust between physicians and the government.



Conclusion

Doctors Nova Scotia, MarDocs and the DMSS are concerned about the state of the physician workforce in Nova Scotia.

Physicians are concerned about their ability to deliver high-quality patient care in a strained health-care system. Patients are concerned about their ability to access care, when and where they need it. Immediate action is needed. We invite all stakeholders to come together and implement these recommendations, to create a thriving physician workforce and the best possible health-care system for all Nova Scotians.

About the authors of this report

Doctors Nova Scotia is the oldest medical association in Canada. Its membership includes more than 3,500 physicians, including practising and retired physicians, medical students and residents. Doctors Nova Scotia is a division of the Canadian Medical Association.

Maritime Resident Doctors represents the interests of approximately 550 resident physicians training at Dalhousie University. These residents work in hospitals and health centres throughout Nova Scotia, New Brunswick and Prince Edward Island. Maritime Resident Doctors is a member organization of Resident Doctors of Canada.

The Dalhousie Medical Students' Society includes all current Dalhousie students enrolled in the Undergraduate Medicine Program. The society's objectives include promoting the interests and welfare of the local and global community, as well as the undergraduate students of the Faculty of Medicine at Dalhousie University. The DMSS works to ensure adequate and continuing student representation in all matters affecting undergraduate students with attention to both local and national issues.