



# Nova Scotia Association of Community Health Centres

May 9, 2017

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**Dr. André Bernard**  
**Chair – Doctors of Nova Scotia**  
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**RE: Collaborating to improve primary health care for all Nova Scotians**

Dr. Bernard and fellow Board Members,

The Board of Directors of the Nova Scotia Association of Community Health Centres, on behalf of the members of NSACHC, has identified many priorities in common with Doctors Nova Scotia (DNS). We share DNS's position that primary health care requires significant restructuring in Nova Scotia and that family physicians play a critical role, one which must be facilitated and supported through policy and funding reforms.

With the upcoming election, we have a valuable opportunity to present our shared priorities to the people of Nova Scotia, and to work collaboratively, along with other health and social service partners, to improve the public services upon which Nova Scotians rely.

In alignment with the Canadian Association of Community Health Centres, the NSACHC defines "Community Health Centre" as follows:

*Community Health Centres (CHCs) are multi-sector healthcare and social service organizations that deliver integrated, people-centred services and programs that reflect the needs and priorities of the diverse communities they serve. A Community Health Centre is any not-for-profit corporation or co-operative which adheres to all five of the following domains:*

- 1. Provides inter-professional primary care*
- 2. Integrates services/programs in primary care, health promotion, and community wellbeing*
- 3. Is community-governed and community-centred*
- 4. Actively addresses the social determinants of health*
- 5. Demonstrates commitment to health equity and social justice*

Community Health Centres have for decades reflected many core concepts from the "Patient's Medical Home" which Doctors Nova Scotia is recommending as a starting point for restructuring primary health care in Nova Scotia.



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The core concepts of the Patient's Medical Home include:

- Providing patient-centred care
- Ensuring every patient has a personal family physician
- Providing a broad scope of services carried out by teams or networks of providers
- Increasing timely access
- Improving continuity of care, relationships and information for patients
- Maintaining EMRs for patients
- Training medical students, family medicine residents and those in other health professions
- Evaluating the PMH's effectiveness in continuous quality improvements
- Working within governance and management structures defined by stakeholders such as government, patients, the public, and other medical and health professions and their organizations across Canada

Despite the vision and aspiration of community health centres (CHCs) throughout Nova Scotia, most have been unable to fully realize these concepts due to provincial policy and funding gaps similar to those raised by Doctors Nova Scotia.

We agree with Doctors Nova Scotia that restructuring primary health care is essential to overcome these challenges and this applies to different models of primary care in the province, not only CHCs. Ultimately, our province requires a mixture of primary care models that are all appropriately supported and funded to achieve our shared, overarching goals for patients and the health system.

We believe that the 11 recommendations tabled by Doctors of Nova Scotia during the 2017 Nova Scotia election are very important and speak to the need for action in both public policy and investment. At the same time, we also believe that there are accompanying issues that we must work together to resolve so that, if adopted, these recommendations work for all family physicians, all primary care models and all communities.

We hope to engage in dialogue with you on these issues. We feel it is important for us to work collaboratively with Doctors Nova Scotia and with other groups whose voices and experiences are essential to effective primary health care reform. This includes provincial associations representing nurse practitioners, nurses, social workers, occupational and physio therapists, dietitians and other providers, as well as community agencies that all play a critical role in fulfilling the World Health Organization's global definition and recommendations for effective "primary health care".

Below, we have illustrated important areas for conversation. These can all be clustered under three themes: physician choice and recruitment; physician compensation; and, achieving value for public investment.

## **Physician choice and recruitment**

*DNS RECOMMENDATION:* Physicians must be given a choice in deciding what type of practice they want to work in and develop.

*DNS RECOMMENDATION:* The DHW, NSHA, physician recruiters and Dalhousie Medical School work with DNS to develop a recruitment and retention strategy.



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We fully agree that family physicians should be given a choice of different practice models. For decades, many family physicians in Nova Scotia have chosen to practice within Community Health Centres because of the unique practice opportunities this provides: working within a collaborative team-based care setting; basing clinical practice within an organization that also actively supports patient needs through health promotion programs, population health initiatives and social services; and serving patients and communities that often have complex medical and social needs.

Physicians in Nova Scotia typically choose to practice at a CHC *despite* factors that conspire against this. Compensation barriers and the lack of policy support for collaborative care are key among them. We know from global evidence, for instance, that fee-for-service payment poses a barrier to true collaboration in a team-based care setting and it can also compromise comprehensiveness of care, particularly for individuals and families with complex care and support needs. Therefore, if we are truly going to support physician choice we must also support policies and compensation models that facilitate collaborative care, and specifically care for individuals and groups with complex care needs and health inequities.

Evidence has shown that when properly funded (including a salaried compensation or alternate payment plan model for physicians), CHCs excel at comprehensive care, preventive services and reducing burdens on the acute care system. We invite you to review NSACHC's April 2017 position paper (enclosed) for more information.

For CHC-based family physicians, this work is very rewarding, but it is also very challenging. We believe that Doctors Nova Scotia can play a critical role in supporting family physicians that choose to practice within a CHC, and we would welcome your leadership in advocating public policy and recruitment strategies that enable CHC-based physicians to be duly compensated for their work, to achieve work-life balance, and to provide clinical leadership as part of a collaborative care team.

## **Physician compensation**

**DNS RECOMMENDATION:** The DHW and NSHA implement patient rostering as part of a new payment model for primary care.

**DNS RECOMMENDATION:** The DHW and NSHA work with DNS to develop a new blended-payment model to better support patient care, fair compensation and good stewardship of public funds.

**DNS RECOMMENDATION:** The DHW should ensure that compensation is not a disincentive for physicians to provide non-face-to-face services, and that physicians leverage opportunities to provide non-face-to-face services in their practices.

**DNS RECOMMENDATION:** Walk-in clinics be maintained during the transition to a better primary health-care system.

**DNS RECOMMENDATION:** Alternative payment plans (APPs) be maintained during the transition to a new primary health care system with opportunities to evolve to a blended payment model mechanism.

In keeping with our points above, under “physician choice and recruitment”, we believe that it is important to evolve physician compensation models in Nova Scotia. This is essential to support physician choice, to duly compensate physicians for providing appropriate care, and to enable collaborative care in a team setting. For CHCs, the most beneficial funding option is through salaried positions or alternate payment plans.



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For patients with complex care needs, and in communities where there are significant health inequities, we must implement solutions that facilitate comprehensive, collaborative care and that also enable population level programs that address social determinants of health. This is what CHCs do, and we believe that Doctors Nova Scotia can play a very important role in supporting CHC-based physicians to optimize their role and the overall impact of the CHC organizations in which they practice.

We would welcome Doctors Nova Scotia's leadership in negotiating a fair salary model for CHC-based physicians. This would enable comprehensive care and facilitate true collaborative practice with other members of the care team. We would also value Doctors Nova Scotia's collaboration to ensure that the compensation for CHC-based physicians is protected and embedded within an overall global budget for CHCs. This is essential to support the integrated CHC model that, when properly funded, has been proven to achieve remarkable results.

In addition to maintaining walk-in clinics and APPs during the restructuring of primary health care, we also believe that physicians practicing at CHCs would benefit from interim, emergency support for their CHC organizations. We believe that a partnership table should be established by the province to guide future planning of a "primary health care system" for Nova Scotians, including decisions around how to achieve the right mixture of models and where these models are most appropriate. The NSACHC's election 2017 recommendations include calls for such interim support and collaborative planning. We welcome the opportunity to work with Doctors Nova Scotia to situate discussions around walk-in clinics and APPs within this collaborative planning framework.

## **Achieving value for public investment**

***DNS RECOMMENDATION:*** The DHW and NSHA support family physicians in implementing same-day/next-day access in their practices, and that physicians use this support to improve access for their patients where appropriate.

***DNS RECOMMENDATION:*** The DHW, NSHA and IWK prioritize and invest in the development of a secure electronic health record accessible by all health-care providers.

***DNS RECOMMENDATION:*** The DHW, NSHA, physicians and other providers develop creative and flexible solutions that produce timely results for patients.

***DNS RECOMMENDATION:*** The DHW, the NSHA and the IWK engage physicians in transforming the primary care system in Nova Scotia.

In order to achieve the results emphasized by Doctors Nova Scotia, it will be essential to engage all provider groups involved in primary health care in longer-term system planning. Within this approach, we are counting on physician leadership.

It stands to reason that this collaborative approach is not only important to determining how and where to implement different primary care models throughout the province, but to also nurture a culture of collaboration and quality improvement across a system of primary care models. Not only must individual primary care providers and organizations strive to deliver more timely and accessible care, they must work with each other to do so.



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Together, the NSACHC, Doctors Nova Scotia, and other provider groups can lead true system reform by involving our members in building this collaborative culture. Some of the opportunities we see include:

- Learning to implement “advanced access” techniques to improve next available appointment times and same-day appointments;
- Learning to improve shared care protocol to reduce waits associated with lack of task sharing in the care team setting;
- Sharing innovative prevention programs and case management approaches for chronic disease;
- Identifying “hot spots” to prioritize investment in integrated, comprehensive primary health care;
- Identifying the most appropriate locations for 24/7 urgent care services to be integrated into primary care organizations;
- Learning about clinical and program initiatives to address impact of social determinants of health;
- Identifying protocol for patient referral between primary care organizations that have identified strategic expertise (interpretation services, population-specific expertise, etc) in order to optimize patient care.

Robust data collection and sharing will be key to all of this, and we fully support Doctors Nova Scotia’s call for investment in a high-quality, interoperable EMR for use by all primary care models. This commitment to collaboration and quality improvement is imperative and will allow us collectively to achieve the value that Nova Scotians want and deserve from the health system.

We look forward to coordinating a time and venue to discuss all of these issues further with Doctors Nova Scotia and to engage, together, with our other health system partners.

NSACHC has tabled four specific recommendations for the province’s political parties in the lead up to the provincial elections:

1. In 2017-18, establish a one-time stabilization fund of \$4 million to be distributed equitably among Nova Scotia’s existing CHCs. These funds will enable CHCs to address high-priority operational gaps during this transition year and enable them to actively contribute to the province’s strategic discussions and planning for expansion of Health Homes.
2. In 2017-18, establish a primary health care partnership table, with representation from NSACHC and other relevant associations/groups, to advance the province’s planning of primary health care, including necessary steps to ensure that all Nova Scotians have access to the most appropriate type of Health Home.
3. By 2018-19, establish a provincial policy framework and implement core, annualized provincial funding for CHCs. Annualized global funding budgets should be provided to each existing CHC in Nova Scotia to support the package of team-based primary care, health promotion and community/social services that they deliver as Health Homes (See Appendix 1 for examples). This funding should be accompanied by mutual accountability agreements between CHCs and the Nova Scotia Health Authority.
4. By 2020, invest in 10 new community-governed Community Health Centres throughout Nova Scotia to provide more Nova Scotians access to Health Homes through the integrated CHC model.



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As a beginning effort in our cooperative endeavours, the NSACHC will share this letter and Doctors Nova Scotia's election recommendations on our website. We invite Doctors Nova Scotia to also share the letter and NSACHC's recommendations. We are available to discuss this at your earliest convenience.

On behalf of NSACHC's Board of Directors and Community Health Centres throughout the province, we look forward to working together to improve health and healthcare for Nova Scotians.

Sincerely,

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/Encl

cc: Dr. Michelle Dow  
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Nova Scotia Community Health Centres