WHAT'S THE IMPACT ON PATIENT CARE?

As reported in previous Practice Profiles, facets of primary care in Nova Scotia vary across practices. These variations in practice structure are associated with differences in aspects of patient care. The presence of a collaborative element appears to influence appointment wait times. The type of remuneration plan is associated with hours worked per week, after-hours availability, and unconditional acceptance of new patients. These, in turn, may influence patient utilization of Emergency Departments.

Urgent Wait Times:

FASTEST: 0.89 days
Solo provider and/or NP co-located (with a nurse)

SLOWEST: 3.72 days
Solo provider (with any type of nurse/not NP)

Routine Wait Times:

FASTEST: 5.80 days
Solo provider and/or NP co-located (with a nurse)

SLOWEST: 14.19 days
Solo provider (with any type of nurse/not NP)

Offer Evenings and Weekends Appointments:

FFS: 32.5% | APP: 14.4%

Accept New Patients Unconditionally:

FFS: 6.4% | APP: 19.6%

Collaborative APP practices are **20% MORE** likely to accept new patients unconditionally.

CDM rates and ED ratios are **HIGHEST** among FFS practices.

	CDM Rates	ED Ratios
Your Practice:	######	######
	.66 FFS practices	.34 FFS practices
	.41 APP practices	.28 APP practices

	TOTAL PATIENTS BILLED OVER A ONE YEAR PERIOD*	TOTAL IN-OFFICE HOURS PER WEEK**
Your Practice:	####	####
	FFS: 1,774 APP: 944	FFS: 25.59 APP: 22.43

*In-office appointments. Does not account for length of appointment or number of issues covered.

**Hours worked/week were based on self-report (fax survey) where possible. Otherwise they were calculated from information given by office staff by phone.

We hear you. Burnout among providers is common.

We're listening. Here are your more recent practice profile survey responses to burnout and autonomy.

LOWEST BURNOUT SCORES:

Burnout is related to age. Providers over 60 had the lowest average burnout scores (2.45) on a scale of 1-5. Burnout increases for younger providers (i.e., age 50-59 average is 2.85 and age 40-49 average is 2.98.)

HIGHEST BURNOUT SCORES:

Privately-owned, non-collaborative, FFS practices had the highest burnout scores.

9.4%	I enjoy my work. I have no symptoms of burnout.
36.5%	Occasionally, I am under stress, and I don't always have as much energy as I once did, but I don't feel burned out.
34.1%	I am definitely burning out and have one or more symptoms of burnout, such as physical and emotional exhaustion.
11.8%	The symptoms of burnout that I'm experiencing won't go away. I think about frustration at work a lot.
8.2%	I feel completely burned out and often wonder if I can go on. I am at the point where I may need some changes or may need to seek some sort of help.

FAST FACTS:

78% feel they have the freedom to make clinical decisions that meet the needs of their patients.

57% feel they make clinical decisions in the best interests of their patients without the possibility of reducing income.

53% of physicians feel the level of communication they have with colleagues about patients whom they refer or are referred to is sufficient to ensure the delivery of high quality care.

49% feel they do not have sufficient time to spend with their patients during office visits.

47% feel it's possible to provide high quality care to all of their patients, 31% do not.

DALHOUSIE UNIVERSITY

PRACTICE PROFILE 5 | MAAP-NS

MODELS OF CARE

NAME GOESHERE
123 First Ave, PO Box 1235
Halifax NS B3N 1E3 Canada

Month, Day, Year

Dear Dr. Last Name (or First Name Last Name)

We are pleased to share with you the fifth and final Practice Profile with data from the *Models and Access Atlas of Primary Care – Nova Scotia (MAAP-NS)* study. We hope this process makes you feel heard and provides data that can be used to advocate for improvements to primary health care in Nova Scotia.

This Practice Profile contains personalized study findings on the **components of models of care** at the provincial, Management Zone, and individual level. As usual, there is a short questionnaire attached wherein we are asking for your feedback on some of the issues that you flagged as important in previous mailings.

Thank you for responding to the questionnaires!

We are so thankful for your responses to the questionnaires attached to the first four Practice Profiles (on availability, accessibility, comprehensiveness, and collaboration). Your responses help us track changes to findings from the original study, contextualize findings, plan for another possible iteration of the MAAP study, and ask new questions that are important to you.

We could not do this important work without you. Nova Scotia now has the most robust primary care data in Canada!

We have made more than 30 presentations of the findings of the MAAP-NS study at provincial, national and international meetings. At local and provincial levels we have presented to Doctors Nova Scotia, the Nova Scotia Department of Health and Wellness, and the Nova Scotia Health Authority. Every year since the study began (2014) MAAP-NS has been the subject of oral and poster presentations at the annual meeting of the Canadian Association for Health Services and Policy Research (CAHSPR) as well as the North American Primary Care Research Group (NAPCRG) annual conferences. We have also published a number of our findings in peer reviewed journals.

Funding to create these Practice Profiles was provided by the Nova Scotia Health Research Foundation (NSHRF), the Canadian Institutes of Health Research (CIHR), with some additional funds from the Nova Scotia Health Authority (NSHA). **We have not shared individual level information about you or your practice with anyone outside of the MAAP Study team. No one from NSHA or Department Health and Wellness has, or will, see your data.** This document is just for you!

Please take a moment to complete the attached questionnaire. We hope to collect MAAP data again over time and we want to make the best use of your time while ensuring that we are collecting the most appropriate and accurate data. A **panel of family doctors and a nurse practitioner provided feedback** on these to ensure relevance. We thank them for their service! It is also not too late to send back the questionnaires from the first four Practice Profile surveys! If you would like a blank copy re-sent to you of any previous questionnaires, please email or fax the contact numbers below.

We would be delighted for you to complete the survey and send it back to us by fax at 902-473-4760.

Emily Gard Marshall, the Principal Investigator for MAAP, is available by email at Emily.Marshall@dal.ca or by phone 902-473-4155.

With gratitude,

Emily Gard Marshall, PhD
Associate Professor | Primary Care Research Unit | Dalhousie Family Medicine

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DAL.CA

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#tracking

MAAP-NS
MODELS & ACCESS ATLAS OF PRIMARY CARE – NOVA SCOTIA

CIHR IRSC · DALHOUSIE UNIVERSITY · Nova Scotia Health Research Foundation

MODELS OF CARE

How do practices in Nova Scotia operate?
How are they compensated? What's the impact on patient care?

ZONE NAME GOES HERE

NETWORK NAMES GO HERE (AND HERE AND HERE)

Primary Health Care Provider & Practice Surveys

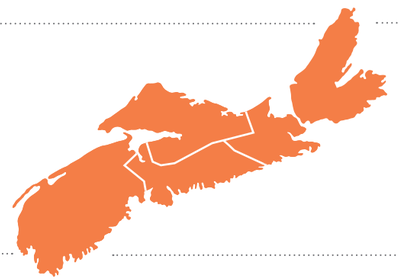
PROGRAM OVERVIEW

We conducted two surveys in 2014 and 2015:

1. Telephone survey of all primary health care practices in Nova Scotia.
   If your practice completed this survey, it was likely completed by your receptionist or practice manager.
2. Fax survey that family physicians and nurse practitioners completed directly.

Practices and Providers in Nova Scotia were surveyed to ascertain measures of:

- provider accessibility
- provider availability
- comprehensiveness of services
- organization of practice



WESTERN ZONE: 3 Networks: *Annapolis/Kings, Lunenburg/Queens, Yarmouth/Digby/Shelburne*
NORTHERN ZONE: 3 Networks: *Colchester/East Hants, Cumberland, Pictou*
EASTERN ZONE: 3 Networks: *Antigonish/Guysborough, Cape Breton County, Inverness/Victoria/Richmond*
CENTRAL ZONE: 5 Networks: *Bedford/Sackville, Dartmouth/Southeastern, Eastern Shore/Musquodoboit, Halifax Peninsula/Chebucto, West Hants*

We invite you to complete the enclosed 2-page survey.

Your time and information is valuable to us and we want to make sure we are doing all we can to ask the right questions, interpret the findings accurately, and provide relevant context so that we can work together to improve the experiences of Nova Scotians and their health care providers.

Receiving the future *Practice Profiles* is not dependent on answering any of the questions in the feedback form.

Please return the survey by fax to 902.473.4760.

We have compiled the information from the survey and can now provide you with individualized, confidential PRACTICE PROFILES broken down by Management Zone.

The response rates for these surveys were noteworthy:

- The telephone Practice Survey had a response rate of 85%.
- The Provider Survey was conducted by fax and the response rate was 60%.

OUR FINDINGS

Our finding are on the following pages. *Enclosed is also a 2-page survey. Please fill it out and return it so we can provide more useful insights like these.*

The data we have gathered from Primary Health Care (PHC) providers has allowed us to delineate components of models of practice in Nova Scotia and see how these components relate to patient care outcomes.

GLOSSARY

Patient-oriented Collaboration:
Practices or providers are said to have patient-oriented collaboration when they share: formal protocols; resources; and/or patients, as these relate to important outcomes such as patient access to care.

Interdisciplinary:
When a practice combines two or more care profession types (e.g., a family physician and a nurse practitioner).

Fee-for-Service (FFS):
If a provider indicated on the MAAP-NS fax survey that more than 50% of remuneration came from billings, they were considered to be a FFS provider.

Alternate Payment Plan (APP):
If a provider indicated on the MAAP-NS fax survey that more than 50% of remuneration came from sources other than FFS billings, they were considered to be an APP provider.

CDM Rate:
Chronic Disease Management (CDM) billings are submitted once per year per eligible patient and relate to three conditions: Diabetes, Ischemic Heart Disease (IHD), and Chronic Obstructive Pulmonary Disease (COPD). The CDM rate is based on the number of CDM billings a provider submits per year divided by the number of their usual patients who have COPD, IHD, or Diabetes.

ED Ratio:
The number of ED visits made by a provider's usual patients in a year/ number of usual patients in a practice.

AT THE TIME OF OUR SURVEY,
YOUR PRACTICE WAS CATEGORIZED AS:

APPROACH:	Y/N	%NS
Patient-oriented collaboration		37%
Interdisciplinary	X	17%
Co-located with any type of nurse		18%
REMUNERATION:		
Fee-for-Service (FFS)	X	72.5%
Alternate Payment Plan (APP)		27.5%

WORKING TOGETHER, IN NOVA SCOTIA

42.6% Collaborating & Interdisciplinary

37.6% Collaborating Not interdisciplinary

16.7% Not collaborating Not interdisciplinary

3.1% Not collaborating Has interdisciplinary

14% MORE WOMEN

More female providers (87%) than male providers (73%) work in collaborative practices.

5.8 YEARS YOUNGER*

Collaborating providers are younger than non-collaborating providers.

*mean difference

20% MORE WORK APP

A higher percentage of APP providers (95%) than FFS providers (75%) collaborate.