

Kevin McNamara

Deputy Minister of Health and Wellness

Doctors NS

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Saturday, June 4, 2011

Thank you for inviting me. I'm always looking for a chance to come to this beautiful place.

And I am always looking for an opportunity to express the province's appreciation for the work of Doctors Nova Scotia

... as a crucial liaison with the Department of Health and Wellness,

... as an information provider to the public and

... as a leader and partner on provincial strategies on tobacco, mental health, childhood obesity ... and cancer prevention, and other work to improve health care for Nova Scotians.

We have been working over the years with Doctors Nova Scotia on innovative ways to pay doctors.

Doug Clarke worked with the department to create a new process for the physician master agreement. It was a collaborative approach, which was very different.

He sat down with the department to consider what doctors and Nova Scotians needed, and how to create a win-win situation.

The Physician Master Agreement addresses changes in how physicians practice. It will be a legacy that will serve physicians of this province into the future.

As you know, health care costs make up nearly half the provincial budget and continue to grow.

We have asked doctors to help us protect as much funding as we can so that they can deliver the care their patients need.

I'd like to thank doctors for working with us to make changes to the 2008 agreement to allow government to live within its means in difficult economic times.

When we told Doctors Nova Scotia about the province's fiscal challenges, you worked with us to consider the possibilities.

I am grateful for that cooperation. Everyone is doing their part and this signals a new high point in cooperation for Nova Scotia.

By now, maybe you have heard of government's plan *Better Care Sooner* -- to protect patient care and improve access to health care across the province.

We all know that significant changes are needed to address emergency room closures and long wait times.

Better Care Sooner is an aggressive, targeted plan, based largely on the advice of Dr. John Ross.

He reported that many people who go to the ER, particularly in rural communities, do not require emergency care and could instead be treated in a primary health care setting.

An important part of the Better Care Sooner plan is establishing collaborative emergency centres.

This year's provincial budget provides funding to open at least four of these throughout the province.

As you know, we are also working on reducing wait times at the province's largest emergency room.

Since fall, twelve hundred (1200) patients at the Halifax Infirmary emergency room received the care they needed through a new Rapid Assessment Unit.

Our plan also focuses on improving patient transport.

The province now has a back-up fixed-wing aircraft for Emergency Health Services LifeFlight -- dedicated solely to emergency health care.

Soon we will have the province's first two-stretcher ambulance.

Nova Scotia is now the only jurisdiction in North America to have a province-wide program that enables advanced care paramedics to administer a new generation of clot-busting medication to treat someone experiencing a heart attack before they arrive at the hospital.

Budget 2011 contains \$72 million to support major hospital and community health care projects across the province including ...

- Funding for phase one of a modern, cost-effective and efficient emergency department at the Aberdeen Hospital;
- Money for the construction of the new Colchester East Hants Health Centre; and
- Money to purchase and install three new radiation therapy units at Capital Health.

Nova Scotians are traveling too far for renal dialysis. A million dollars is going to the expansion of those services.

The province will invest \$616,000 to support pre-hab teams in the four district health authorities that perform hip and knee surgeries.

Clinics will also provide patients in Capital, Pictou County, Cape Breton, and Annapolis Valley with the tools and information they need to prepare for surgery and to support a successful surgery and quicker recovery.

The province is committing \$4 million over two years to fully fund the Early Intensive Behavioural Intervention (EIBI) program for children with autism.

We are working to improve mental health and addictions services.

For instance, the new Psychiatric Intensive Care Unit at East Coast Forensic Hospital expands on collaborative work underway among emergency departments, mental health programs, and the police to provide a crisis response to mental health emergencies.

We are setting targets for acute and chronic disease reduction.

We are working to ensure drugs are more affordable and accessible.

We are establishing a Drug Management Policy Unit.

Both the *Better Care Sooner* plan and the Deloitte Report recommended that the province engage in physician resource planning. The planning project underway will tell us how many and what types of doctors we will need across the province and where we will need them over the next 10 years.

It is an important early step in the province's progress toward providing better access to health care for all Nova Scotians.

The project will chart a course for achieving the best possible arrangement of doctors to meet Nova Scotians' current and future needs.

It will be a foundational document in health care planning – a 10-year projection for a human resource pool of about two thousand three hundred and fifty (2,350) of the most highly trained people in Atlantic Canada.

We're not expecting a highly prescriptive report, for example, we don't expect to be told we need 150 family doctors in Sydney by 2020. Instead, we anticipate more general recommendations, based on evidence with methodology that will enable us to adjust variables as realities change.

We're pleased with the work that is underway, but let's be realistic about what physician planning can accomplish.

Doctors decide where to practice based on many factors....

The plan can guide us in where we need doctors and what is the right mix. Yet it won't be able to ensure doctors will practice in areas where it has been difficult to recruit.

We've been developing new models of care and investigating the use of collaborative care clinics as possible ways to reduce the pressure in some of these situations.

We have been successful in recruiting and retaining doctors in this province.

Yet in some places, physician recruitment has been a stubborn problem. We hope careful planning will help us sharpen our efforts to get doctors where we need them most.

The consultants will be talking with doctors and other health care providers across the province as well as with senior staff at the Department of Health and Wellness, the district health authorities, the medical school, Doctors Nova Scotia, and the College of Physicians and Surgeons.

We will need to hear many points of view and to gather information to inform the most strategic ways of providing front-line health care.

All of this is to say, we are working on doing things differently in health care.

Finances, health outcomes, politics, spirit of collaboration and many other factors are creating the environment to reshape our healthcare systems.

The opportunities are there to ...

- Expand chronic disease self-management.
- Increase access to primary health care teams
- Increase use of services like our 811 nurse line
- Provide clearer, more comprehensive patient information
- Further develop IT projects -- electronic health and medical records, digital diagnostic imaging

and telehealth

- Expand drug information systems
- Improve access to appropriate diagnostic tests, therapies and treatments
- Provide services to an increasingly diverse population
- Strengthen and develop provincial programs strategies -- to make sure that no matter where you enter the system, you will get the care you need

To do things differently, we might need new investments – that in itself is a challenge. So we need to look at what we are doing **now** in a different way.

I was at a meeting in Halifax earlier this year, where ER doctors asked me what they could do to help sustain our health care system.

I said, “**Don’t tell us what we should be doing. Tell us what not to do.**”

Dr. Brett Taylor – is he here today? -- he is a researcher, lecturer and emergency pediatrician in Halifax. He expanded on this in a CBC article.

He said, “Physicians... could best serve public policy by defining waste within the system: those procedures, tests or therapies that, though commonly applied, do not appear to alter patient outcomes.”

We look to you for advice on how to improve health care for families in Nova Scotia.

On that note, I am pleased to announce that Dr. David Gass -- who is here today -- has accepted the position of Physician Advisor with the Department of Health and Wellness.

Dr. Gass has extensive leadership experience in a broad range of governmental, hospital, academic, regional and national settings will serve as a great asset to the department.

He is an experienced family physician whose clinical practice included office-based care, continuing care, emergency care, hospital inpatient and palliative care.

He has served as director of Primary Health Care for the Department and, more recently, held the position of Medical Chief of Staff for the Cumberland District Health Authority.

He has been a faculty member at Dalhousie University's Department of Family Medicine for many years.

In 2008, he received the College of Family Physicians of Canada Ian MacWhinney Family Medicine Education Award. He was deemed by his peers to have made a significant contribution to family medicine education.

He is part of the Health System Workforce Branch and will provide clinical and strategic advice to the Department on a wide range of government policies and initiatives affecting the health and wellness of Nova Scotians.

I am sure you will be talking to him.

I opened my remarks by thanking all doctors for working with the Department of Health and Wellness. I want you to know how important that was to us.

I want to close by thanking two people from Doctors Nova Scotia for their service to the province, and especially to its doctors.

Thank you to Doug Clarke, who is retiring,

and to Dr. Jane Brooks, whose term ends this weekend. You have built a strong relationship with the department and particularly with the Minister.

I'll close by welcoming president elect Dr. John Chiasson.

I know we will have many opportunities to work together.