

**DOCTORS NOVA SCOTIA**  
2019 Position Paper



**THE BACKBONE OF  
PRIMARY HEALTH CARE:**

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**THE ROLE AND VALUE  
OF FAMILY PHYSICIANS  
IN NOVA SCOTIA**

NOVA SCOTIA  
COLLEGE OF  
FAMILY PHYSICIANS



LE COLLÈGE DES  
MÉDECINS DE FAMILLE  
DE LA NOUVELLE-ÉCOSSE

**Doctors**  
Nova Scotia

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## EXECUTIVE SUMMARY

**F**amily physicians are the backbone of any effective health-care system. This is certainly true in Nova Scotia, where family physicians are managing patients who are older and require more complex care than ever before. There is an important role for all health-care providers to play, yet family physicians in Nova Scotia increasingly perceive that their role in the province’s health-care system is being undervalued and potentially marginalized.

The value of family physicians in our health-care system is significant. The depth of a family physician’s medical knowledge and skill set places them in an ideal position to manage patients with complex medical needs. Family physicians are trained to approach the medical decision-making process differently than other providers (working with uncertainty and incomplete information, taking calculated risks jointly with their patients, integrating information from multiple sources). They help to ensure precious health-care resources are used effectively and efficiently. The comprehensive scope of practice of family physicians, coupled with the deep, long-term relationships they build with patients and their families, both contribute to the high value of family physicians in the health system.

Family physicians play an important role in coordinating patient care, advocating for patients, providing leadership at the practice, hospital/ system and community levels, training and mentoring the physicians of tomorrow (as well as students of other health professions), and supporting quality improvement and research.

Family physicians are not *better than* other providers; they are *different from* other providers. And they are essential to an effective primary health care system. We believe that every Nova Scotian deserves access to a family physician.

### ACKNOWLEDGMENTS

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➤ THE DEPTH OF A FAMILY PHYSICIAN’S MEDICAL KNOWLEDGE AND SKILL SET PLACES THEM IN **AN IDEAL POSITION TO MANAGE PATIENTS WITH COMPLEX MEDICAL NEEDS**

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## INTRODUCTION

### Family physicians are essential to good health-care

Family physicians are the backbone of any effective health-care system. They form the foundation of primary health care, and countries with strong primary health care have better health than those without (University of Ottawa, 2016). Family physicians can reduce unnecessary costs and the need for specialty care by improving the quality of prevention, coordination and continuity of care (Dahrouge et al., 2012).

Family physicians are often the first stop for people who need health or wellness advice, treatment of a health issue or injury, or diagnosis and management of health conditions. Family physicians in Nova Scotia are managing patients who are older and require more complex care than ever before. The province has high rates of chronic illness, and one of the oldest populations in Canada. Family physicians in Nova Scotia provide the additional care and management required to effectively meet the complex health-care needs of the province's population.

### Nova Scotia's primary health care foundation is unstable

Even though health-care needs are at an all-time high, Nova Scotia physicians perceive that the value the health-care system places on family physicians is at an all-time low (Doctors Nova Scotia, 2017b). Value is defined in many ways, such as respect, remuneration, and academic and research opportunities. If these variables are not addressed, family physicians feel undervalued.

In addition, there are not enough physicians to meet the health-care needs of Nova Scotians. As of Dec. 1, 2018, more than 55,800 Nova Scotians had added their names to the NSHA's "Need a Family Practice" registry with the hope of finding a family doctor (Nova Scotia Health Authority, 2018). Estimates from Statistics Canada suggest that this number is likely much higher (Statistics Canada 2017). Many people may be searching for a family physician but have not yet put their name on the registry, or they don't have a doctor and aren't currently looking for one.

Further complicating the critical issue of physician supply in Nova Scotia is that fewer Nova Scotia medical students chose family medicine as a career option in 2018 (Canadian Resident Matching Service, 2018) and the province is having difficulty retaining and recruiting family physicians.

### Scopes of practice and the important role of all providers

For regulated health-care providers like family physicians, nurses, nurse practitioners (NPs), and pharmacists, the limits of each provider's scope of practice are defined in legislation and regulations. Within those limits, actual scope of practice varies across individual providers and is influenced by factors such as the provider's experience, education, training, areas of interest, location or situational context (e.g., patient needs, availability of other providers and/or equipment and technology, etc.), employer demands or expectations (where these relationships exist), and more.



#### Celebrate Comprehensive Care

I firmly believe in the specialty of family medicine, but more importantly, I believe family medicine is a specialty in generalism. This does not negate expertise in specialty areas.

We provide comprehensive care – through the continuum of life (cradle to grave) and in geographical diversity (urban, rural, office, hospital inpatient, nursing home/LTC). Further, we do so with a holistic approach – with the understanding that our patient's whole is greater than the sum of their parts. We need to embrace this, continually celebrate it, promote it and be proud of it!

– **DR. ROOP CONYERS**, NOVA SCOTIA COLLEGE OF FAMILY PHYSICIANS' FAMILY PHYSICIAN OF THE YEAR, 2018

Having all providers working to full scope of their practice (i.e., the full range of skills a provider is trained and authorized to perform) is sometimes considered the ideal in health care. However, Nelson et al. (2014) note that the term “optimal scope” is preferable. The optimal scope for each type of provider may vary in different locations and situations, particularly in the context of team-based care where the optimal scope for one provider may be heavily influenced by the other available health-care providers and their competencies and scopes of practice.

### The changing landscape of primary health care

Technology is bringing more and different opportunities to connect with patients, to involve patients in the management of their own care, to support documentation, and to provide data for system-planning purposes. Models of care are becoming more col-

laborative. The scopes of practice of many health-care providers are evolving. Initiatives like Choosing Wisely are encouraging providers and patients to question traditional approaches to care. Family physicians are on the front lines, navigating these changes while working to ensure patient care is sustained, and even enhanced.

Collaborative care requires that all health-care providers work together effectively. In many, but not all, cases, Nova Scotians will access a family physician as part of a collaborative primary health care team. In Nova Scotia, the future of collaborative practice is grounded in the Health Home model (Primary Health Care, 2017). Providers working together to support patient care is a central tenet of the Health Home model. As models of care become more collaborative and the scopes of practice of many health-care providers change, we must ensure the unique role and value of the family physician is clearly defined and well understood.

## THE VALUE OF FAMILY PHYSICIANS TO OUR HEALTH-CARE SYSTEM

### Depth of medical knowledge

The depth of a family physician’s medical knowledge and skill set places them in an ideal position to manage patients with complex medical needs. Family physicians’ extensive training and education is focused on developing the depth of medical knowledge needed to effectively assess and diagnose patients. In their training, family physicians develop a strong scientific understanding of medicine (including biology, physiology, anatomy, pharmacology, etc.), address other behavioural and socio-economic subjects, and complete many clinical hours in which they are exposed to a wide range of clinical situations and pathologies. This educational process gives them a core foundation when they start their careers as family physicians and a good understanding of the various specialties they may interact with on behalf of their patients. This enables family physicians to effectively develop differential diagnoses based on patient presentation, and establish appropriate treatment plans (Anderson, 2013; Beaulieu-Volk, 2015). It also enables them to effectively manage patients who have complex medical needs (Collège des médecins du Québec, 2017). These abilities make family physicians essential to effective comprehensive patient care.

### Integrating information; managing risk

Family physicians are problem-solvers who are able to think critically to find solutions for the health-care needs of patients (College of Family Physicians of Canada, 2017a). Family physicians are trained to approach the medical decision-making process differently than other providers. Specifically, they are comfortable with uncertainty, working with incomplete information and taking calculated risks in collaboration with their patient when required. Family physicians are skilled at integrating information from multiple sources about patients (e.g., testing, specialists, community resources, etc.) and interpreting the data/information for – and with – patients to facilitate shared care planning in the context of the individual.

### Management of health-care resources

In a time of concern about the sustainability of the health-care system due to rising health-care costs, the role of the family physician has never been more important.

Through their depth of medical knowledge as well as their generalist perspective, family physicians help to ensure patients are comprehensively cared for as a whole and in the context of their



Family physicians use holistic, integrative reasoning to reach a patient-centred diagnosis and treatment plan with particular expertise in multi-morbidity and chronic illness. They see patients with undifferentiated concerns, early during the natural course of illness, and think creatively to resolve complex and atypical situations.

– The College of Family Physicians of Canada

➤ **FAMILY PHYSICIANS ARE KEY TO INTEGRATING AND PROBLEM-SOLVING MULTIPLE COMPLEX ISSUES.** THEY HELP DETERMINE WHEN A PATIENT NEEDS TREATMENT AND WHEN THEY DO NOT. THEY FIGURE OUT ADVICE FROM MULTIPLE SPECIALITIES THAT SOMETIMES CONFLICTS. THEY ARE PROBLEM-SOLVERS.

— DOCTORS NOVA SCOTIA (2018)



Relationships are central to the care provided. Family physicians are committed to the person; getting to know them and what matters in the context of their life and family and this informs the goals of care and the approach taken. They form therapeutic bonds based on compassion and personal knowledge accrued over time, offering trusted counsel, advocacy and accompaniment. It is within these relationships and their unfolding narratives that illness and suffering is recognized, understood, and mitigated.

— *The College of Family Physicians of Canada*

family and wider social environment; they deal with illness whose cause is unknown and unknowable, and take continuous responsibility across many disease episodes and over time (Rosen, 2018).

At the same time, family physicians help to ensure precious health-care resources are used effectively and efficiently. Better access and greater attachment to a family physician leads to better health outcomes, which in turn reduces costs by reducing hospitalizations, re-admission rates, unnecessary diagnostic tests, professional visits and emergency department use (Doctors Nova Scotia, 2018). Family physicians help to improve the quality of patient care by reducing overuse of medical tests and treatment – the aim of Choosing Wisely Nova Scotia.

### **Comprehensive scope of practice**

A comprehensive scope of practice is another key feature of a family physician’s value. Family physicians care for people from birth to death. Family physicians are generalists who can work across a range of care settings (office-based care, long-term care facilities, hospitals, etc.) and be involved in care at multiple levels (e.g., advanced procedures, surgical assists, etc.). While each individual family physician may not work in all of these areas, as a profession, family physicians have the broadest and most comprehensive scope of practice. This makes them a valuable, unique and flexible resource in communities as they can adapt and

respond to the specific needs in a given community (Collège des médecins du Québec, 2017).

As the College of Family Physicians of Canada notes, “Family physicians are a resource to their practices and communities as highly skilled generalists, working effectively in diverse conditions, complexity and uncertainty. They manage a broad range of medical presentations and conditions, flexibly adapting their skills in response to local resources and care needs” (College of Family Physicians of Canada, 2017b).

### **Deep relationships**

Family physicians build long-term relationships over time with patients and their families. Family physicians build on this relationship to provide comprehensive care and promote patient well-being (Collège des médecins du Québec, 2017; Wartman, 2017). This long-term knowledge that family physicians have developed about patients and their families through an ongoing patient-provider relationship is a key feature of family physician care. Research has shown that patients with access to care over the years from the same physician have fewer hospitalizations and better health outcomes, based in part on the relationship and trust that patients and their family physician have established over time (College of Family Physicians of Canada, 2011).

## THE ROLE OF FAMILY PHYSICIANS IN THE PRIMARY HEALTH CARE SYSTEM



Family physicians are the drivers of cohesion and continuity in the health-care system. They work collaboratively with patients and practice colleagues to coordinate and integrate care with other health-care providers. Continuity occurs within episodes of care and over time and encompasses dimensions of interpersonal relationships, maintenance of medical records and the organized flow of patient information including unique considerations in support of personalized and compassionate care.

– The College of Family Physicians of Canada

### Coordination of care

Family physicians have an important role to play in coordinating patient care, which is especially critical for patients with more complex needs. Patients with complex needs often receive care from multiple specialists and family physicians have a strong ability to understand the interplay between multiple health conditions.

In many cases, the family physician is the patient's first point of contact with the health system. Family physicians provide patients with continuity of care and can assist patients with advocating for themselves with other health-care providers or other services outside of the health-care system, and support patient self-management (Lam, 2016; Phillips et al., 2014).

### Advocacy

Family physicians are exceptional patient advocates, ensuring that their patients get the care they need, when and where they need it. In addition to advocating for individual patients, family physicians also play a critical role in supporting community advocacy, working with citizens to understand and respond to community health needs. A family physician in general practice works with many people in a community and has an opportunity to gain insight into the strengths, challenges and common health concerns affecting the population. Family physicians can then play a role, in partnership with others, in identifying and implementing solutions to these issues (Canadian Medical Association, n.d.). Family physicians also play a vital role in advocating for an effective and efficient health-care system that supports safe, high-quality patient care.

### Leadership

Providing leadership is an important aspect of the family physician role (Anderson, 2013; Phillips et al., 2014). Leadership is one of the seven key roles

of family physicians in the CanMEDS-FM framework, and it involves providing leadership at the practice, system and community levels (College of Family Physicians of Canada, 2017a). The Canadian Medical Association (CMA) notes that “physicians are well-positioned to assume leadership positions within the health-care system. They have a unique expertise and experience with both the individual care of patients, as well as with the system as a whole” (Canadian Medical Association, n.d., p. 12).

It is also critical to involve family physicians in the process of making decisions and setting policies that affect primary health care and the health-care system as a whole (Canadian Medical Association, n.d.). Family physicians can provide important insight and leadership into the process of health system improvement (Saskatchewan Medical Association, 2016). It has been shown that organizations that effectively engage physicians in health system design, change processes and leadership development opportunities are more likely to experience improved outcomes (Denis et al., 2013).

### Training and scholarship

Family physicians have an important role to play in training new family physicians and advancing the knowledge base that supports primary health care. Family physicians act as role models and mentors to medical students and residents, as well as students from other health professions (e.g., NPs, family practice nurses, etc.). Family physicians contribute to research about both family medicine and primary health care. Research about how best to identify and manage issues in primary health care can only be studied in a primary health care setting. For example, the contextual integration of medicine and person in the family and community over a lifetime can only be done in primary health care, thus research about how best to do this can only be done in this setting.

## MOVING FORWARD

Working in a collaborative practice with other providers is increasingly common in Nova Scotia's primary health care system, as it is in other health systems across Canada and around the world. However, the process of implementing collaborative teams is not without challenges and risks, which are well documented in the literature and other reports from Doctors Nova Scotia (e.g., barriers to communication, such as poor IT infrastructure to support communication; payment models that do not support collaboration; different or conflicting approaches to patient care; a lack of understanding and trust between different providers; lack of a coordinated approach to changing the scopes of practice of providers; and uncertainty around liability) (Doctors Nova Scotia, 2017a, 2017b, 2018).

Supports needed to facilitate effective collaboration and build strong primary health care teams have also been well documented in the literature and other reports from Doctors Nova Scotia (e.g., leadership and support for change, effective communication mechanisms, clearly defining roles and responsibilities of various providers, supportive payment models, a purposeful approach to building teams, access to data and continuous quality improvement, and clear liability for all providers) (Doctors Nova Scotia, 2017a, 2017b, 2018).

Going forward, it is clear that the role of the family physician continues to evolve and change, especially as technology and innovation continue to disrupt health care, and society as a whole, in meaningful ways. The traditional views of health care and provider roles and responsibilities are shifting and changing. Historically, health care has been based around concepts of clinical autonomy, assumptions of scarcity, volume as a measure of productivity, patient dependency on health-care providers, and specialist and disease-focused care. Health care is transitioning with a greater focus on collaboration, value as a measure of productivity, encouraging patient autonomy and self-management, and generalist and person-focused approaches (Saskatchewan Medical Association, 2016).

While family physicians continue to adapt to the changing health-care environment, traditional skills of the profession remain relevant and paramount. As noted by one author, "by making a determined and conscious effort to return to their historical roots, physicians can excel at two traditional skills: (1) respecting the right of patients to make choices according to their values and understanding how these values impact care decisions; and (2) having real and tested abilities to provide the uniquely human services that patients need, most notably empathy and compassion" (Wartman, 2017, p. 10).

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## CONCLUSION

Family physicians care for the whole person, from the beginning of life to the final moments. They have deep and broad medical expertise and extensive training. They provide important hospital and community-based services. They teach and mentor future generations of physicians and contribute to research and innovation. They advocate for patients and communities and are stewards of precious health-care resources. Every day, family physicians put patients first. They often make personal sacrifices, remaining true to their altruistic values. Every Nova Scotian deserves access to a family physician.

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