



Finding
COMMON
GROUND

How the Government of NS and Doctors
NS work together to propel IM/IT



Faculty/Presenter Disclosure

- **Faculty:** Stewart Gray, Christine Grimm, Nancy MacCready-Williams
- **Relationships with commercial interests:**
 - Stewart Gray is a founding Principal of Mara Consulting

Disclosure of Commercial Support

- This program has received no financial or in-kind support from Mara Consulting



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who are we and why are we here?



Our Topics

- Nova Scotia context
- Government's perspective
- Doctors Nova Scotia's perspective
- Why collaboration?
- Examples of collaboration
- Lessons learned

Nova Scotia Context

Growing Urban Population

57% **vs** 54%
2011 1991

Highest Percentage of Seniors

18% **vs** 15%
NS CAN

High Rate of Obesity

26% **vs** 19%
NS CAN

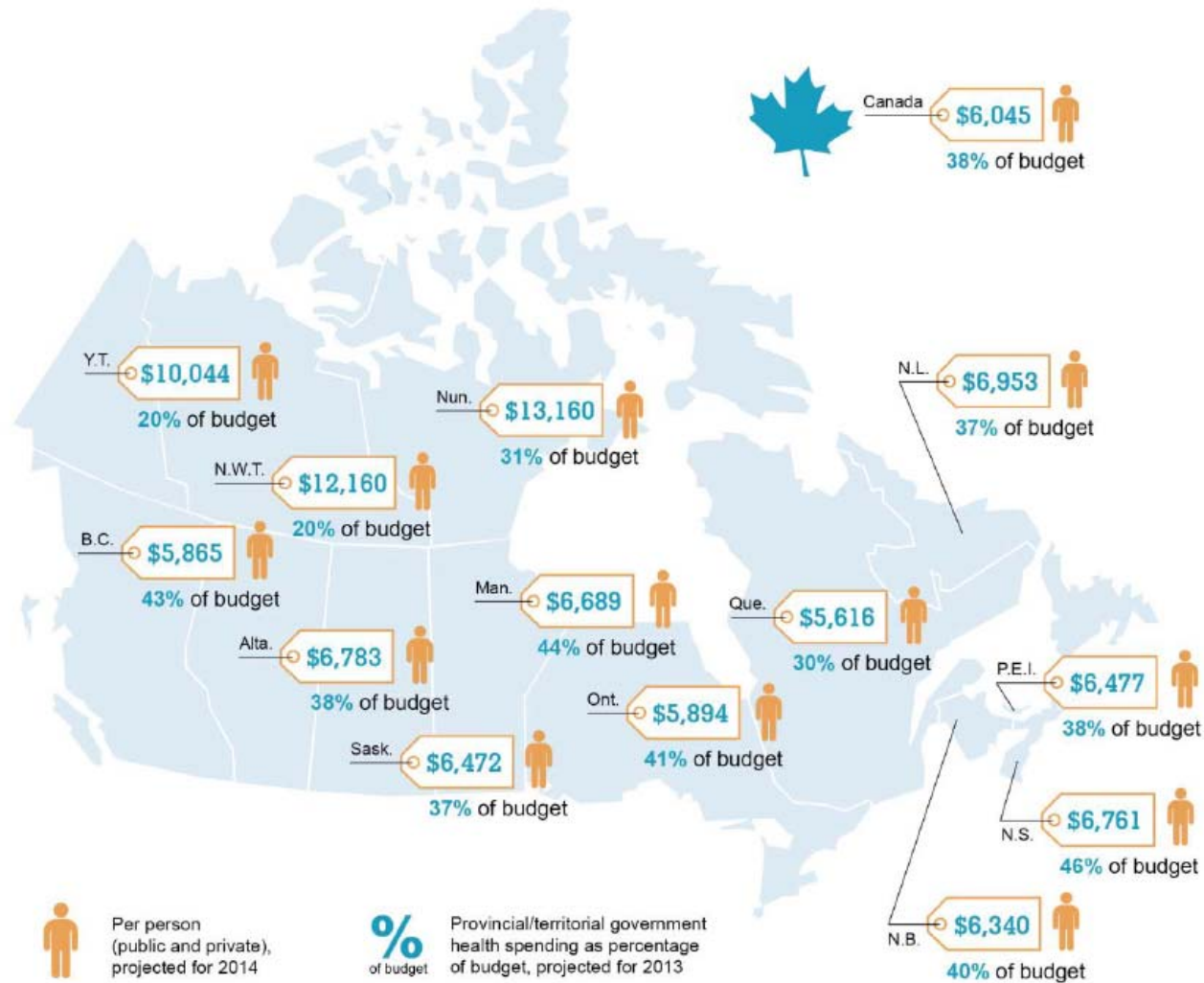
High Rate of Chronic Disease

39% **vs** 29%
NS CAN

(Percentage with 2+ chronic diseases)



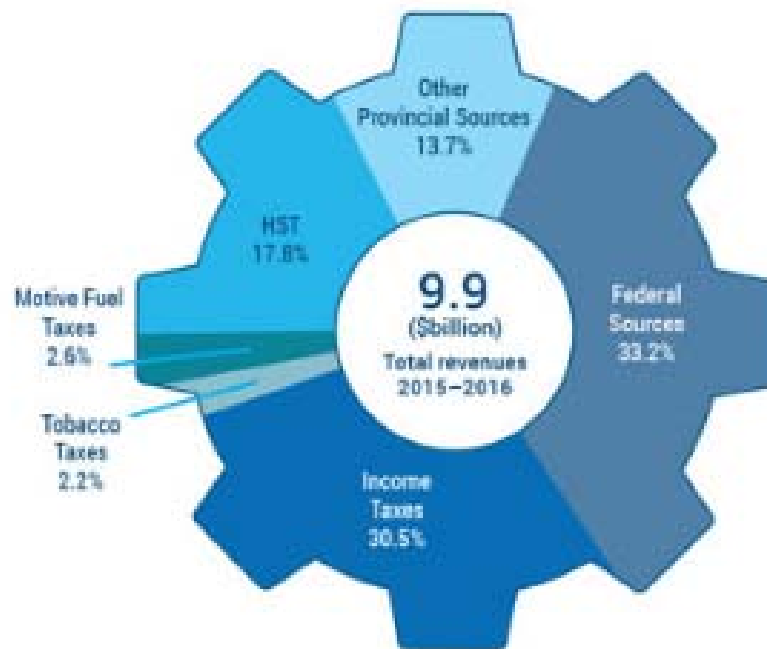
How do the provinces and territories compare?



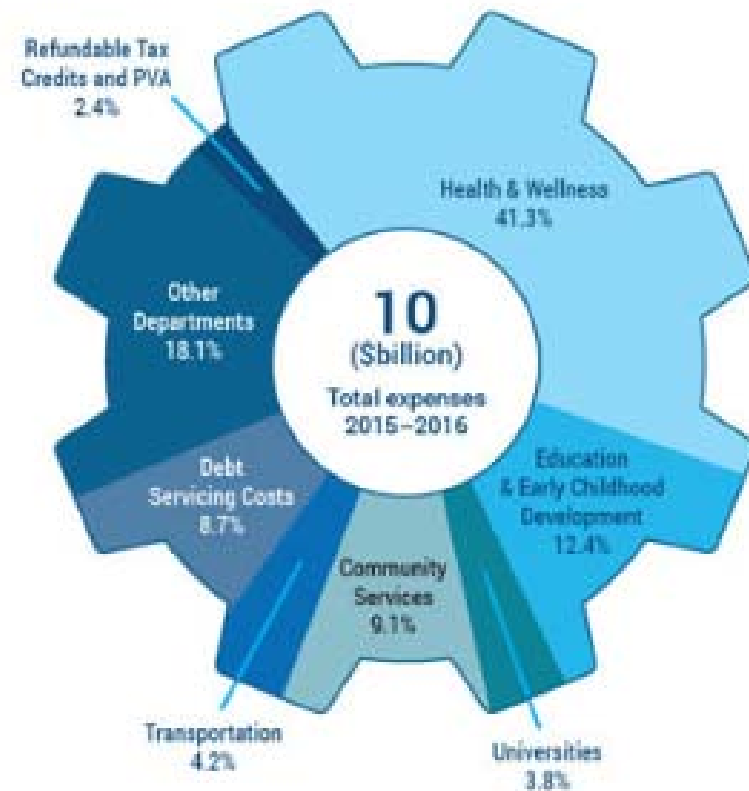
Source
Canadian Institute for Health Information, *National Health Expenditure Trends, 1975 to 2014*.

Budget 2015–2016 | At A Glance

Where The Money Comes From



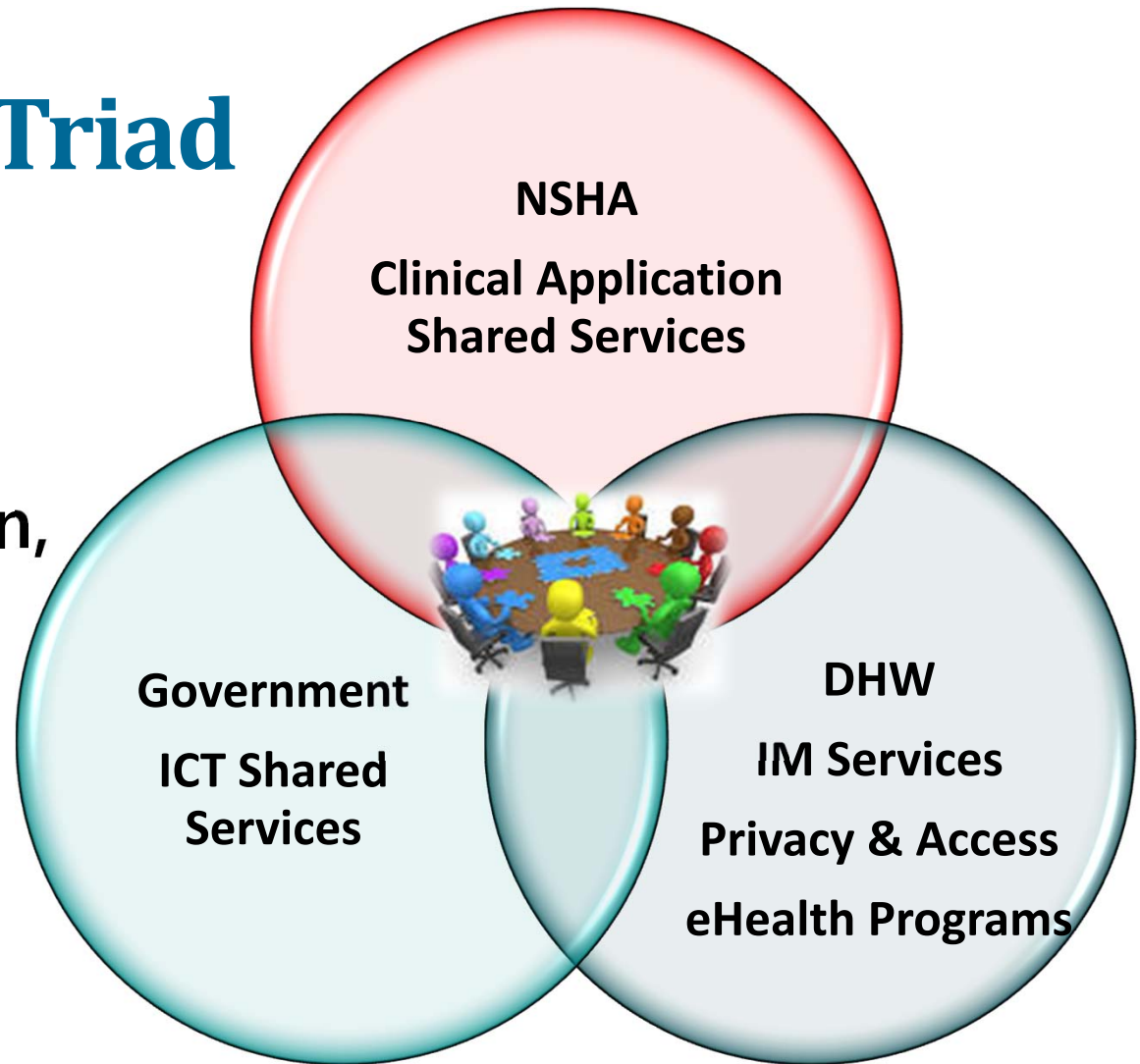
Where The Money Goes



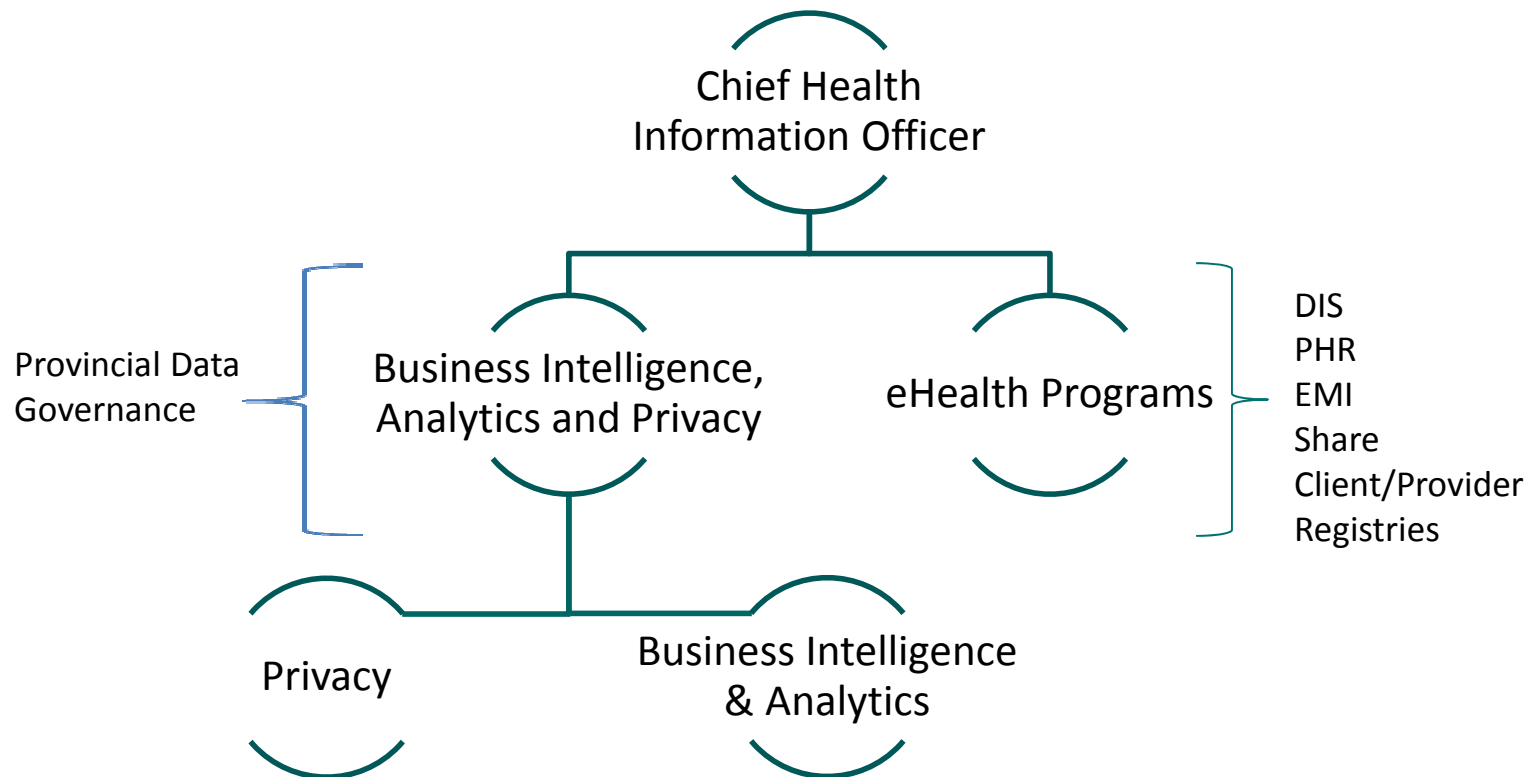
Source: Government of Nova Scotia 2015/16 Budget

Health IT/IM Triad

A partnership to provide information, communications & technology services to the health sector













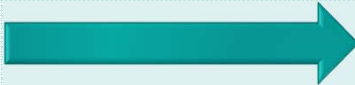




Health Information Office



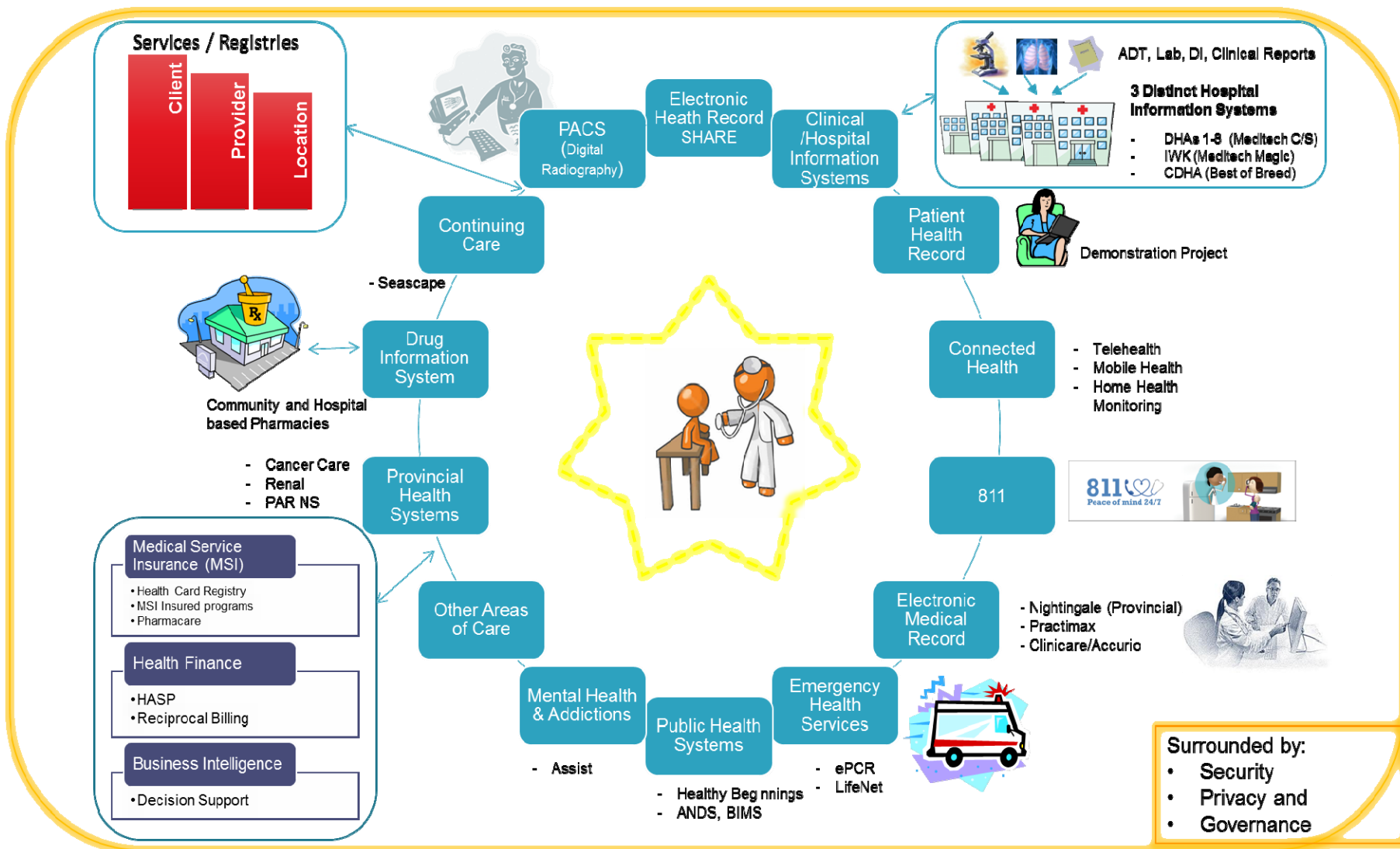
Strategic e-Health Directions



Strategic Priorities

Reduce Complexity			
Data for Decisions			
Devices			
Rapid Deployment			
Person Centric			

Current Provincial Strategic Investments



NS e-Health Progress

- EMR: more than 70% of family physicians are using
- SHARE: almost 5000 users and growing; available to multiple provider environments
- Client & Provider Registries: provide consistent, timely, accurate patient & provider information
- DIS: is now rolling out and already has demonstrated clinical and management benefits
- PHR Demonstration Project: patients and providers highly value it; won innovation awards

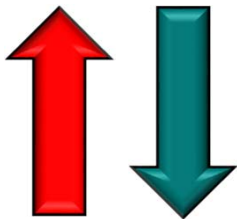
Current Challenges



Health Information Systems are not sustainable or scalable



Health Information does not flow across the continuum of care
Information isn't easily shared for planning and monitoring of the health system



Costs are increasing
Infrastructure/functionality is declining
A key vendor is leaving the marketplace



The changes required in healthcare in Nova Scotia are not attainable with current systems

Opportunity

Transition

One
Nova Scotia



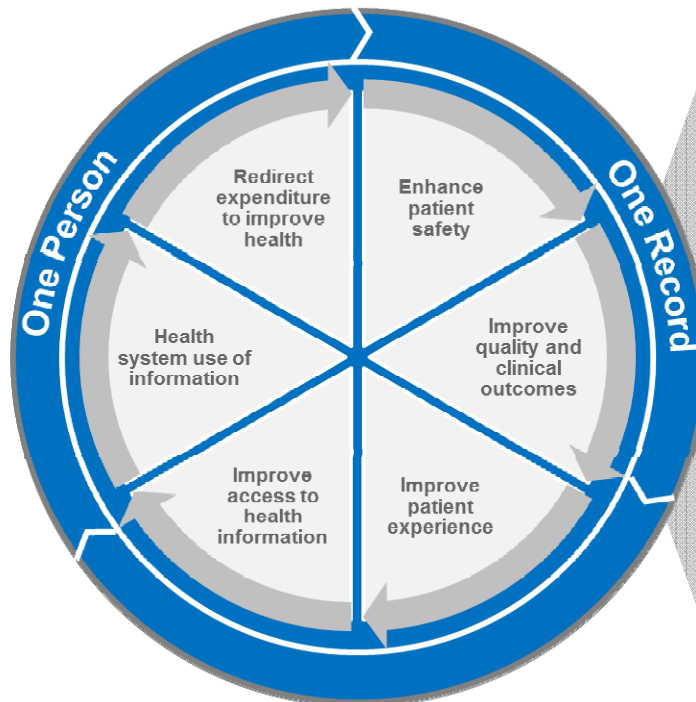
Transformation



One Person
One Record

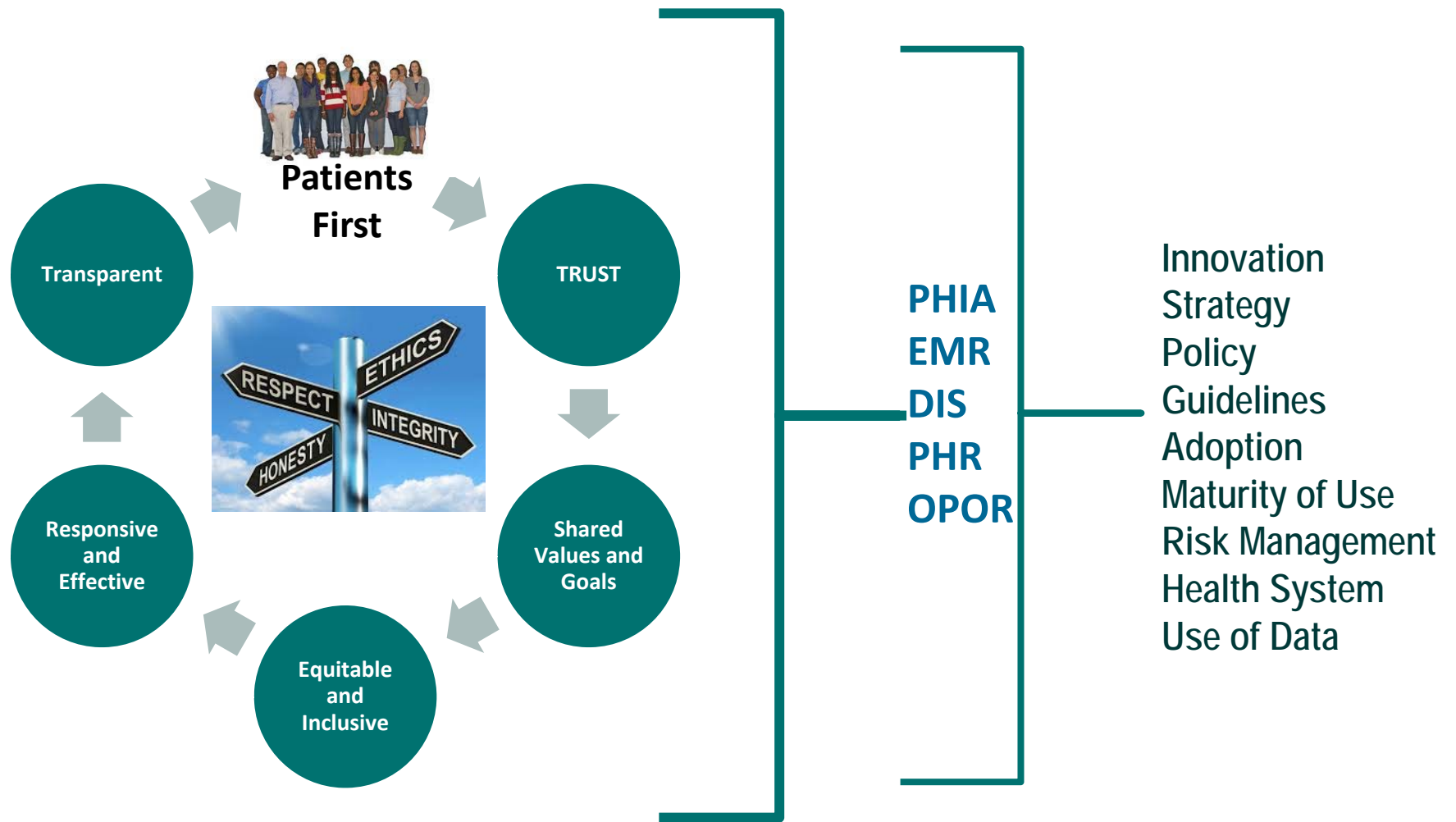
Opportunity

Improve care outcomes and manage resources more effectively



Outcomes realized in other jurisdictions
1. Enhance patient safety 60% reduction in serious medication errors (alerts, on line and available evidence based practice guidelines)
2. Improvement in quality and clinical outcomes Improved compliance with Accreditation Canada's <i>Required Organizational Practices</i> and preventative management of adverse events
3. Improved patient experience Better information available in a timely manner results in better decisions about care. This can reduce repeat testing and wait times for patients and shorter length of stays
4. Improved access to health information The right and complete information is available for the right clinician at the right time
5. Health system use of information Alignment with CIHI vision (2011) as approved by the provinces (better healthcare and improved health for Canadians)
6. Redirect current expenditure to improve health Opportunity to redirect health care expenditures into expanded operational capacity

Finding Common Ground



A VISION FOR SUCCESS

DOCTORS NOVA SCOTIA
2012-2016 | Strategic Plan



OUR PURPOSE

Doctors Nova Scotia is dedicated to advancing:

- Quality patient-centered care
- Progressive health policy and promotion
- The economic and general well-being of physicians

OUR VALUES

In carrying out our work in serving our members, we strive to demonstrate:

- **Caring and compassion** – a personal/human touch and a desire to truly understand the needs of our members and their patients
- **Teamwork** – a willingness to work together and to help each other succeed
- **Professionalism** – a commitment to being responsive and focused on making the members' experience the best that it can be
- **Respect and trust** – as the cornerstone for meaningful and lasting relationships
- **Innovation** – a “can do” attitude that welcomes the opportunity to develop creative solutions

OUR STRATEGIC PRIORITIES

Where do we need to focus for the next four years? Our strategic priorities are as follows:

Strategic Priority **1**
ENHANCE the economic and general
WELL-BEING OF PHYSICIANS

Strategic Priority **2**
Strengthen **PHYSICIAN LEADERSHIP** in
HEALTH TRANSFORMATION

Strategic Priority **3**
ENGAGE and **UNIFY THE MEMBERSHIP**

Strategic Priority **4**
HELP our members **ADAPT TO CHANGE**





STRATEGIC PRIORITY 2 Strengthen Physician Leadership in Health Transformation

OUR GOALS IN RELATION TO THIS PRIORITY ARE TO:

- (a) Develop and deliver **physician leadership development programs**
- (b) Ensure that Doctors Nova Scotia physician leaders are influential and **at the table at the outset of all major health transformation initiatives.**
- (c) Collaborate with others to **develop new models of care** that incorporate the unique role of physicians in the delivery of patient care
- (d) Initiate **health promotion campaigns with measurable impact**
- (e) **Influence the provincial e-health system** to meet physicians' practice and patient care needs

WE WILL KNOW THAT WE HAVE BEEN SUCCESSFUL WHEN:

- ◆ Physicians have played a strong and visible leadership role in shaping a health system that provides patients with timely access to quality care
- ◆ Physicians' unique role in providing the best possible health care to Nova Scotians is better defined, optimized and recognized
- ◆ Members, government and the public see Doctors Nova Scotia as a proactive and effective advocate for healthy living and progressive public health policy
- ◆ Physicians have access to e-health systems that meet their practice and patients' needs

**76% of our members believe
a collaborative working relationship with DHW
is critical to DNS success in influencing system change**

When trust decreases...



When trust increases...



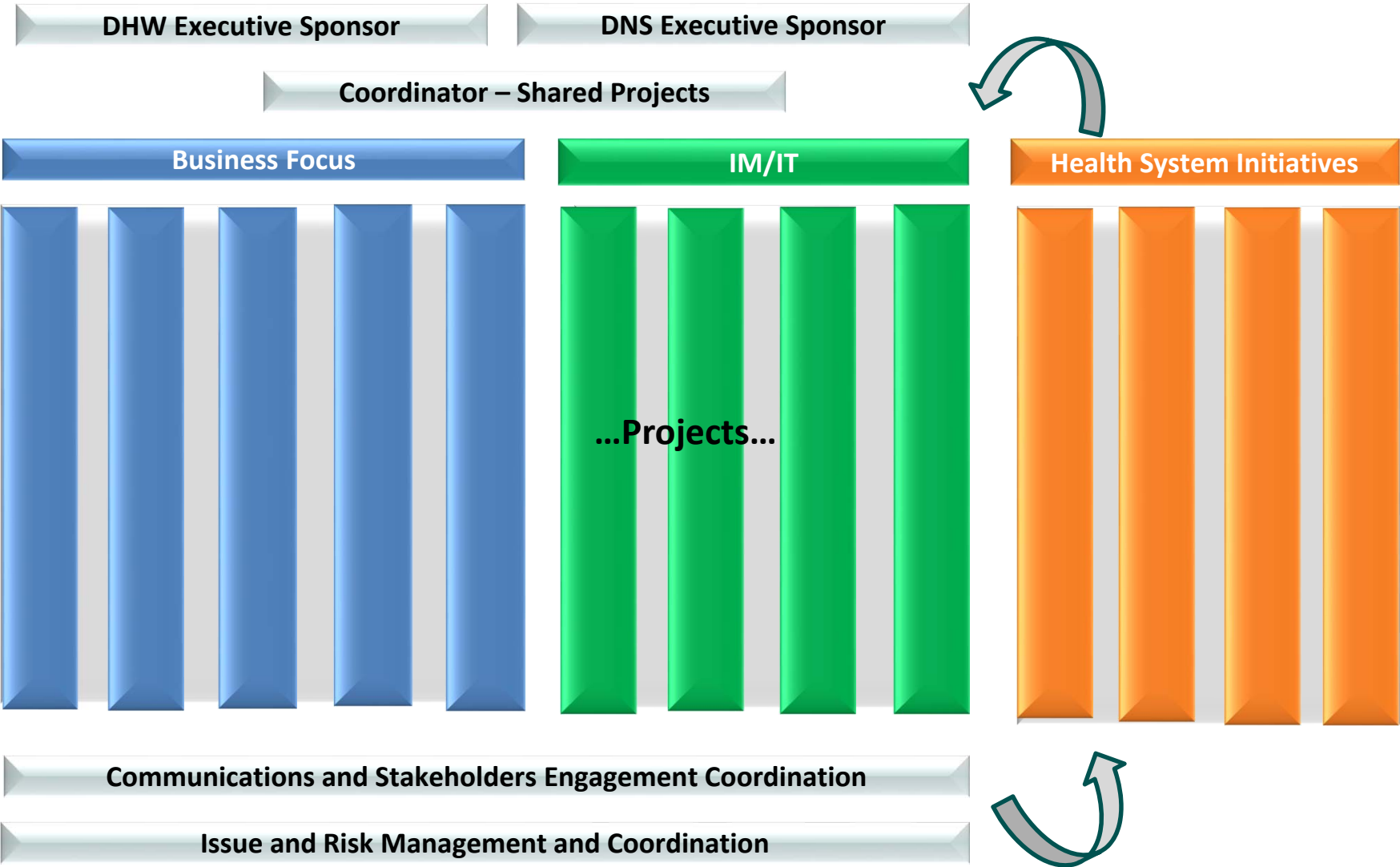
Characteristics of High Performing Teams



Adapted from Patrick Lencioni [The Five Dysfunctions of a Team](#)

Examples of Collaboration

Shared DHW/DNS Projects



Lessons Learned

