

# PATIENTS Before Paperwork: Reducing Red Tape for Physicians



Both patients and physicians will benefit from Nova Scotia's efforts to reduce physician red tape.

More than 40 initiatives have been identified, many completed, others underway, to reduce physician red tape by **400,000** hours, the equivalent of 1.2 million patient visits, by the end of 2024. This will allow physicians to do what they do best – care for us – and give Nova Scotians better access to healthcare professionals. At the same time, it will improve the work environment, and provide a better work-life balance to help attract and retain physicians.

Click [here](#) to submit ideas to reduce red tape.

**To date, more than 100,000 hours have been saved from actions fully implemented and measured.**



# ACTIONS TO REDUCE PHYSICIAN RED TAPE

## Limit the use of sick notes

The new Medical Certificates for Employee Absence Act prohibits employers from requesting sick notes from employees for the first two illness-related absences, of five days or less, in the preceding 12-month period.

Supplementally, NS Health has changed its policies to significantly reduce its requests for sick notes for staff whose illness extends beyond 5 days.



COMPLETE

**67,760** HOURS SAVED

## Enable the use of Physician Assistants in our healthcare system

NS Health is hiring physician assistants to augment various care teams currently in place in order to expand physician capacity. Physician assistants work under the supervision of a physician and can do many tasks that physicians do, such as conducting exams, and prescribing medication or treatments freeing up physicians to concentrate on doing more of the things that only a physician can do.



COMPLETE

**6,450** HOURS SAVED  
(WILL INCREASE)

## Improve the Employment Support and Income Assistance Medical Assessment Form

Efficiencies have been made to help Income Assistance clients access additional supports by improving the form completed by physicians. Additionally, the form has been added into the provincial electronic medical records systems with auto-populate and direct submission functionality to reduce completion time.



COMPLETE

**6,400** HOURS SAVED  
(WILL INCREASE)

## Accelerate the Evaluation of Internationally-Trained Physicians

The College of Physicians and Surgeons of Nova Scotia has streamlined the licensing process for international medical graduates, reducing the average time required to obtain a license from two years to six months.



COMPLETE

**4,440** HOURS SAVED

## Enable Opt-In For Restricted Physician Licenses

The College of Physicians and Surgeons of Nova Scotia has transitioned a cohort of physicians in the province on time-limited defined licensure to long-term independent licensure, eliminating the need for physician supervision.



COMPLETE

**4,000** HOURS SAVED

### Enable Virtual Meetings for College of Physicians and Surgeons

The Nova Scotia College of Physicians and Surgeons changed its meeting rules so that half of their 100 physician meetings can be virtual, instead of in-person.



COMPLETE

**3,980** HOURS SAVED

### Enable Registered Nurse Onboarding for New Patients

Registered nurses have been deployed at some collaborative care practices throughout the province to onboard unattached patients to primary care providers - duties that would previously have been performed by physicians.



COMPLETE

**2,800** HOURS SAVED  
(WILL INCREASE)

### Update the Nova Scotia Health By-Laws - Simplify Hiring and Intake in Nova Scotia Health

NS Health by-laws have been amended to remove the need for physicians to sign off on vaccination records, a task that can be completed by nurses.

The need for vulnerable sector checks for incoming physicians has also been removed as incoming physicians are already required to have background checks.



COMPLETE

**2,310** HOURS SAVED

### Streamline College of Physicians and Surgeons of Nova Scotia Complaint Investigation Process

The College of Physicians and Surgeons of Nova Scotia has streamlined its complaints investigation process to reduce burden for both provider and patient. The duration of investigations will be accelerated with an objective of increasing early and informal resolutions. In addition, these changes will decrease the time required for physicians to be present for interviews regarding complaints.



COMPLETE

**1,180** HOURS SAVED

### Update the Nova Scotia Health By-laws: Streamlining Privileging and Credentialing

Updates to the NS Health by-laws, which govern privileging and credential processes, have been adopted, and will allow for streamlined, digitized application and renewal processes, saving physician time.



COMPLETE

**970** HOURS SAVED

### Enable Use of Virtual Hallway to Streamline Specialist Consultation

Virtual Hallway is a technology platform that enables primary care and emergency physicians to consult with their specialist colleagues via telephone in a more efficient and streamlined manner. A pilot implementation of this technology delivered over 3,000 consults across three subspecialties and achieved an 82% reduction in unnecessary referrals.



COMPLETE

**840** HOURS SAVED

### Simplify Credentialing for the IWK

The IWK revised its credential application process from a paper-based to an easy-to-access and complete online system.



COMPLETE

**780** HOURS SAVED

### Simplify the Maternal Serum Screening Process

The IWK is changing its process to eliminate the need for the second trimester maternal serum screening test, moving to a single comprehensive test during the first trimester. This improvement, in place in other provinces, upholds patient care and safety while reducing time for the patient, doctor and lab technicians.



COMPLETE

**770** HOURS SAVED

### Streamline the Peer Review Program at the College of Physicians and Surgeons of Nova Scotia

The College of Physicians and Surgeons of Nova Scotia has streamlined its Peer Review Program to improve process efficiency for physicians. Peer reviews are now more targeted and focus on a smaller number of participants based on a risk assessment.

A pause has also been placed on peer reviews for family medicine, in recognition of the burden on primary care in the current healthcare context.



COMPLETE

**630** HOURS SAVED

### Update Nova Scotia Health By-Laws: Remove Hospital Co-signing Directions

NS Health has removed the need for physicians providing care to hospitalized patients (hospitalists) to co-sign directions from other hospitalists operating in other health zones.



COMPLETE

**520** HOURS SAVED

### Reduce Barriers to Gender-Affirming Surgery

Barriers have been removed for patients seeking gender affirming care by eliminating requirements for two physician specialist referral letters. These letters were considered duplicative for providers, and created long wait times for patients.



COMPLETE

**300** HOURS SAVED

### Remove Requirement for the Disability Support Medical Form

The requirement for the Disability Support Medical Form has been removed. This was previously completed by a physician and is now no longer required.



COMPLETE

**290** HOURS SAVED

Remove the Medical Report on Adopting Applicant and the Medical Report on Foster Applicant Forms

The requirements for physicians to complete the medical report for adopting and the medical report for fostering have been eliminated.



COMPLETE

**200** HOURS SAVED

Introduction of the Atlantic Physician Registry

The Atlantic Physician Registry reduces administrative burden associated with licensing requirements and processes for physicians based elsewhere in Atlantic Canada looking to practice in Nova Scotia.



COMPLETE

**190** HOURS SAVED  
(WILL INCREASE)

Amend Hospitals Act

The Hospital Act has been amended to allow nurse practitioners to admit patients to hospital.



COMPLETE

**5** HOURS SAVED  
(WILL INCREASE)

Implement Mobile Primary Care Clinics

NS Health has launched mobile primary healthcare clinics, staffed by nurse practitioners and other primary care providers, to improve access to various primary care services while also mitigating demands on emergency departments across the province.



COMPLETE

MEASUREMENT UNDERWAY

Enable Dietitians to Complete the Special Diet Form

Dietitians are now permitted to complete the "special diet" form for Employment Services and Income Assistance recipients. Previously, only physicians could complete the form.



COMPLETE

MEASUREMENT UNDERWAY

Remove the Medical Report for Voluntary Adoption Placement

The requirement for the Medical Report for Voluntary Adoption Placement, which previously required completion by a physician, has been eliminated.



COMPLETE

MEASUREMENT UNDERWAY

Remove the Medical Report for Adoption Subsidy

Eliminated the requirement for the Medical Report for Adoption Subsidy, which previously required completion by a physician.



COMPLETE

MEASUREMENT UNDERWAY



### Expand Scope of Practice for Pharmacists

Pharmacists can now provide more publicly-funded health services for Nova Scotians to reduce pressures on emergency departments and the physicians who work in them. Twenty-six pharmacy locations around the province now provide some primary care to Nova Scotians, including treating patients for common illnesses and can, for the first time, test, diagnose, and treat strep throat.



COMPLETE

MEASUREMENT UNDERWAY

### Evaluate the Use of the Medical Status Report Form

A Medical Status Report form must be completed by a physician or a nurse practitioner when an individual applies for admission to long-term care. A six-month pilot has been initiated to remove the requirement for the Medical Status Report to be added to the long-term care waitlist. In addition, physicians are no longer required to complete this form for patients being discharged from hospital to long-term care.



COMPLETE

MEASUREMENT UNDERWAY

### Improve the Adult Protection Medical Observation Form

The Medical Observation form is part of the adult protection assessment and requires a physician to assess if the adult is a victim of abuse or neglect, if the adult can protect themselves, if the condition is permanent and irreversible and other relevant medical information. This form has been updated to remove sections that do not impact the overall quality of the assessment. It has also been updated to be more user friendly.



COMPLETE

MEASUREMENT UNDERWAY

### Introduce Auto-fill Capabilities for Common Forms in the Electronic Medical Records

Auto-fill capabilities will be introduced for some specific and high-volume forms in the electronic medical records system.



IN PROGRESS

MEASUREMENT PENDING

### Eliminate Duplication of Test Results

The process for communicating test results (i.e., lab reports and blood bank reports) will move to an online portal, eliminating the need for paper-based reports.




IN PROGRESS

MEASUREMENT PENDING

**Empower Healthcare Professions to Operate Within their Full Scopes of Practice in Primary Care**

A pilot project is examining scopes of practice within some clinics to educate and empower all healthcare providers to undertake work they are trained and licensed to do. This will redirect some work from physicians to other healthcare professionals to give physicians more time to do work only they can do.

 **IN PROGRESS**  
**MEASUREMENT PENDING**


**Improve the Short-Term Illness Benefits Application Form for Government Employees**

With physician input, the short-term illness application form is being improved to make it simpler and faster for physicians to complete.

 **IN PROGRESS**  
**MEASUREMENT PENDING**


**Improve Pharmacare Exception Status Drug Request Forms**

Three high-volume exception status drug forms will be improved for easier completion: Non-Insulin and Oral Antidiabetic Agents and Chronic Obstructive Pulmonary Disease Therapy.

 **IN PROGRESS**  
**MEASUREMENT PENDING**


**Introduce the Medavie Portal**

All Exception Status Drug forms will be added to a new online portal for easier physician access and submission.

 **IN PROGRESS**  
**MEASUREMENT PENDING**


**Enable Lifetime NS Health Network Passwords for Physicians**

NS Health is moving to a lifetime passphrase policy for IT system access, eliminating the need for password replacements every three months. This will reduce the rate of unsuccessful login attempts and maintain physician workflow.

 **IN PROGRESS**  
**MEASUREMENT PENDING**


**Improve the Workers' Compensation Board's primary medical form and submission process**

Physician input is informing improvements to the paperwork and processes the Workers' Compensation Board uses for tracking and monitoring the medical needs and recovery plans of injured workers. The 8/10 form, which is completed more than 26,000 times a year by physicians, will also be added to the electronic medical records system used by physicians.

 **IN PROGRESS**  
**MEASUREMENT PENDING**


**Introduce Proximity Cards for Physicians**

A proximity card login system, which eliminates the need for frequent manual entry of login credentials by physicians and other providers, is being rolled out to emergency rooms and urgent care centres across the province, saving significant physician time.

 **IN PROGRESS**  
**MEASUREMENT PENDING**


### Introduce Single-Entry Surgical Intake Model

A centralized intake model and digital tool has been introduced to more effectively and efficiently manage referrals to NS Health and IWK surgeons. Across many medical specialties, referral management processes can often drive unnecessary administrative burden for physicians. It is anticipated that this model will be expanded beyond surgical disciplines over the long-term.

 **IN PROGRESS**  
**MEASUREMENT PENDING**


### Enable Healthcare Professions to Operate Within their Full Scopes of Practice in Long-term Care Facilities

The Homes for Special Care Regulations sets out requirements for all licensed long-term care facilities. A review of the regulations is underway to identify opportunities to ensure registered nurses and nurse practitioners are enabled to work within their full scope of practice in long-term care facilities.

 **IN PROGRESS**  
**MEASUREMENT PENDING**


### Fully Digitize the Medical Certificate of Death

Vital Statistics is adopting a new platform that will allow it to digitize more of its forms and offering to Nova Scotians. Among the first items that will be digitized when the new system is live is the Medical Certificate of Death. This digitized certificate will allow physicians to complete and submit it electronically from anywhere, which will replace the current fax-based system in place now.

 **IN PROGRESS**  
**MEASUREMENT PENDING**


### Enable Other Health Professionals to Complete Capacity Assessments

Amending regulations under the Personal Directives Act will be explored to allow other health professionals to complete capacity assessments.

 **IN PROGRESS**  
**MEASUREMENT PENDING**

### Reducing Physician Red Tape in the Insurance Industry

Work is underway with the insurance industry to develop an inventory of all forms completed by physicians for insurance companies to determine which forms can be eliminated and which forms can be standardized, with high-volume forms prioritized for standardization. Work is also underway to explore options for simplifying the payment process for physicians completing insurance forms.

 **IN PROGRESS**  
**MEASUREMENT PENDING**



## One Person One Record

One Person One Record will replace or connect more than 80 systems healthcare professionals use daily to record and view patient information. Many of these systems are outdated, slow, and information cannot be shared easily between them, taking up valuable time of healthcare professionals who, on average, log in to at least five systems to gain a full picture of a patient's health information.

One Person One Record will allow healthcare professionals at any NS Health or IWK Health facility to access a patient's complete, up-to-date information at any time.



IN PROGRESS

MEASUREMENT  
PENDING