

PATIENTS Before Paperwork:

Reducing Red Tape for Physicians



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

Red tape impacting physicians can appear in many ways, including long, overly-complex forms, redundant processes, unnecessary barriers to licensing, and work that can be done by other healthcare professionals.

Reducing physician red tape will allow them to do what they do best – care for us – while improving their work environment, providing a better work-life balance, and help to attract and retain more physicians.

More than 45 initiatives have been identified and are either completed or underway to reduce this red tape by **400,000 hours a year**, the equivalent of 1.2 million patient visits, by the end of 2024.

As of the end of September 2023, it's estimated that more than **200,000 hours a year** have been saved from actions fully implemented and measured.

Have an idea on how government can reduce red tape for physicians? We want to know. Submit your idea [here](#).

ACTIONS TAKEN 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.

Additionally, NS Health has changed its policies to significantly reduce its requests for sick notes for staff whose illness extends beyond five 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

51,230

HOURS
SAVED

Expand Scope of Practice for Pharmacists

For the first time, 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. Thirty-one 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

23,300

HOURS
SAVED

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, this form has been added into the provincial electronic medical records (EMR) with auto-populate and direct submission functionality to reduce completion time.



COMPLETE

19,200

HOURS
SAVED

Improve Physician Computer Access Through Technology

Proximity cards for computer sign-on, in addition to single sign-on capabilities, have been rolled out to emergency rooms and urgent care centres across NS, eliminating the need for frequent manual entry of login credentials. These technologies are also being rolled out to other NS Health facilities, expanding the reach of the time savings to other physicians.

Additionally, NS Health is moving to a lifetime passphrase policy for IT systems access, eliminating the need for new passwords every three months, reducing the rate of unsuccessful login attempts.



COMPLETE

10,980

HOURS
SAVED

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 Registered Nurses To Onboard New Patients

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



COMPLETE

4,240

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 during the licensing process.



COMPLETE

4,000

HOURS
SAVED

Enable Virtual Meetings for College of Physicians and Surgeons of Nova Scotia

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



COMPLETE

3,980

HOURS
SAVED

Update the Nova Scotia Health By-Laws to:

- Simplify Hiring and Intake
- Remove Hospital Co-Signing Directions
- Streamline Privileging and Credentialing

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 are already required to have background checks and are considered duplicative.

Moreover, physicians providing care to hospitalized patients (known as hospitalists) are no longer required to co-sign directions from other hospitalists operating in other health zones.

Finally, by-laws governing privileging and credential processes have been adopted and will allow for streamlined, digitized application and renewal processes.



COMPLETE
3,800
HOURS
SAVED

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 primary care services while also reducing demands on emergency departments across the province.



COMPLETE
2,000
HOURS
SAVED

Streamline College of Physicians and Surgeons of Nova Scotia Complaints 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 to accelerate investigations with an objective of increasing early and informal resolutions. Additionally, these changes will also decrease the time required for physicians to be present for interviews regarding complaints.



COMPLETE
1,180
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 sub-specialties and resulted in an 82% reduction in unnecessary referrals.



COMPLETE
840
HOURS
SAVED

Simplify Credentialing for the IWK

The IWK changed its credentialing application process from a paper-based to an easy-to-access and completely online system.



COMPLETE

780
HOURS
SAVED

Simplify the Maternal Serum Screening Process

The IWK is eliminating the need for a second trimester maternal serum screening test during pregnancy and 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

Streamline SHARE (Secure Access Health Record) User Access Request Process

SHARE provides access to patient information such as lab results, imaging studies, and medication history for physicians and other healthcare providers. Improvements have been made to significantly reduce completion times for user access requests, which are required for providers onboarding to the SHARE platform, and which were previously the source of considerable delays in physicians gaining system access.



COMPLETE

330
HOURS
SAVED

Reduce Barriers to Gender-Affirming Surgery

Patients seeking gender affirming care no longer require two physician specialist referral letters, as they 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, which was previously completed by a physician.



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 a medical report for those applying to be adopted or fostered has been eliminated.



COMPLETE

200

HOURS
SAVED

Introduction of the Atlantic Physician Registry

The creation of the Atlantic Physician Registry, where Atlantic Canadian physicians can opt-in to practice in another Atlantic province, reduces red tape associated with licensing requirements and processes for physicians looking to practice in Nova Scotia.



COMPLETE

190

HOURS
SAVED

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. In July 2023, the Medical Status Report requirement was removed for individuals transitioning from hospital to long-term care. This form remains a requirement for individuals transitioning from community to long-term care; however, it may be completed prior to admission and is no longer a requirement to be waitlisted. The Department of Seniors and Long-Term Care continues to monitor these changes. To date, there have been no concerns.



COMPLETE

100

HOURS
SAVED

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


5

HOURS
SAVED

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|---|---|--|
| <p>Amend Hospitals Act</p> | <p>The Hospital Act has been amended to allow nurse practitioners to admit patients to hospital.</p> |  <p>COMPLETE</p> <p>5 HOURS SAVED</p> |
| <p>Enable Dietitians to Complete the Special Diet Form</p> | <p>Dietitians are now permitted to complete the Special Diet Form for Employment Support and Income Assistance recipients. Previously, only physicians could complete the form.</p> |  <p>COMPLETE</p> <p>MEASUREMENT UNDERWAY</p> |
| <p>Remove the Medical Report for Voluntary Adoption Placement</p> | <p>The requirement for the Medical Report for Voluntary Adoption Placement, which previously required completion by a physician, has been eliminated.</p> |  <p>COMPLETE</p> <p>MEASUREMENT UNDERWAY</p> |
| <p>Remove the Medical Report for Adoption Subsidy</p> | <p>The requirement for the Medical Report for Adoption Subsidy, which was previously required to be completed by a physician, has been eliminated.</p> |  <p>COMPLETE</p> <p>MEASUREMENT UNDERWAY</p> |
| <p>Introduce Auto-Fill Capabilities for Common Forms in the Electronic Medical Records</p> | <p>Auto-fill capabilities will be introduced for some specific and high-volume forms in the EMR system.</p> |  <p>IN PROGRESS</p> <p>MEASUREMENT PENDING</p> |
| <p>Eliminate Duplication of Test Results</p> | <p>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.</p> |  <p>IN PROGRESS</p> <p>MEASUREMENT PENDING</p> |


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.

 **IN PROGRESS**
MEASUREMENT PENDING


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

The short-term illness application form is being improved to make it simpler and faster 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 Anti-diabetic Agents, Direct Oral Anticoagulants and Chronic Obstructive Pulmonary Disease Therapy.

 **IN PROGRESS**
MEASUREMENT PENDING


Improve the Workers' Compensation Board's Primary Medical Form and Submission Process

Physician input has informed improvements to paperwork and processes that the Workers' Compensation Board uses for tracking and monitoring the medical needs and recovery plans of injured workers. The Primary Care Report (Form 8/10), which is completed more than 26,000 times a year by physicians, is also being added to the EMR.

 **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


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. This creates structure and organization in a space where it has been historically absent. It is anticipated that this model will be expanded to include most diagnostic imaging tests.

 **IN PROGRESS**
MEASUREMENT PENDING


Enable Healthcare Professionals 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 these regulations is underway to identify opportunities to ensure registered nurses and nurse practitioners are enabled to work within their full scopes of practice in long-term care facilities.

 **IN PROGRESS**
MEASUREMENT PENDING


Fully Digitize the Medical Certificate of Death

Vital Statistics is digitizing more of its forms. One the next forms to be digitized is the Medical Certificate of Death. This digitized certificate will allow physicians to complete and submit it electronically from anywhere, and replace the current fax-based system.

 **IN PROGRESS**
MEASUREMENT PENDING


Reducing Physician Red Tape in the Insurance Industry

Physicians report insurance forms as a primary source of burden. The most frequently completed form is the Short-Term Disability (STD) Form, filled out approximately 5,000 times per year by physicians. A standardized STD form has been developed, reviewed, and approved in collaboration with the Office of the Superintendent of Insurance and the Canadian Life and Health Insurance Association. This standardized form means 28 different forms have become one, which will be in the provincial EMR systems. Other forms, such as the Long Term Disability Form, will be standardized next.

 **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 healthcare professionals to complete capacity assessments.

 **IN PROGRESS**
MEASUREMENT PENDING

Creation of the Care Coordination Centre (C3) at the QE2 Hospital

Nova Scotia Health's C3 supports and facilitates the improvement of patient movement and care by providing a real-time view of system resources to support nurses, physicians, and decision-making at all levels. Patient flow, bed management and discharge planning, and staff scheduling have all improved because of this centre. More centres will open in all provincial health zones in early 2024, improving physician workflows and saving time across the Province.

 **IN PROGRESS**
MEASUREMENT PENDING

Improve Administrative Processes Within the Halifax Regional Municipality (HRM)


The HRM is currently reviewing public program applications and HR hiring requirements to understand where they interact with the healthcare system and what areas of red tape reduction can be investigated.

 **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

Note that hours saved are projected annual estimates based on completed initiatives and impact assessments that review time spent before and after the change. These numbers, in many cases, are then further validated by physicians themselves to ensure the hours reported are as accurate as can be.



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