

Patients Before Paperwork

September 2024



Office of Regulatory Affairs
and Service Effectiveness

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Partners

- Nova Scotia Health
- Doctors Nova Scotia
- Canadian Life and Health Insurance Association
- Office of the Superintendent of Insurance of Nova Scotia
- Department of Finance
- IWK
- Workers' Compensation Board
- Public Service Commission
- Department of Health & Wellness
- Department of Community Services
- Department of Seniors and Long-Term Care
- Service Nova Scotia
- Department of Public Works
- College of Physicians and Surgeons of Nova Scotia
- Halifax Regional Municipality
- Government of Canada
- Nova Scotia Federation of Municipalities

Red Tape Reduction Highlights

Physicians are spending too much time on work that they consider to be unnecessary administrative work, or 'red tape'. This work is often done after hours, between patients or on the weekend.

500,000+

number of hours doctors reported collectively spending on unnecessary administrative work in 2020.

63%

could be done by another health care professional

37%

doesn't need to be done at all



In response, we set a **target to reduce red tape** by

400,000

hours annually.

45+

actions are either completed or underway

282k

hours a year have been saved from actions fully implemented and measured as of **June 30th, 2024**

70%

towards meeting the 400,000 hours-saved target

Breaking Down 282,000 Hours Saved:



Letting Healthcare Professionals Work to their Full Potential:
128,360 hours saved



Embracing Technology:
33,160 hours saved



Reducing Paperwork:
93,860 hours saved



Improving Legislation & Bylaws:
17,110 hours saved



This includes **limiting the use of sick notes** by employers.



Updating Processes:
9,910 hours saved

What this work means

By reducing or even eliminating red tape, doctors get back time, which reduces stress, improves their work environment and work-life balance.

It also gives doctors more time to do what they do best - care for patients.

Letting healthcare professionals work to their full potential

Enabling healthcare professionals to do the work they are trained to do is a no-brainer. Too often, other health professionals are capable of alleviating pressures on physicians, but red tape prevents them from doing so. We're fixing that.

Expanding the 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.

Saves 62,620 hours annually

Empower Healthcare Professionals 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 had redirected some work from physicians to other healthcare professionals.

Saves 4,600 hours annually

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.

Saves 56,390 hours annually

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.

Saves 4,750 hours annually

Enable Dietitians to Complete the Special Diet Form

Dietitians are now permitted to complete the Special Diet Form for Employment Support and Income Assistance recipients. Previously, only physicians could complete the form.

Complete, measurement underway



Reducing paperwork

No physician trains to be a specialist in forms. According to them, paperwork is one of the leading causes of reduced productivity and the erosion of job fulfillment. We're tackling forms head-on, making them easier to understand and faster to complete, reducing the overall time physicians spend on paperwork.

Limiting 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.

Saves 67,760 hours annually

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.

Saves 19,200 hours annually

Improve Pharmacare Exception Status Drug Request Forms

Two high volume exception status drug forms are being improved for easier completion: Non-Insulin Anti-Diabetic Agents and Chronic Obstructive Pulmonary Disease Therapy. Direct Oral Anticoagulants were recently made full benefit and that form is no longer required, saving both time completing the form and the associated work managing the medication.

Saves 3,630 hours annually

Improve the Continuing Care Referral Form and Physician Order Form

Nova Scotia Health has combined their Referral and Order forms for Continuing Care clients and/or those being referred to Continuing Care. For the new, single form, the provider will complete only the sections required. For example, if there is no referral required (they are a current client of Continuing Care) the provider does not need to complete the referral section. The form is available in the EMRs and can be completed electronically, with auto-fill capability for patient demographic information.

Saves 1,200 hours annually

Reducing Physician Red Tape in the Insurance Industry

Physicians report insurance forms as a primary source of burden, including the Short-Term Disability (STD) Form (filled out approximately 5,000 times per year by physicians) and the Long-Term Disability (LTD).

Standardized STD and LTD forms has been developed, reviewed, and approved in collaboration with the Office of the Superintendent of Insurance and the Canadian Life and Health Insurance Association. These standardized forms mean that 56 different forms have become two and both have been added to the provincial EMR systems.

Changes to the insurance industry forms saves 750 hours annually.

Improve the Worker's Compensation Board (WCB) Form 8/10 and Submission Process

Physician input has informed improvements to paperwork and processes that the WCB uses for tracking and monitoring the medical needs and recovery plans of injured workers. The Primary and Emergency Care Report (formerly, Form 8/10), which physicians complete more than 25,000 times a year, has been added to the provincial EMRs.

Saves 700 hours annually

Remove requirement for the Disability Support Medical Form

The requirement for the Disability Support Medical Form to be completed by a physician has been removed.

Saves 290 hours annually

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.

Saves 200 hours annually

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.

Saves 100 hours annually

Remove the Medical Report for Adoption Subsidy

The requirement for the Medical Report for Adoption Subsidy, which was previously required to be completed by a physician, has been eliminated.

Saves 25 hours annually

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.

Saves 5 hours annually

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

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.

Complete, measurement pending

Work with Veterans Affairs Canada to Streamline Forms

Work with Veterans Affairs Canada to ensure that all forms are as straight forward and easy to complete as possible, as well as ensuring all medical professionals who are able to complete VAC forms, are allowed.

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

Embracing technology

Technology is an enabler. Embracing technology and its potential to improve the way our healthcare system functions is a vital if we want to move away from archaic systems and processes. We're taking steps to adopt tech in smart, innovative and strategic ways so that it amplifies the work health teams do to care for patients.

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.

Saves 30,900 hours annually

Enable the 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. As of the end of March, there has been an 84% reduction in unnecessary referrals.

Saves 1,930 hours annually

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 on-boarding to the SHARE platform, and which were previously the source of considerable delays in physicians gaining system access.

Saves 330 hours annually



Creation of the Care Coordination Centre (C3)

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 as a result.

Centres are now open in 46 sites across all provincial health zones, improving physician workflows and saving time across the province.

In progress, measurement pending

Improving the Exception Status Drug Request and Approval Process

We are improving the paper-based submission and approval of exception status drug requests using technology to streamline and simplify the process.

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



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

One Person, One Record

One Person One Record (OPOR) will replace or connect 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, login to at least five systems for a full picture of a patient's health information.

OPOR 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

Improving legislation & by-laws

Legislation and by-laws governing how doctors work are two levers that can dramatically change the way doctors spend their time, get licensed, and move from one jurisdiction to another. We've implemented simple, common-sense changes that allow some to work at their full scope of practice, and others to expand into new, meaningful territory.

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.

Saves 770 hours annually

Amend the Hospitals Act

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

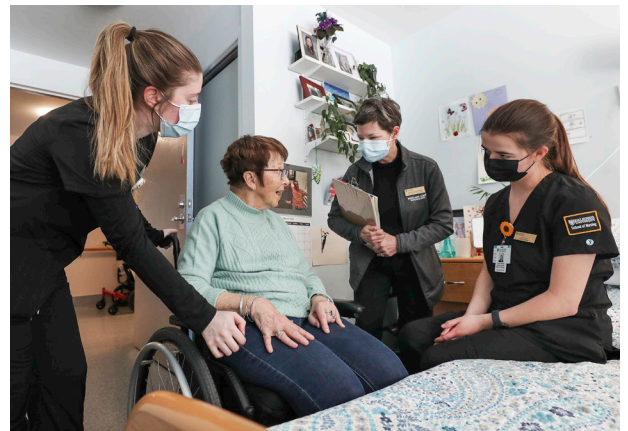
Saves 120 hours annually

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

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

Nova Scotia Health

Remove Hospital Co-Signing Directions

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.

Simplify Hiring and Intake

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.

Streamline Privileging and Credentialing

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

Allow Nurses to Sign Off on Vaccination Records

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.

*In total, these changes save
3,800 hours annually*

College of Physicians and Surgeons of Nova Scotia

Enable Virtual Meetings

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.

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.

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.

*In total, these changes save
12,420 hours annually*

Updating processes

Needlessly drawn-out processes stifle healthcare professionals' ability to provide care in a timely manner and create backlogs and bottlenecks. By making small changes to improve processes, physicians are getting big gains back in time.

Documentation Changes by Transitioning Alternative Payment Plans to Longitudinal Funding Plans

The move from Alternative Payment Plans to Longitudinal Funding Plans for family physicians has eliminated the need for family physicians to complete the Leave of Absence Summary, the Annual Activity Reports, and the associated documentation.

Saves 4,250 hours annually

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.

Saves 2,000 hours annually

Streamline the College of Physicians and Surgeons of Nova Scotia's 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.

Saves 1,180 hours annually

Simplify Credentialing at the IWK

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

Saves 780 hours annually

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.

Saves 770 hours annually

Streamline the Peer Review Process 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.

Saves 630 hours annually

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.

Saves 300 hours annually

Improve Administrative Processes Within the Halifax Regional Municipality



The HRM is reviewing public program applications and Human Resources 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

Stay tuned

We continue to work with our partners to measure the impact of the burden reduction actions and will report on hours saved in progress reports throughout 2024.

Keep up to date with the physician red tape reduction work by visiting www.novascotia.ca/regulatoryopportunity.

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

