

# Alleviating the Healthcare Crisis Through Efficient Use of Human Resources

## POLICY

Where possible and practical, increase the number of or allow qualified healthcare professionals to deliver services that may otherwise only be provided by family physicians in order to free up available family physician hours to service other patients.

Increase the number of Registered Nurse First-Assists (RNFAs) in operating rooms (ORs) to reduce the need to have general practitioners (GPs) providing first-assist services.

Increase the use of Nurse Practitioners (NPs) in emergency rooms (ERs) to increase efficiencies and help reduce the number of non-emergency patients to be seen by the ER Physician.

Allow pharmacists to bill through the healthcare system for those medical services that they are qualified to provide and that are normally provided by doctors. Furthermore, allow pharmacists to bill through insurance tickets in the same manner prescribed in the Atlantica Party policy paper entitled "[Alleviating the Healthcare Crisis Through Positive Incentives](#)".

Create a Community Paramedicine Program for rural and remote communities where emergency services are far away, similar to the British Columbia Emergency Services program for paramedicine.<sup>1</sup>

## Background

There is a healthcare crisis in Nova Scotia. One of the biggest issues is that there aren't enough doctors, or reframing that, physician availability (in terms of doctor hours) is far lower than demand. This policy is designed to increase the number of doctor hours available for seeing patients. 86% of Nova Scotians are concerned about this issue.<sup>2</sup>

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<sup>1</sup> <http://www.bcehs.ca/our-services/programs-services/community-paramedicine>

<sup>2</sup>

<https://www.thechronicleherald.ca/news/local/nova-scotians-increasingly-worried-about-health-care-access-poll-293154/>

## **Atlantica Party Policy Paper: Alleviating the Healthcare Crisis Through Efficient Use of Human Resources**

The basic principle at work in this policy paper is to increase the efficient use of available human resources and thus increase the number of doctor hours available for patient care. This can also be viewed as role reassignments for tasks that GPs currently perform, but that could be performed more efficiently by other healthcare professionals.

### **NPs and RNFAs**

Family physicians are more expensive resources than NPs or RNFAs. By replacing doctors with NPs or RNFAs wherever possible and practical, more doctor hours are freed up to service their patients in their clinics.

Expanding on the concept of increasing physician availability (doctor hours), some solutions may include expanding on the Liberal's plan to institute Registered Nurse First-Assist (RNFA) in the operating room (OR).

In the current model surgeons who require assistance in surgeries employ GPs (who would/could otherwise be seeing patients in their practice/clinic). Nova Scotia is behind the times on this policy as RNs have been filling this role in a number of provinces as well as the United States for a number of years. (For example, while RNFAs are used in the Cape Breton Regional Hospital, their budget comes out of the Orthopedic Surgery Department budget with no guarantees of long term funding. This is a poor infrastructure funding model.) The benefits from this are obvious, as the rate of pay for RNs is significantly less than paying a physician to perform the same task.

Other benefits that are more focused within the OR include utilising professionals who, through being present for most of these surgeries, are familiar with the procedures and the individual preferences of the surgeon.

While we have no numbers on exactly how this would result in cost reductions, it's obvious that costs would be reduced and that physician availability would increase (more doctor hours).

### **Pharmacists**

Pharmacists are well qualified to deliver some healthcare services that are otherwise provided by family physicians. However, at the moment they are not included in the healthcare system for billing. Allowing pharmacists to bill for those same services normally delivered by GPs would free up doctor hours to serve other patients. Further, pharmacist intervention offers the advantage of timely access to healthcare for patients.

One way that patient outcomes could improve while the Province could save money is through the Pharmacist Association of Nova Scotia's (PANS) proposal to adopt strategies detailed in

**Atlantica Party Policy Paper: Alleviating the Healthcare Crisis Through Efficient Use of Human Resources**

“Cost-effectiveness of pharmacist care for managing hypertension in Canada”.<sup>3</sup> Based on that study, the Canadian Pharmacists Association has published “IMPROVING HEALTH AND LOWERING COSTS: Benefits of pharmacist care in hypertension in Nova Scotia”.<sup>4</sup> That report details how the Nova Scotia healthcare system could save about \$16.7 million per year, which represents about 0.4% of the current healthcare budget.

For that one single service, treating hypertension, including pharmacist intervention could save over \$6,000 per patient over their lifetime.

**Results:** For a systolic blood pressure reduction of 18.3 mmHg, the estimated impact is 0.21 fewer cardiovascular events per person and, discounted at 5% per year, 0.3 additional life-years, 0.4 additional quality-adjusted life-years and \$6,364 cost savings over a lifetime. Thus, the intervention is economically dominant, being both more effective and cost-saving relative to usual care.<sup>5</sup>

And that’s just one single service that pharmacists can provide. There are many more.

Keep in mind that the healthcare budget represents 40.2%<sup>6</sup> of the total budget so these savings represent about 1% of the total healthcare budget.

That’s a lot of money.

That’s an additional 1% of patients that can receive the healthcare that they need and that they have already paid for through taxation!

However, there are concerns regarding some medications that should be provided by pharmacists in conjunction with a GP or specialist. Pharmacists can prescribe long-term medication such as asthma or heart medications that are required for maintaining a person’s health, but opioids and some other dangerous medications need to be restricted. The Atlantica Party supports the medical community in determining what medications should be restricted to only being prescribed in conjunction with a GP or specialist.

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<sup>3</sup> A link to the full study and other materials can be found here: <http://pans.ns.ca/bpstudy>. The peer-reviewed study is published in the Canadian Pharmacists Journal here:

<https://journals.sagepub.com/doi/full/10.1177/1715163517701109>

<sup>4</sup> A link to the report is available at <http://pans.ns.ca/bpstudy>. The report itself is available at [http://pans.ns.ca/sites/default/files/benefits\\_of\\_pharmacist\\_care\\_in\\_hypertension\\_ns.pdf](http://pans.ns.ca/sites/default/files/benefits_of_pharmacist_care_in_hypertension_ns.pdf).

<sup>5</sup>

[http://pans.ns.ca/sites/default/files/cpj\\_cost-effectiveness\\_of\\_pharmacist\\_care\\_for\\_managing\\_hypertension.pdf](http://pans.ns.ca/sites/default/files/cpj_cost-effectiveness_of_pharmacist_care_for_managing_hypertension.pdf)

<sup>6</sup> See page 47 of

<https://beta.novascotia.ca/sites/default/files/documents/6-1293/ftb-bfi-035-en-budget-2018-2019.pdf>.

## Community Paramedicine

In remote and rural communities, it is impractical to offer emergency services that are as fast as many people would like them to be. As such, it makes more sense to instead create a community paramedicine program and hire more paramedics and build light supporting infrastructure for them in strategic locations. These paramedics could help provide supporting medical services and preventative care with the aim to keep people healthy and avoid the need for 911 calls for emergency services (ambulances) and hospitalisation. In British Columbia these paramedical services have seen a reduction in the need for emergency services by about 40%.<sup>7</sup>

According to Allison Bodnar, CEO of the Pharmacy Association of Nova Scotia (PANS), Nova Scotia has an aging population with the number of people over 85 predicted to triple in 20 years.

We expect the population over the age of 85 to triple in the next 20 years and that's going to have huge ramifications unless we restructure and we start providing services in the most cost-effective way that we possibly can, and also, quite frankly, dealing with health-care issues before they're issues at all.<sup>8</sup>

Assisting this aging population through community paramedicine could significantly decrease the number of 911 calls. The British Columbia community paramedicine program specifically cites aging populations as a primary concern.

Community paramedicine in BC is intended primarily for older patients living with chronic conditions such as heart failure, chronic obstructive pulmonary disease (COPD), and diabetes, or who are at risk of falls.<sup>9</sup>

The [British Columbia Community Paramedicine program](#) has been successfully rolled out and could provide a template to localise and reproduce the program here in Nova Scotia.

## SUMMARY: The Benefits Accrue, Compound, and Synergize

In addition to freeing up doctors to serve their patients more, there are other benefits and indeed great financial incentives for both healthcare professionals and the Province of Nova Scotia.

The above recommendations outline a common sense path to greater employment opportunities and greater choice for patients in how they receive their healthcare.

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<sup>7</sup> Conversations That Matter, with Stuart McNish: The Lifesaving Benefits of Community Paramedicine (w/ Nancy Kotani, BC Emergency Health Services) <https://youtu.be/C1BARD6-iQc?t=311> (queued for playback)

<sup>8</sup>

<https://www.thechronicleherald.ca/news/local/nova-scotians-increasingly-worried-about-health-care-access-poll-293154/>

<sup>9</sup> <http://www.bcehs.ca/health-professionals/health-care-providers/community-paramedicine>

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At no point is anyone disadvantaged, and at no point is anyone losing anything. At every stage everyone wins.

- Healthcare professionals win by being able to service patients in their professional capacity
- Patients have greater and faster healthcare options
- Faster access to healthcare means improved health outcomes for patients with far less need to access emergency 911 services
- Fewer 911 calls mean less hospital congestion, reduced costs, and improved health outcomes for patients
- Better patient outcomes means lower costs for the Province
- Cheaper healthcare for the Province means more resources available for healthcare or perhaps other social services or infrastructure
- Better infrastructure and social services means a higher quality of life for all Nova Scotians

These are straightforward common sense proposals.

Our healthcare system has degenerated into not merely a crisis, but if the current mismanagement continues, we will be looking at a collapse.

Should Nova Scotians not receive what they have already paid for in a timely manner?

Should we not allow additional healthcare professionals to provide medical services that they are well qualified to provide? 89% of people agree that we should.<sup>10</sup>

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