

Proposed Universal Physician Privileging

On April 1, 2015 Nova Scotia's nine current district health authorities (DHAs) will be consolidated into the new Nova Scotia Health Authority, partnering with the IWK Health Centre (IWK) to act and care as one for Nova Scotians.

Dr. Lynne Harrigan and Dr. Steven Soroka, Medical Clinical Governance Co-leads for the DHA Transition & Design Team have led the planning related to the Medical Staff Structure for the Nova Scotia Health Authority and other matters affecting physicians, including the development of draft provincial Medical Staff Bylaws, planning for provincial approaches to performance management, privileging/credentialing and more. This work has involved planning related to the proposed universal privileging of physicians.

Quality and safety are the foundation of the proposed bylaws and would ensure the Nova Scotia Health Authority, and IWK are striving to provide safe, quality care and services. Since physicians are generally not regarded as employees, the proposed bylaws would define the relationship between medical staff and the Nova Scotia Health Authority or IWK, including the responsibilities that come with being privileged. Specifically the bylaws would serve to:

- define the responsibility for provision of services to patients and to the health authority/IWK;
- outline the process for credentialing/privileging for physicians/dentists;
- outline the disciplinary process for physicians/dentists;
- define the medical staff administrative structure and outline medical staff classification

The draft bylaws will be submitted to the Minister of Health and Wellness for review and approval. More information on the Nova Scotia Health Authority medical staff structure and draft bylaws can be found at: <http://novascotia.ca/dhw/PeopleCentredHealthCare/medical-staff-structure.asp>

Universal Privileging

Traditionally, bylaws have been hospital or facility-based and have had little or no relevance to community-based physicians. The draft bylaws proposed would be health authority-based and would have relevance for all physicians practicing in the province. Under the proposed bylaws, any physician utilizing Nova Scotia Health Authority services (including Laboratory and Diagnostic Imaging Services) would have to be privileged, regardless of whether they deliver hospital/facility-based services or community-based services.

Since the advent of the Cochrane Report from British Columbia, there is a public expectation that health authorities monitor and assess the competence of their staff, including physicians practicing within their boundaries and connected to their services. Universal privileging would support quality, safety, coordination, and accountability; making the Nova Scotia Health Authority responsible for the quality of care offered under its umbrella.

What is the current situation with privileging in Nova Scotia?

The majority of physicians (roughly 92 per cent) currently practicing in Nova Scotia hold privileges with either a health authority or the IWK. These privileges allow them to admit patients, deliver services/offer procedures (e.g. Emergency Medicine, Cardiology, Radiology, Pathology, Psychiatry, Surgery etc.) through the health authority or authorities with which they hold privileges.

Historically, privileging has primarily involved hospital-based physicians and those physicians delivering services in conjunctions with health authorities (e.g. Geriatric Services, Mental Health & Addictions etc). While many community physicians (e.g. family physicians and psychiatrists) have operated without a privileging relationship, they commonly utilize health authority services such as laboratory testing and diagnostic imaging.

Of the more than 2600 physicians registered with the College of Physicians and Surgeons of Nova Scotia, approximately 200 do not currently hold active privileges. The majority of these physicians are general practitioners and most (roughly 90 per cent of unprivileged physicians) are practicing within the boundaries of Capital Health. The Colchester East Hants, South West Nova and South Shore health authorities also have small pockets of physicians practicing without privileges.

Do any of the current health authorities or other jurisdictions require universal privileging?

The Cape Breton District Health Authority's medical staff bylaws require physicians practicing within their geographic boundaries to hold privileges, regardless of whether they are providing community or hospital/facility-based services. Moving to universal privileging would result in a consistent provincial approach.

New Brunswick, Prince Edward Island and Saskatchewan currently require all practicing physicians who utilize the resources of a health authority (e.g. laboratory and diagnostic imaging services) to be privileged with that authority.

What would universal privileging mean for physicians now practicing without privileges? What changes could they expect? Would they be grandfathered?

All physicians currently practicing without privileges with a health authority would become privileged under the proposed Medical Staff Bylaws. Unless they requested otherwise (e.g. apply for specific hospital privileges) they would fall under the category of *Active Without Admitting Privileges –Community Based*.

Physicians who are currently non-privileged, could expect to begin participating in regular performance reviews and more comprehensive reviews every three years at the time of re-privileging. They could expect to have a strong connection with their zone leadership (e.g. department head), which would provide greater opportunities to offer feedback into planning and matters that affect them in their practice. They might also be asked to support their department in attending meetings, teaching, etc.

On April 1st these physicians would continue with their current practice profiles, as before. In time, as additional provincial health services and physician resource planning occurs, there may be some expectation of an evolving role for these physicians which would be completed through consultations involving the Nova Scotia Health Authority, the IWK, Doctors Nova Scotia and physicians.

Would all physicians be required to participate in performance management reviews?

To help support ongoing quality improvement, performance management reviews would be mandatory for all physicians. While processes are already defined for hospital/facility-based physicians, it is recognized that these are not relevant to community-based family practitioners. The proposed bylaws would allow two years for an appropriate process to be developed for these evaluations.

What would applying for privileges involve and would there be a cost and deadline?

On April 1st, all physicians without privileges would automatically be privileged in the Nova Scotia Health Authority under the privileging category *Active Without Admitting Privileges – Community Based*. Over the next year they would need to complete a brief and straightforward application and submit it through a centralized intake point for processing. There would be no cost associated with this process. Physicians would receive written verification of their privileging. The Nova Scotia Health Authority and the IWK would work with the College of Physicians and Surgeons to ensure their requirements are aligned and to avoid duplication.

What would universal privileging mean for new physicians starting a practice in the province?

The Nova Scotia Health Authority and IWK would seek to align physician resources with facility and community-based needs and would work with new general practitioners and specialists to identify available opportunities. This might include defining communities of work and conditions related to on-call expectations, etc.

How can I learn more about this topic?

The Nova Scotia Health Authority is committed to providing ongoing opportunities for physicians to connect with zone executive directors and other leaders. Please watch for sessions in your community. More information on the medical staff structure and draft bylaws can also be found at: <http://novascotia.ca/dhw/PeopleCentredHealthCare/medical-staff-structure.asp>

Questions or comments? Please email: Health-Transition@novascotia.ca