



Healthcare

INTRODUCTION:

Nova Scotians United (NSU) estimates that the management of the Nova Scotian healthcare system costs between \$1.5B and \$2B per annum. It's foreseen that a hybrid healthcare system (private in addition to public) would significantly reduce this cost. This will also remove the burdens associated with expanding the system as it will fall onto private enterprises.

The NSU ideology is that the government is not qualified nor has the right to dictate your choice in healthcare providers. We propose a system that would provide for the basic cost of services while allowing citizens to take this money and spend it on any provider they choose.

Currently the federal government limits how we administer our healthcare through the Canadian Health Act. If Nova Scotians disregard this act in our administration of healthcare the federal government will refuse to send us their financial contribution to our healthcare burden. The province has the right and is obliged to enact its own laws when the outcome affects the people of Nova Scotia. This is particularly important in regards to how we administer our healthcare.

FACTS:

- Healthcare accounts for roughly 30% of the Nova Scotian budget.
- 14% (132,000) Nova Scotians don't have a family doctor.
- Doctors in Nova Scotia aside from those with certain contracts have no sick days, benefits or pensions.
- There has been a shortage of doctors and nurses in Nova Scotia since the 1950's, and it is getting worse ever since.
- The average age of a physician in Nova Scotia is 59, which means, the average physician in nova scotia would retire in 6 years.
- There are too few medicine and nursing graduates in Nova Scotia while the population of Nova Scotia has been the second fastest growing (among provinces, after New Brunswick) for the last 3 years.
- Some practitioners in Nova Scotia are forced to work shifts of up to 26 hours. [4]

- The average base salary of a physician in NS is \$230,125
- The average base salary of a nurse in NS is \$86,137
- 7500 Nova Scotians are in long term care (LTC), the province spends \$57M on LTC per annum. [3]
- There is a shortage of beds in LTC facilities. Residents have been displaced to our hospitals, filling beds that would otherwise be used for patients. The trickle down from this affects every level at the hospital including wait times in the emergency room. This results in sending patients home and or extended stays in the waiting room.
- The long-term residents with extended stays in the hospital during the shortages receive less than ideal care. This goes for the emergency patients of the hospitals as well.
- People without family physicians end up going to the emergency rooms to talk to doctors for non-emergency reasons which causes bottlenecks and adds to a longer emergency room wait time.
- The current CEO of Health and Wellness has no background or experience in healthcare. In typical businesses a good CEO can go from one product or business to another with little difficulty. Running a hospital is quite different. When writing policy or if you require something from a healthcare professional it's extremely beneficial to know what they will have to go through in order to complete the task and take everything into consideration.
- Doctors on average would prefer better quality of life changes vs more money.
- Doctors want the freedom to practice their profession and not be told how to do their job by administrators.
- Doctors want to be free to speak their minds and not be censored by the college.
- 25% of our doctors are over 60 in Nova Scotia. 23% of specialists fall into the same age group.
- Our administration costs are three to ten times the cost for other countries.
- Our current healthcare system does not integrate holistic and allopathic treatments.
- The federal government has changed the corporate tax rules; if a doctor incorporates and leaves any money in the corporation towards retirement 70% would go to the government in tax. This is a big disincentive; some doctors decline to work more because they are taxed too heavily for it to make sense.
- Many nurses are owed back pay from when the McNeil government made changes to their job contract by adding job requirements and adjusting the salary to match. The nurses took on the extra work for many years without receiving the pay increase.
- Nurses are now spending more time on unnecessary paperwork than they are able to spend with patients. Most of this paperwork is never looked at or referred to again, frustrating the nurses who undertook this career for their passion to help people not administration work.
- Nova Scotia Public Health (more Info to come.)

OBJECTIVES:

1. Allow private healthcare in Nova Scotia in addition to the public healthcare system (hybrid model).
 - a. Cover treatments in the private system up to the amounts currently covered in the existing public healthcare system (similar as in Germany).
2. Restructure NS Health and Wellness and Nova Scotia Health Authority.

3. Replace the current CEO of health and wellness.
4. Shut down Nova Scotia Public Health.
5. Lobby the medical insurance companies for more holistic practices and preventative health measures to be included in their plans.
6. Incorporate holistic solutions alongside allopathic ones, in order to ensure that patients are looked after as individuals and given the best available options for treatment.
7. Accelerate the process of licensing foreign (immigrant) doctors in Nova Scotia, the same way we've already done with engineers.
8. Create a patients Bill of Rights
9. Significantly increase the budget for Long Term Care
 - a. Create a committee to determine how many more beds, facilities, and staff are required to solve this shortage.
 - b. The committee will be responsible to identify the necessary adaptations to improve the living conditions of LTC residents.
 - c. Allow LTC residents to opt into sharing rooms.
10. Remove the quarterly insurance taxes under the Insurance Premiums Tax Act
11. Allow the unvaccinated healthcare workers to return to work.
 - a. Return their seniority.
 - b. Allow these workers to opt into being moved from their original departments.
12. Significantly reduce the unnecessary paperwork required of our healthcare practitioners by up to 60%.
 - a. Form a committee of healthcare professionals to decide what paperwork is relevant to administering proper care to patients.

Closing Statement:

The NSU plan is significantly different from our current system. We plan to mimic the German system as it's considered the very best in the world.

NSU will do everything we can to ensure Nova Scotians have the very best healthcare system. This plan will attract more healthcare practitioners into our province, allowing us to resolve the shortage of healthcare personnel and offer more efficient treatment for every Nova Scotian. The NSU plan will ultimately shorten wait times, offer choice and competition amongst providers. It will also encourage practitioners to offer the best customer service, and relieve our dependence on the federal government in the end saving Nova Scotians a lot of money and heartache.

Finally, to address Nova Scotians dependence on federal payments. Our plan will be implemented by addressing other areas of policy on top of the changes to healthcare. Nova Scotians needs a more comprehensive approach to organically defeating this burden. For example, we will start to collect our own taxes as Quebec does rather than the Federal Government on our behalf. We will give them their payments vs the other way around. NSU will create an economy that does not rely on the federal government for handouts.

References:

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[2] [chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://beta.novascotia.ca/sites/default/files/documents/6-3059/ftb-bfi-044-en-budget-2022-2023.pdf](https://beta.novascotia.ca/sites/default/files/documents/6-3059/ftb-bfi-044-en-budget-2022-2023.pdf)

[3] <https://www.cbc.ca/news/canada/nova-scotia/n-s-to-spend-57m-to-add-staff-and-beds-to-long-term-care-1.6277632#:~:text=Nova%20Scotia's%20PC%20government%20has%20laid%20out%20a%20plan%20to,and%20long%2Dstanding%20staff%20shortages.>

[4] [https://www.maritimeresidentdoctors.ca/starting-residency/working-as-a-resident/collective-agreement/periods-of-duty#:~:text=17.00%20\(b\)%20No%20resident%20shall,block%20or%20a%20calendar%20month](https://www.maritimeresidentdoctors.ca/starting-residency/working-as-a-resident/collective-agreement/periods-of-duty#:~:text=17.00%20(b)%20No%20resident%20shall,block%20or%20a%20calendar%20month)