

Practice Stabilization Guidelines

Process and Resources for Physician Departure or Primary Care Practice Closure

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Context

A critical aim of Nova Scotia Health's Primary Health Care strategy is to increase patients' access and attachment to comprehensive team-based care within a Health Home. A proactive approach to building knowledge of providers' plans is critical to ensuring care continuity. When notification of provider departure or primary care practice closure is received, Department Heads and Primary Health Care Zone Directors have the responsibility to work with providers, primary health care practices, and partners (within and external to the organization) to develop a stabilization plan to ensure care continuity and prevent patients from joining the Need a Family Practice Registry.

These guidelines were created for:

- Department of Family Practice and Department Heads
- Primary Health Care Zone Leadership (i.e., Directors, Health Services Managers/Leads) and Teams
- Zone Medical Advisory Committees and Zone Medical Executive Directors (ZMEDs)
- Medical Affairs
- PHC-CDM Network (i.e., Communications, Need a Family Practice Registry)

These guidelines were designed to:

- Establish a unified approach (i.e., guiding principles) for Nova Scotia Health to manage provider departures and practice closures across all primary care settings, including NSH turnkey, co-led, and independent practices.
- Improve understanding of roles and responsibilities of individuals and groups involved in the practice stabilization process to improve collaboration and the support given to providers, patients, and practices.
- Outline the essential, high-level steps for practice stabilization and provide resources to support the process.

These guidelines are expected to be used with existing Standard Operating Procedures (SOPs). For **physician departure**, the [MD Replacement](#) and [Physician Recruitment](#) SOPs are key resources. Relevant professional standards, guidelines, and legislation must be taken into consideration throughout the development and implementation of a stabilization plan. The *Resources and Supports* section includes content from: the College of Physicians and Surgeons of Nova Scotia (CPSNS), Department of Health and Wellness - Physician Services, Doctors Nova Scotia, and the Canadian Medical Protective Association. Please contact PHCPracticeSupport@nshealth.ca to recommend additional resources to include.

Practice Stabilization Guidelines

Practice Stabilization requires efficient and coordinated collaboration among groups within Nova Scotia Health. To support a unified approach, the following guiding principles should be used as a foundation for managing provider departures or practice closures.

Practice Stabilization Guiding Principles

- **Planned management of Health Homes:** Nova Scotia Health fosters a stable health care environment for patients, providers, and practices. Regular communication with practices and routine assessment are key to addressing challenges / needs early (see Appendix A for definitions of planned, proactive, and responsive stabilization).
- **Maintain connections to a Health Home:** Nova Scotia Health supports practices to maintain the departing physician's panel (i.e., interim coverage or transfer patients). If this is not an option, patients may be transferred to a Health Home in the area in which they live or as a last resort, be added to the Need a Family Practice Registry to ensure patients have the option to access VirtualCareNS and in-person care at Nova Scotia Health primary care clinics.
- **Effective Co-Leadership:** Operational and clinical co-leadership is essential for supporting both departing and incoming providers, as well as Health Homes during transitions. Meaningful collaboration and clear accountabilities are critical for successful hand-offs of patient panels.

Practice Stabilization Process

These guidelines include the **high-level steps** to follow when stabilization is required in **response to notification** of provider departure or practice closure (responsive stabilization). Awareness of provider departure may be gained through multiple people/channels, highlighting the importance of regular communication among Nova Scotia Health team members involved in physician resource management. Below is an overview of the practice stabilization process that begins once formal or informal notification is received.

1. Identification of Stabilization Need
2. Initial Stabilization Planning Meeting
3. Develop Stabilization Plan and Request Replacement
4. Initiate Provider Replacement Process
5. Implement and Monitor Stabilization Plan

Information about each step is on the following page including key activities, roles and responsibilities, and links to resources. All resources referenced are also included in the *Resources and Supports* section. Accountabilities of the individual or group involved in the process are detailed in Appendix B. To ensure no patient is left behind in the transition of providers throughout the stabilization process, tracking progress, documenting discussions, and collecting data to support regular reporting are important practices to follow. To support documentation, a [Stabilization Tracker](#) has been developed in Smartsheet. Tracker information is in Appendix C.

Practice Stabilization Process

Step 1. Identification of Stabilization Need

The Department Head (Dept Head) and the Primary Health Care Zone Director (Zone Director), as the co-lead for Family Practice in the Zone, have the responsibility to work with providers, primary health care practices, and partners to initiate practice stabilization.

- When Nova Scotia Health team members first become aware of a provider departure, they will promptly notify the Dept Head or Zone Director.
 - When patients join the NFPR and select the reason “My Primary Care Provider has retired, moved or closed their practice” or “My Primary Care Provider is retiring, moving or closing their practice”, the NFPR team will search the Stabilization Tracker to verify that the stabilization process is underway for the physician/practice. If this cannot be verified, the NFPR team will notify the Zone Director.
- The Dept Head or delegate will direct the physician to the *Physician Information and Wellness Portal* where the [Physician Departure Form](#) and related information/forms are located. The physician will submit the form to the Dept Head ([MD Replacement SOP](#), 2.1).
- **Tracking:** Include in the [Stabilization Tracker](#): First notification of provider departure (date and source), formal notification of provider departure (date), provider and practice details, status of stabilization plan (status ranges from ‘Not Started’ to ‘Implemented and Monitoring’).

Step 2. Initial Stabilization Planning Meeting

Within 5-10 business days of receiving the [Physician Departure Form](#), the Dept Head or designate (Community Health Network Lead Physician) will lead the initial stabilization planning meeting with the departing physician ([MD Replacement SOP](#), 2.2). The Zone Director will participate in the planning meeting to foster a team-based approach to stabilization from the outset.

- The [Dept Head meeting script \(in development\)](#) will be used as a guide to ensure details are captured and standard information is shared with physicians.
- During the discussion, the Dept Head or delegate will:
 - Offer resources, supports and opportunities that could help the physician continue to practice or contribute to the health system in other ways.
 - Explain the **requirement** to work with Nova Scotia Health communications to prepare patient letters using a standard approach, i.e., [letter templates](#) (Appendix D).
- After the meeting, the Dept Head or delegate will:
 - Provide the physician with the [Practice Information Form](#) if recruitment for a replacement provider is required, the link to the [NSH Physician Exit Survey](#) ([MD Replacement SOP](#), 2.3-2.4), and other resources/referrals based on the discussion.
 - Ask the communications team to contact the physician.
 - Notify the Physician Recruitment Consultant of the situation.
- **Tracking:** Include in the [Stabilization Tracker](#): Provider departure details (e.g., reason for departure, provider coverage scenario), number of patients requiring stabilization (indicator), status of stabilization plan, progress.

Practice Stabilization Process

Step 3. Develop Stabilization Plan and Request Replacement

Within 7 days of meeting with the departing physician, the Dept Head and Zone Director will begin development of the stabilization plan. Planning and engagement of the departing physician may be delegated to the Network Lead and Health Service Manager and/or Medical Affairs Lead.

- The [Stabilization Planning Guide \(in development\)](#) will be used to develop the plan. If consensus is not achieved and/or planning identifies risks that require mitigation, the Dept Head and Zone Director will notify the VP/Medical Executive Director of potential issue management.
- The [Practice Information Form](#) will be completed by the Physician, Physician's clinic, or Primary Health Care Coordinator and sent to the Dept Head. The Dept Head or delegate will share the completed form with the Physician Recruitment Consultant so they can begin planning for recruitment once the position is approved for replacement ([MD Replacement SOP](#), 2.4 - 2.6). The form will also be shared with the team involved in planning.
- Nova Scotia Health communications will work with the physician/practice to prepare patient letters notifying them of the upcoming departure and plan for continuity of care. The [letter templates](#) are tailored to the provider coverage scenario and stabilization plan. Nova Scotia Health can assist with emailing/sending letters to patients, aligned with the commitment of reducing administrative burden/red tape for providers.
- The Dept Head or delegate submits the [MD Replacement Form](#) and letter of justification form to ZMED for approval. Refer to [MD Replacement SOP](#) for details.
- **Tracking:** Include in the [Stabilization Tracker](#): Stabilization plan actions, status of stabilization plan, progress.

Step 4. Initiate Provider Replacement Process

- The Health Services Manager/Lead will meet with the physician and practice to determine next steps, including how to remove recruitment barriers (e.g., convert paper charts to EMR).
- Once MD replacement is approved, refer to the [Physician Recruitment SOP](#).
- **Tracking:** Include in the [Stabilization Tracker](#): Status of stabilization plan, progress.

Step 5. Implement and Monitor Stabilization Plan

- Patients will be updated on attachment or coverage options developed through the Stabilization Plan as needed. Refer to [patient letter templates](#).
- The stabilization plan will be activated, and progress will be monitored on a monthly cadence to ensure plan is executed as agreed. Teams/practices will debrief to discuss lessons learned.
- **Tracking:** Include in the [Stabilization Tracker](#): Status of stabilization plan, Replacement provider details, Number of patients stabilized (indicator), progress.

Resources and Supports

Nova Scotia Health Teams/Groups

Practices seeking stabilization support may benefit from reaching out to these internal teams.

- **The Physician Recruitment Team** can assist with developing a practice profile and ensuring the vacancy is posted and considered with incoming candidates. Medical Affairs Leads can assist in conversations with the clinic, help understand funding models, and help obtain locum funding if an interested locum comes forward. More information can be found at [Physician Recruitment and Retention | Information and Wellness Portal](#).
- **The Interprofessional Practice and Learning team** can help identify other team members which can help with patient care; they also provide clinical supports for NPs, FPNs, and LPNs including learning needs assessments, training, and regular check points. Nova Scotia Health NP IPPL supports can be found at [Nurse Practitioner Onboarding and Resources | Nova Scotia Health Innovation Hub \(nshealth.ca\)](#).
- **Primary Health Care Practice Facilitators** are Primary Health Care Coordinators who focus on practice facilitation and quality improvement. They provide tailored practice-level support to build capacity within primary health care teams by facilitating evidence-based changes to improve patient outcomes and clinical processes. Practice Facilitators can also support building a stabilized, accurate panel by helping the provider and practice team establish workflows and EMR processes. If a practice is seeking support and they are not already connected to a Practice Facilitator, contact PHCPracticeSupport@nshealth.ca.

Tools

- [Stabilization Tracker Smartsheet](#)
- [Patient Letters - Support and Templates](#)
- Department Head Meeting Script for Initial Stabilization Planning Meeting (in development)
- Stabilization Planning Guide (in development)

Standard Operating Procedures

- [MD Replacement](#)
- [Physician Recruitment](#)

Relevant Professional Standards & Guidelines by Organization

Organization	Standards and/or Guidelines
Doctors Nova Scotia	<ul style="list-style-type: none"> • Succession planning (TIP-TOP) • A Guide to Closing Your Medical Practice (pdf) / video
College of Physicians & Surgeons of Nova Scotia	<ul style="list-style-type: none"> • Reducing the Size of a Medical Practice • Temporarily or Permanently Closing a Medical Practice • Closing your Practice
Canadian Medical Protective Association	<ul style="list-style-type: none"> • Closing or Leaving a Practice: Tips for Physicians • How to manage your medical records
NSH-PHC Clinical Network	<ul style="list-style-type: none"> • Patient Onboarding Guidelines

Appendices

Appendix A: Definitions

Health Homes: A Health Home is the model for primary care in Nova Scotia. A Health Home offers accessible, comprehensive, patient-centered care by a team of healthcare providers. It is the place where most of a person's health care is delivered and coordinated.

Health Neighbourhood: The Health Neighbourhood is the network of services and supports where healthcare providers and non-medical community-based groups work together to deliver and coordinate care for the individuals in that area. A Health Neighbourhood provides access to the additional services and supports beyond the Health Home.

Need a Family Practice Registry – Stabilizing Category: Category used when the reason for registering is “My Primary Care Provider is retiring, moving or closing their practice.” Patients are asked to select this reason when their provider is departing and there will be a gap in provider coverage, either temporary or longer term ([Patient Letter Templates](#)). Registrants in this category have access to VirtualCareNS and in-person care at NSH primary care clinics.

Provider: Family physician or nurse practitioner.

Stabilization: The activities that occur to ensure access and continuity of care for patients.

- **Planned stabilization:** Practice changes that are planned to address challenges/needs following assessment. This would apply to practices that receive business case investments.
- **Proactive stabilization:** Supports that are offered proactively to address challenges that if not resolved could lead to provider departure or practice closure.
- **Responsive stabilization:** Practice changes that are required in response to provider departure, service reduction or practice closure and could not be prevented using proactive or planned measures.

Stabilization indicator: In a reporting period (month) the number of patients requiring stabilization / number stabilized as a percent and count. Indicator was refreshed in November 2024 to reflect the mandate to ensure practices are supported to maintain patient panels. Previously, the indicator captured the number of patients prevented from being placed on the NFPR as a result of PHC Transformation business case investments.

Appendix B: Overview of Roles and Responsibilities

The practice stabilization process outlines roles and responsibilities for each step. Key accountabilities for individuals or groups are summarized, with details on roles provided in the [Physician Leadership Directory](#) by zone (e.g., Zone Executive Medical Directors).

- **Physician:** Responsible for notifying Nova Scotia Health of their planned departure / practice closure per Doctors Nova Scotia's [Closing a Practice Guide](#) at least 3 months in advance (current timeline, changing to 6). The physician is engaged in the development and implementation of the stabilization plan, as deemed appropriate by the Department Head and/or Zone Director.
- **Department Head (Dept Head), Department of Family Practice:** The Dept Head collaborates with providers, practices and partners to maintain patient care and prevent NFPR enrollment. Upon notification of a provider's departure, they coordinate resources (e.g., Communications, Medical Affairs) for a prompt, efficient response. The Dept Head or delegate informs the recruitment team of the departure and co-leads the stabilization efforts with the Primary Health Care Zone Director. They also support physician replacement, as detailed in the [SOP](#).
- **Primary Health Care Zone Leadership:** Zone Directors co-lead stabilization with Dept Heads, involving Health Services Managers (HSMs), Leads (HSLs) and other roles as needed (i.e., Department of Family Practice (DFP) Coordinators, Project Managers and/or Business Managers). Zone Leadership ensures patient care, supports practices, and oversees the stabilization plan. They also play a role in physician replacement; details are in the [SOP](#).
- **Zone Medical Advisory Committee (ZMAC):** Zone Medical Executive Directors (ZMED) oversee zone physician matters, provide policy direction, and support Dept Heads. They receive updates on regarding family physician departures, practice closures and stabilization plans. ZMEDs also have responsibilities in physician replacement; detailed in the [SOP](#).
- **MD Replacement Committee:** Responsible for review/approval of the [MD Replacement Form](#) that is required before initiating steps to replace the departing physician. The committee is involved in some steps in the MD replacement process; refer to [SOP](#) for details.
- **Nova Scotia Health's Primary Health Care and Chronic Disease Management Communications Team:** Responsible for advising the provider and internal partners on communication matters. The team prepares and provides resources (e.g., templates, scripts) aligned with NSH's Primary Health Care strategy to ensure consistent, accurate messaging across all primary care practices.
- **Medical Affairs:** The Director of Recruitment and Medical Affairs Leads (MALs) in each zone have responsibilities in the MD replacement process; refer to [SOP](#) for details. The MAL will join the Dept Head and Zone Director in meetings with the departing and replacement provider based on the discussion with the co-leads regarding the engagement approach.
- **Need a Family Practice Registry Team:** Responsible for properly validating and assigning patients who place themselves on the NFPR to the correct NFPR category. Contact the NFPR by emailing NeedAFamilyPractice@nshealth.ca.

Appendix C: Stabilization Tracker

Purpose

- To track proactive/planned and responsive practice stabilization in the province (numbers and status)
- To confirm a stabilization plan is in place for NFPR registrants with the following reasons:
 - “My Primary Care Provider has retired, moved or closed their practice.”
 - “My Primary Care Provider is retiring, moving or closing their practice.”
- To support PHC initiative / SDR reporting
- To support ad hoc updates to leadership

Stabilization Tracker Responsibilities

The stabilization tracker is a Smartsheet designed to pull information from existing spreadsheets / Smartsheet and minimize the amount of direct entry required. The Nova Scotia Health team/group responsible for contributing to the tracker is identified below (data entry may be delegated).

Stabilization Tracker Overview

Each row of the Stabilization Tracker represents a provider. If a **practice** will be closed or stabilized (i.e., proactive, planned, or responsive practice changes) a row for each provider in the practice must be included. The tracker aligns with the **steps** in the practice stabilization process (i.e., when data is collected, and activity is completed):

1. Identification of Stabilization Need
2. Initial Stabilization Planning Meeting
3. Develop Stabilization Plan and Request Replacement
4. Initiate Provider Replacement Process
5. Implement and Monitor Stabilization Plan

Stabilization Tracker Overview

The data to be collected throughout the practice stabilization process is presented below, organized by category. The step in the process is included in parentheses. The Nova Scotia Health team/group responsible for contributing to the tracker is identified (data entry may be delegated). Please note, some information collected is specific to physicians or nurse practitioners as indicated (blue font).

Category	Name	Description / Options	Responsible
Provider Details (Step 1)	Provider zone	Zone where provider practices. Included here to quickly identify responsible zone. Zone is also collected as part of practice location.	MD: Dept Head and Zone Director NP: PHC Zone Leadership
	Provider name	Last Name, First Name	
	Provider type	Options: Physician, Nurse Practitioner	
	Physician license number	College of Physicians & Surgeons of Nova Scotia license number of the departing physician or physician who has practice challenges	MD: Dept Head and Zone Director NP: PHC Zone Leadership
	Nurse practitioner employee number	Nova Scotia Health employee number	PHC Zone Leadership
	Provider FTE	Provider FTE	MD: Dept Head and Zone Director NP: PHC Zone Leadership
	Panel size	Number of patients on panel	
		Renumeration type	Options: FFS, LFM, AFP, salary
Practice Details (Step 1)	Practice name and location	Name, address, postal code, town/community, community cluster, community health network, zone	PHC-CDM Network (PHC Team Tracker)
	Governance model	<ul style="list-style-type: none"> - Co-leadership - Turn-key - Not NSH-Affiliated 	PHC-CDM Network (PHC Team Tracker)
Provider Departure Details (Step 2)	Provider departure date	<ul style="list-style-type: none"> - Date - N/A 	MD: Dept of Family Practice or Medical Affairs NP: PHC Zone Leadership

Stabilization Tracker Overview



Category	Name	Description / Options	Responsible
Provider Departure Details (Step 2)	Reason for provider departure (Note: reasons align with physician departure categories)	<ul style="list-style-type: none"> - Retirement - Resignation - Change of scope of practice (includes instances where a provider continues to practice or takes on an administrative role but has left their previous practice) - Relocation outside of NS - Relocation within NS (assumes internal transfer or provider will continue to practice) - Other (reasons related to illness, education or any other reason not captured by other categories) - N/A (when stabilization is planned/proactive) 	MD: Dept of Family Practice or Medical Affairs NP: PHC Zone Leadership
	Provider coverage scenario	<ul style="list-style-type: none"> - Provider has a replacement – no coverage gap - Provider has a replacement – gap in coverage - Provider does not have a replacement – no coverage - N/A (when stabilization is planned/proactive) Note: replacement provider information is included in the tracker as part of Step 4.	PHC Zone Leadership
Stabilization Plan (Step 3)	Stabilization plan actions	Could be more than one. <ol style="list-style-type: none"> 1. Add a resource(s) to the practice 2. Governance model change 3. Practice support for panel management 4. Practice changes (e.g., improve efficiency) 5. Transfer patients to provider(s) within practice 6. Transfer patients to provider(s) outside of practice 7. Add patients to NFPR for care continuity (Stabilizing category for these provider coverage scenarios: Provider has a replacement – gap in coverage and Provider does not have a replacement – no coverage) 	PHC Zone Leadership
Stabilization Plan (Step 1-5)	Stabilization plan status	<ul style="list-style-type: none"> - Not Started - In Development - Plan Activated - Implemented and Monitoring 	PHC Zone Leadership

Stabilization Tracker Overview



Category	Name	Description / Options	Responsible
Replacement Provider Details (Step 5)	Replacement provider name	Last Name, First Name	MD: Medical Affairs NP: PHC Zone Leadership
	Replacement provider type	Options: Physician, Nurse Practitioner	
	Replacement provider start date	Pending and actual. Options: Date, N/A	
Stabilization Indicator (Step 2 and 5)	Number requiring stabilization	Number of patients on panel of departing provider or provider who is facing practice challenges	PHC Zone Leadership
	Number requiring stabilization - Date of entry	Date	PHC Zone Leadership
	Number stabilized	Number of patients on panel who have been connected to a new provider OR added to NFPR for care continuity (Stabilizing category)	PHC Zone Leadership
	Number stabilized - Date of entry	Date that "Number requiring stabilization" is entered	PHC Zone Leadership
Progress Tracking (Step 1)	First notification of provider departure – Source	<p>Could be more than one but choose source when Nova Scotia Health first became aware.</p> <ul style="list-style-type: none"> - Provider notification (would include submission of the Physician Departure Form) - Primary care team member - Community member - Public notice/letter to patients - Patient(s) on NFPR - N/A (when stabilization is planned) 	Depends on source
	First notification of provider departure received (date)	When NSH first became aware of provider departure formally or informally.	Depends on source
	Formal notification of provider departure received (date)	<p>This may be the same date as 'first notification.'</p> <p>For physicians, date the Physician Departure Form is submitted to the Dept Head (MD Replacement SOP, step 2.1).</p> <p>For NPs, date of formal notification.</p>	MD: Dept of Family Practice NP: PHC Zone Leadership
Progress Tracking (Step 2)	Initial stabilization planning meeting (date)	For physicians, date when physician and Dept Head meet (MD Replacement SOP, step 2.2). The Dept Head meeting script may be used as a guide.	MD: Dept of Family Practice NP: PHC Zone Leadership

Stabilization Tracker Overview

Category	Name	Description / Options	Responsible
		For NPs , date when NP meets with most responsible Operations Director.	
	PIF and Exit Survey sent to physician (date)	Date Dept Head or delegate emails the Practice Information Form (and NSH Physician Exit Survey) to physician (MD Replacement SOP , step 2.3 and 2.4)	Dept of Family Practice
Progress Tracking (Step 3)	Initial patient letters sent (date)	Date when NSH comms assisted patient letters are sent. This date should be entered when all letters have been sent.	Dept of Family Practice or PHC-CDM Network Communications
	MD replacement form submitted (date)	Date Dept Head or delegate submits the completed MD Replacement Form and letter of justification form to ZMED for approval (MD Replacement SOP , step 4.1)	Medical Affairs
	Nurse practitioner position posted (date)	Date position is posted. Options: Date, N/A	PHC Zone Leadership
Progress Tracking (Step 4)	Replacement MD approved (date)	Date notice is received that replacement MD has been approved by the Replacement MD Committee (Physician Resource Officer sends the approved response letters, MD Replacement SOP , step 15.1)	Medical Affairs
Progress Tracking (Step 5)	Replacement provider - Offer made (date)	<ul style="list-style-type: none"> - Date - N/A 	MD: Medical Affairs NP: PHC Zone Leadership
	Replacement provider - Offer accepted (date)		

Appendix D: Patient Letter Support and Templates

Nova Scotia Health Communications will work with you to prepare your patient letters using standardized [Patient Letter Templates](#). With pathways to care and processes constantly evolving and improving, the letter templates will provide your patients with the most up-to-date information on how to request the correct type of registration through the Need a Family Practice Registry or where to go for care in their community. This standard approach also ensures clarity for team members within your practice to foster team-based care. Once letters are drafted by the Communications team, they will be shared with you for distribution. To connect with the Communications team, please reach out to your Department Head or email primaryhealthcare@nshealth.ca.