

- CHECK AGAINST DELIVERY -

**Speaking Notes - Dr. Lynn Dwyer
NLMA News Conference
September 7, 2017 – 10:30 am**

Good morning and thank you all for coming. My name is Dr. Lynn Dwyer. I am president of the Newfoundland and Labrador Medical Association, and a family physician in St. John's.

Joining me today are Drs. Dave Thomas, Christina Templeton and Jillian Parsons.

Dr. Thomas is a family physician in Port aux Basques, and president of the Newfoundland and Labrador Chapter of the College of Family Physicians.

Dr. Templeton is an NLMA Board member, and a pediatric cardiologist who also works in the neo-natal intensive care unit at the Janeway Children's Hospital.

Dr. Parsons is a family physician in St. John's.

In May, the provincial government decided it will no longer pay for physician-delivered flu shots under MCP.

We have invited you here today to give you an update on our efforts to have this decision reversed. We are also releasing documents obtained through Access to Information which shed light on the reason for government's decision. This decision was made to save money, but it may actually affect the health and lives of our patients AND increase costs for taxpayers.

Family physicians in the province are deeply concerned that unless government reverses this decision, thousands of people will not get vaccinated and we may see an increase in influenza cases this flu season.

Influenza is not a minor illness. In fact it can be a serious illness. In 2016, this province saw 202 hospitalizations, 29 ICU admissions, and 13 deaths due to influenza. Over the past three years, there have been 45 influenza-related deaths.

Each year, family physicians administer flu shots to some of our most vulnerable, at-risk patients. This includes the frail elderly, young children, pregnant women and those with chronic health conditions like respiratory and immune compromised illnesses.

This hasty decision by government may result in many of these patients falling through the cracks unless government reverses its decision.

This province has the second-lowest flu shot rate in the country. Government's priority should be to increase influenza vaccination, not remove a critical delivery system – family physician-delivered flu shots.

Of the roughly 106,000 doses of influenza vaccines administered throughout the province, about 48,000 or nearly half, were administered by family physicians.

Since the initial shock of government's decision, the NLMA has examined this issue closely. Our initial instinct was to oppose this decision, and we hold this view even more firmly today, in part because of the government documents that were obtained by us through Access to Information.

The duty of all physicians is to do no harm. It is a tenet of the Hippocratic Oath. As physicians, we had expected to see evidence from government documents that a health impact analysis of the decision had been conducted – that removing physician-delivered flu shots for about 48,000 people would not cause harm.

To our dismay, no such analysis was made. Government did not assess the impact this decision would have on increased hospitalizations or even possible deaths, especially if there is a virulent strain of influenza this year.

We did find evidence that the Department of Health and Community Services and health authority officials knew fewer people would get flu shots.

An Eastern Health briefing note estimated that 75 per cent of individuals who were vaccinated by their family doctor will come to public health clinics, meaning that no plans have been made for the other 25 per cent. These people could fall through the cracks.

Furthermore, the Assistant Deputy Minister stated that next year: *“Some of those people will not get vaccinated....”*

We have talked to many family doctors and the estimate that 75 per cent of patients will go to a community health clinic for their flu shot is very generous. My colleagues and I agree that the rate could be as low as 30 to 40 per cent. If this low transfer rate materializes, it could mean 20,000 fewer people receive a flu shot this year.

There is no way to fix an exact estimate, but three points are clear:

- Thousands of patients who received flu shots last year will not be vaccinated this year;
- Government knows there will be a shortfall; and,
- Government has not analyzed the impact this will have on patients.

Given the possible negative health impact, why would government make this move? Where is the public benefit? How can this decision be in the public interest?

We have heard Health Minister John Haggie's explanation that this decision is about ensuring doctors work within their more complex scope of practice, and have other health care providers deliver flu shots to patients. As a family physician, I object to Minister Haggie's determination of my scope of practice and my ability to provide primary preventative care to my patients.

Minister Haggie fails to appreciate the crucial role family physicians play in delivering half of all the flu shots in this province, and how this is an integral part of comprehensive family practice.

The NLMA supports a strategy where all health professionals do their part to collaboratively increase the flu shot coverage rate.

The NLMA also recognizes the critical role of public health nurses and pharmacists in delivering flu shots in a multi-layered system. Dismantling the parallel physician-provided delivery channel is a step backward given that physicians provide almost half of all flu shots in the province.

Physicians are concerned that government's lack of planning, and refusal to consider the best available evidence or advice from the province's medical community, is another example of government making decisions that are penny-wise but pound-foolish.

The NLMA asked the government for a cost analysis of the flu shot decision in May, but one was never provided. The Access to Information documents help us understand why.

Unfortunately, this decision was made for one reason only...an attempt to save money.

The documents we obtained through Access to Information confirm this point over and over again.

These documents, which are being provided to you today, all confirm the initial message we received from the Deputy Minister on May 3, which stated that Health Minister Haggie *"will be announcing funding to expand the HPV vaccination program to include school-age boys. In order to fund this initiative, a decision has been made to no longer fund influenza vaccination clinics held by physicians...."*

Physicians wholeheartedly support the inclusion of males in the HPV vaccination program. However, we do not believe it should be funded by reducing access to flu shots.

Regional Health Authorities will have to increase their capacity to deliver more community flu shot clinics, open for longer hours, and staffed by more providers.

It is indisputable that this decision is about money and nothing else...despite the health risks. We are truly shocked by this fact alone. But there is something else that makes this decision even more confounding. It will not generate any savings at all. In fact, taxpayers will end up paying more.

The Access to Information documents state that it costs Eastern Health about \$9 per flu shot. The NLMA does not know if that cost is consistent for the other health authorities, but if we use it to multiply by about 45,000 flu shots that may be displaced from doctors to the health authorities, the total extra cost would be more than \$405,000, and that does not include the \$360,000 needed to expand the HPV program.

We must also consider that doctors who are no longer providing flu shots will use this time to see other patients for other procedures and services. This activity will generate replacement billings to MCP.

When you add all these costs together, it is abundantly clear that taxpayers will pay more than the \$496,000 that MCP paid for physician flu shots last year. And, it does not factor in the potential for increased costs resulting from increased ER visits, hospitalizations and ICU admissions. Neither taxpayers nor patients are being well-served by this decision. More harm for higher cost is not good public policy.

We have repeatedly advised government that a coordinated plan is needed to ensure health care decisions are based on appropriate evidence. However, government has continually rejected our advice.

Today it's flu shots. We should all be asking ourselves, what are we prepared to let government cut tomorrow?

When it comes to the health of our patients we simply cannot stand idly by and support untested ideas when lives could be at risk. That is why we are asking government to reverse its decision immediately.

I'd now ask Dr. Thomas to provide his comments.

Thank you Dr. Thomas. I'd now like to invite Dr. Templeton to say a few words

Thank you Dr. Templeton. Finally, I'd like to turn the microphone over to Dr. Parsons.

Thank you Dr. Parsons.

I think we are all in agreement that the government's decision to cut physician-delivered flu shots is ill-considered and may ultimately result in more costs to the system, reduced access for patients, and place more lives at risk.

That is why today we are launching a social media campaign to encourage everyone to learn more about the implications of government's decision. If you have concerns, we are encouraging you to make your voice heard by calling on government to reverse this decision.

You can look for our ads on Facebook, Instagram and Twitter or visit our website flunl.ca.

Thank you.