



NEWFOUNDLAND AND LABRADOR
MEDICAL ASSOCIATION

NLMA launches campaign calling on government to reinstate doctor-delivered flu shots

For immediate release – September 7, 2017

St. John's, NL – Today, the NLMA released a series of documents obtained through Access to Information, which show that government's decision to eliminate physician-delivered flu shots under MCP is potentially harmful to patients and will result in increased costs to the health care system. In response, the NLMA has launched a social media campaign to encourage concerned citizens to call on the provincial government to reverse its decision. The campaign is available at flunl.ca.

The government documents include an Eastern Health briefing note which estimates that up to 75% of patients may switch from doctors to community health clinics. The NLMA believes the number will be much lower and that thousands of patients will fall through the cracks unless government reverses its decision. The government documents also acknowledge that some people who received flu shots last year will not receive flu shots this year.

Reduced flu shot coverage has the potential to cause significant harm. Last year, there were 202 hospitalizations, 29 ICU admissions and 13 deaths due to influenza. In the past three years, there were a total of 45 influenza-related deaths. The NLMA was surprised and shocked that the government did not undertake a health impact analysis given the potential erosion in flu shot coverage.

Documents obtained by the NLMA also show that government's main objective was to find savings from cutting physician-delivered flu vaccines to fund the expansion of the HPV vaccination program to include males. While the NLMA supports the inclusion of males in the HPV program, this expansion should not be funded by reducing access to the influenza vaccination program.

During the last flu season, physicians administered at least 48,000 or 45% of all flu shots in the province. This number is likely higher as it only accounts for self-reported vaccinations. The documents obtained through Access to Information reveal that Eastern Health will need \$227,000 to accommodate patients who will no longer be vaccinated by doctors. This number assumes that doctors will continue to provide a substantial number of flu shots, which may not occur if government withdraws funding, and it does not take into account costs for the other regional health authorities (RHAs). Therefore, the NLMA estimates that the extra delivery cost could be much higher.

In addition to this expenditure, the government has three more cost pressures arising from its decision: the billings of physicians for the patients they see when they are no longer providing flu shot-only appointments; the extra emergency room visits and hospitalizations that will likely occur if flu shot coverage goes down; and, the \$360,000 cost of the HPV vaccine.

"It is abundantly clear that taxpayers and patients will not be well served. The NLMA supports a strategy where all health professionals do their part to collaboratively increase the flu shot coverage rate. The NLMA supports 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. The decision must be reversed," said NLMA President Dr. Lynn Dwyer.

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NEWS RELEASE



Backgrounder

On May 3, 2017, the Government of Newfoundland and Labrador advised the NLMA that it had decided to eliminate the MCP fee code for administering influenza vaccine. As a result, MCP will no longer pay a fee-for-service family doctor who sees a patient for the sole purpose of obtaining a flu shot. Physicians in the province are concerned that if the government's plan goes ahead, fewer people will be vaccinated and more cases of influenza will occur this flu season.

According to the most recent statistics from Statistics Canada, Newfoundland and Labrador had the second-lowest proportion of people who received the influenza vaccine of all provinces and territories in 2014.

During the 2016-2017 flu season, there were 517 laboratory-confirmed cases of influenza, 202 hospitalizations, 29 ICU admissions and 13 deaths related to influenza. Over the past three years there were 45 influenza-related deaths.

In 2016-2017, there were 106,177 doses of influenza vaccines administered throughout the province, of which 48,131 (45%) or nearly half, were administered by physicians.

The provincial government did not consult physicians prior to its decision. Furthermore, the government has not explained how it will increase the capacity of public health flu shot clinics to accommodate patients who will no longer receive flu shots from physicians.

The NLMA filed an Access to Information Request to better understand the rationale for government's decision. The documents obtained show that government's decision may actually result in increased costs to the province's health care system.

The documents show that government plans to use savings from cutting physician-delivered flu shots to include males in the provincial HPV vaccination program at a cost of \$360,000. Physicians wholeheartedly support expanding the HPV vaccination program to include males. However, the NLMA does not believe it should be funded by removing access to flu shots.

Last year, MCP was billed \$496,233 for 29,352 flu shots administered by physicians during patient visits where the flu shot was the sole service provided. The remaining flu shots were administered by physicians as part of regular office visits where other medical issues were addressed. In these instances, physicians are not permitted to bill MCP for administering the flu shot.

The documents obtained through Access to Information reveal that public health flu shot clinics provided through Eastern Health are already operating at a deficit and that \$227,000 would be needed in Eastern Health alone to accommodate patients who will no longer be vaccinated by their doctor. This does not take into account costs to the other regional health authorities (RHAs).

It costs Eastern Health roughly \$9 per influenza immunization. If this cost is consistent across other RHAs, it could cost between \$355,000 and \$400,000 to accommodate the 39,500 to 44,500

patients that will be displaced from physicians this year. This does not include the \$360,000 needed to fund the expansion of the HPV program.

Furthermore, the time that physicians normally set aside for flu shot appointments will simply be used to see other patients who are waiting for their medical appointments. Doctors will be compensated from MCP for these services, so it is not clear how this decision saves money. Last year doctors received \$496,000 for flu shot compensation, and the replacement billings are expected to be a substantial part of this amount.

Costs will also accrue in hospitals if the flu shot coverage rate goes down. There will be more emergency department visits, more hospitalizations and more ICU admissions.

Under the Minister of Health's plan, fee-for-service family doctors may still provide flu shots as part of office visits, but it is uncertain how many doctors will continue to provide this service as it would result in administrative costs and medical equipment costs that physicians will not be able to recoup. Physicians have overhead costs for vaccine storage as well as supply costs, such as syringes, and if there is no compensation through MCP for the influenza service, many doctors may discontinue it.

Government maintains that it can accommodate the thousands of patients no longer vaccinated by physicians by diverting these patients to public health flu shot clinics.

Doctors place high value in providing flu shots as a preventative service. In fact, influenza vaccination is among the most important preventative health care services family physicians provide. While the NLMA supports the critical role of public health nurses and pharmacists in delivering flu shots, this is a multi-layered system. Removing one layer could potentially harm the population.

Physicians are concerned that government's decision may ultimately result in more costs to the system, reduced access for patients and risk increased influenza-related illness.