



Highlights from ATIPP Documents

Reason for Government's Decision to Cut Funding for doctor-delivered Flu Shots

The Minister of Health has stated that the reason government has cut funding for physician-delivered flu shots is to ensure health care providers are working to their full scope. Documents obtained through Access to Information reveal a different story.

- “The only way for us to pay for HPV for boys is to eliminate the (MCP influenza) fee code.” **Email from Assistant Deputy Minister (Policy, Planning and Performance Monitoring), DHCS to Vice President, Clinical Services, Eastern Health, March 30, 2017**
- “We are looking at eliminating the fee code for influenza immunization. The sense that we have is that this fee code is being used by docs to run “flu shot clinics” and there is an estimate that we could save \$517,000 from eliminating it...We want to use these savings to pay for the introduction of HPV vaccination for boys and there is a lot of interest in getting approval for this change as soon as possible. – **Email from Assistant Deputy Minister (Policy, Planning and Performance Monitoring), DHCS, to Executive Director, Audit and Claims Integrity, DHCS, April 3, 2017**
- “On Thursday, May 4, 2017, the Minister will be announcing funding to expand the HPV vaccination program to include school-aged boys. In order to fund this initiative, a decision has been made to no longer fund influenza vaccination clinics held by physicians. – **Email Deputy Minister, DHCS to NLMA Executive Director, May 3, 2017**

Decision made to not talk about the HPV vaccine in connection with the flu shot:

- “...savings from the removal of this (influenza) fee code is being used to fund the HPV vaccinations for school aged boys...” “Not sure if we want to link this to HPV vaccine or not.”
- ‘I would not link it to HPV.’
- “I agree to keep the HPV separate”
 - **Emails from Various Officials, DHCS, May 15, 2017**

Impact on Population Health

The documents obtained through Access to Information acknowledge that some people will simply not get the flu shot. Government estimates that 75% of people will go to public health clinics to get the flu shot if they can no longer receive it from their physician. The documents further show that some community health services may be temporarily suspended to meet the increased demand for flu shots.

- “Immunization is the most effective way to prevent influenza and reduce morbidity and mortality associated with influenza infection.” - **Eastern Health Influenza Immunization Briefing Note, April 3, 2017**
- “10-20% of the population becomes infected with influenza each year with infection rates highest in children 5-9 years of age, but rates of serious illness and death are highest in children less than 2 years of age, persons older than 65 years of age and those with underlying medical conditions.” - **Eastern Health Influenza Immunization Briefing Note, April 3, 2017**
- “Physicians traditionally have been the provider of approximately double the amount of influenza vaccine in Eastern Region as Public Health.” - **Eastern Health Influenza Immunization Briefing Note, April 3, 2017**
- “The issue is that this move may create a resource burden for public health nurses. Providing HPV to boys itself is not likely to create a burden but family docs provide vaccines to approximately 30,000 people. Some of those people will not get vaccinated and some of them will still get vaccinated by their doc but under a different fee code (e.g. the office visit) but some fraction of them will look to public health. **Email from Assistant Deputy Minister (Policy, Planning and Performance Monitoring), DHCS to Assistant Deputy Minister, Regional Services, DHCS, March 20, 2017.**
- “By eliminating the MCP fee code for influenza, it is anticipated that physician-run flu vaccine clinics would be eliminated and that most of the demand for these vaccinations will fall to RHA public health clinics with some demand falling to pharmacists.” - **Briefing Note: Elimination of Influenza Vaccine Code 54650 from MCP**
- “We are assuming that 75% of individuals who were vaccinated by physicians will come to public health clinics for their immunizations.” - **Eastern Health Influenza Immunization Briefing Note, April 3, 2017**
- Staffing these (influenza) clinics will be a challenge and planning has begun to temporarily divert resources to the additional influenza clinics to ensure they are adequately staffed to handle the increased demand. – **Department of Health and Community Services Briefing Note – Elimination of Influenza Vaccine Code 54650 from MCP**

Government's Decision may result in increased costs to the health care system

Government hopes to save \$496,233 by eliminating physician-delivered flu shots under MCP. These savings will be used to pay for the expansion of the HPV vaccination program to include males at a cost of \$360,000. Eastern Health will need \$227,000 to accommodate patients who will no longer be vaccinated by doctors. These two items alone will result in an increased expenditure of \$90,767 before factoring in: 1) costs for the other regional health authorities; 2) the replacement MCP billings of physicians for patients they will see when they are no longer providing flu shot-only appointments; and, 3) the costs associated with extra emergency room visits and hospitalizations that will likely occur if flu shot coverage is reduced. It costs Eastern Health \$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 in addition to the \$360,000 needed for the HPV vaccination program.

- “We would have to incur the cost of hiring and orientating a seasonal influenza team to do this additional work across Eastern Health. It may involve some travel costs as well. - **Email from Manager of Public Health – Peninsulas, Eastern Health to Vice President, Clinical Services, Eastern Health, February 20, 2017**
- “Eastern Health can do it in mass immunization clinics but it would need resources. We currently immunize about 17,000 in our current clinics but it costs us \$250K which is unfunded so a deficit for us.” – **Email from Vice President, Clinical Services, Eastern Health to Medical Consultant, DHCS, February 21, 2017**
- “Other than moving the service to the correct provider there is no financial gain and a lot of physician unrest that would be caused by this.” – **Email reply from Medical Consultant, DHCS to Vice President, Clinical Services, Eastern Health, February 21, 2017**
- “We should address the potential concerns around the proposed delisting of the fee code for physicians for influenza immunizations...We expect uptake to RHA for that and we are quite over budget in the city for that already.” – **Email from Vice President, Clinical Services, Eastern Health to Assistant Deputy Minister (Policy, Planning and Performance Monitoring), DHCS, March 30, 2017**
- “Our public health shortage is in the city. Last year we spent \$175K over budget in influenza vaccination team in the city – this was above our usual vaccination numbers and excluded rural delivery.” – **Email from Vice President, Clinical Services, Eastern Health to Assistant Deputy Minister (Policy, Planning and Performance Monitoring), DHCS, March 31, 2017**
- “Dividing the cost of the influenza campaign in 2016/17...by the number of doses given by PHNs gives us a cost of approximately \$9.00 per dose...We are assuming that 75% of individuals who were vaccinated by physicians will come to public health clinics for their immunizations. That would mean a further 25,000 individuals to immunize. Added to the nearly 18,000 individuals PHNs immunized this year, that number would be approximately 43,500...The cost of immunizing 43,500 individuals at a cost of \$9.00 per immunization is \$391,500. Therefore, the differential between EH actual costs to date and physician administration replacement costs would be \$227,000. This does not take into account our goal of increasing the uptake of

influenza vaccine but merely represents the status quo ... We would need to run clinics 6 days per week to keep up with the demand. This would mean hiring additional staff to enable this to be completed along with other public health work.. - **Eastern Health Influenza Immunization Briefing Note, April 3, 2017**

- “Our (Eastern Health’s) actual costs for influenza now are \$165 (already in a deficit position). Uptake of physician administered vaccine group estimated at a further \$227K. Uptake of HPV for boys will be 47K. Total new money required for HPV and influenza (new uptake only) is \$274K”- **Email from Vice President, Clinical Services, Eastern Health to Assistant Deputy Minister (Policy, Planning and Performance Monitoring), DHCS and President and CEO, Eastern Health, April 3, 2017**
- There is therefore some risk involved with the plan to eliminate the influenza fee code and use the savings to introduce HPV for boys. We are estimating the cost of the vaccine alone at \$360,000. While we should be safe to estimate that we will save that much money, we have little certainty around whether we have the flexibility to add on the additional public health resources that we have heard will be needed in Eastern and Western.” – **Email from Assistant Deputy Minister (Policy, Planning and Performance Monitoring), DHCS to Chief Medical Officer of Health, DHCS, April 5, 2017**

Government Says Doctors Can Charge Patients Privately for Flu Shots

By cutting funding for physician-delivered flu shots under MCP, the provincial government acknowledges it has created a scenario where doctors can directly charge patients a fee for the flu shot.

- “I believe doctors would be able to charge patients directly in this scenario. In de-insuring the flu shot as a stand-alone service (as proposed), we restrict/inhibit doctors’ ability to bill the public purse for the service, but we cannot constrain physicians – as independent business people – from offering it to patients who are willing to pay out of pocket.” – **Email from Manager of Physician Services, DHCS to Deputy Minister, DHCS, May 18, 2017**
- “We could attempt to mitigate the problem of physicians billing patients for the flu shot by controlling the supply of publicly-purchased flu vaccine that was distributed to FFS physicians.” – **Email from Manager of Physician Services, DHCS to Deputy Minister, DHCS, May 18, 2017.**