

President's Letter

May 10, 2017



**Christopher Cox,
MD, FRCSC, FACS
President**

NLMA seeks Members' reaction to proposed elimination of Influenza Fee Code

Dear Colleagues,

This President's Letter is primarily directed to Fee-for-Service Family Doctors, but the issues may be of interest and concern to all doctors.

I am seeking your input on a new proposal from the provincial government to eliminate Fee Code 54650, Influenza Immunization, from the MCP Payment Schedule. Doctors would still be permitted to administer flu shots as part of normal office visits, as is currently the case, without billing an additional flu shot fee. In the future, the 30,000 or more patients who received flu shots from doctors using Code 54650 would be asked to attend community/public health clinics.

The Department advised the NLMA on Wednesday, May 3rd of its intention to pursue this course of action. The NLMA insisted that this matter must first be sent to the Payment Schedule Review Committee (PSRC), which is a NLMA/Department Committee, for analysis and a recommendation to the Minister. The Department agreed and the matter will receive initial review at the PSRC meeting on Friday, May 12th.

I am attaching a letter which I sent to Minister Haggie outlining our deep level of concern with the process used to consult the NLMA and the negative impacts on health quality and equity. We intend to raise all of these issues and more at the PSRC meeting on Friday.

We are also concerned that this action displays an intention to remove funding from the Physician Services budget outside the normal negotiating framework. Clearly we are opposed to this idea, and our effort to contain it within the PSRC process is an effort to bring order and evidence to the matter.

We would appreciate you giving us your reaction to this proposal, **before Friday if possible**. We apologize for the short notice. Please read the attached letter when formulating your response. Also, please focus your response on the impact of the measure on public health, equity, and patient choice. Arguments on these grounds will be quite valuable when we discuss the matter on Friday. Please submit your input to president@nlma.nl.ca.

We will keep you apprised and seek further advice and action as it becomes necessary. We also expect there will be a formal consultation with family doctors in the province by the PSRC.

Regards,



Christopher Cox, MD, FRCSC, FACS
President

Encl. (1)



**Newfoundland &
Labrador Medical
Association**
164 MacDonald Dr.
St. John's, NL
A1A 4B3
(709) 726-7424
Or 1-800-563-2003
Fax: (709) 726-7525
www.nlma.nl.ca
president@nlma.nl.ca



NEWFOUNDLAND AND LABRADOR
MEDICAL ASSOCIATION

May 4, 2017

Hon. John Haggie
Minister, Health and Community Services
Government of Newfoundland and Labrador
1st Floor, West Block
Confederation Building
St. John's, NL A1B 4J6

Dear Minister:

The NL Government advised the NLMA on May 3, 2017 that it has decided to eliminate the fee code for administering influenza vaccine. Therefore, Fee-for-service (FFS) doctors who see a patient solely to administer a flu shot would no longer be able to bill MCP, but a doctor could continue to administer flu vaccine as part of a normal office visit. The public will be asked to visit community health clinics to attend flu shot clinics.

This decision is a reversal of the Provincial Influenza Vaccine Policy which states: "The publicly-funded influenza vaccine is administered only through public health, healthcare occupational health services and physician's offices just prior to and throughout the influenza season in fall and winter." Similarly, it is a reversal of the coverage policy articulated in a Ministerial news release on October 31, 2016: "The vaccine is available free-of-charge through family physician offices and Regional Health Authority public health clinics."

Contractual and Legislative Issues

1. The Agreement in Principle for the MOA 2013-2017, as well as the draft legal text, creates a mechanism for consultation and decision-making with respect to MCP fee codes. It is called the MCP Payment Schedule Review Committee and has a fully defined terms of reference. A unilateral decision without honouring these commitments is a breach of the MOA. Some of the specific procedural requirements are as follows:
 - The MCP Payment Schedule Review Committee (PSRC) will be responsible for the ongoing review, editing, and drafting associated with maintaining the integrity of the MCP Payment Schedule.
 - In cases where fee codes are reduced, ensure that no discipline will have its overall funding adjusted to less than parity with Maritime Weighted Average (MWA)....
 - Provide ninety (90) days' notice of any adjustments to affected discipline(s).
 - After the process is complete, HCS representatives shall seek the approval of the Minister of HCS for the proposed revisions to the MCP Payment Schedule.
 - Decisions of the PSRC shall be made by consensus and shall be subject to the approval of the Minister of HCS.

.../2

*Representing and supporting a united medical profession and providing leadership
in the provision of excellent health care in Newfoundland and Labrador*

2. The Government and the NLMA have already started to honour other procedural requirements of the Agreement in Principle, including the Family Practice Renewal Committee, micro-allocations, data-sharing, and the Physician Services Liaison Committee. Honouring the PSRC process should be no different.
3. Moreover, there is a legislative obligation under the *Medical Care and Hospital Insurance Act* related to consultation with the NLMA as follows:
The medical association...shall be consulted by the minister with reference to the rates of payments to be made under this Act in respect of insured services provided to beneficiaries by practitioners, the manner and form in which the payments to practitioners shall be made and changes in connection with payments and, where in the opinion of the minister it is necessary, with reference to general questions of principle concerning the practices of medicine....

Based on the foregoing, we ask that you submit the proposal for amending the influenza vaccine fee code to the PSRC for the required dialogue and consideration. We ask that you respond to this request as soon as possible so that we may have assurance the matter has been appropriately directed.

Health Quality, Equitable Access, and Cost Issues:

We are taking this opportunity as well to provide you with an initial survey of the issues that will arise in a consideration of the government's proposal. I trust you will agree there are substantive issues of health quality, equitable access, and cost analysis that must be considered before a decision is made on this proposal.

In general, the NLMA strongly supports the beneficial service played by community health clinics in administering the flu vaccine. However, consideration must be given to the following points:

1. The proposal to eliminate a fee code for a medically necessary service is unprecedented. De-insurance or de-listing of a service normally occurs only when it is not medically necessary. This proposal is a major policy break with past practice that needs to be evaluated carefully.
2. Doctors place high value in providing flu shots as a preventative service. Doctors are the main providers of primary care for most residents of the province. We estimate that 30-35,000 patients receive flu shots under this fee code. For the government to propose that this crucial aspect of comprehensive care be removed raises questions about how government understands the role of physicians in the circle of care.
3. For some patients the flu shot may be the only physician service they obtain during a year, so it represents a valuable opportunity for the doctor to form an impression about their current state of health, ask if they have received other necessary shots, or to recommend a follow-up appointment if an issue or concern arises. This basic longitudinal care relationship would be interrupted under the government's proposal.

4. As a preventative service, doctor's offices will typically call their patients to schedule a flu shot appointment. Some patients may never obtain a flu shot without this proactive reminder. Unless the community health clinics offer the same proactive call-out service, many patients will not receive their flu shots. The health impacts of lower immunization rates relate to morbidity, mortality and costs.
5. We understand that an equal number of patients as mentioned in no. 2 above – 30-35,000 patients – receive flu shots from doctors as part of normal office visits. Therefore, doctors likely deliver a total of 60-70,000 flu shots, about half of the flu shots in the province. Statistics Canada estimated in 2014 that 124,000 NL residents received the flu shot from all sources. Thus doctors are the cornerstone of this very necessary public health program. A key concern that springs from this data is the possibility that if some doctors discontinue offering flu shots entirely, given the lower volumes in their office in comparison to the overhead and variable costs, patient choice is further reduced. This point requires further analysis by the PSRC.
6. Many doctor's offices hold special clinics after hours or on weekends to accommodate the volume of flu shots. Will all of these patients be accommodated in a similar way at community health clinics?
7. The proposal would place patients in a position that if they wanted to visit their doctor solely for a flu shot they would have to pay for this service as well as for the vaccine itself. Patients may interpret this as a user fee for a medically necessary service. It is also a reduction in patient choice.
8. Members of the NLPDP can receive flu shots free of charge from private pharmacists, and pharmacists then charge NLPDP a fee for the service. The government's proposal creates inequitable access for NLPDP clients who prefer to see their doctors for this service. It means that doctors would have to charge NLPDP clients as well, which is unreasonable, or the government should allow doctors to bill NLPDP for this service provided to NLPDP clients in the future.
9. As the main provider of primary care, the doctor's records will be incomplete if the flu shot occurs at a community health clinic without a record being sent to the doctor. Currently, pharmacists send a notice to a doctor when they have administered a flu shot to a doctor's patient, and this is a valuable communication. No such communications are made from community health clinics. This type of communication is essential, not only for patients who currently get flu shots from their doctor, but for all patients. This issue has an IT solution if all flu shots are posted to the Electronic Health Record, but in the interim it is important not to erode the present state of physician records.
10. Many patients prefer the shorter queuing times in a physician's office for a flu shot than at a community health clinic. These queue times may vary at community health clinics by location and date, but doctors receive regular feedback that the time is shorter in a physician's office.

Hon. John Haggie
May 3, 2017
Page 4

11. In regard to costs, there is no certainty that savings would occur under this proposal. The time set aside for flu shot clinics and appointments will be used to see other patients who are waiting for service. Has any analysis been performed about the net effect of this reality? Moreover, the extra costs in community health centres to cope with tens of thousands of extra patients, plus the communication feedback to physicians, need to be factored in as well. If there are no net cost savings from the government's proposal, yet many negative health impacts, the proposal should be reconsidered.

We reiterate that the immunization services provided by community health clinics are very beneficial within the health system, but serious and deliberate analysis is needed on a proposal to dismantle the parallel physician-provided delivery channel. This matter must be submitted to the PSRC for assessment, out of which a recommendation to the Minister will emerge.

We also remain committed to the need for cost reduction in the health system to meet fiscal objectives. The PSRC process is a direct example of this commitment, as was our advocacy for a review of facilities and services, and our involvement in Choosing Wisely NL and the new utilization management initiative. Each step on the cost reduction path, however, needs appropriate discussion and analysis to avoid proposals that deliver negative outcomes without offsetting positive results.

We look forward to your response.

Sincerely,



Christopher Cox, MD, FRCSC, FACS
President

Enclosures: