

# President's Letter

September 7, 2017



Lynn Dwyer, MD  
President

## NLMA campaign calls on government to reverse decision delisting flu shot

Dear Colleagues:

Government's decision in May to eliminate the fee code for administering influenza vaccine was deeply concerning for family physicians. In response to your concerns, which led to the resolution at June's AGM "that the NLMA call on the provincial government to rescind its decision to de-list fee code 54650 Influenza immunization of target population", we launched today a social media campaign asking you and your patients to send a message to government to reverse the decision.

The campaign is available at [flunl.ca](http://flunl.ca) or on social media using the hashtag #FLUnl.

Posters asking patients to express their concern to government are available [here](#), and copies are being mailed to you today. We ask that you post them in your clinics and exam rooms.

At a news conference today, we also released documents obtained through Access to Information which show that the Department of Health and Community Services had received advice from Eastern Health that about 25 percent of patients would likely not make the transition to community health flu shot clinics.

Based on our polling of physicians, we believe the number will be much higher. Unless government reverses this decision, thousands of our patients will fall through the cracks, and we may see an increase in influenza cases this flu season.

The documents also show that money was the real reason for government's decision. The Department of Health and Community Services eliminated the flu shot fee code in order to expand 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.

We don't believe that government will save any money and may actually cost more. The documents 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 during regular office visits for other medical issues, which may not occur if government withdraws funding, and it does not take into account the costs to the other authorities. We estimate that the extra delivery cost could be as much as \$450,000.

In addition to this expenditure, the government has three other cost pressures arising from its decision:

- Physician billings for patients with other medical issues during the time slots that were formerly devoted to flu shots;
- Increased emergency room visits and hospitalizations that will likely occur if flu shot coverage goes down; and,
- The \$360,000 cost of expanding the HPV vaccine program.

It is abundantly clear that taxpayers and patients will not be well served.

The NLMA supports a strategy where all health professionals work collaboratively to increase the flu shot coverage rate, and we recognize 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.



**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](http://www.nlma.nl.ca)  
[president@nlma.nl.ca](mailto:president@nlma.nl.ca)

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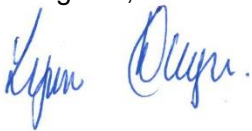
I ask that you support the campaign by doing any or all of the following actions:

- Write to Health Minister John Haggie asking him to reverse the decision.
- Copy this letter (or place a call) to your Member of the House of Assembly
- Encourage your patients to visit [flunl.ca](http://flunl.ca) and send a message to government to reverse the decision.
- Share your concerns on social media using the hashtag #FLUnl.

Finally, some doctors have asked for advice on how to respond to the Department of Health and Community Services when it asks how many flu shots you will need this year. While the flu shot code may be removed from MCP, we have been told that flu shots will still be provided to you for administration during office visits, without any additional compensation. The NLMA asks that each physician make their own choice about whether to continue or discontinue providing the flu shot during office visits. Opinion on this question varies from doctor to doctor based on the profile of their patients and the economics of offering the service. If we are successful in having the decision of government reversed, the request for flu shot supply will be based on your normal requirements.

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.

Regards,

A handwritten signature in blue ink, appearing to read "Lynn Dwyer".

Lynn Dwyer, MD  
President