So what?
Now what?
All immunization

- Almost universally - Physicians are supporters of immunization
- Support needed for vaccine management
- Support needed for documentation
Childhood immunization

- A significant minority are challenged to stay current
  - Conversely - The majority do not see a problem
- Most are happy when public health provides vaccines
  - Concerned about the lack of information available to them on status of immunizations of their clients
  - Concerned about impact on doctor-patient relationship
- Those that immunize children
  - Value the relationship building opportunity
  - Concerned about time
  - Don’t like current reporting requirements
Staying current

- Public health most used resource ~2/3rds
- Continuing medical education a close second ~64%
- Canadian immunization guide ~58%
- BCMA/ CPS / other professional groups ~40%
- Peers/ journals/ BCCDC manual ~1/3rd
- Pharmaceutical companies ~30%
- PHAC ~13%
- Immunize BC ~10%
Geographic variation

- The consistency between regions is far more notable than the variations.
- Is not impacted greatly by whether immunization is predominately provided by public health.
  - Where physicians do most immunization, more indication of a need for support in immunizing – but all areas the majority of physicians reported needs.
  - Where predominate immunizers – need for more payment identified
- Some variance in reported billing practices
- Vaccine accessibility varies – and not just for regions where doctors do most immunizing.
FP versus FP with focus versus specialist

- Incredibly consistent findings
- Pediatricians were better with rotavirus vaccine, but still a minority
- Pediatricians
  - more likely to use primary reference material, professional organization material, PHAC.
  - Less likely to use public health, BCCDC
- The less immunizing the more the need for better payment
- The less immunizing, the more the information needs
- The less immunizing, the more support for public health program.
Full scope versus adult immunizer vs. non-immunizers

- Incredibly consistent findings
- Non-immunizers more likely to look to literature for updating
- Full scope immunizers more linked to public health, BCCDC, and Pharmaceuticals
- Major difference in need for better payment schedule, subsidized supplies
- Information needs greater with adult immunizers and more still with full immunizers
Relationship with Public Health

- Wide variation in the province
  - From PH discouraging their involvement to a strong partnership
- Overall very strong support for the public health program from physicians and belief that public health provides a quality program.
- Specialists less enthralled with public health program related to time to get vaccines, reporting requirements, vaccine availability.
Reasons for stopping immunization

- Change in practice to one that does not immunize
- Public health either
  - prefers to vaccinate or
  - Does a better job
- Prefer not to have children associate doctor visit with needles
- Knowledge gap, time and money are not big change drivers.
Adverse events after immunization

- Few physicians have ever reported
- Most would direct to public health and aren’t aware of process
Now what - themes for discussion

- Vaccine record management
- Education needs
- Financing
- Building relationships
- Consistency
- Vaccine safety
Vaccine record management

- In the ideal world
  - Point of delivery data access to national registry
  - Point of delivery record entry
  - Electronic recording aids (bar coding, swipe cards)
- Current reality
  - 2 systems in use and don’t converse
    - replacement is delayed, over budget and may not meet needs
  - Solution doesn’t feed into EHR backbone
  - EMR interfaces lacking
The gap is so wide we can’t even imagine crossing over
Education needs

• Multiple players without education strategy
• Providers tend to prefer personified local sources of information
• Resource developers need recognition for the costs involved
• System promotes replication in each area. Discourages shared resourcing.
Financing

- Study looked at physician needs.
- Disparity in public health resourcing for vaccines where multiple providers involved –
  - Not a uniform basket to work from.
  - Cost and delivery models need to be revised.
  - Role of pharmacists has impacted public and physician delivered systems without clarity on value added servicing.
- New vaccine cost modeling – no $s to health authorities, but physicians and pharmacists potentially billable services.
- New vaccines carry political currency.
  - Costs associated with delivery do not.
Building relationships

- A mixed system of vaccine delivery will exist
- Currently the vast majority of physicians are immunizers in all regions.
  - Physician delivered vaccine child ~60% adult ~60%
- MOST family physicians respect public health professionals and the work they are doing.
  - Would like true partnership
  - Would like more efficient system.
  - See public health professionals as experts in all aspects of vaccines, would like more support
Consistency

- Physician attitudes and behaviours are incredibly consistent across the province
- Health authority structures and involvement in immunization is highly divergent
  - And this doesn’t seem to make a difference
- Amount of immunizing and specialized training has a small effect, but perhaps not tangible
Vaccine safety

- Okay, here perhaps because I think it is important.
- AEFI reporting rates vary 3-5 times by delivery system.
- Apparent knowledge gap with physicians in reporting, or is the gap in the affability of system to receive AEFIs?
Now what – the future questions

- Is there a best practice model for vaccine delivery?
  - What outcomes are to be measured?
    - Coverage rates?
    - Vaccine preventable disease incidence?
    - Cost efficiency?
  
- What is correlation between doses of physician delivered vaccine and actual MSP billing?

- What is impact of pharmacists on vaccine delivery system?

- What are the attitude and beliefs of PHNs, pharmacists, NPs about physician immunization?