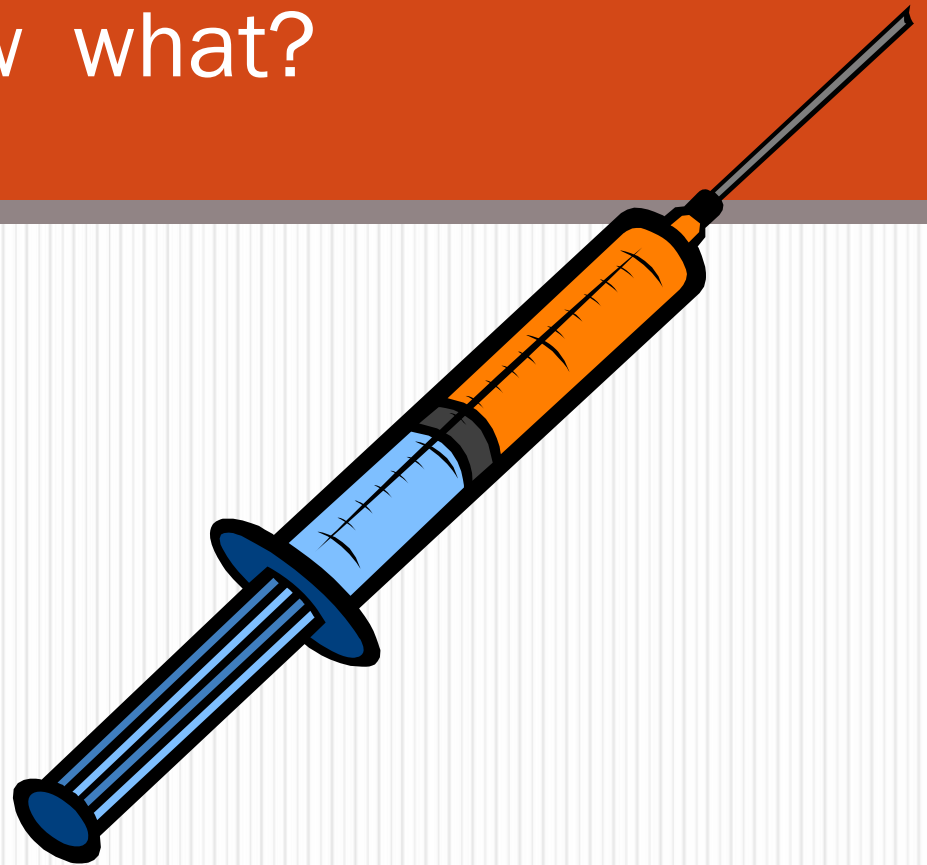
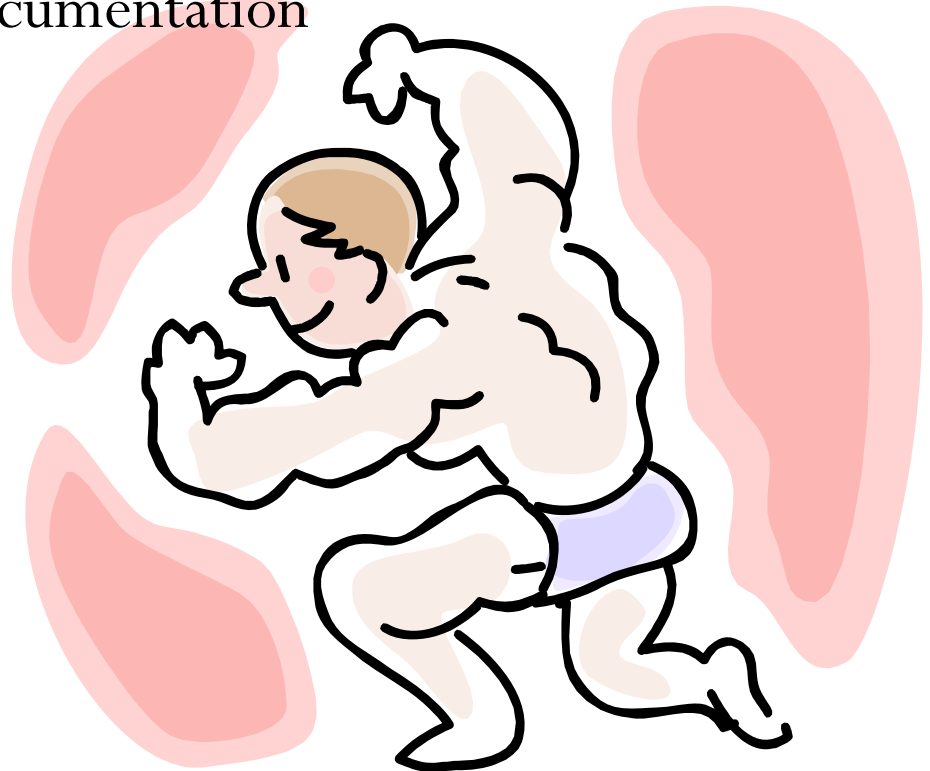


So what?
Now what?



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



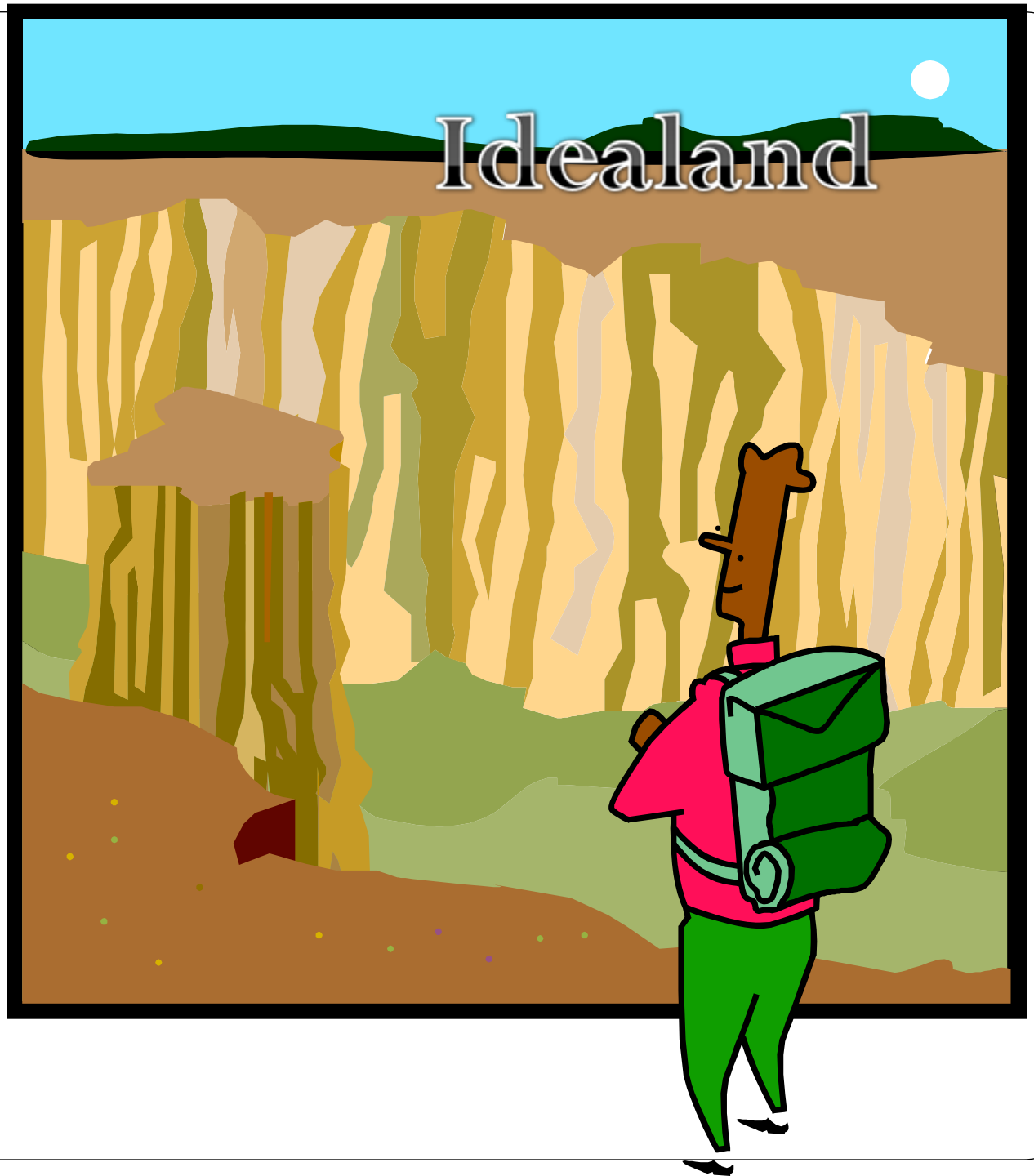
Vaccine record management



- 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

Idealand

- 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 affordability of system to receive AEFIs?

Now what – the future questions

A man in a dark suit and tie is looking through binoculars. He is standing on a light-colored surface, possibly a beach or a walkway, with a clear blue sky in the background. The image is semi-transparent and serves as a background for the text.

- 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?