

Answers to Frequently Asked Questions – CEV and vaccinations

What is taking place regarding “clinically extremely vulnerable” patients?

Government is fast tracking patients identified as Clinically Extremely Vulnerable (CEV) to register for their COVID-19 vaccine before their age cohort. More than 200,000 letters will be sent directly to patients’ homes with instructions on how they can register. Patients in this group are much more vulnerable to the effects of COVID-19 than the general population, and this approach will ensure they receive protection in a timely way.

How were the clinically extremely vulnerable groups determined?

A thorough approach was taken to determine the clinically extremely vulnerable populations:

- Scientific evidence from peer reviewed and grey literature from Canada and international jurisdictions was gathered about the underlying conditions that led to serious illness, hospitalization, ICU or death from COVID-19. This was reviewed to see the relationship between health conditions and COVID-19 risk.
- Our own BC data was reviewed to see what risk factors were most linked to serious illness with hospitalization and death with COVID-19.
- Clinical experts from across BC were engaged. This included family physicians, NPs, and specialists including providers in cancer care, kidney disease, transplant, rheumatology, diabetes, developmental concerns, rare diseases and others. Through a task group with associated working groups, more than x physicians from across BC reviewed the data, evidence and gave clinical advice. Because youth 16-19 are included, pediatricians were engaged to look at the guidance for relevant CEV groups.
- The work was supported by an ethics expert, to help ensure we are being as fair and equitable as possible to the whole population of BC.

How were the CEV patients in the selected groups identified?

- We are fortunate in BC in that we have some very strong clinical registries that support our patient care efforts to some of these populations. For example, BC Renal, BC Cancer, our provincial cystic fibrosis clinics have excellent ability to identify their patients. For additional respiratory condition groups (asthma and COPD) the Discharge Abstract Database (DAD) was used. PharmaNet could be used to identify patients who have taken

immunosuppressant prescribed by physicians across BC. It is important to note that this clinical data was managed in keeping with freedom of information and privacy rules and with the same commitment to patient confidentiality as with the data we use in daily clinical care.

- Use of these mechanisms, which reflect the care patients have received by providers across the system, meant that primary care providers and specialists across BC do not need to go into their systems and identify patients from their patient lists.
- This process has been set up to use clinical registry and health administrative data which the province has available, decreasing the burden on family physicians, specialists, and NPs
- There will, however, inevitably be patients who have been missed due to having received services in another province, having recently moved or having an incorrect address associated with their Care Card. You may be called upon to attest, based on the criteria for CEV, that they are indeed eligible to be in that group.

Which specific groups of physicians provided input?

- At least 75 individual clinicians were substantively involved in this process. 55 individual clinicians were engaged in the process to define the populations and/or to develop the clinical guidance and patient facing materials, which are now available on the BCCDC website. An additional 20 physicians participated in and contributed to a review of the materials. In addition, some of the subgroups, for example rheumatology, sought advice more broadly from colleagues across the province. The specialties very involved were oncology, transplant medicine, respirology, nephrology, OBGYN, maternal fetal medicine, neuromuscular disease/neurology, rehabilitation medicine, developmental pediatrics, endocrinology, biochemical diseases, rheumatology, and immunology. Given the age group for the CEV group is 16+, pediatricians reviewed and contributed to the guidance related to pediatrics. The Primary Care subgroup of the COVID-19 Clinical Reference Group also contributed to the review process. Finally, physicians serving on the BC Immunization Committee and the Public Health Leadership Group received information and contributed to recommendations to the PHO.

What if I have a patient who fits in the clinically extremely vulnerable categories but did not receive a letter?

- Though hopefully unlikely, there may be some patients who fulfill the criteria of clinically extremely vulnerable but may not receive letter. For example, some patients may have very recently moved to BC, were hospitalized outside of BC, or are receiving their medications from outside of the BC PharmaNet system (i.e. through a clinical trial or a compassionate

use program). For some, their mailing address with their CareCard may be outdated so they won't receive the letter.

- If the letter has not arrive by April 15, 2021, patients should check the “get vaccinated” online booking platform or call the “get vaccinated” call centre. If they are unable to book because they are not recognized in the CEV group at that time, that is when their physician/nurse practitioner may need to be involved.
- At this point, after April 15, their physician or nurse practitioner will need to complete the “attestation form” for those patients that may have been missed but fulfill the criteria.
- Patients must not be charged personally for having this attestation form completed, as this could present a barrier to receiving a COVID-19 vaccine. It is recognized that the physician will, however, likely need to engage in a visit with the patient and or their caregiver to make this determination regarding vaccine eligibility and patient decision-making and will be compensated in their usual fashion for such a visit

Can a patient's MRP request a patient to be considered as clinically extremely vulnerable if they do not fall into the categories listed?

- Following review of the evidence from other jurisdictions and our own BC data, age and the clinically extremely vulnerable conditions identified are in fact the strongest drivers of hospitalization and mortality risk. These conditions were approved and confirmed by the BC Immunization Committee and Public Health Executive Committee. These conditions are the only ones considered clinically extremely vulnerable in order to facilitate equity across the province for all populations and an ethicist was engaged throughout the process.
- There will be times when, due to the severity of the patient's complex condition and their imminent physical threat to their health should they contract COVID-19, that clinical judgment might urge a physician to note a patient's need to be prioritized. While these situations should be relatively infrequent, in that case, the physician should proceed to completing an attestation form if it is their clinical assessment that the patient's condition is very close to/equivalent with respect to COVID-19 risk of hospitalization or mortality

Will doctors be compensated for completing these forms?

- There is no specific fee for completing the form on its own, nor should patients be charged for this service. It is anticipated that the process will involve a visit with the patient and/or their caregiver. This can be billed through the appropriate in-person or telehealth fee.
- With more than 200,000 letters going out to CEV patients in the province, it is anticipated that a very, very small per centage of patients who fall into the CEV group will not receive a

letter. Only this small group will require physicians to do this work. Please do not phone all your patients, as it will increase an unnecessary burden and workload for you.

Why are patients being advised to wait until after April 15th? Should I not fill out the form prior if requested?

- Patients will of course be eager to know if they are in this group, to get their letter in the mail, and to get a vaccine booked.
- Please encourage your patients who you believe fall into the CEV group, to wait until April 15th providing ample time for their letter to arrive.
- Eligible patients have already been entered into the provincial vaccine database and the letters, which are being sent out in a phased fashion, should be in their mailbox by then.
- Some patients may not receive notification even though they are in this CEV group, due to their address associated with their CareCard being incorrect. It is only for the patients who have not received a letter by April 15th, but who fit the CEV group, that the physician will be requested to complete the attestation form.

I did a lot of work to identify vulnerable patients around the Care Bundle. Why was my expertise not called upon to identify and reach out to these patients?

- The Care Bundle was important to encourage providers to better understand their patient population and to help them address the comprehensive care needs of this vulnerable population during this pandemic.
- This is something completely different. This way, the onus is on government to contact all these patients rather than physicians' offices identifying and calling 200,000 patients to get their vaccines. The Ministry of Health's approach has collected the information identifying these patients and is reaching out to them directly, so that you do not have to carry that burden.

Is the doctor's office the only place patients can call with questions about this process or their eligibility?

- There is information with the definitions of the CEV group on the BC government website: www.gov.bc.ca/cevccovid (link is external) (not live yet). Patients can look and see if they are in the CEV group. 8-1-1- will also have information about the categories but cannot inform an individual regarding their individual status, as this could infringe on that individuals privacy.

Were patient privacy and confidentiality considered in the planning process for this group?

- Appropriate management of data is something that is done every day in the health system and this process was no different - patient privacy and confidentiality were of utmost importance. As noted, clinical systems such as that of BC Renal or BC Cancer capture data and keep records of the patients served. That data and data of other groups, such as the ministry's PharmaNet system were used to identify those at risk. The patient information utilized for this purpose was handled with the same extreme care which is used year round. The Provincial Health Officer and the Privacy Commissioner advised regarding the issues and confirmed that the Freedom of Information and Protect of Privacy Act was being followed and that it provided legal authority to proceed as planned, and that the initiative is being carried out in accordance with privacy best practices which conform with privacy laws.