

low serum vitamin B₁₂ levels.

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Nothing to declare?

At the bottom of Susan Phillips' commentary entitled "Parenting, puppies and practice: juggling and gender in medicine"¹ there is a note that states "Competing interests: None declared."

Curious — I thought that was what the article was all about.

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Out of province, out of sight

Linda D. Van Til and Lamont E. Sweet have written an interesting paper on blood recipient notification for hepatitis C in Prince Edward Island.¹ However, their simple yet complete provincial analysis says more, perhaps, about Canada's national health care system than they initially intended. The statement that 91.2% of blood recipients in PEI "were identified as tested, *dead or moved out of province*" [italics mine] is ominous in the setting of the Canada Health Act of 1984,² which mandates portability and universality as 2 of its 5 basic tenets.

The "out of province" group constituted 469 of 2977 (15.8%) live recipients during the look-back period of 1984 to 1990. "Dead or moved out of province" strikes one as a poor way to definitively identify Canadians with universal health care coverage who may have been exposed to hepatitis C through blood products. The authors state that information was forwarded to the appropriate non-PEI provincial health authority but no data on follow-up are given and no data on new patients with hepatitis C who might have moved to PEI are given, implying a further lack of provincial notification reciprocity.

Therefore, while the paper is laudable as a provincial monitoring report, the basic recommendations of the National Task Force on Health Information in 1991³ and the final report of the National Forum on Health⁴ in 1997, calling for comprehensive national databases to track health indices such as the one described in this article, have not been achieved. One would hope that in the near future the descriptor "dead or moved out of province" will

not appear in Canadian health surveillance studies.

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[The authors respond:]

The 3 major outcomes measured by the PEI blood notification program were identification of patients as tested for the hepatitis C virus, dead or "out of province." The most reliable and widely used outcome available in all health information systems is death. However, John Tallon makes a good point that "out of province" is not a desirable health outcome, and certainly not part of the vision of a comprehensive national health information system. The "out of province" outcome is the result of using provincial information systems established for administration, not for health outcomes. PEI requested follow-up from 8 provinces; there was no record of blood recipients moving to Saskatchewan or the territories. Only British Columbia was able to respond (the 2 recipients had died). In most provinces, notification for hepatitis C virus testing is just beginning, with completion expected by 2004.

The imperfect nature of the information systems currently available will require studies to account for people whose status is unknown with descriptors such as "out of province" for the foreseeable future.

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Delays in CPP payments to physicians

After becoming exasperated by delays in getting paid for work done for the Canada Pension Plan (CPP), I decided to document the next problem I faced. It has taken an average of at least 3 to 4 months to receive payment for completing CPP medical disability forms (fee of \$65) and narrative report forms (fee of up to \$150).

The case I documented involved a narrative report I completed and forwarded to the CPP in May 1999. It took more than 3 hours to prepare. After 2 months without payment, I began making phone calls, noting the names of the people I spoke with and the times the calls were made. I made 9 calls in all. Despite being assured each time that my enquiry would be passed to the appropriate party and my call returned within a week, I did not receive a single reply.

By now 4 months had elapsed, and my patient had been granted her disability pension. My payment finally arrived in October 1999, after a final call to the CPP's Ottawa office.

I documented this single case because of curiosity about how long payment could be delayed. I now wonder how many other physicians are being similarly inconvenienced, and how many would take the time to make a single phone call, let alone 9 of them.

Have other physicians had the same problem with tardy payments? If there is a problem, pressure should be exerted on CPP administrators to clean up their act.

As well, consideration should be given to special payments when narrative reports take more than an hour to prepare. Limiting payments to \$150 puts physicians in a potential conflict-of-interest situation. When long, com-

plex letters are called for, either the physician's time or the patient's interest gets sacrificed.

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[A spokesperson for the Canada Pension Plan responds:]

There is a need to clarify the difference between submitting a medical report and a narrative report. When dealing with an initial application, physicians always have a choice as to how they report to us. In directions attached to the medical report, we state: "To assist us in determining eligibility, please complete this form on his/her behalf. . . . You may substitute this report with a narrative letter or computer printout."

With respect to an initial medical report, the fee is the same for either method. According to the instructions, "CPP will assist with the cost of completing the medical report by paying up to \$65 directly to you."

Fees rise if we request additional medical information to support an application. A physicians' fee guide is then sent to physicians to assist in determining their fee "up to \$150." In summary: \$25 for photocopied information from the patient's chart, \$50 for a short narrative reply, \$100 for a full narrative report and \$150 for a complete, detailed report involving more extensive chart review and preparation.

Our financial department tries to return payment for medical reports submitted to Canada Pension Disability in 3 to 4 weeks. Delays may occur, however, when we encounter an influx of applications or when there is a disagreement about the fee structure.

We thank Ken Richter for his patience in resolving his personal matter. We regret that not all of his calls were answered, and apologize for any inconvenience this may have caused. We sincerely appreciate the efforts made by all of the physicians who respond to us on

behalf of their patients, our clients.

Kate Bedding
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