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Competing interests

None declared.

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Book review

Living with FASD—A Guide for Parents by Sara Graefe, with foreword by Dr Julianne Conry. Vancouver: Groundwork Press, 2006. ISBN 0-973-54441-4. Paperback, 128 pages. \$24.95.

This book is the 3rd edition of a manual originally published in 1994 as *Parenting Children Affected by Fetal Alcohol Syndrome: A Guide for Daily Living*. A foreword by Dr Julianne Conry, pre-eminent psychologist in FAS circles, addresses the need for the manual. The book is divided into three parts.

The first part, called FASD Essentials, deals with facts about FASD (fetal alcohol spectrum disorder), including some characteristics and misconceptions. Unfortunately, the opportunity is missed to discuss in some detail the facts about maternal alcohol ingestion, placental transfer to the fetus, and the deleterious effects of alcohol on organ development and function. The statement is made that “FASD is more likely to occur following continuous or heavy intake of alcohol during pregnancy.” We know that the spectrum disorder can result from much less alcohol ingestion in pregnancy, with most injury manifesting in the developing brain. The section finishes with a brief list of misconceptions about FASD.

The second part of the book provides parenting and caregiver suggestions for the care of the child with FASD. This section contains useful and practical suggestions for the successful management of the tasks of daily living, a difficult challenge for children and adults with FASD. However, some recommendations in this section would suggest that children with FASD have more severe handicaps than they are known to have. The special needs of infants, adolescents, and adults with FASD are discussed in

this section, including the propensity of adolescents and adults to encounter conflicts with the justice system.

The third part discusses the importance of the need for an accurate medical assessment and diagnosis. The present efforts of the government of BC to establish regional assessment centres, initiatives which also exist in a few other provinces, should help recognition, increase support for affected individuals and their families, and, one hopes, reduce the incidence of FASD.

The importance of a multidisciplinary team assessment is not discussed, but with the publication of the Canadian Guidelines for Diagnosis of FASD (Chudley AE, Conry J, Cook JL, et al. *Fetal alcohol spectrum disorder: Canadian guidelines for diagnosis*. *CMAJ*;2005:172 [5 suppl]) an adequate assessment should not be difficult.

This very useful book provides general guidelines for parents and caregivers of children with prenatal alcohol and other substance exposure.

—**Kwadwo Ohene Asante, MBChB**
Medical Director, Asante Centre
for Fetal Alcohol Syndrome

2007 National Physician Survey is here

The 2007 National Physician Survey is now in the field. Completing the survey is your chance to help shape the medical policies, plans, and priorities of the future. In the next 3 years, hundreds of decisions that directly affect the future of our profession will be made by governments, educators, regulators, and professional associations. By completing and returning your 2007 National Physician Survey questionnaire, you can help ensure those decisions are informed deci-

sions. Your answers to questions ranging from your place of work and method of remuneration to patient loads and plans for the future will paint an up-to-date and comprehensive picture of where medicine is today and where it is going.

The 2007 National Physician Survey is the only national survey of physicians, residents, and medical students led by the College of Family Physicians of Canada, the Royal College of Physicians and Surgeons of Canada and the Canadian Medical Association. The data gathered from this second edition of the survey will be widely shared through a web site, publications, and the work of researchers who will mine the data to meet specific challenges. Watch for your 2007 National Physician Survey questionnaire in the mail or in your inbox and be sure to add your voice. For more information on this year's survey and to view the full results of the 2004 edition, visit www.nationalphysiciansurvey.ca.

Call for nominations

Dr David M. Bachop Gold Medal for Distinguished Medical Service

Awarded to a BC doctor who has made an extraordinary contribution in the field of organized medicine and/or community service. Achievement should be so outstanding as to serve as an inspiration and a challenge to the medical profession in BC. Only one award will be made in any one year; there is no obligation to make the award annually. Deadline: Friday, 6 April 2007. A letter of nomination including a current CV should be sent to Ms Lorie Janzen, BCMA, 115-1665 West Broadway, Vancouver, BC V6J 5A4.

BC Family Physician of the Year

Dr Darlene Hammell was named BC's Family Physician of the Year by the College of Family Physicians of Canada at its annual Family Medicine Forum held this past October in Quebec City.

A family physician in Victoria, Dr Hammell has taught for 30 years in the Family Practice Residency Training Programs at the University of Toronto and at UBC, where she is a clinical associate professor in the Department of Family Practice. She is a member of the Council of the College of Physicians and Surgeons of British Columbia and is currently assistant dean of undergraduate student affairs for the UBC Island Medical Program. Before moving to Victoria in 1980, she practised family medicine in Toronto and Thunder Bay.

Her special interest in dyslipidemias led to the founding of the Victoria Lipid Clinic, and she has published articles on menopause and heart disease as well as taken part in international medical aid efforts in Guatemala, for which she received the Margaret Waite Award from the Federation of Medical Women of Canada.

The awards are named in honor of Dr Reg L. Perkin, CFPC executive director from 1985 to 1996, and are presented to one representative from each Canadian province. Now in its 34th year, the program is supported through a donation to the CFPC's Research and Education Foundation from Janssen-Ortho Inc. Canada's Family Physicians of the Year are chosen by their peers, other health care colleagues, community leaders, and patients.

Petty receives Masters Award

Dr Ross Petty of Vancouver, one of the world's most distinguished pediatric rheumatologists, received a Mas-

ters Award at the 70th Annual Scientific Meeting of the American College of Rheumatology (ACR) in November. The award is conferred on ACR members, age 65 or older, who have made outstanding contributions to the field of rheumatology through scholarly achievement and/or service to their patients, students, and profession.

The Arthritis Society is currently raising \$3.5 million to establish an endowed Chair in Pediatric Rheumatology named after Dr Petty, a professor emeritus at the University of British Columbia (UBC), and an active member of the Division of Rheumatology at BC Children's Hospital in Vancouver. The Ross Petty Chair will focus on pediatric arthritis and lead research and treatment of childhood rheumatic diseases. The Chair will be the first endowed chair in Pediatric Rheumatology in Canada, and the second in the world.

Dr Petty established programs in pediatric rheumatology at the University of Manitoba in 1976 and at UBC in 1979. He and his colleagues have supervised the training of more than 30 pediatric rheumatologists who now lead programs throughout the world. With colleagues, he has written 200 original papers and book chapters, and co-edited the *Textbook of Pediatric Rheumatology*, now in its fifth edition.

Dr Petty has received Distinguished Rheumatologist Awards from the Canadian Rheumatology Association and the American College of Rheumatology.

Obesity coaching and support

Obesity has been making health headlines lately, and many physicians undoubtedly find themselves wondering what role they can play in improving the overall health and fitness of their patients, particularly those suffering from chronic illness as a result of their obesity.

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Busy practitioners seldom have time to undertake personalized nutrition counseling and fitness goals with patients, and may be unsure how to discuss with them the prospect of

changing their behaviors to improve their health. To bridge this gap in patient counseling, physicians can refer patients who are suffering from obesity or chronic disease to a new lifestyle coaching and self-management sup-

port system called MindMyBody.

MindMyBody provides lifestyle coaching through a support team of health care, fitness, and nutrition experts to help patients change their fitness

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Agreement news update

The BCMA members' web site is your place for information about PITO, GPSC, general compensation changes, rural programs, MOCAP, the Emergency Services Committee, the Specialist Services Committee, and the Alternative Payments Committee. Go to the members' home page at www.bcma.org, click on the blue Agreement News Update button, and follow the links to news about PITO, GPSC, etc.

PITO—Physician Information Technology Office

What is an ASP?

ASP stands for "application service provider." An ASP is a company that hosts a client's information system on its computer servers so the client doesn't have to manage the computer servers themselves. This happens regularly in our everyday lives with everything from e-mail (e.g., Hotmail) to online banking records (e.g., online bill payments).

In a physician practice environment, ASP-hosted EMRs are set up in common data centres and each physician practice has its own secured patient database (as required by Appendix C of the 2006 Agreement). The physician accesses the EMR and patient files over the secure physician network.

This model is in contrast to the "locally hosted" approach in which each physician maintains computer servers in the office to run a separate EMR.

In an ASP model, the physician continues to look after the patient records and controls access to those records. The physician enters into a legal contract with the EMR vendor to store the records on the physician's behalf, similar to how physicians do today with companies who maintain their old paper records off site to save space in the office.

To read about the lessons learned from previous experiences, the benefits and challenges of an ASP, and the next steps in the process, please go to the members' web site, click on the blue Agreement News Update button, click on the PITO link, and then on the ASP—Application Service Provider link.

PITO definitions

So, what is the difference between an EMR and a core data set? And just what the heck is a PITO CAG?

An electronically based patient records system is a brand new world for most BCMA members, and one that has its own language. We have started a list of definitions to help you find your way. More terms will be added as the project progresses, so check back regularly.

Expand your PITO vocabulary by going to the members' web site, click on the blue Agreement News Update button, click on the PITO link, and then on the Definitions link.

GPSC—General Practice Services Committee

A reminder when billing the Expanded Full Service Family Practice Condition Based Payment: the incentive payments are payable if the patient has a confirmed diagnosis of diabetes mellitus (please note: payments are not payable for pre-diabetes patients), congestive heart failure, or hypertension. Only one payment per diagnosis is payable per patient per year.

There's further evidence that the maternity care networks are making good progress toward stabilizing neonatal and postnatal services within the general practice community. Of the physicians who claimed the obstetrical premium bonus (14104 or 14109), 96% were part of a maternity care network.

Updates about GPSC activities appear regularly, so check the members' web site, click on the blue Agreement News Update button, and then click on the GPSC link.

General compensation changes—macro-/micro-allocation

This fall, the macro-allocation portion of the macro-/micro-allocation process went to arbitration, and in December, arbitrator Don Munro made his decision. For more information, please go to the members' web site, click on the blue Agreement News Update button, then click on the General Compensation Changes link.

—Fiona Youatt
BCMA Communications

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and nutrition behaviors and habits. Recognizing the important role of physicians in this process, MindMyBody pays form fees to collaborating physicians to provide input at three milestones in the patient coaching process.

Participants pay a one-time fee of \$199, followed by monthly fees of \$19.99, dropping to \$15.99 per month after graduation from the coaching period.

MindMyBody acquires enrollment information from physicians with the consent of the patient, asking for input such as any health conditions that may pose a risk for patient participation in the program. At the 3-month and 15-month participation milestones, the referring physician will be sent an MMB Patient Progress Report, summarizing the progress the patient has made in the program, and encouraging the physician to give feedback to MindMyBody by completing an attached questionnaire. Physicians will be paid a form fee for completion of the initial enrollment paperwork and for both questionnaires (BCMA fee code A0060).

MindMyBody advocates a team approach between their lifestyle coaches, physicians, and nutritional experts to provide healthier outcomes for patients suffering from obesity. For more information, visit the MindMyBody web site at www.mindmybody.com.

—Tara Lyon
BCMA Communications

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Re: Fewer doses of conjugate pneumococcal vaccine for infants

Further to our discussion of this topic in the December issue of *BCMJ*, (2006;48 [10]:498-499), there has been one important simplification that physicians and others administering immunization may be glad to hear.

The three-dose schedule for conjugate pneumococcal vaccine (2, 4, and 12 months) is now recommended for all healthy children, including Aboriginal children. A four-dose schedule will remain in place only for those children at elevated risk due to underlying medical conditions.

This simplification was made possible by the recent publication of robust data supporting the effectiveness and immunogenicity of reduced-dose regimens. It also reflects the very positive experience that Aboriginal children have had with all other conjugate vaccine programs introduced to date.

—David Patrick, MD
Director, Epidemiology Services
BC Centre for Disease Control and Associate Professor, UBC Healthcare & Epidemiology Vancouver

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- Varshney, Mr Ravi, Vancouver*
- Veleva, Ms Velislava, Vancouver*
- Wall, Ms Jennifer, Vancouver*
- Watts, Ms Arianna, Vancouver*
- Webber, Ms Alina, Vancouver*
- Weerusinghe, Ms Chandana, Vancouver*
- Weingarten, Ms Laura, Calgary*
- Williams, Mr Aaron, Vancouver*
- Williamson, Mr Ian, Vancouver*
- Wilson, Mr Brock, Surrey*
- Wilson, Mr Jason, Vancouver*
- Winstone, Ms Tiffany, Vancouver*
- Wlodarski, Mr Martin, Coquitlam*
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- Wood, Ms Jacqueline, Vancouver*
- Wright, Mr Ian, Kelowna*
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- Yan, Mr Paul, Vancouver*
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- Yousefi, Mr Rojyar, West Vancouver*
- Zakus, Dr Paul, Vancouver

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shared. The provincial government, UBC, UCFA, the BCMA, and the doctors of this province need to work together. With a shared vision of what we want to accomplish, we can work together to provide the education of the future physicians of this province.

These will be our colleagues, our own caregivers, and of course, the teachers and mentors of the next generation. This is a project deserving of our time, talent, and resources.

—Margaret MacDiarmid, MD
BCMA President

WANTED: GOOD GUYS

The *BCMJ*'s Good Guys column is intended to celebrate the achievements of our colleagues while they're still around to appreciate it. It's a place to talk about the great work and diverse interests of our friends and colleagues. Profiles should be fewer than 2000 words, and photos are welcomed. Call 604 638-2815 for more information.