BCMJ survey: Thank you and congratulations

This past August you may have received an e-mail request to complete a short survey and to tell us what you would like to see in the *BCMJ*. We sent the survey to a random sample set of Doctors of BC members and asked them to provide feedback and be heard, and gave them the option to enter to win a prize. Thank you to everyone who completed the survey—we had an excellent response rate of 24%, spanning family physicians, specialists, and trainees (students and residents) of all ages, both community based and hospital based. Your feedback helps us shape the journal to be relevant for you, and we will be sharing more information about the survey results in upcoming issues.

In appreciation of your feedback we gave away two iPad Pros. Congratulations to our two winners, Dr Brenda Markland and Dr Karen Meathrel, who completed the survey and entered the draw.

If you did not receive the survey but would like to share your thoughts about the journal, send us your comments to journal@doctorsofbc.ca.

Order of Canada recipients

In the September issue of the *BCMJ* we neglected to include the following two additional BC physician appointees to the Order of Canada.

- Dr Dorothy Shaw, Officer of the Order of Canada: Dr Shaw, from Vancouver, BC, was recognized for her contributions as a doctor and administrator who has helped advance women's health care in Canada, and maternal and newborn health globally.
- Dr Geoffrey Battersby, Member of the Order of Canada: Dr Battersby, from Revelstoke, BC, was acknowledged for his contributions as a physician, politician, and community leader who has encouraged the development of civic, economic, and social initiatives in his region.

Congratulations to Dr Shaw and Dr Battersby.

Congratulations to all 2016 CMA Honorary Membership Award winners

The list of CMA Honorary Membership Award winners included in the July/August 2016 issue of the *BCMJ* is incomplete. There were 13 recipients of the award in 2016, and 6 names were omitted from the list. Thank you to Dr Beverly Spring for bringing this to our attention. Our apologies for the oversight.

Dr Geoff Appleton
Dr Jean Carruthers
Dr John Fleetham
Dr Kenneth Fung
Dr Peter Konkal
Dr William McDonald
Dr Ralph Rothstein
Dr Anthony Salvian
Dr Evelyn Shukin
Dr Beverly Spring
Dr Paul Thiessen
Dr Hugh Tildesley, posthumously
Dr Kenneth Turnbull

Two BC docs recognized by their Alberta alma mater

The University of Alberta Alumni Association has recognized two BC doctors for their contributions to health care and to sport.

Dr Norgrove Penny received a Distinguished Alumni Award for his contributions to health care, education, and international development. After medical school Dr Penny set up Vancouver Island's first sport medicine clinic in Victoria in 1978 and is still a practising orthopedic surgeon today, along with contributing his time to initiatives for children needing orthopedic surgery. Dr Penny also travels overseas to help establish children's programs and to train orthopedic surgeons in developing countries.

Dr Jeffrey Zorn has been inducted into the University of Alberta Sports Wall of Fame for his accomplishments as an outstanding student athlete. As a Golden Bears hockey player, Dr Zorn was named a Canadian Interuniversity Sport (CIS) All-Canadian four times and a CIS Academic All-Canadian five times, among other accolades recognizing his contributions to sport, academics, and community involvement. Dr Zorn is a urologist in Courtenay, BC. His interest in surgical volunteer work abroad has recently taken him to Guatemala.

Private wide area network technical support available

Doctors who are making changes to technology in their offices or accessing a new private wide area network (the private physician network: PPN) are encouraged to contact the Doctors Technology Office for technical support focused on understanding the PPN and how to maximize performance issues and reduce security risks. The PPN is a private wide area network managed by BC Clinical and Support Services. A private network allows greater control, security, and reliability than a standard Internet connection.

Common technical frustrations that doctors encounter are often related to connectivity issues. For example, setting up a wireless router without a complete understanding of what the PPN can do will introduce performance anomalies such as random disconnection to your EMR vendor. Sharing your private network with patients may also expose the network to security issues. For more information about how to optimize PPN performance, visit www.doctorsofbc.ca/technical-bulletins.

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STI testing and cervical cancer screening: Need for continued STI screening among young people in the era of new cervical cancer screening guidelines

In June 2016 the BC Cancer Agency released updated recommendations for cervical cancer screening.[1] The age to initiate cervical cancer screening has increased to 25 years, and the routine screening interval has increased from 2 to 3 years. This is consistent with changes being made globally in response to clinical evidence demonstrating that screening in younger women is ineffective and is an unnecessary burden on health care systems. The updated screening recommendations are strongly supported by provincial leadership; however, these new guidelines may have unintended consequences if they lead to a delay in engagement in health care for young women under 25 years of age.

Screening for sexually transmitted infection (STI) has traditionally been offered concurrent with cervical cancer screening in young women. By starting cervical cancer screening at a later age there would likely be decreased STI screening rates among young women in BC. This trend was observed in Ontario by Bogler and colleagues,[2] where a 60% decrease in Pap testing was seen, along with a 50% decrease in screening for chlamydia and gonorrhea, following updated cervical cancer screening guidelines. The current Canadian Guidelines on Sexually Transmitted Infections recommend STI screening for any patient who reports risk factors for infection.[3] Key components captured in the STI risk assessment are sexual activity, number of partners, contraception use (including condoms), STI history, presence of symptoms, pregnancy history, and substance use. Young people, particularly women under the age of 25, experience high rates of STIs, especially gonorrhea and chlamydia, with the latter having its highest overall rates in this group.[4,5] It is critical that health care providers find alternative ways to ensure STI screening is offered to at-risk women in the absence of cervical cancer screening.

This article is the opinion of the BC Cancer Agency and has not been peer reviewed by the BCMJ *Editorial Board.*

Primary care providers should offer STI risk assessment and screening to sexually active women under the age of 25 at all clinically appropriate encounters.

Opportunities for STI screening among young people

Primary care providers should offer STI risk assessment and screening to sexually active women under the age of 25 at all clinically appropriate encounters, consistent with Canadian guidelines,[3] and the BC Lifetime Prevention Schedule.[6] Ideal opportunities to perform an STI risk assessment and STI screening are when young women consult health care providers for contraceptive advice, reproductive health, sexual health, human papillomavirus (HPV) vaccination, or family planning.

Beyond the need for health care providers to encourage screening, there are opportunities for public health to promote engagement. The BC Centre for Disease Control (BCCDC) provides provincial leadership and guidance around STI clinical service delivery. This includes STI treatment guidelines, monitoring disease rates and trends provincially, as well as ongoing evaluation of access and uptake of STI screening. The BCCDC is committed to enhancing access to sexual health and STI screening in the province through low-threshold clinics, anonymized testing, effective use of electronic medical records, innovative service delivery models such as GetChecked Online (https://getcheckedonline.com), text message reminders for screening, and online tools such as the SmartSexResource (http://smartsexresource.com).

Programs should also consider opportunities afforded by innovative and novel interventions that improve access to screening, including self-collection, where participants can take their own sample at home using a swab that can be sent by mail for STI screening. A recent systematic review demonstrated that self-collected sampling for chlamydia and gonorrhea through home-based screening had similar sensitivity and specificity when compared to clinician-collected samples.[7] Self–collection based screening is not intended to replace routine clinical care; however, it is a highly acceptable and effective alternative for those who are unable or unwilling to undergo a clinical examination.

Though the new recommendations for cervical cancer screening in BC will allow women to continue receiving optimal, evidence-informed care, it is important to ensure that potential gaps in care—such as missed opportunities for STI screening—are mitigated. Under the provincial leadership of the BCCDC and the BC Cancer Agency's Cervical Cancer Screening Program, primary health care providers can be key partners in ensuring that at-risk women continue to be screened for STIs.

—Dirk van Niekerk, MD
—Troy Grennan
—Gina Ogilvie, MD

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BC at GC: Home sweet home

Last year I wrote about the ways that your colleagues represented you and Doctors of BC at the Canadian Medical Association General Council in Halifax. This year we had the pleasure of hosting the "Medical Parliament of Canada" in Vancouver as Dr Granger Avery from Port McNeill was installed as president of the Canadian Medical Association.

As usual, Doctors of BC was one of the most active delegations. Supported by our expert policy team of Helen Thi and Deborah Viccars, we proposed many motions that were then voted into national policy on important issues such as immunization, climate change, resident and student health, indigenous health, and health care reform. Videos on most of these motions can be seen at https://m.youtube.com/user/CanadianMedicalAssoc/videos?shelf_id=14&sort=dd&view=0.

Your Doctors of BC president, Dr Alan Ruddiman, welcomed General Council and set a tone of unity and respect by acknowledging the difficulties faced by doctors in different provinces and the need to focus on the common goal of providing the best care. We also heard from British Columbia's Minister of Health, the Honourable Terry Lake, and federal Minister of Health, the Honourable Dr Jane Philpott, who both reciprocated Dr Ruddiman's invitation by affirming their willingness to collaborate with doctors.

Another theme of General Council was the need to better support and empower those in the first 15: medical students, residents, and early-career physicians. Indeed, the Doctors of BC caucus was one of the most diverse in the 149 years of General Council with 10 of the 33 delegates coming from the first-15 group. They spoke eloquently and passionately and provided unique perspectives on important issues. I have seen our young colleagues and the future is bright.

Next year will be the 150th General Council of the Canadian Medical Association and it will be held in Quebec City. Watch for calls to apply to be part of the Doctors of BC delegation. Also check your inbox in upcoming months for calls for nominations to recognize colleagues and mentors for national awards.

As always, we welcome your input and hope that you continue to be part of our efforts to promote improved health for all. When it comes to improving health policy, we are better together.

—Eric Cadesky, MD, CM
Chair of the General Assembly,
Doctors of BC

Seeking nominations for Doctors of BC 2017 awards

Doctors of BC is calling for nominations of members in good standing for the following 2017 awards.

Doctors of BC Silver Medal of Service

Criteria for nominees include any of the following:

- Long and distinguished service to Doctors of BC.
- Outstanding contributions to medicine or medical/political involvement in British Columbia or Canada.
- Outstanding contributions by a layperson to medicine or to the welfare of the people of British Columbia or Canada.

The closing date for nominations is 30 November 2016 at 11:59 p.m. For more information, visit www.doctorsofbc.ca/resource-centre/awards-scholarships.

Don B Rix Award for Physician Leadership

Candidates for this award may have achieved distinction in areas such as:

- Supporting lifelong learning

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opportunities.

- Promoting excellence in medical education.
- Providing leadership for new initiatives both in business and clinical practice.
- Providing leadership and service to the general community or province either by direct support or through philanthropy.
- Building consensus among physicians and physician groups.

Online resource simplifies billing codes

The Society of General Practitioners of BC (SGP) has created an online resource to streamline the billing process for physicians. The SGP Simplified Guide to Fees organizes fees into 20 categories including:

- Recently updated fees
- GPSC fees
- MSP in-office: visits and exams
- Procedures, injections, and labs
- Obstetrics
- Mental health
- Residential care
- Telehealth
- WorkSafeBC
- ICBC and OSMV

For more information about how to access this resource, contact the Society of General Practitioners at 604 638-2943 or sgp.office@doctorsofbc.ca.

Transitioning patients to the Modernized Reference Drug Program

The Reference Drug Program (RDP) will be modernized as of 1 December 2016, and associated information packages were mailed to all BC physicians this summer. If you did not receive a package call Health Insurance BC (1 866 905-4912) to request a print copy, or access the information online at www.gov.bc.ca/pharmacare/rdp-pro.

To secure uninterrupted coverage for your patients, Pharmacare encourages physicians to identify patients who are taking a drug that will not be fully covered by the Modernized RDP and, if appropriate, to switch those patients to a fully covered reference drug before 1 December 2016.

In September, Pharmacare sent letters to all patients who are taking drugs that will not be fully covered as of 1 December 2016 and who have not yet been switched to a fully covered drug. The letters advise patients to contact their physician or pharmacist if they rely on Pharmacare coverage.

If you have questions about changes to the RDP or its impact for a specific patient, call 1 866 905-4912. Staff are available to answer questions 24 hours a day, 7 days a week.

CareCard to be retired in February 2018

The CareCard is being replaced by the BC Services Card, a secure credential with features to protect identity, improve patient safety, and help avoid fraud and misuse of health care services.

If a patient presents a CareCard for health services after February 2018, the patient must also provide one piece of photo ID or two pieces of ID along with their personal health number. It is the duty of the health care provider to verify Medical Services Plan (MSP) coverage prior to charging the patient for health care benefits. Other Canadian jurisdictions are being directed to not accept the BC CareCard as evidence of enrollment in MSP.

For more information on the BC Services Card visit www2.gov.bc.ca/gov/content/governments/government-id/bc-services-card.

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Crohn disease discovery

Scientists from the University of British Columbia discovered a mutation that prevented mice from developing fibrosis after they were infected with a type of salmonella that mimics the symptoms of Crohn disease. The discovery could lead to treatments for a debilitating complication of the disease. The mutation had switched off a hormone receptor responsible for stimulating part of the body's immune response.

Co-author Kelly McNagny, professor of medical genetics and co-director of the UBC Biomedical Research Centre, identified that scientists found what they think are the inflammatory cells that drive fibrosis, adding that the gene that was defective in those cells is a hormone receptor, and that there are drugs available that may block that hormone receptor in normal cells and prevent fibrotic disease. McNagny and colleagues are hopeful that their discovery could also be applied to other types of tissue that experience fibrosis, potentially blocking complications of age-related fibrotic diseases by dampening these particular inflammatory cell types. Liver cirrhosis, chronic kidney disease, scarring from heart attacks, and muscle degeneration all result in tissue fibrosis. The researchers' next step will be to test drugs to discover if they can stop or reverse fibrosis in mice.

The research, "The orphan nuclear receptor ROR alpha and group 3 innate lymphoid cells drive fibrosis in a mouse model of Crohn's disease," is published in the September 2016 issue of *Science Immunology* and is available online at http://immunology.sciencemag.org/content/1/3/eaaf8864.

Watch a video with more information about the discovery on bcmj.org.

A virtual scalpel for UBC medical students

For the first time, first-year medical students at the University of British Columbia will be using a touchscreen table that displays detailed images of internal anatomy that can be rotated, enlarged, and sliced open. The anatomy visualization table will be used with traditional anatomical dissections to teach first-year medical students about human anatomy and the medical conditions they are likely to encounter as physicians. The device also will familiarize students with the radiological images that have become a core tool in the diagnosis and treatment of patients.

The 500-pound, five-foot by three-foot table displays primarily CT scans of the entire body, including bones, muscles, organs, and connective tissue. Instructors can customize the table's images for the lessons they want to convey, showing anonymized patients with diseases and injuries that are deemed particularly relevant to the curriculum and to the practice of medicine.

The table will be used in UBC's gross anatomy lab in conjunction with traditional teaching through dissection. Groups of students will take turns with the device, moving from their dissection tables to the touchscreen device and back again.

Visit bcmj.org to watch a video about how the anatomy visualization table works.

Noninvasive technique to monitor migraines

Amplified EEGs can produce diagnostic results of a brainwave associated with migraines and epilepsy that are comparable to the current, more invasive, standard. The discovery could lead to better treatment and diagnosis of these conditions.

The low-frequency brainwave linked to migraines and epilepsy, cortical spreading depression (CSD), is currently best studied by placing elec-

trodes directly on the surface of the brain. Researchers from UBC, Germany, and Iran have found that EEGs—produced by placing electrodes only on the scalp—can produce equally reliable data if a specially designed amplifier is used in tandem. The electrical signals acquired from the skin of the scalp were very similar to those acquired from the surface of the brain.

An AC/DC amplifier was designed to acquire electrical signals from scalp electrodes used on anesthetized rats in a much broader frequency range than the standard clinical EEG system. CSD was then induced in the rats, and the recordings from scalp electrodes were compared with recordings from electrodes placed on the rats' brains.

Researchers believe the new analysis technique could contribute to the development of migraine drugs that target CSD, and to better understanding, diagnosing, and treating migraines, epilepsy, and other neurological conditions such as stroke and traumatic brain injury.

The study is a joint research program between UBC, the University of Münster, and Shefa Neuroscience Research Center and Mashhad University of Medical Sciences in Iran. A paper describing the results was published in July 2016 in *Neuroscience*. Contact lou.bosshart@ubc.ca to request a copy.

Synthetic heart valves to help improve surgical skills

UBC researchers have developed synthetic heart valves, arteries, and veins made of polyvinyl alcohol hydrogel that resemble human tissue. The polyvinyl tissue makes it possible for surgeons and medical residents to practise bypass surgery techniques using the synthetic material rather than arteries and veins from dead pigs or human cadavers, which can break down quickly if they are not treated with preservatives and which feel different than living human tissue. The synthetic material can be created safely and cheaply, does not decompose, cannot be contaminated, and feels like living human tissue.

The synthetic tissue was invented by Professor Hadi Mohammadi and Dr Guy Fradet, who are both affiliated with UBC's Faculty of Medicine.

The invention is currently being used for teaching purposes by a number of surgeons and medical residents at Kelowna General Hospital to practise bypass surgery on actual hearts harvested from pigs. The next step will be to create a synthetic heart with the material.

The research, "Simulation of anastomosis in coronary artery bypass surgery," was published in *Cardiovascular Engineering and Technology* and is available online at http://link.springer.com/article/10.1007/s13239-016-0274-x.

Learn more about the synthetic tissue in a video available on bcmj.org.