

Changes to the Editorial Board



Timothy Rowe, MD

his vast experience will be missed. Dr Rowe applies his high intellect in the pursuit of both correctness (particularly grammar) and wisdom. The Editorial Board would like to thank Dr Rowe on behalf of all members and wish him the best in his next endeavors.



Amanda Ribeiro, MD

She is as well rounded as they come and brings a welcome, passionate, younger voice to our Board. Dr Ribeiro's contributions will ensure ongoing excellence at the *BCMJ* in the years to come.

—DRR

Read the quarterly GPSC newsletter online

Emailed directly to BC family physicians, the GPSC's quarterly newsletter, GP Update, is also available online at www.gpsc.bc.ca/news/publications.

The winter 2019 issue features news on:

- Proactive panel management.
- Improving care for at-risk moms.
- Change to some GPSC fees.
- New committee members.
- Top 10 GPSC stories for 2018.

To subscribe to the GPSC newsletter, log in to your account on the Doctors of BC website and adjust your subscription preferences accordingly.

GPSC article update

The GPSC outlined details about eligibility for the GPSC Panel Development Incentive in its November *BCMJ* article, "New GPSC incentive supports family doctors to implement panel management" [2018;60:432-433]. Since publication of that article, details about claiming the Panel Development Incentive have changed. According to revised GPSC policy, sessional payments claimed for PSP-supported panel work occurring on or before 11 September 2018 are no longer deducted from the Panel Development Incentive. Sessional payments claimed for PSP-supported panel work occurring after 11 September 2018 will continue to be deducted from the Panel Development Incentive. Visit www.bcmj.org/gpsc/new-gpsc-incentive-supports-family-doctors-implement-panel-management to read the article.

Compass program

Compass is a province-wide service to support evidence-based care for all BC children and youth living with mental health and substance use concerns. Community care providers such as primary care providers, specialist physicians, child and youth mental health team clinicians, Foundry clinicians, and concurrent disorders/substance use clinicians have access to information, advice, and resources they need in order to deliver

appropriate and timely care to children and youth close to home.

When you call for a consultation, you will have access to a multidisciplinary team who can offer:

- Telephone advice and support.
- Identification and help with connection to local and online resources.
- Telehealth consultation to you and your patient, when needed.
- Tailored training and education.

The multidisciplinary team includes child and youth psychiatrists, mental health and substance use clinicians (social workers, nurses, psychologists, etc.) and a care coordinator.

The Compass team can help with diagnostic clarification, medication recommendations, treatment planning, consultation on cognitive behavioral therapy, dialectical behavior therapy, substance counseling, behavioral issues, family issues, trauma treatment, and general support when things aren't going well. You will receive a written record of all consultation recommendations for your patient's chart.

Compass aims to have a member of our multidisciplinary team answer most phone calls and respond to your questions in real time. For more specialized questions, we aim to get back to you within the same or next day. Telehealth consultations are organized on an as-needed basis following the initial phone consultation.

What you need to know to use the service:

- Compass is a consultative service and community providers retain full clinical responsibility of their patients. Recommendations provided by Compass should not supersede the best clinical judgment of an in-person care provider.
- If patients and family consent, Compass will collect identifying patient information to facilitate any needed follow-up with you (or with the families directly). If patients or

families don't want their information stored, Compass can provide recommendations on an anonymous basis.

- Compass is not a crisis intervention service, but will support providers with advice on safety planning, risk assessments, etc. Please contact your local crisis services for any emergencies.
- Compass will collect and store your demographic and practice-related information.
- Compass will periodically reach out to providers to better understand their experience with the service and communicate any upcoming workshops or educational opportunities.

For more information, call 1 855 702-7272, Monday to Friday, 9:00 a.m. to 5:00 p.m. Register at www.bcchildrens.ca/compass.

Online sexually transmitted infection testing offers many benefits

Researchers with the BC Centre for Disease Control (BCCDC) and the University of British Columbia (UBC) published three studies evaluating users' experiences of the free and confidential online testing program, GetCheckedOnline (<http://getcheckedonline.com>), during the first few years of its operation. Users reported that online sexually transmitted infection (STI) testing removes some of the barriers that prevent people from getting tested while providing key information about health and wellness.

GetCheckedOnline tests for STIs and blood-borne infections such as HIV and hepatitis C. It is the first online sexual health service in BC and is available to people living in Metro Vancouver and, in partnership with Island Health and Interior Health Authorities, some parts of Vancouver Island and the Interior. More than 12 000 tests have been completed since it launched in 2014, and 43% of people have used it for testing more than once.

While online health care is expected to be more convenient for users, there are concerns that it won't deliver the same opportunities to educate patients about their health and well-being, and preventive measures. One of the studies compared clients' knowledge of HIV testing and prevention among clinic visitors and GetCheckedOnline users. The researchers found that GetCheckedOnline users had equal knowledge of HIV as people who had gone to clinics for testing, even 3 months after testing.

Along with online services, processes that connect clients with doctors when needed are still required. Some users also noted face-to-face visits provide opportunities to discuss other health matters and can lead to referrals for further care. Previous research from the BCCDC shows there is a growing interest in integrating mental and sexual health services.

The three studies were recently published in *Sexually Transmitted Infections*:

- "Qualitative analysis of the experiences of gay, bisexual and other men who have sex with men who use GetCheckedOnline.com: A comprehensive internet-based diagnostic service for HIV and other STIs" (<https://sti.bmj.com/content/early/2019/01/12/sextrans-2018-053645>)
- "Differences in experiences of barriers to STI testing between clients of the internet-based diagnostic testing service GetCheckedOnline.com and an STI clinic in Vancouver, Canada" (<https://sti.bmj.com/content/early/2018/02/15/sextrans-2017-053325>)
- "Post-test comparison of HIV test knowledge and changes in sexual risk behaviour between clients accessing HIV testing online versus in-clinic" (<https://sti.bmj.com/content/early/2019/01/12/sextrans-2018-053652.long>)

For more information, visit <http://getcheckedonline.com>.

Tool to help with early detection of melanoma

Work is being done on a simple compact laser probe that can distinguish between harmless moles and cancerous ones in a matter of seconds. Daniel Louie, a PhD student, constructed the device as part of his studies in biomedical engineering at the University of British Columbia. The probe works on the principle that light waves change as they pass through objects. Researchers aimed a laser into 69



Skin cancer probe

lesions from 47 volunteer patients at the Vancouver General Hospital Skin Care Centre and studied the changes that occurred to this light beam. Because cancer cells are denser, larger, and more irregularly shaped than normal cells, they caused distinctive scattering in the light waves as they passed through. Researchers were able to invent a novel way to interpret the patterns instantaneously. This optical probe can extract measurements without needing expensive lenses or cameras, and it can provide a more easily interpreted numerical result like those of a thermometer. Although the components of the probe cost only a few hundred dollars, it is not envisioned to be a consumer product. Tim Lee, an associate professor of skin science and dermatology at UBC and a senior scientist at both BC Cancer and the Vancouver Coastal Health Research Institute, supervised the

Continued on page 134

Continued from page 133

work. He believes the device would be a good future addition to standard cancer screening methods, but not a replacement.

This is a joint project between UBC, BC Cancer, and the Vancouver Coastal Health Research Institute. Researchers hope to eventually achieve Health Canada certification and approval before being able to offer this testing through health professionals. This will require further refinement of the technology and additional clinical testing in more patients.

Study authors are Daniel C. Louie, Jamie Phillips, Lioudmila Tchvialeva, Sunil Kalia, Harvey Lui, Wei Wang, and Tim K. Lee. The article describing the study, “Degree of optical polarization as a tool for detecting melanoma: Proof of principle,” is in the *Journal of Biomedical Optics*. It is available online at <https://doi.org/10.1117/1.JBO.23.12.125004>.

Pre- and postnatal nutrition program in Victoria

Victoria Best Babies is a pre- and postnatal nutrition program that provides support to improve the health and well-being of pregnant women, new mothers, and babies facing challenging life circumstances. The program aims to improve maternal–infant health, increase the rates of healthy birth weights, and promote and support breastfeeding. The program also aims to promote the creation of partnerships in communities and strengthen community capacity to increase support for vulnerable pregnant women and new mothers.

What is included:

- Educational sessions.
- One-on-one support.
- Monthly food vouchers and Good Food Box produce.
- Prenatal vitamins and vitamin D drops.
- Baby food demos.
- Healthy snacks and lunches.
- Hospital tours and hospital preregistration.
- On-site access to a public health nurse, a dietitian, and a dental hygienist.

For more information, or to refer a patient to the program, contact Shonna at 250 381-1552 (ext.116) or Shonna@fernwoodnrg.ca.

This program is sponsored by Fernwood NRG with funding from the Public Health Agency of Canada.

Protein “switch” could be key to controlling blood poisoning

Scientists at the University of British Columbia have discovered a new protein “switch” that could stop the progression of sepsis and increase the chances of surviving the life-threatening disease. Sepsis causes an estimated 14 million deaths every year. In a study published recently in *Immunity*, researchers examined the role of a protein called ABCF1 in regu-

lating the progression of sepsis. Researchers discovered that ABCF1 acts as a “switch” at the molecular level that can stop the uncontrolled chain-reaction of inflammation in the body and dampen the potential damage. With no specific course of treatment, management of sepsis for the 30 million people who develop it each year relies on infection control and organ-function support.

Though sepsis is hard to diagnose, scientists do know that it occurs in two phases. The first phase, systemic inflammatory response syndrome (SIRS), results in a “cytokine storm,” a dramatic increase in immune cells such as macrophages, a type of white blood cell. This results in inflammation and a decrease in anti-inflammatory cells, leading to chemical imbalances in blood and damage to tissues and organs. Recovery starts to take place when the body enters a second phase (endotoxin tolerance, or ET), where the opposite occurs.

Building on previous knowledge of ABCF1 as part of a family of proteins that plays a key role in the immune system, researchers examined its role in white blood cells during inflammation in a mouse model of sepsis. They discovered that ABCF1 had the ability to act as a “switch” in sepsis to transition from the initial SIRS phase into the ET phase and regulate the “cytokine storm.” Furthermore, without the ABCF1 switch, immune responses are stalled in the SIRS phase, causing severe tissue damage and death.

The discovery opens up potential for new treatments for chronic and acute inflammatory diseases, as well as autoimmune diseases.

The research was conducted in collaboration with the Vancouver Prostate Centre, a Vancouver Coastal Health Research Institute research centre, and was funded by the Canadian Institutes of Health Research. The article is available online at <https://doi.org/10.1016/j.immuni.2019.01.014>.

Dragon® Medical Practice Edition 4
(it's the version you have been waiting for)

Upgrade to cutting edge speech technology!



Speakeasy Solutions

Dragon Software
Installation & Support
EMR Integration & Training

CONTACT US TODAY!

speakeasysolutions.com
1-888-964-9109
speech technology specialists for 18 years