

*Continued from page 156*

an empirically important and relevant part of practising good medicine. Physicians cannot be blamed for accessing what they consider appropriate and available diagnostic tools. Choosing wisely must not violate the rights of patients to override the societal directive or protocol and choose for themselves when their own health is involved.

Finally, I am disappointed that the CMA, as the main sponsor of a recent Economic Club of Canada event titled “Is It Time to Revisit the Canada Health Act?” agreed to the assignment of our president as a moderator while three nonphysicians (some of whom blame physicians for our system’s failings) espouse their opinions and recommendations. Our talented CMA president, Dr Gigi Osler, should have been front and centre as the main speaker at that event. Our professional bodies should not deviate from the principle that physicians should lead, rather than moderate, important discussions on the future of our health system. —BD

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**Improving access to team-based primary care in Burnaby**

Three primary-care networks (PCNs) and the new Burnaby Urgent and Primary Care Centre (UPCC) are coming to Burnaby in May 2019. The PCNs and UPCC will recruit approximately 68 new health care providers over the next 3 years, including 10 general practitioners, 10 nurse practitioners, 3 clinical pharmacists, and 45 nursing and allied health care professionals.

The three networks will be the Brentwood/Hastings PCN, Edmonds PCN, and Metrotown PCN. A fourth PCN located in the Lougheed region will be developed in the future.

Currently, Burnaby has 45 primary care clinics participating in the PCN and 133 general practitioners. The networks will partner new and existing health care professionals with the health authority and community organizations as part of a networked, team-based approach to providing care.

The Burnaby Urgent and Primary Care Centre, located in the Edmonds PCN, is the sixth centre to be announced in BC. The centre will open in two phases. The first phase offers extended hours evenings and weekends and will increase access to team-based care for a range of primary-care needs. In the second phase, the centre will host an incubator clinic to support experienced family physicians in mentoring new family physicians, consolidate nursing and allied health resources, and work to attach people in need of regular primary care.

In addition, once fully developed, the Metrotown PCN will also form a Centre for Healthy Communities that will support an incubator clinic. Centres for Healthy Communities are hubs for co-location of practitioner, health authority, and

community services and resources. They will serve as the focal points in the PCN to anchor, integrate, and support services and providers to serve the entire neighborhood.

The three PCNs will focus on the specific needs of the community and improve health services identified as high priority for each community, including:

- Enhanced access to regular, extended, and after-hours services for comprehensive primary care.
- Improved access to primary-care services for priority populations including seniors and immigrants.
- Team-based resources to better meet the needs of low- to moderate-complexity patients requiring specialized services including for frail seniors and mental health and addictions.

The PCNs will operate in close partnership and collaboration with the Division of Family Practice and Fraser Health primary care networks being implemented in Fraser Northwest communities.

The Ministry of Health will provide approximately \$12 million in annual operating funding to the Burnaby networks and UPCC by the third year, as new positions are added and patients are attached. To learn more about the province’s primary health care strategy, visit <https://news.gov.bc.ca/releases/2018PREM0034-001010>. To learn more about the Fraser Northwest primary care networks, visit <https://news.gov.bc.ca/releases/2019HLTH0036-000266>.

**The Victoria Combined Peripheral Nerve and Spasticity Clinic**

The Victoria General Hospital Clinic is offering novel, ground-breaking collaborative innovations. After witnessing impressive neuro-orthopedic

*Continued on page 182*

*Continued from page 158*

outcomes in Europe, physiatrist Dr Paul Winston (medical director of Rehabilitation for Island Health) accessed a team of experts to test, trial, and improve the latest standard of care.

Dr Winston was already providing a complex peripheral nerve clinic with plastics and hand surgeon Dr Emily Krauss, who specializes in nerve transfers for people with spinal cord injury. He approached Dr Daniel Vincent, interventional anesthesiologist, on how they could best reproduce an individual lidocaine selective nerve motor block to spastic muscles to choose the most responsible muscle causing spastic deformity and determine if the patient had underlying contracture.

From a 1-day session with physiatrists from Victoria, Vancouver, and Nanaimo, they learned the technique by adding ultrasound guidance to what was previously an EMG guided technique. The change in range of motion in the spastic limbs was suffi-

ciently profound that Dr Vincent, who had decades of experience using cryoneurotomy for sensory nerve pain relief, suggested adapting the protocol to motor nerves. This decades-old technique of freezing nerves involves a percutaneous ice ball at -60 °C. After 6 months of researching the technique, and finding only one published case of motor cryoneurotomies, the team began to offer cryoneurotomy, resulting in impressive change in function. At the same time, Dr Krauss began to offer selective micro fascicular neurotomies by stimulating the tiny nerve branches of selective nerves and cutting the branches to the most spastic muscle group found after the ultrasound-guided nerve blocks. By cutting nerves, she has been restoring active hand opening to patients with no hand function, or opening nonfunctional clenched fists with skin breakdown. Dr Krauss specialized in this micro fascicular arrangement of nerves in her fellowship in St. Louis.

The Victoria physicians have part-

nered with Vancouver-based physiatrists, led by Dr Rajiv Reebye, along with Dr Patricia Mills and Dr Heather Finlayson and orthopaedic surgeons Drs Kishore Mulpuri, Lise Leveille, and Tom Goetz to create a new organization, the Canadian Advances in Neuro-Orthopedics for Spasticity Congress. An inaugural congress in April ([www.canosc.com](http://www.canosc.com)) brought international experts together in Vancouver. Together they plan to advocate for collaborative care with physical therapies, botulinum toxin, and bracing.

The project was supported by a grant from the Specialist Services Committee, a joint collaborative committee of Doctors of BC and the Ministry of Health.

### **Spring 2019: Billing webinars for GPs**

The GPSC and SGP are pleased to continue to offer their billing webinars this spring for family doctors who are new-to-practice/new-to-BC. Led by physician educators, each webinar will be cumulative and content-specific:

- GPSC Billing Part 1: Tuesday, 7 May 2019, 6:00 p.m. to 8:30 p.m.
- GPSC Billing Part 2: Tuesday, 11 June 2019, 6:00 p.m. to 8:30 p.m.

Space is limited. For details about new-to-practice eligibility, each webinar's content, and registration links visit [www.gpsc.bc.ca](http://www.gpsc.bc.ca).

### **Vancouver CBT Skills Group Program increases capacity for referrals**

The Vancouver Division of Family Practice is offering an 8-week Cognitive Behavioural Therapy (CBT) Skills Group for young adult and adult patients (18 and older) who are suffering low to moderate anxiety, depression, and other lower-acuity mental health diagnoses. CBT is an evidence-based treatment for anxiety or depression. The program is psycho-educational and skills focused, with

### **New medical retina referral clinic at St. Paul's Hospital**

Providence Health Care in conjunction with Drs Bill Ross, David Albani, Andrew Merkur, Andrew Kirker, and Kaivon Pakzad Vaezi are pleased to announce the establishment of a medical retina consultation service in the Eye Clinic at St. Paul's Hospital starting 8 May 2019. The consultation service will focus on the diagnosis and treatment of diabetic eye disease, macular degeneration, branch and central vein occlusions, inflammatory eye conditions, and inherited macular dystrophies and disorders. Diabetic retinopathy remains the leading cause of visual disability in Canadians of working age between 20 and 65. Macular degeneration is the main cause of blindness in Canadians over 65.

The St. Paul's Hospital Eye Clinic has recently obtained a state-of-the-art Optos wide-field fundus camera, which will be able to detect the earliest manifestations of diabetic retinopathy and macular degeneration. Patients who are diagnosed with macular pathology will be able to receive laser photocoagulation treatment or intravitreal anti-VEGF injections at the clinic.

Referred patients will be evaluated by the medical retina fellow along with the retina staff. A full consultation report including the appropriate diagnostic testing will be sent to the referring doctor. Appointments for this new service can be made by phone: 604 874-0404, or fax: 604 874-0099. The clinic's goal is to provide consultations within 2 weeks of the referral.

each session running 1 hour and 45 minutes with up to 15 participants. The cost is \$35 for the extensive workbook. The program is mostly covered through MSP. Groups will take place at various times and locations across the City of Vancouver. With seven physician facilitators running groups, the program has ample capacity for patient referrals, which need to come from a primary care physician. The referral form and further information is available on Pathways (<https://pathwaysbc.ca/login>) and on the Vancouver Division of Family Practice website (<http://divisionsbc.ca/vancouver/CBTskillsgroup>).

### New HIV screening opportunities

A study from the BC Centre for Excellence in HIV/AIDS (BC-CfE) uncovered new opportunities to diagnose individuals living with HIV in the health care system. In 2017, nearly a quarter of those diagnosed with HIV in BC had a CD4 count that was low, a major indicator of a weakened immune system and advanced HIV disease. HIV testing rates have steadily increased in the province since 2014, with more than 87 900 British Columbians accessing an HIV test in the last quarter of 2018. However, data analyzed by the BC-CfE showed 1 in 7 individuals living with HIV in BC could have been diagnosed earlier—if health care providers had recognized certain key clinical conditions as triggers for HIV screening.

According to the BC-CfE study, published in PLOS-One, individuals aged 40 years or older, heterosexuals, people living in remote areas, and people who had ever injected drugs were more likely to have had a missed opportunity for an earlier HIV diagnosis. Researchers defined a missed HIV testing opportunity as an encounter with a health care provider due to a condition or clinical symptoms possibly associated with HIV. This included recurrent pneumonia,

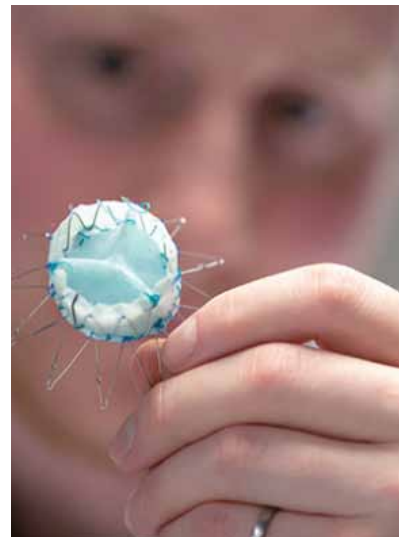
shingles among individuals younger than 50 years old, and anemia. A late diagnosis of HIV can affect individuals by increasing their risk of hospitalization, progression to AIDS, and premature mortality. Missed opportunities for earlier HIV diagnoses can also increase the risk of transmission of the virus to others and can put increased demand on the health care system.

BC HIV testing guidelines, available since 2014, recommend health care providers offer individuals an HIV test every 5 years. Individuals considered at high-risk of HIV are recommended to have an HIV test at least once per year.

The study, “Missed opportunities for earlier diagnosis of HIV in British Columbia, Canada: A retrospective cohort study, is available at <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0214012>.

### UBC researchers develop heart valve aimed at high-risk patients

Researchers at UBC Okanagan have created the first-ever nanocomposite biomaterial heart valve developed to reduce or eliminate complications related to heart transplants. By using a newly developed technique, the researchers were able to build a more durable valve that enables the heart to adapt faster and more seamlessly. Assistant Professor Hadi Mohammadi runs the Heart Valve Performance Laboratory (HVPL) through UBC Okanagan’s School of Engineering. Lead author on the study, he says the newly developed valve is an example of a transcatheter heart valve, a promising new branch of cardiology. These valves can be inserted into a patient through small incisions rather than opening a patient’s chest. Existing transcatheter heart valves are made of animal tissues, most often the pericardium membrane from a cow’s heart. The new valve solves the problem of



*Nanocomposite biomaterial heart valve enables the heart to adapt faster and more seamlessly after a transplant.*

significant implantation risks and potential coronary obstruction and acute kidney injury by using naturally derived nanocomposites—a material assembled with a variety of very small components—including gels, vinyl, and cellulose. The combination of the new material with the noninvasive nature of transcatheter heart valves makes this new design very promising for use with high-risk patients. The combination of material, design, and construction of the valve lowers stress on the valve by as much as 40% compared to valves currently available.

Working with researchers from Kelowna General Hospital and Western University, the valve will undergo vigorous testing to perfect its material composition and design. The testing will include human heart simulators and large animal in vivo studies. If successful, the valve will then proceed to clinical patient testing.

The new design was highlighted in a paper published in the *Journal of Engineering in Medicine* with financial support from the Natural Sciences and Engineering Research Council of Canada.

*Continued on page 184*

Continued from page 183

Read the article, “Proposed percutaneous aortic valve prosthesis made of cryogel,” at <https://journals.sagepub.com/doi/10.1177/0954411919837302>.

**BC Dental Association resources for physicians**  
**Oral care manual for cancer patients**

BC Cancer has developed a manual to provide user-friendly, evidence-based guidelines for the management of oral side effects of cancer therapy. This manual will allow community-based practitioners to more effectively manage patients in their practices. The information contained in this manual has been collected from many resources, most significantly from the work of the Oral Care Section of the Multi-national Association for Supportive Care in Cancer and the International Society of Oral Oncology.

It is well known that maintaining good oral health is important in cancer patients, including patients with hematologic malignancies. Oral pain or infections can cause delays, reductions, or discontinuation of life-saving cancer treatment. Poor oral health can also lead to negative impacts on

a patient’s quality of life including psychological distress, social isolation, and inadequate nutrition. These guidelines have been developed to achieve better patient outcomes. The manual is available on the BC Dental Association’s website: [https://bcdental.org/Dental\\_Health/Oral\\_Care\\_Manual\\_2018.pdf](https://bcdental.org/Dental_Health/Oral_Care_Manual_2018.pdf).

**Early childhood oral-health resources**

BC Dental Association also has new resources to educate expectant parents, new parents, and caregivers about the importance of early childhood oral health and the impact of early childhood caries on children’s healthy development. Visit [www.yourdentalhealth.ca/kids-teens/babies-and-toddlers](http://www.yourdentalhealth.ca/kids-teens/babies-and-toddlers) to view and download the Baby Teeth Matter pamphlet, available in English, Chinese, and Punjabi. Printed pamphlets are available to physicians in Richmond and Surrey (part of a prevention pilot in those communities) to provide to parents and caregivers. To request pamphlets for your clinic, please email [bcda@bcdental.org](mailto:bcda@bcdental.org) with the subject “ECC pamphlet request.” Please include the following information:

- Number of pamphlets per language (units of 50). Please note quantities are limited.
- Office mailing address (Surrey and Richmond offices only).
- Contact name and phone number.
- Practice type (e.g., family practice or specialist [please specify]).

**Vancouver Medical Staff Hall of Honour 2019 inductees**

The second-annual induction ceremony of the Vancouver Medical Staff Hall of Honour was held on 31 January 2019 at Vancouver General Hospital. The ceremony was well attended by the inductees’ families, friends, and colleagues. The Honourable Janet Austin, Lieutenant Governor of British Columbia, provided the opening remarks. The inductees are all pion-

eers in their specialties who achieved national and international recognition for their contributions to clinical and academic medicine/surgery. As reflected by their induction into the Hall of Honour, the inductees greatly enhanced the profile of Vancouver General Hospital/UBC Hospital as well as the UBC Faculty of Medicine.

The 2019 inductees are:

- Dr B. Lynn Beattie, professor emeritus of medicine and founding head, Division of Geriatrics
- Dr H. Joachim Burhenne (1925–1996), former professor and chair, Department of Radiology, UBC, and past director, Department of Radiology, VGH
- Dr Stephen M. Drance, OC, past head, UBC and VGH Departments of Ophthalmology
- Dr H. Rocke Robertson, CC, (1912–1998), inaugural chair, Department of Surgery, UBC
- Dr Juhn A. Wada, OC, professor emeritus, Department of Psychiatry and Neurosciences, UBC

The Hall of Honour Committee also sincerely thanks Drs Marie Chung and Stephen Chung, Ms Allison Harris and Ms Silvia Chang, Ms Brenda Kosaka, and Dr Frederick Mikelberg for composing the inductees’ biographies and participating in the induction ceremony. The committee also acknowledges the generous ongoing support of the Vancouver Medical, Dental, and Allied Staff Association, Vancouver Coastal Health.


—Eric M. Yoshida, OBC, MD, FRCPC

Hall of Honour Committee Chair  
 —Marshall Dahl, MD, PhD, FRCPC

Past President VMDAS  
 —Stephen Nantel, MD, FRCPC

Hall of Honour Committee Member  
 —Frances Perry, BSc  
 Administrative Assistant, VMDAS

—Jennifer Laxamana  
 Administrative Assistant, VMDAS  
 —Simon W. Rabkin, MD, FRCPC  
 President VMDAS



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Concussions and return-to-work considerations, by @WorkSafeBC. To better understand concussion and optimize care of concussion patients injured at work, there are two valuable resources.

Read the article: [bcmj.org/worksafebc/concussions-and-return-work-considerations](http://bcmj.org/worksafebc/concussions-and-return-work-considerations)

