

# News

We welcome news items of less than 300 words; we may edit them for clarity and length. News items should be emailed to [journal@doctorsofbc.ca](mailto:journal@doctorsofbc.ca) and must include your mailing address, telephone number, and email address. All writers should disclose any competing interests.

## BC's top family physician of 2020



Dr Tahmeena Ali

The College of Family Physicians of Canada (CFPC) and the Foundation for Advancing Family Medicine (FAFM) have selected the 2020 Family Physicians of the Year (recipients of the Reg L. Perkin

Awards). Each year a recipient is nominated from each province by their peers, colleagues, and the CFPC's provincial chapters for their leadership, contributions to patient care, and commitment to family medicine teaching and research.

The 2020 Family Physician of the Year from British Columbia is Dr Tahmeena Ali, MD, CCFP, FCFP, from Surrey. Dr Ali obtained her medical degree from the University of Manitoba in her hometown of Winnipeg, completed her residency at the University of Alberta in Edmonton, and has been practising family medicine for 18 years. Dr Ali works as a full-service family physician in her practice in South Surrey, and at the Vine Youth Clinic in the Fraser Health Authority. Prior to this she spent 10 years working as a family physician in the emergency department of a hospital in a rural area of northern Alberta. Today, she continues to bring health care to underserved or vulnerable populations by working as a locum twice a year in remote communities on Cortes Island in BC.

In addition to her clinical practice, Dr Ali is also a professor of family medicine at the University of British Columbia, the privacy officer of HealthVue South Surrey Medical Clinic, and a medical inspector for the Ministry of Health's Billing Integrity Program.

Dr Ali is particularly passionate about mitigating the trauma that illness inflicts on her patients and those around them. From asthma to acquired brain injuries, maternity care to mental health, and rural to suburban settings, the multiplicity of opportunities to learn, grow, and heal is one of the things that Dr Ali enjoys most about being a family physician.

For the complete list of 2020 recipients and each recipient's biography, visit <https://fafm.cfpc.ca/fpoy-2020>.

## Centralized PPE distribution system for doctors

The BC Ministry of Health plans to launch a centralized PPE distribution system for doctors at the end of November, to be followed with an incremental rollout around the province. This will enable doctors to order PPE at no cost for the duration of the pandemic.

Doctors who need additional masks to comply with the new mask policy are to connect with health authority contacts to place their orders. Health authorities have been directed to fill requests for masks, to meet the increased demand resulting from the new policy, at no cost to doctors. The new policy states that patients in doctors' offices are to be provided with medical masks.

Information about implementation of the PPE centralized system, interim requests for additional masks, and health authority contacts can be found in a memorandum on the Doctors of BC website at [www.doctorsofbc.ca/sites/default/files/memo\\_ppe\\_distribution\\_november\\_13\\_2020\\_9\\_a.m.\\_final.pdf](http://www.doctorsofbc.ca/sites/default/files/memo_ppe_distribution_november_13_2020_9_a.m._final.pdf).

## Corrections to contact information included in the memorandum

To order masks if you work within Vancouver Coastal or Providence Health:

- Vancouver Coastal: Use online ordering portal. New users, email [VCHCovid-19CentralSupply@vch.ca](mailto:VCHCovid-19CentralSupply@vch.ca) and an account will be set up for you.
- Providence Health: Doctors practising at PHC sites should contact Don Wills at [dwills@providencehealthbc.ca](mailto:dwills@providencehealthbc.ca).

## New temporary fees for providing flu shots to adults

A temporary fee change has been approved that increases compensation to physicians for delivering respiratory immunizations to adults. The increased compensation will help offset the additional expenses incurred for providing flu shots during the pandemic. Two new temporary fees are available from 1 October 2020 to 30 April 2021. Detailed information is available at [www.doctorsofbc.ca/news/temporary-billing-changes-providing-flu-shots-adults-during-covid-19](http://www.doctorsofbc.ca/news/temporary-billing-changes-providing-flu-shots-adults-during-covid-19).

## Urgent need for long-term aftercare of post-ICU COVID-19 patients

Many COVID-19 patients released from the ICU reportedly suffer severe long-term effects including residual lung scarring, nightmarish hallucinations, hair loss, and neurocognitive deficits. There are also debilitating emotional ramifications related to the stigma of having had the virus, which can further impact a patient's ability to seek help or support after they've been ill. Dr Fuchsia Howard and Dr Greg Haljan will commence ongoing research related to COVID-19 patients who have been released from the ICU and are now in need of long-term support—aftercare solutions that are currently lacking in Canada's health care system. The work is part of a larger study that explores

how intensive care unit rehospitalizations can be prevented, for which both Dr Howard and Dr Haljan have received supporting grants from the Canadian Institutes of Health Research, and Dr Howard has received the Michael Smith Foundation for Health Research Scholar Award to investigate Critical Illness Survivorship.

Dr Howard and Dr Haljan's previous research in examining the aftercare of cancer patients revealed a large gap in post-ICU care, with 40% of ICU survivors readmitted to hospital within a year of discharge. They observed that 20% to 50% of patients released from the ICU later suffer from a wide variety of physical and emotional issues, termed post-intensive care syndrome (PICS).

This has been greatly exacerbated by COVID-19. The pandemic has highlighted the urgency for a broad long-term follow-up program that looks toward understanding the nuances of post-ICU survival. Comprehensive, holistic, and psychosocial support is crucial. PICS can compromise a patient's quality of life and a life lived on their own terms. It also puts stress on families who are tasked with the role of caregiver, leading to physical and financial burdens, especially for those with social inequities.

While over 80% of ICU patients survive, without seamless access to post-ICU aftercare, there is a remarkable cost that comes with it. COVID-19 presents an opportunity for provincial health care to prioritize ICU survivors and invest in patient-focused solutions.

Dr Howard, PhD, RN, is an assistant professor at UBC's School of Nursing. Dr Haljan, MD, FRCPC, is a clinical associate professor at the UBC Faculty of Medicine, local department head of critical care at Surrey Memorial Hospital, and the regional medical director of the Department of Evaluation and Research Services for the Fraser Health Authority. Dr Howard and Dr Haljan discuss their research on surviving the ICU in a video available at <https://youtu.be/taRU1dXm4CQ>.

## New Hospital at Home fees

The BC government is implementing its Hospital at Home program across BC over the next few months to provide acute care services to patients in their own homes. The program allows eligible patients requiring hospital care to be

“admitted” to hospital, but to receive that care at home from an interdisciplinary team led by a most responsible practitioner with hospital admitting privileges.

Hospital at Home is intended to provide care that is equivalent to the care provided in

a hospital. It will allow a subset of acutely ill patients to choose an alternative to traditional inpatient treatment when appropriate and desired by both the patient and physician.

Effective 1 November 2020, two new fees are available to bill for Hospital at Home

## Social isolation puts women at higher risk of hypertension

Researchers at the University of British Columbia are discovering that social isolation affects the health of men and women in different ways—including placing women at higher risk of high blood pressure. In a study published in the *Journal of Hypertension*, researchers discovered that middle-aged and older women who lacked social ties were much more likely than men to suffer from hypertension—a known risk factor for heart disease, which is the leading cause of death among women—and stroke.

Using data from the Canadian Longitudinal Study on Aging, researchers analyzed the social ties of 28 238 adults aged 45 to 85, and found that women who were nonpartnered, engaged in fewer than three social activities a month, or had a small social network (fewer than 85 contacts) had higher odds of hypertension. Average systolic blood pressure was highest among widowed, lone-living, and socially inactive women, and the largest difference in blood pressure was between widowed and married women. Widowed women were found to have the strongest likelihood of hypertension across all categories.

Among men, those who were single, shared a home with others, and had the largest social networks had the highest blood pressure, while those who had smaller networks and lived alone had lower blood pressure.

Researchers found that combinations of different social ties also mattered. Regular social participation appeared to have a protective effect among nonpartnered women, suggesting that health care providers may want to screen for the number of monthly social activities, and include these alongside healthy diet and exercise when treating nonpartnered older women.

Previous research by Dr Annalijn Conklin using the same data set found that women who were single, widowed, divorced, or separated had higher odds of abdominal and general obesity, while men were less likely to be obese if they lived alone and had a smaller social network.

Authors say more studies are needed on how exactly social connections impact cardiovascular risk factors. Prospective and intervention studies can help researchers understand this as well as why the associations are different for women compared to men.

Dr Conklin, assistant professor in the Faculty of Pharmaceutical Sciences at UBC and researcher with the Centre for Health Evaluation and Outcome Sciences is the principal investigator of the study. Dr Zeinab Hosseini, the lead author, contributed to the work as a former postdoctoral fellow at UBC. The study, “Social connections and hypertension in women and men,” was co-authored by UBC sociology professor Dr Gerry Veenstra and UBC medicine professor Dr Nadia Khan, and funded by the Canadian Institutes of Health Research. Read the study online at <https://tinyurl.com/y49qcks5> (subscription required).



services: a Hospital at Home visit fee and a Hospital at Home FP Conference with Allied Care Provider and/or Physician. Detailed information is available at [www.doctorsofbc.ca/news/update-new-hospital-home-fees](http://www.doctorsofbc.ca/news/update-new-hospital-home-fees).

## Virtual care technology to help patients prep for surgery

A new initiative, Stronger Together, has shown that virtual care can be used to assist patients with their pre- and postsurgery needs. The project helped a patient group in the Okanagan prepare for joint replacement surgery through week-by-week evidence-based virtual care. It is designed to improve patient health literacy, confidence, and outcomes through a combination of digital peer-to-peer social support, secure at-home remote monitoring of key vitals, and virtual one-on-one coaching from nurses and experts.

Dr Michelle Scheepers is an anesthesiologist with Interior Health and one of the pilot project's clinical leads. Dr Scheepers also serves as a quality improvement advisor with Interior Health. With the successful arthroplasty project completed, Stronger Together will be expanding offerings to support diverse patient populations across Canada, including in the areas of cardiovascular, stroke, mental health, COVID-19 support, and more.

The initiative is spearheaded by Curatio, a Vancouver-based digital health technology provider, along with CloudDX, a Canadian digital health company, and in partnership with Penticton Regional Hospital (Interior Health) and is supported by experts from the University of British Columbia and Simon Fraser University.

## Released: Doctors of BC's new Report to Members

The *Doctors of BC Report to Members 2019–20* was released in late November and is available online now. Due to the COVID-19 pandemic, the association's annual general meeting and Board elections were rescheduled to early December 2020, resulting in a longer than usual reporting period. The theme of the report, "Advocating for our members," illustrates some of the ways the association has been working to support its members through the pandemic.

The report contains:

- Submissions from the association's CEO, president, chair of the Board, and speaker of the Representative Assembly reviewing the activities of the last year that have provided value to our members.
- Full audited financial report.
- Reports from committees, councils, sections, societies, and affiliated organizations.

The report is available now at [www.doctorsofbc.ca/about-us/report-members](http://www.doctorsofbc.ca/about-us/report-members).



## Data migration support for Wolf EMR retirement

In preparation for the retirement of the Wolf EMR by 31 December 2023, the Doctors Technology Office and the Practice Support Program are available to family doctors as they migrate their EMR data to a new platform. Physicians can benefit from tailored advisory sessions and at-the-elbow coaching supports to help explain the transition process and to prepare panels for smoother data transfer.

Physicians are encouraged to reach out for support well in advance of the termination date to allow for ample time to complete the process. For more information, contact [dtinfo@doctorsofbc.ca](mailto:dtinfo@doctorsofbc.ca) or call 604 638-5841.

## RCCbc online rural innovations inventory to foster collaboration

The Rural Coordination Centre of BC's Rural Site Visits project is compiling details about local innovations through a new online rural innovations inventory (<https://ruralinnovations.ca>) to foster collaboration between communities wishing to address similar health care challenges. More than 100 projects are featured on the site so far. Consider submitting details of your idea, project, or initiative for inclusion in the inventory. To learn more or to discuss your project before submission, contact Innovations Concierge, Tracey DeLeeuw, at [tdeleeuw@rccbc.ca](mailto:tdeleeuw@rccbc.ca).

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