

**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.

## Reminder to submit GPSC portals 14070/71

Eligible family physicians are reminded to submit the GPSC Portal (G14070) or GPSC Locum Portal Code (G14071) at the start of the new year.

Submission of G14070 signifies that a family physician is:

- Providing full-service family practice services to patients and will continue to do so for the duration of that calendar year.
- Confirming doctor-patient relationship with existing patients through a standardized conversation or “compact.”

Submission of G14071 signifies that a family practitioner is:

- Providing full-service family practice services to the patients of host physicians who have submitted G14070, and will continue to do so for the locum coverage.

Submitting G14070/G14071 enables family practitioners to be eligible to bill the following fee codes:

- G14075 GP Frailty Complex Care Planning and Management Fee

- G14076 GP Patient Telephone Management Fee
- G14077 GP Allied Care Provider Conferencing Fee
- G14078 GP Email/Text/Telephone Medical Advice Relay Fee
- G14029 GP Allied Care Provider Practice Code

Additionally, submitting G14070 on an annual basis is a requirement of the new GPSC Community Longitudinal Family Physician Payment. Visit <http://gpscbc.ca/news/news/new-payment-support-longitudinal-care> for more information.

To avoid billing refusals, family practitioners need to bill G14070/71 following this example:

- PHN#: 9753035697
- Patient surname: Portal
- First name: GPSC
- Date of birth: January 1, 2013
- ICD9 Code: 780

For further details about G14070/G14071 in the GPSC Billing Guide-Portal, visit [www.gpscbc.ca/what-we-do/longitudinal-care/incentive-program/billing-guides](http://www.gpscbc.ca/what-we-do/longitudinal-care/incentive-program/billing-guides).

## Research suggests no difference in morning versus evening dosing for warfarin

Patients taking warfarin to reduce the risk of stroke and pulmonary embolisms are often advised to take the medication in the evening. But does time of day really matter? A new study, conducted in Western Canada, shows evidence that morning versus evening dosing has insignificant bearing on how long the drug provides the most benefit for preventing adverse health events. Two hundred and seventeen adults who regularly used warfarin in the evenings were randomized to the trial, with about half switching to morning medication use for 7 months. Researchers measured the effectiveness of the drug by tracking the proportion of time that patients spent outside the range for its maximum effectiveness. Therapeutic changes did not significantly differ for patients who switched to morning administration. The clinical research team concluded that the time of day a patient takes the medicine has no effect on the stability of warfarin’s anticoagulant effect. Patients should take warfarin whenever regular compliance would be easiest.

The study, “The effect of warfarin administration time on anticoagulation stability (IN-Range): A pragmatic randomized controlled trial,” is published in *Annals of Family Medicine* and is available online at [www.annfammed.org/content/18/1/42](http://www.annfammed.org/content/18/1/42).



PHOTO: RONALD McDONALD HOUSE BC AND YUKON.

## Ronald McDonald House expanding with new family room at Royal Inland Hospital

Ronald McDonald House BC and Yukon (RMH BC) is expanding with a new family room at Royal Inland Hospital (RIH) in Kamloops. Launched in partnership with Interior Health and Royal Inland Hospital Foundation, the new family room will offer a home-like retreat for parents and loved ones of all pediatric patients undergoing medical treatment for illness or injuries at RIH. The family room is slated to open in 2024. It will be situated next to the pediatric and neonatal intensive care units. For more information about RMH BC, visit [www.rmhbc.ca](http://www.rmhbc.ca).

Left: Family of Ronald McDonald House BC and Yukon.

## Seeking external reviewers for BC guidelines

BC health care professionals and stakeholders are invited to participate as external reviewers of draft version of BC guidelines. Peer review is a critical component of the guideline development process. New and existing guidelines that have undergone substantive changes are subject to external review to make sure they are clearly written, practical, and free of errors.

The external review involves 1) regular mail sent to a random sample of BC physicians and relevant specialists, and 2) emails to a group of key partners in areas such as pharmacy, laboratory procedures, health authorities, public health, and professional colleges and associations. All feedback received is reviewed by the Guidelines and Protocols Advisory Committee (GPAC) guideline working group. For more information on the external review process, see the GPAC handbook at [www2.gov.bc.ca/assets/gov/health/practitioner-pro/bc-guidelines/gpac-handbook/gpachandbook2017.pdf](http://www2.gov.bc.ca/assets/gov/health/practitioner-pro/bc-guidelines/gpac-handbook/gpachandbook2017.pdf).

### Earning continuing professional development credits

Physicians who act as external reviewers for BC guidelines may be eligible to receive credit toward continuing professional development or continuing medical education. For more information, see the Continuing Professional Development Credits page at [www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/bc-guidelines/continuing-medical-education-cme-credits](http://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/bc-guidelines/continuing-medical-education-cme-credits).

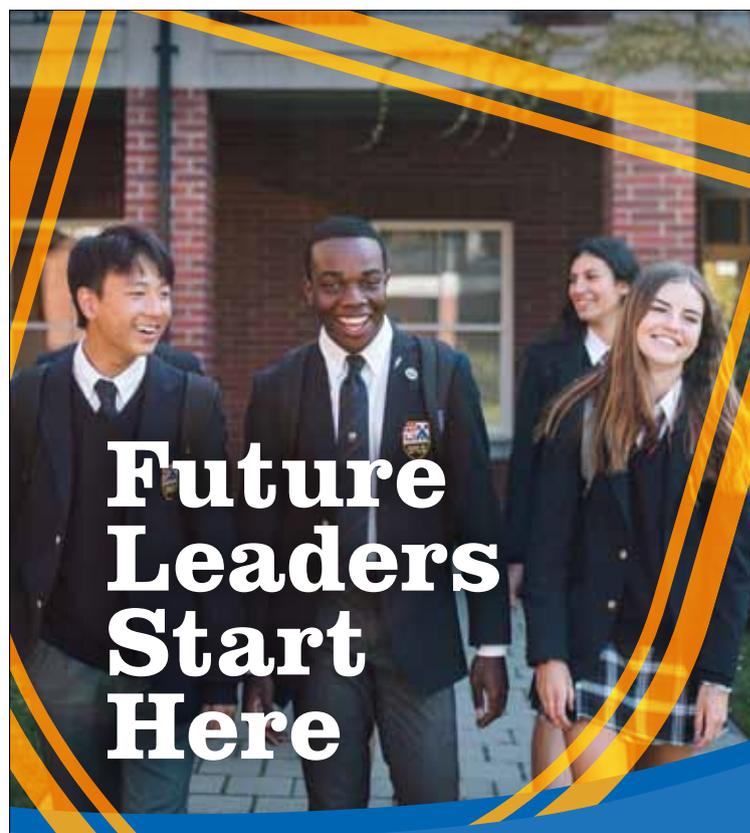
## Lupus patients who take their medications at lower risk for type 2 diabetes

An Arthritis Research Canada study has revealed that patients with lupus who take their medications as prescribed have a reduced risk of developing type 2 diabetes compared to lupus patients who do not. There is no cure for the chronic autoimmune disease that affects several parts of the body, with symptoms changing often and varying from person to person. Medications for lupus primarily focus on easing a patient's symptoms and reducing inflammation. Hydroxychloroquine, a medicine used to treat malaria and for patients dealing with lupus flares, also has the ability to potentially reduce the risk of type 2 diabetes.

Using BC health data that include information on prescriptions, health care visits, and hospitalizations, Arthritis Research Canada research scientist Dr Mary De Vera and her team studied lupus patients over 4 years. They found that compared to those who did not take their medications as prescribed, namely hydroxychloroquine, those who did had a 39% lower risk of developing type 2 diabetes. From prior research, researchers know that an average of 43% to 75% of lupus patients do not take their medications as prescribed.

The study targeted type 2 diabetes as a known complication of lupus and is the first study to evaluate the link between nonadherence to antimalarial medication and lupus patients.

The study, "Adherence to antimalarial therapy and risk of type 2 diabetes mellitus among patients with systemic lupus erythematosus: A population-based study," is published in *Arthritis Care and Research* and is available online at <https://doi.org/10.1002/acr.24147>.



## Merit scholarships available for boarding students

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