

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 and must include your mailing address, telephone number, and email address. All writers should disclose any competing interests.

Register now for the Business Cost Premium

The new Business Cost Premium (BCP) was negotiated in the 2019 Physician Master Agreement to help physicians offset some of the costs associated with running their office. Physicians will be able to claim the BCP on fees for consultation, visit, counseling, and complete examination services to help cover the rising rent, lease, or ownership costs of a community-based office. Physicians need to register their facility and attach themselves as a practitioner of the facility. The BCP came into effect 1 April 2020.

Eligible physicians are those who provide eligible services in an eligible community-based office and who are responsible for some or all of the lease, rental, or ownership costs of that office, either directly or indirectly. Physicians must also be entitled to receive and retain payment for the eligible fees directly from MSP (that is, payments assigned to health authorities are not eligible for the premium).

The BCP will be applied to eligible fees submitted on a physician's billing claims, and will be paid to the physician's (or assigned) payee

number. The claims system will apply the percentage for the premium and calculate the daily maximum. In order to identify the physical location in which services are provided and for the correct percentage premium to be applied, physicians need to register their community-based office for a facility number, which is a unique physician/office location-identifier.

If an eligible physician is responsible for some or all of the lease, rental, or ownership costs at more than one community-based location, they need to register each location where eligible services are provided.

Community-based offices with multiple eligible physicians should assign one physician to act as the administrator and register the office for a facility number. It is not required that all physicians in the same clinic apply for a facility number. However, each eligible physician is required to complete an Attach Practitioner to MSP Facility Number application form using the facility number obtained by your administrator.

See the "Business Cost Premium links" box for links to forms and more information.

Benefits of accelerated surgery in patients with hip fracture

Accelerated time to surgery—within an average of 6 hours after a hip fracture diagnosis—resulted in a lower risk of delirium and urinary tract infections, moderate to severe pain, faster mobilization, and a shorter length of hospital stay compared to standard care (when surgery occurred an average of 24 hours after a hip fracture diagnosis).

The HIP Fracture Accelerated Surgical Treatment and Care Track (HIP ATTACK) Trial, published in *The Lancet*, was led by researchers of the Population Health Research Institute (PHRI) of McMaster University and Hamilton Health Sciences (HHS) in Hamilton. HIP ATTACK involved 2970 people at 69 sites in 17 countries.

Ten years ago, Dr P.J. Devereaux, principal investigator of the HIP ATTACK trial, as well as senior scientific lead of PHRI's perioperative and surgery program, professor of medicine at McMaster, and cardiologist with HHS, was consulted to manage a 73-year-old female with a hip fracture who also had elevated troponin, demonstrating heart injury. The referring doctor told Dr Devereaux the patient's heart issue had to be treated before surgery for her hip fracture could occur. Despite the best of intentions, with the medical treatment Dr Devereaux provided based on current practice at that time, the patient died before she was able to undergo surgery for her hip fracture.

Dr Devereaux wondered if the prevailing dogma regarding the need to medically optimize patients before hip fracture surgery was the wrong approach. He contacted Dr Mohit Bhandari, co-principal investigator of HIP ATTACK and an orthopaedic surgeon in Hamilton, to get his perspective on the case. Dr

Business Cost Premium links

List of eligible fees

- www.doctorsofbc.ca/sites/default/files/bcp_eligible_fees_current.xlsx

Online application

- Apply for facility number: <https://my.gov.bc.ca/bcp/register-facility>
- Attach practitioner to MSP facility number: <https://my.gov.bc.ca/bcp/practitioner-registration>

Fill and print forms

- Apply for facility number: www2.gov.bc.ca/assets/gov/health/forms/2948fil.pdf
- Attach practitioner to MSP facility number: www2.gov.bc.ca/assets/gov/health/forms/2950fil.pdf

For more information

- www.doctorsofbc.ca/news/what-you-need-know-about-business-cost-premium

Bhandari told Dr Devereaux that observational studies suggested that shorter time to surgery may prevent death and major complications in patients with a hip fracture. Based on this evidence, they initiated a large randomized controlled trial to understand the effects of accelerated surgery in patients with a hip fracture.

Accelerated surgery did not result in a reduction in death or a collection of major complications; however, patients randomized to accelerated surgery had a lower risk of delirium, urinary tract infection, moderate to severe pain, and were faster to stand, mobilize, and go home compared to patients randomized to standard care. Among patients who

had elevated troponin when they presented to the hospital with their hip fracture, accelerated surgery lowered the risk of death compared to standard care.

Physical activity for prostate cancer patients and its effect on tumors

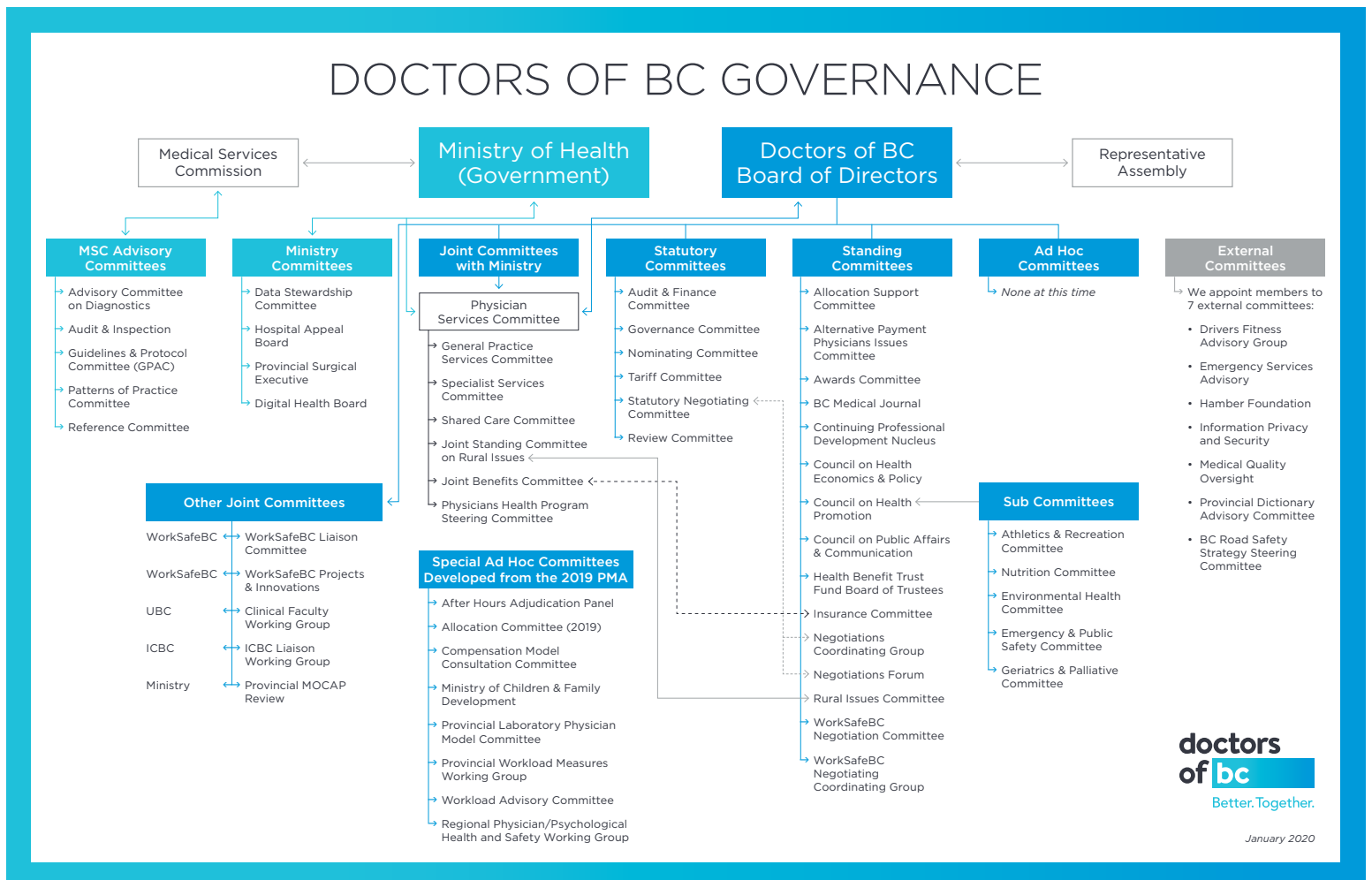
Prostate cancer affects 15% to 20% of North American men. Living with a cancer diagnosis can be frightening and anxiety-inducing, but at the same time there exists a hopeful phenomenon called the “teachable moment.” The teachable moment describes cancer patients’

increased likelihood of accepting and acting on their health care provider’s lifestyle change recommendations because of their diagnosis. Vancouver Coastal Health Research Institute scientist Dr Ryan Flannigan is currently studying whether the teachable moment offers an opportunity to get prostate cancer patients into a regular exercise routine that may change the genetic expression and molecular makeup of their tumor and improve their diagnosis.

Dr Flannigan is a urologist focused on men’s health at Vancouver General Hospital and senior research scientist at the Vancouver Prostate Centre. He is also clinical lead of the Prostate Cancer Supportive Care Sexual

Doctors of BC governance and committee reporting structure

This graphic was created by Doctors of BC senior staff as a tool to help the Board of Directors, the Representative Assembly, members, and staff visualize and better understand the complex relationships and reporting structures of the committees and other bodies represented.



Medicine Program, British Columbia, director of the Male Infertility & Sexual Medicine Research Program, and assistant professor in the Department of Urologic Sciences at UBC.

There have been a number of research studies on a population level that have identified the association between exercise and reduced risk for acquiring prostate cancer, prostate cancer-specific mortality, and delayed disease progression. Studies have also shown a connection between regular exercise and improved quality of life for patients in terms of alleviating treatment-associated side effects such as fatigue and decreased muscle strength and physical function.

Dr Flannigan's study participants were 20 men diagnosed with immediate-risk prostate cancer, meaning eventual surgery to remove the prostate gland. Ten participants were randomly assigned to an 8- to 12-week exercise intervention completed prior to surgery. The intervention comprised two 1-hour sessions of supervised resistance and aerobic training per week, as well as home aerobic training at least twice weekly. The other 10 participants received standard prostate cancer care that included education about healthy exercise and diet.

The study found that introducing exercise during the teachable moment (after diagnosis and before surgery) led to increased physical activity among participants 6 months post-surgery and well after the exercise intervention period. The study also found that prostate cancer-specific quality of life and depressive symptoms were similar 6 months after surgery as before surgery.

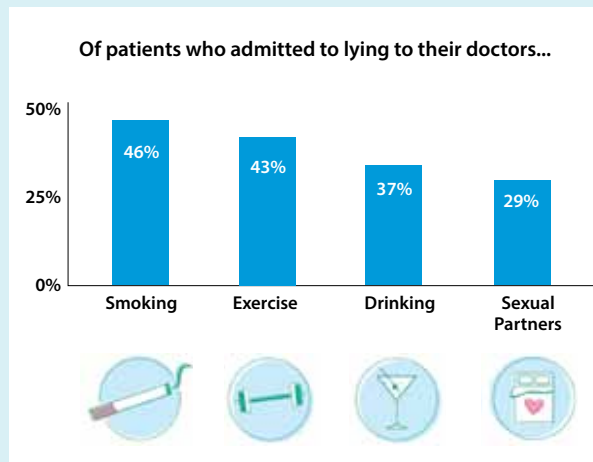
Studies using animal models have demonstrated decreased tumor activity following exercise treatments. For example, research suggests that exercise may interfere with oxygen delivery in prostate cancer tumor microcirculation and tumor proliferation, decreasing chances of the cancer spreading to other parts of the body and delaying tumor growth.

As part of their study, Dr Flannigan and his team are testing participants' tumor specimens to see if there are any changes resulting from the exercise intervention. They hope to have preliminary molecular and genetic study results by summer 2020.

What patients lie to their doctors about, and why

Doctors know that patients are not always fully truthful with them, but just how much do patients lie, and about what? A recent Pollfish survey found that 43% of those who admitted to lying say they lie about their exercise habits; the only thing that more people admitted to lying about was smoking (46%). Patients 35 and older were more likely to lie about their exercise habits than younger patients, while those under 35 were more likely to lie about smoking.

More men lied to doctors about alcohol consumption than women (50% men vs. 32% women), while women were more likely to lie about sexual partners (33% women vs. 21% men).



Why are patients lying?

- 75% of respondents cited embarrassment.
- 31% lie to avoid discrimination.
- 22% lie because they don't think their doctor will take them seriously if they tell the truth.

Of those who admitted to lying to their physician, the group that lied to avoid discrimination was overwhelmingly female (80% female, 20% male).

On the bright side, in general most people (77% of those surveyed) are honest with their doctor, and 34% said they were comfortable talking with their doctor about *anything*.

The survey was conducted for insurance aggregator TermLife2Go, and had 500 respondents from throughout the US. More results are available at <https://termlife2go.com/lying-to-your-doctor>.



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