

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.

Parental leave and implications for disability insurance

Insurance advisors recommend you review your insurance portfolio any time you experience a major life change, and becoming a parent definitely counts. You may be unaware that this major change can also impact your disability insurance. Here are some considerations to keep in mind as you plan and return from your parental leave.

During pregnancy: You may be able to claim a disability benefit if you experience complications of pregnancy that affect your ability to work or if you deliver a baby via cesarean section. These

types of claims are available for people who are insured through the government-funded Physicians' Disability Insurance (PDI). If you experience complications that affect your ability to work for more than 14 days, you may claim disability benefits from that time until you give birth. Complications of pregnancy are covered under most disability policies, including professional expense insurance plans, but the longer waiting periods (90 days is most common in the insurance industry) often mean that many complications of pregnancy don't qualify for claim. If you give birth via C-section, PDI pays a 6-week recovery benefit.

For parents of a newly born or newly placed adoptive child: If you have professional expense

insurance through Doctors of BC, you may be able to make a claim for part of your overhead expenses to be covered through the parental leave benefit built into the coverage. This allows for reimbursement of any ongoing business expenses up to the lesser of 50% of your benefit or the current maximum Employment Insurance benefit. You can claim for up to 17 weeks following delivery or date of placement.

When you're returning to work post-parental leave: If you rely on PDI for a significant part of your disability insurance strategy, speak with an insurance advisor to determine if you should make adjustments to your insurance. PDI is calculated on actual billings or income earned

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Dr Sophia Park, Chair



Dr Adam Thompson, Vice-chair

New chair and vice-chair appointed by Doctors of BC Board

The Board of Directors of Doctors of BC elected a new chair and vice-chair at its meeting on 11 June 2021. After 4 years as chair, Dr Jeff Dresselhuis did not stand for re-election, and following a vote, Dr Sophia Park became the new chair and Dr Adam Thompson the new vice-chair. Information about the Board is available at www.doctorsofbc.ca/about-us/governance-and-representation/board-representative-assembly.

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in BC, so if you are planning to return to work in a part-time capacity, your PDI benefit may reduce (due to lower income). Depending on your income and the amount of coverage you have in place, this may result in a period of being underinsured.

Please get in touch with us if you have questions (econnors@doctorsofbc.ca). Doctors of BC licensed insurance advisors are available to give personalized advice; the above describes general features of the plan that aren't applicable in every situation.

—Erin Connors

Advisory Services Manager, Members' Products and Services

Access patient information with CareConnect

A province-wide electronic health record (EHR) is enabling health care providers to access key patient information in one place. Offered and supported by the Provincial Health Services Authority (PHSA), CareConnect (Provincial eHealth Viewer) is a secure, view-only EHR that shows information like visits, labs, imaging reports, immunizations, and medications. It can also identify other clinicians involved in a patient's care, as well as provide information to facilitate patient triage and develop care plans.

Top five things to know about CareConnect:

- There is no cost to physicians or clinics.
- CareConnect saves physicians and MOAs time; no need to track down reports or order duplicate tests and procedures.
- CareConnect is available with a regular Internet connection or through the Private Physician Network.
- Rapid access feature may be available from an EMR, allowing providers to view a patient's information in CareConnect within 20 seconds.
- Physicians can get started by completing the CareConnect Worksite Intake Form; the enrolment process is supported by PHSA.

Learn more about CareConnect at www.vch.ca/for-health-professionals/resources-updates/careconnect. Email questions to private.careconnect@phsa.ca.

Save the date: SSC Symposium 2022

Specialist physicians are invited to collaborate on how to improve specialty care in a post-pandemic world at an in-person, full-day symposium. The event will take place on Friday, 21 January 2022, at the Westin Bayshore hotel in Vancouver. This symposium, *A New Day: Emerging Priorities in Specialty Care*, is presented by the Specialist Services Committee—a partnership of Doctors of BC and the BC government—and Specialists of BC. Get the latest event news at www.sscbc.ca/symposium2022.

BC Seniors' Guide, updated

The updated *BC Seniors' Guide* provides information on health, housing, finances, community supports, and more to help seniors continue living well. Print copies of the enhanced 12th edition are available in English, Chinese, French, Punjabi, Farsi, Korean, and Vietnamese. All languages can be accessed online in PDF format. The English version is online in an e-book format.

The guide includes information on programs such as:

- Fair PharmaCare.
- Medical Services Plan.
- The Home Adaptations for Independence program, which provides financial assistance for low-income seniors to modify their homes.
- Shelter Aid for Elderly Renters, which helps make rents affordable for low- to moderate-income seniors.
- The BC Senior's Supplement, which offers a provincial top-up to the federal Old Age Security/Guaranteed Income Supplement payment.
- The Travel Assistance program, which offers discounts for travel within the province for medical specialists' services not available in local communities.
- The BC Bus Pass program, which offers subsidized bus passes to low-income seniors.

The 12th edition includes sections on digital literacy, cultural safety, LGBTQ2S+ supports, and medical assistance in dying. The guide

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Spoken interpretation services available to community specialists

When working in their community offices, specialists can access free spoken language interpreting services as part of a 1-year pilot project, funded by the Specialist Services Committee (SSC)—a partnership of Doctors of BC and the BC government.

SSC is providing \$50 000 for this pilot project in response to physicians' feedback about supporting the delivery of safe and equitable patient care to diverse populations. Previously, this service was available to specialists who chose to pay privately or who work within the boundaries of health authority sites.

Accessible through the Provincial Language Service, professional interpreters offer services that are available:

- Via telephone.
- 24 hours a day, 7 days a week.
- On demand.
- In roughly 240 languages.

How specialists can connect with an interpreter:

1. Call 1 833 718-2154 (toll free).
2. Select a language.
3. Enter your access code, which was emailed to you by your section head, or contact SSC at sscbc@doctorsofbc.ca.
4. Indicate you are a member of Doctors of BC.
5. Wait 30 to 60 seconds to connect with an interpreter.

For more information, visit www.phsa.ca/health-professionals/professional-resources/interpreting-services.

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directs individuals to the BC Centre for Disease Control for information on COVID-19.

To access the *BC Seniors' Guide* in all seven languages, visit www.gov.bc.ca/seniorsguide. To order free print copies, call (toll-free) 1 877 952-3181.

Insight into diagnostics, treatment for severe *C. diff* infection

Clostridioides difficile (*C. diff*) is the leading cause of gastroenteritis-associated death in North America. While most people affected will fully recover, new research from Vancouver Coastal Health Research Institute scientist Dr Theodore Steiner explores how to identify the roughly 25% to 35% of patients who will experience recurrent or severe infection.

The Centers for Disease Control and Prevention defines *C. diff* as a significant health concern because it can cause life-threatening diarrhea and inflammation of the colon. At greatest risk of becoming dangerously ill or dying due to the infection are people ages 65 and older who take antibiotics, along with individuals with a prior *C. diff* infection and people who are hospitalized or living in long-term care homes. Young and middle-aged adults can also be plagued by recurrent infections that cause life-altering diarrhea, abdominal cramps, and potential hospitalizations.

Dr Steiner is a professor and the head of the Division of Infectious Diseases, an associate member in the Department of Microbiology and Immunology at the University of British Columbia, and a researcher in the Immunity and Infection Research Centre. His research, published in *Gastroenterology*, found that CD4+ T-cell immune response to the *C. diff* toxins A and B was higher among patients who experienced recurrent or more severe *C. diff* infection compared with individuals with their first episode of *C. diff*. Part of the body's immune system, CD4+ T-cells are specialists in gut-related infections. They can help fight *C. diff* by recruiting cytokine molecules to signal the immune system to attack the infection and to produce antibodies that neutralize the toxins, preventing them from damaging cells.

A potential biomarker, the greater presence of CD4+ T-cell response to the *C. diff* A and B toxins could help clinicians identify which patients are more likely to recover through first-line antibiotic treatments, and which may require additional interventions.

Fecal transplantation as alternative therapy for treatment-resistant *C. diff*

C. diff infection occurs through ingesting the pathogen, which is found in water, soil, food, and human and animal feces. Once infection occurs, the first-line treatment is a course of antibiotics, such as vancomycin or metronidazole. These medications work by destroying bacteria in the intestines. However, they do not block the *C. diff* A and B pathogenic toxins that cause damaging inflammation. They also destroy healthy gut bacteria, which can create a more favorable environment for *C. diff* recurrence or reinfection. Patients who do not respond to at least two rounds of antibiotics may be prescribed fecal microbiota transplantation (FMT), a well-established procedure in which stool from a healthy donor is transplanted into the patient's gastrointestinal tract.

In another study published in *Gastroenterology* in January 2021, Steiner found that this second-line treatment for recurrent and severe *C. diff* improved Th17 counts—a type of CD4+ T-cell—as well as antibodies to *C. diff* toxins A and B, all of which supported the greater balance of healthy gut flora essential to disease recovery.

Studies have shown a 90% global effectiveness of FMT on this patient cohort, according to Steiner. While more involved than antibiotic treatments, the Health Canada-approved intervention may be the best option for many people with a treatment-resistant infection.

Steiner is currently recruiting adults ages 18 and older with a first instance of *C. diff* infection for his new onset *C. diff* study. For more information, contact study coordinator Laura Oliveira at laura.oliveira@ubc.ca.

Probiotics may aid in relieving Parkinson disease-related anxiety

Research led by Vancouver Coastal Health Research Institute scientist Dr Silke Appel-

Cresswell is the first to examine whether a multistrain probiotic could help relieve anxiety symptoms in people with Parkinson disease. Parkinson disease often causes muscle rigidity linked to reduced dopamine levels, along with tremors or slowed movements. Dopamine replacement therapy can help relieve symptoms of anxiety and stiffness among some patients, but existing treatments take a while to kick in, and often wear off within a few hours.

For her randomized, triple-blind and placebo-controlled clinical trial, "Treating Anxiety in Parkinson's Disease with a Multi-Strain Probiotic (TAP)," Appel-Cresswell is recruiting adults with Parkinson disease ages 40 to 80 to investigate the effectiveness of the Ecologic BARRIER849 probiotic as an anxiety reduction treatment. The over-the-counter probiotic—not currently available in Canadian stores—contains a mixture of live bacterial cultures targeted at promoting a healthy gut flora, which the research team believes may set off a chain reaction that stops the anxiety cycle.

New treatment would target the microbiome of Parkinson disease patients

The guts of Parkinson patients often face a variety of challenges, says Appel-Cresswell. Constipation is a very early and very widespread symptom. Their gut's microbiome is also more likely to drive inflammation. This inflammation causes damage to the gut barrier—composed of mucosal membrane and other protective cells—allowing bacteria and toxins to escape, Appel-Cresswell explains.

Leaked toxins may contribute to elevated levels of damaging microbial metabolites in Parkinson disease patients, which Appel-Cresswell identified in her prior research. These toxins have also been found in higher concentrations in patients' cerebral-spinal fluid, says Appel-Cresswell.

Bacterial strains contained within the Ecologic BARRIER probiotic have been found to improve gut barrier function and mood, possibly due to its rebalancing of gut flora and promotion of healthy gut bacteria, says Appel-Cresswell.

To test whether or not this is true for Parkinson disease patients, participants in Appel-Cresswell's study will complete a variety

of motor function, cognition, and neuropsychiatric tests before and after a 12-week trial of one sachet twice daily probiotic or placebo powder. Results will be evaluated for changes in participants' anxiety levels, motor function, levels of fatigue, depression, and microbiome composition.

To learn more about the TAP study, contact coordinator Petra Uzelman at 604 827-0576 or petra.uzelman@ubc.ca.

BC introduces new prescribed safer supply policy

British Columbia is phasing in a new policy to expand access to prescribed safer supply. The province is directing funding up to \$22.6 million to the health authorities over the next 3 years to lay the foundation for this new approach. The funding will support the planning, phased implementation, monitoring, and evaluation of prescribed safer supply services.

At the start of the pandemic, BC provided access to some prescribed safer supply medications. Building on what was learned, BC is expanding access to prescribed safer supply to reach more people. Once fully implemented, people who use drugs and who are at high risk of dying from the toxic illicit drug supply will be able to access alternatives covered by PharmaCare, including a range of opioids and stimulants as determined by programs and prescribers.

The Ministry of Mental Health and Addictions introduces this policy following work with partners and stakeholders, including medical doctors, nurses, pharmacists, people with lived and living experience, the First Nations Health Authority, all regional health authorities, and Indigenous-led organizations. The policy was developed within the limits of the federal Controlled Drugs and Substances Act, which requires controlled substances be provided by prescription.

The new policy will roll out through a phased approach, beginning with implementing the policy in existing health authority-funded programs that currently prescribe alternatives to illicit drugs (e.g., opioid agonist treatment, oral and injectable tablet programs) and through newly created programs such as service hubs and outreach teams, supported by Budget 2021. Prescribed safer supply services will also be delivered through the federally funded Safer programs.

The first phase of this new policy is expected to be in place for 18 to 24 months as data are collected to assess this approach. Phased implementation ensures patient and prescriber safety, as well as providing opportunity for rigorous monitoring and evaluation as BC builds a body of evidence that will lead to clinical guidance for this policy.

Further phases will expand broader access once the clinical guidance is developed based on findings from the monitoring and evaluation process.

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