

to information technology and communication platforms and time for clinical follow-up, as well as shortages in workforce, space, and equipment.

### Reduced system costs

Surgical patient prehabilitation increases efficiency of the health care system by better preparing patients for surgery, resulting in fewer adverse events and shorter hospital stays. In its first 2 years, SPOC has:

- Led to average net savings of approximately \$2175 per arthroplasty patient and \$7500 per colorectal patient.
  - 74% of the arthroplasty surgery savings and 55% of the colorectal surgery savings were due to a shorter surgical length of stay (LOS).
  - 37% of the colorectal surgery savings were due to a reduction in the rate of postsurgery surgical site infection.
- Shortened LOS for optimized patients by 28% for arthroplasty surgery and by 45% for colorectal surgery.

### Spread and sustainability

SPOC is continuing to expand to more sites across the province, including through teams working with primary care networks and by offering a second cohort of teams. Learn more at [www.sscbc.ca](http://www.sscbc.ca). ■

—Kelly Mayson, MD

—Thomas Wallace, MD

**Co-chairs of SSC's Surgical Optimization Working Group**

### References

1. Institute for Healthcare Improvement. The breakthrough series: IHI's collaborative model for achieving breakthrough improvement. IHI Innovation Series white paper. Boston: Institute for Healthcare Improvement. 2003.
2. Specialist Services Committee. Surgical Patient Optimization Collaborative (SPOC). Accessed 15 September 2021. <https://sscbc.ca/programs-and-initiatives/transform-care-delivery/surgical-patient-optimization-collaborative-spoc-0>.

**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.

## Optimizing your disability and professional expense insurance

When did you last review your disability and professional expense insurance needs? It's recommended that you review your coverage with a Doctors of BC insurance advisor 1 year after starting a practice and 2 years thereafter.

If you have the Guaranteed Insurability Benefit (GIB) rider on your Doctors of BC Professional Expense Insurance (PEI) or Disability INCOMEprotect for practising physicians, you may increase your coverage without medical questions each November.

### Disability insurance

Disability insurance provides monthly tax-free income if you're unable to work due to accident or illness. It's important to maximize your disability coverage, as 1) you could be disabled for a long period and disability benefits may be your only source of income, 2) the medical costs associated with a disability can be unexpectedly high, and 3) some of your disability benefits should be designated for retirement savings, since benefits end at age 65.

Insurers limit the amount of tax-free disability coverage you can purchase based on your net income (gross earnings less business expenses, excluding personal salary, dividends, and income tax). These limits are designed to ensure that claimants are not earning more from benefits than they were earning while employed. Depending on your income, the insurer may offer maximum coverage of 30% to 40% of your net income.

The BC government-paid Physicians' Disability Insurance (PDI) can help maximize the benefits available to a physician during a disability. PDI typically pays up to \$6100 of monthly tax-free disability benefits for physicians earning eligible MSP income. PDI will reduce benefits if the claimant's total disability benefits from all sources are greater than 60% of predisability net income (after expenses but before income or corporation tax). This is an important factor in determining how much additional disability you should have. For example, if you earn \$250 000 net income and are eligible for \$6100 of PDI, you should have up to \$6400 of additional personally paid disability. In this example, any additional coverage beyond \$6400 will reduce PDI benefits,

## #1 for Practice Closure / Transition

In 1997, a young doctor heard the frustrations of colleagues forced to retain patient records for years after practice closure. Together with his buddy they founded RSRS to offer Canadian physicians record storage and practice closure assistance. Twenty-four years later, our 50 dedicated associates have assisted more than 2,500 physicians with secure storage for over 4 million Canadians. **Free services for qualifying primary care physicians.**



Circa 1997  
Eric Silver MD and Elan Eisen — co-founders of RSRS.



[www.RSRS.com](http://www.RSRS.com)

**1-866-245-7607**

dollar for dollar. Each situation is different; you are encouraged to speak with a Doctors of BC insurance advisor about your personal situation.

**Professional expense insurance**

As costs of managing your practice increase, ensure your PEI coverage increases as well. PEI provides reimbursement of professional and business clinic expenses, including membership dues, accounting fees, liability insurance, office rent, and staff salaries. Note that spousal salaries for income-splitting purposes are not considered a reimbursable expense. If your PEI amount is inadequate, you may have to use your personal savings or disability payments to help fund your professional expense obligations during a disability.

Speak with a licensed Doctors of BC insurance advisor to get a proper assessment of your insurance needs. Email [insurance@doctorsofbc.ca](mailto:insurance@doctorsofbc.ca) or call 604 638-7914 for a complimentary appointment.

—Julie Kwan  
Business Development Manager, Insurance

**BC Lymphedema Association: Updated professional resource directory**

The BC Lymphedema Association has released its 2021–2022 edition of the *BCLA Professional Directory & Resource Guide*. The expanded guide includes new and updated educational content and is intended to help BC physicians and their patients find the services they need within their health region. Content includes

listings by health region, trained therapists, fitters, and support services for the management of patients with lymphatic disorders.

Also included is an update on the VGH Lymphedema Program, offering surgical solutions for patients.

A PDF version of the directory is available at [https://bclymph.org/Resource-Directory\(PDF\)](https://bclymph.org/Resource-Directory(PDF)). For further information, contact [info@bclymph.org](mailto:info@bclymph.org) or call the information line listed on the back of the directory.



**Website to connect people with mental health, substance-use supports**

British Columbians can now navigate and connect with mental health and substance-use information and supports via the Wellbeing website (<https://wellbeing.gov.bc.ca>). The website features a guided search tool that helps users find a curated, personalized list of services based on their answers to simple questions about who they are and what they need. It is particularly beneficial for people who are seeking help for the first time and need extra guidance to learn about the information and supports that are available to them. It includes information about mental health and substance use to help support children or youth, postsecondary students, adults, parents or caregivers, seniors, Indigenous persons, 2SLGBTQ+ persons, people who use drugs, and service providers. Content on the website will be expanded with ongoing input from community partners and continuous peer review by people with lived and living experience of mental health and substance-use challenges.



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Editorial: The outsized impact of kindness

A lesson I have relearned is how the smallest act of kindness can elevate someone from just doing their job to being an angel of caring. The difference this makes to a vulnerable unwell patient and their family is immeasurable.

Read the editorial: [bcmj.org/editorials/outsized-impact-kindness](https://bcmj.org/editorials/outsized-impact-kindness)



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## Innovative coating for blood vessels reduces rejection of transplanted organs

Researchers at UBC have found a way to reduce organ rejection following a transplant by using a polymer to coat blood vessels on the organ to be transplanted. The polymer substantially diminished rejection of transplants in mice when tested by collaborators at SFU and Northwestern University.

The polymer was developed by UBC pathology and laboratory medicine professor Dr Jayachandran Kizhakkedathu and his team at the Centre for Blood Research and the Life Sciences Institute. The findings were published recently in *Nature Biomedical Engineering* ([www.nature.com/articles/s41551-021-00777-y](http://www.nature.com/articles/s41551-021-00777-y)).

The discovery has the potential to eliminate the need for drugs on which transplant recipients rely to prevent their immune system from attacking a new organ as a foreign object. Dr Kizhakkedathu explained that blood vessels in organs are protected with a coating that suppresses the immune system's reaction, but in the process of procuring organs for transplantation, the coating is damaged and no longer able to transmit the message. Dr Kizhakkedathu's team synthesized a polymer and developed a chemical process for applying it to blood vessels. He worked with UBC chemistry professor Dr Stephen Withers and the study's co-lead authors, PhD candidate Daniel Luo and recent chemistry PhD Dr Erika Siren.

The procedure has been applied only to blood vessels and kidneys in mice so far, but researchers are optimistic it could work equally well on lungs, hearts, and other organs. Clinical trials in humans could be several years away.

The research was supported by CIHR, NSERC, UBC, SFU, the Heart and Stroke Foundation of Canada, GlycoNet, and the Michael Smith Foundation for Health Research.



## 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](mailto: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](http://www.phsa.ca/health-professionals/professional-resources/interpreting-services).