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who do not respond to triptans and ergot, Tylenol #3 remains an effective rescue preparation when administered early in the attack. Even when migraine patients include classic aura in their range of symptoms, it is difficult enough to persuade a personal physician to prescribe a few Tylenol #3s in today's opioid climate, let alone have to escalate that request to a stronger alternative if codeine preparations were to be no longer available. Delisting will predictably result in migraine sufferers ending up under the aggravating bright lights of the ER department for hours, awaiting IV metoclopramide or ondansetron to abort their attacks (personal experience).

—Anthony Walter, MD
Coldstream

Doctors Helping Doctors 24 hrs/day, 7 days/week



The Physician Health Program of British Columbia offers help 24/7 to B.C. doctors and their families for a wide range of personal and professional problems: physical, psychological and social. If something is on your mind, give us a call at 1-800-663-6729. Or for more information about our services, visit www.physicianhealth.com.



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.

Prepare for the unexpected with the contingency planning toolkit

When it comes to treating patients, doctors are always prepared to deal with the unexpected. Since many doctors are business owners as well, it's important to prepare for unexpected situations that may disrupt delivery of essential services. Potential threats may include fire, flood, facility damage, medical emergencies, sudden death, or prolonged absences.

Doctors of BC's new initiative, Business Pathways (www.doctorsofbc.ca/managing-your-practice/business-pathways), has developed a contingency planning toolkit that provides clear information and outlines steps on how to:

- Confirm your insurance coverage.
- Assign key roles and responsibilities.
- Create and mobilize a communications plan.
- Complete a critical record inventory.
- Create a schedule for review.
- Solidify your personal contingency plans and estate.

Business Pathways will be developing more resources in the coming months to help doctors with the operational side of running their business.

If you have feedback and questions, please contact Julia Dreyer at jdreyer@doctorsofbc.ca.

Value of accidental death and dismemberment insurance

Unlike conventional underwritten life insurance that requires the applicant to provide proof of good health to determine eligibility for coverage, there are no health or lifestyle questions necessary to obtain accidental death and dismemberment (AD&D) coverage.

AD&D provides coverage to the insured in case of dismemberment or accidental death due to an unexpected event. Coverage begins immediately upon the initial premium payment. It is designed to pay a lump sum tax-free benefit if you lose your life, limbs, use of limbs, eyes, speech, or hearing due to an accident.

We are fortunate to live in a beautiful province offering a wealth of outdoor activities close to our homes, and it's not uncommon to find underwritten life insurance issued with an exclusion for hazardous sports or activities. A few of the most common exclusions are backcountry skiing, heli-skiing, rock climbing, and mountaineering. However, a serious injury or death can also result from everyday activities such as an automobile accident, slip and fall, choking, or drowning.

Demand for AD&D coverage is increasing, especially among those who have financial dependants such as a spouse, children, or other family members who may not have any life or disability insurance. The AD&D plan is also ideal if the insured or family member would typically be uninsurable or receive a policy with exclusions. In a worst-case scenario, AD&D helps ensure you and your loved ones continue their standard of living should you suddenly become injured or pass away due to an accident.

The schedule of covered losses is comprehensive, and the benefit amount varies depending on the claim. Death benefits are paid at 100% of the benefit amount. In contrast, the loss of use of one hand would pay 67% of the benefit amount. The plan also includes 26 supplemental benefits such as repatriation, rehabilitation, and/or spousal retraining benefits, to name a few.

Doctors of BC offers members individual or family coverage, in \$100,000 increments

up to the maximum of \$2 million. Individual premiums start as low as \$1 per month for \$100 000 up to \$26 per month for \$2 million. Family premiums are slightly higher as your spouse and children are covered.

To learn how AD&D may complement your current coverage, please email insurance@doctorsofbc.ca to schedule a meeting with one of our licensed, noncommissioned insurance advisors.

—Hali Stus

Insurance Advisor, Members' Products and Services, Doctors of BC

Community-based specialists: No-cost access to UpToDate

Community-based specialists with no active hospital privileges have free access to UpToDate, a subscription-based online clinical decision support resource that provides clinical guidance to complex questions with the latest evidence and best practices.

Available for desktop or mobile, the platform offers more than 10 000 peer-reviewed topics in 21 specialties from international and Canadian authors, as well as drug information, medical calculators, and patient information sheets.

Interested, eligible specialists can get their free subscription by emailing the Specialist Services Committee (SSC) at sscbc@doctorsofbc.ca

and stating they do not have access to the resource through a health authority. Within 2 weeks, they will receive an email with details on how to log in and register to get started with UpToDate.


Funding for the subscription is provided by the SSC, partnering with the General Practice Services Committee. In the past, free subscriptions for specialists with active admitting privileges have been available through health authorities, and for family doctors through their local division of family practice.

The GPSC and SSC are two of four Joint Collaborative Committees that represent a partnership of Doctors of BC and the BC government.

Improved gender designation process for people in BC

As of 10 January 2022, Two Spirit, transgender, and gender-diverse people in British Columbia can change gender designations on their BC Services Card, BC Driver's Licence, BCID card, and BC birth certificate without confirmation from a physician or psychologist.

The Ministry of Health, Ministry of Citizens' Services, and the Insurance Corporation of BC have worked together to implement this change. Adults wanting to change their gender designations will be required to complete




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Impact of #COVID19 response on #childhood #immunization: What can we do to catch up? Historically, response to pandemics has affected routine immunization coverage.

Read the article: bcmj.org/bccdc/impact-covid-19-response-childhood-immunization-what-can-we-do-catch



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an Application for Change of Gender Designation, which includes a self-declaration. People under 19 will also need to provide proof of parent and/or guardian support.

BCMJ survey prize winners

Thank you to everyone who completed the 2022 BCMJ survey in January. We had 1403 responses, and we are analyzing the results now. We will provide a summary of the findings in an upcoming issue of the journal. The two winners of the AirPods Pro are Drs Robert Bousquet and Ben Macinnis.

Mini profiles for 2020

Your 2020 mini profile is now available, exclusively on the Doctors of BC website (login required). The profile provides you with informative statistics based on the MSP payments made to you for services provided in the 2020 calendar year, including any settlements or retroactive payments issued as of 31 March 2021.

This information allows you to monitor your billings in comparison to your peer group and provides valuable information that allows you to address any potential issues quickly and early. Understanding the flags on your profile, which could put you at a higher risk for an audit, can help you determine if you need to make changes to your billings and can alert you to a potential issue with your flagged measures that could be avoided.

Also in the data are claims paid by MSP, on behalf of ICBC and WorkSafeBC. The profiles are an accurate reflection of claims submissions and payments made in the claims record that identified you as the physician who provided the service, or in the case of referred services, identified you as the referring practitioner.

For more information, including FAQs and explanatory notes, go to www.doctorsofbc.ca/news/gain-more-information-your-billings-checking-out-your-latest-mini-profile.

If you have questions or need help understanding your profile, contact Tara Hamilton, senior advisor, Audit and Billing, at thamilton@doctorsofbc.ca or 604 638-6058 (toll-free: 1 800 665-2262).

—Tara Hamilton

Senior Advisor, Audit and Billing

Pr DAYVIGO™ lemborexant tablets

INDICATION AND CLINICAL USE:

Sleep disturbance may be the presenting manifestation of a physical and/or psychiatric disorder. Consequently, a decision to initiate symptomatic treatment of insomnia should only be made after the patient has been carefully evaluated.

DAYVIGO™ (lemborexant) is indicated for the treatment of insomnia, characterized by difficulties with sleep onset and/or sleep maintenance.

DAYVIGO is not recommended for patients under the age of 18 years.

DAYVIGO is not recommended in patients with severe hepatic impairment.

CONTRAINDICATIONS:

- Hypersensitivity to this drug or to any ingredient in the formulation, including any non-medicinal ingredient, or component of the container.
- Patients with narcolepsy.

RELEVANT WARNINGS AND PRECAUTIONS:

- Abnormal thinking and behavioural changes
- CNS depressant effects (including alcohol) and daytime impairment and risk of falls
- Complex sleep behaviours
- Sleep paralysis, hypnagogic/hypnopompic hallucinations, and cataplexy-like symptoms
- Worsening of depression/suicidal ideation
- Co-morbid diagnoses
- Drug interactions - inhibitors and inducers of CYP3A
- Patients with galactose intolerance
- Driving and operating machinery
- Patients with dependence/tolerance and abuse liability
- Rebound insomnia
- Patients with hepatic impairment
- Patients with compromised respiratory function
- Pregnant or breastfeeding women

FOR MORE INFORMATION:

Please see the Product Monograph at <https://ca.eisai.com/en-CA/our-products> for important information on adverse reactions, drug interactions, and dosing not discussed in this piece. The Product Monograph is also available by calling 1-877-873-4724.

† Based on a 1-month global, randomized, double-blind, parallel-group, placebo- and active-controlled, phase 3 study (SUNRISE 1) in 743 participants with insomnia disorder (age ≥55 years). Participants received placebo (N=208) or DAYVIGO 5 mg (N=266) or 10 mg (N=269) at bedtime. Latency to persistent sleep baselines: placebo, 44 mins; DAYVIGO 5 mg, 45 mins; DAYVIGO 10 mg, 45 mins. Wake after sleep onset baselines: placebo, 112 mins; DAYVIGO 5 mg, 113 mins; DAYVIGO 10 mg, 115 mins.²

REFERENCES:

1. DAYVIGO Product Monograph, Eisai Limited, November 3, 2020.
2. Rosenberg R, Murphy P, Zammit G, et al. Comparison of Lemborexant With Placebo and Zolpidem Tartrate Extended Release for the Treatment of Older Adults With Insomnia Disorder: A Phase 3 Randomized Clinical Trial. *JAMA Network Open*. 2019;2(12):e1918254.

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