College of Physicians and Surgeons of British Columbia

Serving the public through excellence and professionalism in medical practice

College Connector

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In this issue:

The *College Connector* is sent to every current registrant of the College. Decisions of the College on matters of standards and guidelines are contained in this publication. Questions or comments about this publication should be directed to communications@cpsbc.ca.

Registrar's message - important updates to College Bylaws will affect many registrants

The College Bylaws act as a "rule book," providing the foundation for sound and effective decision–making around the boardroom table. The Board is responsible for regularly reviewing the Bylaws, and, if necessary, revising, replacing or repealing them to ensure effective oversight of the profession. Any time a Bylaw amendment is proposed, the College is required to give notice to registrants and the public and post the amendment for three months, unless the minister of health specifies a shorter time frame, to give key stakeholders an opportunity to ask questions and provide feedback. This is a critical phase in the drafting process. The feedback from the profession is especially useful as it provides insight into how the Bylaw amendment is being interpreted, and whether further clarification is needed.

All feedback is considered by both the College and the Ministry of Health.

In the coming months, the College will be posting amendments to several different sections in the Bylaws. Two of the amendments in particular will affect many practising physicians, and I want to take this opportunity to make you aware of what is being proposed by the Board.

Methadone Maintenance Program – sections 1-19 and 9-3 of the Bylaws made under the *Health Professions Act*, RSBC 1996, c.183

With the establishment of the BC Centre for Substance Use (BCCSU) announced last September, most components of the College's current methadone program will transition to the centre, including authorizing exemptions to physicians who wish to prescribe methadone for opioid use disorder under section 56 of the *Controlled Drugs and Substances Act*. The BCCSU will assume full responsibility of the program on June 5, 2017.

This transition will allow the College to focus its efforts on the enhanced monitoring of all prescriptions for medications that pose challenges to patient safety. The College will continue to recommend to the federal minister of health authorizations to physicians who wish to prescribe methadone for analgesic purposes, and provide duplicate prescription pads through its usual ordering process.

To enable this change, the College is seeking to repeal the existing sections of the Bylaws that direct the Methadone Maintenance Program. The posting period for repealing the Bylaws commenced on February 7, 2017. More information can be found here.

Non-Hospital Medical and Surgical Facilities Program – part 5, section A, sections 5-1 to 5-20 of the Bylaws made under the *Health Professions Act*, RSBC 1996, c.183

Much has changed over the years in the way private non-hospital facilities operate, including modernized technology and facility infrastructure, more rigorous national and international standards and building codes, and increasing public expectations of transparency and accountability. The Non-Hospital Medical and Surgical Facilities Program section of the Bylaws was last revised in 2009 when the College transitioned under new legislation, and no longer reflect many of these advancements.

Following consultation with representatives from the health authorities and the Ministry of Health, the College commenced a thorough review of part 5, section A of the Bylaws with a goal of updating the content based on current realities, and providing more specific and concise direction to physicians who work in private facilities. The College will be seeking to replace part 5, section A of the existing Bylaws with newly drafted content.

The posting period for the Non-Hospital Medical and Surgical Facilities Program section of the Bylaws is expected to occur prior to the May 2017 provincial election.

We value and appreciate your feedback, and hope you will take part in the consultation process.

H.M. Oetter, MD
Registrar and CEO

Back to table of contents »

2017 notification of election for board members

In accordance with the provisions of the *Health Professions Act* and the Bylaws made under the Act, an election is being held in April 2017 for five of the ten elected board member positions in four electoral districts: 1 – Vancouver Island, South; 3 – Vancouver and surrounding area; 4 – Fraser; 7 – Northern. As in previous years, the upcoming election will be conducted electronically, including email notifications and secure online voting with results managed by an external third party auditor.

The first notification of the election and a call for nominations was sent by email to all registrants on January 12, 2017. Nominations are now being accepted and must be received by Wednesday, February 15, 2017.

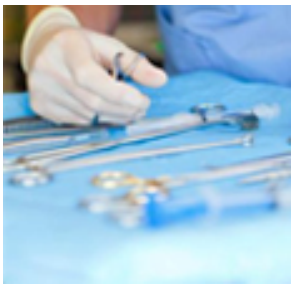
Dates to note:

January 12 – notification of election to registrants
February 15 – deadline for receipt of nominations
February 28 – presentation of nominated candidates for each district
March 2 – online voting begins
April 2 – online voting concludes
April 3 – announcement of new elected board members

For more information on how to nominate a candidate, eligibility and serving as a College Board member click here.

Back to table of contents »

The importance of seeing a regulated health professional



On January 10, the College issued a public health warning after an investigation into the unauthorized practice of medicine. In December, the College was granted an order by the BC Supreme Court to enter and search a residence in Delta where a woman was providing medical procedures she was not authorized or qualified to perform.

The order allowed the College to seize all items believed to be used for the practise of medicine, including syringes and surgical instruments. Investigators were unable to locate an autoclave on the premises.

While the details of this case are deeply troubling, they serve to remind the profession of its ethical duty to report such situations to the College. This case was brought to the College's attention by two physicians on two separate and unrelated occasions. In each instance, the physician had inquired further when a patient presented with complications following procedures performed by the unauthorized practitioner. This information led the College to successfully obtain an injunction against her thereby mitigating any further risk to the public.

Back to table of contents »

Straying beyond the bounds of clinical guidance can lead to criticism

The Inquiry Committee regularly receives complaints alleging bias on the part of family physicians, psychiatrists or pediatricians in reports and letters provided to parents pursuing custody of children in matrimonial disputes. At a recent meeting, the mother of a five-year-old alleged bias on the part of a family physician in favour of the child's father. The committee concluded that letters provided by the physician did betray a bias and that the physician strayed beyond the bounds of objective clinical information in expressing his opinion concerning the best interests of the child, contrary to the posted standard on *Medical Certificates and Other Third Party Reports*.

While not doubting the good faith motives of the physician or the possibility that his opinions may be correct, the committee concluded its review with criticism and directed that the College seek the registrant's consent to a remedial disposition, with attendance for an interview and commitment to complete the College's course on professionalism.

Physicians are strongly encouraged to review the standard when asked to provide documentation of this nature.

Back to table of contents »

Telemedicine as a stand-alone, episodic care service rarely meets expected standards

Inquiry Committee CASES

The College views telemedicine as a potentially powerful adjunct to integrated primary care and specialty services. Examples of effective use of telemedicine in BC include primary services to remote First Nations communities in the central interior and health authority-based specialty consultative services. Crucial elements include consistent staff to provide longitudinal care to patients they come to know, and the availability of closely affiliated settings for short-notice, face-to-face assessment, when required.

The Inquiry Committee continues to receive allegations of deficient care provided via telemedicine in models that amount to virtual walk-in clinics. At a recent meeting, the committee reviewed the care of five patients provided by four registrants. The medical director for the service was also asked to respond and an independent expert was engaged. Clinical presentations included a child with pharyngitis, a child with persistent pain affecting a single joint, an adult with back pain, and women seeking an oral contraceptive in one case and a vaginitis remedy in another. The committee concluded its review with criticism of the assessment and management of three of the five patients. Feedback will be provided to the registrants and the medical director will be interviewed.

While acknowledging that the statutory authority of the College is limited to case-by-case investigations of registrant performance, the committee concluded that it is almost impossible for physicians to meet expected standards for the majority of patients presenting with episodic concerns in this fashion. Services like telemedicine should be affiliated with and supported by full-service primary care clinics. Many patients presenting with acute concerns will require physical assessment that exceeds the functionality of the telemedicine interface. In primary care, telemedicine is likely to find its main utility in follow-up visits, to assess patient progress and review the results of tests.

The College looks forward to the widespread adoption of telemedicine by comprehensive family practice groups as a means of improving productivity and providing greater convenience and access to their patients. This will clearly become standard practice in the near future. Based on evidence reviewed by the Inquiry Committee to date, the care of unattached strangers in virtual walk-in clinic models is to be discouraged.

The College standard on *Telemedicine* can be found here.

Back to table of contents »

A case study on safe prescribing

A 39-year-old male taking high dose oxycodone and alprazolam for chronic abdominal pain started seeing a new GP. Based solely on the patient's report, the GP continued his medications at the same reported dose. The following year, the patient was admitted to hospital with a resistant lower extremity soft tissue infection and abdominal pain secondary to fecal loading. It was also discovered that he had an existing diagnosis of PTSD related to time spent in military service. Inpatient psychiatry diagnosed him with Axis 1: PTSD, agoraphobia and panic attacks. These diagnoses were solely based on the patient's subjective report, which included denial of use or misuse of prescribed or illicit drugs.

After discharge, the GP started to notice red flags (lost medication and early refills) and instituted pharmacovigilance. Three random UDTs were positive for cocaine, hydromorphone and amphetamines respectively. Accordingly, the GP tapered the alprazolam and the patient agreed to opiate agonist treatment. The patient only partially engaged in addictions care and eventually disengaged fully from the GP's care. He saw a physician at a walk-in clinic and obtained IR oxycodone (65 x 20 mg) and clonazepam (180 x 0.5 mg) tablets. A week later the patient re-consulted and was given an oxycodone refill without inquiry as to why his one-month prescription (a daily morphine equivalent of 270 mg) had been taken in seven days.

Over the next four months, the patient received 26 more prescriptions from 10 different physicians, using 10 different pharmacies. Prescriptions were for one of: oxycodone, Kadian, clonazepam or M-Eslon, prescribed as either daily or weekly dispenses. The total daily doses varied dramatically between providers, putting the patient at ongoing risk. The last physician he saw reviewed PharmaNet and relevant chart encounters, and recognized his underlying health and mental health challenges. He referred him to an addictions physician and allied health professionals for appropriate treatment. The patient is now stable on opiate agonist treatment and addressing his mental health and addiction.

Considerations in this case

By not checking PharmaNet, communicating with each other, or obtaining corroborating charts/specialist reports, 10 physicians and 10 pharmacies providing care to this patient inadvertently perpetuated his substance use disorder.

In terms of the patient's mental health, if his PTSD (and self-medication of this condition) with prescribed and illicit drugs had been recognized and addressed sooner, he could have accessed appropriate treatment earlier.

The treating hospital specialists noted the high dose opioid and benzodiazepine prescriptions and missed an opportunity to highlight that this could contribute to symptoms of resistant soft tissue infections (opioid-induced immunosuppression) and abdominal pain (opioid-induced gastroparesis). The

psychiatrist relied solely on the patient's report regarding substance use and did not discuss that benzodiazepines are relatively contraindicated in PTSD.

The prescribing and consulting physicians did not mitigate risk by advising the patient of the potential harm from combining high dose opioids with benzodiazepines. A treatment plan to rationalize medication was never formed.

Clinical pearls

1. When a new patient requests controlled or psychoactive medications, it is best practice to undertake or obtain:

    - corroborating information such as previous charts, lab work, imaging and specialist reports
    - a physical examination
    - a mental health evaluation, including substance use history
    - exploration of whether the patient is driving, operating machinery, providing care for others or experiencing symptoms of sleep-disordered breathing
    - PharmaNet review and communication with previous prescribers
    - urine drug test (UDT)
    - verbal report from the patient's previous pharmacy in other jurisdictions

2. Physicians need to discuss serious iatrogenic side effects with their patients. An open dialogue and documentation about risks of physical tolerance, risks from combinations of sedating agents, medication overvaluation, opioid-induced hyperalgesia, hormonal and GI dysfunction, exacerbation of sleep and mental health problems is essential.

3. Prescribing should only occur if potential benefit outweighs risk and risk of side effects is mitigated.

Note: All details that could identify the patient or physicians involved in this case have been removed to protect privacy and confidentiality.

Registrants interested in sharing a case for publication in a future edition of the *College Connector* can contact the Prescription Review Program at prp@cpsbc.ca or 604-733-7758 ext. 2629. Identifiable information should not be included (if provided, it will be altered to protect identities), and all confidentiality will be maintained.

Back to table of contents »

New prescription (Rx) pads and new process

Prescribers should note the following changes to prescription pads and the ordering process:

1. Both copies will be perforated. If a pad is stolen or lost, sensitive patient information may potentially fall into the wrong hands and put patients at risk. Rather than retaining the second blue copy in the book, physicians are advised to tear it out and either physically attach it to the patient's paper chart, or scan and attach it to the electronic patient record. The blue copy should then be shredded.

2. Date formats for both methadone and duplicate pads are now identical.

3. The yellow reorder forms have been removed. The white cover shows the links for ordering online. Online ordering will actually be faster, as incomplete faxes of the yellow form can cause delays when processing orders. Processing orders can take two to three weeks and physicians must sign the forms. Medical office staff may not sign on behalf of the physician.

4. Physicians who request a rush order (marking the form as "urgent") will receive blank pads, not the preprinted ones.

Below are the links for ordering controlled prescription pads:

- Methadone Prescription Pad Order Form for methadone maintenance prescriptions (Methadose™)
- Duplicate Prescription Pad Order Form for controlled prescriptions including Suboxone® and methadone for analgesia

To reduce waste and the costs associated with repeat orders or orders that don't end up getting used, physicians are encouraged to take an inventory of their prescription pads before placing an order.

Lost, stolen or forged prescriptions

The College has received several calls lately regarding lost, stolen and forged prescriptions. If this occurs, physicians should:

- call the College to be provided with folio numbers and note the incident
- call the College of Pharmacists of BC to report the folio numbers so that a fan-out may be started

- call law enforcement, if necessary

Physicians can submit a request in writing to the Prescription Review Program to obtain a copy of their prescribing profile to see prescriptions that may have been filled under their name. Requests can be sent to prp@cpsbc.ca.

Back to table of contents »

Moving towards quality improvement

As the Physician Practice Enhancement Program (PPEP) moves toward a model of quality improvement, the order in which the PPEP assessment components are completed will be changed. Rather than initiating the components simultaneously, the program will ask participating physicians to complete the multi-source feedback (MSF) assessment prior to completing the peer practice assessment (PPA). This will allow program assessors to have a greater understanding of a physician's practice before the interview and feedback session. Physicians selected to participate in PPEP are expected to respond to the College according to the timelines identified in the correspondence. For further information regarding the Physician Practice Enhancement Program and the assessment components, click here.

Back to table of contents »

New accreditation assessment officer joins the DAP

DAP Update

Valerio Arciaga comes to the College with over fifteen years' experience in laboratory medicine starting as a bench technologist and progressing to become a supervisor in chemistry. Valerio has experience with many accreditations including DAP, CAP and ISO 15189. Valerio will be travelling across the province assessing more than 135 medical laboratory facilities.

Back to table of contents »

New DAP process: relocation assessment

The goal of the relocation assessment process is to ensure patient and staff safety while streamlining the accreditation activities required of the diagnostic service.

To be eligible for a relocation assessment, there can be no significant change in technical staff, administrative or medical leadership, or the scope of services provided. Equipment upgrades or replacements are permitted once the required acceptance testing procedures are completed.

The relocation assessment process requires an on-site assessment and distance evidence review before patient services are provided. Additional information about the relocation assessment process can be found here.

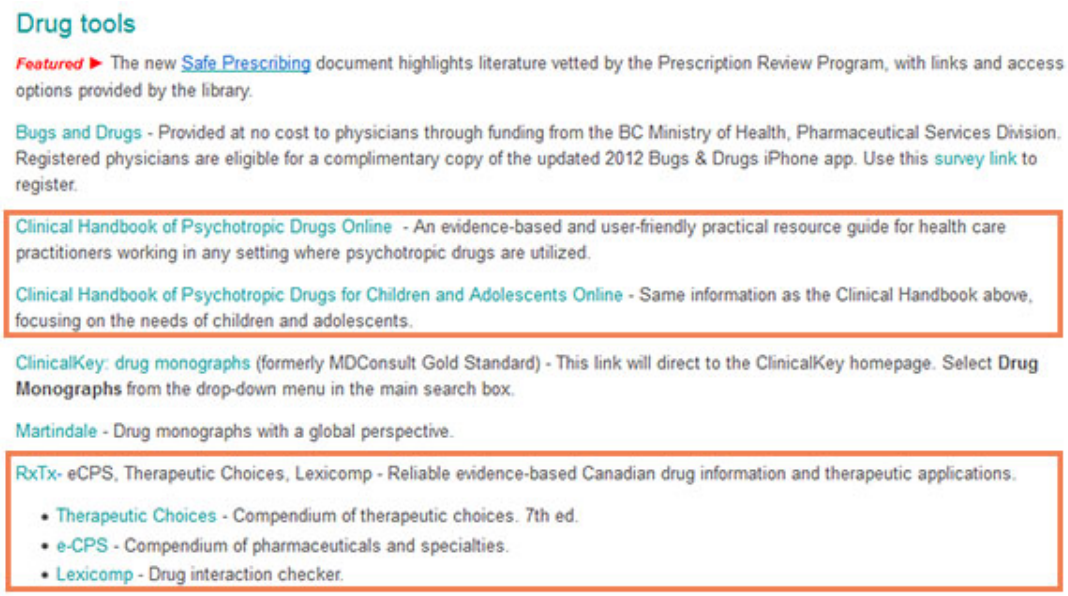
Back to table of contents »

Canadian content at the College library

College LIBRARY

RxTx is an online therapeutics package from the Canadian Pharmacists Association including the Compendium of Pharmaceuticals and Specialties (CPS), Compendium of Therapeutic Choices (formerly Therapeutic Choices) and the Lexicomp drug interaction checker. In addition to being a collection of monographs on many of the drugs available in Canada, developed by manufacturers and approved by Health Canada, the CPS offers overviews compiled by Canadian Pharmacists Association editors of current medical guidance on use of various drugs by class. These CPhA monographs are based on independent literature reviews and are assessed by physicians and pharmacists. The Compendium of Therapeutic Choices provides evidence-based recommendations for drug- and non-drug-based care for a broad range of medical conditions. Find RxTx via the College library's Point of Care and Drug Tools page.

The Clinical Handbook of Psychotropic Drugs Online (CHPO) for adults and its sister publication for children and adolescents is independent and unbiased guidance for the use of psychotropic agents edited by a Canadian contingent of experts in pharmacy and mental health. This resource has become a key text in the field and is valuable to any physician who prescribes psychotropic agents. Its unique use of colour, icons and tabs makes navigating the online (and print) texts simple and predictable. Content includes available products (including Canadian and US trade names), on- and off-label indications, dosing, pharmacokinetics, adverse effects, lab tests, precautions in young, old, and pregnant patients; drug interactions; and patient instructions as printable PDFs. Find CHPO via the College library's Point of Care and Drug Tools page.



Drug tools

Featured ► The new Safe Prescribing document highlights literature vetted by the Prescription Review Program, with links and access options provided by the library.

Bugs and Drugs - Provided at no cost to physicians through funding from the BC Ministry of Health, Pharmaceutical Services Division. Registered physicians are eligible for a complimentary copy of the updated 2012 Bugs & Drugs iPhone app. Use this survey link to register.

Clinical Handbook of Psychotropic Drugs Online - An evidence-based and user-friendly practical resource guide for health care practitioners working in any setting where psychotropic drugs are utilized.

Clinical Handbook of Psychotropic Drugs for Children and Adolescents Online - Same information as the Clinical Handbook above, focusing on the needs of children and adolescents.

ClinicalKey: drug monographs (formerly MDConsult Gold Standard) - This link will direct to the ClinicalKey homepage. Select **Drug Monographs** from the drop-down menu in the main search box.

Martindale - Drug monographs with a global perspective.

RxTx- eCPS, Therapeutic Choices, Lexicomp - Reliable evidence-based Canadian drug information and therapeutic applications.

- Therapeutic Choices - Compendium of therapeutic choices. 7th ed.
- e-CPS - Compendium of pharmaceuticals and specialties.
- Lexicomp - Drug interaction checker.

In addition to these two resources, visit the College library website for a rich collection of evidence to support clinical care decisions. Library staff is available to provide literature searches to help with clinical quandaries and locate articles and books. One-to-one support with searching the literature is also available at 604-733-66741 or medlib@cpsbc.ca.

Back to table of contents »

CME events: mark your calendars

Chronic Pain Management Conference
Friday, March 10 to Saturday, March 11, 2017 – Vancouver
Learn more

Methadone 101/Hospitalist Workshop
Saturday, April 1, 2017 – Vancouver
Learn more

Prescribers Course
Friday, April 28, 2017 – Vancouver
Learn more

Prescribers Course
Friday, June 2, 2017 – Prince George
Details coming soon

Methadone/Buprenorphine 101 Workshop
Saturday, June, 3 2017 – Prince George
Details coming soon

Medical Record Keeping for Physicians
Wednesday, August 23, 2017 – Vancouver
Learn more

Back to table of contents »

Regulatory actions

- Dr. Jeannine Olszewski – December 7, 2017

Back to table of contents »