## PITO's spring 2009 (third) intake

PITO has caught up with the initial influx of applications from its first year of operation. As of 31 March, more than 1300 physicians had been accepted; however, 550 physicians had applied but not yet been selected to begin EMR implementation. As of 1 April, all physicians who have applied have been accommodated, bringing the total to over 1900. The latest 550 physicians will receive an e-mail confirmation and a follow-up phone call from the PITO office to begin pre-implementation planning. If you do not receive a letter or would like to enquire about your enrolment status, please contact your local relationship manager or contact the PITO office at 604 638-2946 or info@pito.bc.ca.

Applications are open to physicians on a year-round basis. With the spring enrolment full, physicians applying now will be eligible for the October 2009 to April 2010 enrolment period. The online application form is available at www.pito.bc.ca/Stages/Apply.htm.

If you're a specialist, you should know that PITO has worked with specialists from across the province to complete an extensive validation of specialist requirements for information technology and EMRs. In addition to supporting individual clinics, PITO is assisting regional groups of specialists who choose to work together to meet their needs better as a collective group than is possible individually. The most active so far have been rheumatologists and ophthalmologists. Please contact the PITO office at 604 638-2946 or info@pito.bc.ca if you would like to discuss the opportunity to work together as a specialty, or to find out if other physicians from your specialty are already engaged in such planning.

## New or revised clinical practice guidelines

The following new or revised clinical practice guidelines were recently posted on the Guidelines & Protocols Advisory Committee (GPAC) web site at www.BCGuidelines.ca. Some of the guidelines are also available in PDA format at www.clinipearls.ca/BCGuidelines.

**New guidelines**
- Osteoarthritis in Peripheral Joints—Diagnosis and Treatment
- Infectious Diarrhea—Guideline for Ordering Stool Specimens

**Revised guidelines**
- Acute Chest Pain—Evaluation and Triage
- Gastroesophageal Reflux Disease (GERD)—Clinical Approach in Adults
- Ankle Injury—X-ray for Acute Injury of the Ankle or Mid-Foot
- Febrile Seizures
- Oral Rehydration Therapy (ORT)
- Anxiety and Depression in Children and Youth
- Palliative Care Approach to the Patient with Incurable Cancer
- Urinalysis and the Investigation of Urinary Tract Infections
- Chronic Obstructive Pulmonary Disease (COPD)
- Dyspepsia With or Without *H. pylori* Infection
- Microscopic Hematuria
- Otitis Media—Acute Otitis Media (AOM) and Otitis Media with Effusion (OME)

**Coming in the spring and summer of 2009**
- Stroke and TIA—Management and Prevention

CME hours are awarded to physicians for reviewing the guidelines; for details, see www.BCGuidelines.ca. For those who received the guidelines on USB drives, they can be automatically updated online. See instructions on the above-mentioned web site. GPAC is a joint committee of the BC Medical Association and the Ministry of Health Services.

## New tax laws for physicians

Revenue Canada has changed some of the tax rules regarding deductions for information technology in physicians' offices that will reduce the immediate costs of technology adoption. Physicians can now deduct the entire cost of computer hardware during the year of purchase instead of making reduced deductions over several years. This is a short-term incentive valid from 27 January 2009 to 1 February 2011. The Canadian Medical Association has provided more background in an article at www.cma.ca/index.cfm?ci_id=10043190&la_id=1.

## Reporting side effects

In March the Government of Canada launched a campaign encouraging Canadians to use MedEffect Canada to report suspected side effects from health products. MedEffect Canada allows physicians and patients to file reports on adverse reactions via web,

phone, fax, or mail. The web site also provides the most recent and reliable health product safety information.

Increased reporting of side effects contributes significantly to the safe use of health products. It's estimated that less than 10% of suspected side effects are reported.

Health Canada is distributing a brochure, entitled A Patient Guide for Reporting Side Effects from Health Products (www.hc-sc.gc.ca/dhp-mps/pubs/medeff/_fs-if/2009-ar-ei-guide-patient/index-eng.php), which will be displayed at pharmacies across the country. A health professional guide to reporting side effects is available at www.hc-sc.gc.ca/dhp-mps/pubs/medeff/_fs-if/2009-ar-ei-guide-prof/index-eng.php.

Physicians and patients can report adverse reactions to the Canada Vigilance Program the following three ways:

- Online at the MedEffect Canada web site (www.healthcanada.gc.ca/medeffect).
- By completing the Canada Vigilance Reporting Form available on the web site (www.hc-sc.gc.ca/dhp-mps/medeff/report-declaration/ar-ei_form-eng.php) and mailing it postage paid (www.hc-sc.gc.ca/dhp-mps/medeff/report-declaration/post_paid-affranchi-eng.php) or faxing it toll free to 1 866 678-6789.
- By calling toll free to 1 866 234-2345.

## Admin adds to docs' high stress levels

Emergency physicians, surgeons, and general practitioners experience the highest level of stress when administrative duties are added to their clinical work. However, adding academic duties—such as writing and research for publication—can lessen the stress of those administrative duties, according to Dr Rein Lepnurm and coauthors of the article "A measure of daily distress in practising medicine." This could be because academic duties are viewed as advancing medicine. Mentorship by senior colleagues, community support, effective organization of clinical work, and recognition of accomplishments may also provide psychological protection against excessive stress. The authors based their findings on responses to a 13-item measure of distress from 2810 responding physicians out of a stratified population of 4958 physicians. Administrative physicians, community health, and clinical specialists reported the lowest levels of distress. Psychiatrists were among the medical professionals reporting significantly lower levels of distress than the average. The article, by Drs Rein Lepnurm, Wallace Lockhart, and David Keegan, appears in the March 2009 (54[3]) issue of the *Canadian Journal of Psychiatry*.

## People with drug-resistant TB neglected by governments

Countries facing the heaviest toll of multidrug-resistant tuberculosis (MDR-TB) are not moving fast enough to provide life-saving treatment, according to Médecins Sans Frontières (MSF).

The World Health Organization reports that there are around 500 000 new MDR-TB cases each year, but that fewer than 30 000 people were detected and notified last year and only 3681 are known to have started treatment according to international guidelines and with quality-assured medicines.

MSF is concerned that many countries, particularly those that are classified by WHO as "high-burden," like China, South Africa, or India, are not doing enough to provide treatment to patients in need. In addition, not providing appropriate treatment further contributes to the spread of drug-resistant TB.

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Investing in research is also necessary. Treating MDR-TB is complex, lengthy, and involves the use of drugs that can cause severe side effects and are not optimally effective. There is therefore an urgent need to speed up the development of newer, better tests and drugs, and to conduct studies to optimize MDR-TB treatment.

In 2007 MSF treated 574 patients for MDR-TB in 12 projects including those in South Africa, India, Uzbekistan, Georgia, and Armenia.

## Yukon trapper manages dialysis at home

Last July Gerry Couture, a 70-year-old trapper and pilot from the Yukon, became seriously ill while on a fishing trip with his family. At hospital in Whitehorse the local doctor discovered Couture had a serious kidney problem and put him on a plane to Vancouver to be seen by a nephrologist.

In Vancouver it was found that Couture's kidney failure was caused by Goodpasture's syndrome, and he was immediately put onto hemodialysis. As there are no hemodialysis clinics in the Yukon, he spent the next 4 months receiving hemodialysis treatment in Vancouver, wondering whether he would ever return to his home in the north.

His chance to return came through a home hemodialysis program offered through the BC Renal Agency. The program provides the training and equipment required for people with end-stage kidney disease to do their own dialysis at home. The agency's home hemodialysis program is the largest of its kind in Canada and currently supports 145 people on home hemodialysis across BC.

Today Couture is the only Yukoner and the most remote participant in the BC Renal Agency's home hemodialysis program. He spends 6 nights every week hooked up to a hemodialysis machine that filters his blood while he sleeps. With 2000 kilometres between Couture in his Dawson City home and his kidney care team in Vancouver, there is little room for error. For that reason he has two hemodialysis machines, to ensure one is always available as a backup.

"I can't imagine Gerry living anywhere but in the Yukon, and it was very satisfying to provide him with a treatment option that allows him to stay there and in fact to thrive," says nephrologist Dr Mike Copland, provincial medical director of the BC Renal Agency's home hemodialysis program. "Studies show that patients on home hemodialysis have better health outcomes than patients who visit clinics for their hemodialysis, so in many ways he's getting the best treatment possible."

## Guide to Drive

The Office of the Superintendent of Motor Vehicles (OSMV), in partnership with the BCMA, is revising the BC *Guide for Physicians in Determining Fitness to Drive a Motor Vehicle* to ensure that it reflects changes in the case law and the best evidence available regarding medical conditions and fitness to drive.

Draft chapters may be viewed at Drivesafe.com, on the public side of the BCMA web site, and at the SGP web site.

Chapters available include Brain Injury, Brain Tumor, Cardiovascular Disorders, Cerebral Palsy, Cerebrovascular Disease, Diabetes, Epilepsy and Seizure, Hearing, Multiple Sclerosis, Musculoskeletal Disorders, Parkinson's Disease, Peripheral Vascular Disease, Psychiatric Disorders, Renal Disease, Respiratory Disorders, Sleep Disorders, Syncope, and Traumatic Vestibular Disorders.

Feedback to the project team is encouraged, even if it is positive. Feedback instructions are in the documents themselves.

**—John McCracken, MD**
**Medical Consultant, OSMV**

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