New procedure for CL19 medical reports

ICBC has adopted new policy and procedures for completing the CL19 Medical Report. The new approach is as follows:

- ICBC agrees that a physician need only complete and return a CL19 based on a review of the patient's file.
- A special or separate office visit is not required for the purpose of completing the CL19.
- ICBC currently pays a fee of $193.54 (inclusive of bonus) for the CL19, when completed.
- If a physician informs ICBC that they intend to bill the CL19 at a rate higher than ICBC pays, ICBC has indicated they will confirm the withdrawal of their request.
- The choice of whether to charge a higher rate is up to the individual physician.

Remember that when a request for records other than a CL19 occurs, as per the standards of the College of Physicians and Surgeons of BC, you should obtain clear authorization from the patient or patient's legal representative to release that information.

For questions or concerns around procedures, contact Ms Juanita Grant, Physician and External Affairs Department at jgrant@doctorsofbc.ca or 604 638-2829.

Congratulations from the *BCMJ*

At this year's UBC Medical Student Orientation Day, first-year students had an opportunity to enter to win an iPad by signing up to receive each issue's table of contents by e-mail. Congratulations to Vionarica Gusti, winner of the draw, and thank you to everyone who entered.

To start receiving the *BCMJ* table of contents by e-mail, visit bcmj.org and click on the Sign-up for e-alerts button.

Planning your family: The insurance essentials

As physicians plan to start their families in the province of BC, there are important considerations to think about.

Life insurance

The first and foremost is to increase life insurance. Life insurance coverage is calculated to cover immediate needs such as a mortgage or other loans to allow the surviving spouse to live debt-free in the event of a death. If there is a new dependent child, it is important that life insurance covers costs of raising the child, including education costs and a monthly income for the child until he or she reaches adulthood. Coverage increases depend on the child's age. For example, if the child is 5 years old, you may need to account for 13 to 15 years of monthly income before the child becomes financially independent. The policyholder determines the number of years of income the child receives and the amount of income received per month, and the insurance coverage is increased accordingly.

Parental leave program

Insurance advisors also strongly recommend that physicians look into the parental leave program. Physicians paid by the Medical Services Plan on a fee-for-service or sessional basis, or paid under a nonsalaried service contract in the calendar year prior to the commencement of a leave, are eligible for benefits. The program provides up to $1000 per week for 17 weeks over a 52-week period to BC physicians who take a leave from practice as a result of the birth or adoption of a child. In addition, physicians can have their Doctors of BC membership dues reduced while on parental leave.

Updated wills

Another priority is having an updated will. If a child under 18 is designated as a beneficiary, a trustee should be designated to receive funds on the child's behalf. Instructions that stipulate at what age, percentage, and circumstance the funds are to be transferred to the child should be included. If no trustee is elected, the funds will be paid to the courts.

Health and dental coverage

If a physician has health and dental coverage through the Doctors of BC Health Benefits Trust Fund, it is important to add the child to the plan within 90 days of birth/adoption. During this period proof of health for the child is not needed. After 90 days has passed, proof of health is required and the child could be accepted or declined for coverage.

Disability insurance

Many physicians are not aware that disability insurance covers disability resulting from complications of pregnancy. This includes complications from a cesarean section, whether the procedure was elective or otherwise.

Critical illness insurance

Physicians who have critical illness insurance can consider adding a child critical illness option to their coverage. The plan includes an optional child rider offering up to $20 000 if the child becomes ill or develops one of six specific childhood conditions covered by the plan. If added, the chosen coverage amount will apply to each child, and no matter how many children are in the family, there is only one low premium.

Accidental death and dismemberment insurance

Adding a family option for the dependent child to accidental death and dis-

memberment insurance means that, in the unfortunate event of the death of the child, 10% to 15% of the policy holder's coverage will be given to the living parents.

For more information regarding any of these recommendations, contact a Doctors of BC advisor at 604 735-5551, or learn more at www.doctorsofbc.ca.

—Ada Lo
UBC Medical Student, Year 2
Doctors of BC Student Liaison

Practice Support: 1300 docs

Nearly 1300 doctors participated in 80+ Practice Support Program learning modules within the last year, with many commenting in part that the modules improved their care for people with mental health issues and allowed them to provide more than just meds. To learn more visit www.pspbc.ca.

Physicians honored with Above & Beyond Awards

Several Fraser Health physicians have been honored with a Fraser Health Above & Beyond Award. Each year, Fraser Health recognizes the employees, physicians, and volunteers who go above and beyond to improve patient care and services in local communities. This year, Fraser Health celebrated 19 individuals and teams making a difference every day in health care.

Among the winners were four individual physicians working at sites across Fraser Health:

- Dr Shikha Minhas, a palliative care physician at Surrey Memorial Hospital, was honored for helping patients pass peacefully.
- Dr Joelle Bradley, a hospitalist at Royal Columbian Hospital, was awarded for enabling important discussions about advance care planning.
- Dr Nick Petropolis, a family physician with the Fraser Northwest Division, was recognized for launching a new program to secure frail and elderly seniors better access to family doctors.
- Dr Christopher Wong, an infectious disease specialist at Royal Columbian Hospital, was celebrated for spending a lifetime innovating to fight infectious disease.

Two of the teams recognized with awards also included physician members:

- Dr Julian Pleydell-Pearce and the Pediatric Observation Unit team at Chilliwack General Hospital, who realized their dream of a dedicated space for their smallest patients.
- Dr Shelley Tweedle and the Pre-Admission Clinic team at Royal Columbian Hospital, who adapted clinic procedures to end long waits and put patients first.

Resource for treating obese or overweight child patients

MEND (Mind, Exercise, Nutrition… Do it!) is a free, 10-week program that family physicians can recommend to families with children age 7 to 13 who are moving away from a healthy weight trajectory and whose BMI is at or above the 85th percentile for age. Through group sessions that focus on healthy eating and meal planning, physical activity, and goal setting, the early intervention program aims to reduce the risk of children developing weight-related physical and mental health problems later in life. Families can contact the MEND coordinator in their community and find more information at www.bchealthykids.ca or contact Leah Robertson, MEND provincial manager, at leah.robertson@cw.bc.ca.

Study: COPD epidemic looms

Despite a decline in smoking rates, an epidemic of chronic obstructive pulmonary disease (COPD) is expected over the next 2 decades, according to a new study from the University of British Columbia.

To predict future rates of COPD disease, researchers at UBC conducted forecasting analyses, combining population statistics and health data for BC, and concluded that between 2010 and 2030 the number of COPD cases in the province will increase by more than 150%—despite decreased rates of smoking. Among seniors over 75 years of age, the number of cases will increase by 220%. Researchers expect the BC-based predictions to be applicable to Canada and other industrialized countries.

Senior author Dr Mohsen Sadatsafavi, assistant professor in the Faculties of Pharmaceutical Sciences and Medicine, identified that people think COPD will soon be a problem of the past because smoking is declining in the industrialized world. But aging is playing a much

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bigger role and that factor is often ignored. Lead author Amir Khakban, health economist in the Faculty of Pharmaceutical Sciences at UBC and the Centre for Health Evaluation and Outcome Sciences, notes that age-adjusted COPD rates have remained constant as smoking rates have declined.

Researchers suggest that COPD will overtake all other diseases of aging over the coming decades, and the associated health care costs of caring for these patients will be significant. The study predicts that annual inpatient days related to COPD will grow by 185%.

The UBC team is focusing on driving research and innovation to change this trajectory with therapeutic and biomarker solutions that prevent and treat COPD.

The study, "The projected epidemic of COPD hospitalizations over the next 15 years: A population based perspective," is published in the *American Journal of Respiratory and Critical Care Medicine.*

New weapon for hard-to-treat bacterial infections

Researchers at the University of British Columbia have successfully prevented drug-resistant bacteria from forming abscesses using a peptide, which worked by disrupting the bacteria's stress response. Abscesses are responsible for 3.2 million emergency room visits every year in the United States, and standard treatment for abscesses involves cutting out the infected tissue or draining it.

Senior author Bob Hancock, a professor in UBC's Department of Microbiology, clarified that the peptide offers a new strategy because its mechanism is completely different from every known antibiotic. Professor Hancock and his colleagues discovered that bacteria in abscesses are in a stress-triggered growth state. Using a synthetic peptide known as DJK-5, they were able to interfere with the bacteria's stress response and heal abscesses in mice. The peptide was effective against two classes of bacteria, known as gram-positive and gram-negative bacteria, whose different cell wall structures make them susceptible to different antibiotics. Professor Hancock hopes to begin clinical trials on human infections within a year.

The study, "Bacterial abscess formation is controlled by the stringent stress response and can be targeted therapeutically," appears online in *EBioMedicine.*

Uncovering cancer's invisibility cloak

UBC researchers have discovered how cancer cells become invisible to the body's immune system, a crucial step that allows tumors to metastasize and spread. As cancer cells evolve

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Telephone fees: SSC fee items 10001, 10002, 10003, and 10004

It has come to the attention of the Patterns of Practice Committee that specialists may be billing fee items 10001, 10002, 10003, or 10004 and not documenting correctly, or misinterpreting how to apply a particular fee item.

Lack of documentation

If you are a specialist billing the Specialist Services Committee (SSC) telephone fees (10001, 10002, 10003, or 10004), you are required to create an adequate medical record for each patient encounter as defined in the Preamble to the *Doctors of BC Guide to Fees*. This involves documenting all of the requirements in the respective fee notes, including the time of the initiating request and the time of response, as well as the advice given and to whom it was given.

Section A. 2. Introduction to the General Preamble vii) requires "Making and maintaining an adequate medical record of the encounter that appropriately supports the service being claimed. A service for which an adequate medical record has not been recorded and retained is considered not to be complete and is not a benefit under the Plan."

Misinterpretation of fee item 10003

The purpose of fee item 10003 (specialist patient management) is for the specialist to provide real-time advice when the intent of communication is to replace the need for the specialist to see the patient in person. The consulting specialist is responsible for ensuring that an appropriate communication modality is used to meet the medical needs of the patient.

This fee applies to telephone and video technology communication (including other forms of electronic verbal communication) between the specialist physician and patient, or a patient's representative. It is not payable for written communication (i.e., fax, letter, or e-mail).

If you receive a normal test result and would not normally book an appointment with the patient to inform them of the result, then the fee should not be billed for relaying the result over the phone.

For fee items G10001, G10002, G10003, and G10004, please refer to section D. 1. (Telehealth Services) of the General Preamble.

—Keith J. White, MD
Chair, Patterns of Practice Committee

This article is the opinion of the Patterns of Practice Committee and has not been peer reviewed by the BCMJ *Editorial Board. For further information contact Juanita Grant, audit and billing advisor, Physician and External Affairs, at 604 638-2829 or jgrant@doctorsofbc.ca.*

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over time they may lose the ability to create a protein known as interleukein-33 (IL-33). When IL-33 disappears in the tumor, the body's immune system has no way of recognizing the cancer cells and they can begin to metastasize.

Researchers found that the loss of IL-33 occurs in epithelial carcinomas, including prostate, kidney, breast, lung, uterine, cervical, pancreatic, skin, and many others.

Professor Wilfred Jefferies is a senior author of the study, working in the Michael Smith Laboratories and as a professor in the Departments of Medical Genetics and Microbiology and Immunology at UBC. Working with researchers at the Vancouver Prostate Centre to study several hundred patients, study authors found that patients with prostate or renal cancers whose tumors have lost IL-33 had more rapid recurrence of their cancer over a 5-year period. They will now begin studying whether testing for IL-33 is an effective way to monitor the progression of certain cancers.

The study, "Discovery of a metastatic immune escape mechanism initiated by the loss of expression of the tumour biomarker interleukin-33," was published in the journal *Scientific Reports*.