Northern Health Physicians
Partners in Wellness

Public Health Newsletter for Northern Health Physicians

Volume 14. Number 10. November 2018 • Page 1 of 4

AMS topic of the month: IV versus PO Antimicrobials

Conversion from IV to PO antimicrobials in select patients leads to positive clinical outcomes such as early discharge and reduced risk of IV line infections as well as cost savings for our healthcare system. Timely conversion from IV to PO antimicrobial therapy is an effective strategy for many infections and should be considered as soon as a patient is placed on IV antimicrobials.

When considering the oral route of administration of antimicrobials it is important to evaluate their properties of potency and bioavailability. Bioavailability is the amount of drug that is absorbed into the body and available for biological effect after being taken by mouth. The potency refers to the bioavailability plus the amount of drug that the body is exposed to after administration of each dose (the area under the plasma drug concentration-time curve (AUC)). Antimicrobials can be classified into 3 different categories based on the differences of these two properties. Some antimicrobials are classified as equally potent or high bioequivalent, meaning the oral formulation achieves the same potency as the IV. Some examples of these include: all fluoroquinolones (e.g. moxifloxacin, ciprofloxacin), metronidazole, clindamycin and fluconazole. The 2nd group is classified as less potent where the oral formulation is less potent than the IV formulation and should be used based on individual patient assessment once clinical resolution is apparent. Examples in this group include: cefuroxime, cloxacillin and penicillin G. The 3rd group is classified based on fact that there is no direct oral agent available – therefore oral conversion requires knowledge about what spectrum of activity is required for the particular infection. Examples in this group include: ampicillin, ceftazidime, ceftriaxone and piperacillin-tazobactam.

Making the switch from IV to PO when the oral agent is less potent than the IV, must be individualized based on the patient's clinical status (is the patient improving clinically?), ability to tolerate meds (are we able to use the gut?) and type of infection (do we have a bug with known sensitivity to an oral agent? Is the infection appropriate for oral management?). If the agent being used is an equally potent/high bioequivalent agent, the threshold for using the oral route is much lower in that the patient does not have to be showing signs of clinical improvement before the change is made, as long as all other parameters (i.e. gut and infection/pathogen) are met. For more information on the criteria to consider for oral conversion of antimicrobials please refer to the NH Clinical Practice Standard 1-20-6-1-010.

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Inside this Issue:

Notable Quotable:

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After hours calls to UHNBC Switchboard 250-565-2000 and ask for the MHO on-call

northern health
the northern way of caring

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Other Topic: Urinary Tract Infections

Are you looking for some on-line learning about urinary tract infections? Northern Health's AMS program has created a course on the learning hub, consisting of 3 separate modules (a. uncomplicated cystitis and asymptomatic bacteriuria, b. complicated cystitis and pyelonephritis, c. catheter associated UTI). Once logged into the learning hub search for course title: NHA-AMS Urinary Tract Infections. Each module will take approx. 20 – 30 min and includes a quiz and simple evaluation for future improvements. Your feedback will be reviewed!

You can access resources created and or provided by the AMS program by visiting the NH physician's website or OurNH.

Submitted by: Alicia Rahier, Antimicrobial Stewardship Program Coordinator

BC Children's Hospital—Compass Program Overview

What is Compass?
Compass is a province-wide service to support evidenced based care to all BC children and youth living with mental health and substance use concerns. This is done by supporting community care providers with the information, advice, and resources they need to deliver appropriate and timely care to children & youth close to home. The multidisciplinary team includes child and youth psychiatrists, mental health and substance use clinicians (social workers, nurses, psychologist, etc.) and a care coordinator.

Who can use this service?
The service is available to various community care providers working with children and youth with mental health & substance use issues, such as primary care providers, specialist physicians, child & youth mental health team clinicians, Foundry clinicians, and concurrent disorders/substance use clinicians.

What can you expect from the service?
When you call for a consultation, you'll have access to a multi-disciplinary team who can offer:

- Telephone advice and support
- Identification and help with connection to local & online resources
- Telehealth consultation to you and your patient, when needed
- Tailored training and education

The Compass team can help with diagnostic clarification, medication recommendations, treatment planning, consultation around cognitive behavioural therapy, dialectical behaviour therapy, substance counselling, behavioral issues, family issues, trauma treatment, etc., and general support when things aren't going well. You will receive a written record of all consultation recommendations for your patient's chart.

How quickly is the service available?
Compass aims to have a member of our multidisciplinary team answer most phone calls and answer your questions in real time. For more specialized questions, we aim to get back to you within the same or next day. Telehealth consultations are organized on an as-needed basis following the initial phone consultation.

What do you need to know to use this service?

- Compass is a consultative service a community providers retain full clinical responsibility of their patients. Recommendations provided by Compass should not supersede the best clinical judgement of an in-person care provider.
- If patients and family consent, Compass will collect identifying patient information to facilitate any needed follow up with you (or with the families directly). If patients or families don't want their information stored, Compass can provide recommendations on an anonymous basis.
- Compass is not a crisis intervention service, but will support providers with advice around safety planning, risk assessments, etc. Please contact your local crisis services for any emergencies.
- Compass will collect and store your demographic and practice-related information.
- Compass will periodically reach out to providers to better understand their experience with the service and communicate any upcoming workshops or educational opportunities.

How can you access the service?
Call 1-855-702-7272 from Monday to Friday, 9:00am-5:00pm PST/PDT.
Register online at: bit.ly/2Mn2lBj.

Submitted by: Dr. Sandra Allison,
Chief Medical Health Officer

Food Security in your Practice: A Determinant of Health

Food costing in BC report

In BC, monitoring food costs over time helps us determine the household income required to purchase a basic, healthy diet. Every two years the BC Centre for Disease Control collaborates with the regional health authorities to monitor the average cost of a basic, nutritionally adequate diet in BC.

The new food costing report shows that:

- Food costs have been rising across BC
- In Northern BC, the average price of a basic, healthy diet is the highest it's ever been: $1, 038 per month (for a reference family of four)

The Northern BC context

In the North, the *true cost of eating*, however, involves more than just food prices:

- Some households are forced to travel long distances to food stores - this can incur additional costs in both time and money
- Many food stores in Northern communities are not "full service"
- Food travels long distances to reach Northern stores - this can impact food quality and quantity
- Bad weather and road closures can affect food access and availability
- Shorter growing seasons limit the availability of locally grown foods
- Hunting, fishing, trapping, and gathering wild foods requires access to land, time, equipment, fuel and specialized skills

Rising food prices and food access issues do not affect everyone equally; fixed and low-income households are the hardest hit. These households often lack the financial resources to purchase healthy food after meeting other basic needs, such as rent, hydro and childcare.

To illustrate, for those on a fixed income, almost half – about 44% – of their income goes to food alone, compared to 14% of the household income of higher wage earners. This 44% doesn't include other costs associated with food (e.g. travel to food stores) which can drive costs higher. Many households in this situation struggle to put food on the table.

Household food insecurity: A Determinant of Health

Here in Northern BC, almost 1 in 5 households worry about having enough food, due to financial constraints. This is household food insecurity (HFI): *when a household worries about or lacks the financial means to buy healthy, safe, and personally acceptable food.* It is a serious public health and human rights issue in BC.

Household food insecurity: health impacts

Health is strongly determined by the social and economic environments in which we are born, live, work, learn, play and are cared for. HFI is closely linked to income, therefore the health impacts of food insecurity go far beyond individual and household food patterns, or food and lifestyle "choices". Patterns of eating that promote health may not be within reach of those who are income insecure. In fact, households who are food insecure are more likely to experience a variety of chronic diseases, including diabetes, heart disease and impacts on mental health. Managing existing health conditions can also be challenging.

Addressing household food insecurity in your practice

- Acknowledge that the social environment influences health
- Inquire about HFI as one step in assessing income level:
  - Poverty Intervention Toolkit (PIT)
  - Primary Care Interventions in Poverty
- Highlight food insecurity in the patient record and when liaising with other providers involved in a patient's care:
  - Assessment forms/electronic charting
  - Other communications with the healthcare team (e.g. social workers/registered dietitians)
- Assist clients in accessing additional financial supports (e.g. tax forms, nutrition supplements, etc.)

Northerners are resilient, but HFI is a serious concern in the North. The social determinants of health illustrate that much of what impacts our health begins at home and in our communities, before we even seek out medical care. In order to improve the health of Northerners, it is here that we must focus. Fortunately, income based solutions to HFI can be addressed through policies and programs.

For more information please visit:

- PROOF: Food Insecurity Policy Research
- Canadian Community Health Survey: Household Food Insecurity Module

Submitted by: Laurel Burton, Population Health Dietitian, Food Security Lead

Dr. Jong Kim, Northeast Medical Health Officer

Interested in Becoming an Opioid Agonist Treatment Provider?

Opioid Agonist Treatment (OAT) is the first line treatment for opioid use disorder. Now more than ever, every community in BC needs access to OAT, but many communities still lack the capacity to meet the demand. Help turn the tide of the overdose crisis, and help your patients on the road to recovery! We are looking to create a network of OAT providers that can support each other and assist the community to meet the demands.

Buprenorphine/ Naloxone

There have been changes to provincial regulations for prescribing buprenorphine/ naloxone:

- A methadone exemption is no longer required to prescribe buprenorphine/naloxone. Any licensed BC physician can prescribe this medication for treatment of opioid use disorder.
- Health Canada has removed the two month minimum of supervised daily dispensing for this medication. Due to its relative safety profile, take home does of buprenorphine/ naloxone can be provided as soon as the patient is deemed clinically stable by the treating physician.
- Buprenorphine/ naloxone is a first line benefit under BC Pharmacare and the Non-insured Health Benefits program. Patients are no longer required to "fail" methadone first.

Note: Those seeking to prescribe buprenorphine/naloxone do not need a methadone exemption but completing the BCCSU online training is recommended: http://www.bccsu.ca/provincial-opioid-addiction-treatment-support-program/

Methadone

The process to meet the requirement for methadone prescribing (includes methadone exemption) involves:

- Methadone Education (4 hours online interactive module) No cost (4 Mainpro + or MOC Section 1 Credits)
- 2 half day preceptorships or additional learning as needed (with BCCSU approved providers)
- PharmNet review

Note: if you have previously completed Methadone 101 through the College of Physicians and Surgeons of BC but have not yet completed a preceptorship or you have completed educational requirements in another province or jurisdiction please contact: **Amanda Giesler Project Coordinator, Implementation (604) 416-1535 agiesler@cfenet.ubc.ca**

Helpful Resources:

- Online Addiction Medicine Diploma No Cost (16 Mainpro or MOC Credits). The Online Addiction Medicine Diploma is a free online certificate course targeted at health care professionals interested in learning more about providing care to patients with alcohol, tobacco and opioid substance use disorders.
- A Guideline for the Clinical Management of Opioid Use Disorder
- Rapid Access to Consultative Expertise (RACE) Line. Call (604)682-2344. Website available in a downloadable APP.
- MSC Payment Schedule Information Oral Opioid Agonist Treatment and GP Point of Care Testing for Opioid Agonist Treatment

For more information on becoming an Opioid Agonist Treatment Provider please contact: Northern Health Addictions Medical Lead, Dr. Gerrard Prigmore at gerrardprigmore@me.com

Submitted by: Dr. Andrew Gray
Northern Interior Medical Health Officer

Distribution Update

It has come to our attention that some physicians are not receiving this newsletter. If you would like to receive this newsletter by email please send an email to NHPhysiciansNewsletter@northernhealth.ca

As of January 1st, 2019 we will no longer be distributing physical copies of newsletters to UHNBC.

All back issues of *NH Physicians, Partners in Wellness* newsletters and bulletins are located on the NH Physicians website: http://physicians.northernhealth.ca/physicianResources/PublicHealth.aspx