

Your source for the latest news, events and happenings at the Chilliwack Division of Family Practice.

Doc Talk- June 2016

Your monthly update from the Chilliwack Division of Family Practice

Upcoming Events

June 2: Medical Imaging - GP Dine and Learn

Location: Chilliwack General Hospital, ICU Conference Room

Time: 6 pm - 7:15 pm

Join your colleagues for an education session about medical imaging guidelines and an opportunity for questions with the radiology team. This session will be facilitated by Dr Kai-Ling Ng, Radiologist at Chilliwack General Hospital. This is a physician learning session open to GPs and SPs only. Dinner will be provided and stipends available for attendees. For more information, please contact [Tracy Miyashita](#), Project Manager or call 604-537-4507.

June 11: Supporting Children with Autism in Sport and Recreation

Location: Abbotsford Cadet Hall, at 3270 Haida Dr, Abbotsford

Time: 9:30 am - 3 pm

This training is ideal for coaches, educators, parents and community members. Topics covered include:

- Overview of Autism Spectrum Disorder
- What autism looks like in sport and recreation settings
- A toolkit of strategies for supporting individuals with autism
- Video and hands-on learning activities

[For more information or to sign up, click here.](#)

Doctor of the Month


Dr. Heydari has been practicing in Hope since July 2015 and truly enjoys the diversity of practice in Hope's rural setting. His scope of practice ranges from pediatrics to geriatrics and his areas of interest include dermatology and cosmetic medicine. In addition to family medicine, Dr. Heydari works in emergency, providing care for patients experiencing various health concerns. He notes, "The collegial office environment and opportunity to provide health care for an underserved

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Doctor of the Month

Dr. Taha Heydari



GP Dine & Learn: Medical Imaging Guidelines

Join your colleagues for an education session about medical imaging guidelines and an opportunity for questions with the radiology team. This session will be facilitated by Dr Kai-Ling Ng, Radiologist.

When: Thursday, June 2, 2016
6:00pm - 7:15pm

Where: Chilliwack General Hospital - ICU Conference Room

RSVP: elly.meyerink@fraserhealth.ca

Dinner will be provided and you will receive a stipend for attending.

June 2: Medical Imaging - GP Dine & Learn

local population make this an excellent community to practice in. Moreover, a well-equipped emergency department and hospital are an asset to the community. We also have an ideal relationship with specialists, which enables efficient and easy patient referrals and consultations.” When he is not working, Dr. Heydari enjoys swimming and collecting stamps from all over the world. The small town feel of Hope’s community, the hospitality of its residents, and the accessibility of local amenities such as the gym, library and pool are some of Dr. Heydari’s favourite things about Hope.

Executive Director Transition Announcement

On behalf of the Board of Directors of the Chilliwack Division of Family Practice

From: Dr. Ralph Jones, Board Chair

The Chilliwack Division of Family Practice is pleased to announce the internal succession of current Programs Lead, Katrina Bepple, to Executive Director of the Division effective September 1, 2016. Ms. Bepple will succeed Ken Becotte, who will be transitioning into retirement to enjoy life on the island and spend more time with family and on his many recreational pursuits.

Mr. Becotte has been with the Division since 2011, stewarding the growth of the organization from one program and two staff, to twelve programs and ten staff. “Taking that big step towards retirement was not a decision I took lightly; I love the work that we do. The Division has a positive impact in the lives of patients and providers and I am confident that the Board and Ms. Bepple will continue to grow that impact.”


The Division's Board of Directors acknowledges that succession planning is critical in its ongoing operations. Choosing and developing internal talented leadership will assist the Division in maintaining momentum with its breadth of programs and impact in the community. Over the next four months Mr. Becotte will be working closely with the Board of Directors and Ms. Bepple to ensure a smooth transition.

“We look forward to working with Ms. Bepple in her new role. The relationships she has cultivated as our Programs Lead with Division members and staff, and our partners, have been instrumental to the success of the collaborative programs that the Division leads and partners in.” said Board Chair, Dr. Ralph Jones. “Our

Location: Chilliwack General Hospital, ICU Conference Room

Time: 6 pm - 7:15 pm

For more information, contact [Tracy Miyashita](#), Project Manager or call 604-537-4507.



NURTURING OUR SPIRIT

PLEASE JOIN US FOR OUR
ABORIGINAL DAY CELEBRATIONS JUNE 21st, 2016
 FROM 10AM TO 3 PM AT TZEACHTEN SPORTS FIELD
 46770 BAILEY RD, CHILLIWACK

Cultural ceremony of drumming, singing and dancing to pray for our families as we have lost so many loved ones already this year, praying to bring strength and unity to our communities

- Face painting • Dancers • drummers • singers • Bouncy Castles and water slide • Mini soccer game • Photo booth • Arts and crafts vendors •
- Food vendors • Pow wow dancing • Traditional flute player • Massage for Elders.

And many other activities. Thank you to our Sponsors and Partners

For more information or you would like to have booth, contact Eleanor Abbott at 604-858-3888 or email Eleanor@nswc.ca



June 21: Nurturing our Spirit - Aboriginal Day Celebrations

Location: Tzeachten Sports Field at 46770 Bailey Road, Chilliwack

Time: 10 am - 3 pm

For more information or you would like to have booth, email [Eleanor Abbott](#) or call 604-858-3888.

InPHARmation Update June 18 | May 2016

Wisdom from the WISDOM trial:
 Should inhaled corticosteroids be withdrawn in severe COPD?

Key Learning Points

Severe COPD is a progressive disease that in office treated with a combination of LAMA, LABA, and ICS (triple therapy).

In the TORCH trial, the combination of a LAMA and ICS was superior to placebo or either agent as monotherapy. However, the ICS was associated with an increased risk of pneumonia.

The WISDOM trial tested whether the ICS could be safely discontinued in patients with severe COPD on triple therapy. The LAMA/LABA combination was non-inferior to triple therapy, but there was no difference in any other clinically relevant outcomes.

Despite the positive results of the WISDOM trial, discontinuing the ICS does not have a clear advantage—there was no reduction in pneumonia, and patients still require two inhalers. As with there was a small reduction in FEV1 observed with the LAMA/LABA combination.

Patients with severe chronic obstructive pulmonary disease (COPD) essentially get the highest risk approach to pharmacotherapy: a long-acting muscarinic antagonist (LAMA) (e.g., tiotropium), long-acting β_2 -agonist (LABA) (e.g., salmeterol), inhaled corticosteroid (ICS) (e.g., fluticasone), and short-acting β_2 -agonist (e.g., albuterol) as needed. The Canadian Thoracic Society recommends this combination for patients with 21 acute exacerbations of COPD (AECOPD) per year, which is about in the worst worst stratum from the Global Initiative for Chronic Obstructive Lung Disease.

One of the landmark studies in COPD was known as the TORCH trial, published in 2007. A LABA/ICS combination reduced death from any cause compared to placebo, which was not observed with either drug as monotherapy. Furthermore, the combination reduced the annual rate of AECOPD versus placebo and either drug as monotherapy. The benefit was balanced by an increased risk of pneumonia with the ICS.

It was later hypothesized that the combination of a LAMA/LABA would be as effective as triple therapy, which was tested in the WISDOM non-inferiority trial, published in 2014. In total, there were 2,488 adults ≥ 40 years of age with severe COPD (FEV1 $< 50\%$ and FEV1/FVC $< 70\%$ after bronchodilation) with at least one AECOPD in the previous year. Patients on systemic corticosteroids or home O₂ were excluded. Patients were randomized in a double-blind fashion to tiotropium 18 mcg inhaled daily and salmeterol 50 mcg inhaled twice daily with or without fluticasone 500 mcg inhaled twice daily. The primary outcome was time to first moderate or severe AECOPD. The mean age was 64 years and 89% were male. After 52 weeks, double therapy met the criteria for non-inferiority. However, there was no clinically significant difference in the modified Medical Research Council Copypast Scale or St. George's Respiratory Questionnaire. The FEV1 declined in both groups, though it was 43 mL lower in the double therapy group, but this is likely not clinically significant. There was no significant difference in pneumonia, serious adverse events, or all-cause mortality between groups.

The trial demonstrated that double therapy (LAMA/LABA) was non-inferior to triple therapy with respect to AECOPD. Therefore, it is reasonable to stop the ICS (which should be tapered over 12 weeks, as per the study protocol) in select patients at low risk for AECOPD. However, discontinuing the ICS does not have a clear advantage. First, patients still have to use two chronic inhalers. Second, there was no difference in any of the secondary outcomes in the WISDOM trial including pneumonia. Finally, it is not known whether the FEV1 will continue to decline beyond one year in patients on double therapy, as compared to triple therapy.

The bottom line is that severe COPD is a progressive disease that is difficult to treat with pharmacotherapy. The lack of a clear advantage with stopping the ICS in the WISDOM trial could be considered practice-changing, though more data is needed. Of note, the new LAMA/LABA combination (e.g., salmeterol/finasterol), umecidinium/vilanterol) have yet to be studied against triple therapy in COPD.

References:

1. Can J Respir 2008;15(3):141-144.
2. www.pulmonary.org
3. N Engl J Med 2007;356:775-89
4. N Engl J Med 2014;371:1228-94

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May issue of InPHARmation on DivIT

founding Executive Director, Ken Becotte, has helped to shape the growth of Division over the last five years. His vision, support, and development of our membership, staff team, and programs has been invaluable and is an enduring legacy for our future."

CONTACT: Dr. Ralph Jones, Board Chair, Chilliwack Division of Family Practice, jonesrs@shaw.ca, 604-795-0034.

Dr. Melanie Madill, Board Deputy Lead, Chilliwack Division of Family Practice, madill.lavin@gmail.com, 604-795-0034.

COPD/Respiratory Services Survey

We are collecting information from family physicians and nurse practitioners regarding COPD/Respiratory service in the Chilliwack Division of Family Practice communities. To do so, we invite you to consider completing a brief, 3-question survey to provide your input. [Click here to complete the survey.](#)

Mental Health Awareness Week Activities Raise Over \$ 3,000 for Chilliwack Youth Health Centre

From silent auctions to fund-raising dinners and comedy night to green ribbon sales, Chilliwack has come together to raise an impressive \$ 3075 for mental health services in the community. Thank you to all those who helped plan, promote and implement these events and to all attendees for their contributions! These proceeds will benefit the [Chilliwack Youth Health Centre](#), which provides free, drop-in, confidential access to integrated medical health, mental health, and social services to youth and young adults ages 12-26 years in a non-threatening, youth-friendly environment.

Patient Impact Story Chilliwack Primary Care Clinic & Patient Attachment Mechanism

"I'm thankful for being well-matched to a family doctor that is personable and cares about me as a patient and as a person."

Terry* is a busy mom in her 50s who moved to Chilliwack about ten years ago. When Terry moved to Chilliwack in 2006, she continued to see her doctor in

Don't have a family doctor or nurse practitioner?
Looking for one in your community?


CALL PAM

How does PAM work?
(Patient Attachment Mechanism)

You call and speak to our Patient Attachment Coordinator.

You fill out a Patient Intake Form. We may call you for more info once the form is submitted.

If needed, our team of family doctors and nurse practitioners will care for you until you are transitioned to a community practice.




9 am to 3 pm Monday to Friday
1-844-795-0034 Hope and the Fraser Canyon
604-795-0034 Chilliwack, Agassiz, and Harrison


For more information, visit www.divisionsbc.ca/chilliwack

A GP for Me  
Call PAM

If you may be able to accept patients through PAM, please [complete this form](#) and fax to 604 795 4111 or call 604 795 0034 to speak to Patient Attachment Supervisor, Jennica Grenier

5. About Prevention

1. What can I do to prevent a health problem from developing or getting worse?
2. How will changing my habits help? 
3. Are there any risks to making this change?
4. Are there support groups or community services that might help me?



Video on Appropriate Access to Care: Questions to Ask during your Medical Appointment

CAN AUTISM WORKSHOP

CANUCKS AUTISM NETWORK JUNE 11, 9:30AM- 3:00PM

Supporting Children with Autism in Sport & Recreation
Presented by Stephanie Jull, PhD, BCBA-D, Program Director at Canucks Autism Network

Abbotsford Cadet Hall, 3270 Haida Dr.
9:30am-3:00PM



Topics covered:

- Overview of Autism Spectrum Disorder
- What autism looks like in sport and recreation settings
- A toolkit of strategies for supporting individuals with autism
- Video and hands-on learning activities


Cost: Only \$20!

How to register:
Sign up at www.canucksautism.ca/training

Training is ideal for coaches, educators, parents and community members.

Proudly supported by:
 

Register today at canucksautism.ca/training



June 11: Supporting Children with Autism in Sports and Recreation

Location: Abbotsford Cadet Hall, 3270 Haida Dr, Abbotsford
Time: 9:30 am - 3 pm
[Sign up here.](#)

Abbotsford until it became too hard to manage appointments during her working hours. Terry then began to use the available walk-in clinics for a few years until she became a patient of the Chilliwack Primary Care Clinic (CPCC). Terry and her son saw the CPCC nurse practitioners and a family physician about four times for their health care needs. "I was very satisfied with the quality of care at the CPCC. The providers were easy to talk to and listened to me, and the front desk staff were friendly."

Terry was a patient of the CPCC for about a year when PAM found her and her son a primary health care provider in the community (Dr. Chantal Chris) to support Terry's long-term continuous care. Reflecting on the PAM attachment process, Terry notes: "The referral to Dr. Chris' practice was seamless; I'm very pleased with how everyone worked together to find a family doctor in the community for me and my son. Dr. Chris is very approachable, I can talk to her easily, she has conversations with me about my health and she truly listens to my concerns."

Terry reflects on her experience with PAM, the CPCC, and her new family doctor and explains, "I'm fortunate for the care that I received at the CPCC. I would have relied on visiting walk-in clinics if I was unable to access care at the CPCC. I'm thankful for being well-matched to a family doctor that is personable and cares about me as a patient and as a person." [Click here to read the full story.](#)

Resources for Patients

June 21: Nurturing our Spirit: Aboriginal Day Celebrations

Location: Tzeachten Sports Field at 46770 Bailey Road, Chilliwack

Time: 10 am - 3 pm

View [this flyer](#) for more information. For more information or if you would like to have booth, email [Eleanor Abbott](#) or call 604-858-3888.

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