

MOA QUARTERLY NEWSLETTER



In Recognition of The National Day for Truth and Reconciliation

September 30th is the National Day for Truth and Reconciliation. The National Day for Truth and Reconciliation is a federal statutory holiday which gives the public a chance to recognize and commemorate the intergenerational harm that residential schools have caused to Indigenous families and communities, and to honour those who have been affected by this injustice.

Please, take a moment.

Peers Supporting Peers

PEER MENTOR PROGRAM

MOA peer mentors offer customized coaching and mentoring services directly in doctors' practices. If you are interested in exploring how to become an MOA peer mentor in our area, or how to access this support, please contact joanne.styles@interiorhealth.ca

Some examples of how MOA peer mentors can help are:

- Improving office workflow and/or clinical areas of practice
- EMR Optimization
- Leading Community Initiatives
- Panel Development & Maintenance
- General Coaching

Meet some of our MOA Network Working Group Members

Marisa Lentz

My family immigrated to Prince Rupert when I was 5 years old, and settled in Kamloops a few years later. I have been an MOA since graduating high school and at present I work for Dr. Lesch, in Brocklehurst. I am married with 2 adult children, and 2 wonderful grandchildren. My passions are knitting, spending time with my family, and being an MOA.

Isabelle Matte

I am an office manager and MOA at a general surgeon's office. Prior to becoming an MOA, I worked in clinical research and retail management. I enjoy any form of crafts/art such as crocheting, painting, wood burning, etc. My mantra at work is to always remember that everything will turn out in the long run and not be too stressed.

Peer Mentor Spot Light

Sarah Turgeon-O'Brien

I completed my Medical Office Assistant and my Nursing Unit Clerk Coordinator with Honors in 1999-2000. I have worked as an MOA in Salmon Arm, Scotch Creek, and Chase for the past 21 years. I have 4 children and live on a 160 acre farm in Sorrento. I became manager of the Chase Medical Clinic in 2015. Dr. Barnard was the sole fee-for-service practitioner at that time. It has currently grown to 3 full time and 4 part time practitioners in the clinic and a staff of 8. During the last 20+ years I have spent time taking advantage of every educational opportunity I could. I love to learn new things and I am always looking for the next course opportunity.

Management has offered new challenges as the clinic has grown, plus the pandemic, and the forest fires! I am passionate about improving patient care and experience. I am looking forward to the GPSC panel management course starting in September. I have greatly enjoyed working with PSP as a mentor for the last 10 years. I enjoy seeing other MOAs' job skills and work satisfaction increase and am grateful for the opportunities I have had to mentor others.



Coach's Corner

What is panel management?

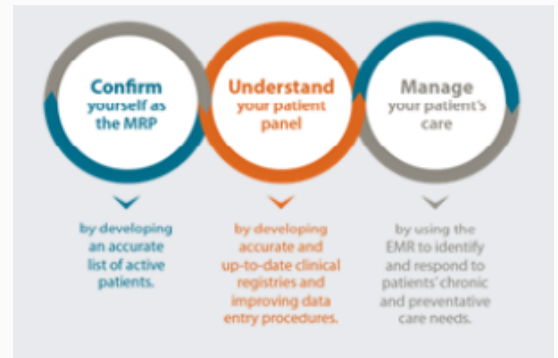
Panel management is a process of proactively managing a defined population of patients, using EMR data to identify and respond to patients' chronic and preventative care needs. The concept is simple: better information about patients leads to better care for patients.

Why do panel management?

The phases of panel management is a framework designed to support doctors and their teams as they work to provide longitudinal, proactive care to their patients. An accurate panel means doctors can easily track billings, improve their workflows, improve communications with patients, and maintain a better work-life balance.

The three-phase approach to panel management helps doctors:

1. Improve practice workflow efficiencies.
2. Identify others who can help family doctors care for their patients.
3. Inform and plan proactive care.



Panel Maintenance

PSP is now offering Panel Maintenance support to physicians and their teams who have completed all three phases of panel management.

Panel maintenance involves:

1. Review of Phase 1: Active/ inactive patients and panel calculation
2. Review of Registries: minimum 10 (previously cleaned or new)
3. Review Your Workbook and reinforce data entry standards
4. Update workbook or other manual to reflect any changes to process that have happened over time
5. Can be divided between MOA/staff/AHP and Physician depending on division of labour

If you think you would like to proceed with panel maintenance, please contact Chelsey McKinney or Joanne Styles
chelsey.mckinney@interiorhealth.ca

joanne.styles@interiorhealth.ca

DIVISION DIRECTIVE

Membership updates:

Division membership is open to family physicians and general practitioners, including emergency room physicians, hospitalists, and locums. Nurse practitioners, midwives, family practice residents, retired physicians, and specialists can be associate members.

The UBC Family Practice Residency Program welcomed eight 2021-2023 residents to the Kamloops site: Samantha Keeling, Taiysa Rouault, Erica Reed, Matthew Prisk, Noah Gawron, Cole Kubay, Mayooraan Mahalingam, and Kristen Van Esch are the new residents.

We also welcome Dr Christelle Oliver-Dussault and Dr Yomi Adetola to the community.

JOB OPPORTUNITIES

Need an MOA locum?

Are you looking for an MOA to cover a vacation, or to hire someone new to join your office? Maybe you're looking for a new position? Our MOA Network Working Group has developed a process to connect MOAs with new opportunities, whether it's a permanent position, holiday coverage, or regular casual work. The Division will host MOA Opportunities on our website, the same as we do with physician practices and locums. Click the webpage below for more info to submit your opportunity, or browse what's already posted!

(at present there are 3 MOAs looking for employment and 2 job opportunities)

Opportunities



MOA Training and Educational Opportunities

We've put together a list of professional development and educational opportunities that you might be interested, ranging from Cultural Safety to Trauma-Informed Care to Microsoft Suite courses. Many of these are free and can be completed in your own time. Click the links below to check them out.

Fee Courses

Mental Health Commission of Canada (Virtual courses) *Learn about Mental Health and stigma, signs and symptoms and intervention.*

CHA Learning *Advance your knowledge and skills in Canadian healthcare! CHA Learning offers high quality online programs and courses in a variety of categories to help you be successful in your health leadership career.*

Free Courses:

BC Patient Safety & Quality *Free and interactive 15-week Action Series that focuses on skills and tools to improve teamwork and communication on your team.*

Its Pronounced Metro Sexual *Learn about gender, sexuality, & social justice.*

Trauma Informed Care *provide patient centred care, an understanding of the principles of trauma informed care.*

Indigenous Canada *explore Indigenous histories and contemporary issues in Canada (\$60.00 for certificate).*

BCPSQC Cultural Safety and Humility Action Series

PHSA Learning Hub Courses *a number of short courses in medical settings.*

Microsoft Courses *a number of Microsoft courses.*

Open Educational Resources *courses in history, arts, mathematics, law and more.*

Communication and Cultural Competence *A self-education program for physicians to learn about communication and cultural competencies required in Canada.*

Preventing Dementia *offering university-quality education about the latest research in dementia risk and protective factors.*





PHYSICIANS' INFORMATION CENTRE

Patient Chart Retrieval

Dr. Anders - medrecords

Dr. Anderson - medrecords

Dr. Burris - Mail - 1-2030 Van Horne Dr Kamloops BC VIS 1P6

Dr. Haughin - Patient **MUST** send \$35.00 with the request to 1813 Cathedral Ct Kamloops BC V2E 2A9

Dr. Howie - fax request to : 250-376-2282

Dr. Junkin - Interior Vault

Dr. Koochin - medrecords

Dr. Hanna Ritenburg - Interior Vault

Dr. Simpson - Mail request to : 458 Stathcona Terrace Kamloops BC V2C 1B9

Dr. Stinson - fax to RIH (250-314-2354)

Dr. Wilson - Mail request to : 1620 Farnham Wynd Kamloops BC V2E1L7

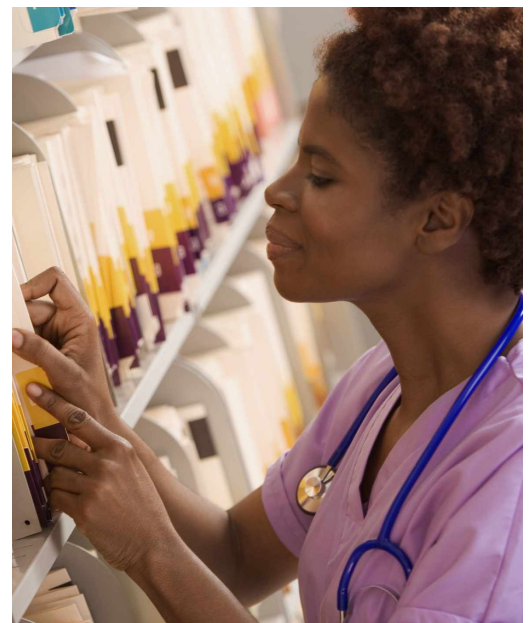
Dr. Zsigmond - fax to RIH (250-314-2354)

Summit Medical Clinic - Fax to : (250-851-8969) (Dr De Kock)

Northshore Walkin - Interior Vault

INTERIOR VAULT: PH: 250-372-1897 FAX: 250-372-2019

MEDRECORDS : medrecords.ca (pt is to go directly to the webpage and request their own charts)



Coming:

Dr. Robn Colwell an Internal Medicine Specialist will be joining the Norkam Healthcare Centre (announcement to follow)

Dr. Jahangir Alam has joined Norkam Healthcare and has taken over Dr. Mekhal's practice.

Dr Nazish Asim has also joined Norkam Healthcare Centre and has taken over Dr. Al-mimir's practice

Dr Adeyomi Adetola has relocated to Kamloops, however he is not taking new patients at this time.

Dr Sung Park is joining Barriere Medical Clinic

Dr Christelle Oliver-Dussault has relocated to Kamloops

Going:

Dr Shahbaa Al-Mimar

Locum:

To post a locum position or, if you are seeking a locum position, please visit [Health Match BC](http://Health Match BC job postings) job postings. Or for more information visit www.heabc.bc.ca and www.locumruralbc.ca.

TIDBIT:

Did you know? Dr Pusztai, Dr Wilson and Dr Vlahos also work at Norkham Healthcare Centre

PUBLIC HEALTH

Immunization information

Influenza Vaccine: Public health has informed us that the vaccine program this year will be the same as last year. Your office will receive the amount in which you used last year, for this year. Public Health will be in contact with your office. Dates are not clear, they are hoping information will be available mid October.

[MORE INFO](#) on influenza vaccine

B.C Immunization Schedule: (all ages)
for [MORE INFO](#)

COVID-19:

Vaccine Roll out, COVID questions and the Vaccine Passport information are all available on line @

[BC COVID-19 UPDATE](#)

ENVIROMENTAL Concerns

Water, food & safety, safety information, air quality, harm reduction and so much more:
for [MORE INFO](#)

PUBLIC HEALTH WEBPAGE
[all things Public Health](#)



CLINIC CONNECTIONS

Virtual Care



Kipp-Mallery Pharmacy has partnered with iMedicine and has a put in a iMedicine Patient Studio in the pharmacy! During pharmacy hours, the doctor is always in! iMedicine is a company that is using telemedicine technology to increase access to healthcare.

Walk-ins are welcome (an in pharmacy virtual visit) or you can book an appointment that fits your schedule. For any questions regarding iMedicine or to book an appointment, call today at 236-425-0025 (ext. 4)

[Click here for additional information - Kipp-Mallery](#)



An **online** Video visit with the family doctor or specialist from where you're most comfortable. Use your computer, iOS or Android device.

Ask about our counselors, social workers, psychologists, and other mental health professionals. Available exclusively for BC residents

[Click here for additional information - ACCESS](#)

TELUS Health MyCare

TELUS Health MyCare™, formerly Babylon by TELUS Health, lets you see a doctor, mental health counsellor or dietitian from your phone, where and when it's convenient for you. **An Online app.**

[Click here for more information - TELUS Health MyCare](#)



The Future of Virtual Care

(by: Michael Green, an excerpt from "Hospital News")

Within weeks of the start of the COVID-19 pandemic, the use of virtual care exploded in Canada. About 60 per cent of all primary care visits were being done virtually, via phone, video or secure messaging. That was a dramatic increase from 2019, where about 10 to 20 per cent of primary care visits were done virtually. Surveys conducted by Canada Health Infoway in early 2021 show that virtual visits now make up about 40 per cent of primary care visits, more than double the pre-pandemic numbers.

Prior to the pandemic, we had been making a gradual migration to virtual care. The pandemic provided the spark that really accelerated use, mainly out of necessity — we needed to keep patients and health care providers safe.

Now that patients and providers are getting used to virtual care, they like it and they want to keep it, at least as an option for routine visits.

BILLING BASICS



BILLING ASSISTANCE

Whether you are new to working in a physician's office or just want to brush up on your MSP billing skills, this series of self-directed learning modules and online quizzes is a great place to start. [The Medical Office Assistant Billing Guide](#) is a reference tool for physicians and their MOAs that provides billing advice and examples on some of the most common MSP billing scenarios.

[Click on the link below for more information](#)

OTHER HELPFUL BILLING LINKS

[MSP Billing Schedule](#)

[Diagnostic Code Descriptions \(ICD-9\)](#)

[Uninsured Services Fees](#)

[MSP Holidays & Close-Off Dates](#)

MSP CONTACT INFO

Medical Services Plan

PO Box 9480 Stn. Prov. Govt
Victoria, B.C. V8W 9E7

By Phone:

For practitioner assistance and inquiries.
Vancouver: 604-456-6950
Elsewhere in B.C.: 1-866-456-6950
Patient MSP coverage: 604-669-6667

By Fax

Billing Support
Fax: 250-405-3593

Provider Services
Fax: 250-405-3592

Out of Country Claims
Fax: 250-405-3588

Teleplan Support Centre

Use this toll-free service to reach the Teleplan Support Centre about electronic billing problems, liaison with software vendors, electronic remittance statements and refusals, resetting of passwords and assistance with technical problems.
Vancouver: (604) 456-6950
Elsewhere in B.C.: 1-866-456-6950

WEBPAGE: [Practitioner & Professional Resources](#)

COVID-19 TELEHEALTH FEES

NEW SSC FEE ITEMS RELATING TO COVID-19 FOR SPECIALIST PHYSICIANS

EFFECTIVE MARCH 27, 2020 [until further notice]

Two new, time-limited fees have been created for specialist physicians. One fee is similar to an existing SSC Fee; the other is a new fee to enable specialists to delegate patient follow-up and to renew prescriptions.

- **T10008** Urgent Specialist COVID-19 Advice Fee (similar to G10001)
- **T10007** Specialist Email/Text/Telephone Medical Advice Relay or ReRX Fee is a new fee

Some highlights are:

- Prescription renewal billable without patient interaction under the T10007 email/text/telephone advice relay or ReRX fee.
- Increase in the number of services allowable per patient per day under T10008 Urgent Specialist COVID-19 Advice Fee
- Increased opportunity to delegate some virtual care with the use of new code T10007

Fee Details: **T10008 Urgent Specialist COVID-19 Advice** – Initiated by a Specialist, General Practitioner or Health Care Practitioner. Verbal, real-time response within 2 hours of the initiating physician's or practitioner's request
60.00

NOTES:

- i) Payable for telephone, video technology or face to face communication only about a patient regarding COVID-19. Not payable for written communication (i.e. fax, letter, email).
- ii) Document time of initiating request, time of response, as well as advice given and to whom.
- iii) Include the practitioner number of the physician or Health Care Practitioner requesting the advice in the "referred by" field when submitting claim..
- iv) Not payable in addition to another service on the same day for the same patient by same practitioner. v) Limited to two claims per patient per physician per day.
- vi) Not payable in addition to G10001 on the same day for the same patient

Fee Details : **T10007 Specialist Email/Text/Telephone Medical Advice Relay or ReRX Fee 10.10**

NOTES:

- i) Email/Text/Telephone Relay Medical Advice requires two-way relay/communication of medical advice from the physician to eligible patients, or the patient's medical representative, via email/text or telephone. The task of relaying the physician advice may be delegated to any Allied Care Provider or MOA working within the physician practice.
- ii) Chart entry must record the name of the person who communicated with the patient or patient's medical representative, as well as the advice provided, modality of communication and confirmation the advice has been received.
- iii) Payable for prescription renewals without patient interaction.
- iv) Not payable notification of appointments or referrals.
- v) Limit of one service payable per patient per day.
- vi) Not payable on the same calendar day as a visit or service fee by same physician for same patient. vii) Not payable to physicians working under an Alternative Payment/Funding model whose duties would otherwise include provision of this service.

NEW SSC FEE ITEMS RELATING TO COVID-19 FOR GENERAL PRACTITIONERS

EFFECTIVE MARCH 27, 2020 [until further notice]

T13707 -- New Family Practice Email/Text/Telephone Medical Advice Relay or ReRX Fee

T13708 -- New Family Practice COVID-19 communication with specialist and/or allied care

FEE DETAILS T13707 -New Family Practice Email/Text/Telephone Medical Advice Relay or ReRX Fee

Notes:

- i) Email/Text/Telephone Relay Medical Advice requires two-way relay/communication of medical advice from the physician to eligible patients, or the patient's medical representative, via email/text or telephone. The task of relaying the physician advice may be delegated to any Allied Care Provider or MOA working within the physician practice.
- ii) Chart entry must record the name of the person who communicated with the patient or patient's medical representative, as well as the advice provided, modality of communication and confirmation the advice has been received.
- iii) Payable for prescription renewals without patient interaction. iv) Not payable for anti-coagulation therapy by telephone (00043) or notification of appointments or referrals.
- v) Only one service payable per patient per day.
- vi) Not payable on the same calendar day as a visit or service fee by same physician for same patient.
- vii) Not payable to physicians working under an Alternative Payment/Funding model whose duties would otherwise include provision of this service.

FEE DETAILS T 13708 -New Family Practice COVID-19 communication with specialist and/or allied care

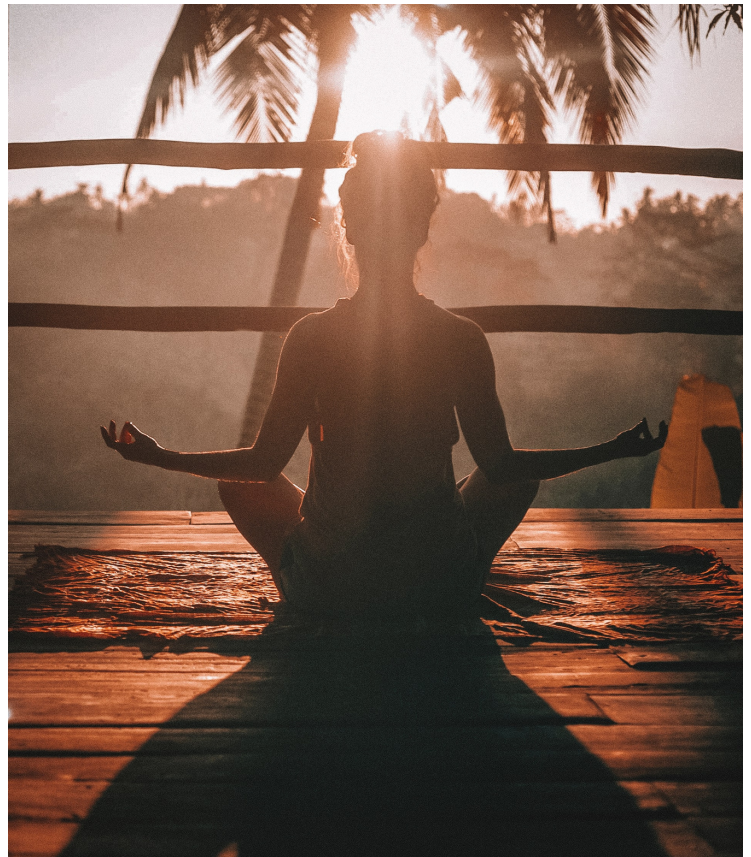
Notes:

- i) Payable to the Family Physician who participates in a 2 way telephone or videoconference communication with a specialist and/or allied care provider about a patient regarding COVID-19.
- ii) T13708 FP COVID-19 communication with specialist and/or allied care provider can not be delegated. No claim may be made where communication is with a proxy for either provider.
- iii) Payable in addition to any visit fee on the same day.
- iv) Not payable for communications which occur as a part of the performance of Page | 3 routine rounds on the patient if located in a facility, or communications which occur as part of regular work flow within a physician's community practice.
- v) Not payable in addition to PG14018 or PG14077 on the same day for the same patient.
- vi) Not payable to physicians working under an Alternative Payment/Funding model whose duties would otherwise include provision of this service



OFFICE HEALTH

19 Crazy Easy Ways You Can Be Healthier in the Office



Why you should eat more

PINEAPPLE

1. Rich in Fiber, Helps in Regulating Digestion.
2. Calcium & Manganese Makes Bones & Teeths Stronger.
3. Contains Vitamin A, Vitamin c, fights against viruses.
4. Neutralizes Acidity
5. Keeps Gums Healthy & Strong.
6. Prevents Muscular Degeneration.
7. Reduces Pain of Arthritis.
8. Reduces Pain in arthritis.
9. Beta Carotene, Improves Eyesight.
10. Contains Phosphorus & Potasssium.



MONTHLY AWARENESS

SEPTEMBER



TIDBIT: *Research has shown that your heart health and brain health are connected. Your heart pumps blood through vessels to your entire body, including your brain. Healthy blood vessels make it easier for your heart to supply oxygen and other nutrients to your brain, nourishing your brain cells. Healthy lifestyle choices keep your blood vessels healthy, helping both your heart and your brain.*

Here's some good news: It's never too soon, or too late, to make changes that will maintain or improve your brain health. Recent research shows that rates of dementia are going down. We may be doing a better job managing some of these risk factors!

Alzheimer's disease

is a chronic neurodegenerative disease that destroys brain cells, causing thinking ability and memory to deteriorate over time. Alzheimer's disease is not a normal part of aging, and is irreversible.

Alzheimer's disease is a fatal disease that eventually affects all aspects of a person's life – how they think, feel and act.

Each person is affected differently. While it's difficult to predict symptoms, the order in which they will appear or the speed of their progression, there are some warning signs you can look out for. Alzheimer's disease is usually described in terms of stages, indicating the severity of the symptoms.

- Early stage: Symptoms are mild. A person at this stage is fully aware of their condition and only needs minimal assistance, if requested.
- Middle stage: Symptoms start becoming more noticeable. More assistance will be needed to help the person living with Alzheimer's accomplish daily tasks.
- Late stage: Once the person reaches this stage, they will eventually become unable to communicate verbally or look after themselves. Quality of care is important to ensure that the person has quality of life.
- End-of-life: Cognitive decline has progressed to the point where the person needs 24-hour care. The focus shifts to palliative care and comfort to ensure quality of death.

Risk Factors Risk factors are aspects of your lifestyle, environment and genetic background that increase the likelihood of getting a disease. Risk factors on their own are not causes of a disease. Rather, risk factors represent an increased chance, but not a certainty, that dementia will develop. Some risk factors are modifiable, meaning that they can be changed. It has been estimated that around 40% of dementia cases may be the result of twelve key modifiable risk factors. “Cardiovascular disease” refers to conditions that affect your heart and blood vessels. Risk factors that appear for both cardiovascular disease and dementia, particularly

Alzheimer's disease and vascular dementia, that you can control include:

- High blood pressure (hypertension)
- Smoking
- Diabetes
- Obesity and lack of physical activity
- Poor diet Other risk factors you can control include:
- Alcohol consumption
- Low levels of cognitive engagement
- Depression
- Traumatic brain injury
- Hearing loss
- Social isolation
- Air pollution

MONTHLY AWARENESS

SEPTEMBER

Suicide Prevention

Starts with recognizing the warning signs and taking them seriously. If you think a friend or family member is suicidal, there's plenty you can do to help save a life.

Suicide is a desperate attempt to escape suffering that has become unbearable. Blinded by feelings of self-loathing, hopelessness, and isolation,

A suicidal person can't see any way of finding relief except through death. But despite their desire for the pain to stop, most suicidal people are deeply conflicted about ending their own lives. They wish there was an alternative to suicide, but they just can't see one.

Warning signs of Suicide

Take any suicidal talk or behavior seriously. It's not just a warning sign that the person is thinking about suicide—it's a cry for help.

Suicide warning signs include:

- Talking about suicide
- Seeking out lethal means
- Preoccupation with death
- Self-loathing, self-hatred
- Getting affairs in order – Saying goodbye
- Withdrawing from others
- Self-destructive behavior
- Sudden sense of calm

Suicide prevention tip:

Speak up if you're worried

If you spot the warning signs of suicide in someone you care about, you may wonder if it's a good idea to say anything. What if you're wrong? What if the person gets angry? In such situations, it's natural to feel uncomfortable or afraid. But anyone who talks about suicide or shows other warning signs needs immediate help—the sooner the better.

How to talk to a suicidal person / what to say / what not to say / the help you can offer /all info Suicidal

SUICIDE in Canada

CURRENT CONTEXT

An average of

10

PEOPLE die by suicide EACH DAY in Canada

4000 DEATHS BY SUICIDE / YEAR

+90% were living with a mental health problem or illness

9th LEADING CAUSE OF DEATH in Canada

1	Cancer
2	Heart Disease
3	Stroke
4	Respiratory Disease
5	Unintentional Injuries
6	Diabetes
7	Alzheimer's Disease
8	Influenza + Pneumonia
9	SUICIDE
10	Kidney Disease

ACROSS THE LIFE SPAN

CHILDREN AND YOUTH (10 to 19 years)	YOUNG ADULTS (20 to 29 years)	ADULTS (30 to 44 years)	ADULTS (45 to 64 years)	SENIORS (65+ years)
<ul style="list-style-type: none"> ● Suicide 2nd leading cause of death ● Males account for 41% of 10-14 year old suicides, increasing to 70% of 15-19 year olds ● Self-harm hospitalizations 72% females 	<ul style="list-style-type: none"> ● Suicide 2nd leading cause of death ● Males account for 75% of suicides ● Self-harm hospitalizations 58% females 	<ul style="list-style-type: none"> ● Suicide 3rd leading cause of death ● Males account for 75% of suicides ● Self-harm hospitalizations 56% females 	<ul style="list-style-type: none"> ● Suicide 7th leading cause of death ● Males account for 73% of suicides ● Highest suicide rate across lifespan observed among males 45 to 59 years ● Self-harm hospitalizations 56% females 	<ul style="list-style-type: none"> ● Suicide 12th leading cause of death ● Males account for 80% of suicides ● Males aged 85+ experience the highest rate of suicides among seniors ● Self-harm hospitalizations 52% females

1

FOR EVERY SUICIDE DEATH

5

SELF-INFLICTED INJURY HOSPITALIZATIONS

25-30

ATTEMPTS

7-10

PEOPLE PROFOUNDLY AFFECTED BY SUICIDE LOSS

Public Health Agency of Canada analysis of Statistics Canada Vital Statistics Death Database and Canadian Institute for Health Information Hospital Morbidity Database. Published data underestimate the total number of deaths by suicide, due, in part, to the stigma of suicide and other factors that may lead family members, health professionals, coroners, and others to avoid labeling or reporting deaths as suicides.

MONTHLY AWARENESS

OCTOBER

Steps to Breast Self-Examination (BSE)

BSE is a tool that may help you learn what is normal for you. BSE includes looking at and feeling your breasts. If you notice any changes in your breasts, see your health care provider.



Step 1: Look for Changes

In front of the mirror:

- Hold your arms at your side
- Hold your arms over your head
- Press your hands on your hips and tighten your chest muscles
- Bend forward with your hands on your hips



Step 2: Feel for Changes

Lying down:

- Lie down on your back with a pillow under your right shoulder
- Use the pads of the three middle fingers on your left hand to check your right breast
- Press using light, medium and firm pressure in a circle without lifting your fingers off the skin
- Follow an up and down pattern
- Feel for changes in your breast, above and below your collarbone and in your armpit
- Repeat on your left breast using your right hand



Step 2 can be repeated while bathing or showering using soapy hands.

Studies have shown that BSE used alone does not decrease mortality rates. Susan G. Komen for the Cure does not provide medical advice. ©2011 Susan G. Komen for the Cure®. Item No. KMHEED000400, English, 7/11

BREAST CANCER

IS THE MOST COMMONLY DIAGNOSED CANCER IN CANADIAN WOMEN

While it can also be found in men, male breast cancer is a very rare occurrence. Breast cancer starts in the cells of the mammary gland. Breast tissue covers a larger area than just the breast, extending up to the collarbone and from the armpit to the breastbone. There is no single cause of breast cancer but some factors that increase the

Risk of developing the disease include:

- Age: 83% of the cases of breast cancer occur in women over 50 years of age
- Family history of breast cancer, especially in a mother, sister or daughter
- Previous breast disorders with biopsies showing abnormal cells
- No full term pregnancies or having a full term first pregnancy after age 30
- In post-menopausal women: obesity and physical inactivity
- Beginning to menstruate at an early age
- Later than average menopause
- Taking hormone replacement therapy
- Alcohol use
- Obesity

Breast Cancer Prevention

Breast cancer prevention starts with healthy habits such as limiting alcohol and staying physically active, and limit hormone therapy.

Be vigilant about breast cancer detection.

If you notice any changes in your breasts, such as a new lump or skin changes, consult your doctor.

Also, ask your doctor when to begin mammograms and other screenings based on your personal history.

Breast self-exam, or regularly examining your breasts on your own and Regular mammogram screening can be an important way to find a breast cancer early.

What do I look for?

Don't think of a breast self-exam as a hunt to find cancer, but to understand the normal landscape of your breasts. This involves both looking and feeling.

Look in the mirror with your arms up, then again with your hands on your hips. Stand to the side and then face forward. Check for any changes that look like these signs below.

What does a cancerous lump feel like?

A cancerous lump often feels hard and immovable, like a lemon seed. 80% of lumps are not cancerous, but the only way to know for sure is to examine the cells inside. If you feel a lump ask a doctor to investigate it with you. When breast cancer is caught at early stages the cure rate is over 90%!

When should I do it?

From the age of twenty onwards, do self-exams at least once a season to stay abreast of your health!

The best time to check your breasts is a few days after your period ends when hormones are the most normal and you're least tender (which is also an ideal time to have a doctor's breast exam and mammogram).

If you don't have a period anymore pick any day.

A dozen signs of breast cancer, revealed.

Clinical Breast Exams

begin at age 20 with your doctor every 3 years until you are 40, then go every year. Higher risk patients may visit more, ask your doctor about your risk type.

Mammograms

usually begin when you're 40. It feels like getting your blood pressure taken. Form a screening plan with your doctor to suit your risk type. If you're too young for a mammogram and suspect something, ask about an ultrasound or biopsy, don't wait it out.

Want to calculate your risk? www.Lemonland.org

© This work issued under a creative commons license | get more information on breast cancer issues and how to share these materials at worldwidebreastcancer.com

MONTHLY AWARENESS

OCTOBER

Pregnancy and Infant Loss Remembrance Day

PAILRD is an annual remembrance day that is observed in Canada and the U.S.A on October 15. The day was established in 2002 in order to honor, celebrate, and remember babies who have passed away due to miscarriage, stillbirth, neonatal death, and other causes of infant loss.

Perinatal loss is one of the most devastating events a family can experience. This practice point focuses on circumstances that are likely to involve paediatric health care professionals. Recommendations are provided for compassionate communication, bereavement, sibling care and counselling to support families.

Pregnancy loss and infant death may include but are not limited to miscarriage, stillbirth, SIDS, or the death of a newborn. Since 1 in 4 pregnancies end in loss, many families know the grief of this kind of loss. It's often not spoken about, and yet, those who mourn often need support and understanding. The experience is painful and sometimes overwhelming.

Losing your precious baby: Intense grief is a natural response after your baby dies, however every person's experience of grief is different. here is no right or wrong way to feel during this time; any feelings you may have are okay.

Supporting a grieving parent, what to say and what to do.

List of Pregnancy Loss Resources for Families and Healthcare Providers



MONTHLY AWARENESS

NOVEMBER

CROHN'S AND COLITIS

Is an Inflammatory bowel disease (IBD). The two main forms of which are Crohn's disease and ulcerative colitis. IBD also includes indeterminate colitis.

Crohn's disease and ulcerative colitis are diseases that inflame the lining of the GI (gastrointestinal) tract and disrupt your body's ability to digest food, absorb nutrition, and eliminate waste in a healthy manner. These are lifelong disease and people can experience acute periods of active symptoms (active disease or flare), and other times when their symptoms are absent (remission).

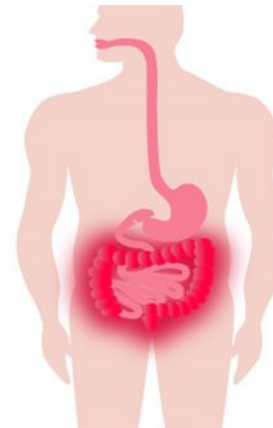
Signs and symptoms can include abdominal pain and cramping; severe diarrhea; rectal bleeding; blood in stool; weight loss and diminished appetite.

The exact cause of Crohn's disease and ulcerative colitis remains unknown, and as a result, there is no cure for these diseases. Causes and risk factors of Crohn's and colitis include genetics, the environment, and microbiome.

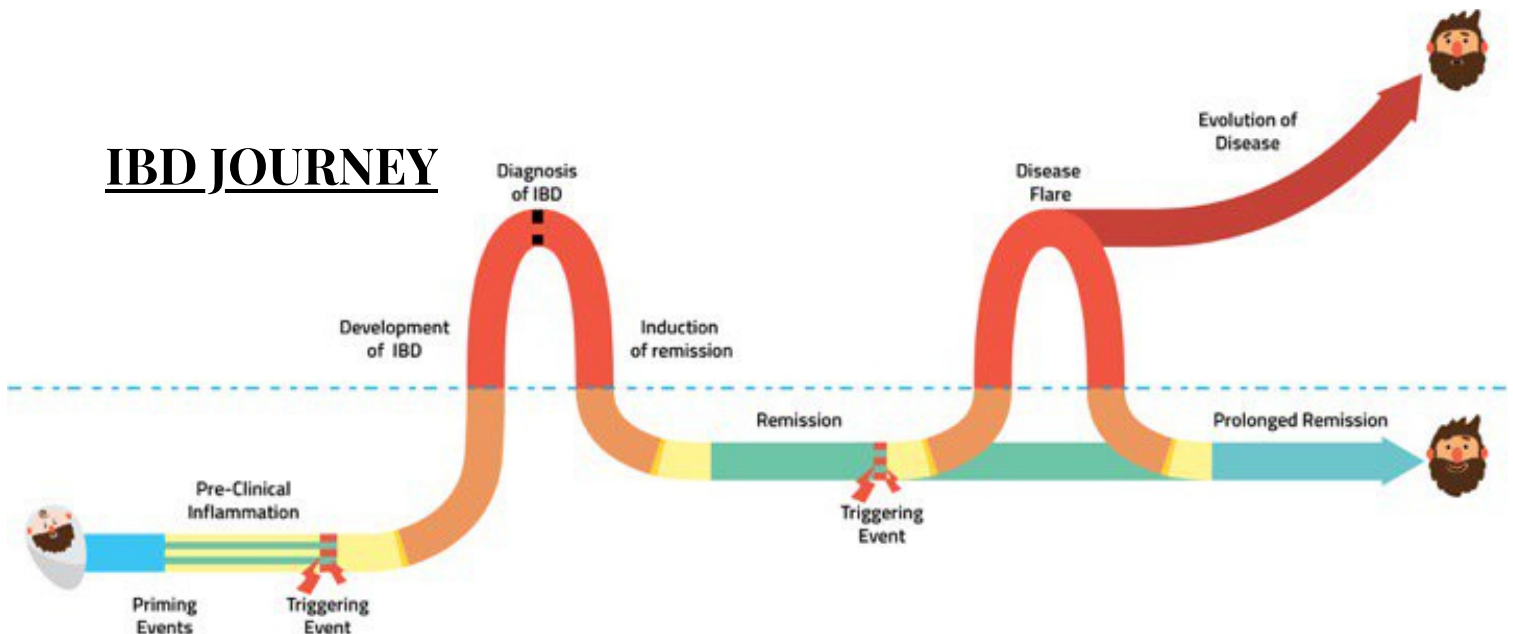
WHAT IS CROHN'S DISEASE



WHAT IS ULCERATIVE COLITIS



IBD JOURNEY



MONTHLY AWARENESS

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Movember

Is a fundraiser of fired up Mo Bros and Mo Sisters – aka rock stars making a difference in mental health and suicide prevention, prostate cancer and testicular cancer. funded over 1,250 men's health projects globally, completely by DONATION - The MOVEMBER Story.

Movember looks at mental health through a male lens, focusing on prevention, early intervention and health promotion.

Prostate cancer is the second most common cancer in men globally. More than 1.3 million men are diagnosed with prostate cancer each year.

Testicular Cancer strikes early. It is the most common cancer in young Canadian men. At greater than 95%, the odds of survival for men with testicular cancer are better than good – but for some men, long-term treatment-related side effects, mean quality of life is severely compromised. We focus on getting these predominantly young men back to living full and healthy lives.

The signs of mental crisis

The signs or symptoms of prostate cancer

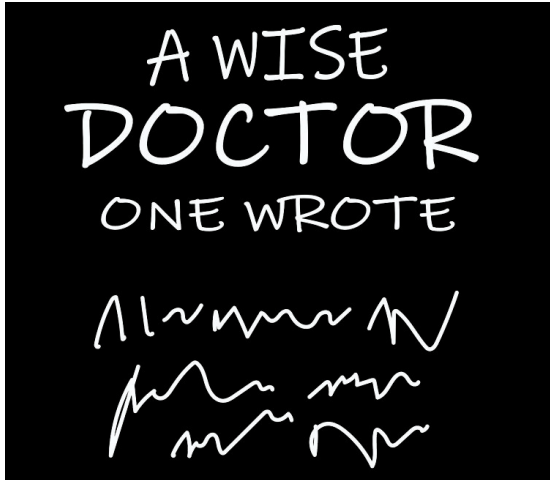
The signs or symptoms of Testicular cancer



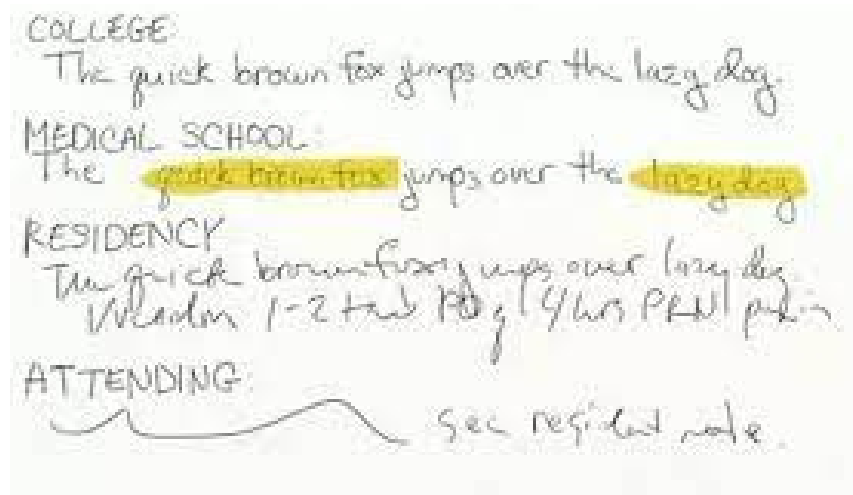
this is how you wear your stash!!



Just for the giggles



The doctor has a responsibility that his/her hand-written orders are decipherable, however it becomes even more difficult when they can't read their own writing!



Monday Morning Scenario

It's 8am, patients have arrived, phone calls are plenty, doctor is needy, and the same person is calling non stop, 1 call, 2 calls, 3 calls, 4, 5 calls, 6 calls, maybe more.

OMG, this must be urgent.

ME: Good morning, John, whats happening, I see you have called a number of times.

John: Could you please tell me when my appointment in the New Year is? I think its in Feb, maybe.

ME:



A Moment in the life of an MOA

- Patient: I would like to book an appt please.
- MOA: Our next available appointment is in 2 weeks
- Patient: Nothing tomorrow?
- MOA: No, sorry, nothing until 2 weeks, tomorrow.
- Patient: Tomorrow will work fine, thanks
- MOA: No, our next available appt is 2 weeks from tomorrow
- Patient: So there is nothing this week then?
- MOA: NO.
- Patient: Ok, next week will be fine.
- MOA:





USEFUL WEBSITES

Kamloops MOA Discussion

Board (FaceBook)

a place where MOAs hangout and swap information , including job opportunities

Doctors of BC

help managing your practice , including billing information, collaborative allies, physician contracts, plus news and events

Pathways

Pathways is an online resource that provides physicians and their office staff/teams quick access to current and accurate referral information.

Division of Family Practice

(Thompson Region)

physician, community and MOA support

ICBC

dedicated site for physicians

WorkSafe BC

find information for workers, employers, Health Care providers and more

LifeLabs

lab services

BC Centre For Disease Control

provincial and national leadership in disease surveillance, detection, treatment, prevention and consultation.

HealthlinkBC

fact sheets about public health and safety.

Interior Health

your connection to physician information, public health information, ect

BC Drug and Poison Information Centre

BC Surgical Wait Times

The Surgery Wait Times website is designed to offer information about wait times for scheduled surgical procedures in B.C.

If you do not wish to receive the Newsletter , please contact Chelsea to have your name removed from the email list. cbrookes@thompsondivision.ca

Please feel free to send your comments, suggests, tips and future topics.

Email Connie : almost-anything@outlook.com