



# 2019 - What does it hold for you?

WE DIDN'T REALISE WE  
WERE MAKING MEMORIES  
WE JUST KNEW WE WERE  
HAVING FUN...!

MOAA  
of BC  
Newsletter

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## President's Message

With the holidays behind us, most of us having packed away all the decorations, eaten the left overs, and are working on our New Year's Resolutions, whatever they are, I know the year ahead holds 365 blank pages just waiting for you to create whatever life you want. Write a good story!

Time is flying by and we are already turning the pages of the calendar on 2019.

Reflecting on 2018, since assuming the role as



President, it's been a huge learning curve for me. And has put perspective on all the work that goes into the association. Past and present. Personally, I want to thank each one of you, who has ever

held a position on the board or as a chair.



The association would not be what it is today, or what it will be in the future without the participation of its members. And the hard work that has come before me. Thank you, thank you, thank you!

## Looking back...

In 2018 we also added **Eventbrite** as a means of communicating our events, making it easier than ever to sign up, and participate. This has proven to be highly successful, as we had 46 registered participants for our Fall Education event, "Privacy and Security" provided by Doctors of BC.



Be sure to read the review and find links to resources that were provided. They will also have a table at the Annual Conference if you wish to learn more.

Thank you! to Anna for all your hard work as Education Chair, we appreciate your commitment to getting us great speakers.

The website needed some refreshing, and after voting on this, it was decided to add alternate forms of payment to the website for conference and membership dues.

## Making it easy...

You can now pay for conference and membership on the website, using either

- **Paypal**
- **Interac E-transfer**

You can still pay by cheque if you prefer, simply print the forms and mail them to the membership chair Susan Campbell.



We will have the Registration forms for membership and Conference at the February Workshop.

As a reminder all fees that are for Chapter 17 New Westminster, will remain the same, you will pay your chapter. As a reminder if you wish to attend a meeting, they are held at Royal Columbian Hospital, contact [ch17presmoaa@gmail.com](mailto:ch17presmoaa@gmail.com) for more information.



## Looking ahead...

We have been busy working on our upcoming events.

### Save the dates!

February 2<sup>nd</sup>, 2019 Workshop  
April 12 & 13<sup>th</sup>, Conference

Both will be at the **Executive Inn in Coquitlam.**

From the feedback, we will have added back the Friday night social it was noticeably missed last year.

I have heard that a possible reunion is brewing for the Friday night! I hope it's true! It would be great to see old faces and catch up, as well as to see new ones and make new memories.



I am looking forward to a successful year and hope to see you all February 2<sup>nd</sup> for our workshop and at conference.

Shine bright !

Marion



## Information on Changes to Auto Insurance in BC

### Increased Care Benefits

The overall allowance for medical care and recovery expenses has doubled to \$300,000 in order to better support those injured in a crash – retroactively applicable to claims on or after January 1<sup>st</sup>, 2018.

ICBC will pay more per treatment based on fair market rates – the first update since 1991 – meaning customers will no longer be out-of-pocket for most expenses. The new treatment fees will come into effect for treatments on or after **April 1<sup>st</sup>, 2019**. These new fees apply to **ALL** injured customers, regardless of fault or accident date. This is good news for all British Columbians injured in a crash and their treatment providers. It also reinforces our commitment to a **care-focused model**.

ICBC is funding new types of treatments in which Registered Massage Therapists, Physiotherapists, Registered Acupuncturists, Registered Clinical Counsellors, Psychologists, Chiropractors, and Kinesiologists will have a set number of **preauthorized treatments** available within the first 12 weeks following a claimant's injury.

### Regulations Announced

On **November 9, 2018**, government released regulations which put in place the supporting details to increase the number and types of pre-approved treatments, updated fees for health care practitioners and the legal definition of a minor injury subject to the limit on pain and suffering. For more information on the changes, you can find our **health care partner Q&A** in the ICBC changes to insurance section of the Business Partners page.

### Business Partners Page

ICBC is committed to keeping you informed as we move forward with the changes. Keep an eye for further communications on the ICBC Business Partners page, which can be accessed via the top banner on [icbc.com](http://icbc.com).

Here you can also find a [dedicated online form](#) to input any questions you have. Additionally, visit [icbc.com/change](http://icbc.com/change) for an overview of all changes being made to auto insurance, including the care model underpinning changes to injury claims.

### Learning Resources Coming Soon

Starting **March 2019**, ICBC will provide learning resources to ensure you are fully aware of the changes around reporting, invoicing, the care and recovery process, and information regarding the role of **Registered Care Advisor**. To stay informed, please visit the Business Partners page via [icbc.com](http://icbc.com).



**Learn more**

**February 2<sup>nd</sup>, 2019  
9:00 am – 12:00 pm**

**At our  
education  
event!**

**You can register at  
Eventbrite, click link**

[https://www.eventbrite.ca/e/february-education-seminar-tickets53627052959?ref=enivteforoo1&utm\\_source=eb\\_email&utm\\_medium=email&utm\\_campaign=inviteformalv2&utm\\_term=attend](https://www.eventbrite.ca/e/february-education-seminar-tickets53627052959?ref=enivteforoo1&utm_source=eb_email&utm_medium=email&utm_campaign=inviteformalv2&utm_term=attend)

## Check up? Are YOU up to date?

Most people, when they think about vaccinations and immunizations, they think of children. Did you know that you should have boosters as adults? And not just for tetanus.



### ALL ADULTS NEED:

INFLUENZA YEARLY

Tetanus every 10 years

DIPHTHERIA - EVERY 10 YEARS

### HOW OLD ARE YOU?

SHINGLES – 50 YEARS OR OLDER

PNEUMOCOCCAL - 65 YEARS OR OLDER (PCV and PPSV) \*\*

HPV - FEMALE UNDER 27 YEARS

HPV - MALE UNDER 22 YEARS

### BASED ON CONDITIONS

ASTHMA - PNEUMOCOCCAL-PPSV \*

HEART DISEASE PNEUMOCOCCAL-PPSV

LUNG DISEASE/COPD PNEUMOCOCCAL-PPSV

Cochlear implants -Pneumoccal – PCV & PPSV

Cancer Pneumoccal – PCV & PPSV

Kidney Disease Pneumoccal – PCV & PPSV

Sickle cell Disease Pneumoccal – PCV & PPSV

Spinal Fluid Leaks Pneumoccal – PCV & PPSV

Weakened Immune system Pneumoccal – PCV & PPSV

Diabetes should have Hepatitis B & Pneumococcal-PPSV

HIV/AIDS should have Hepatitis B & Pneumococcal - PCV & PPSV

\*\* PCV - Pneumococcal conjugate vaccine

\* PPSV = - pneumococcal polysaccharide vaccine

You can track your own immunizations with this easy to print/use tracker.

<http://www.adultvaccination.org/adult-tracker>

## Screening can help you stay healthy

### When was your last Annual exam?

#### Recommendations

-Blood pressure at least once every 2 years

-Cholesterol every 5 years

-Diabetes screening

-skin exam check moles

### When was your last pap?

Women age 25-69 should be screened every 3 years

### Eye exam?

Every 2 years

### Are you over 50? Have you had a FIT test?

The fecal immunochemical test (FIT) is a screening test for [colon cancer](#). It tests for hidden blood in the stool, which can be an early sign of cancer.

### Mammogram? When should you get one?

- **yearly**- If you are over 40 to 74 years with a relative with Breast Cancer -  
 - **every 2 years**- If you are 40-74 years without a family history

-If you are over 75 years speak to your doctor  
 -Under 40 years old, not recommended unless you have known BRCA1 or BRCA2 mutation  
 -Self exam is recommended

**Dental exams** - yearly  
**Bone Density** - over 40 years  
**Hearing test** -over 55 years



## Did you know?

**Tinnitus** is actually a form of hearing loss in the upper registers?

It is the brain's way of compensating for not quite hearing the higher frequency and in defense starts making its own sound "ringing in the ears" also known as Tinnitus.

When was your last hearing test?

Great article in link below

<https://www.hear-it.org/Close-relationship-between-Tinnitus-and-Hearing-loss>

Most hearing tests are free, and suggest to your patients is they have one, that they can try most hearing aids for 60 days for free, so not to be tempted to keep the first pair, and make sure they have the ones that work best for them.



"The good news is the doctor doesn't think the horrible noise in my ears is tinnitus. The bad news is he thinks it's you."



A man goes to the doctor and says to the doctor, I think my wife is going deaf.

The doctor says when you return home, you can do a test with your wife. Say something to your wife from another room, if she doesn't answer, move a few feet closer and repeat what you said. Keep moving closer until she hears you. Then come back and tell me what you find out.

The man returns home and decides to test his wife. He sits in his chair in the living room and calls out to his wife. "Honey, what time is dinner?" He doesn't get an answer. He moves a few feet closer, and says "Honey, what time is dinner?" again, he doesn't get an answer. He moves a few feet closer again, and still doesn't get an answer.

He repeats this again and again, until he is right behind his wife in the kitchen.

"Honey, what time is dinner?" His wife turns around and angrily says "Are you deaf? I've told you ten times already!!"



A mother complained to her consultant about her daughter's strange eating habits.

*"All day long she lies in bed and eats yeast and car wax. What will happen to her?"*

*"Eventually," said the consultant, "she will rise and shine."*

## Advance Care Planning

### Making Future Health Care Decisions

Advance care planning begins by thinking about your beliefs, values and wishes regarding future health care treatment. It is about having conversations with your close family, friends and health care provider(s) so that they know the health care treatment you would agree to, or refuse, if you become incapable of expressing your own decisions.

When you write down your wishes and instructions for future health care, you are making an Advance Care Plan. An Advance Care Plan is a written summary of a capable adult's wishes or instructions to guide a substitute decision maker if that person is asked by a physician or other health care provider to make a health care treatment decision on behalf of the adult.

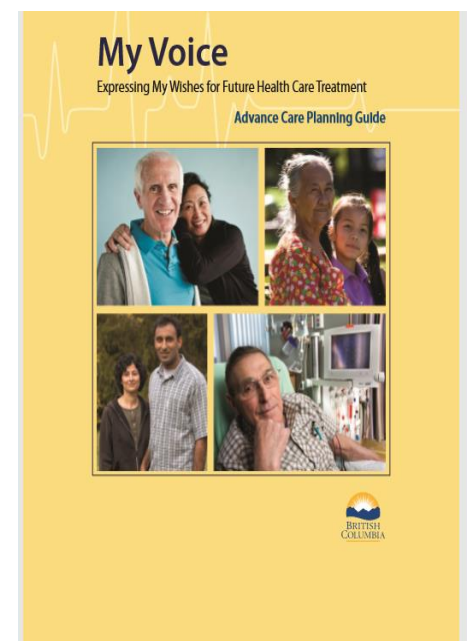
Your Advance Care Plan can also include:

- A Representation Agreement where you write your instructions and name someone to make your health and personal care decisions if you become incapable.
- An Advance Directive with your instructions for health care that are given to your health care provider, which they must follow directly when it speaks to the care you need at the time if you become incapable.
- An Enduring Power of Attorney where you appoint someone to make decisions about your financial affairs, business and property.

### Steps to Creating Your Advance Care Plan

**Step 1: Download the Advance Care Planning Guide.**

The B.C. government's advance care planning guide is called My Voice: Expressing My Wishes for Future Health Care Treatment. You can use it to learn about advance care planning and also to make your own advance care plan that will serve as your voice in the future. **Please note** that you can select the pages to print from the document below (i.e. forms). You do not have to print the **entire** document.



- My Voice: Expressing My Wishes for Future Health Care Treatment
  - [English Version \(PDF, 4.0MB\)](#)
  - [Punjabi Version \(PDF, 1.0MB\)](#)
  - [Simplified Chinese Version \(PDF, 1.1MB\)](#)

If you wish to order hard copies of the My Voice: Expressing My Wishes for Future Health Care Treatment guide in single or in bulk (English only), please visit Crown Publication's website

<http://www.crownpub.bc.ca/Product/Details/7610003494> or by calling Crown Publications staff Monday through Friday 8:30am to 4:30pm Pacific Standard Time at: Telephone: 250 387-6409 or 1 800 663-6105 (toll-free in BC). A charge for shipping and handling, plus applicable taxes will be applied to your order.

If you are an employee of a health authority, please contact your health authority's advance care planning lead. Contact

information may be available on your internal website.

- [My Voice Advance Care Planning Guide Quick Tips \(PDF, 346KB\)](#)

### **Step 2: Have family conversations about your beliefs, values and wishes.**

Every advance care plan starts with conversations between you and your trusted family members or friends. It may feel hard to get started, but usually the people who care about you will understand the need for these conversations.

### **Step 3: Decide what health care treatments you will or won't accept, and note them in the guide.**

It's important to think about when you might want to accept life-supporting interventions — things like breathing machines, or feeding tubes. You should also think about when you might prefer not to have life support or life-prolonging interventions.

### **Step 4: Gather the contact information for the people who could be individually asked to be your Temporary Substitute Decision Maker (TSDM) if a health care decision is needed for you,**

### **and write it down in the guide.**

If you don't like the order of people to be asked on the Temporary Substitute Decision Maker list, or if you have many adult children, or if you would rather have your friend, not your brother for example, be asked to make health care decisions for you, then you can choose the person you want to decide for you by naming them as your Representative in a legally binding Representation Agreement, so that your health care provider can ask them instead.

### **Step 5: Put your Advance Care Plan in a safe, accessible place.**

Your Advance Care Plan is a really important document. If you have a chronic health condition, if you engage in high-risk activities, or even if you're just marking a significant birthday, you should have an Advance Care Plan. Make sure the people who need it, can find it, quickly. You can change your advance care plan at any time as long as you remain capable.

If you need help finding the advance care planning guide, call **HealthLink BC**, toll-free at 8-1-1 (dial 7-1-1 for deaf and hearing-impaired [TTY] assistance).

### More Advance Care Planning Resources

#### VIDEOS

Watch the video Advance Care Planning in BC:

- [English](#)
- [English with Punjabi subtitles](#)
- [English with Simplified Chinese subtitles](#)

#### BROCHURES

For brochures about advance care planning, click below:

- Introduction to Advance Care Planning
  - [English Version \(PDF, 1.5MB\)](#)
  - [Punjabi Version \(PDF, 1.3MB\)](#)
  - [Simplified Chinese Version \(PDF, 262KB\)](#)
- [Aboriginal Health Advance Care Planning: Respecting Aboriginal Ceremonies and Rites \(PDF, 1.5MB\)](#)

Print versions (designed to be printed double-sided and folded in):

- [Introduction to Advance Care Planning \(PDF, 1.5MB\)](#)
- [Aboriginal Health Advance Care Planning: Respecting Aboriginal Ceremonies and Rites \(PDF, 1.5MB\)](#)

If you are any other organization and wish to order bulk single-page brochures on advance care planning (English only), please contact the Distribution Centre Victoria by email to [Sean.Johnson@gov.bc.ca](mailto:Sean.Johnson@gov.bc.ca).

#### QUESTIONS AND ANSWERS

- [Frequently Asked Questions \(PDF, 592KB\)](#)

#### INFORMATION FROM HEALTH AUTHORITIES

B.C.'s regional health authorities all have some information on advance care planning. For more information, visit:

- [Fraser Health: Advance Care Planning](#)
- [Interior Health: Advance Care Planning](#)

- [Northern Health: Advance Care Planning](#)
- [Vancouver Coastal Health: Advance Care Planning](#)
- [Vancouver Island Health Authority: Advance Care Planning](#)
- [First Nations Health Authority: Advance Care Planning](#)

#### LEGISLATION

The Ministry of Justice provides additional legal information useful for your advance care planning. To learn more, see:

- [Incapacity Planning: Representation Agreements and Enduring Powers of Attorney](#)

#### DEALING WITH THE LEGAL MATTERS RELATED TO A DEATH

For information on the steps to take when a death occurs and instructions for obtaining death certificates, please see:

- [BC Vital Statistics: Death Registration and Certificates](#)



## PERSONAL PLANNING INFO AND SERVICES

For additional personal and advance care planning information and services, please visit:

- [Public Guardian and Trustee of British Columbia](#)
- [Nidus](#)
- [Legal Services Society: MyLawBC](#)



**Most doctors are aware of Mental Health Planning fees, do you know there is also a**

### Palliative Care Planning Fee

**14063 GP Palliative Care Planning fee..... 100.00**

This fee is payable upon the development and documentation of a Care Plan for patients who in your clinical judgement have reached the palliative stage of a lifelimiting disease or illness, with life expectancy of up to 6 months, and who consent to the focus of care being palliative. Examples include end-stage cardiac, respiratory, renal and liver disease, end stage dementia, degenerative neuromuscular disease, HIV/AIDS or malignancy. This fee requires a face-to-face visit and assessment of the patient. If the patient is incapable of participating in the assessment to confirm and agree to their being palliative, then the patient's alternate substitute decision maker or legal health representative must be consulted and asked to provide informed consent. The GP Palliative Planning and Management fee is payable

only to the family physician who commits to providing the majority of the patient's longitudinal comprehensive general practice care for the patient. The Care Plan requires documentation of the following in the patient's chart: 1. There has been a detailed review of the case/chart and of current therapies. 2. Name and contact information for substitute decision maker. 3. Documentation of eligible condition(s). 4. There has been a face-to-face planning visit with the patient, or the patient's medical

representative if appropriate, on the same calendar day that Care Planning Incentive code is billed. 5. Specifies a clinical plan for the patient's care. 6. Documentation of patient's current health status including the use of validated assessment tools when available and appropriate to the condition(s) covered by the care planning incentive.

Patient Eligibility: • **Eligible patients must be living at home or in assisted living.** • Patients in Acute and Long Term Care Facilities are not eligible.

## Have you heard about MAID ?

### Medical Assistance in Dying - Information for Health-Care Providers

Medical assistance in dying is a relatively new health-care service in B.C. and health-care providers may have questions about the administrative steps in providing this service, as well as their reporting obligations. See below for information on some of the common administrative processes involved in providing medical assistance in dying, as well as information on the reporting requirements and provincial forms to be used for this purpose.

For clarification on practice standards, health-care providers should contact their provincial regulatory college. Each college's standards are also accessible through links at the bottom of this page.

### *Changes to Reporting Requirements for Practitioners and Pharmacists*

As of **Nov. 1, 2018**, the requirements for reporting

on medical assistance in dying in B.C. are changing. **All required provincial forms for medical assistance in dying must now be submitted to the B.C. Ministry of Health**, the designated recipient of reportable information from physicians, nurse practitioners and pharmacists. The BC Coroners Service will no longer receive the provincial forms on this date.



**Physicians, nurse practitioners and pharmacists have new reporting obligations that they must be aware of.** These requirements are specified in new federal Regulations for the Monitoring of Medical Assistance in dying (Regulations - effective Nov. 1, 2018), and in B.C.'s college standards for physicians, nurse practitioners and pharmacists.

**All provincial and federal reportable information is included on B.C.'s provincial forms for medical assistance in dying.** This means that the practitioner (Assessor and Prescriber) or pharmacist's completion and submission of their provincial form(s) to the B.C. Ministry of Health will fulfill their provincial and federal reporting obligations regarding medical assistance in dying. A single designated recipient streamlines the reporting process for B.C. practitioners and pharmacists.

**NOTE: The latest provincial forms MUST be used by practitioners and pharmacists if the patient's written request is dated on or after Nov. 1, 2018.** The Ministry of Health will accept old forms if the patient's written request was dated **prior** to Nov. 1, 2018.

## What is reportable – by who and when?

There are a number of **new reporting requirements** for practitioners (Assessors and Prescribers) and pharmacists (see 1 to 3 below), as well as the existing requirement that practitioners must report on deaths due to medical assistance in dying (see 4).

See the [Medical Assistance in Dying in British Columbia: Reporting at a Glance \(PDF, 214KB\)](#) one-page reference guide.

The reporting requirement for practitioners is triggered once a patient's written request is received, even if the request does not result in medical assistance in dying.

### What constitutes a patient's written request?

**For reporting purposes**, a patient's written request may take any form. It does not have to be in the format required as a safeguard under the Criminal Code (i.e. duly signed,

dated and witnessed). However, it must be an explicit request for medical assistance in dying and not just an inquiry or request for information. Examples of a written request include the Patient Request Record (HLTH 1632) form, a written paper request, and a request received by email or text message.

**Note:** The above definition only applies to what triggers a reporting requirement and not to the actual provision of medical assistance in dying, which in B.C. requires a patient's completion of the Patient Request Record (HLTH 1632) form.

### 1. Transfer of request (Practitioner) - NEW

A practitioner who receives a patient's written request for medical assistance in dying and transfers the request or care of the patient to another practitioner or MAiD Care Coordination Service for any reason,

must report to the Ministry of Health **within 30 days** after the day of transfer.

Reporting is accomplished by the practitioner completing and faxing the Transfer of Request (HLTH 1642) form to the Ministry of Health at 778 698-4678.

Reporting caveats (under the federal Regulations):

- i. The practitioner submitting a HLTH 1642 form is **not required** to report further information identified under categories 2, 3 and 4 below.
- ii. The reporting is **not required** if the transfer happens "after the 90th day after the day on which the practitioner received the request."

iii. The practitioner who is planning to be the provider of medical assistance in dying would be required to submit a HLTH 1642 form if they are unable to provide the service and instead refer the patient's request to another provider.

## 2. **Ineligibility, withdrawal of request, or death from another cause** (Practitioner) - **NEW**

A practitioner who receives a patient's written request for the purpose of eligibility assessment or provision of medical assistance in dying, must report to the Ministry of Health **within 30 days** of becoming aware of any of the following information related to patient ineligibility or planning being discontinued:

- a) The patient is assessed as ineligible for medical assistance in dying;
- b) The patient is now ineligible after previously being assessed as eligible;
- c) The patient has withdrawn their request; or
- d) The patient has died from another cause

The **Assessor** will report using the Assessment Record (Assessor) form (HLTH 1633).

The **Prescriber** will report using the Assessment Record (Prescriber) form (HLTH 1634).

Note: The Assessor or Prescriber will include the Patient Request Record (HLTH 1632) and Consultant's Assessment if applicable (HLTH 1635) with their reporting, and will fax the required forms to the Ministry of Health at 778 698-4678.

Reporting (under the federal Regulations): caveat the

- i. This reporting is **not required** if the practitioner becomes aware of the information "after the 90th day after the day on which the practitioner received the request".

## 3. **Dispensing of substance for medical assistance in dying** (Pharmacist) - **NEW**

The full pharmacist who dispenses a substance in connection with the provision of medical assistance in dying must report to the Ministry of Health **within 6 business days** of the day on which the substance is scheduled to be administered to the patient.

Reporting is accomplished by the full pharmacist completing (in



collaboration with the prescriber (practitioner and pharmacist) and faxing the Dispensing Record (Pharmacist) (HLTH 1641) form to the Ministry of Health at 778 698-4678.

#### 4. **Provision of medical assistance in dying** (Practitioner)

The practitioner who provides medical assistance in dying (by administering a substance or providing a substance for the patient's self-administration) must report to the Ministry of Health **within 72 hours** of confirmation of the patient's death.

The Prescriber will report using the Assessment Record (Prescriber) (HLTH 1634) form, which includes sections on the planning and administration of medical assistance in dying. The Prescriber will include the following forms with their reporting and will fax the forms to the

Ministry of Health at 778-698-4678: Patient Request Record (HLTH 1632); Assessment Record (Assessor)(HLTH 1633); Consultant's Assessment (HLTH 1635) if applicable; Prescription and Medication Administration Record. These forms are also identified on the Medical Assistance in Dying in British Columbia: Reporting at a Glance one-page reference document.

**Note 1:** The Medical Certification of Death form must be completed and submitted to the funeral director so that a Disposition Permit may be issued, not to the Ministry of Health fax number for reporting on medical assistance in dying.

**Note 2:** As is the case with other deaths in B.C., if the patient's underlying condition relates to an accident, violence or self-inflicted injury, the practitioner must also report the death to

the coroner on call in the region where the incident giving rise to the injury occurred by calling 1 855 207-0637.

#### **Why are some B.C. reporting timelines shorter than the federal ones?**

In B.C., some of the timelines for practitioner and pharmacist reporting have been shortened compared to what are outlined in the federal Regulations. The following two shortened timelines ensure that B.C. practitioners and pharmacists only have to report once to meet provincial oversight and federal monitoring requirements:

- Provision of medical assistance in dying - the providing practitioner (Prescriber) is required to report **within 72 hours** of confirmation of the patient's death (instead of "within 30 days" under the federal Regulations).

- Dispensing for medical assistance in dying - the dispensing pharmacist is required to report **within 6 business days** after the day on which the substance is scheduled to be administered to the patient (instead of "within 30 days" under the federal Regulations).

### What forms must be completed and where can I find them?

The provincial standardized forms for medical assistance in dying are available on the Ministry of Health's website (see quick link to Forms in right column of this page). These provincial forms are to be used by patients, practitioners and pharmacists, and **must be downloaded from this website each time they are required to ensure the most recent version is used.**

The set of provincial forms related to medical assistance in dying includes the following:

- **Patient Request Record (HLTH 1632)** - for a patient to record details related to their request for medical assistance in dying.
- **Transfer of Request (HLTH 1642)** - for a practitioner to record details of their transfer of a patient's written request or care to another practitioner or MAiD Care Coordination Service, for any reason.
- **Assessment Record (Assessor) (HLTH 1633)** - for an assessing practitioner to record details of a patient's eligibility assessment, and, if applicable, reasons for planning being discontinued (e.g., due to a patient withdrawing their request).
- **Assessment Record (Prescriber) (HLTH 1634)** - for a prescribing practitioner to record details of a patient's eligibility assessment and, if applicable, reasons for planning being discontinued or details related to the planning and administering of medical assistance in dying.
- **Consultant's Assessment of Patient's Informed Consent Decision Capability (HLTH 1635)** - for a consulting practitioner to record details of their capability assessment.
- **Dispensing Record (Pharmacist) (HLTH 1641)** - for a full pharmacist to record details of their dispensing and the prescribing practitioner's receipt of medications, as well as the reconciliation of returned medications after medical assistance in dying.

- **Medical Certification of Death (VSA 406A)** - the prescribing practitioner must complete this form within 48 hours of death in compliance with Section 18 of the Vital Statistic Act, and provide the completed form to the funeral director so that a Disposition Permit may be issued. **(This form is not to be submitted to the Ministry of Health fax number for reporting on medical assistance in dying.)**

The completion of these provincial forms meets the requirements of the federal Regulations for the Monitoring of Medical Assistance in Dying, B.C.'s professional regulatory colleges (Physicians and Surgeons, Nursing Professionals, and Pharmacists), the B.C. Ministry of Health and the B.C. Vital Statistics Agency, regarding the completion of documentation and reporting on medical assistance in dying.

### Where are the forms to be submitted?

The patient can submit their Patient Request Record (HLTH 1632) directly to their physician or nurse practitioner, or can contact a health authority's care coordination service for medical assistance in dying (see health authority links below).

The physician, nurse practitioner or pharmacist will fax their requisite provincial form(s) to the Ministry of Health at 778 698-4678, within the timeframe required for each reporting requirement.

Note: Details on reporting requirements are addressed in the section above titled "What is reportable - by who and when?" As well, instructions are indicated at the top of each provincial form and in its accompanying instruction guide (see quick link to Forms page in right column on this page).

### What is the process for prescribing drugs used in medical assistance in dying?

Physicians, nurse practitioners and pharmacists

must follow the standards set out by their respective professional college when writing a prescription or dispensing drugs for medical assistance in dying. There is an expectation that the British Columbia standardized drug protocols and prescription form will be used.

The British Columbia Pharmacy Protocols guidance document and the British Columbia Medical Assistance in Dying Prescription form (includes the pre-printed order and medication administration record) are not available for general distribution. The prescribing physician or nurse practitioner can access these documents by contacting the health authority care coordination service for medical assistance in dying, or the College of Physicians and Surgeons. Pharmacists may also familiarize themselves with the standardized drug protocols by accessing the British Columbia Pharmacy Protocols guidance document through the secure portion of the College of Pharmacists website.





## Who should I contact with questions about medical assistance in dying policy and processes?

Health-care providers working within health authorities should contact their health authority's designated coordinator for medical assistance in dying, or their supervisor for more information on policy and processes. Health authorities play a central role in the coordination of medical assistance in dying services, and are prepared to support patients and care providers who need assistance in navigating the service.

[Fraser Health](#)  
[Interior Health](#)  
[Island Health](#)  
[Northern Health](#)  
[Provincial Health Services Authority](#)  
[Vancouver Coastal Health](#)

Health-care providers not affiliated with a health authority should contact their provincial regulatory college for information on medical assistance in dying processes.

For people living in a First Nations community or care providers working in First Nations communities, please email the First Nations

Health Authority ([maid@fnha.ca](mailto:maid@fnha.ca)) if you have any questions or require further assistance in coordination.

## Standards and Guidelines

The provincial regulatory colleges have laid out medical assistance in dying standards and guidelines so registrants know what is expected of them when they are approached about or are participating in providing the service:

- [Standards from the College of Physicians and Surgeons of B.C.](#)
- [Standards for registered nurses and nurse practitioners from the B.C. College of Nursing Professionals](#)
- [Standards from the College of Pharmacists of B.C.](#)



## How do I bill

### MSP for MAid medical assistance in dying services?

#### Fees and codes:

#### 13501 Assessor Prescriber MAiD Assessment Fee

**\$ 42.65**

**Assessor Prescriber** Includes all requirements of a MAiD assessment, including review of medical records, patient encounter and completion of the MAiD Assessment Record (Prescriber). The assessment may be provided either in-person or by video conference - per 15 minutes or greater portion thereof - Maximum payable is 135 minutes (9 units). Services which exceed the maximum will be given independent consideration with an explanatory letter. ii) **Start and end time** for the assessment must be entered in both the billing claim and patient's chart. iii) Additionally, start and end time for the patient encounter must be entered in the patient's chart. iv) Only one service for 13501 or 13502 may be performed by video conference.

#### 13502 - Assessor MAiD Assessment Fee

**\$ 42.65**

**Assessor** Includes all requirements of a MAiD assessment, including review of medical records, patient encounter and completion of the MAiD Assessment Record (Assessor). The assessment may be provided either in-person or by video conference - per 15 minutes or greater portion thereof Maximum payable is 105 minutes (7 units). Services which exceed the maximum will be given independent consideration with an explanatory letter. ii) **Start and end time** for the assessment must be entered in both the billing claim and patient's chart. iii) Additionally, start and end time for the patient encounter must be entered in the patient's chart. iv) Not payable with 13501 by same physician. v) Only one service for 13501 or 13502 may be performed by video

#### 13503 - Physician witness to video conference MAiD conference.

**\$ 42.65**

#### Physician witness to video conference MAiD Assessment

- Patient Encounter Physician must be in personal attendance with the patient for the duration of the patient encounter with the Assessor or Assessor Prescriber. Billable only for time spent witnessing the patient - Assessor encounter. Includes completion of any required documentation - per 15 minutes or greater portion thereof -Notes: i) Maximum payable is 105 minutes (7 units). Services which exceed the maximum will be given independent consideration with an explanatory letter. ii) Start and end time for the witnessed encounter must be entered in both the billing claim and patient's chart. iii) Not payable with 13501 or 13502 by same physician.

**P13504 - MAiD Event  
Preparation and Procedure  
\$ 280.00**

Notes: i) Payable only to Assessor Prescriber.  
ii) Includes all necessary elements: establishment of IV, administration of meds, pronouncement of death.  
iii) Includes pharmacy visits for procedures provided in facilities with on-site pharmacies. iv) Fee 13505 billable in addition for procedures provided in facilities with no on-site pharmacy. v) A same day visit fee is payable in full in addition under fee item 00103 (home) or out of office visit fee items 12200, 13200, 15200, 16200, 17200, and 18200 (all other locations). Fee items 00108, 13008, 00127 and 00114 are not payable.

**13505 - MAiD Medication  
Pick-up and Return  
\$ 125.00**

Notes: i) Paid **only** in addition to 13504. ii) Payable only when MAiD procedure takes place in a location where there is no on-site pharmacy. iii) Not payable when time for medication pick-up and return has been compensated under a different payment modality.



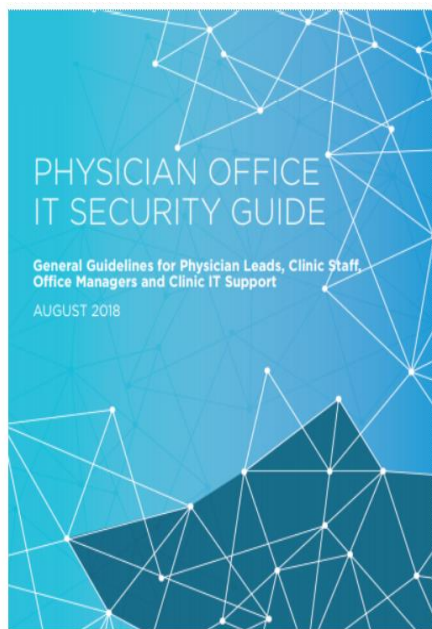
**Forms:**

<https://www2.gov.bc.ca/gov/content/health/accessing-health-care/home-community-care/care-options-and-cost/end-of-life-care/medical-assistance-in-dying/forms?platform=hootsuite&keyword=maid>

**How do I bill for approved travel and training for these services?**

The Medical Assistance in Dying Travel and Training Assistance Program provides funding to assist health authorities in the provision of medical assistance in dying services to residents in Rural Subsidiary Agreement communities. The program policy and forms are accessible at the following Rural Practice Programs link: [Medical Assistance in Dying Travel and Training Assistance Program Policy and Forms](#)

## Speaker Review: Doctors of BC Privacy and Security workshop



For the Fall education workshop, we had great speakers from the Doctors of BC, it was an interactive day!

We were one of the first to receive this workshop in BC. And the new guidelines that were released this past August.

The [Physician Office IT Security Guide](#) (click link) provides practical steps and best practices to enhance privacy and security at the clinic level, and help physicians protect against security breaches and cyberattacks. It is meant to help physicians, clinic staff, and IT support to start on the path of creating a security culture within their practice and increase awareness of common safeguards to protecting patient information.

The healthcare sector has become an increasing target for cybercriminals. There are many safeguards clinics can implement to help protect patient information from security breaches and cyberattacks.

<https://www.doctorsofbc.ca/resource-centre/physicians/managing-practice/privacy-toolkit>

This link will take you to FAQ's /Forms for data transfer and other quick guidelines to get you started.

All offices should take the time to review their practice security.

**Did you know?**

**Most offices use similar passwords?**

Medical

P@sswOrd

Physician

Or the office private line phone number

In fact, a lot of staff keep their passwords on a sticky underneath their keyboard!

It is even more important with computers to take safeguards against any breaches.



## Office Tools

### MSP 2019

#### Close off dates:

Jan. 3, 2019	Jul. 3, 2019
Jan. 21, 2019	Jul. 19, 2019
Feb. 5, 2019	Aug. 2, 2019
Feb. 15, 2019	Aug. 20, 2019
Mar. 5, 2019	Sept. 3, 2019
Mar. 19, 2019	Sept. 18, 2019
Apr. 3, 2019	Oct. 2, 2019
Apr. 16, 2019	Oct. 21, 2019
May 3, 2019	Nov. 4, 2019
May 21, 2019	Nov. 19, 2019
Jun. 4, 2019	Dec. 3, 2019
Jun. 18, 2019	Dec. 17, 2019



### STAT Holidays

Jan. 1, 2019	New Year's Day
Feb. 18, 2019-	Family Day
Apr. 19, 2019-	Good Friday
Apr. 22, 2019-	Easter Monday
May 20, 2019 -	Victoria Day
Jul. 1, 2019-	Canada Day
Aug. 5, 2019-	BC Day
Sept. 2, 2019-	Labour Day
Oct. 14, 2019-	Thanksgiving
Nov. 11, 2019-	Remembrance Day
Dec. 25, 2019-	Christmas Day
Dec. 26, 2019-	Boxing Day

# Conference April 12<sup>th</sup> & 13<sup>th</sup>, 2019

Join us in  
welcoming

## Derek Desroisers specializing in Genomics

Derek is a pharmacist with a special interest in Genomics which is the science of working with and altering DNA

Learn about how  
genetics and DNA  
modifiers are  
changing the  
future of medicine

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Coquitlam, B.C. V3K 3V9  
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(3932)  
Other Enquiries: (604) 936-9399  
Fax: (604) 937-4577  
Email: [info.coq@executivehotels.net](mailto:info.coq@executivehotels.net)

Located close to Skytrain  
station at Lougheed Mall  
quick access from Hwy #1

Quick hop to shopping via  
Skytrain or driving all within  
15 minutes of Hotel

-Coquitlam shopping Centre  
-Metrotown shopping Centre  
-Lougheed Mall

Casinos both within 15  
minute drive of Hotel

-Grand Villa Burnaby  
-Hard Rock Casino

## Also speaking is Speaker Jenna Reed-Cole

Jenna will speak about her life challenges and accomplishments living with Spina Bifida (something that one day may be a thing of the past) and at one time they let children with Spina Bifida\* starve to death thinking they would not have a life worth living.

\*Spina bifida is a birth defect where there is incomplete closing of the backbone and membranes around the spinal cord.



## The Board

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Provincial Website Maintenance Chair

[websitemoaa@gmail.com](mailto:websitemoaa@gmail.com)

## WEBSITE

<https://moaabc.ca>

We are all learning our roles  
And slowly, but surely  
finding our feet in this new  
adventure, please support us,  
ask us questions, give us  
guidance as we are only as  
good as our foundation.

We are excited to see you all  
at the February 2<sup>nd</sup> Education  
workshop and to see you at  
Conference!