DocTalk

Preventing a Complaint to the College

BOUNDARIES

Prescription Forgeries

ANNUAL GENERAL MEETING
Sept 29/17
Seating is limited!

KENDEL AWARD NOMINATIONS DUE BY SEPT 30

College of Physicians and Surgeons of Saskatchewan cps.sk.ca Volume 4, Issue 2, 2017

In this issue

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College of Physicians and Surgeons of Saskatchewan

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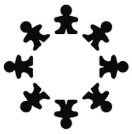
REGISTRAR: Dr. Karen Shaw

Registration Times

Addressing Quality of Care

CPSS Programs and Services

Sask Leaders in Health Care

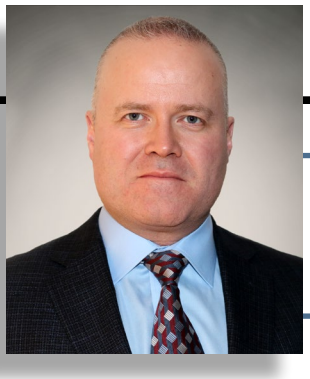


Council News

Physician Update

Do you have feedback to provide or a suggestion for an article to include in the next issue of DocTalk?

Submit your ideas & articles by **NOVEMBER 15, 2017** to COMMUNICATIONS@cps.sk.ca



FROM THE PRESIDENT

Dr. Alan Beggs
President, CPSS

Timeliness in Completing Forms

Summer is flying by all too fast. As fall approaches, the Council will again sit to pursue the various policy and discipline matters under current review.

Remembering Dr. Malhotra

On behalf of the entire Council, I will express our communal sadness that our friend and colleague Dr. Tilak Malhotra will be absent. Tilak passed away after a prolonged illness under the care of the caring and attentive doctors and nurses of St. Paul's Hospital in Saskatoon. He was lovingly remembered by family and friends at a beautiful celebration of his life held in his adopted home town of Prince Albert. Tilak will be sorely missed.

Timely Completion of Third Party Forms

As Council settles into our fall routine, we remain vigilant in our ongoing mission to help our physician colleagues excel in practise quality. One recurrent theme from the past several months has been addressing patient concerns regarding the timeliness of form completion on behalf of patients, their employers and insurers. I invite all of my colleagues to take a few moments from your busy schedules to familiarize yourself with the guidelines set down in the College policy on this issue. (See *POLICY - Physician Certification of Work Absence or Accommodation Due to Illness or Injury and Completion of Third Party Forms* on the College Website.)

As an orthopedic surgeon, I am painfully familiar with the constant pressure from patients, employers and insurers for the timely completion of forms. Despite the seemingly endless supply of paperwork sitting on our desks and in our briefcases, we must strive to remember, that while the collective workload is daunting, each of those forms is essential to the financial and logistical wellbeing of the patients we serve. I personally struggle with timeliness in this area of my practise. Often I find an insurance form, or the dreaded CPP disability tax credit form, is constantly shuffled to the bottom of the day's to-do list. As days pass, the urgency continues, but the form comes no closer to being done.

I have found my EMR to be of immense assistance in this regard. When an insurance form is received in my office, my staff dates it both for arrival, and for two week completion. We ensure that the form completion is entered as a task on the EMR which is timed to prompt me to complete the form within the target timeframe of two weeks. Any such prompts can be repeated, if the form requires additional research or clarification. In general, this permits forms to be completed well before the one month allowable maximum endorsed by the College's policy.

Several of my colleagues use a basic spreadsheet to accomplish the same objective. Receipt of a form is entered into a simple excel spreadsheet with a progressive date counter. When the counter hits a target number, the office staff reminds the physician.

I even know of one colleague who collects fees up front for each form to be completed, with a money back guarantee if the form is not completed within 2 weeks!

There are many methods one can adopt as routine office practise. The essential factor remains that those of us blessed with insurance forms should ensure that a routine practise exists to help us serve our patients in this important, but often painful administrative process.

In closing, I hope that it has been a restful summer for you all. Enjoy the fall to come, and here's hoping for a short mild winter!

FROM THE REGISTRAR

Dr. Karen Shaw
Registrar, CEO

The New Health Authority; & Education Points on Matters of College Concern

I hope you all had an opportunity to take some time off during the fabulous summer weather which seems to be quickly fading with the appearance of the fall colours.

News on the New Single Health Region

I am reminded of the work that has occurred over the summer in working towards the transition to a single Health Authority. The College has provided input to this process through the Physician Advisory Network. We are pleased the Ministry has identified the need to have a strong physician presence in all aspects of this process, including the appointment of the Co-Chairs, Dr. Kevin Wasko and Dr. Bruce Murray, and the inclusion of many physician leaders within the Physician Advisory Network. If you are interested in following the progress of this work you can access it at www.saskatchewan.ca/transforming-health.

I would also like to take this opportunity to congratulate Dr. Janet Tootoosis and Dr. Preston Smith on their appointments to the Board and congratulate Mr. Scott Livingston on his appointment as the CEO of the new single Health Authority. Council and College staff are happy to provide what assistance we can to ensure the transition to the single health authority goes smoothly and meets its objective to improve the provision of healthcare in Saskatchewan.

Education Points

The day to day work at the College continues as usual. In this issue of Doctalk Dr. Beggs has raised the important issue of timely completion of third party forms and Mr. Salte has written an article about boundaries. Other areas of concern that have been recurrently raised with the College include difficulty with meeting the expected standard in medical record charting, difficulties with communication and collaboration with physician and non-physician colleagues and the management of chronic non cancer pain.

There are many educational opportunities in which physicians can participate to improve in the areas of concern mentioned. One of the newest options is Saegis, a subsidiary of the Canadian Medical Protection Association (CMPA). Their website can be viewed at https://saegis.solutions/en. It has a number of online modules and in person conferences that cover such things as improving communication with your patients and your communication as a member of a healthcare team, tips on charting and, in conjunction with the University of Toronto, a prescribing course with online modules and a follow up in person conference on Safer Opioid Prescribing:

- Safer Opioid Prescribing Skills
- Clinical Communication Program
- Successful Patient Interactions
- Effective Team Interactions

As we are experiencing an opioid crisis here in Saskatchewan similar to the rest of Canada, the Council of the College has dedicated its educational event this year to a two day conference entitled ***Current Options for Managing Pain and Addiction***. It will be held on 27 & 28 October, 2017 at The Sheraton Cavalier Hotel, in Saskatoon. Three out of province key note speakers, including Dr. Hakique Virani, Dr. Mark Ware and Dr. Norm Buckley, will join local faculty to speak on a number of aspects on the management of chronic pain and addiction. Topics include: *Canada's new Opioid Guideline*; *Managing Chronic Pain in Saskatchewan*; *Cannabinoids and Medical Cannabis*; *Management of Opioid Addiction*; *Cultural Connections and Addictions*; *Patient Advocate Perspective;* and *Police Perspective of Drug Abuse*.

We hope this conference will help with the knowledge gaps in this area of practice and re-inforce the new Canadian Guidelines. This conference has come to fruition through the group efforts of the Prescription Review Program staff at the College and the CME department at the College of Medicine, University of Saskatchewan and the University of Health Sciences Continuing Education Group.

We hope to see you there.

Bryan Salte
Associate Registrar
and Legal Counsel

Defining Boundaries

In Doctor-Patient Relationships

Of the many complaints received by the College, either through the Quality of Care or Disciplinary processes, the most difficult for physicians and patients alike are those involving boundary concerns. A boundary violation can severely impact a physician's career and their future relationship with their patients. Unfortunately, the College of Physicians and Surgeons must frequently deal with allegations that a physician has acted unprofessionally by failing to maintain appropriate boundaries with patients.

Despite the relatively large number of complaints to the College, the literature suggests that most boundary violations by physicians are not reported. Boundary violations can take many forms.

Some examples of allegations of boundary violations recently addressed by the College are:

- A physician who remained in the examination room while the patient undressed and dressed. The discipline committee concluded that the physician did not meet the standards of the profession as he did not accord appropriate privacy to the patient;
- A physician who made numerous personal comments of a sexual nature to patients, unrelated to the purpose of their visit to the physician;
- Physicians who have had consensual sexual relationships with their patients.

A useful guideline for considering what is appropriate in the doctor-patient relationship is published by The Medical Board of Australia. *Sexual Boundaries: Guidelines for doctors* **is available at**

http://www.medicalboard.gov.au/Codes-Guidelines-Policies.aspx

Some things that physicians should consider to avoid complaints of improper sexual behaviour are:

- Communicate effectively – Physicians are often rushed and are familiar with what is medically appropriate, the reasons for asking questions about the patient's personal life, the reasons for performing certain examinations and how those examinations are performed. Patients may misinterpret the reasons for asking certain questions and how examinations are performed. A little more time explaining the reasons for certain questions and explaining why an examination is appropriate and how it will be performed can protect the physician against a complaint of inappropriate sexual behavior;
- Use a chaperone when performing intimate examinations. College publications over many years have encouraged physicians to have a chaperone present while conducting intimate examinations. The College recently dismissed one complaint when a patient made a credible allegation of sexual impropriety which was denied by the physician. The information provided by the chaperone who was present during the examination was crucial to the decision.
- If an intimate examination was performed, document it appropriately. An inference can be drawn that if an examination was performed and there isn't an appropriate record, there was not an appropriate medical purpose for the examination.

Policy, Standard and Guideline Updates

Council regularly reviews the policies, guidelines and standards which are then made available on the College's website.

Since the last Newsletter, Council has adopted or amended a number of these documents. The title of the documents and a summary of their content follows:

GUIDELINES & STANDARDS - Saskatchewan Opioid Substitution Therapy Guidelines and Standards

Council has approved an interim statement which modifies the provisions of The Opioid Substitution Therapy Guidelines and Standards as they relate to in-hospital administration of methadone (pages 13 and 14 of the document) as follows:

Physicians who prescribe methadone or buprenorphine/naloxone to inpatients in a hospital setting do not require a methadone exemption to prescribe if the following terms and conditions are met:

1) The patient must currently be receiving methadone or buprenorphine/naloxone treatment prior to their hospitalization (or admission to an equivalent acute care facility in rural centres).

2) A physician must:

a. Be working in a hospital setting (or equivalent acute care facility in rural centres);

b. Only prescribe the continuation of methadone or buprenorphine/naloxone as initiated by an exempted prescriber to a patient while that patient is under their professional treatment in an acute care facility;

c. Must confirm both the daily dose and date/time of last administration of the methadone or buprenorphine/naloxone from a reliable source (e.g. from the patient if appropriate, from the dispensing pharmacy – caution must be applied with reviewing PIP for dosing information related to methadone compounds);

d. If the last methadone dose was not taken/administered within the last 48 hours, the primary prescriber must be consulted prior to re-initiating therapy

e. Must not adjust the dose without first consulting the primary prescriber. This includes increasing, decreasing or the splitting of the daily dose. If medically necessary, the dose may be held – if the dose is held for more than 12 hours, the primary prescriber must be consulted;

f. Only prescribe methadone as an analgesic agent or for the management of opioid dependence;

g. Only prescribe buprenorphine/naloxone for the management of opioid dependence; and

h. Ensure that the regular treating practitioner is informed of the patient's hospitalization (or admission to an equivalent acute care facility in rural centres) and coordinate the issuance of methadone or buprenorphine/naloxone prescriptions when the patient leaves the hospital (or equivalent acute care facility in rural centres);

Physicians who prescribe methadone for an inpatient should be aware of the requirements established by Health Canada to prescribe without a methadone exemption, available here.

Click here to view full policy

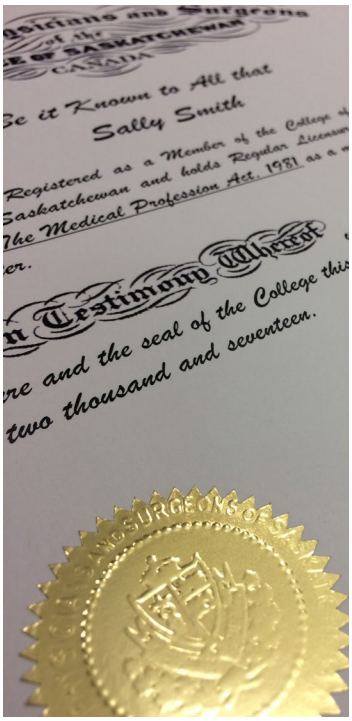
POLICY - Role of Legal Counsel, Investigation of Possible Unprofessional Conduct or Lack of Skill and Knowledge

Paragraphs 7 and 8 of the policy were amended by Council to reflect the current practice that legal counsel may sometimes express a perspective on the appointment of members to the discipline committee, preliminary inquiry committee or a competency committee.

Click here to view full policy

The full versions of all CPSS Policies, Standards and Guidelines are available on the College Website at

www.cps.sk.ca



Renewing Your Physician Licence to Practice

Physician registration renewal time is fast approaching!

You will soon be receiving your registration renewal notice in the mail. Please follow the instructions in the letter to promptly renew your registration for the period of December 1, 2017 – November 30, 2018.

All registration renewals are due no later than November 1, 2017 to ensure that College staff has sufficient time to process renewal for all physicians.

Avoid interruption in your licence and additional fees for restoration to the register by acting promptly!

Medical Corporation Permit Renewal

Remember to renew your Medical Corporation Permit too!

Physicians with medical professional corporations will also soon be receiving their corporation permit renewal letter in the mail for the period of January 1, 2018 to December 31, 2018.

All corporation renewals must now be submitted online.

Follow the instructions in your renewal notice letter to promptly renew your medical corporation!

To renew online, you will need:

- Access to a computer;
- Credit card for payment of fees – we accept Visa or MasterCard;
- Your User ID for corporation renewal (provided in the letter from the College);
- Your personal account password for corporation renewal (provided in the letter from the College).

All medical corporation renewals are due no later than November 1, 2017.

This allows us to ensure that College staff has sufficient time to process renewal for all medical professional corporations.

Act promptly to ensure that there is no interruption in your medical professional corporation status!

Professional Learning Requirements for Renewal

Saskatchewan physicians licensed on a full, provisional or special licence must enroll in a continuing professional learning program (5-year cycle) with the Royal College of Physicians and Surgeons of Canada (RCPSC) or the College of Family Physicians of Canada (CFPC) in order to renew their professional registration for the upcoming year. This process is known as revalidation.

When completing your online registration renewal form, you will be required to indicate the start and end dates of your current learning cycle. If you are not enrolled in a program or do not have a learning cycle you will not be able to complete your registration renewal.

Physicians who hold FRCP or FRCS designations with the RCPSC must meet the requirements of Maintenance of Certification at the end of their cycle, and provide proof of completion.

Physicians who don't hold fellowship at the RCPSC can enroll in the Maintenance of Certification program and track their CME activities in their on line account.

Current members of the CFPC and non-members of the CFPC are able to track their CME activities in their on-line account.

Are you at the end of your professional learning program's 5-year cycle?

At the end of your learning cycle, you will be required to provide the CPSS with a certificate from your program confirming that you successfully completed your learning cycle. This certificate may be obtained from the program website or Maintenance of Certification and must be submitted during registration renewal.

Please attend to this matter promptly. Failure to comply and enroll may result in a refusal by the Registrar to renew your registration.

BE AWARE: Indicating that you are enrolled in a program when you are not may result in disciplinary action.

If you are not currently enrolled in either Mainpro+ or Maintenance of Certification, you will need to enroll prior to applying to renew your licence for the upcoming year.

Fees for Non-Compliance

The Registrar's Office will administer cost recovery fees as follows to physicians who fail to meet CME requirements and who fail to comply with Regulatory Bylaw 5.1. *Standards for Continuing Education and Maintenance of Membership*:

Enrolling in a Professional Learning Program

A physician who fails to enroll in Mainpro+ or Maintenance of Certification, or who fails to maintain enrollment in Mainpro+ or Maintenance of Certification as required by Regulatory Bylaw 5.1, will be required to pay a fee of $500;

Completing Conditions Imposed by the Registrar

A physician who has failed to enroll in Mainpro+ or Maintenance of Certification, or who fails to maintain enrollment in Mainpro+ or Maintenance of Certification as required by Regulatory Bylaw 5.1 and who is required to comply with any of the conditions in Regulatory Bylaw 5.1(h) shall, in addition to the $500 fee in paragraph (a) above, be required to pay a fee of $500;

PROVIDING PROOF OF COMPLETION

A physician who has enrolled in Mainpro+ or Maintenance of Certification as required by Bylaw 5.1, but who has failed to meet the requirements of the program, or has failed to provide the evidence required by paragraph (d) (iv) and who is required to comply with any of the conditions in Regulatory Bylaw 5.1(h), shall be required to pay a fee of $500.

You must ensure that you meet the minimum credit requirements as established by your program or fees will be imposed.

New Requirements for SIPPA

The Saskatchewan International Physician Practice Assessment (SIPPA) is a "practice readiness" competency assessment program. SIPPA was implemented in 2011 to ensure that internationally trained physicians who wish to practice medicine in Saskatchewan possess the appropriate clinical skills and knowledge to provide quality patient care. SIPPA operates under the auspices of the College of Medicine's Division of Continuing Medical Education with the support of a provincial oversight committee that includes representatives of the provincial government, regional health authorities (RHAs), the Saskatchewan Medical Association (SMA), saskdocs, and the College of Physicians and Surgeons of Saskatchewan (CPSS).

Currently there are three iterations of SIPPA per year; winter, spring and fall. The number of candidates per iteration is determined by Saskatchewan family physician resource needs and the availability of Clinical Field Assessment sites for SIPPA candidate evaluation. SIPPA is a competitive program with many more International Medical Graduate (IMG) physician applicants than there are available spots.

Application to SIPPA is administered by saskdocs. All SIPPA candidates must agree to a Return of Service Agreement as a condition of participation. Eligibility for SIPPA is determined by saskdocs and the College of Physicians and Surgeons of Saskatchewan.

Please note, **effective September 1, 2017**, candidates who wish to be considered for the SIPPA program will require either:

- a pass standing on the Medical Council of Canada Qualifying Examination Part I (MCCQE1) AND the National Assessment Collaboration (NAC) OSCE taken in 2013 or later (with a minimum score of 75); **OR**
- a pass standing on the Medical Council of Canada Qualifying Examination Part II (MCCQE2).

WANTED

SIPPA is actively recruiting assessors for the Clinical Field Assessment (CFA). SIPPA has urgent need for assessors in rural family medicine and the ER.

Physicians interested in becoming Assessors should contact the SIPPA coordinator for more information:

Applicants should be aware that **SIPPA is not a clinical training program**. Other than an initial "Orientation to Family Practice in Saskatchewan," SIPPA is an evaluative process that is comprised of a Centralized Assessment (Therapeutics Decision Making Examination) followed by a Clinical Field Assessment.

The **Clinical Field Assessment (CFA)** is a 12-week competency assessment that occurs outside of the Regional Health Authority (RHA) to which the physician is recruited. The CFA involves direct and indirect candidate supervision and evaluation of patient care by College of Physicians and Surgeons of Saskatchewan approved physician assessors. The CFA candidate evaluation occurs in multiple settings (ambulatory/clinic, ER, hospital inpatient ward and long term care) and involves multiple assessors and typically will occur in more than one community. SIPPA does not specify a minimum or maximum number of assessments in each specific practice setting; rather, it is expected that candidates will be assessed in the typical practice settings that the physician assessor works in. Candidate assessment encompasses a global review of practice including communication skills, information gathering, learning techniques, prescribing, case management and readiness for independent practice. Candidates are assessed at the level of A CANADIAN TRAINED FAMILY PHYSICIAN ENTERING PRACTICE.

Dr. Jon Witt, MD
Medical Director | SIPPA Program | CME

Addressing Quality of Care

Dr. Micheal Howard-Tripp
Deputy Registrar

How are we doing?

The Quality of Care department focuses on continuous improvement and learning from experience, both from the physician and patients' points of view, but also with regards to the College's own processes. That's why we think your feedback on your experience is critical to us!

The Quality of Care Survey

In an effort to assist the profession in providing good medical care and, in the process, avoiding complaints to the College from dissatisfied patients, the Quality of Care department has over the past few years produced a number of articles in DocTalk. In line with this theme; the chairperson of the Quality of Care Advisory Committee has provided some advice in this issue that might assist in avoiding a complaint altogether.

Notwithstanding any advice we may offer, some physicians will still be complained about. The Quality of Care process has undergone revision in an effort to improve the complaints process for patients and physicians alike. We would like to know how we are doing and to this end have developed a feedback survey which will be distributed to complainants and respondent physicians. We request that anyone receiving a survey complete it as completely and honestly as they can and return it promptly to us. We will examine the responses and identify themes for action, in line with our commitment to continuous quality improvement. We look forward to your responses.

Haven't received your copy of the Quality of Care survey?

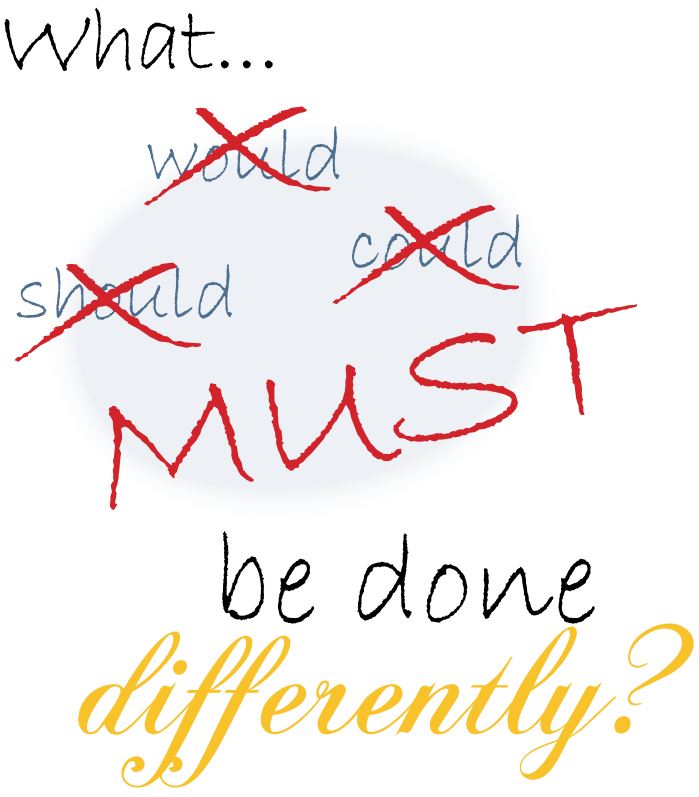
If you have experienced the Quality of Care process but have not received a copy of the survey and would like to provide feedback, please contact Melissa Koroll by e-mail at melissa.koroll@cps.sk.ca or call (306) 244-7355.

How are WE doing as physicians?

It's important to take the time to reflect not only on what we do as physicians, but HOW we establish relationships with patients and their families, colleagues and other stakeholders on a professional level.

Are you at risk of a complaint? Ask yourself:

Am I interacting appropriately with my patients?
How about with my colleagues?
How do I know?



Preventing a College Complaint

What TO DO and what NOT TO DO when you Receive a Complaint

By Dr. Johann Kriegler, Chair, Quality of Care Advisory Committee

We work in a profession where we come into contact with people who are often at their most vulnerable. They may be in pain, fearful of a diagnosis, intimidated, distressed and physically or mentally unwell. This highly charged interaction combined with an uneven balance of power and authority can easily go off the rails, leading to a breakdown in trust of the doctor-patient relationship. The patient, and frequently the doctor, is left feeling angry, frustrated, dismissed, misinterpreted and before long you receive the "dreaded" complaint letter from the College.

As a self-governing profession, our College of Physicians and Surgeons has a legislated duty to review all patient complaints brought to its attention and to provide a response to the complainant in a timely fashion. Staff in the Quality of Care department attempt to resolve lower level complaints. All unresolved complaints and higher level complaints are reviewed by the Quality of Care Advisory Committee (QCAC), a committee consisting of three practising physicians and three public members. The Committee's mandate is to provide advice to the Medical Manager for educational feedback to the complainant and the doctor.

Here are 10 do's and 10 don'ts to consider in order to decrease the likelihood of receiving a complaint:

Do:

1. Introduce yourself, make eye contact and apologize if you kept patients waiting.
2. Always act professionally and be honest and polite.
3. Express regret and apologize if there was an error or undesired outcome.
4. Reply in a timely fashion when asked to transfer a chart, provide records, complete insurance/disability forms, and return phone calls.
5. Keep legible, good and contemporaneous notes, including post op and daily hospital progress notes.
6. Read the nurses notes in the ER and on the wards.
7. Consult a colleague, local Ethics committee, CMPA, SMA or the CPSS when a situation arises, that you feel has gone awry.
8. Sign off on lab, imaging and pathology reports and make clear arrangements for dealing with the results when you will be away or leave the practice.
9. Be cautious when dismissing a patient's concerns who you feel is being unreasonable, frivolous or mentally unsound. There may be real pathology lurking there.
10. Get informed consent for any intervention, preferably in writing.

Don't:

1. Be defensive or paternalistic when challenged or questioned by a patient.
2. Appear to be rushed (interrupt patients, avoid answering their questions, have your hand on the door).
3. Make gratuitous comments about appearance.
4. Discuss cases in public or non- private areas.
5. Criticize or judge the care provided by a colleague or other health professional. Get all the information from your colleague first and, better yet, discuss your concerns with the colleague.
6. Fail to disclose an adverse event.
7. Be dismissive of patients with drug seeking behavior. Instead, remain firm, professional and offer alternate solutions.
8. Leave post-surgical care/complications to the ER or family doctor to deal with, without the agreement of the ER/family doctor. Provide explicit written instructions to the patient and the ER/family doctor.
9. Alter/erase your clinical notes after the fact. It is OK to have an addendum, appropriately dated and noted as such.
10. Ignore the College's request for information. It may lead to a charge of unprofessional conduct.

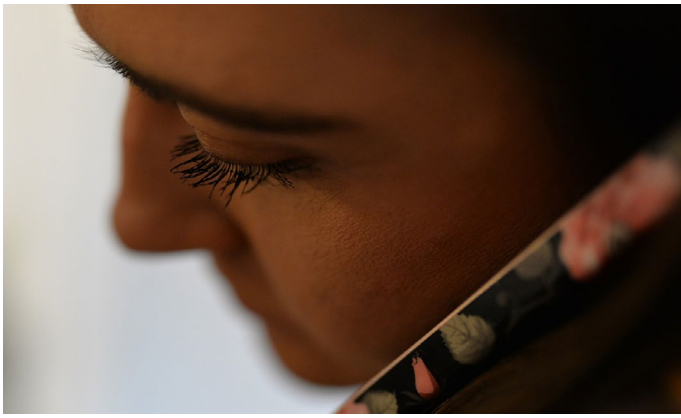
I NEED MY DOCTOR! But it's after hours... Now what?

Ensuring Adequate 24 Hour Medical Practice Coverage

It happens often enough. A patient is concerned about a health issue that may be minor or has the potential to be serious. But it's after clinic hours. The patient dials his family doctor, hoping someone will answer to give some direction.

A message left on voice mail indicates "If this is an emergency, call 911 or go to the nearest emergency."

But... what about Continuity of Care?



It has come to the attention of the College, during the assessment processes for family physicians, that in some practices and clinics, adequate 24 hour coverage is not in place.

A physician's reponsibility does not end when their shift ends, or when the lights at the clinic go off at the end of the day.

Further, it is ***not*** sufficient to simply leave a voice message indicating to patients to call 911 or go to the nearest emergency after hours.

As per the College Policy, *Medical Practice Coverage,* physicians need to ensure that proper arrangements have been made with their replacement or with emergency departments to enable other physicians to connect with the family doctor to receive medical records and other information regarding the patient. This is necessary in order to ensure continuity of care, particularly in the case of an emergency.

Clinics may also have to review their protocols for after hours coverage to ensure compliance with the College policy and the principle of Continuity of Care.

Questions:

Call 1-306-244-7355
or e-mail cpssinfo@cps.sk.ca

CPSS POLICY: Medical Practice Coverage

1. All physicians involved in direct patient care have an obligation to arrange for 24-hour coverage of patients currently under their care.

2. Recognizing the impossibility for a physician to be available continuously, where physician numbers permit (four or more), they are encouraged to form call groups with physicians of similar interest and training to share responsibility for after hours and weekend coverage.

3. Physicians who transfer coverage of patients in their practice to another physician should have the agreement of the physician before doing so.

4. If it is not possible or practical to arrange alternative coverage with another physician or group, physicians may make mutually acceptable arrangements with an RHA, one or more hospital emergency departments and/or physician emergency clinics to cover the after hours needs of their patients. These arrangements should include, wherever feasible, ability for the covering physician to contact someone from the physician's call group when necessary. However, it is not ethically acceptable for physicians to unilaterally offload professional responsibilities on RHA facilities and programs without a mutually acceptable agreement with the RHAs in which they hold a medical staff appointment.

5. Physicians who sign over coverage to a hospital or clinic emergency department should be prepared, if requested, to participate in the on-call roster, provided the physician has the required training and/or experience to do so.

6. Information should be made available to patients providing clear directions as to when, where and how they can seek physician care when their own physician is unavailable.

7. All physicians involved in collaborative practices with Primary Care Clinics should be prepared to accept their fair share of call responsibility along with other members of the interdisciplinary team.

College Disciplinary Actions

The College reports discipline matters in the next issue of the Newsletter after the disciplinary action is complete. The College website also contains information on discipline matters that are completed, and matters where charges have been laid but have not yet been completed.

Two (2) cases were completed since the last issue of DocTalk.

Dr. Ian Cowan

Dr. Cowan entered a guilty plea to improperly storing medical records and inappropriately providing marijuana to two individuals.

Council ordered the following:

1. A reprimand;
2. A one month suspension;
3. Dr. Cowan must complete an ethics course;
4. An order that Dr. Cowan pay a fine of $2,000;
5. An order that Dr. Cowan pay costs of $10,665.91.

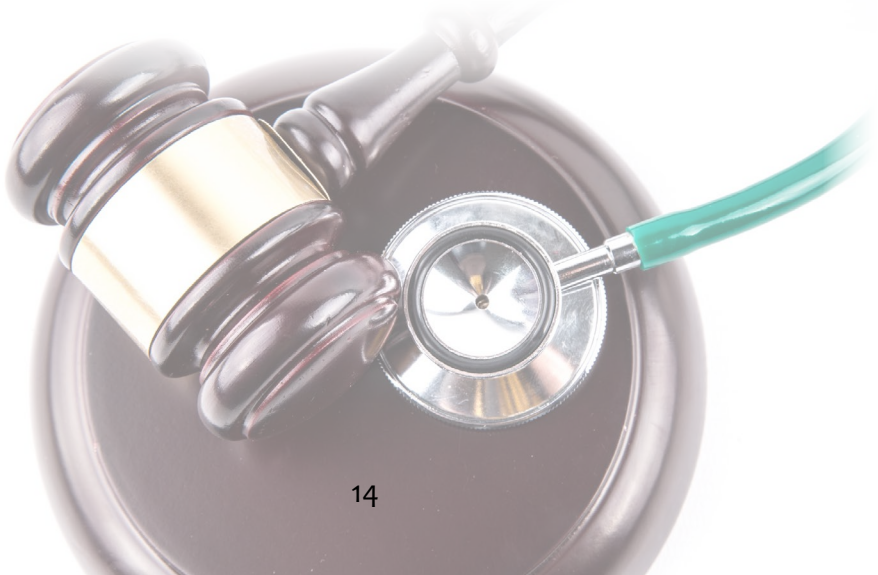
Dr. Mehdi Horri

Dr. Mehdi Horri admitted unprofessional conduct for entering into a sexual relationship with a recent patient while practising medicine in Ontario. The CPSO discipline committee revoked his licence but he was permitted to return to practice in Ontario pending his appeal to the Ontario Divisional Court.

Council ordered the following:

1. Dr. Horri's Saskatchewan licence has been struck from the Register effective June 16, 2017.

2. Conditions have been imposed before he can reapply for restoration;
   a. A waiting period of 9 months;
   b. Dr. Horri must undertake counseling at his expense for boundary breach and provide a satisfactory report to Council from a third party chosen by Council.



Responsibilities of a Medical Director, Facility Approval, and Privileges in a Non Hospital Treatment Facility

Saskatchewan currently has twelve fully approved and functioning Non Hospital Treatment Facilities (NHTF). The spectrum of services provided in these facilities is very diverse based on the types of procedures performed, including both private and publicly funded procedures.

Each facility is governed by Bylaw 26.1 of the College's Regulatory Bylaws. This Bylaw outlines the role of the Non Hospital Treatment Facility (NHTF), including procedures which are approved to be performed, the role of the Medical Director, physician privileging, and the process for approval of such facilities.

Facility Approval

Facilities must initially apply to the College for **approval**. In order to obtain full approval, the facility must be inspected according to a set of Standards and Guidelines, which have been adopted by the CPSS from the College of Physicians and Surgeons of Alberta, with a few differences unique to Saskatchewan. Once all conditions are met, the College provides accreditation for three years and the facility is issued a certificate of approval which outlines the specific procedures which are approved to be performed in the facility, for one year. Each facility must complete documentation in non-inspection years which attests that all standards, guidelines and bylaws are being adhered to. Once this attestation has been made they are issued a certificate for a further year.

Role of the Medical Director of an NHTF

The **Medical Director** of an NHTF plays a significant role in the administration and functioning of the facility. Bylaw 26.1 outlines the role of this position, and the responsibilities placed on the Medical Director. The ultimate responsibility for the NHTF, and its operation, lies with the Medical Director.

Obtaining Privileges

Physicians planning to work within an NHTF must apply to the Medical Director for **privileges**. A one page short form application for privileges is used for physicians who are applying for privileges which they have already been granted in the health region in which they are working, and wish similar privileges within the NHTF located in that specific Health Region.

For those physicians applying for privileges who do not hold similar privileges within the health region of the NHTF in which they will be working, a long form application is used to assess the privilege application. The information required includes procedures applied for, documentation of training and/or Curriculum Vitae, and two letters of reference. Once these requirements are met and the information is sufficient to support granting privileges, the documentation is forwarded to the Health Facilities Credentialing Committee which assesses this information and provides a recommendation back to the Registrar who may or may not grant interim privileges. Council is then asked at the next meeting thereafter to consider whether or not to grant full privileges. Information regarding privileging and the forms used are available through the Medical Directors of each facility .

The Non Hospital Treatment Facility Program in Saskatchewan functions well, with a clearly delineated structure for approval, privileging, and ongoing assessment. The College takes a very proactive role to ensure the smooth functioning of this program, which is designed to maintain the highest standards for the safety of all involved. Feedback provided from any avenue is encouraged and discussed within the overall framework of this program.

Enquiries

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Preventing Prescription Forgeries

By Julia Bareham, Pharmacist Manager and Christopher Mason, Legal Counsel

The Problem

- 2017 has seen an unprecedented increase in prescription forgeries for PRP medications.
- Saskatchewan pharmacists have caught many of these attempted forgeries.
- It is unknown how many forgeries have gone undetected, filled and dispensed.
- The black market is rife with demand for PRP medications. See www.streetrx.com

At a time when many individuals have an opioid use disorder and opioids are becoming more challenging to get by prescription, one can only expect that those with an addiction may resort to forging prescriptions, buying pills from the street, or possibly even committing a robbery.

For physicians, chronic pain, addiction and opioids can be a very challenging and time-consuming area to navigate. While the issue of opioid misuse is widespread, there are things you can do to help minimize the chances that your name will end up on a forged prescription.

The Method

Common ways prescriptions are forged:

- A valid prescription written by a physician may be altered by the patient by changing the quantity or the strength, or even adding an additional medication.
- A patient may take a prescription pad, or individual script, and will forge the entire prescription.
- EMR generated and technically perfect reproductions (USUALLY HAND DELIVERED BY PATIENT). An electronically-generated prescription is often much easier to forge than a handwritten prescription thanks to the availability of numerous computer programs that allow anyone to scan and alter documents. As well, photocopiers make for easy batch reproduction.
- Patients have taken valid prescriptions provided to them for medications such as amoxicillin and Materna, and turned them into Hydromorph Contin or Dilaudid. Electronically-generated forged prescriptions can be very difficult for a pharmacist to identify as fraudulent.

Suggestions for Prevention

- Minimize risk!
- Always keep your prescription pads in a safe and secure location (e.g. not unattended in an exam room).
- REVIEW and follow the College Bylaw 17.1 and 18.1 for the prescribing of PRP monitored medications which includes writing the quantities in both numeric and written form (e.g. 20 [twenty]).

Continued on p. 17...

CCENDU RCCET
Canadian Community Epidemiological Network on Drug Use
Réseau communautaire canadien d'épidémiologie des toxicomanies

CCENDU IS ON FACEBOOK!

Stay updated on drug news in Saskatchewan and across Canada!

Be sure to like the "CCENDU Saskatchewan" Facebook page.

Canadian Community Epidemiology Network on Drug Use (CCENDU), is a nation-wide network of community partners that informs Canadians about emerging drug use trends and associated issues.

... continued from p. 16

- Mark a line through any empty space so that nothing can be easily added.
- Ensure your contact information is clearly printed on the prescription so that the pharmacist may contact you to verify the prescription.
- The College of Pharmacy Professionals tells pharmacists that "When presented with a prescription for a drug in The Controlled Drugs and Substances Act (narcotic, controlled or benzodiazepine), the onus is on the pharmacist to ensure that the signature, if not known to the pharmacist, is verified." As a result, you may get the occasional phone call to verify a prescription.
- Consider faxing ALL your prescriptions, regardless of the medication class, directly to the pharmacy on behalf of your patient.
- If the prescription cannot be faxed, countersign IN INK the printed prescription,
- Ideally any colour of ink other than black (since this is the colour of the printer ink).

Important Considerations

Steps you can take to reduce prescription medication abuse and diversion.

First, ensure you are prescribing to the person in front of you! Health cards are a commodity on the street. When a patient is new to your clinic, always verify his/her identity with photo identification.

Second, always check the Pharmaceutical Information Program (PIP) when prescribing PRP medications to ensure patient safety. If the patient is from out-of-province, verify previous prescriptions with his/her family physician or pharmacy prior to prescribing.

Third, if unable to verify, only provide enough medication to last until the information can be verified (e.g. a two day supply to get through the weekend) or until you can perform a proper assessment to determine the appropriateness of the requested medication and receive the results of a urine drug screen test.

Fourth, consider the red flags of drug abuse behaviour (eg. presence of non prescribed or illicit drugs in drug screen; multiple unauthorized dose escalations; asking for brand name drugs; requests for early refills; recurring instances of lost/stolen medicine; unverified "allergies" to non-opioid medication; agressiveness; claim that "nothing else works"; resistance to tapering or switching opioids...)

Fifth, trust your instincts.

Sixth, please consider writing all your prescriptions through PIP. The information provided enhances safety, accuracy and helps all physicians provide best practice healthcare to patients.

Please call the Prescription Review Program with your observations or questions at 306-244-7355.

Alternatively, for additional education, please contact the College of Pharmacy Professionals at http://saskpharm.ca/ OR 306-584-2292.

Working Together with Law Enforcement to Address Prescription Drug Abuse

Law Enforcement Event

On June 7, 2017, CPSS staff and law enforcement came together at the CPSS office to discuss how the two groups could work together to address the abuse and diversion of prescription medications. In attendance were representatives from various police departments, the police college, various RCMP detachments, combined forces, SCAN (Safer Communities and Neighbourhoods), the Saskatchewan College of Pharmacy Professionals, and the Ministry of Justice.

The Prescription Review Program (PRP) staff presented on the activities of the program, which medications are monitored, and how PRP may be able to assist with law enforcement investigations.

Prescription drug abuse is a complex issue that touches various aspects of our society, affecting primarily health care and law enforcement. By working together hopefully this challenge will be better managed and more effectively addressed.

We all have a part to play in ensuring that medications with abuse potential are used safely and appropriately. Take some time to reflect on how you can help address prescription drug abuse.

Reach out to the PRP if you require any assistance or resources to help lessen the impact that prescription drug abuse has on Saskatchewan.

Be part of the solution, not part of the problem!

The College legal team discussed the Health Information Protection Act of Saskatchewan (HIPA) and what type of personal health information can be released under various circumstances. The Ministry of Justice provided an overview of the "Big Six Priority Action Areas" for the province which includes mental health and addictions.

Additional topics covered included:

- the Good Samaritan Drug Overdose Act that provides some legal protection for individuals who seek emergency help during an overdose that became law on May 4, 2017;
- an overview of naloxone, how it works, and where members of the public can access the kits;
- prescription drug abuse trends in Saskatchewan and the most commonly misused medications, which are hydromorphone preparations, gabapentin (more prevalent in the Northern part of the province), and methylphenidate.
- Areas for collaboration were identified and the relationship between CPSS and law enforcement will continue to grow over the coming year.

Continued on p. 19...

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What does this mean for the physicians of Saskatchewan?

As a result of the CPSS collaboration with law enforcement, physicians may now receive more alerts pertaining to prescription drug misuse, abuse and diversion. When a law enforcement agency is actively investigating an individual for crimes such as drug trafficking, the law enforcement agency may alert the PRP of the investigation and possible result (e.g. charges laid, individual arrested). The PRP will then pass that information along to the individual's prescriber to ensure he/she is aware and can implement the appropriate safeguards for prescribing medications to an individual who is not taking them as prescribed. Should you receive one of these alerts, do not hesitate to contact the PRP if you have any questions or would like to discuss possible options to help manage your patient.

What does this mean for the Prescription Review Program?

The PRP exists to provide educational support and interventions to Saskatchewan physicians to help optimize the use of medications with misuse, abuse and diversion potential. By identifying individuals who are known to be abusing or diverting their medications, the PRP can ensure that the Program's activities are as efficient and effective as possible.

CHANGING THE STORY

Cross-Sector Upskilling in Evidence-Based Approaches to Substance Abuse

Prescription Review Program and Northern Alcohol Strategy Event 2017

Social issues are inter-connected.
When communities address alcohol, every sector is positively impacted.

SESSIONS

Dedicated, interactive sessions will be offered to different sectors of the community over the course of 4 days.

1 A/B **Mentoring, Education and Clinical Tools for Addiction**
For: Physicians, Pharmacists, Clinical Nurses (CME/Pharmacist accredited)
Monday Oct 23, 1PM-6PM, **OR** Tuesday Oct 24, 9 AM-2PM

2 A/B **Primary Care Management of Alcohol and Opioid Use Disorders**
For: Mental Health and Addictions Workers, Social Workers, Outreach Workers, Probation Officers, Nurses
Tues. Oct 24, 3PM-7PM, **OR** Wed. Oct 25, 9 AM-1PM

3 A/B **Management of Alcohol and Opioid Use Disorders in the Community and in the Workplace**
For: Open to all. Recommended for HR Managers, Law Enforcement, etc.
Wed. Oct 25, 2PM-4PM, **OR** Thurs Oct 26, 10 AM-12PM

NOTE: Preference will be given to registrants from the La Ronge area.

October 23-26, 2017
Eagle Point Resort (Poirier Room)
La Ronge, SK

SPEAKERS

Dr. Ashok Krishnamurthy
Leslie Ann Molnar
Irene Njoroge
of Women's College Hospital (Ontario)

(team presentations to groups)

TO REGISTER:

Call Nicole at **1-800-667-1668**
or email **prp@cps.sk.ca**

Workshop Free with Advance Registration
Space permitting, non registrants may be allowed to attend with a cash contribution of $20.

An initiative of the Northern Alcohol Strategy Team and the College of Physicians and Surgeons of Saskatchewan **cps.sk.ca**

Dr. Dennis A. Kendel Distinguished Service Award

Nominations are OPEN until September 30, 2017

Do you have a colleague you admire?

The Dr. Dennis A. Kendel Distinguished Service Award is a prestigious award presented to an individual (or group of individuals) who has made outstanding contributions in Saskatchewan to physician leadership and/or to physician engagement in quality improvements in healthcare.

The award is presented during a special annual banquet organized by the Council of the College of Physicians and Surgeons of Saskatchewan each year.

Dr. Corinne Jabs
2016 Kendel Award Recipient

Nomination packages are available by visiting the homepage of the College website, or at

http://www.cps.sk.ca/iMIS/Documents/Dr%20Kendel%20Service%20Award%20-%20Nomination%20Package.pdf

or by contacting Sue Waddington at

OfficeOfTheRegistrar@cps.sk.ca

Council's Annual General Meeting

You are invited!

The **Annual General Meeting** of the Council of the College of Physicians and Surgeons of Saskatchewan will be held on:

DATE: Friday September 29, 2017
TIME: 2:00 p.m.
PLACE: Boardroom B, CPSS Office, 2nd Floor
201 – 2174 Airport Drive
Saskatoon, Saskatchewan, S7L 6M6

Physicians and members of the public are invited to attend.

SEATING IS LIMITED.
If you wish to attend, please contact Sue Wadington at OfficeOfTheRegistrar@cps.sk.ca to reserve your seat.

Council Welcomes a New Public Member

William (Bill) Hannah is a longtime promotor of a healthy environment for the future.

He served as Chairman of the Agricultural Development and Diversification Planning Committees for 20 years. He was elected to serve as a liaison from the RM of Rosedale, where he was a councilor for 34 years.

As a Municipal Health Board Representative for 20 years, Bill lobbied for Non-Smoking legislation and strived to promote healthy lifestyles in the rural area. He was also a Board Member for the Municipal Medical Center in Davidson, where funding was by local Rural Municipalities, and assisted in hiring Physicians for the Davidson Union Hospital and Medical Center.

For 25 years, Bill also served as Board Member for the Elks' Purple Cross for Deaf Detection.

Bill currently resides in rural Kenaston, Saskatchewan, where he has semi-retired from active farming.

2016 Annual Report

Council & the College are pleased to present the **2016 Annual Report.**

The complete report can be viewed online at the link below:

http://www.cps.sk.ca/iMIS/Documents/CPSS_AR-2016%20-%20FINAL.pdf

Dr. Tilak Malholtra

It is with regret that we announce the passing of Dr. Tilak Raj Malhotra on July 17th, 2017.

Dr. Malhotra was a former President and current Board Member of the Council of the College of Physicians and Surgeons of Saskatchewan since 2006 (Prince Albert Parkland Region/ Mamawetan Churchill River/Athabasca) and the husband of Dr. Lalita Malhotra.

Born in Punjab, India, he moved to the UK to obtain his postgraduate fellowships in Paediatrics and Internal Medicine, then to Prince Albert, Saskatchewan, where he provided over 40 years of service to the community as a paediatrician. He also contributed proudly to medicine by serving on many provincial and local health committees and boards, including with the Saskatchewan Medical Association from 1999 to 2006.

It's almost time to nominate and vote!

Council's Upcoming Elections

Members of the College in six of the ten Electoral Districts will shortly have an opportunity to nominate and elect colleagues for service on the Council of the College.

The Council is the governing body of the College of Physicians and Surgeons and is composed of twelve physicians elected by the members in ten electoral divisions, five non-medical members appointed by the Lieutenant-Governor-in-Council, the Dean of Medicine (or his/her designate), and the immediate Past President of the College (if not at the Council by virtue of election from an electoral division).

Elections for members of Council for the following electoral divisions will take place as defined in The Medical Profession Act, 1981 and College bylaws, and members will be receiving their packages via email any day now.

1 - Prince Albert Parkland/Mamawetan Churchill River/Athabasca

3 - Saskatoon

5 - Cypress

7 - Regina Qu'Appelle

9 - Kelsey Trail

10 - Heartland

Please take the time to nominate and/or vote in the upcoming election.

The package will contain a letter informing members of the process, a list of physicians in the district eligible for nomination, a Q&A sheet on running for Council and a nomination paper.

Completed nominations must be received by the College no later than

Wednesday 18 October, 2017

and those nominations may be faxed, emailed or sent via regular mail to the Registrar's Office at the College.

When more than one candidate is nominated in an Electoral District, a secret ballot vote is conducted to determine who will normally serve as the member of Council from that Electoral District for the next three years. In that event, you will receive via regular mail a ballot paper and instructions for voting and ballots must be returned to the College by no later than **Tuesday November 21, 2017**.

Further information about Council elections and Council responsibilities is available at the "Council and Committees" tab at the College website

www.cps.sk.ca

Billing Appropriately for Medical Services

Advice to physicians from the JMPRC

The Joint Medical Professional Review Committee (JMPRC) is a legislated, peer-review committee with two (2) physicians appointed by each of the Saskatchewan Medical Association, the College of Physicians and Surgeons of Saskatchewan and the Ministry of Health.

The JMPRC is responsible for reviewing the billing patterns of Saskatchewan physicians. The JMPRC has the authority to review a physician's billings over a 15-month period, request patient records and interview the physician. Based on the results of the JMPRC's investigation, the Committee has the authority to order a recovery of monies if they determine that the Minister has paid monies inappropriately.

The following is a summary of monies ordered to be repaid by physicians due to inappropriate billings in the last two years:

2015:	**$1,013,145**	**(8 physicians)**
2016:	**$1,304,817**	**(7 physicians)**

The Saskatchewan Medical Care Insurance Act states that in order for a service provided in Saskatchewan by a physician to be deemed insured it must be medically required. All services billed to Medical Services Branch are the sole responsibility of the physician rendering the service with respect to appropriate documentation and billing (see also "Documentation Requirements for the Purposes of Billing" in the Physician Payment Schedule). If a specific fee code for the service rendered is listed in the Physician Payment Schedule, that fee code must be used in claiming for the service, without substitution. Please ensure that you have read the descriptor for each service code and bill accordingly.

The Ministry of Health appreciates your ongoing efforts and cooperation in ensuring that the service codes you submit to the Ministry for payment meet the requirements as set out in the Physician Payment Schedule, your Direct Payment Agreement with MSB and The Saskatchewan Medical Care Insurance Act.

Obtaining a copy of your billing information (in the form of a Physician Profile)

Physician profiles represent a summary of services for which the Ministry of Health has made payment to a physician and a comparison to the group average for physicians in the same type of practice.

To request a copy of your profile, please access the **Physician Profile Request form** under the forms section on the Ministry of Health website at: https://www.ehealthsask.ca/services/resources/establish-operate-practice/Pages/Physicians.aspx.

See *Physician Payment Schedule* for payment information.

Serve on the JMPRC Committee!

There is a currently a vacancy on the JMPRC Committee.

If you are interested in this opportunity or have any questions about the Committee, please contact Carie Dobrescu, Senior Insured Services Consultant, Medical Services Branch at:

carie.dobrescu@health.gov.sk.ca or **1-306-798-2108**.

Does Obesity Affect the Dosage Requirements of Oral Benzodiazepines or Opioids?

Introduction

Drug pharmacokinetics may be altered in an obese individual, but there are few cases where these changes will be clinically significant. In this review, the mechanisms by which obesity can affect pharmacokinetic parameters will be discussed, followed by specific data for opioids and benzodiazepines. Opioids and benzodiazepines are chosen for review as there is a misperception that obese individuals will require higher oral doses of these drugs.

General principles

Drug **absorption** is not impacted by obesity[1]. It has been hypothesized that since obesity increases splanchnic blood flow, the subsequent increase in perfusion of the small intestine where most drugs are absorbed could result in higher drug bioavailability. However, the effect of this, if it does occur, is not clinically significant[2-5].

Distribution of drugs may be altered in obesity. A higher proportion of a drug could distribute into adipose tissue in an obese individual, significantly increasing the **volume of distribution (V_D).** This would only affect lipophilic drugs. The consequences of an increased V_D are[6,7]:

- delayed onset of action for a drug
- drug accumulation in adipose tissue, which will slowly release into plasma
- prolonged half-life, leading to a longer time to steady-state

Clinically, this is only important when a rapid response from a lipophilic drug is needed (e.g. an intravenous loading dose of lorazepam for status epilepticus). Dosing in this situation should be based on the patient's total body weight (TBW). Otherwise, with chronic oral dosing, plasma concentrations for a given dose will be the same in obese vs. non-obese individuals once steady-state has been reached — it may just take longer to reach steady-state in the obese individual.

Metabolism, specifically liver metabolism, is variably affected by obesity. CYP 2E1, 1A2, 2C9, and possibly 2C19 and 2D6 are induced; CYP 3A4 is inhibited[8]. Phase II enzymes (e.g. UGTs) also may be induced. However, these changes are usually insignificant, with a few exceptions. Triazolam (3A4 substrate), showed significantly higher plasma levels in obese individuals due to reduced clearance[9]. Lorazepam (UGT substrate) showed increased clearance, but this effect was offset by accumulation of the drug in fatty tissue[9].

Elimination may be increased in obesity because of increased glomerular filtration rate (GFR), increased renal tubular secretion, and decreased tubular reabsorption[1]. However, other comorbidities in obesity will often offset the increased excretion and the overall effect is unlikely to be relevant except for drugs with a narrow therapeutic window that are primarily eliminated renally[10]. For purposes of drug dosing in an obese patient, it is recommended to use lean body weight (LBW) to estimate GFR[11].

Oral Opioid Dosing in Obesity

Analgesic response to oral (and parenteral) opioids does not appear to be affected by weight according to recent studies[7,12-14]. It has also been demonstrated that morphine plasma concentrations do not correlate with analgesic effect[15]. Thus, oral opioids should be dosed without regard to weight, following the general recommendation of starting low, then titrating to effect. Also, consider that obesity may increase the risk of sleep apnea and respiratory depression associated with opioids[16]. Table 1 summarizes theoretical and actual clinical data for select opioids.

Table 1: Opioid Pharmacokinetic Changes Associated with Obesity

Opioid	Hydrophilic (💧) or Lopophilic (V)	Theoretical changes in obesity	Studied Clinical changes in obesity
Morphine	💧 💧	- Increased clearance if eGFR high, leading to lower duration of analgesia; increased liver metabolism via. UGT2B7[17]	- Clinical changes not well studied - Increases in clearance likely only significant in morbidly obese[18]
Oxycodone	💧 💧	- Increased clearance if eGFR high, leading to lower duration of analgesia	- Weight did not impact dosing needs in cancer patients[19]
Hydromorphone	💧 / V (intermediate)	- Increased V_D; increased liver metabolism via glucuronidation	- Kinetic changes not studied - No correlation between weight and analgesia[20,21]
Methadone	V V	-Increased accumulation and half-life potential due to lipophilicity; magnitude unstudied	- Weight did not influence clearance, but did increase VD and accumulation potential[22,23] - Methadone displays high interpatient variability, unrelated to weight[24,25]
Fentanyl (transdermal)	V V V	- High lipophilicity indicates increased accumulation and half-life, and possible increased steady-state concentrations. - Initial analgesic response may be delayed	- **Changes in transdermal kinetics** in obesity have not been studied - IV dosing based on TBW may lead to over-dosage[26]

Continued on p. 25...

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Oral Benzodiazepine Dosing in Obesity

Most benzodiazepines are lipophilic, which theoretically means increased half-lives, accumulation potential, and possible delayed onset of action in obesity. In general though, these changes are small and no dosing changes are required for obese individuals. As with opioids, benzodiazepine doses should be started low and titrated to effect, regardless of weight. Table 2 summarizes clinical data on obesity-related kinetic changes in benzodiazepine therapy.

Table 2: Benzodiazepine Pharmacokinetic Changes Associated with Obesity

Benzodiazepine	Theoretical and Observed Data
Alprazolam[25]	- Half-life increased from 11h to 22h in obesity - Final plasma concentrations the same in obese and non-obese at steady-state - Metabolism and clearance unchanged
Clonazepam	- No kinetic studies available - Likely similar to other benzodiazepines; increased half-life, similar area under the curve (AUC) at steady-state
Diazepam[26]	- Half-life markedly prolonged from 56h to 130h in obesity - AUC at steady-state is same in obese and non-obese individuals - Clearance unchanged
Lorazepam[27]	- Increased VD leading to longer half-life - Clearance is increased, but offset by increased VD and accumulation - Net effect is only a slightly prolonged half-life in obesity
Triazolam	- Half-life increased from 2.6h to 4.1h[25] - AUC was slightly greater in obesity due to decreased clearance (3A4 inhibition)[28]

Summary

For oral benzodiazepines and opioids, obesity does not affect dosage requirements. In some cases, obesity will increase half-lives, potential for accumulation and delay onset of action, but steady-state concentrations and overall clinical effect are unchanged.

If you have any questions about this information or would like to discuss a specific situation involving opioid or benzodiazepine dosing, please feel free to contact the medication information consultants at medSask:
telephone 306-966-6340 (Saskatoon) or 1-800-667-3425 (anywhere in Saskatchewan) or email druginfo@usask.ca.

Prepared by T. Damm, BSP
Reviewed by K. Jensen BSP, MSc and C. Bell BSP
medSask, August 2017

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Controlling Opiates and Other Addictive Drugs in Correctional Facilities

A message from the Ministry of Justice

The Saskatchewan Ministry of Justice, Corrections and Policing contracts with several Saskatchewan physicians to provide health care to individuals incarcerated in secure adult and youth facilities. Currently eight physicians are providing care in five adult and four secure youth facilities across the province.

Pain management has become a contentious population safety issue for physicians working in correctional facilities. There is a high prevalence of acute and chronic pain due to new and old injuries sustained by a correctional population that typically lives a high risk lifestyle.

However, there is an even higher prevalence of problematic substance use and addiction. A recent snapshot of our adult population revealed 73% of sentenced females and 89% of sentenced males reported problematic substance use/abuse when assessed using standardized risk assessment tools at admission to our facilities.

Opioids and other narcotic medications used for pain management pose a particular safety risk in correctional facilities. They are highly desirable and pose risk of overdose to individuals who divert and hoard these medications for multi-dosing, individuals who have had restricted access and use when they have reduced tolerance, and those individuals who do not have access to their familiar drug of choice and seek out other unfamiliar medications to compensate. Correctional center staff are aware legitimately prescribed medication are diverted in this environment to individuals for whom it was not prescribed, and we take precautions to prevent diversion. Furthermore, individuals with prescriptions may be targeted and coerced to divert their medication, sometimes under some form of threat. Safety of inmates is compromised in a number of ways by the presence of these drugs in facilities.

The ministry has therefore implemented a formulary which was developed with input from our contracted physicians and pharmacy, to guide prescribing practices in order to reduce and/or eliminate access to drugs considered high risk for abuse. Individuals who have been prescribed opiates prior to admission to a correctional facility may not be continued on those drugs once admitted and seen by a physician. The physicians assess these individuals and provide the best care possible balancing the guidelines of the formulary with the needs of their patients. The policy does allow for exceptions based on assessed medical need by the physician. Any inmates who are caught diverting any medication for profit or advantage will risk having their medication discontinued, and in some cases may not get an alternative prescription. Again, there is discretion in this decision based on assessed medical condition.

The implementation of this policy has resulted in a number of complaints from offenders who have had their medications changed upon admission to a correctional facility, or discontinued when caught diverting. The ministry has a process in place to respond to these complaints. Some of our inmates may also complain to the College of Physicians and Surgeons. The ministry recognizes that all patients, including those in correctional facilities, have the right to bring concerns to the College's attention and that the College plays a key role in ensuring quality medical care is provided to all citizens of Saskatchewan. Please be aware the ministry's policy and formulary is intended to advance the safety of all inmates and staff while providing for the medical needs of the individual.

Please contact me if you have any questions or concerns.

Colleen Quinlan, MA, R.Psych, MPA
Director, Mental Health and Addictions

Acting Director, Health Services
Ministry of Justice
Corrections and Policing

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A Patient's Perspective: Broaching Sensitive Topics

By Alyssa Van Der Woude

Going to your physician to discuss a sensitive topic can be anxiety provoking for any patient. The majority of communications between a physician and a patient is sensitive in nature. Some of these sensitive topics can include very private aspects of the patient's lifestyle, such as alcohol use, street/recreational drug use, prescription drug use, sexual problems, abuse, nutrition, mental health, etc. The fear of embarrassment or judgement can hinder a patient from booking a medical appointment in the first place, so it's important to establish a good relationship right from the start.

Building Trust

A patient needs to feel they can trust you, their physician, in order for effective communication to take place. Some patients are so uncomfortable with certain topics that they hope you won't ask, so they won't have to tell. It can take a long time to build up the courage to talk about topics that may seem ordinary to you, but are extra sensitive to them.

Taking the time to build rapport, showing empathy and being patient with them can help begin building trust. In some cases, the physician may need to adapt their communication to an individual patient to include cultural references, or to take into account cultural beliefs, language comprehension, disabilities or age, and must refrain from making comments that could be misinterpreted in any way. Tone of voice, body language and legitimization of the patient's feelings are all very important factors in building trust. It may take several appointments and a lot of patience before a patient can feel they can open up to you, but it's truly worth it - establishing this trust can help lead to a more accurate diagnosis.

Awkward Questions & Examinations

Asking about sensitive personal health information can be uncomfortable for the physician too, but with practise using effective communication and making it part of your general routine, the easier it will be to discuss.

Acknowledge that a topic is potentially sensitive. Patients will often feel more at ease if the physician acknowledges the potential sensitive nature of a question or examination. They will sense that the physician recognizes that the topic is difficult to talk about but is concerned about their well-being.

Ask questions with a universal tone. Sometimes, it can help to frame a question universally so that the patient doesn't feel alone in experiencing a particular problem. For example, you might ask "Some people experience [particular symptom] when they [insert action/medical condition]. Does this happen to you?"

Set the context. If you feel you need to ask a background question about a particularly sensitive topic such as sexuality & sexual activities, be sure to explain its relevance in advance so that the patient does not misinterpret the intent behind your questions.

Show respect. Legitimize the patient's complaint. Seriously consider what they have to say. Take the necessary time to understand the full nature of their complaint. And most importantly, ask the patient's permission before examining them. This establishes an atmosphere of respect, which in turn builds trust.

Engage the Patient in Making Positive Choices

Most patients are aware of their bad lifestyle choices. Due to many factors, it can be hard for them to change their behavioural patterns, even when they know the consequences. If possible, avoid merely listing negative effects of your patient's lifestyle choices and show them the positive effects of what a lifestyle change can do. Ask your patient how they feel about their health and if they have any concerns. Ask them what they feel they could do differently to improve their health. What has worked in the past? Patients are usually more agreeable when they feel it was their idea and that the physician is trying to help them reach their goals. The patient needs to have the desire to make changes to their life. Offering positive

Continued on p. 28...

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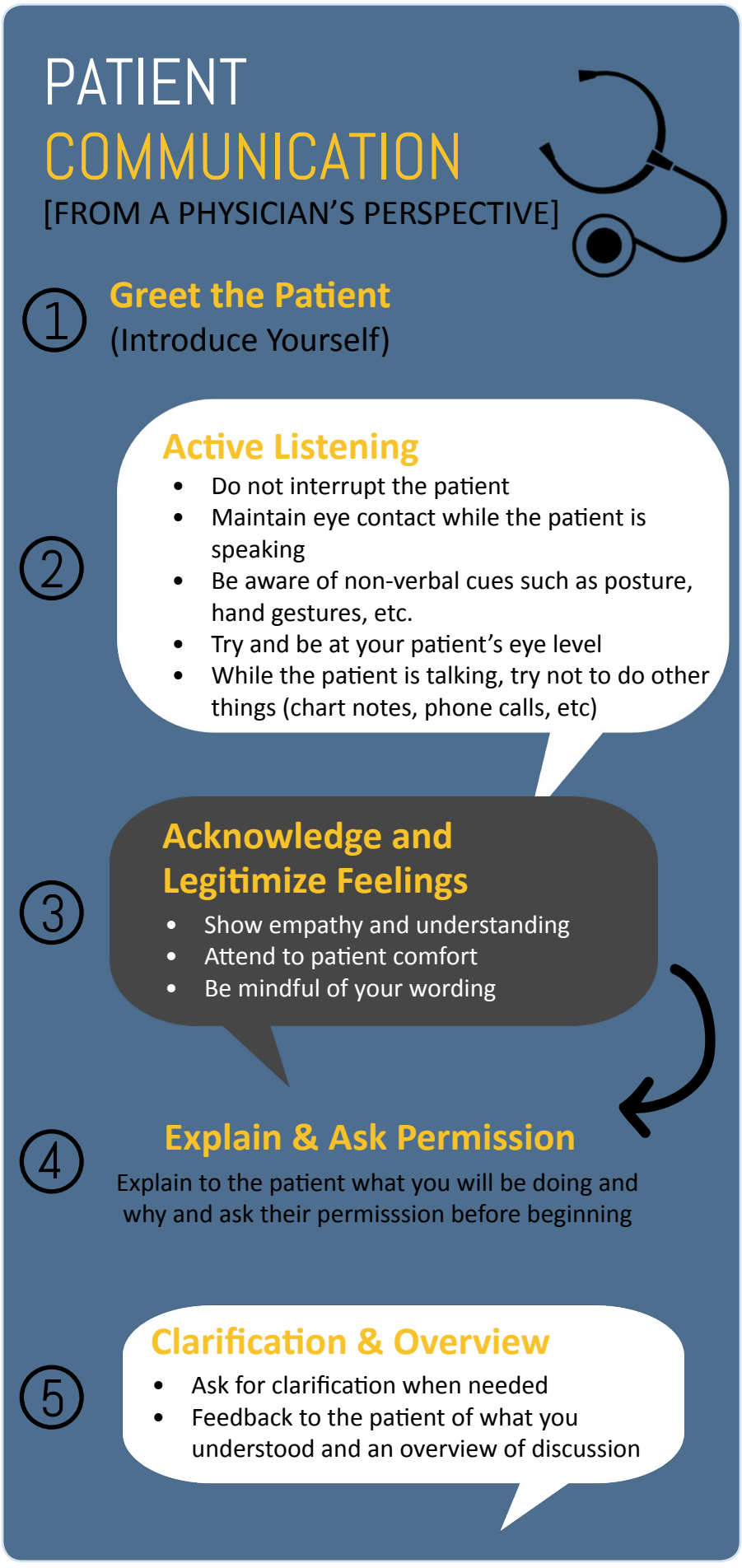
reinforcements, guidance and an action plan can help motivate them to reach their goals.

Other Resources

The College's policy, *Patient-Physician Communication*, provides further guidance as to potential barriers that can hinder the development of a trusting patient-physician relationship, and steps that can be implemented to improve communication.

The *CMPA website* also offers information for physicians on cultural safety and respecting boundaries which can enhance the quality of care provided when broaching sensitive topics.



2017 is a Health Card Renewal Year

Provincial health cards expire on December 31st, 2017, and packages with new stickers will be mailed to patients in September.

eHealth is asking all health care providers and medical office assistants and administrators to p**lease check the expiration date on the health card sticker, or printed directly on the card to ensure it is up-to-date.** Providers also have the ability to confirm patient coverage themselves using PHRS View. PHRS View access forms are available at ehealthsask.ca/forms.

If patients have an out-of-date health card or sticker, they can be directed to contact eHealth if they do not receive their health card renewal package by late-October. They can also get more information by visiting eHealth's website at: eHealthSask.ca.

eHealth will be emailing physicians a copy of the 2017 health card renewal poster. We ask that you please print and hang this poster in your office where it will be visible to patients.

Contact eHealth if you have any questions.

Saskatchewan Professionals in Infection Control
SASK PIC
IPAC - CANADA

INFECTION PREVENTION

News Updates

The **IPAC Link Letter** is a monthly review of highlights and linked updates from the ever-changing world of Infection Prevention and Control to help you stay current and informed

http://www.ipac-canada.org/IPAC-SASKPIC/PICNSlinkletter.php

In partnership with the College of Medicine, Department of Community Health & Epidemiology, the Saskatchewan Network for Health Services in French/ Réseau Santé en Français de la Saskatchewan (RSFS) is in the process of updating the directory of health professionals who are willing to speak at least some French when providing health services in Saskatchewan.

We are also seeking to add professionals who are new to the province, recently graduated or simply newly interested. Professionals are added to the directory on a volunteer basis and there are no legal obligations associated with being listed.

If you would like more information or are willing to be listed, please contact **Katie Pospiech** at katie.pospiech@usask.ca or (306) 966-1270

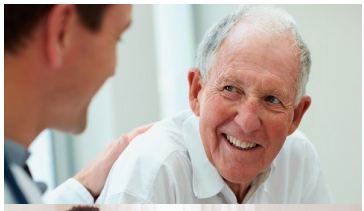
Do you speak, write or understand a language other than English?

How about sign language?

Register your language proficiencies online with the College at:

https://www.surveymonkey.com/r/cpss_language_survey

Write to communications@cps.sk.ca if you are experiencing difficulty entering your information online.



HEALTH ACCOMPAGNATEUR

INTERPRETATION SERVICES IN FRENCH

As health professionals, you may come across Francophone Newcomers who are:

- Unable to navigate the Saskatchewan health system;
- Needing to consult a health professional but cannot do so because they have no or limited capacity to explain their health issues in English;
- Unable to understand your explanations in English.

You may also come across Saskatchewan Francophone Seniors and Families:

- Needing to use French in their interactions with health professionals.

This free and confidential service has been established to help you as a health professional interact more effectively with your patients.

Patients who need an interpreter are encouraged to call **1-844-437-0373**.
(Toll free)

Saskatoon Health Region
Assemblée communautaire fransaskoise
Société Santé en français
FAF
Association des Parents fransaskois
University of Saskatchewan
Santé Canada Health Canada

We're Working for You

College of Physicians and Surgeons of Saskatchewan

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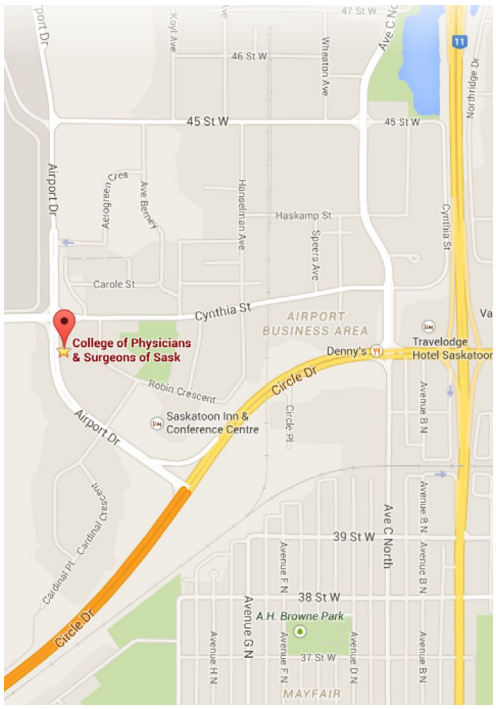

Senior Staff

Dr. Karen Shaw	Registrar
Dr. Micheal Howard-Tripp	Deputy Registrar
Mr. Bryan Salte	Associate Registrar/Legal Counsel
Ms. Barb Porter	Director, Physician Registration Services

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E-mail	OfficeOfTheRegistrar@cps.sk.ca

HR & Finance

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E-mail	amy.mcdonald@cps.sk.ca

Communications

Telephone	1 (306) 667-4638
Media Inquiries	communications@cps.sk.ca

Quality of Care (Complaints)

Saskatoon & area calls	1 (306) 244-7355
Toll Free	1 (800) 667-1668
Inquiries	complaints@cps.sk.ca

Diagnostic Imaging & Lab Quality Assurance (Regina)

Office Address	5 Research Drive, Regina, SK S4S 0A4
Telephone	1 (306) 787-8239
E-mail	cpssinfo@cps.sk.ca

Prescription Review Program (PRP) & Opioid Agonist Therapy Program (OATP)

Telephone	1 (306) 244-7355
E-mail	prp@cps.sk.ca oatp@cps.sk.ca

Registration Services

Telephone	1 (306) 244-7355
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