Primary Care Networks
CALGARY AND AREA

the pain problem

Managing fibromyalgia in the medical home

JULY 3, 2024

WEBINAR SERIES: LAND ACKNOWLEDGEMENT

In the spirit of reconciliation, we acknowledge that we work, play and live on the traditional territories of the people of the Treaty 7 region in Southern Alberta, which include the Blackfoot Confederacy (comprised of the Siksika, the Piikani, and the Kainai First Nations), the Tsuut'ina First Nation and the Stoney Nakoda (including the Chiniki, Bearspaw, and Goodstoney First Nations). The Calgary Area is home to the Métis Nation of Alberta, Districts 1, 4, 5 and 6.

PROGRAM: DISCLOSURE

Calgary Zone webinar:
Fibromyalgia and other primary care hot topics

Financial support

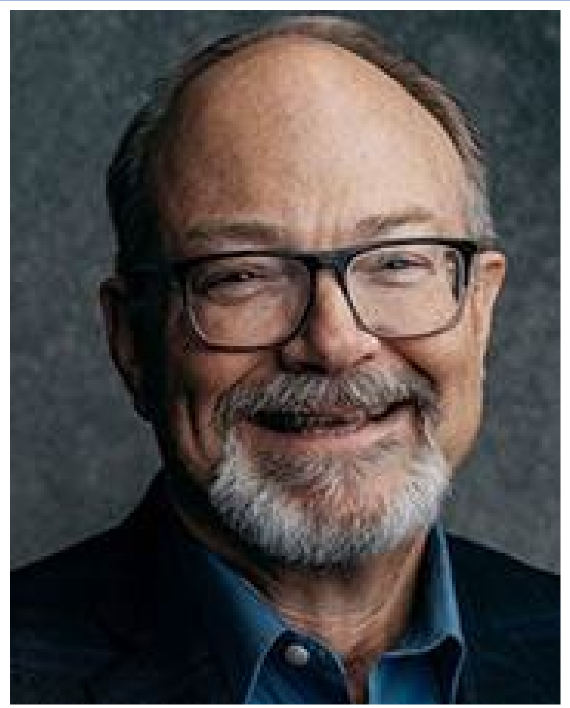
- N/A

Potential for conflict(s) of interest:

- Pilot health speakers connected to YBW Aeromedical Clinic

PRESENTER: DISCLOSURE/CONFLICTS

Title: Welcome, overview, next webinar



Financial sponsors

- Alberta Health Services (Medical Director, Primary Care)

Disclosures

- Shire ■ Pfizer ■ Merck ■ BI ■ AZ ■ Janssen ■ Takeda
- Servier ■ BMS

Dr. Rick Ward
Family Physician
Crowfoot Village Family Practice
Medical Director, Primary Care,
Alberta Health Services (Calgary Zone)

HOT TOPICS: AGENDA

Time	Topic	Speaker
6-6:05 p.m.	Welcome, overview	Dr. Rick Ward
6:05-6:30 p.m.	Silver Linings Foundation eating disorder live-in treatment centre	Marlies Van Dijk
6:30-6:40 p.m.	Q&A	Marlies Van Dijk
6:40-7:15 p.m.	Fibromyalgia	Dr. Lori Montgomery
7:15-7:25 p.m.	Q&A	Dr. Lori Montgomery
7:25-7:35 p.m.	Duty to report, pilot health	Dr. Mindy Gautama & Dr. Brendan Adams
7:35-7:55 p.m.	Primary care hot topics	Dr. Christine Luelo
7:55-8 p.m.	Next webinar	Dr. Rick Ward

PRESENTER: DISCLOSURE/CONFLICTS

Title: Live-in Eating Disorder Centre in Alberta

Financial sponsors

- Nothing to disclose

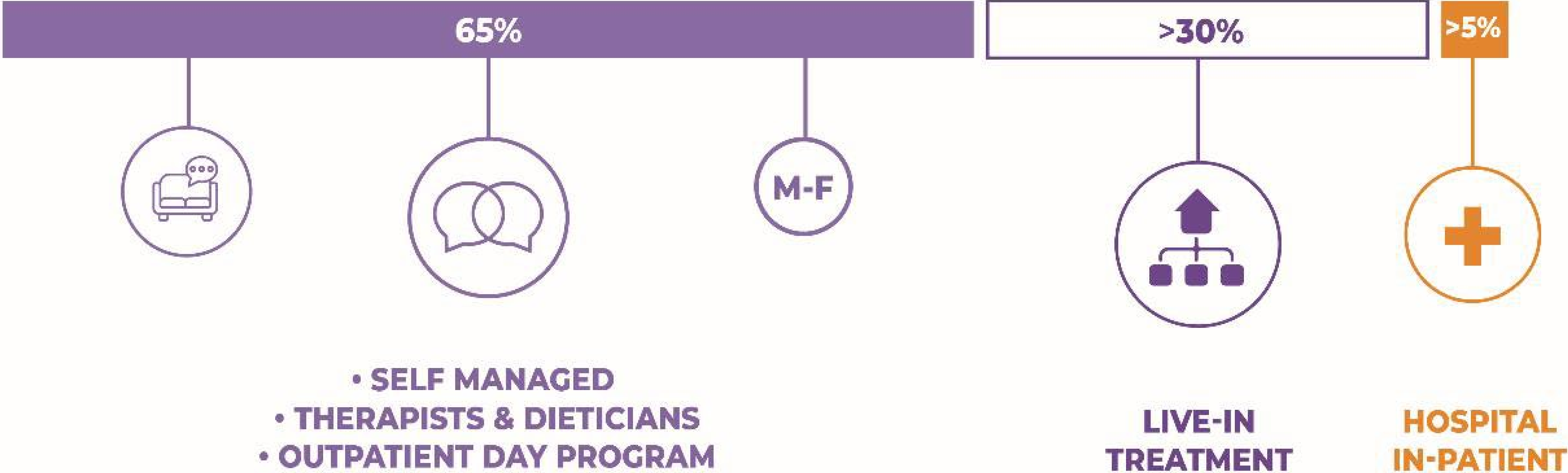
Potential for conflict(s) of interest:

- Nothing to disclose

Marlies van Dijk, RN MSc
Executive Director,
Calgary Silver Linings Foundation

Sandstone
Live-In Eating Disorder Treatment Centre in Alberta

TREATMENT CENTRE: INTRODUCTION



TREATMENT CENTRE: LOCATION

TREATMENT CENTRE: INTRODUCTION

Multidisciplinary team

- Physician (Dr. Andrea Robb)
- Nurse Practitioner and LPNs
- Counsellors
- Registered dietician
- Red seal chef
- Support staff
- Academic tutor

TREATMENT CENTRE: INTRODUCTION

Target population

- 12- 24 years of age
- Alberta wide
- Primary diagnosis anorexia nervosa or bulimia nervosa
- Medically stable
- Willing to attend and participate in treatment
- Committed to treatment, along with participation of family
- Live there from weeks to several months

NO BARRIERS TO TREATMENT

TREATMENT CENTRE: INTRODUCTION

Medical stability

- BMI>16
- Heart rate > 50 bpm at daytime, >45 bpm at nighttime
- Orthostatic vital sign changes no higher than 35 HR or > 20 mm Hg systolic or
- 10 mm Hg
- Systolic/diastolic BP > 90/45 mm Hg
- Body temperature > 35.6 C
- No acute or severe abnormalities on ECG
- No acute complications such as syncope, seizures, cardiac failure, renal failure, severe gastrointestinal distress, hepatitis, hematemesis, or severe deconditioning
- Not pregnant
- No significant electrolyte abnormalities

TREATMENT CENTRE: INTRODUCTION

Medical care

- Comprehensive medical monitoring is essential due to the physical complications associated with eating disorders. This includes regular medical assessments, nutritional support, and mental health evaluations. Medical monitoring 24 hours a day.
- Medication management may be provided to address co-occurring mental health issues such as anxiety, depression, or obsessive-compulsive disorder.

TREATMENT CENTRE: INTRODUCTION

Nutritional support and education

- Registered dietitians work with residents to create healthy meal plans, address distorted beliefs about food, and rebuild a balanced relationship with eating.
- Provision of meal support and supervision to ensure proper nutrition and model healthy eating patterns.

Therapeutic intervention

- Individual therapy
- Group therapy
- Family therapy

TREATMENT CENTRE: INTRODUCTION

Treatment goal

- **Stabilization**: Address acute medical and psychological issues to stabilize the patient and prevent decline.
- **Symptom reduction**: Work towards reducing eating disorder behaviors and improving eating habits.
- **Weight restoration**: For those who are underweight, the goal is to achieve and maintain a healthy weight and achieve nutritional rehabilitiation.
- **Psychological healing**: Address underlying patients psychological issues contributing to the disorder.
- **Family/caregiver involvement**: Foster a supportive home environment conducive to long-term recovery and address family dynamics and patterns.
- **Skill building**: Equip patients with skills to manage life stresses without resorting to disordered eating behaviors.
- **Preparation for discharge**: Ensure a smooth transition back to daily life with a comprehensive aftercare plan (and knowledge they can return if needed).

TREATMENT CENTRE: INTRODUCTION

Life skills & educational support

- The program includes life skills training such as stress management, emotional regulation, and social skills development.
- Academic support is available to assist younger patients with their continued education while in treatment.

TREATMENT CENTRE: INTRODUCTION

Window of opportunity

- Conflict at home
- Throwing food
- Good days but persistent restriction of food
- Use of laxatives/diuretics/diet pills, purging, excessive exercise or restriction
- Difficulty gaining weight
- Need a respite from home
- Prevent hospitalization
- Guide parents on “the window of opportunity”

TREATMENT CENTRE: INTRODUCTION

Primary care referral process

- Intake form complete and sent directly to Edgewood Health Network Sandstone (sandstoneadmissions@ehncanada.com)
- If you have questions pls call 587-350-6818
- Medical Doctor contact: Andrea.robb@albertahealthservices.ca
- Primary Care Provider Referral (+ willing to resume care at time of patient discharge)
- Community Navigator Silver Linings Foundation
- Patient interest to change/recover
- Family and caregiver involvement
- Expectation to complete meals

Q&A

Marlies van Dijk, RN, MSc.
Executive Director
Calgary Silver Linings Foundation
hello@silverliningsfoundation.ca

PRESENTER: DISCLOSURE/CONFLICTS

Title: The pain problem

Lori Montgomery MD CCFP FCFP CHE
Clinical Associate Professor, Cumming School of Medicine, Department of Family Medicine, Department of Anesthesiology, Perioperative and Pain Medicine

Financial sponsors

- No industry affiliations
- Teaching honoraria from ACFP, University of Calgary, CBT Canada
- Grant from Hotchkiss Brain Institute (U of C) and Alberta Innovates for a pilot clinical trial of a medication for opioid withdrawal; CIHR Transforming Health with Integrated Care (THINC) grant
- Medical leadership role, AHS

THE PAIN PROBLEM: INTRODUCTION

Learning objectives

- Build confidence diagnosing fibromyalgia
- Explain the implications of a diagnosis to a patient
- Outline an evidence-based treatment approach for fibromyalgia
- Access a clinical pathway for fibromyalgia and a toolkit of useful resources

THE PAIN PROBLEM: PATHWAY

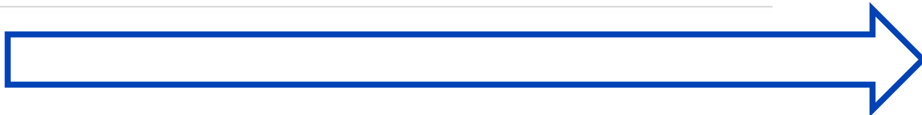
specialistlink.ca

Clinical pathways > Rheumatology > Fibromyalgia

ABOUT US CLINICAL PATHWAYS

Rheumatology

- Access: Rheumatology
- Fibromyalgia
- Gout
- Peripheral arthritis
- Recommended radiographs for work-up of Peripheral Arthritis



Primary care pathway: Fibromyalgia

Quick links: Pathway primer | Expanded details | Provider resources | Patient resources

1. Diagnosing Fibromyalgia (FM)
■ Diagnosis is based on clinical judgement; It is not a diagnosis of exclusion; There is no diagnostic 'gold standard' ■ Diagnosis is best made and managed in the Medical Home with the support of a multi-disciplinary team. ■ Earlier diagnosis and disclosure are likely associated with lower symptom severity, reduced healthcare costs and improved quality of life.

2. Confirmatory history
Must be present for FM diagnosis. Core symptoms present for >3 months: ■ Widespread musculoskeletal pain (in four body quadrants plus axial region) ■ Fatigue – intrusive – physical, cognitive, emotional ■ Sleep disturbance/non-restorative sleep ■ Symptoms cannot be explained by any other condition

3. Differential/Co-existing diagnosis
More than one may be present, and diagnosis of FM may still be made: ■ **Endocrinology**: Hypothyroidism, hyperparathyroidism/hypercalcemia, abnormalities in cortisol
■ **Rheumatology**: Hypermobility spectrum disorders, osteoarthritis, polymyalgia rheumatica, certain myopathic syndromes
■ **Neurology**: Myalgic encephalomyelitis/chronic fatigue syndrome, multiple sclerosis
■ **Respiratory**: Obstructive sleep apnea, post-COVID/long-COVID
■ **Psychiatry**: Depression
■ **Gastroenterology**: Celiac disease, irritable bowel syndrome
■ **Hematology**: Iron deficiency anemia, hemochromatosis

4. Commonly associated symptoms and diagnosis
The more of these symptoms present, the more likely the diagnosis of FM is accurate. ■ Difficulty concentrating/cognitive disturbance ■ Depression +/- anxiety may commonly present at time of diagnosis ■ Sensitivity to temperature, weather change, light, sound, +/- significant sensitivity to medication ■ Migraine and muscular type headache ■ Sleep disorder ■ TMJ disorder ■ Painful bladder syndrome/pelvic pain syndrome ■ Irritable Bowel Syndrome

5. Review lifestyle and medications
■ Medications – Rx and OTC ■ Sleep history ■ Movement/exercise history ■ Social history

6. Physical exam
■ Should be entirely normal unless co-morbidities
■ Rule out differential diagnosis +/- associated symptoms

7. Investigations
Consider existing co-morbid conditions and the potential for other co-morbidities to occur
■ Basic screening lab work is a CBC, CRP, TSH, electrolytes and calcium, celiac screen, liver function tests and glucose. ■ Other testing done based on clinical suspicion to exclude differential diagnosis and/or associated illness

8. Disclosing the diagnosis
FM is a diagnosis of nervous system processing (known as nociplastic pain). Although it may exist with any of these conditions, FM is not: ■ a musculoskeletal condition; ■ a psychiatric disorder; ■ a maladaptive coping; mechanism; ■ or physical deconditioning

RCP – FM information for patients

9. Management
■ Movement/exercise (strongest evidence) ■ Sleep hygiene/management ■ Cognitive Behavioural Therapy for pain ■ Medication (limited evidence) ■ Follow up/Chronic disease management plan (in medical home w/team where available). ■ When/where to refer: Community resources: AHS Alberta Healthy Living Program (online patient education resources) Clinical resources: PCN Multidisciplinary Team/resources, Specialty Care (e.g. FibroFOCUSTM treatment program through the Calgary Chronic Pain Centre, Alberta Virtual Chronic Pain Program)

Community resources | Clinical resources

At any point along pathway, consider the following to support clinical decision making:

1. Non-urgent clinical advice:
■ Call Specialist Link (specialty specific), incl. chronic pain advice

Specialist Link

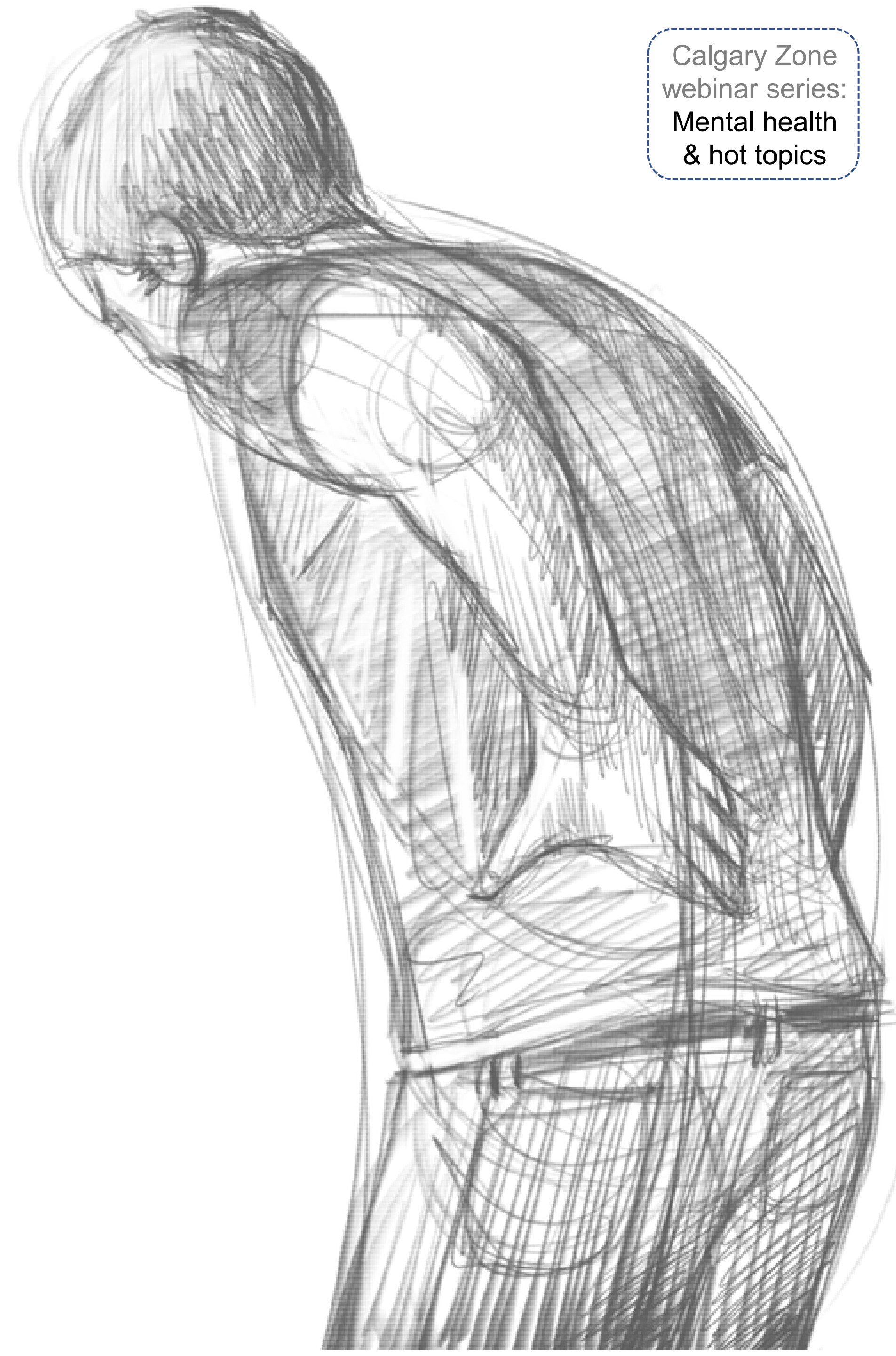
■ Submit eReferral Advice Request (chronic pain, endocrinology, gastroenterology, neurology, or long COVID-19)

2. Relevant Specialist Link pathways

3. PCN/Multidisciplinary Team collaboration

Advice options | Background | Local resources

THE PAIN PROBLEM: SUMMARY

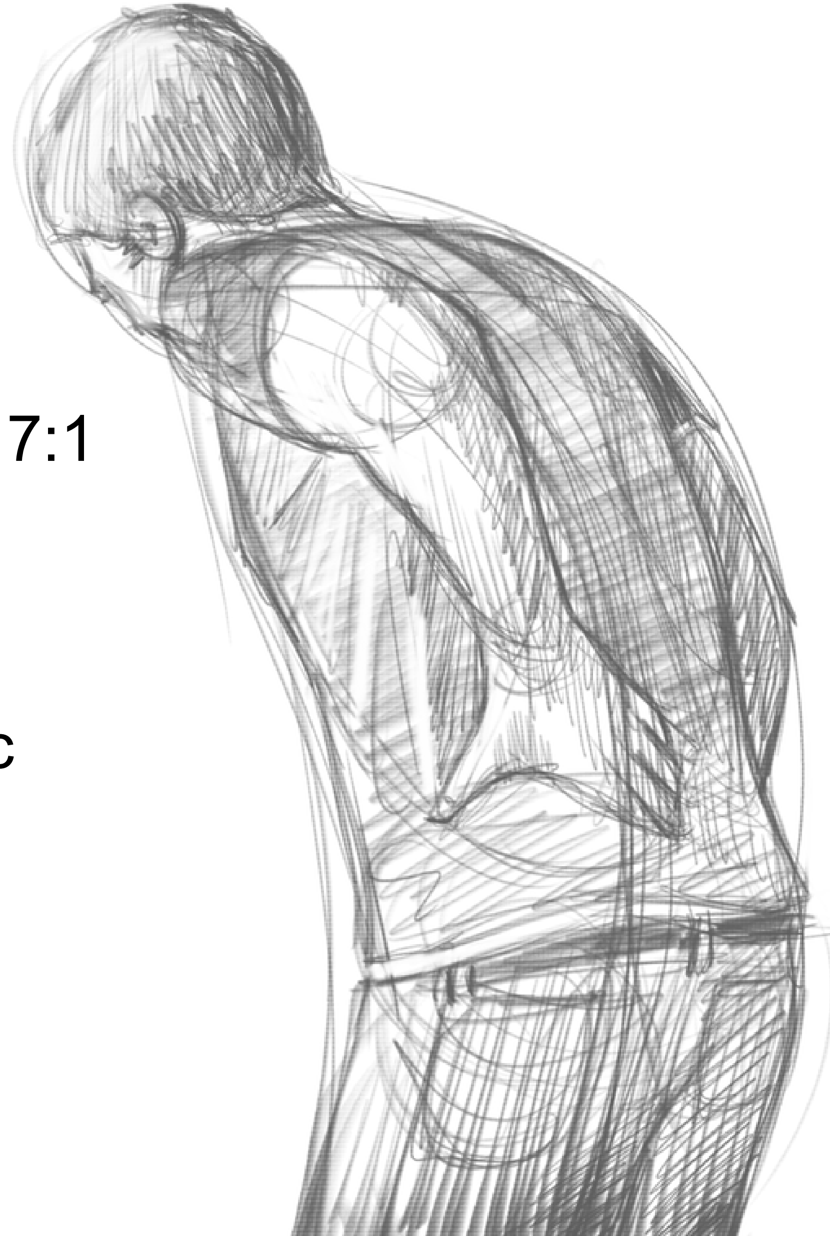


About fibromyalgia

- Prevalence ranges from 3-8% around the world
- 40% of patients referred to a tertiary pain clinc in one study
- Increasingly, specialty services are declining referrals

Bhargava J, Hurley JA. Fibromyalgia. [Updated 2023 Jun 11]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan-Available from: https://www.ncbi.nlm.nih.gov/books/NBK540974/

THE PAIN PROBLEM: MYTH VS. REALTY



Myth

- Women to men 7:1
- A relentlessly progressive disease
- A rheumatologic disease

Reality

- Likely closer to 3:1
- Remitting/relapsing course, possibly with gradual improvement
- A nociplastic pain condition

THE PAIN PROBLEM: NOCIPLASTIC PAIN

"Pain that arises from **altered nociception** despite no clear evidence of actual or threatened tissue damage causing the activation of peripheral nociceptors or evidence for disease or lesion of the somatosensory system causing the pain.

i.e., This is a disorder of the **central nervous system**

Raja SN, Carr DB, Cohen M, Finnerup NB, Flor H, Gibson S, Keefe FJ, Mogil JS, Ringkamp M, Sluka KA, Song XJ, Stevens B, Sullivan MD, Tutelman PR, Ushida T, Vader K. The revised International Association for the Study of Pain definition of pain: concepts, challenges, and compromises. Pain. 2020 Sep 1;161(9):1976-1982. doi: 10.1097/j.pain.0000000000001939. PMID: 32694387; PMCID: PMC7680716.

THE PAIN PROBLEM

What fibromyalgia is not

- A musculoskeletal disorder
- A psychiatric disorder
- A maladaptive coping mechanism
- A result of physical deconditioning

THE PAIN PROBLEM

Diagnosis

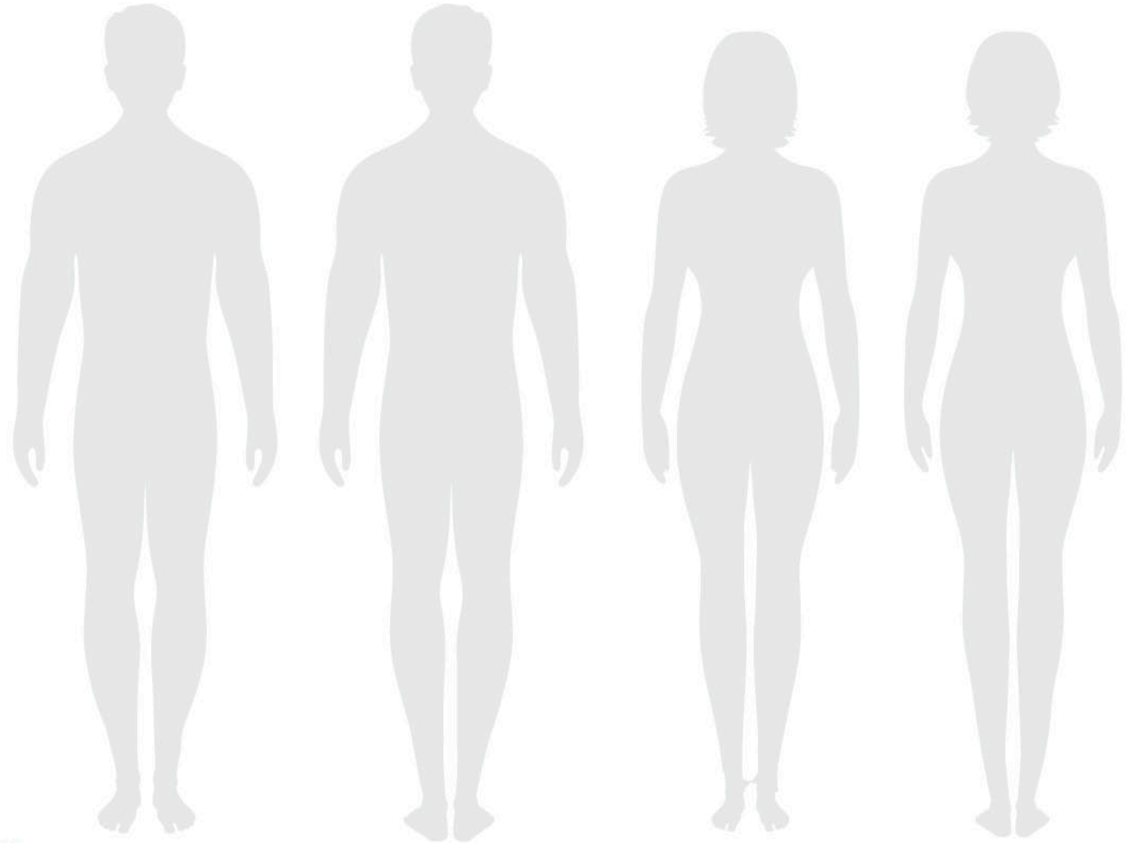
- Not a diagnosis of exclusion
- Many things on the differential can be ruled out by history and physical exam
- It has a typical clinical picture

THE PAIN PROBLEM: WIDESPREAD PAIN INDEX

Body map

Body map

Use the figures to record where pain occurs in detail. Shade the areas of your body where you have felt persistent or recurrent pain for the past 3 months or longer (chronic pain).



Calculating the WPI score

Use this checklist to calculate the widespread pain index (WPI) score. Tick the areas where you have had chronic pain for 3 months or longer.

Region 1: left upper

- ☐ L jaw
- ☐ L shoulder girdle
- ☐ L upper arm
- ☐ L lower arm and/or L wrist/hand, L elbow

Region 2: right upper

- ☐ R jaw
- ☐ R shoulder girdle
- ☐ R upper arm
- ☐ R lower arm and/or R wrist/hand, R elbow

Region 3: left lower

- ☐ L hip and/or L buttock
- ☐ L upper leg and/or L groin
- ☐ L lower leg and/or L ankle/foot, L knee

Region 4: right lower

- ☐ R hip and/or R buttock
- ☐ R upper leg and/or R groin
- ☐ R lower leg and/or R ankle/foot, R knee

Region 5: axial

- ☐ Neck
- ☐ Upper back
- ☐ Lower back
- ☐ Chest (L and/or R)
- ☐ Abdomen

THE PAIN PROBLEM: SCALE

Symptom severity scale (SSS)

Have your problems with the symptoms below been present for 3 months or more? ☐ Yes ☐ No

If yes, using the following scale, indicate the severity of each symptom over the past week by circling the appropriate number.

	No problem	Mild	Moderate	Severe
Fatigue	0	1	2	3
Trouble thinking or remembering	0	1	2	3
Waking up tired (unrefreshed)	0	1	2	3

During the past 6 months, have you had any of the following symptoms?

Pain or cramps in lower abdomen	☐ Yes	☐ No
Depression	☐ Yes	☐ No
Headache	☐ Yes	☐ No

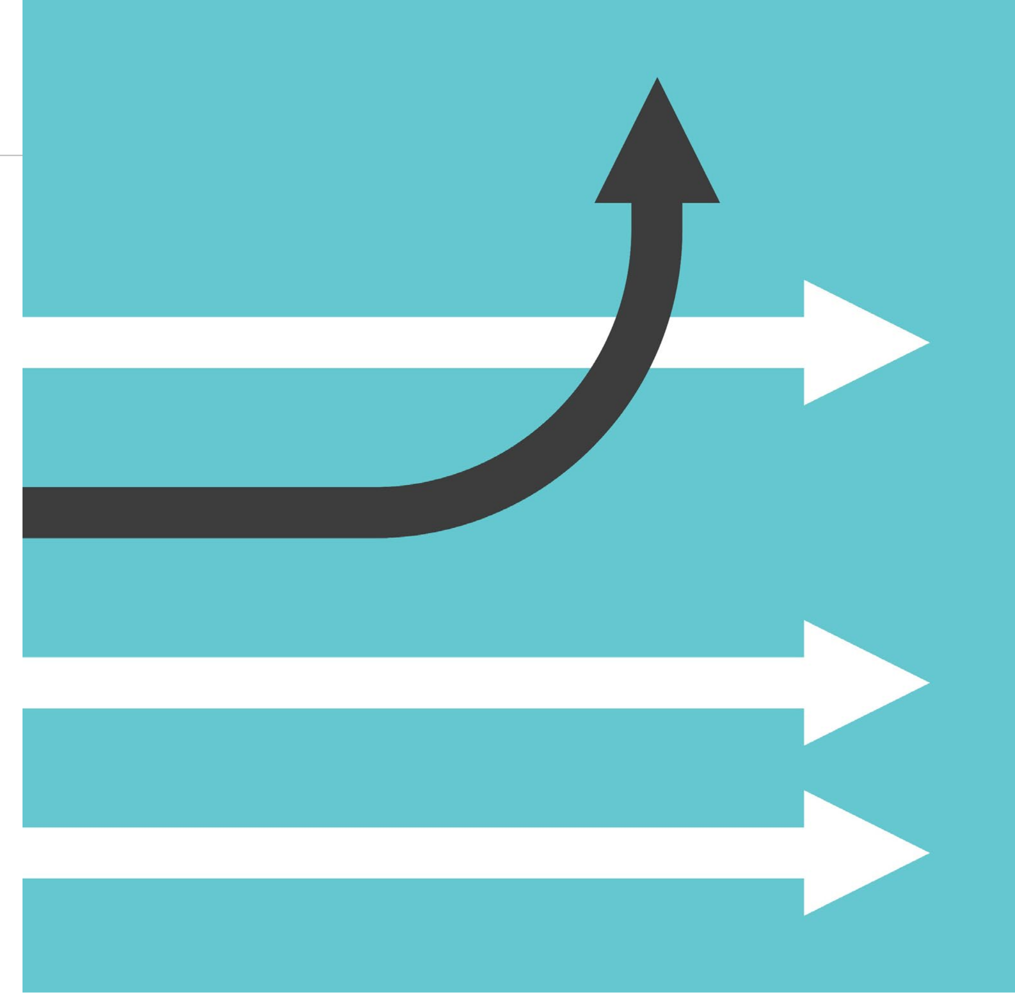
Total score* for the SSS ______________

- Also associated: TMJ dysfunction, painful bladder syndrome, IBS, sensitivity to light, sound, temperature, and medication side effects
- The higher the score, the more likely that FM is the sole explanation for symptoms

THE PAIN PROBLEM:

Differential diagnosis (can co-exist!)

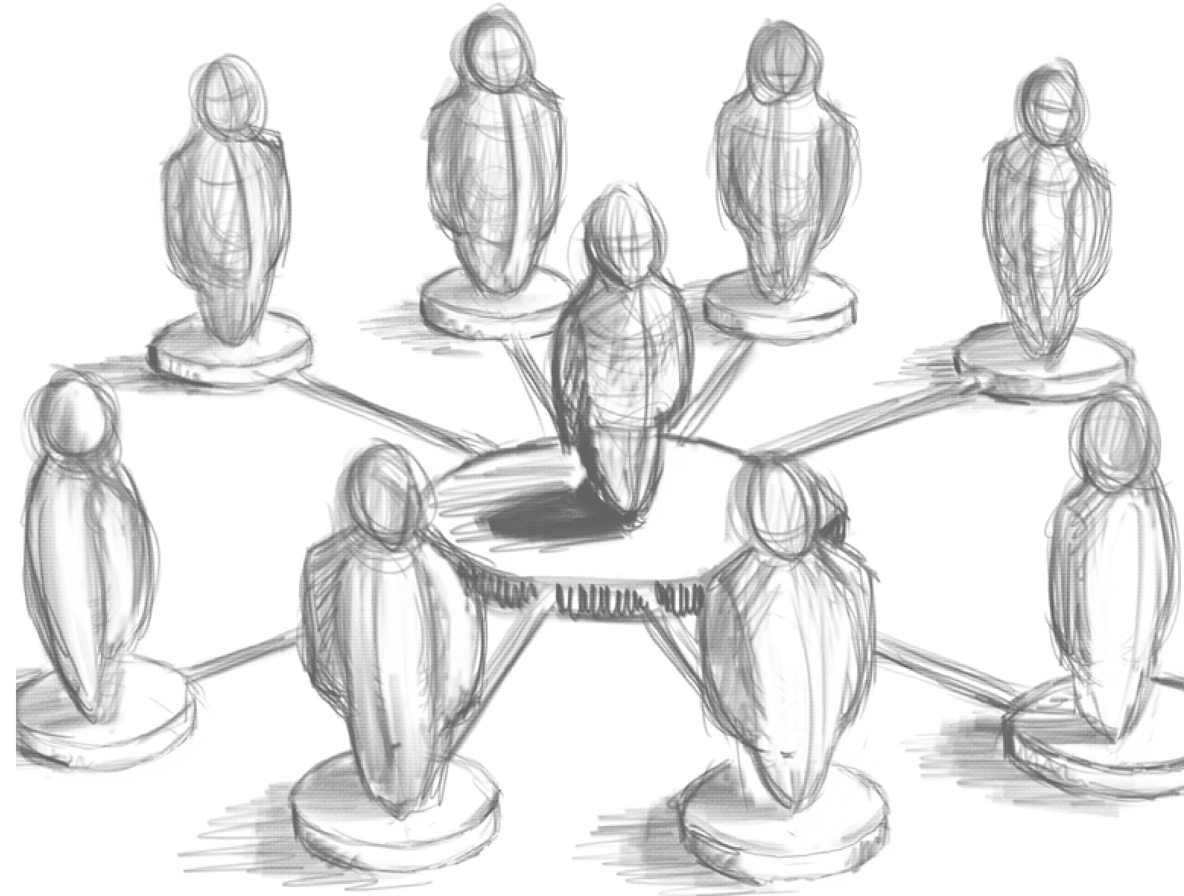
- Inflammatory/rheumatologic conditions, such as SLE, Rheumatoid Arthritis, Polymyalgia Rheumatica
- Hypermobility spectrum disorders
- Multiple Sclerosis
- Neuropathies/myopathies
- Obstructive sleep apnea
- Hypothyroidism
- Depression
- Post-viral syndromes
- Chronic fatigue syndrome/myalgic encephalitis
- Drug side effects (aromatase inhibitors, lipid lowering agents, high dose opioids)



THE PAIN PROBLEM: PHONE A FRIEND

Consider asking for advice if:

- There are complex multiple health conditions clouding diagnostic certainty
- There are symptoms requiring further investigation outside your scope of practice (LP, NCS, etc)



Calgary Zone supports:

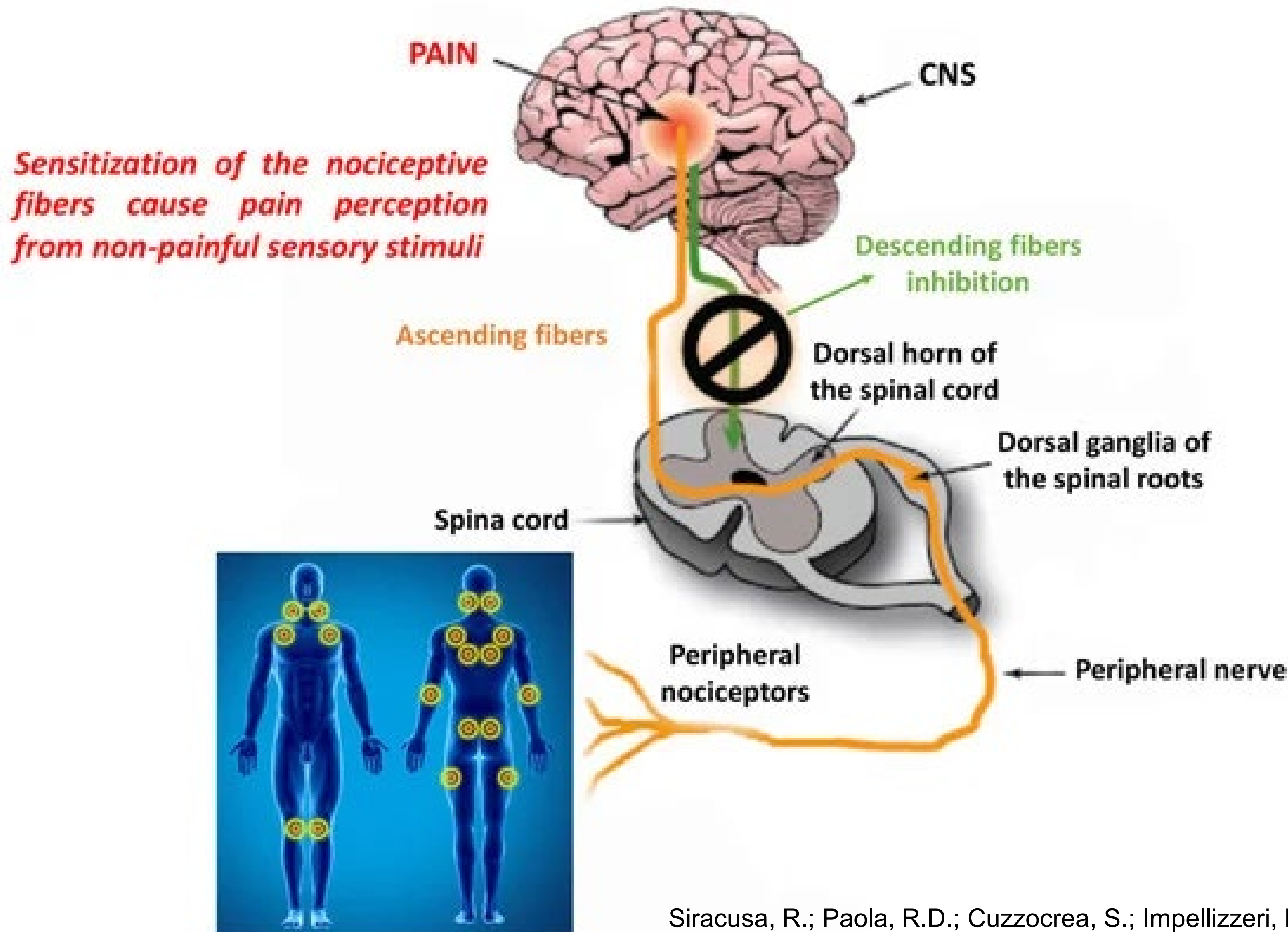
- Specialist Link rheumatology
- Specialist Link chronic pain
- Specialist Link neurology
- Specialist Link general internal medicine
- eAdvice via Netcare (anywhere in AB)

THE PAIN PROBLEM: TREATMENT

Consider:

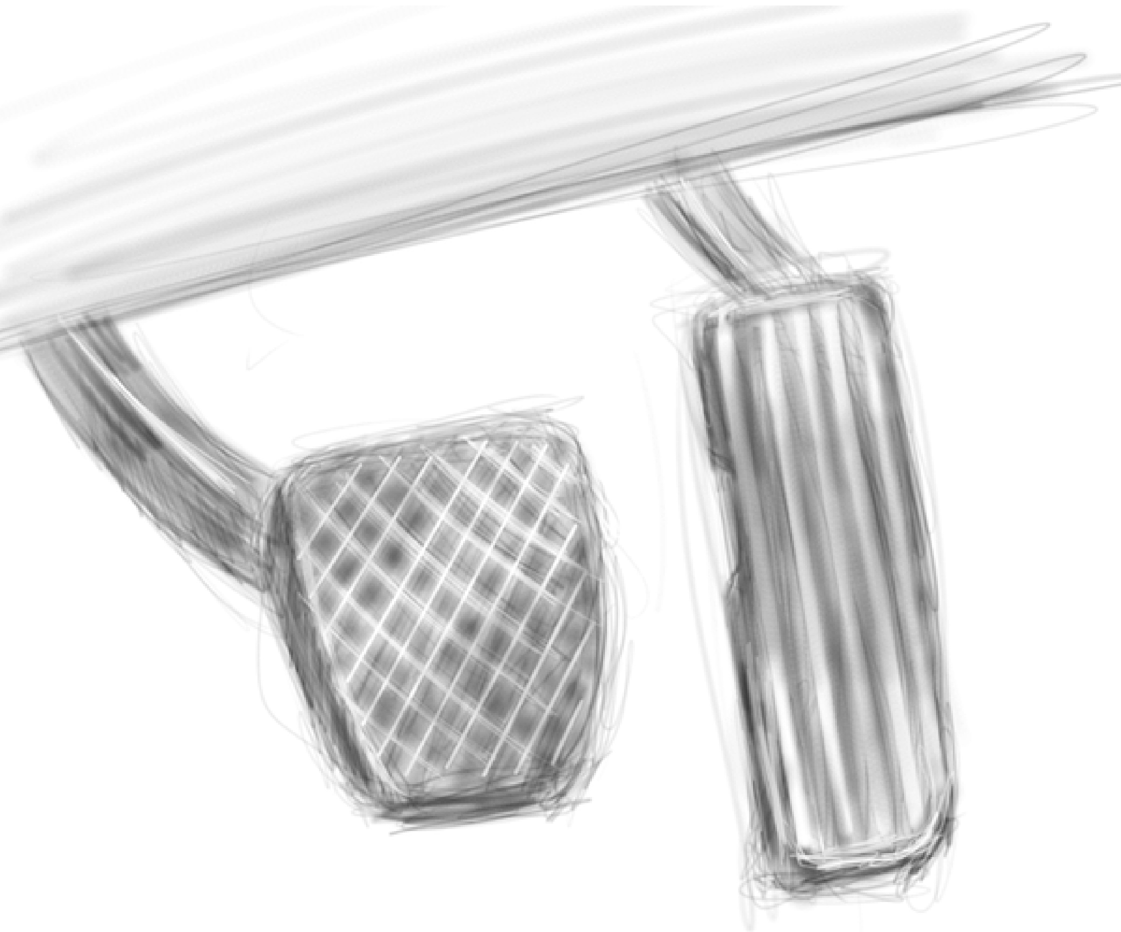
- Education about the disorder is the first priority
- Evidence is clear that pain science education (PSE) is a treatment that should be started early

THE PAIN PROBLEM: PAIN SCIENCE EDUCATION



Siracusa, R.; Paola, R.D.; Cuzzocrea, S.; Impellizzeri, D. Fibromyalgia: Pathogenesis, Mechanisms, Diagnosis and Treatment Options Update. *Int. J. Mol. Sci.* **2021**, *22*, 3891. https://doi.org/10.3390/ijms22083891

THE PAIN PROBLEM: PAIN SCIENCE EDUCATION



THE PAIN PROBLEM: IN SUMMARY

› 1. PAIN IS **PROTECTIVE**

THE PAIN PROBLEM: IN SUMMARY

- CREDIBLE EVIDENCE OF **SAFETY**

- CREDIBLE EVIDENCE OF **DANGER**

THE PAIN PROBLEM: IN SUMMARY

- 1. PAIN IS **PROTECTIVE**
- 2. PERSISTENT PAIN IS **OVERPROTECTIVE**

THE PAIN PROBLEM: IN SUMMARY

- THE PAIN EXPERIENCE IS DRIVEN BY THE BRAIN'S **PERCEIVED** NEED TO PROTECT

image courtesy Dr. Tina Hoang

THE PAIN PROBLEM: IN SUMMARY

- 1. PAIN IS **PROTECTIVE**
- 2. PERSISTENT PAIN IS **OVERPROTECTIVE**
- 3. MANY THINGS IMPACT PAIN, SO **MANY THINGS CAN HELP**

THE PAIN PROBLEM: GETTING HELP

› EVIDENCE-BASED **TREATMENT PLAN**

Bottom line: Rx

- SNRIs
- Gabapentinoids
- TCAs
- Avoid opioids: Taper if possible, but do not insist on a taper
- Maybe low dose naltrexone?
- Maybe muscle relaxants for short-term flares?
- Maybe nabilone for sleep?

Mascarenhas RO, Souza MB, Oliveira MX, et al. Association of Therapies With Reduced Pain and Improved Quality of Life in Patients With Fibromyalgia: A Systematic Review and Meta-analysis. *JAMA Intern Med.* 2021;181(1):104–112. doi:10.1001/jamainternmed.2020.5651

THE PAIN PROBLEM: GETTING HELP

› EVIDENCE-BASED **TREATMENT PLAN**

Bottom line: Rx

- A good trial of daily medications will typically last three months
- Once a patient is stable on pain medications, consider a trial taper after a year
- Reframe 'breakthrough pain' as a flare, and look for a trigger

Mascarenhas RO, Souza MB, Oliveira MX, et al. Association of Therapies With Reduced Pain and Improved Quality of Life in Patients With Fibromyalgia: A Systematic Review and Meta-analysis. *JAMA Intern Med.* 2021;181(1):104–112. doi:10.1001/jamainternmed.2020.5651

THE PAIN PROBLEM: GETTING HELP

› EVIDENCE-BASED **TREATMENT PLAN**

Bottom line: Rx

- CBT has been shown to be effective in more than 40 RCTs
- Recently, further work has looked at types of CBT (traditional vs. exposure-based) and found them equally effective
- Internet-delivered CBT appears equally effective compared to in-person

Maria Hedman-Lagerlof et al, Effect of exposure-based vs traditional cognitive behavior therapy for fibromyalgia: a two-site single-blind randomized controlled trial, *Pain* 2024 (in press)

THE PAIN PROBLEM: GETTING HELP

› EVIDENCE-BASED **TREATMENT PLAN**

Bottom line: Rx

- Every systematic review of exercise for fibromyalgia is positive
- There is no evidence that one type of exercise is better than another
- Aerobic, strengthening and mobility exercises are all effective
- Adherence to a program of regular low-intensity activity is likely best

Bidonde, Julia et al, Exercise for Adults with Fibromyalgia: An Umbrella Systematic Review with Synthesis of Best Evidence, Current Rheumatology Reviews, Volume 10, Number 1, 2014, pp. 45-79(35)

THE PAIN PROBLEM: SUPPORTS

Calgary Zone webinar series: Mental health & hot topics

- 4 PCNs have multidisciplinary teams that can help with the management of fibromyalgia
- Alberta virtual chronic pain program: 1-877-719-7707
- 811 Health Link rehabilitation advice line:1-833-379-0563
- www.poweroverpain.ca
- fibrofocus.com

FIBROFOCUS™ WELCOME WEEKDAY GROUP TECHNOLOGY

New Content. New Format. Now on Zoom.

8-WEEK GROUP

1-WEEK GROUP

YOUTUBE VIDEO

Healthcare Providers:
Please use the following form only

REFERRAL FORM

LivePlanBe+

We know how pain can affect your life. LivePlanBe+ is a program that helps us learn to make small changes that add up to big improvements in our well-being.

Go to Resource | Learn more

My SleepWell

Sleepwell has two main goals: 1) to help people with insomnia get their sleep back without medications; and 2) to help people stop taking sleeping pills safely and effectively.

Go to Resource | Learn more

Gentle Movement @ Home

Guided movement and relaxation videos for pain

Go to Resource | Learn more

Q&A

PRESENTER: DISCLOSURE/CONFLICTS

Title: Pilot health – duty to report

Financial sponsors

- N/A

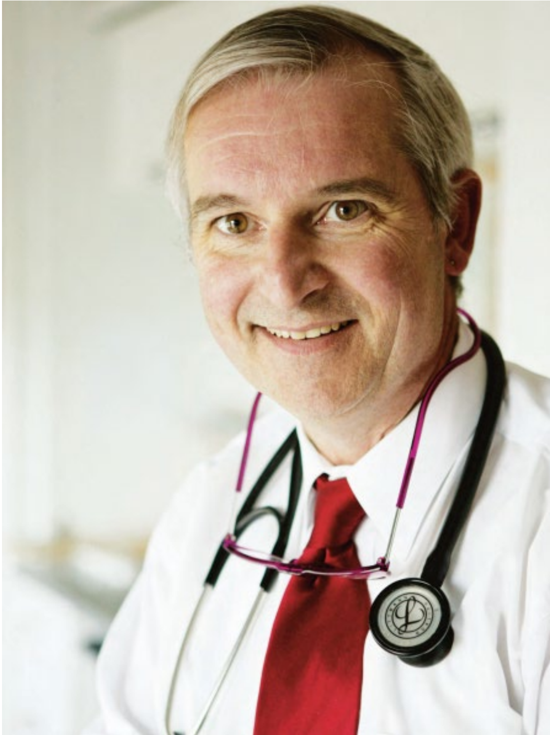
Potential for conflict(s) of interest:

- Co-owner, YBW Aeromedical Clinic

Dr. Mindy Gautama
B.Sc. MD CCFP FCFP ACBOM CAME (TC) AME (FAA)

PRESENTER: DISCLOSURE/CONFLICTS

Title: Pilot health – duty to report



Financial sponsors

- N/A

Potential for conflict(s) of interest:

- Physician contractor, YBW Aeromedical Clinic

Dr. Brendan Adams
BSc MSc MD CCFP FCFP FCBOM CAME SAC (Addiction Medicine) ABAM

PILOT HEALTH: INTRODUCTION

YBW Aeromedical Clinic

Dr. Brendan Adams | Dr. Scott Forsyth | Dr. Mindy Gautama

PILOT HEALTH: CASE STUDY

The case study:

Keith is a 34-year-old commercial pilot; a patient for the past decade. You've known him to be a caring and involved father, husband and professional – albeit a bit anxious at times.

He presents for a scheduled visit to discuss "anxiety medication." He reports lifelong anxiety, "just like my dad and other family members."

He has been seeing a therapist for years, employing strategies to try to control his worries. He states that anxiety never impacts his job: "I'm hyper-focused when I fly and don't get anxiety at all."

Keith reports that other family members on medication have found it transformational but he has avoided considering it, for fear of the impact it might have on his job.

PILOT HEALTH: THE ACT

Aeronautics Act 6.5

Where a physician or an optometrist believes on reasonable grounds that a patient is a flight crew member or air traffic controller or other holder of a Canadian aviation document that imposes standards of medical or optometric fitness, the physician or optometrist, shall , if in his opinion the patient has a medical or optometric condition that is likely to constitute a hazard to aviation safety, inform a medical adviser designated by the Minister forthwith of that opinion and the reasons therefor.

PILOT HEALTH: THE ACT

Aeronautics Act 6.5

No legal, disciplinary or other proceedings lie against a physician or optometrist for anything done by him in good faith in compliance with this section

PILOT HEALTH: THE ACT

What does this mean practically?

Common conditions that may be disqualifying…

- Depression
- ADHD
- Diabetes
- Cardiac disease
- Alcohol and substance use disorder

PILOT HEALTH: CONTACTS

Who you gonna call?

Civil Aviation Medicine
Transport Canada
RAMOs

Prairies and Northern Region

1-800-305-2059

780-495-3848

PILOT HEALTH: CONTACT US

List of CAMEs:

https://wwwapps.tc.gc.ca/Saf-Sec-Sur/2/CAME-MEAC/l.aspx

YBW Aeromedical Clinic

403-269-5323

- sforsyth@aviationdoc.com
- mgautama@aviationdoc.com
- brendanadams231@gmail.com
- office@aviationdoc.com

Q&A

primary care

HOT TOPICS

HEALTH

CARE

HEALTH CARE

with Dr. Christine Luelo

SPEAKER: DISCLOSURE/CONFLICTS

Dr. Christine Luelo
Family physician,
Medical Director,
Calgary Zone Business Unit

Financial sponsors

- Fee for service for clinical work
- Contract for Calgary area PCNs

Potential for conflict(s) of interest:

- None

WEBINAR: HOT TOPICS

Alberta Surgical Initiative / Facilitated Access to Specialized Treatment (FAST)

Spine surgery referrals:

- Spine referrals paused; revert to original process (send to individual spine clinics / surgeons)
- If new spine referrals are sent to FAST, there will be a fax sent back to clinic rejecting referral
- Note: FAST referral form still says ‘spine,’ which is confusing; Specialist Link ortho access pathway updated to reflect change
- Check out the low back pain pathway on specialist link

WEBINAR: HOT TOPICS

Alberta Surgical Initiative / Facilitated Access to Specialized Treatment (FAST)

In happier news!

Other FAST referrals:

- Ortho, general surgery, urology, vascular surgery continue through FAST central referral
- Adult gynecology came online June 10
- Check out updated clinical pathways to assist in your care prior to or while awaiting consult

Other Specialist Link updates

- Urology conversations continuing re: the fax issue and access in general
- Important updates to headache & migraine pathway and neurology access pathway
  - FPSI clinics
- Updates to alcohol use disorder pathway
- *New* fibromyalgia pathway

specialistlink.ca

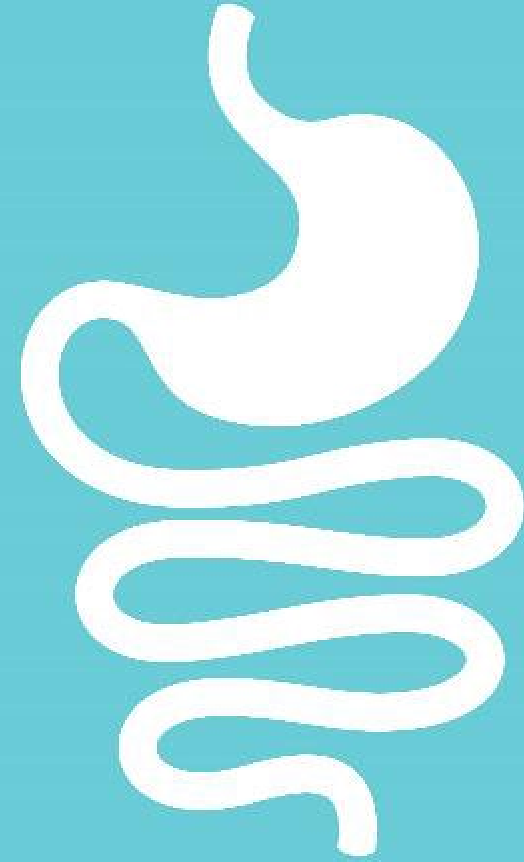
Automated pathway pilot opportunity

- Clinics sought for Mikata initiative
- Pilot to focus on headache & migraine, maternity pathways
- Remuneration available for physicians
- Must have Telus Med Access, PS Suite or QHR Accuro EMR

WEBINAR: HOT TOPICS

Gastroenterology and general surgery overlap

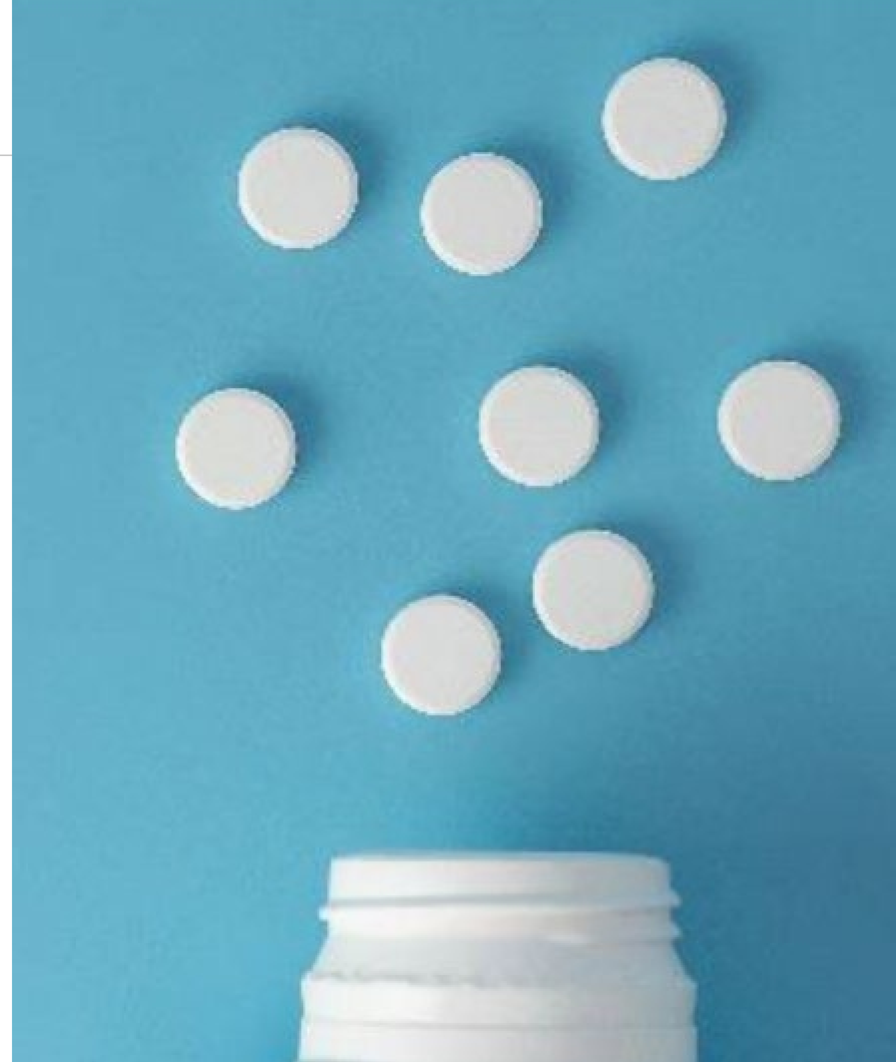
- Abnormal imaging of the GI tract and rectal bleeding reasons for referral overlap
- GI CAT and GS in Calgary have started an initiative to share referrals based on fastest provider for this reason for referral based on information provided



WEBINAR: HOT TOPICS

The Opioid Crisis is NOT over …
a refresher on tools

- Safe prescribing – remember Phil the plumber?
- OAT prescribing
- Check out our March 13, 2023 webinar recording (Specialist Link > Primary care news & webinars)
- vodp.ca – patients can self-refer for help
- Deprescribing
  - https://cumming.ucalgary.ca/cme/courses/online-self-learning/wise-prescribing-and-deprescribing
- ACFP tools
  - https://acfp.ca/research-and-tools/opioid-response/resources/



Choosing Wisely tip of the month

- Overdiagnosis of UTI is one of the most common reasons for unnecessary use of antibiotics in LTC

- **Ditch the dipstick in older adults!**
- Instead, if you suspect UTI send a urine to lab for culture
- Check out their other great tools and suggestions for stopping low value care

Choosing Wisely Canada

WEBINAR: HOT TOPICS

Connect Care update

- Work underway under the advocacy of the NACPAG group to fix the duplicates!
    - Early 2025 we are told fixes should be in place to correct inbox issues
    - Meanwhile stay tuned for more information on interim cleanup strategies for mixed context users
    - And duplicate lab order merge should happen by July 22, 2024

- For mature minors myAHSconnect allows for proxy access for age 12-18
    - Different from myhealthrecords portal (proxy for under age 14)
    - Talk to the AHS based provider to block proxy access

WEBINAR SERIES: TILL NEXT TIME

Thank you for attending!

Survey for Mainpro+ credits:
https://survey.alchemer-ca.com/s3/50263161/Calgary-Zone-Primary-Care-Webinar-Survey-June-2024

Feedback, issues, support or complaints:
info@calgaryareapcns.ca

Next webinar:
Monday, September 23:
Potential topics include
neurodiversity,
skin cancer