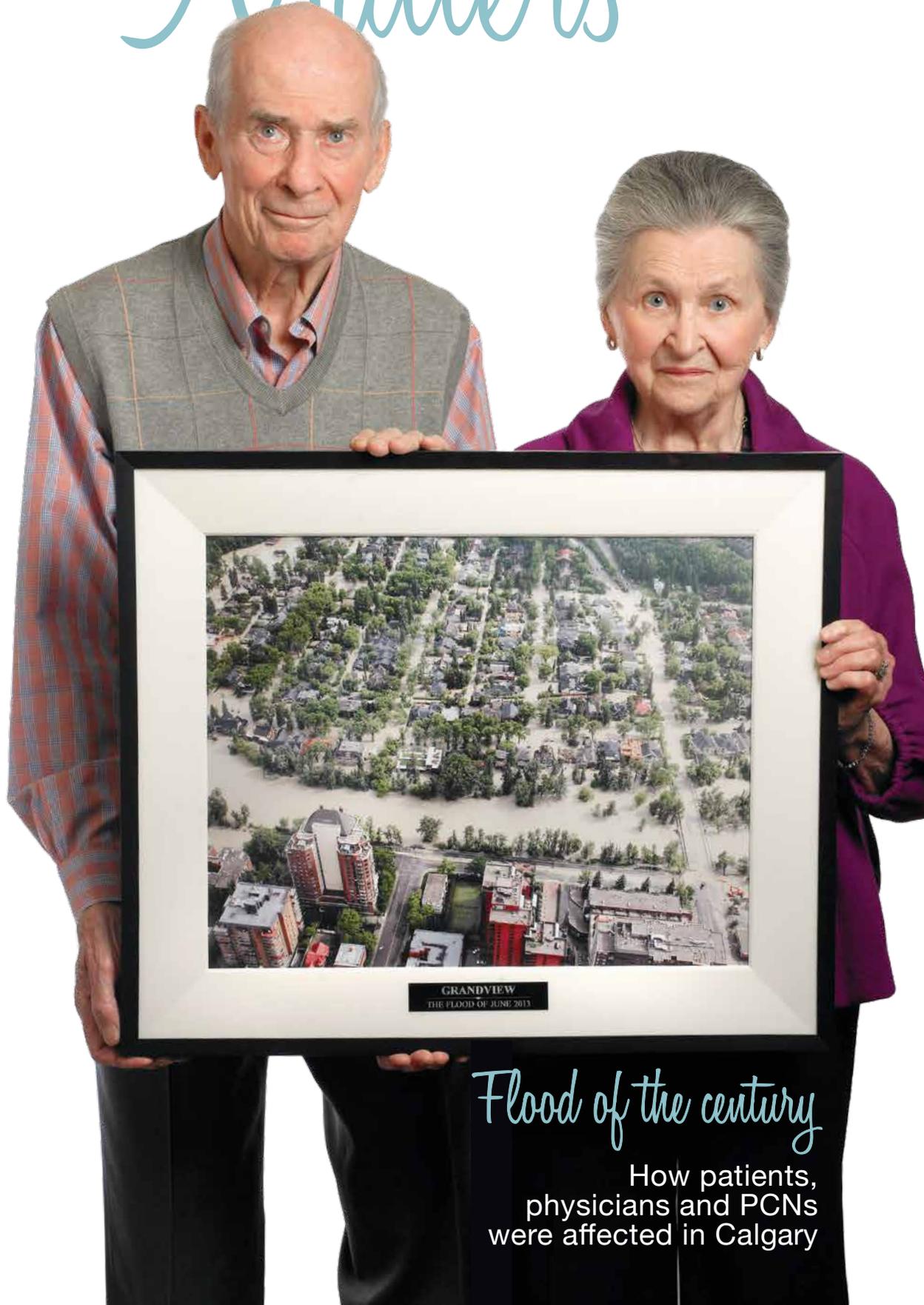


Health Matters

January 2014



ACHIEVABLE
NEW YEAR'S
RESOLUTIONS

WALKING
THROUGH
YOUR CARE
OPTIONS

PHARMACISTS
ARE
MEDICATION
MANAGEMENT
EXPERTS

Accepting
the challenge:
Karen's story

Flood of the century

How patients,
physicians and PCNs
were affected in Calgary

A message from the CWC PCN

Your health matters. Through our mission to support patients and their family physicians with programs and services, we will spotlight key topics in this magazine that help enhance your awareness of issues that might affect your health.

Health Matters is a publication produced by the Calgary West Central Primary Care Network (CWC PCN). PCNs were established to improve access to family physicians and other frontline health providers in Alberta. Each network develops programs and services to meet the specific health needs of patients in its area.

The CWC PCN is made up of over 340 primary care physicians, working in 109 clinics to enhance care for over 302,000 patients. Many of these physicians work closely with CWC PCN allied health professionals, including behavioural health consultants, dietitians, nurses, pharmacists, physiotherapists and social workers who collaborate on patient care.

Your PCN operates like a health services cooperative for family doctors, with the goal of enhancing the way primary care services are delivered. The PCN member benefits are then passed on to you as the patient. Through publications like *Health Matters*, we invite you to learn more about the range of services and programs that are available at no cost to you.

In this second issue of *Health Matters*, we examine the importance of screening and prevention, explore the effects of the flood crisis on family doctors and patients, provide information on breastfeeding and advance care planning, and take an in-depth look at the role of the pharmacist as part of your health care team.

While the articles in *Health Matters* help provide an overview of the benefits that patients receive, there is much more on the horizon. The CWC PCN is looking forward to another productive year of leading primary care innovation in Alberta. We will continue to work with other PCNs across the province to improve the health of all Albertans.

Feel free to also view this magazine at www.cwcpcn.com or pass this copy on to a friend. We welcome your feedback and suggestions on the articles and invite you to share your own experiences.

Dr. Brendan Vaughan
Board Chair

Dr. Jane Ballantine
Medical Director

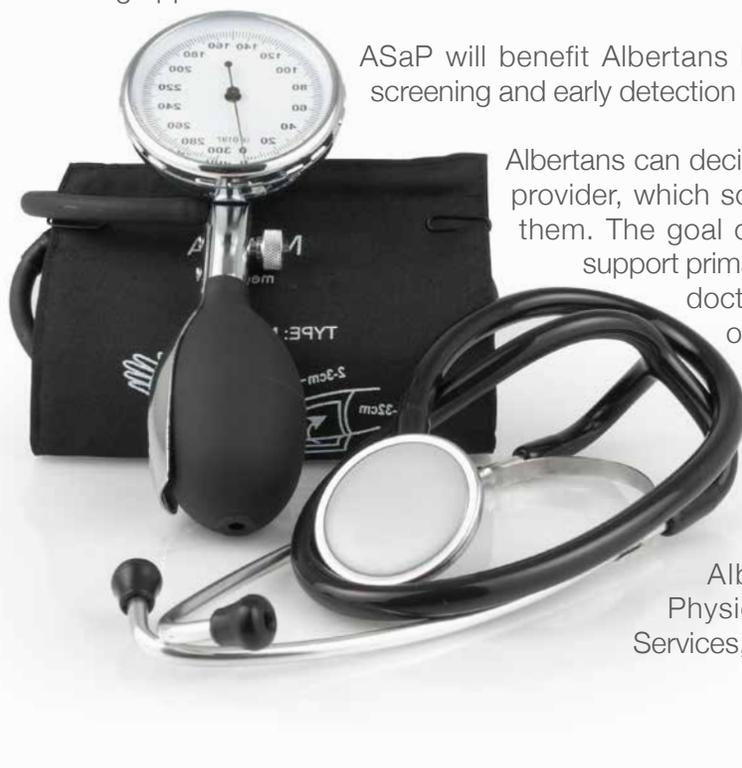
Dan Doll
Executive Director



Alberta Screening and Prevention

A program designed to enhance patient care

Regular health screening is one of the most important things Albertans can do for their health, but currently about one-third of patients do not receive regular screening through appointments with their family physician. The Alberta Screening and Prevention (ASaP) initiative is an opportunity for family physicians to help facilitate early detection of diseases by reaching out and offering patients screening tests. The ASaP initiative aims to enhance patient care in primary care clinics throughout Alberta by offering timely screening opportunities to Albertans.



ASaP will benefit Albertans by improving the rates of screening and early detection for significant health issues.

Albertans can decide, together with their care provider, which screening tests are best for them. The goal of the ASaP initiative is to support primary care providers like family doctors, registered nurses and other clinic team members to provide screening in a timely manner.

The ASaP initiative is supported by the Alberta Medical Association, the Alberta College of Family Physicians and Alberta Health Services, among other partners.

Screening looks for diseases early when they are easier to treat. Following are some common screenings your physician may perform:

- Blood pressure
- Height
- Weight
- Exercise
- Tobacco use
- Alcohol use
- Flu vaccine
- Cholesterol testing
- Heart disease risk
- Diabetes
- Colorectal cancer
- Pap tests
- Mammograms

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To share your suggestions, feedback or experiences, please email us at communications@makinghealthhappen.com

Making Health Happen.

Accepting the challenge: Karen's story

Patient benefits from team-based care

Karen had been dealing with some stress in her life and wasn't feeling quite herself. She decided it was time to book an appointment with her family physician to ensure her symptoms weren't caused by something physical. That appointment was a turning point in Karen's life – she was told she had Type 2 diabetes.

"I wasn't really expecting it," says Karen. "There is diabetes in my family, but I certainly didn't think that I was a candidate. So when I found out, I was quite shocked. I went through a couple of weeks of thinking, 'How am I going to deal with this? How am I going to get through this?'"

Karen's doctor, who is a member of a Primary Care Network (PCN), suggested a program where she would receive team-based care, a main focus of PCNs. The multidisciplinary teams that work alongside family physicians in PCNs include behavioural health consultants, nurses, pharmacists, social workers, dietitians, kinesiologists and physiotherapists (availability varies by clinic and PCN). Karen says having the option of accepting help from an entire health care team helped her feel more in control after her diagnosis.

"I needed some time to process what I was going through and what resources were going to be available to me," says Karen. "I really wanted to become as healthy as I could and realized that while I could try to do it on my own, it would be a lot easier if I accepted the help of a team – so I took the help."

Karen's team included a nurse, dietitian and kinesiologist, because those were the areas where she felt she needed the

most support. She especially appreciated the guidance that Ashley Nichols, RN, gave her after her diagnosis.

"At her initial appointment with me, Karen was still in a state of shock," says Ashley. "She was not at a point where she was ready to make any changes. She was still dealing with learning she has diabetes and was extremely overwhelmed."

But it didn't take Karen long to decide what she needed to do. In fact, she'd been thinking about taking a more proactive approach to her health, even before her diagnosis. Being primarily a vegetarian, her diet was something that was already important to her. However, she knew she needed a more complete lifestyle change.

"I really needed to get more physically active, so I decided to accept this as a challenge, not only in managing my Type 2 diabetes but also for becoming a healthier person," says Karen. "It's up to you to accept the challenge or not, and I accepted it – become a healthier diabetic, and, in turn, a healthier person."

For Karen, that meant meeting with Ashley to discuss test results and talk about any other resources she might need. The other health professionals who rounded out her team worked with her to meet her health goals. Since then, Karen has learned to manage her diabetes, is now medication-free and continues to exercise regularly. She credits both the multidisciplinary team and her own resolve for her success. "I realized that with their help and with my determination that I was going to be just fine."



Karen

Breastfeeding basics

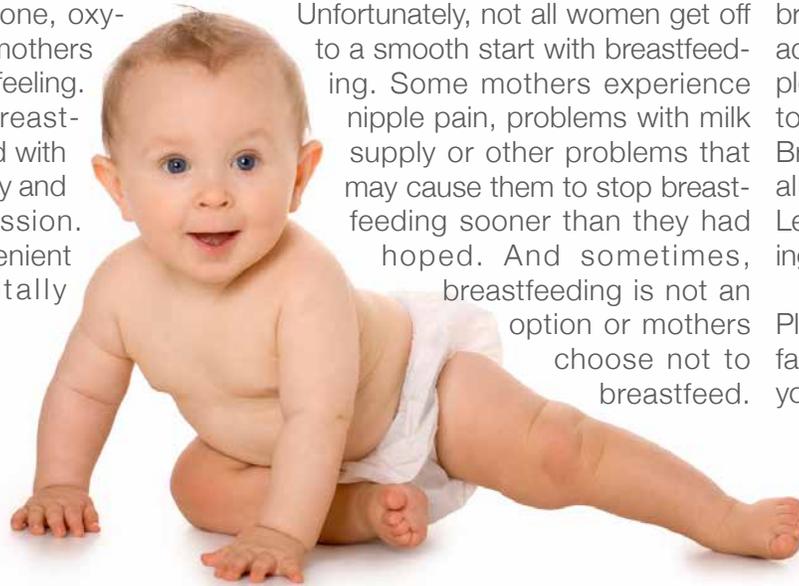
Cynthia Landy, MD, CCFP, IBCLC, and Janet Regts, RN, IBCLC

Did you know that the World Health Organization, Health Canada and the Canadian Paediatric Society all recommend that infants be solely breastfed for the first six months of life? Babies who are breastfed are much less likely to develop infections, constipation, allergies, asthma, diabetes and even some cancers. Children who have been breastfed also score higher on IQ tests and are less likely to become obese or have high cholesterol later in life.

But breastfeeding is not just beneficial for babies. Breastfeeding mothers have a lower chance of breast cancer, ovarian cancer and brittle bones (osteoporosis). Breastfeeding can also be very soothing – the act of breastfeeding actually causes a surge of the feel-good hormone, oxytocin, which gives mothers a relaxed, peaceful feeling. For this reason, breastfeeding is associated with a lower rate of anxiety and postpartum depression. And, it's free, convenient and environmentally friendly!

Breast milk is naturally designed to provide the right balance of nutrients for infants and will change according to the needs of the baby. For example, the thick, syrup-like colostrum produced by moms in the first three days after the baby is born is a perfectly concentrated, high-calorie food for newborns with tiny stomachs. As a baby grows and the stomach can handle increasing amounts of liquid, the mother's milk volume will increase appropriately. Breast milk also adapts to the environment around the mom and baby. So, on a hot day, a mother's milk will contain extra water to prevent dehydration in her child. Furthermore, breast milk contains general immune-boosting properties, but it can also provide specific germ-fighting cells and antibodies.

Unfortunately, not all women get off to a smooth start with breastfeeding. Some mothers experience nipple pain, problems with milk supply or other problems that may cause them to stop breastfeeding sooner than they had hoped. And sometimes, breastfeeding is not an option or mothers choose not to breastfeed.



“Breast milk is naturally designed to provide the right balance of nutrients for infants and will change according to the needs of the baby.”

If this is the case, use a store-bought, iron-fortified formula for up to 12 months.

A well-latched baby and frequent, unrestricted feeds will prevent most breastfeeding problems, but sometimes additional help is required. Often, simple interventions are all that are needed to get mom and baby back on track. Breastfeeding help is available through all public health clinics, the La Leche League (www.lllc.ca) and at breastfeeding clinics throughout Calgary.

Please talk to your delivery physician or family physician about resources or if you have any questions.



count me in
4 tomorrow

Half of all Albertans will develop cancer in their lifetime...¹

Will you lend a hand?

The largest research study ever undertaken in Alberta, the Tomorrow Project, needs your help! Join 34,000 of your fellow Albertans as they help researchers find out why some people get cancer and others do not. One hour is all it takes! Call **1.877.919.9292** or visit **www.in4tomorrow.ca** to contribute to this life-changing study.

¹Cancer Surveillance: 2008 Report on Cancer Statistics in Alberta. Edmonton: Surveillance and Health Status Assessment, Alberta Health Services, 2010.

Achievable New Year's resolutions



From a physiotherapist

Get a better night's sleep. If you are having trouble sleeping due to physical discomfort or pain, talk to your family physician or one of the PCN's Collaborative Care Team members, including our physiotherapists. Through education, self-management, exercise and hands-on therapy, patients can find strategies that will be beneficial in attaining an optimal night's rest.



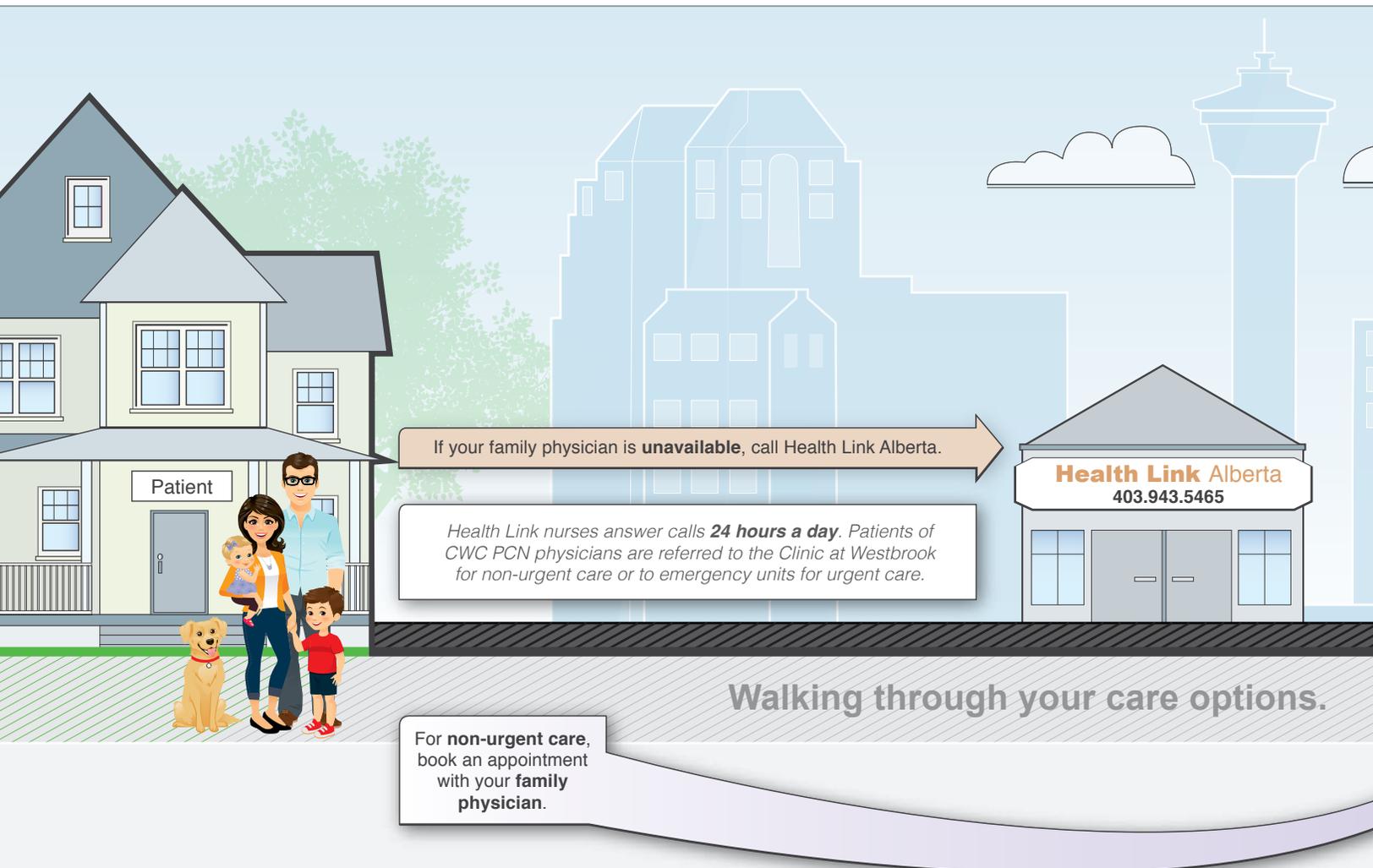
From a pharmacist

Clean out your medicine cabinet. Do a thorough review of all medications and vitamins at least once a year and check the expiry dates. Collect all of the expired medications and deliver them to your community pharmacist for disposal. Refrain from disposing of medications by throwing them in the trash or flushing them down the toilet as this can pollute landfills and contaminate ground water. Also, be sure to review your medications with your pharmacist to ensure optimal medication management for your conditions.



From a social worker

Do something relaxing for yourself. Start a new activity, or enjoy an existing one, that is personally enjoyable and makes an impact on your overall well-being. Be sure to take time every day, even just a few minutes, for yourself, be it deep breathing exercises, praying/meditating, exercising, watching a favourite show, reading a magazine or a book or watching the sunset.



If your family physician is **unavailable**, call Health Link Alberta.

Health Link nurses answer calls **24 hours a day**. Patients of CWC PCN physicians are referred to the Clinic at Westbrook for non-urgent care or to emergency units for urgent care.

Health Link Alberta
403.943.5465

For non-urgent care, book an appointment with your **family physician**.

Walking through your care options.

We asked allied health professionals from the South Calgary and Calgary West Central PCNs what most people resolve to do in the New Year and how they can set achievable goals.



From a behavioural health consultant

Review key life areas such as health, relationships, work, leisure, spirituality and creativity. For each area, rate your satisfaction on a scale from 0 to 10 (0 being very dissatisfied and 10 being very satisfied). Then choose an area where your satisfaction ratings are low, and ask yourself how you could move the number slightly higher. In other words, what is one specific action or behaviour that you can do to improve your score? After you have made some progress in one part of your life, choose another and start the process again. Above all, be kind to yourself when making improvements. For most people, lasting change occurs slowly, over time.



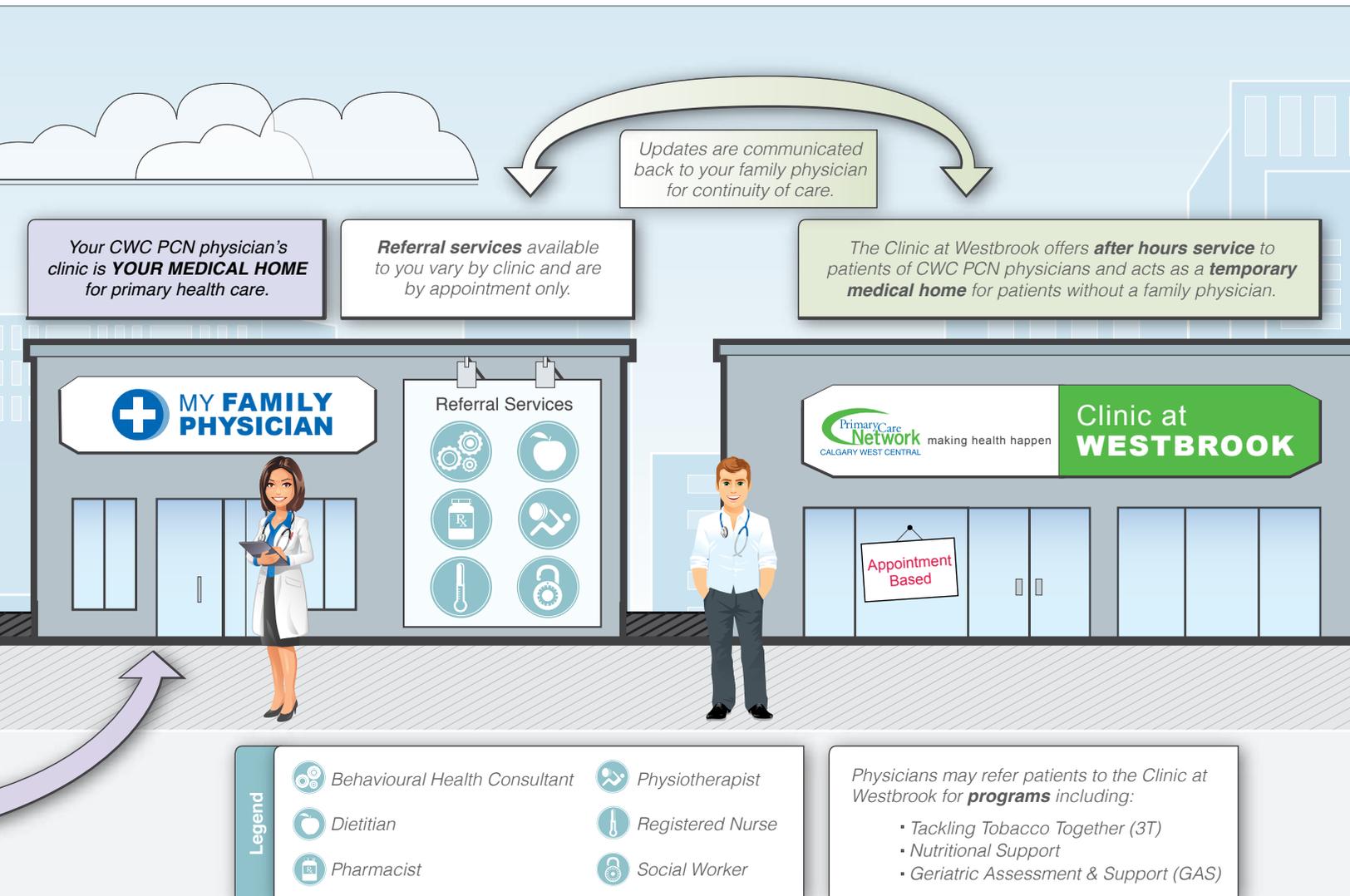
From a registered nurse

Track your steps. Get a pedometer to help you achieve the recommended 8,000 to 12,000 (depending on age/mobility) steps a day. Keep a journal of your activity and track your successive increases. While doing this, opt for the stairs instead of the elevator and take a walk during your lunch hour. Another tip is to walk the periphery of the grocery store – this will earn steps and keep you focussed on the areas with the healthy choices (notice that produce and meats are always on the periphery while less healthy choices are in the middle aisles). By setting specific targets, you will achieve more success!



From a dietitian

Find a friend who shares your lifestyle goals. It's easier to stay motivated if you have someone to share your ideas, plans and successes. Be mindful of your eating by turning off the television while eating, taking time to slow down and savour food, and, if you know you are a fast eater, try putting your cutlery down between bites. Or, try something new and use chopsticks! Have home-cooked meals more often with family, friends and loved ones. Making small, achievable dietary changes at the beginning of the year will help you stay motivated all year long.



Flood of the century

How patients, physicians and PCNs were affected in Calgary

On the afternoon of June 20, 2013, Dr. Phillip van der Merwe, a Calgary West Central Primary Care Network (CWC PCN) family physician, was at a meeting in Edmonton when he heard about the rising waters of the Elbow River and started to become concerned about his clinic in Mission. Meanwhile, Jackie, Ronnie and Christine Wilderman were actually watching the rising waters from their high rise condo, also in Mission. Ronnie had recently undergone a complete geriatric assessment at the CWC PCN Clinic at Westbrook for his Alzheimer's disease, so his wife and daughter were worried about the confusion an impending flood might cause. When a state of emergency was declared for Calgary, Primary Care Networks (PCNs) began to brace for what might come. Nobody predicted the extent of the damage and the impact on so many lives as 100,000 residents were evacuated that night and homes, businesses and public facilities were damaged and closed.

The following morning, the Wilderman family awoke at a friend's home. They had packed a few belongings and Ronnie's medications, after being given a half hour to evacuate the previous evening. Meanwhile, Dr. van der Merwe and his colleagues managed to work their way through barricades to get to their 4th Street practice, where they set up a portable generator to access crucial patient files from the office computer systems. Simultaneously, the CWC PCN began estimating the number of member clinics and patients affected by the flood.

Other PCNs and Alberta Health Services (AHS) also began the massive undertaking of ensuring all Calgary patients had continued access to medical care. With the temporary closure of centres like the Sheldon M. Chumir Health Centre, facilities like the Rockyview General Hospital worked collaboratively to accept more patients. In addition, evacuation sites were set up and staffed throughout the city within hours of the flooding. Dr. Hani Ayad, a South Calgary PCN physician, was himself displaced after his home was flooded. He volunteered at an evacuation site and was overwhelmed by the spirit of community that emerged from the disaster. "When people at the evacuation site discovered that I was not only a doctor seeing patients there but also an evacuee, they offered me food, water, a toothbrush and toothpaste – whatever they had," says Dr. Ayad. "When I was not seeing patients, I played cards with other evacuees and listened to their stories and experiences. We were all in the same situation, and there was a real feeling of 'we're in this together; we're strong.'"



Thomas Porostocky



kellyhofer.com



Thomas Porostocky



Thomas Porostocky

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It's a surreal experience when you are in a crisis like that and you want to be able to do something. It helped to be able to feel you could reach out to patients and provide them with an alternative.

~ Dr. van der Merwe

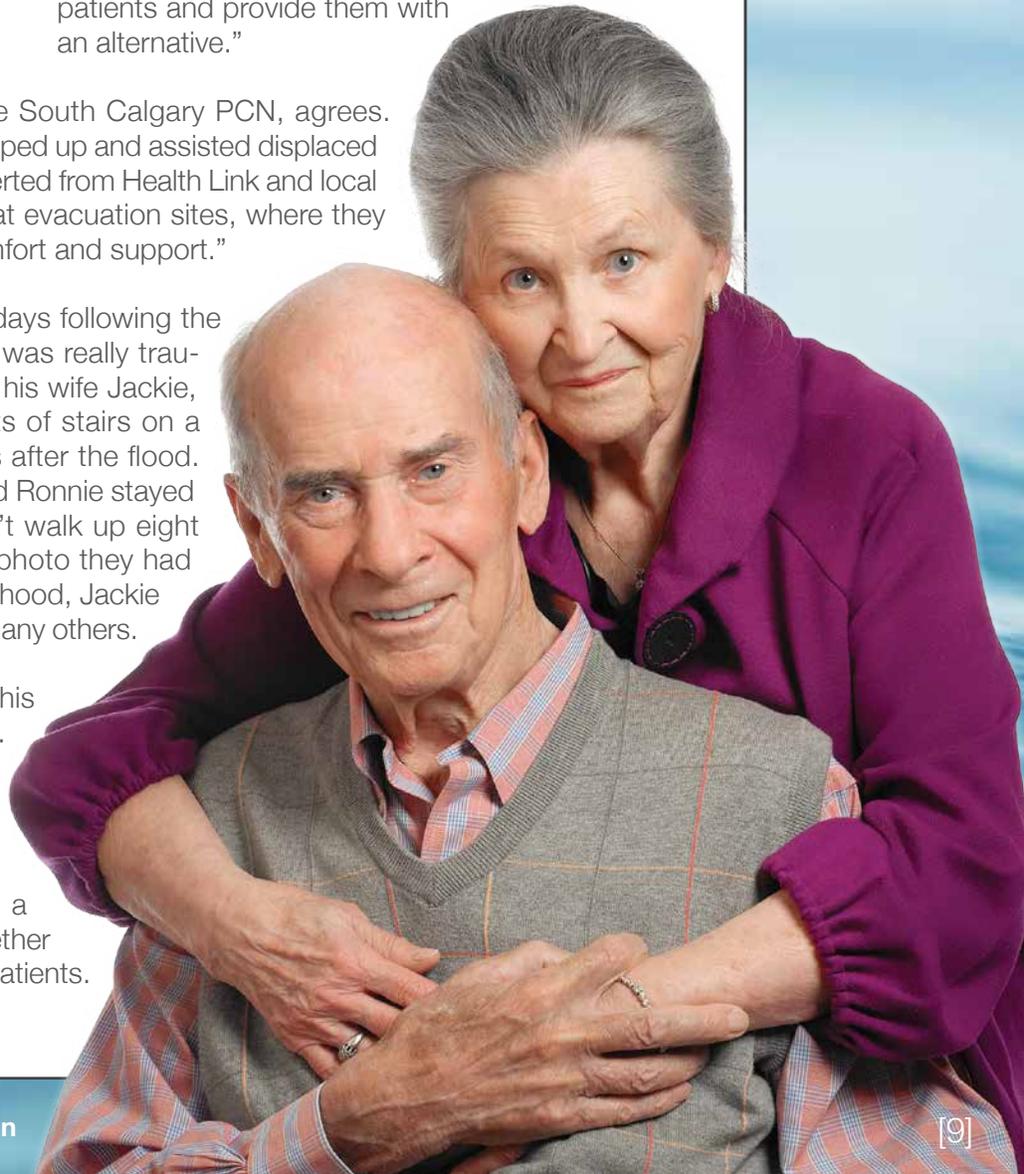
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In the CWC PCN, 22 member physician clinics were affected, representing approximately 78 family doctors. Dr. van der Merwe, Dr. Margot McLean and Dr. Martin Harvey were among those physicians affected. Over the coming weeks, they continued to go back to their darkened office to retrieve patient schedules. “We would call people who had appointments the next day and give them alternatives,” says Dr. van der Merwe, who was pleased with the contingency plans that were put into place by the CWC PCN to handle the crisis, including direct referrals to the Clinic at Westbrook. “We had lots of support. A lot of our CWC PCN physicians opened their offices to us to give space,” he adds. “It’s a surreal experience when you are in a crisis like that and you want to be able to do something. It helped to be able to feel you could reach out to patients and provide them with an alternative.”

Dr. Christine Luelo, Medical Director of the South Calgary PCN, agrees. “Family physicians and their PCNs really stepped up and assisted displaced colleagues, managed patients who were diverted from Health Link and local emergency departments, and volunteered at evacuation sites, where they not only provided medical care but also comfort and support.”

For patients like the Wilderman family, the days following the flood were about overcoming adversity. “It was really traumatic and very confusing for Ronnie,” says his wife Jackie, who at age 85 was walking up eight flights of stairs on a daily basis upon their return home 11 days after the flood. “We went eight days without an elevator, and Ronnie stayed home during that time because he couldn’t walk up eight flights every day.” Still, as she displayed a photo they had enlarged of the devastation to their neighborhood, Jackie said they were fortunate compared with so many others.

For physicians like Dr. van der Merwe and his team, it was a lesson in crisis management. Dr. van der Merwe’s clinic opened 16 days after the flood, and it took a month to truly get back on track. Also a member of the CWC PCN Board of Directors, Dr. van der Merwe said the experience proved to be a great example of how PCNs can come together in a crisis and offer innovative solutions for patients.

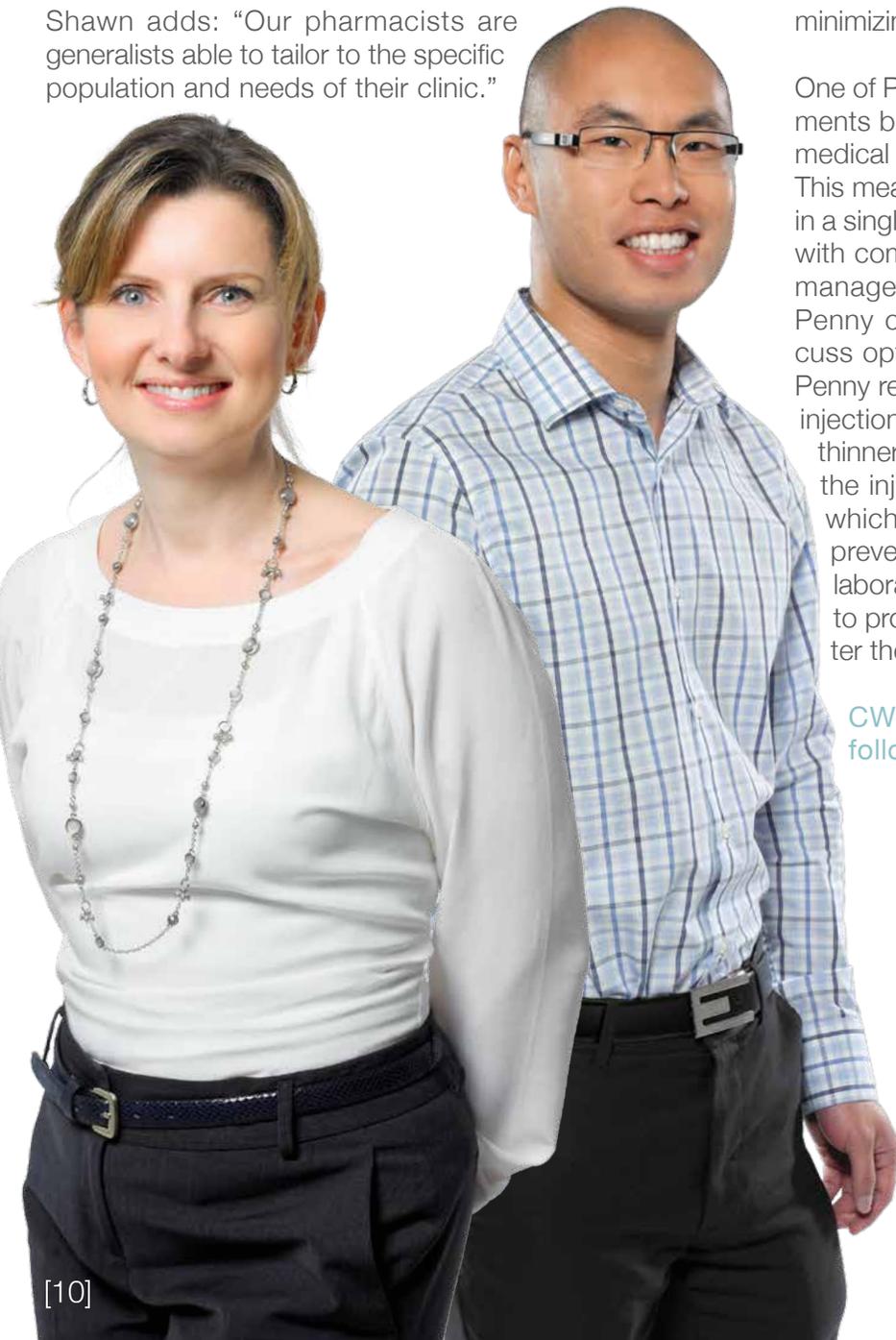


Pharmacists are medication management experts

Collaborative Care Teams (CCTs) are physician-led teams of health care professionals who assist with chronic disease prevention and enhanced care of medically complex patients. In this issue of *Health Matters*, we will review the role of the Primary Care Network's pharmacy team.

Shawn Lee and Penny Thomson are two of our seven pharmacists at the CWC PCN who collaborate on patient care with your physician and other members of the CCT. "Our primary role is safe and effective medication use, which will improve patients' outcomes for chronic disease management," says Penny. "How we get there varies from patient to patient, day to day."

Shawn adds: "Our pharmacists are generalists able to tailor to the specific population and needs of their clinic."



The CWC PCN pharmacists see multiple patients a day and may work in four to five different clinics. Currently, there are 34 physician clinics with a pharmacist in-house.

A typical day for Shawn or Penny can include helping patients with issues such as diabetes, osteoporosis, heart conditions, chronic pain, mental health concerns, asthma and COPD. For example, Shawn met with a patient who had returned for a check-in after struggling with depression in combination with his diabetes and sleep issues. "The physician and behavioural health consultant approached me for additional medication options to help with his depression," says Shawn. "We were able to implement some medication changes that could address both his depression and sleep issues, while minimizing the effect on his diabetes control."

One of Penny's clinics routinely has shared medical appointments between the physician, patient, pharmacist and any medical students or residents who are training in the clinic. This means patients may see all three medical professionals in a single visit. Typically, these appointments are for patients with complex chronic conditions or issues that need to be managed with long-term medications. As a pharmacist, Penny can complete a medication review and then discuss options with the patient to optimize medication use. Penny recalls one patient with chronic pain who needed hip injections to help manage the pain but was also on blood thinners to prevent stroke. "In order for the patient to have the injections, the blood thinner needed to be stopped, which involved switching to an alternate medication to prevent stroke," explains Penny. "This was done by collaborating with the physician, the community pharmacist to provide the medication and the nurse to help administer the medication."

CWC PCN pharmacists are also involved with the following initiatives:

- Tackling Tobacco Together (3T), a smoking cessation program co-led by pharmacists at the CWC PCN Clinic at Westbrook
- Geriatric Assessment & Support (GAS) program at the Clinic at Westbrook, where a team of health care professionals conduct comprehensive assessments for medically complex elderly patients
- Maintenance of a patient registry for conditions including diabetes, asthma and COPD
- Medication starts, management and education for chronic conditions
- Administration of medications via injections

Difficult, but important, considerations

If a time comes when you can't speak for yourself, it is important that your loved ones and your medical providers are aware of your health care decisions. Advance care planning is a process for documenting your wishes for health care while ensuring your loved ones and those who may have to make health care decisions on your behalf know your preferences. Everyone can benefit from advance care planning, and it is never too soon to start thinking about it. Don't be afraid to talk to your family physician about this important topic, if you haven't already.

Most people find advance care planning a difficult topic to discuss, but a good starting place is to think about your values, goals and wishes for your health care. Do you have personal beliefs that would affect decisions? Are there conditions for which you wouldn't want treatment? Where would you want to be cared for? If you have a medical condition that could affect future health care decisions or take away your ability to communicate your wishes, talk to your doctor about the types of decisions you may need to make. You will also need to consider the possibility of unexpected medical events. It is important to legally appoint someone as your agent who can speak for you. An agent can be a trusted family member or close friend, as long as that person is aware of your wishes and would be willing to make difficult decisions on your behalf.

Finally, you will need to legally document your plan. In Alberta, this is called a *personal directive* – it identifies your agent and contains any other information about your wishes related to your health care. A personal directive only comes into effect if you are unable to make decisions about your own health care. It can be helpful in reducing conflict and bringing comfort to loved ones, because it clearly states who your agent is and what your wishes are.



By speaking with your agent and health care team about advance care planning, it may be easier to determine the medical approach that you would want taken.

GOALS OF CARE

Resuscitative Care: You accept any appropriate medical tests or interventions that can be offered, including intensive care and resuscitation.

Medical Care: You accept any appropriate medical tests or interventions that can be offered, excluding intensive care and resuscitation. Locations for care are also considered, depending on what is medically appropriate and in keeping with your wishes.

Comfort Care: Medical tests or interventions are for controlling symptoms when a cure is no longer possible. Transfer to a hospital may occur.

Goals of Care are further categorized into different designations. In most cases, you, your agent, loved ones and your health care team will agree about the Goals of Care designation, which is documented by your doctor and recognized across health care services. This order, along with your personal directive and any other documentation, is kept in a plastic *green sleeve*. At home, keep your green sleeve on or near your fridge so first responders will be able to find it. Any time you go to the hospital, take your green sleeve with you, if possible.

If you have any questions about advance care planning or you would like a wallet card for listing your agent's contact information, contact the Alberta Government's Office of the Public Guardian by calling 1.877.427.4525. You may also visit albertahealthservices.ca for more information.

Making Health Happen.



Clinic at Westbrook

Ask your physician about a referral to these programs and services available at no cost to you.



Tackling Tobacco Together (3T)

An intensive program designed to help patients stop using tobacco.

Geriatric Assessment & Support

A comprehensive assessment for medically complex elderly patients.

Gaining Lightness

A four week program offering advice on what, when and how to eat.

Secrets to Weight Loss Success

A two hour class that assists patients with developing effective strategies for losing weight.

Cholesterol and Blood Pressure Reduction

A two hour session in which patients learn effective nutritional strategies for improving cholesterol levels and lowering blood pressure.

Nutrition for Diabetes and Elevated Blood Sugar

A two hour session that helps patients learn about the best nutritional strategies to help manage blood sugar.

Visit us online at www.cwcpcn.com