Pathways Webinar
March 31, 2020
COVID Resources, Mental Health Resources and More
What is Pathways?

Pathways is an online resource created by family doctors and their staff to provide information about specialists and referrals as well as Community Service information and more!

Funding for Pathways is provided through the Physician Master Agreement via the General Practitioner Services Committee (GPSC).

Pathways is a registered non-profit.
Pathways by the Numbers

Usage:

• Over 3 million page views last year
• Pageviews average 200,000 page views per month
Pathways History

We modelled ourselves based on experience in Canterbury New Zealand.

Their Pathways website, like ours was designed to be nimble and responsive and played a role in their Earthquake response in 2011.
Pathways Evaluation

GPSC completed an independent evaluation of Pathways in 2015

97% report that Pathways has improved the referral process

- **Improved Patient Care**
  - Shorter Wait Times
    - Pre: 2.9
    - Post: 3.8
  - Faster Appointment Confirmations
    - Pre: 2.9
    - Post: 3.7
  - Better SP / Patient Matches
    - Pre: 3.3
    - Post: 4.2
  - More Efficient Referral Process
    - Pre: 3.5
    - Post: 4.2

- **Increased Efficiency**
  - Improved GP / SP Relationships
    - Pre: 3.7
    - Post: 4.0
  - Increased Office Efficiency
    - Pre: 3.8
    - Post: 4.3

Very Poor, Poor, Fair, Good, Very Good
Pathways and COVID - 19

Pathways is supporting Physicians and their teams in the following ways:

**COVID NEWS BANNERS:** Pathways is creating VERY BRIEF up to date news banners with active links that are being pushed to every Division’s homepage

**COVID PATIENT AND PHYSICIAN RESOURCES:** The Pathways Resource Committee has been meeting frequently and entering practical Physician Tools and Patient Info

**NEW SPECIALTY OF COVID CARE:** Physicians have been asking for a Central Repository of COVID Assessment Centres. Pathways has entered close to 100 New clinic listings in the NEW Specialty of COVID Care and is continuing to gathering this data in collaboration with GPSC and Divisions.
Pathways is Drinking from the Firehose of Information So You Don’t Have to . . .

Here’s Some Feedback Pathways received today!

“Just wanted to say thank you for keeping the website so up to date with all the COVID information. The information is really helpful and as we are all being inundated with emails that we have to sift through it is great to have a central location to go to for up to date information. Thanks again! Cheers”
Pathways Banner
Check it Daily for Updates

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<th>Link to Billing Info</th>
<th>Link to COVID College Updates</th>
<th>Featured COVID Physician Resources</th>
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**NEW Specialty of COVID Care**

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<td>Infectious Disease</td>
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<td>Internal Medicine</td>
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DEMO of Specialty of COVID Care and Patient and Physician Resources

Showing:

Clinics
• Filtering by Areas of Practice
• Filtering Geography
• Clinic Details

Finding COVID resources
• from the COVID specialty menu tab  or
• By searching term COVID and how to narrow your search to just Patient info or Just Physician Resources
Pathways is working to distribute a quick survey link to specialists about their current Telehealth practices so that we can update this information in Pathways.

We aim to get the link broadly distributed this week.
**COVID Patient and Physician Resources**

**HOW ARE PATHWAYS RESOURCES SELECTED AND MAINTAINED?**

Pathways Resource Committee is a group of 5 doctors with an interest in EBM who review ALL Pathways content items assessing:

- From a trusted source?
- Quick and easy to use during a visit?
- Best and most practical items chosen (We drink from the firehose to spare you the deluge!)
- No industry sponsorship on item
- Direct link to the page of website that has the useful info

The committee is currently meeting to review COVID content weekly.

The committee reviews ALL content on the website at least annually, and responds in real-time to feedback.
Don’t forget that you can narrow search results e.g. Just **Patient Info**
Or Narrow search to Just Physician Resources

Physician Resources: Guidelines

COVID-19 - Infection Prevention & Control for Long Term Care & Assisted Living Facilities (BCCDC)

Physician Resources: Instructional Videos

COVID-19 - Donning and Doffing Personal Protective Equipment – PPE – Video (FHA)
COVID-19 Nasopharyngeal Swab Technique Video (NEJM)

Physician Resources

COVID-19 - Cleaning and Disinfecting Clinical Spaces (BCCDC)
COVID-19 - Donning and Doffing Personal Protective Equipment - PPE (BCCDC)
COVID-19 - Guidance & Case Management (BCCDC)
COVID-19 - Internet Book of Critical Care (IBCC)
COVID-19 - Public Health Management (BCCDC)
COVID-19 - Symptom Self Assessment Tool (BC Ministry of Health)
COVID-19 - Testing Information – Who to test and how UPDATED MAR 17th (BCCDC)
Remember you can email resources to patients easily from a no-reply email @ Pathways Just click on the envelope
Here is how the email looks

Pathways
Dr. Tracy Monk has sent you a link to a resource
Dr. Tracy Monk has sent you a link to a resource,

Dr. Tracy Monk has sent you a link to a resource, "COVID-19 - Parenting Tips (UNICEF, WHO)."

Click here to see the resource.
BMJ COVID 19 Telehealth Assessment

1. **Set up**
   - Prepare yourself and decide how to connect.
   - Have current ‘stay at home’ covid-19 guidance on hand.

2. **Connect**
   - Make video link if possible, otherwise call on the phone.
   - Check video and audio.
   - Can you hear/see me?
   - Confirm the patient’s identity.
   - Name
   - Date of birth
   - Where are you right now?
   - Note patient’s phone number in case connection fails.

3. **Get started**
   - Rapid assessment.
   - If they sound or look very sick, such as too breathless to talk, go direct to key clinical questions.

4. **History**
   - Adapt questions to patient’s own medical history.
   - Close contact with known covid-19 case.
   - Immediate family member unwell.
   - Occupational risk group.

**Clinical characteristics**
- Based on 1099 hospitalised patients in Wuhan, China.
  - 69% Cough
  - 22% Temperature 37.5–38°C
  - 22% Temperature >38°C
  - 38% Fatigue
  - 34% Sputum
  - 19% Shortness of breath
  - 15% Muscle aches
  - 14% Sore throat
  - 14% Headache
  - 12% Chills
  - 5% Nasal congestion
  - 5% Nausea or vomiting
  - 4% Diarrhoea
  - 24% Any comorbidity
COVID-19 Communication Support - Supporting Care Teams & Patients (Clinician Experience Project)

**MANAGING PATIENT COVID-19 FEARS**

**SUMMARY OF POINTS:**
- Match emotion to emotion
- Identify their greatest worry
- Convey – “We are in this together”
- Admit to the unknown

**REFLECTION**

How are you personally handling COVID-19? How has this pandemic effected your day-to-day life and routine? As you reflect on this, think about the impact it has also had on your patients, colleagues, and staff members. Doing this can help you to better connect with those around you as you seek to match emotion to emotion.

What is your greatest worry during these uncertain times? What are you hearing from your patients, colleagues, and staff members? What are some connecting phrases you can have ready to share when speaking with others about their greatest worry?
COVID-19 Communication Support - Supporting Care Teams & Patients (Clinician Experience Project)

MANAGING FEAR AND ANXIETY TIP #1:
FINDING FEAR

SUMMARY OF POINTS:
- Assume that the patient is anxious
- Ask the patient... "Before we begin, I want to make sure we address any big concerns or worries you have during today’s visit”

REFLECTION

Reflect on what you are hearing from those around you currently regarding fear and anxiety during this time of pandemic. Are there common themes? How do you see others handling their fears and anxiety? How do you personally handle fear and anxiety? Are there any techniques you can share with your patients, colleagues, or staff members? What is your comfort level addressing these emotions?

Reflect on the potential impact of implementing a phrase such as the one listed in the tip to address fear. Are you currently implementing phrasing to address fear at the beginning of the interaction or encounter? If so, do you think this is making a difference in how your patients respond throughout the rest of the visit? If not, what phrasing could you try that you are comfortable with?
Mental Health & Coping Resources During COVID-19

Matthew Burkey, MD
Child & Adolescent Psychiatrist
Interior Health / Compass (BC Children’s)
COVID-19 Important Provincial Updates, Featured Resources and March 31 Pathways Webinar

This Pathways province-wide banner will be updated regularly and **NEW** items will be highlighted in red.

Find more resources by typing COVID into our search.

**REGISTER for Tues March 31 Pathways Webinar** covering COVID resources, mental health tools and lots of great clinical resources to make your clinical work easier

**COLLEGE OF PHYSICIANS AND SURGEONS UPDATES**

- **MARCH 25 COVID-19** - Warning on the use of unproven treatments and medications (College of Physicians and Surgeons of BC) **NEW** Evidence summary
- Read additional COVID-19 Important Updates from the College of Physicians and Surgeons of BC

**PHYSICIAN RESOURCES**

- **NEW** What Are Essential Services in Primary Care? Summary of Provincial Health Officers Directive (BC Family Doctors)
- **NEW** COVID-19 Communication Support - Supporting Care Teams & Patients (Clinician Experience Project)
- **NEW** COVID-19 Telehealth Assessment in Primary Care (BMJ Algorithm)

**PATIENT INFO**

- **NEW** COVID-19 Managing Anxiety and Stress in Families with Children and Youth (Shared Care)
- **NEW** BC COVID-19 App includes alerts, resources and **NEW** BC COVID-19 Symptom Self Assessment Tool
- **NEW** COVID-19 Parenting Tips (UNICEF and WHO)
- **NEW** COVID-19 Anxiety Self-Help Tips – FACE COVID (Russ Harris)

**BC CDC COVID-19 WEBSITE AND QUICK LINKS**

- **COVID Testing Information** Who to test and how
- **Posters** (office cleaning and PPE) and **Patient handouts** (testing and self-isolation - multilingual)
- **COVID Clinical Care** BC CDC recommendations
- Video explaining donning and doffing of PPE
Managing Anxiety and Stress in Families with Children and Youth During the COVID-19 Outbreak

The outbreak of coronavirus disease 2019 (COVID-19) may be stressful for people. Fear and anxiety about a disease can be overwhelming and cause strong emotions in adults, children, and youth. The Child & Youth Mental Health & Substance Use (CYMHSU) Community of Practice has created the following document to provide information and advice on managing anxiety and stress in families with children and youth during the COVID-19 outbreak.

Keys to Managing Anxiety & Stress

Quick Links:
- Reducing stress in yourself and others
- Information for parents

Stress and Coping

Uncertainty is hard for everyone, yet there are many simple and practical ways to cope through even the most difficult situations. Research even shows that coping with stress builds resilience; in other words, it can make you, the people you care about, and your community stronger. We are already seeing creative solutions, acts of kindness and many, many people working together to improve life for each other.
Six 1-page parenting tips during COVID-19
Age-specific ideas
Dealing with issues
Authoritative sources, graphic presentation
• Free self-help eBook for anxiety related to COVID
• Brief (12 pages), practical coping strategies
• Adult audience
More Patient and Physician Resources

• For General Issues, not COVID specific
General Headache Resources

- Headache Diary (TOP-Alberta)
  - Migraine Headache Medications During Pregnancy (TOP-Alberta)
  - Migraine - Medication Overuse (TOP-Alberta)
  - Migraine - Patient Self Management (TOP-Alberta)
  - Migraine Preventive Medications (TOP-Alberta)
  - Migraine Triggers (TOP-Alberta)

- Migraine Headache Patient Handout
  - Treating migraines: Some drugs should rarely be used (Choosing Wisely)
  - Imaging tests for headaches: When you need them—and when you don’t (Choosing Wisely)
  - Treating frequent headaches with pain relievers: Don’t take them too often (Choosing Wisely)
What is a migraine?

A migraine is a brain disorder that makes people predisposed to frequent headaches. We call migraine a ‘primary’ headache disorder. This means that headaches are not happening because of another cause such as a brain tumour or stroke. Migraine headaches usually last 4 to 72 hours without treatment. For your doctor to diagnose migraine, 2 of these 4 features are required:

1. Headache affects one side of your head (unilateral)
2. Headache is moderate to severe
3. Headache gets worse if you are active
4. Throbbing pain in your head

And 1 of these 2 features are also required for the diagnoses:

1. Nausea and/or vomiting
2. Sensitivity to light and sound

Headache is not the only problem

About 70% of patients have warning signs before the headache. These can include yawning, irritability, fatigue, and change in appetite. About 30% of patients have an aura. The most common type of aura is a change in your sight. You might see dark or coloured spots, sparkles or zig zag lines. The aura typically starts before the headache and can last from 3 to 60 minutes. After the headache, you may have changes in your mood, feel tired, or change in appetite.

What causes migraine?

10 to 15% of people have migraine. It is thought to be a genetic disorder that makes your nervous system hypersensitive and vulnerable to ‘triggers’. Keep a headache diary to learn what your possible triggers are. Then you can try to avoid them. Triggers for migraine may include:

Foods: caffeine, chocolate, citrus, dairy, alcohol, aspartame, MSG, processed foods & meats, which often contain nitrates
Other factors: hormonal changes, bright lights, loud noise, weather, stress, or mood changes.

Here’s a detailed handout you can review about triggers.

What is chronic migraine?

Chronic migraine is a term to describe headaches that occur at least 15 days each month with 8 migraine type headaches per month. Between 1 and 3% of the population suffers from chronic migraine. About half of chronic migraine sufferers will have headaches caused by overusing certain pain medications. Risk factors for changing from occasional (episodic) to chronic migraine include a history of head traumas, obesity, poor sleep, mood problems, snoring, excess caffeine and medication overuse.

What is medication overuse headache?

Medication overuse headache (also called rebound headache) is caused by taking too much headache medication such
Choosing Wisely: Imaging Tests for headache when you need them and when you don’t

Imaging tests for headaches: When you need them—and when you don’t

Released April 2, 2014

CT and MRI examinations are called imaging tests because they take pictures, or images, of the inside of the body. Many people who have headaches want a CT scan or an MRI to find out if their headaches are caused by a serious problem, such as a brain tumor. Most of the time these tests are not needed. Here’s why:

Imaging tests rarely help.

Doctors see many patients for headaches and most of them have migraines or headaches caused by tension. Both kinds of headaches can be very painful, but a CT scan or an MRI rarely shows why the headache occurs. Having a CT scan or MRI also does not help ease the pain.

A doctor can diagnose most headaches during an office visit. The doctor asks you questions about your health and your symptoms. This is called a medical history. Then the doctor may do what is called a neurological exam, which includes a test of your reflexes. If your medical history and exam are normal, usually imaging tests will not show a serious problem.
When should you have an imaging test for headaches?

In some cases you might need a CT scan or an MRI. You might need one if your doctor cannot diagnose your headache based on your neurological exam and medical history. Or you might need one if the exam finds something that is not normal.

You may also need a CT scan or an MRI if you have unusual headaches. See your doctor right away if:

- You suddenly develop a very severe headache which feels like something is bursting inside your head.
- Your headaches are different from other headaches you’ve had, especially if you are age 50 or older.
- Your headaches happen after you have been physically active.
- You have headaches with other serious symptoms, such as a loss of control, a seizure or fit, or a change in speech or alertness.

How to treat a headache

Your doctor can advise you on how best to treat your headache. You can help most headaches by taking these steps:
Question

Log in to your Pathways and
Try using the search right now
• Find a handout about **MIGRAINE TRIGGERS**. What organization created it?

Remember you can use the “Show Me” buttons to narrow your search
Common Food Triggers

There are many different types of migraine triggers. A trigger is something that increases your chances of having a migraine headache. Often, one trigger alone won't cause a headache, but if two or more triggers are present at the same time, a migraine may develop. This can make it difficult to detect specific migraine triggers and it can take some effort to determine what they are.

Food triggers are important for some patients, and less important for others. Some foods that patients commonly report can trigger a migraine are listed below:

- Red wine and other alcohol
- Caffeine excess and caffeine withdrawal
- Citrus fruits
- Monosodium glutamate (MSG)
- Nitrites (found in processed, cured, or preserved meat)
- Aged or strong cheeses, sour cream, yogurt, other dairy products
- Strong fish with high mercury

Don't forget to consider the behavioural components of migraine treatment, including lifestyle issues like regular and adequate meals and sleep, and management of specific triggers including stress. (Choosing Wisely)
Physician Tools – Algorithms / Care Pathways

Quick Reference: GUIDELINE FOR PRIMARY CARE MANAGEMENT OF HEADACHE IN ADULTS
September 2016

Red flags:
- Emergent (address immediately):
  - Thunderclap headache
  - Seizure
  - Fever and meningismus
  - Papilloedema (local signs or reduced LOC)
  - Severe systemic illness
  - Elderly new headache with cognitive change

Urgent (address hours to days):
- Aggravation by neck movement, abnormal neck exam, consider cervicogenic headache
- Jaw symptoms, abnormal jaw exam. Consider temporomandibular disorder.

Possible indicators of secondary headache:
- Disproportioned local signs
- Ophthalmologic
- Visual symptoms
- Unusual headache precipitants
- Onset after age 50

Headache with 2 or more of:
- Nausea
- Light sensitivity
- Interference with activities

Migraine
- Migraine historically under diagnosed
- Consider migraine diagnosis for recurring “sinus” headache

Medication overuse:
- Assess
  - Excess, triptans, combination analgesics or codeine/caffeine.
  - Headache > 10 days/month and acute meds ineffective.
- Acetaminophen or NSAIDs > 15 days/month.

Manage
- Educate patient.
- Consider prophylactic medication.
- Provide an effective acute med for severe attacks with limitations on frequency of use.

Headache w/o nausea and 2 or more of:
- Facial headache
- Non-pulsating pain
- Mild to moderate pain
- Not worsened by activity

Tension-type headache
- Not use medications (Table 2)

Behavioural management:
- Headache diary, record frequency, intensity, triggers and medication
- Adjust lifestyle factors: reduce caffeine, ensure regular exercise, avoid irregular and/or inadequate sleep or mild alcohol.

Stress management: relaxation therapy, CBT, pharmacology, biofeedback

Tension-type headache
- Acute medication (Table 2)

Don’t do imaging for uncomplicated headache unless red flags are present. (Choosing Wisely)
Knowing which antibiotic to use for which infections:

Try typing in the name of any infection in Pathways search

It will take you to the right page of the Bugs and Drugs manual

e.g. try typing
• pneumonia
• sinusitis
• cat bite
• cellulitis
Try Typing “Chlamydia” in search and you will get both:
-a handout for the patient and
-a direct link to the right page of bugs and drugs
Chlamydial

Canadian Guidelines on Sexually Transmitted Infections – Chlamydial Infections

- Test of cure recommended (no sooner than 4 weeks post-treatment to avoid false positive results):
  - where compliance is suboptimal
  - if regimen other than azithromycin or doxycycline has been used
  - in all prepubertal children
  - in all pregnant women.

- Repeat testing recommended in all cases 6 months post-treatment.

Usual Pathogens

Chlamydia trachomatis

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<th>Recommended Empiric Therapy</th>
<th>Recommended Dose</th>
<th>Recommended Duration</th>
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<tr>
<td>Azithromycin</td>
<td>1g PO</td>
<td>1 dose</td>
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<td></td>
<td>or</td>
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<tr>
<td>Doxycycline</td>
<td>100mg PO bid</td>
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Pregnancy/lactation

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<tr>
<th>Recommended Empiric Therapy</th>
<th>Recommended Dose</th>
<th>Recommended Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amoxicillin</td>
<td>500mg PO tid</td>
<td>7 days</td>
</tr>
</tbody>
</table>
Concussion: The first few days
Handout for patients

Concussion Do’s and Don’ts: the first few days

The individual with concussion SHOULD:

- See a doctor or nurse practitioner for help

- The first 48 hours – physical AND mental rest!
  Sleep at night, rest during the day.

- Take it slowly returning to daily activities and sport
  Talk with your doctor or nurse practitioner about when you can return to work or school.
  Talk with your doctor or nurse practitioner about a return to play protocol.
  Talk with your employer or teacher about returning bit by bit.
  As you start to feel better, it’s important to get back to doing your normal activities as you can tolerate them. Start by doing just a little, and if you feel okay, then you can try to do a bit more. Take lots of rests and give yourself extra time.

- Conserve your energy
  After a concussion, your brain has less energy to spare than it normally does. It is important to save physical and mental energy so that your brain can fully recover.
  If symptoms return or you get new ones as you become more active, this is a sign that you are pushing yourself too hard.

The individual with concussion should NOT (until or unless your doctor or nurse practitioner says it’s okay):

- Be woken up every hour
  Increased sleep need is normal and necessary in the acute stage.

- Be put in a dark room; avoiding all activity
  In the past, patients were told to have absolute rest and it is now accepted that light and cautious activity can be part of the healing process. Respect your brain and your body and have a conversation with your doctor or nurse practitioner about what this can look like for you.

- Exercise/play sports, heavy household chores, or any activities that could lead to another concussion or cause symptoms to worsen
  Some people who have had repeated concussions may have serious long-term problems, including chronic difficulty with concentration, memory, headache, and sometimes physical skills (e.g., balance and coordination).

- Return to full study or work
  Sometimes the demands of work/school can trigger symptoms following a concussion. You may need to take some time off work/school to rest and recover; or reduce your responsibilities for a short period of time.
Question

Find a patient handout that gives guidance about CONCUSSION and RETURN to WORK. Who created it?
Return to Work

This tool is a guideline for managing an individual’s return to work following a concussion and does not replace medical advice. The goal for each stage is to find the “sweet spot” between doing too much and doing too little. Timelines and activities may vary by direction of a health care professional.

AT HOME

STAGE 1: Initial physical and cognitive rest
- Rest in a quiet and dark environment.
- Try activities that do not aggravate symptoms (e.g., listening to quiet music or reading).
- Sleep as much as your body needs while trying to maintain a regular sleep schedule.
- Eat regularly.
- Screen time (smartphone, computer, television) and reading.
- Avoid: Sports or physical activities that increase your heart rate in case you break a bone.

NOTICE: It is recommended to discuss driving with a licensed medical professional for safety considerations.

STAGE 2: Light activity
- Gradually increase cognitive activity by trying simple, familiar tasks (e.g., watching TV using the computer or drawing).
- Go for walks or try other light physical activity (e.g., minimal stationary bike, light housework, without becoming short of breath).
- Plan frequent rest periods, keep recharging to a minimum.
- Begin with brief periods of activity, up to 30 minutes.
- Start thinking about returning to work, communicating with the workplace, a return to work plan, and your commute.

STAGE 3: Prepare to return to work at home
- Continue to increase light activity.
- Continue to return to pre-injury physical activities (e.g., grocery shopping, gardening, light weight training).
- Contact workplace to discuss a tailored return to work plan.
- Attempt to commute to work to assess if it aggravates symptoms or drains energy.
- A regular sleeping schedule supports a successful return to work.
- Your walk up to 2 hours of activity, with breaks as needed.

STAGE 4: Prepare to return to work at work
- Work accommodations, a regular work schedule.
- Begin graduated return to work.
- Return to work assessment according to your graduated return to work plan, with the goal of up to 10 hours per day and accommodations.
- At work, start with less demanding activities before more difficult ones.
- Gradually increase working hours work week, or, as appropriate.

STAGE 5: Full return to work
- Full regular work schedule with regular accommodations for productivity, without accommodations.
- Regular work hour accommodations, as needed.
- Decrease accommodations as energy and capacity increase.
- A regular sleep schedule supports a successful return to work.

RETURN TO WORK

STAGE 6: Full return to work
- Full regular work schedule with regular accommodations for productivity, without accommodations.
- Gradually increase working hours work week, or, as appropriate.
- Return to work with accommodations, as needed.

Adjust workplace accommodations, as needed.

Recognizing that workplace environments vary by industry and occupation, returning to work may focus more on return to a cognitive activity, physical activity, or a combination of both. It’s normal to experience symptoms during recovery, you do not have to wait to be symptom-free before returning to work. However, after Stage 2, if new or worsening symptoms appear at any stage, go back to the previous stage for at least 24 hours. You may need to move back a stage more than once during the recovery process.

www.cattonline.com

CATTONLINE.
CONCUSSION AWARENESS TRAINING TOOL

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Pathways Tools to help with Advance Care Planning
Type: “ADVANCE CARE” into Pathways search box to see a list of tools

<table>
<thead>
<tr>
<th>Patient Info: Handouts</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced Care Planning - My Voice - Complete Document (52 pages)</td>
<td>Family Practice, Geriatrics and Public Health</td>
</tr>
<tr>
<td>Advanced Care Planning - My Voice - Quick Tips (1 page)</td>
<td>Family Practice, Geriatrics and Public Health</td>
</tr>
<tr>
<td>Advanced Care Planning - Naming a Substitute Decision Maker and Reflective Questions (FNW Division)</td>
<td>Family Practice, Geriatrics and Palliative Care</td>
</tr>
<tr>
<td>Care at the end of life for advanced cancer patients: When to stop cancer treatment (Choosing Wisely)</td>
<td>Hematology / Oncology and Palliative Care</td>
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<table>
<thead>
<tr>
<th>Patient Info: Videos</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced Care Planning 5 steps - video (1 min)</td>
<td>Family Practice, Geriatrics, Home Health and Palliative Care</td>
</tr>
<tr>
<td>Advanced Care Planning Video (20 min)</td>
<td>Family Practice, Geriatrics, Home Health and Palliative Care</td>
</tr>
</tbody>
</table>
Pathways Tools:
Videos to send to patients
Advanced care planning 5 steps video (1 min)
“You” Tab has Training Videos

Check them out :-) 

They include:

- Pain Management Resources Tutorial
- Community Services Tutorial Including How to find services for
  - Addictions,
  - Mental health,
  - and lots more!
Patient and Physician Resources - Summary Tips

• Try out the email to patients feature 💌
• Save some favorites ❤️
• Make it part of Divisional and educational events to show Pathways tools and encourage presenters to include Pathways sources
• Spend some time looking at the Resources so that you know them & feel comfortable using them during a visit

• Check the Pathways banner daily
Summary Tips

Getting to know the Physician Resources

Spend 15 minutes in a small group as part of other CME activity (e.g. do you have a PBSGL or REAL small group?)

each doc can pick some tools to share with the group

• Shared decision aids or
• Calculators or
• Scale and scoring tools

(remember that things like PHQ-9, ACE, CAGE are “Scale and Scoring” tools in Pathways, not “Forms”)

Filter Physician Resources

Subcategories

- All
- Action Plans
- Algorithm / Care Pathway
- Anatomical Diagrams
- Calculators
- Community Service Physician Reference
- Decision Rules
- Diagnostic Tools
- Flowsheets
- Guidelines
- Instructional Audio
- Instructional Videos
- Medication
- Numbers Needed to Treat
- Risk Tables
- Scale and Scoring Tools
- Shared Decision Aids
Participate in keeping Pathways the best it can be

• Send suggestions for resources
• Let us know when specialist, clinic or community service information looks incorrect by sending feedback
• Our administrators respond feedback in real time and also update everything every 6 months, but our users have their finger on the pulse . . Let us know!
• There’s a feedback button at bottom of every listing
PATHWAYS VIRTUAL CARE DIRECTORY

• Pathways is creating a public facing Virtual Care Directory to help support physicians and their patients with the shift to virtual care.
• Each clinic listing in the directory will provide basic contact information, relevant patient instructions, and a link their clinic website (if applicable).
• A Pathways Virtual Care Directory listing can also serve as a public webpage for clinics which do not have a website.
• By compiling all virtual care listings in one place, we can easily create linkages to appropriate COVID-19 assessment centres and provide patients with pertinent up-to-date information on how to access services.
• The directory will also help to support virtual networks of care as they form
The NEW province wide public facing directory will help the public to know “Your Family Doctors are here for you” and here is how to access care.

By compiling all virtual care listings in one place, we can easily create linkages to appropriate COVID-19 assessment or triage centres.

We will send out the survey link after this webinar

Make sure to fill in your information and you can identify whether you just want basic contact info (e.g. phone # and address),

or if you also want your listing to link to your clinic website

or if you have info you would like your patients to know and would like to have accessible on a webpage (without having to set up a website)
Pathways

Questions?

To create a listing on the new virtual care directory, please provide your information HERE.

If you do not already have a Pathways account and want access or if you have other questions, Send a message to contact-us@pathwaysbc.ca