

Mental Health Webinar Questions & Answers: Calgary Zone

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Speakers: Dr. Vesta Michelle Warren, Jason Mumme, Dr. Jim Kellner, Dr. Matthew Mazurek, Dr. Christine Luelo, Dr. Rick Ward

General themes covered by this document:

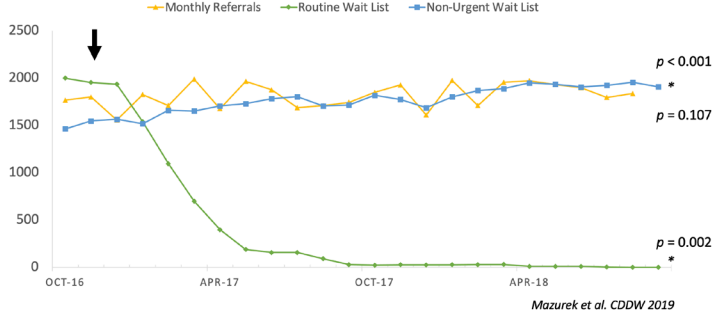
- AMA negotiating package
- Mental health app registry
- Peds ID: Monkeypox, Covid 19, Influenza, Childhood Vaccines
- GI referrals

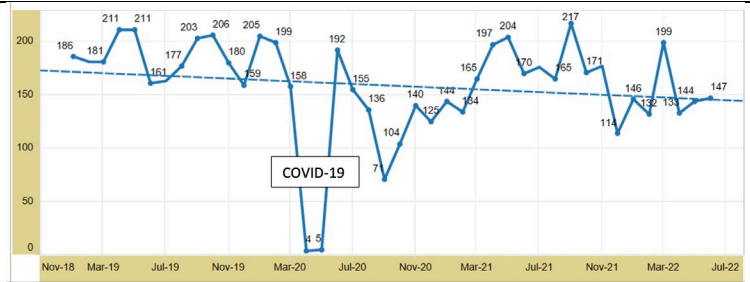
Please see the accompanying slides / webcast video for full context.

Question	Answer
Theme: AMA proposed package for voting	
1. Where do I find more information related to the proposed AMA agreement?	Log into the AMA website at www.albertadoctors.org with your credentials
Theme: Mental health app registry	
2. Do any of you recommend Apps to your mental health patients?	The apps listed have not been evaluated, the directory is intended to be a resource for easily looking up information related to an app
3. Where can we access the App/Directory?	On the Addictions and mental health knowledge exchange webpage The PDF is here: https://albertahealthservices.ca/assets/info/res/mhr/if-res-mhr-kt-mobile-app-directory.pdf The online directory is here: https://airtable.com/shrNQrikDryszb8Ea/tbl4Ao6uJkCmoUAli The links (and slides) will also be posted to Specialistlink.ca near top of COVID-19 tab

Theme: Monkeypox, Covid 19, Influenza, Childhood Vaccines

<p>4. What is availability of smallpox vaccine in AB?</p>	<p>Patients at risk for Monkeypox can call health link to speak to a nurse and discuss options for vaccine for prevention.</p>
<p>5. For second booster - 4th dose, do you recommend the Bivalent COVID -19 vaccine?</p>	<p>Boosters are still really good at preventing severe disease, regardless of mono or bivalent. Get whatever booster you can that is available but if can get bivalent, do so</p>
<p>6. Recommendations for isolation, any change? (for COVID+ pt)</p>	<p>No longer legally required to isolate. Best practice - stay home if you have sx, if you test positive for COVID still recommend stay home through day 5 and then if out from day 5-10 wear a mask. The need to follow this is particularly important for health care workers returning to workplace due to vulnerable clients we serve. Ontario has removed recommendations to isolate at all. Alberta has not made such a move at this time.</p>
<p>7. Given lower vaccine rates globally and rise of infectious diseases like measles, can we get earlier MMR vaccines for babies <1 yo via public health in AB if they will be travelling internationally?</p>	<p>MMR has always been offered early for babies < 1 travelling to endemic areas – parents should contact public health to discuss their particular risk.</p>
<p>8. Is the immune memory waning due to 1) it nature of coronavirus, 2) it's antigenic shift or 3) mRNA vaccine technology? is conjug vaccine likely to provide more sustained immunogenicity?</p>	<p>This was answered by Dr. Kellner during webinar – refer to his section of recording please.</p>
<p>9. Do Netcare immunization records reflect vaccines given by pharmacies?</p>	<p>Yes it is mandatory for them to record this information on netcare</p>
<p>10. How about vaccines in patients with conditions like multiple myeloma and</p>	<p>Ongoing booster dosing has not been discussed. Three doses are required in immunocompromised individuals to complete a “ primary series”. Therefore, the fourth dose is a first booster, and a fifth dose or second booster should happen 5 months following that.</p>

other seriously immune compromised patients?	
11. What about 5th dose of covid vaccine, 5-6 months after 4th dose?	Not yet discussed for general population
Theme: GI Referrals	
12. Have the GI pathways reduced referral numbers in a meaningful way?	<p>Yes, the pathways have been tremendously successful. We have essentially eliminated an entire triage category (routine waitlist) with minimal increase to other triage categories. This has afforded more consultative and endoscopic resources to be redirected to other (more urgent) referrals, thus improving overall wait times.</p> <p>CAT Referrals & Wait List Volume after EPCP launch</p>  <p>Referral closure under EPCP continues to occur at a rate of about 150–200 referrals per month. These referrals represent patients who would otherwise likely be waiting upwards of 2 years to be seen, who could instead be safely managed within the medical home with guidance from the pathways.</p> <p>Referral Closure under EPCP (referrals per month)</p>



13. Is it always a physician declining referrals and recommending following pathways? Or is allied/ other staff?

Both nursing staff and physicians can choose to close a referral with EPCP management, if it's deemed to be appropriate. Our internal triage guidelines—which the nursing staff use to guide their triage decisions—have been developed to match the criteria of the EPCPs, such that if a referral to GI is warranted within the pathway algorithm, then that patient would not be appropriate for EPCP closure. Since our nurses triage the majority of referrals, the large part of referral closures under EPCP tend to be done by them. For referrals outside of guideline criteria, these cases are elevated to the triage MD, who can then decide if pathway closure is appropriate.

14. Is calling Specialist Link an appropriate way to advocate for your patient?

Yes. SpecialistLINK remains an important and appropriate tool to ensuring that patients are not “falling through the cracks.” Sometimes the nuances of a particular patient case are difficult to convey in a back-and-forth with triage staff via fax. A one-on-one conversation with a GI physician in these cases can be very helpful in best determining the next steps in care. Of course, not all referrals will necessarily need to be seen by GI, but when concerns arise, the SpecialistLINK physician can help evaluate a case and determine if a referral or a more urgent triage status is necessary.