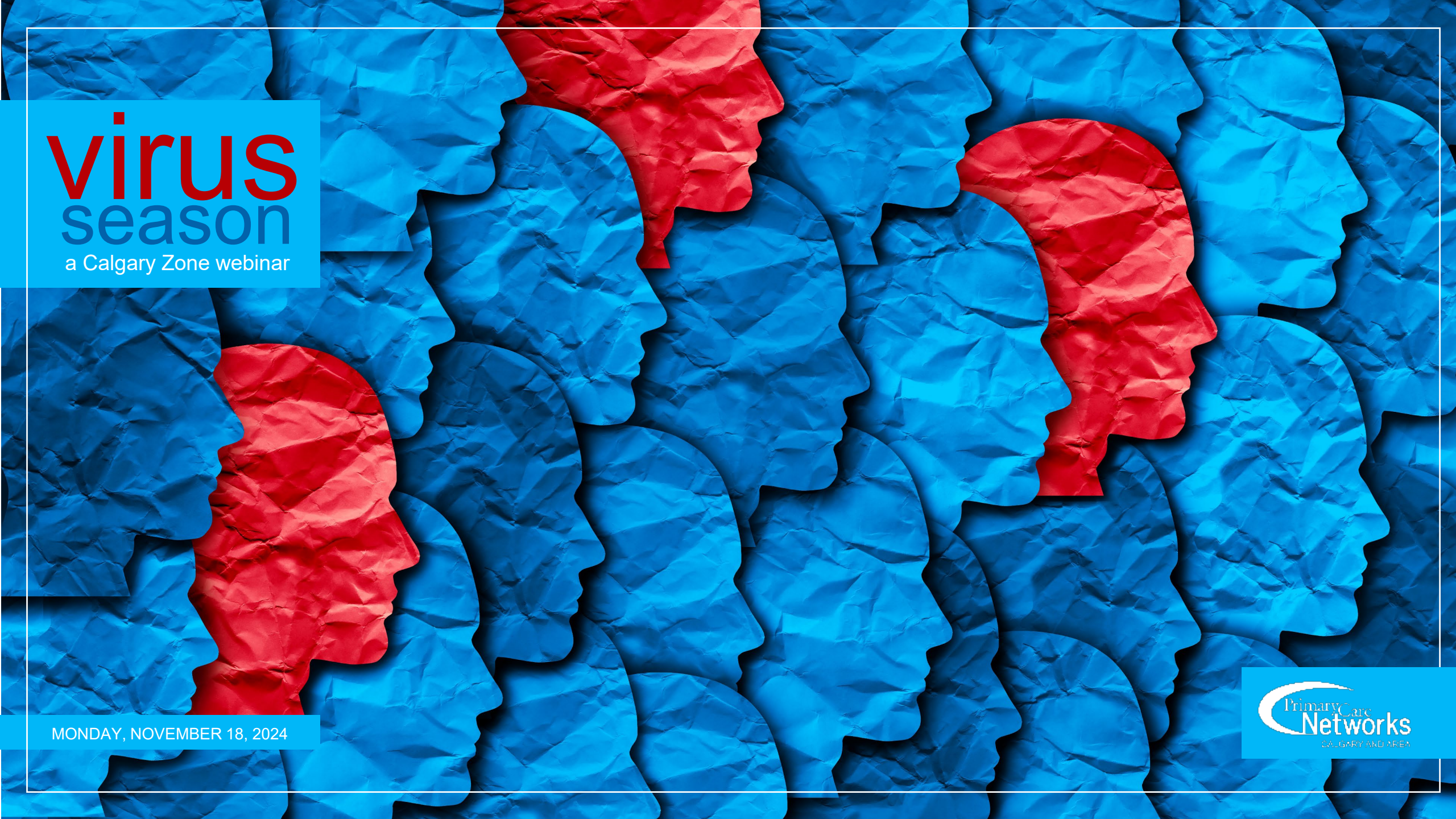

virus
season
a Calgary Zone webinar
MONDAY, NOVEMBER 18, 2024
Primary Care Networks
CALGARY AND AREA

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:
Respiratory viruses, central access batch launch, bariatric options

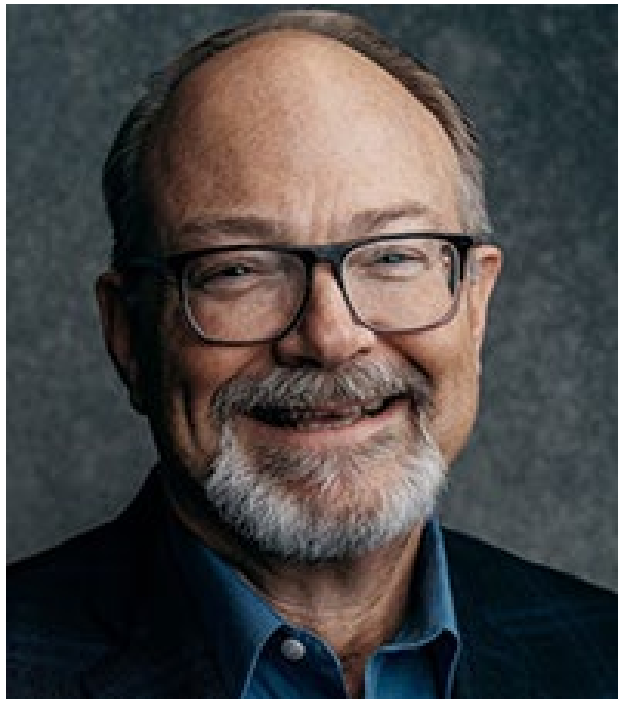
Financial support

- Primary Care Networks, Calgary Zone

Potential for conflict(s) of interest:

- N/A

YOUR HOST: DISCLOSURE/CONFLICTS



Financial sponsors

- Alberta Health Services (Medical Director, Primary Care)

Disclosures

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

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

HOT TOPICS: AGENDA

Calgary Zone webinar series: virus season

Time	Topic	Speaker
6-6:05 p.m.	Welcome, overview	Dr. Rick Ward
6:05-6:30 p.m.	Respiratory virus season	Dr. Jim Kellner
6:30-6:45 p.m.	Q&A	
6:45-7 p.m.	Obesity and bariatric referral	Sasha Wiens & Dr. Estifanos Debru
7-7:10 p.m.	Q&A	
7:10-7:30 p.m.	Facilitated Access to Specialized Treatment launches	Dr. Paul Petrasek
7:30-7:40 p.m.	Q&A	
7:40-7:55 p.m.	Primary care hot topics	Dr. Christine Luelo
7:55-8 p.m.	Next webinar	Dr. Rick Ward

PRESENTER: DISCLOSURE/CONFLICTS

Title: Virus season

Dr. Jim Kellner
Pediatric Infectious Diseases,
ACH Professor, University of Calgary
U of C Class of 1984 (Emus)

Research funding

Grant recipient (funds paid to U of C, no personal funding received)

- CIHR
- PHAC
- Arthritis Society of Canada
- ACHRI
- Moderna
- Pfizer
- GSK

Potential for conflict(s) of interest:

Member, Advisory Committees

- Alberta Advisory Committee on Immunizations
- National Advisory Committee on Immunizations Pneumococcal Working Group

Calgary & Area Primary Care Networks Webinar

Respiratory Viruses et al

November 18, 2024

Dr. Jim Kellner
Pediatric Infectious Diseases, Alberta Children's Hospital
Professor, Department of Pediatrics, University of Calgary
Kellner@ucalgary.ca

What will this winter season be like?

Hints from Southern Hemisphere countries

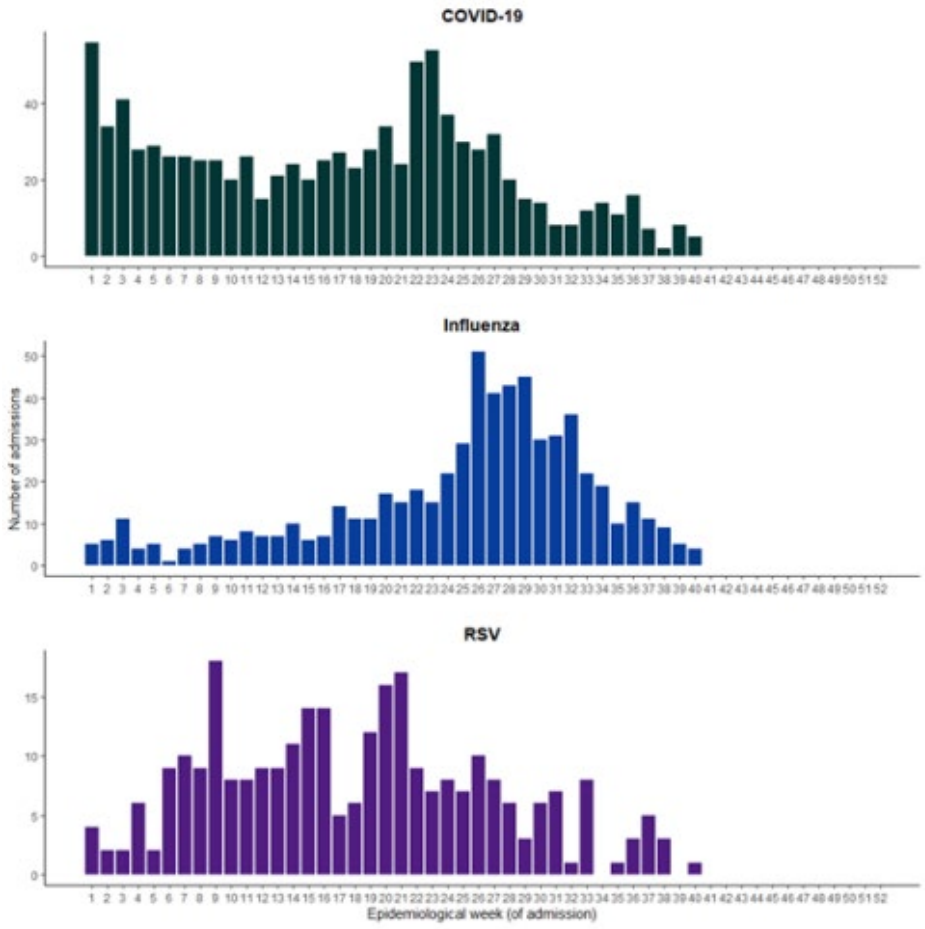
- Usual season is April to September
- Most countries had similar levels of influenza activity compared to previous, non-COVID, years e.g., 2017-2019, 2022-2023
- Higher in some countries e.g., Chile
- Australia reports the most data, and also includes data on COVID-19, RSV, etc
  - Influenza types ~75% flu A (70% H3N2 / 30% H1N1) and 25% flu B

Southern Hemisphere Flu Season Could Provide Clues on Upcoming US Flu Season | Influenza (Flu) | CDC

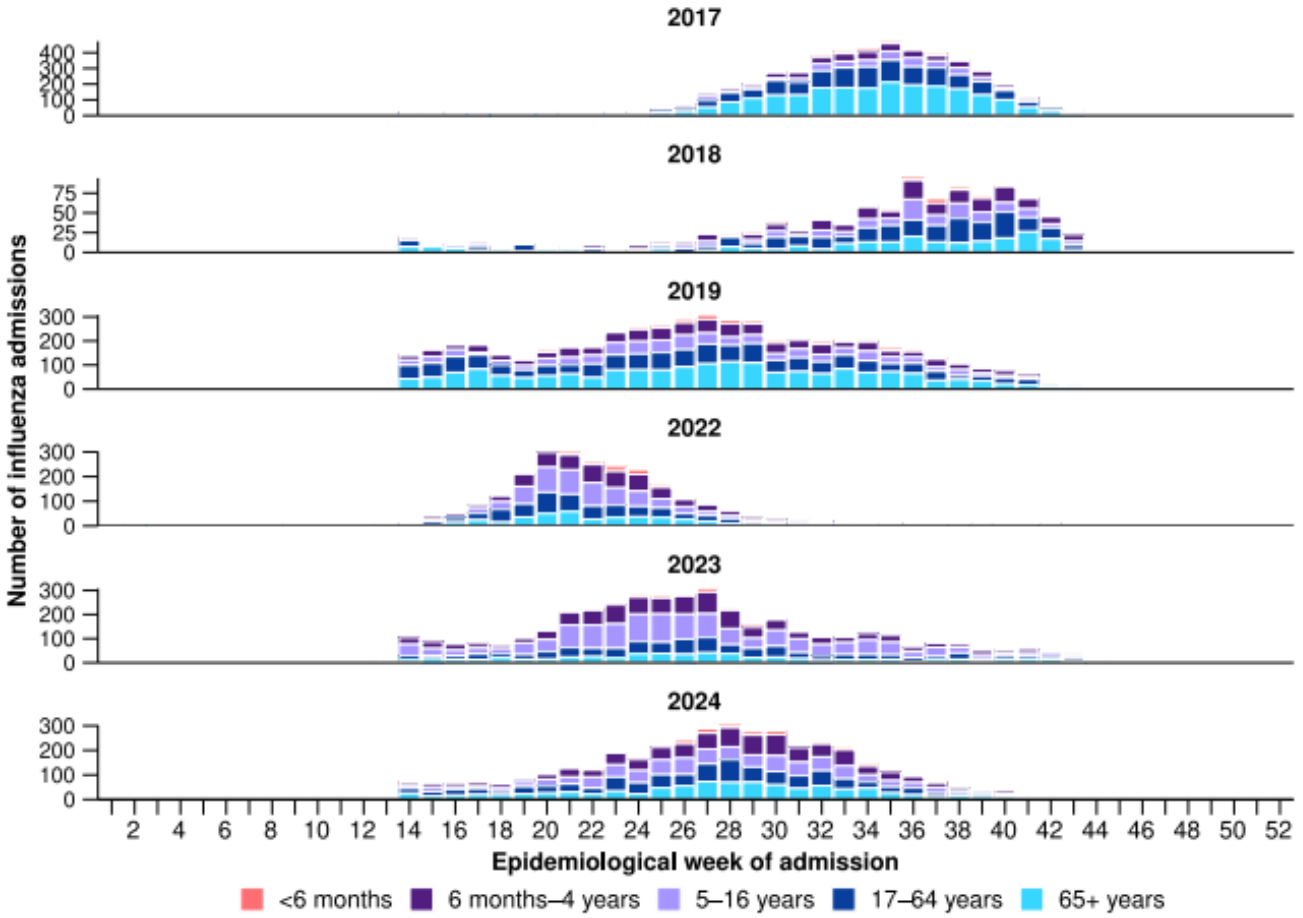
What will this winter season be like?

Hints from Australia – longer period of "flu-monia" infections

Admissions Jan – Oct 2024



Influenza admissions before/after COVID-19

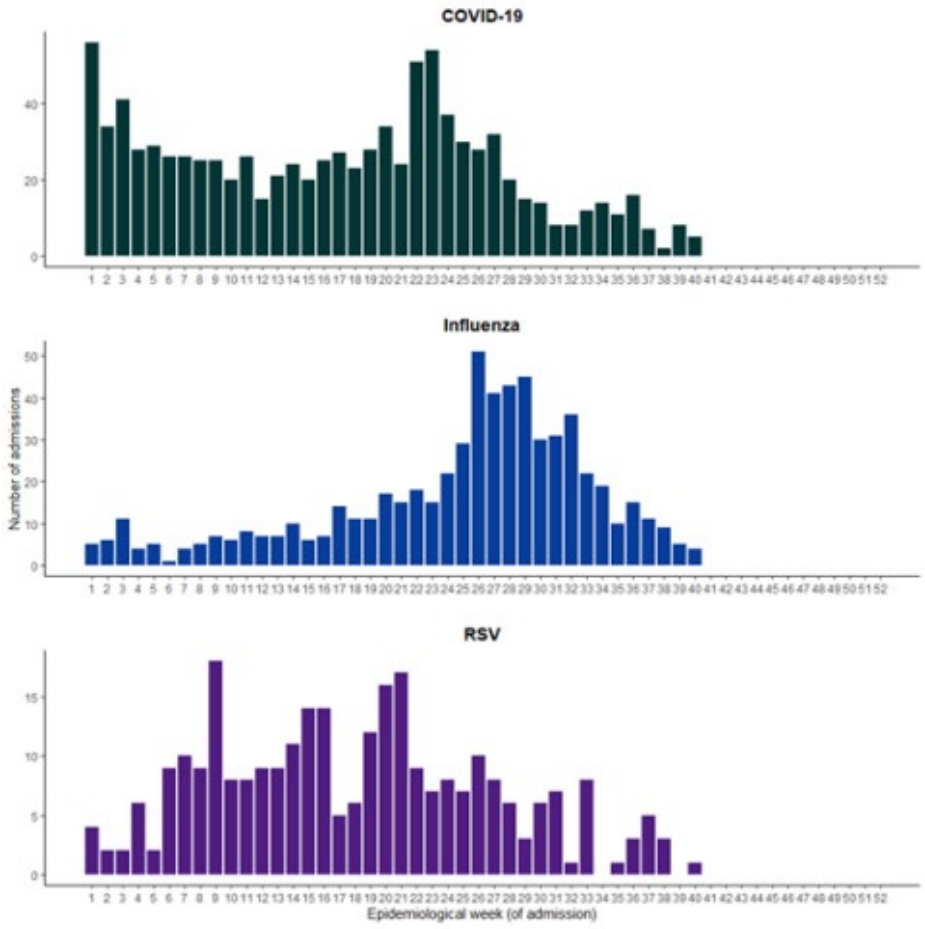


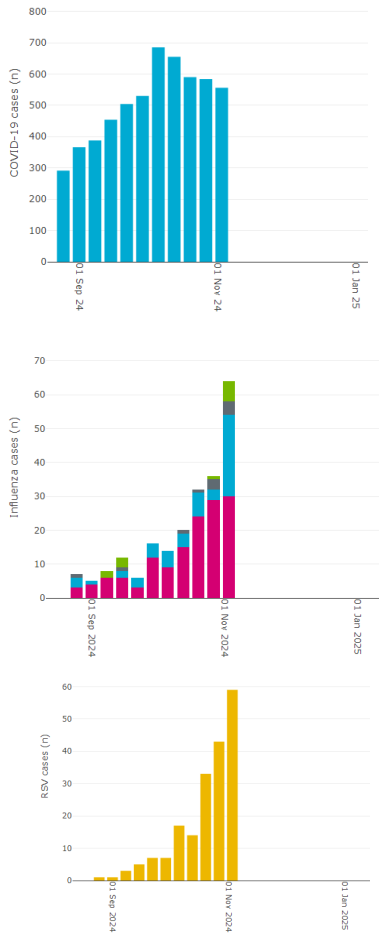
[Australian Respiratory Surveillance Report 15 – 7 October to 20 October 2024 (health.gov.au)]

What will this winter season be like?

Hints from Australia – longer period of "flu-monia" infections

Australia Admissions Jan – Oct 2024 AB Lab-Confirmed Cases Aug 25 – Present, 2024





[Australian Respiratory Surveillance Report 15 – 7 October to 20 October 2024 (health.gov.au)]

[Respiratory virus dashboard | alberta.ca]

How is vaccine uptake going in Alberta?

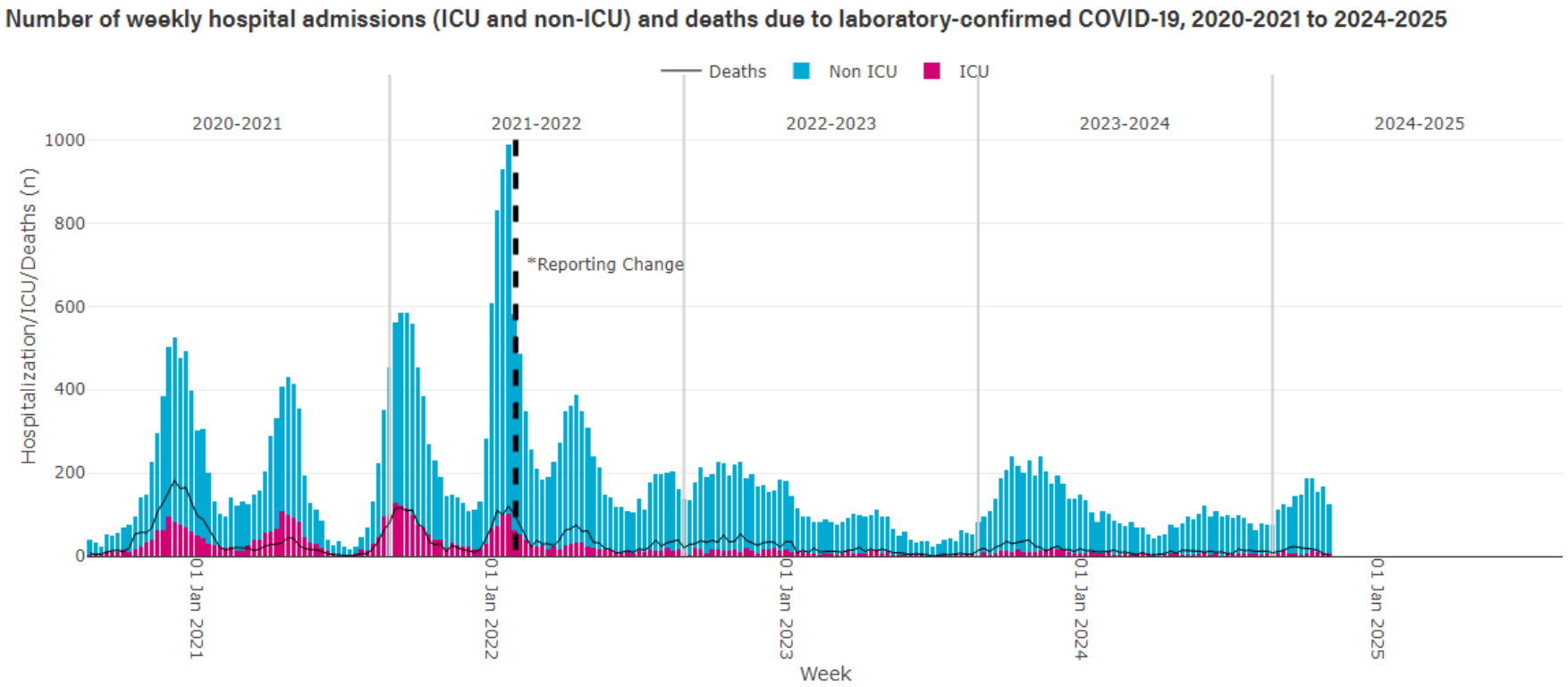
Vaccine	2024-25	2023-24	2022-23	2021-22
Influenza – all ages	15%	24%	28%	27%
Influenza >65 y	43%			
COVID-19 – all ages	10%	17%		
COVID-19 >65	34%			

COVID-19 – Is it still with us?

- Deaths attributed to

	2022-23	2023-24	2024-25 (since Aug 25)
• COVID-19	973	754	156
• Influenza	123	178	2

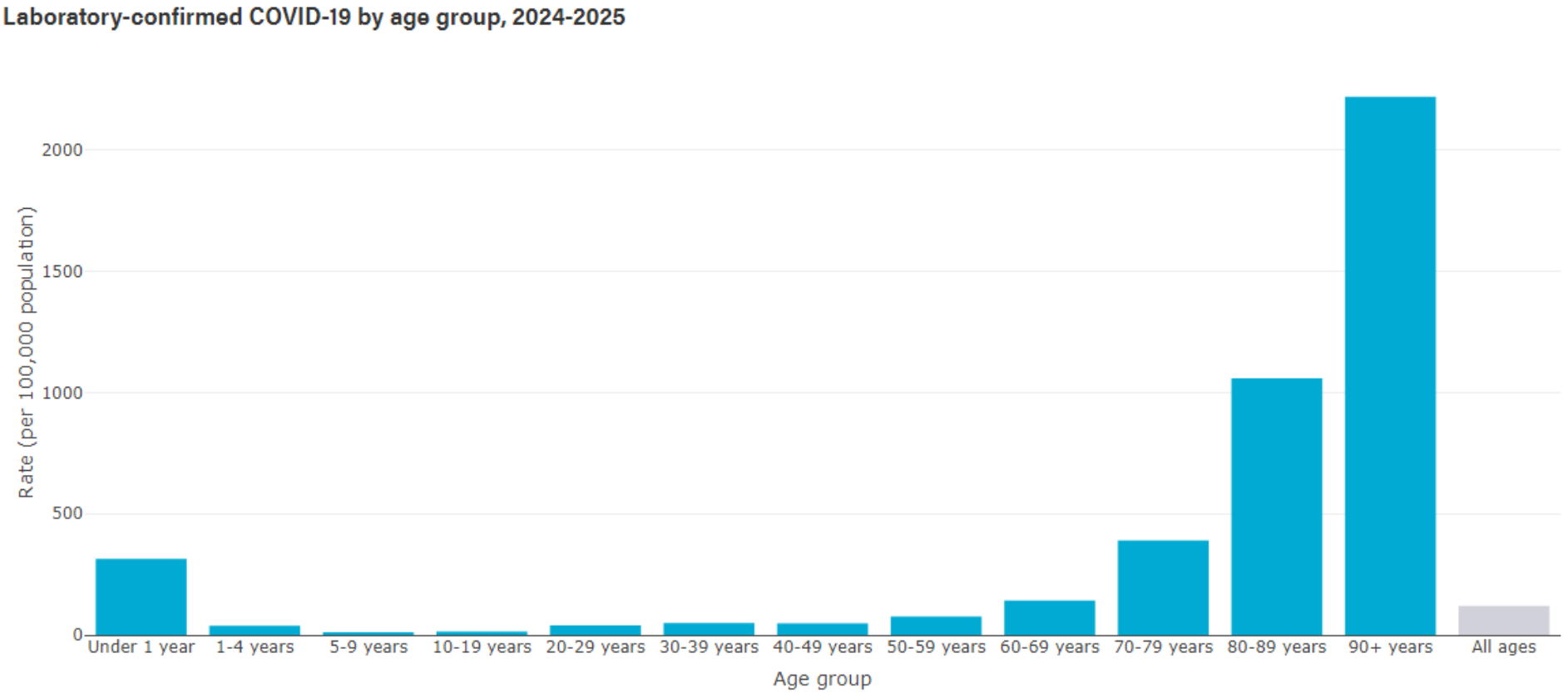
- Hospitalizations and deaths



Respiratory virus dashboard | alberta.ca

COVID-19 – Is it still with us?

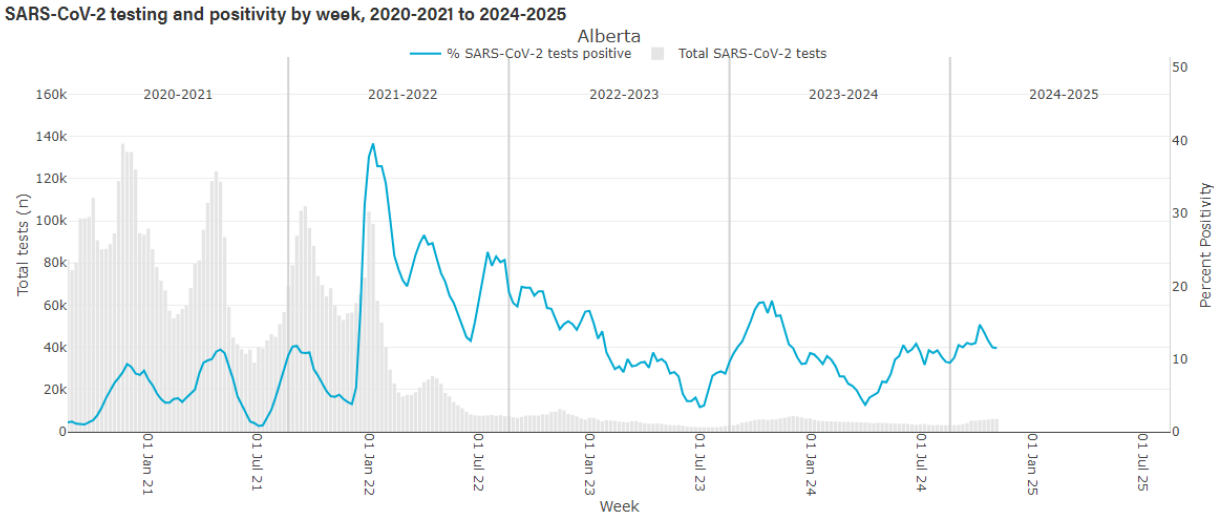
- Age distribution



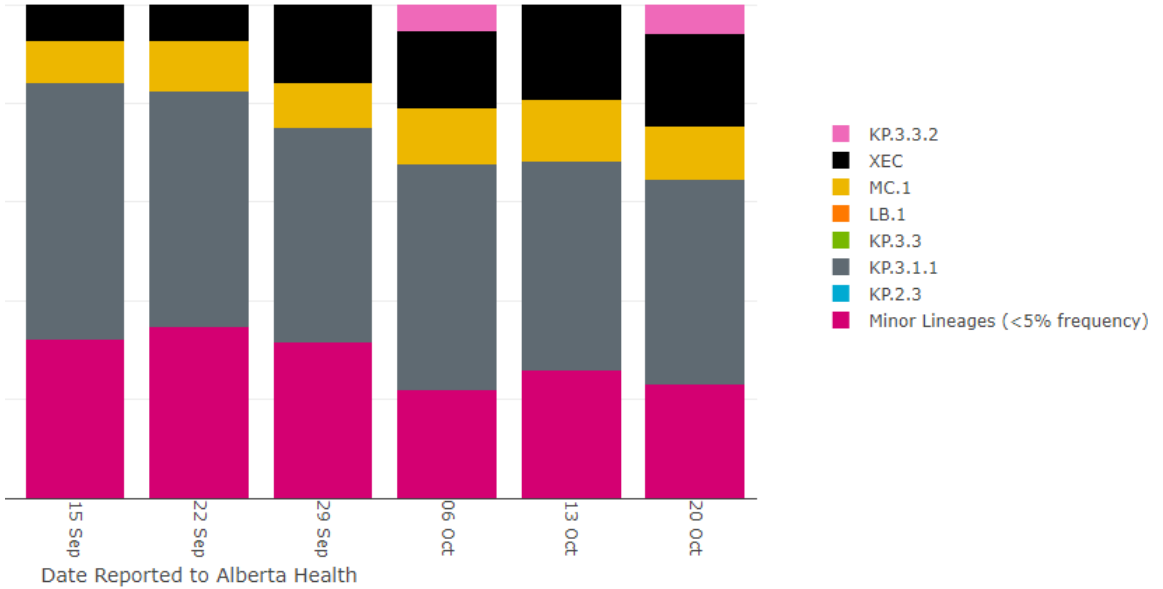
[Respiratory virus dashboard | alberta.ca]

COVID-19 – Is it still with us?

- Testing vs % positive



- Subvariants – all Omicron
  - **KP3.1.1** and **XEC**
  - Vaccines have KP2



[Respiratory virus dashboard | alberta.ca]

Should anyone still get Paxlovid?

- Yes, undisputed 88% benefit to prevent hospitalization (7%→0.8%) or death (2% →0%) in high-risk* persons, when given early to persons with mild-moderate COVID-19 (Hammond NEJM 2022)
  - *Various in clinical trial: obesity, smoking, hypertension
- Recent clinical trial showed lack of benefit for low risk adults, with or without vaccination (Hammond NEJM, 2024)
- Current AB guidelines really only includes moderate to severe immunosuppression (COVID-19 Outpatient Treatment | Alberta Health Services) and not older age (?>65, 75, 85) or other factors
- All other benefits, especially prevention of long COVID, inconclusive at this time (Gandhi NEJM 2024)

RSV Vaccine for Adults

- RSV increasingly recognized as important pathogen adults, second only to influenza
- Two similar vaccines now licenced in Canada for use in high risk and older adults
  - Abryvso (Pfizer) –also indicated for pregnant women @32-36 weeks
  - Arexvy (GSK)
- Single dose ~85% efficacy against hospitalization and ICU in first year, and ~55% efficacy 2nd year; real-world studies coming out
- Funded program in AB (introduced Oct 21) for Abryvso for:
  - >=60y in continuing care or supportive living facility
  - >= 75y

07.316 Respiratory Syncytial Virus (RSV) Vaccine Information Sheet (albertahealthservices.ca)

Mycoplasma pneumoniae – is it surging?

- USA CDC
  - Global re-emergence since 2023, USA ↑ since Spring, especially from age 5y – early adulthood via syndromic surveillance and lab system data
    - % ED visits labelled Mycoplasma ↑ from ~1% to ~10% for 2-17y, and even <2y, only slight change for older persons
  - URTI, gastro, pneumonia, encephalitis
- Calgary
  - Anecdotal increase in pediatric cases
  - Lab – many more positive diagnoses this year than last – PCR on NP swabs, serology

Practice | Five things to know about ... CPD

Mycoplasma pneumoniae

Maude Paquette MD, Matthew Magyar MD MSc, Christian Renaud MD MSc

Cite as: *CMAJ* 2024 October 1;196:E1120. doi: 10.1503/cmaj.240085

1 Outbreaks of *Mycoplasma pneumoniae* occur every 3–7 years[1]

The proportion of respiratory tract infections caused by *M. pneumoniae* ranges from 0% to 30%, depending on the year and region studied.[2] During epidemic peaks, cases rise globally or regionally, typically in late summer and fall, and outbreaks can persist for months.[1,3] Infection can occur at any age, but school-aged children and adolescents are primarily affected.[1] In nonepidemic years, transmission rates are low.

2 The differential diagnosis of prolonged paroxysmal cough should include *M. pneumoniae* infection along with pertussis

Although severe respiratory disease, with or without pleural effusion, is possible, the presentation of *M. pneumoniae* pneumonia is usually subacute with persistent cough and malaise after a few days of influenza-like illness.[4] Encephalitis, erythema multiforme or Stevens–Johnson syndrome, myocarditis, arthritis, and hemolytic anemia are rare but are potential immune-mediated, extrapulmonary manifestations in children and adults.[4]

3 Acute infection can be confirmed by polymerase chain reaction on nasopharyngeal specimens[4]

Polymerase chain reaction (PCR) testing should be performed for patients with unexplained protracted cough and bilateral interstitial infiltrates on chest radiograph, or those with extrapulmonary manifestations. Testing for *M. pneumoniae* has become more accessible in many institutions with its inclusion in highly multiplexed respiratory panels. *Mycoplasma pneumoniae* immunoglobulin M serology may be useful when late immune-mediated manifestations are suspected.[4]

4 Treatment is indicated for persistent or severe symptoms[5]

Mycoplasma pneumoniae pneumonia is often self-limited. It is preferable to wait for the PCR result before initiating therapy, especially in nonepidemic years. When testing is unavailable, empiric therapy could be considered during periods of heightened activity and when symptoms are persistent.

5 *Mycoplasma pneumoniae* has intrinsic resistance to all β-lactams, including those with β-lactamase inhibitors[4]

Macrolides, tetracyclines, and fluoroquinolones are effective.[4] The current prevalence of macrolide-resistant strains in Canada is unclear but resistance mutations were found in 12% of circulating strains in 2010–2011.[4] For confirmed cases of *M. pneumoniae* pneumonia that do not improve on macrolides, treatment should be changed to fluoroquinolones or tetracyclines.

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1. Meyer Sauteur PM, Unger WWJ, van Rossum AMC, et al. The art and science of diagnosing mycoplasma pneumoniae infection. *Pediatr Infect Dis J* 2018;37:1192-5.
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4. Waites KB, Xiao L, Liu Y, et al. Mycoplasma pneumoniae from the respiratory tract and beyond. *Clin Microbiol Rev* 2017;30:747-809.
5. Le Saux N, Robinson JL. Canadian Paediatric Society, Infectious Diseases and Immunization Committee. Uncomplicated pneumonia in healthy Canadian children and youth: practice point for management. Ottawa: Canadian Pediatric Society; 2018 [updated 2024 Mar. 14]. Available: https://cps.ca/documents/position/pneumonia-management-children-youth (accessed 2024 Apr. 17).

Competing interests: None declared.
This article has been peer reviewed.
Affiliations: Division of Infectious Diseases, Department of Pediatrics (Paquette, Magyar, Renaud), Centre Hospitalier Universitaire Sainte-Justine; Division of Microbiology, Department of Clinical Laboratory Medicine (Paquette, Magyar, Renaud), OPTILAB Montreal — Centre Hospitalier Universitaire Sainte-Justine, Montréal, Que.

Correspondence to: Maude Paquette, maude.paquette.med@ssss.gouv.qc.ca

[Mycoplasma Pneumoniae Infections Have Been Increasing | NCIRD | CDC](#)

[Mycoplasma pneumoniae (cmaj.ca)](#)

PRESENTER: DISCLOSURE/CONFLICTS

Title: Bariatric surgery

Financial sponsors

- None

Potential for conflict(s) of interest:

- N/A

Sasha Wiens
Endocrinology and Metabolism Program
Calgary Zone

BARIATRIC CLINIC: OVERVIEW

Calgary Adult Bariatric Surgery Clinic referral criteria

Age 18-64, interested in surgery with:

- BMI >/= 35 kg/m2, with an obesity-related comorbidity (e.g. HTN, DM, dyslipidemia, osteoarthritis, GERD, sleep apnea, depression, polycystic ovarian syndrome, cardiovascular disease)

OR

- BMI >/= 40 kg/m2 with or without comorbidity

AND:

- No severe, untreated personality disorder, active psychosis, active substance dependencies, and/or major cognitive impairment
- No significant mental illness with suicidal ideation for at least 12 months at the time of referral
- Nicotine and inhaled substance free for at least twelve months at the time of referral
- Not currently receiving cancer treatment
- Not pregnant, planning pregnancy soon after surgery or breastfeeding.

* *Patients must be able to attend group sessions as well as frequent appointments and classes.*

*** Patient must be able to give informed consent.*

BARIATRIC CLINIC: ABOUT US

Wait times, patient flow

- Complete referrals are triaged with 7 days (typically 48 hours)
- Weekly classes to complete screening tools with incomplete referrals with patients to facilitate 7-day triage period (initiated April 1)
- Intake classes offered 2-3 x per month, typically patients schedule this/defer based on preference (no clinic wait at present)
- Once patients submit intake forms our third next available (TNA) appointment for RN intake is between 3-6 days
- All clinic appointments (RN, RD, and Psychologist) TNA appointments between 3-7 days
- TNA for IM 4-6 weeks and surgeon 12-18 weeks
- TNA for psychiatrist 4-6 weeks

**Wait times to access the clinic are minimal*
***Once consented, patients typically*

BARIATRIC CLINIC: CONSIDERATIONS

Clinic purpose, focus

- For patients who are interested in a bariatric surgery (primary or secondary)
- No cost to the patient for access to team
- Patients pay for liquid diet, supplements post-surgery
- Help patients to understand they will likely never have a “normal” BMI
- Focus on best weight, improvement in quality of life, lifelong changes to diet and activity.
- With surgery they will lose weight, plateau and regain some of the weight loss
- Team has goal of assessing safety for patients for bariatric surgery (in all domains). About 80% of patients referred have a DSM diagnosis
- There is an increased risk of suicidality, mental health destabilization and addiction transference post-surgery (follow-up for 12 mos post surgery)
- Patients on weight loss meds typically stay on them until 2 weeks pre-surgery
- Patients can be restarted on medication post-surgery (after 6-12 mos)
- Typically, PCP, clinic restarts them as we focus on best weight

BARIATRIC CLINIC: PANNICULECTOMY

The following criteria **must** be met for completion of a panniculectomy[1] within an Alberta Health Services (AHS) or AHS contracted facility **following significant weight loss:**

CRITERIA		
1a. Following weight loss that was independent of surgical intervention, **12 months of weight stability**[2] is required	*OR*	**1b.** Following bariatric surgery weight loss, **12 months post-surgery + 6 months weight stability**[2] is required
AND		
2. Panniculus size: hangs below and obscures the genitalia, impacting patient quality of life		
AND		
3. Minimum of 2.5 kg of tissue or 2.5% of body weight expected to be removed		
AND AT LEAST ONE OF:		
4. **a.** Patient has chronic and recurrent (2-3 times per year) skin infections due to panniculus, as confirmed and documented by surgical specialist **b.** Documentation of necrosis of the panniculus **c.** Poorly fitting colostomy/stoma bags as a direct effect of the panniculus size **d.** Problems with (genital) hygiene as a direct effect of the panniculus size **e.** Surgery is expected to restore functional impairment; impairment due to the size of the panniculus		

The following are not indications for abdominal panniculectomy: rash, back pain, multiple gestation, previous caesarean section, tethered abdominal scars, postural changes, rectus diastasis.

[1] Panniculectomy is defined as the removal of the abdominal panniculus, without the involvement of the abdominal wall or expectations of a cosmetic outcome.

[2] Weight stability defined as weight +/- 5 kg.

Gastroscopy recommendations

1. A pre-operative gastroscopy is recommended for all patients
2. A post-operative screening gastroscopy is recommended at 5 years post-sleeve gastrectomy surgery in asymptomatic patients
3. Patients who had a SG that was later revised to a gastric bypass, should be considered for screening at 5 years post-sleeve gastrectomy

BARIATRIC CLINIC: SUMMARY

Benefits of surgery in Alberta

- The ASMBS has developed evidenced-based criteria for a bariatric surgery centre of excellence
- The clinic follows the direction set by the ASMBS
- Pre-surgical screening and preparation is an essential part of successful surgical outcomes
- The clinic follows patients for about 12 months post-surgery and longer if there are any complications
- Prior to 2020 about 300 surgeries per year; Currently 220-240 surgeries
- About 66% of referrals accepted and those who complete an initial assessment have surgery (attrition is due to patient choice, medical or mental stability)
- “When would I consider medical therapy for obesity over bariatric referral and vice versa?”

PRESENTER: DISCLOSURE/CONFLICTS

Title: Bariatric surgery

Financial sponsors

- None

Potential for conflict(s) of interest:

- Attended surgical observership sponsored by Johnson & Johnson (no direct relationship)
- Medtronic (sponsored course, no direct relationship)

Dr. Estifanos Debru BSc, MD, FRCSC
Surgical Director, Calgary Adult Bariatric Surgery Clinic
Clinical Associate Professor, U of C

BARIATRIC CLINIC: INTRODUCTION

Calgary Adult Bariatric Surgery Clinic

Surgeons: UGI, MIS and Bariatrics

- Dr. Phillip Mitchell
- Dr Artan Reso
- Dr. Neal Church
- Dr. Estifanos Debru

Fellowship training (2-3 yrs)

Bariatric surgery 30-35% of practice

Dr. Debru: Surgical Director -- Minimally invasive, Upper GI and Calgary Adult Bariatric Surgery

BARIATRIC CLINIC: OBJECTIVES

Calgary Adult Bariatric Surgery Clinic

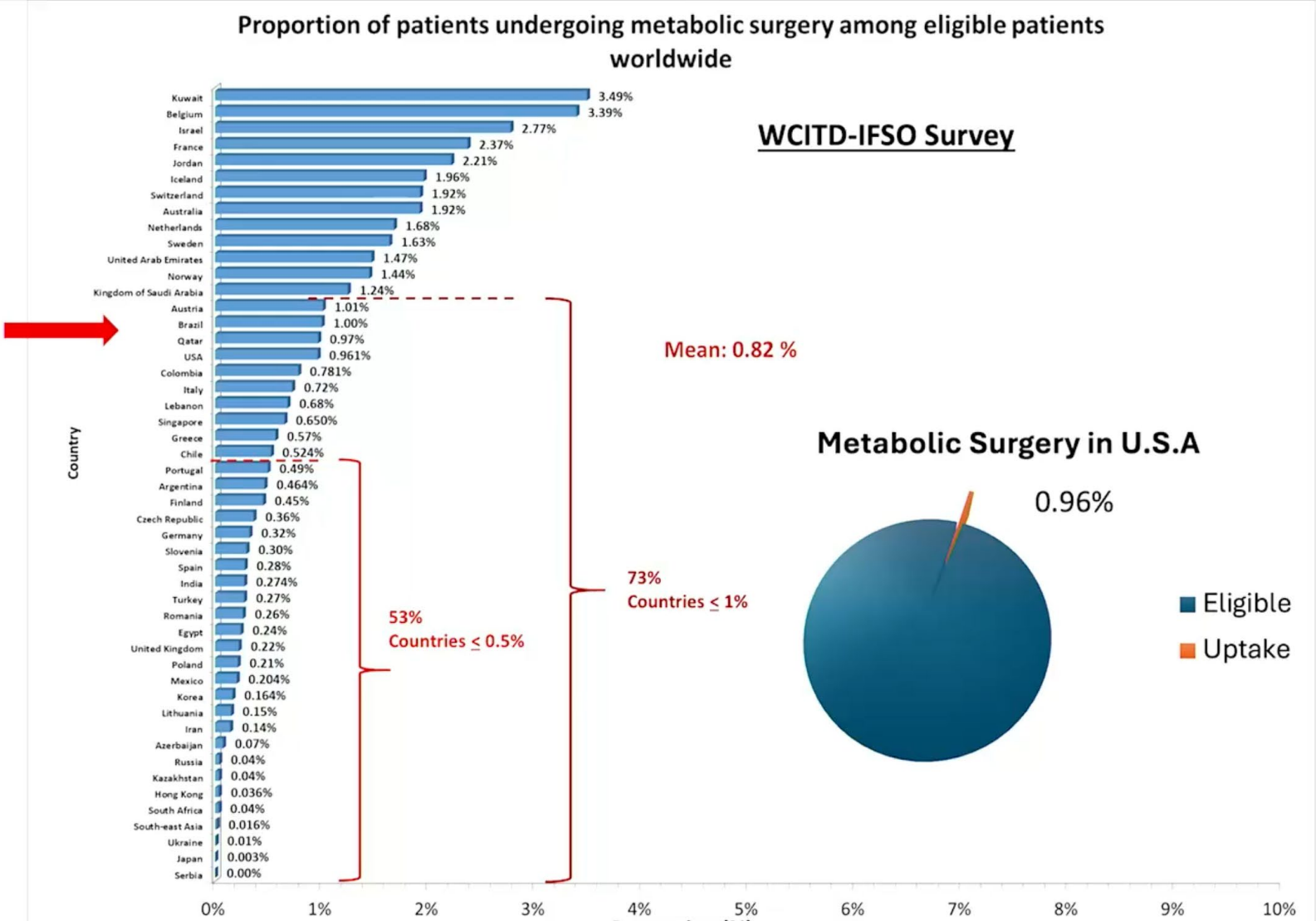
- Types of surgeries offered
- Outcomes: weight loss and co-morbidities
- Indications and side effects
- Weight loss medications before and after surgery
- Surgery vs. medications cost vs. weight loss

- SAFE and currently the most effective therapeutic approach with robust and consistent long-term data

- Goals of surgery are NOT cosmetic:
  - Modify, cure comorbidities, up to 50- 90%
  - Increase lifespan (6-9 years)
  - Improve quality of life

BARIATRIC: SURGERY

Significantly underutilized, 1%



- Laparoscopic
- Hospital stay 1-2 days
- Recovery ~4 weeks
- Leak risk ~ 1%, bleeding 3-5%, very low mortality rate
- Most weight loss 6-12 months, 25-40% TBWL (60-80% EBWL)
- Long term success up to 20 years, 60-70%
  - TBWL = total body weight loss
  - EBWL = excess body weight loss

BARIATRIC: SURGERY

How safe?

TABLE 4. 30-day Postoperative Mortality and Complication Rates of Laparoscopic RYGP vs Other Types of Surgery Performed in Patients With Diabetes[a]

	RYGB	Other abdominal procedures[b]	CABG	Total knee arthroplasty
Complication rate, %	3.4	10.4	46.6	16.7
Mean LOS, days	2.6±3	3.8±4.8	7.9±6.5	3.6±2.8
Reoperation, %	2.5	6.7	6	1.5
Mortality, %	0.3	1.3	2.8	0.3

[a]CABG, coronary artery bypass grafting; LOS, length of stay; RYGB, Roux-en-Y gastric bypass.

[b]Abdominal procedures include laparoscopic partial colectomy, laparoscopic cholecystectomy, laparoscopic appendectomy, and laparoscopic hysterectomy.

Data from Aminian et al.[51]

BARIATRIC: SURGERY

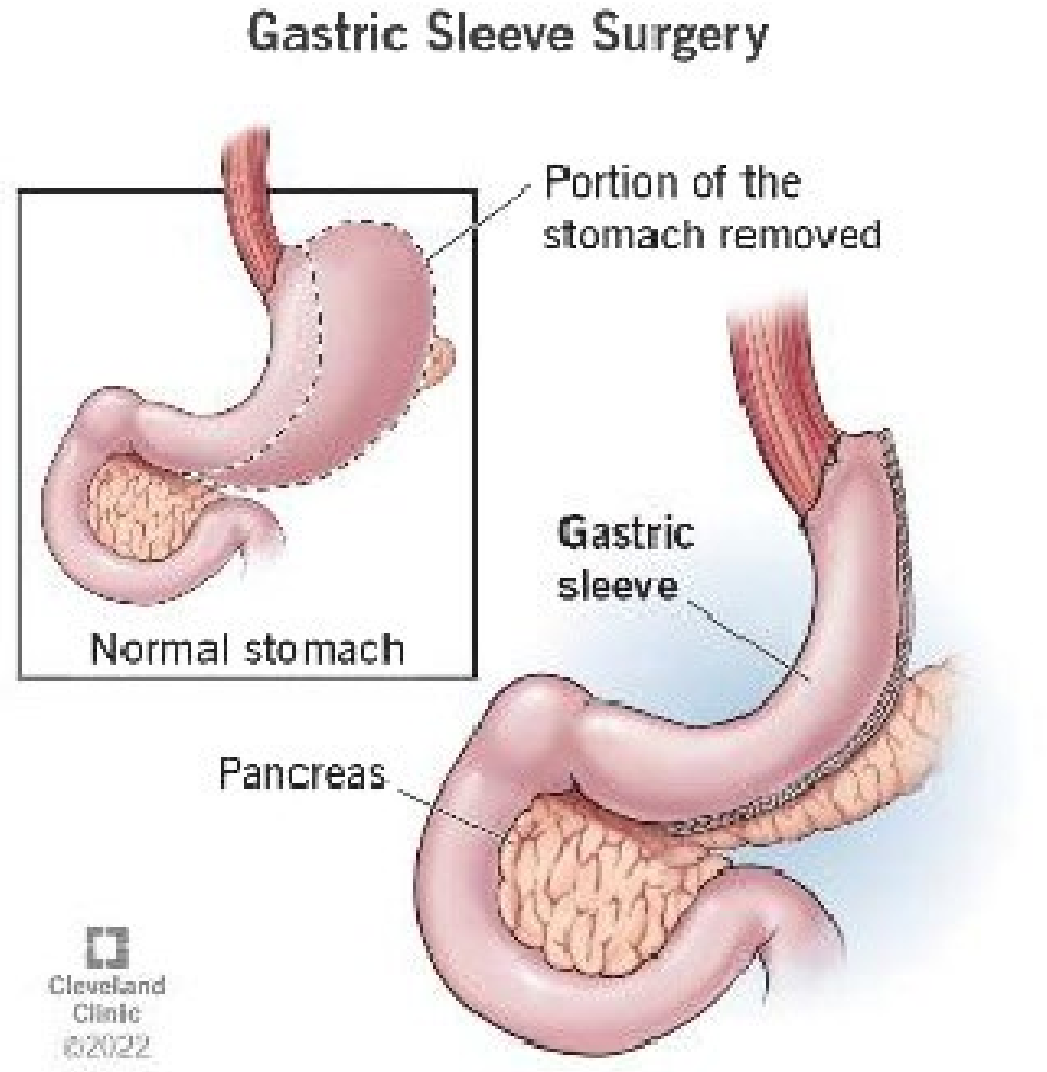
1. Laparoscopic Sleeve Gastrectomy

Advantages

- Simple, GI continuity
- 25-30 % TBWL (60% EBWL)
- Low risk for nutritional deficiencies
- DM control 50-60%
- For patients with kidney stones, osteoporosis, malabsorption
- For high BMI as 1st stage
- Pt choice

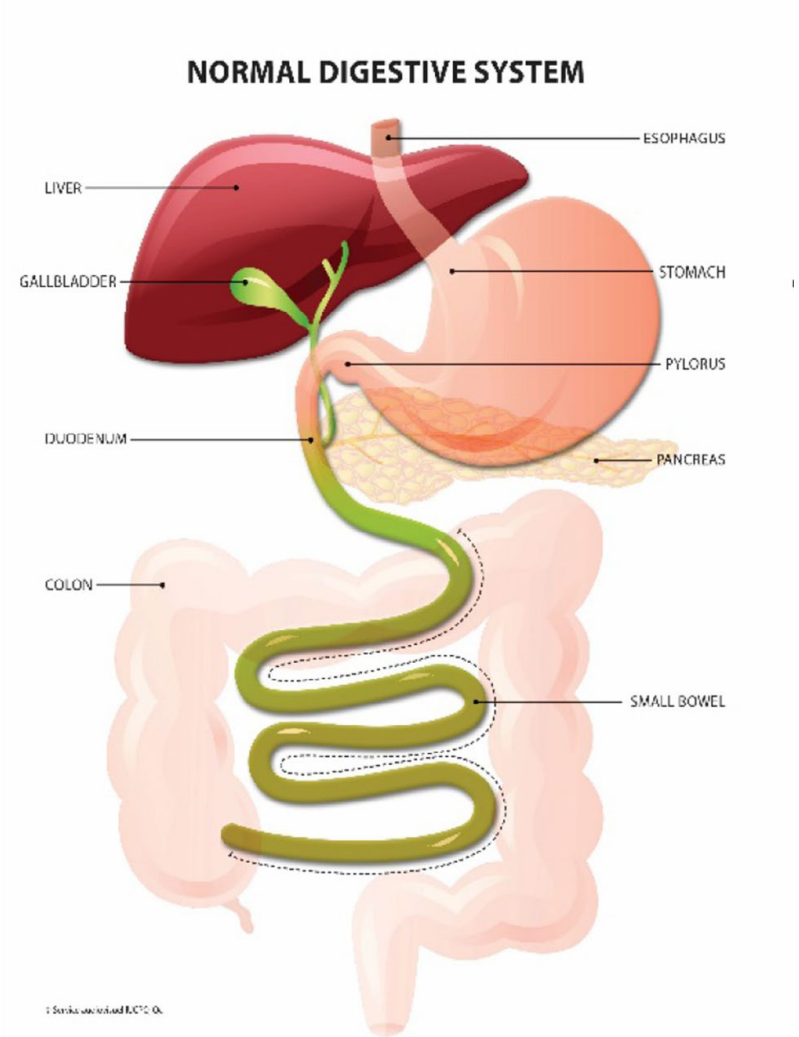
Disadvantages

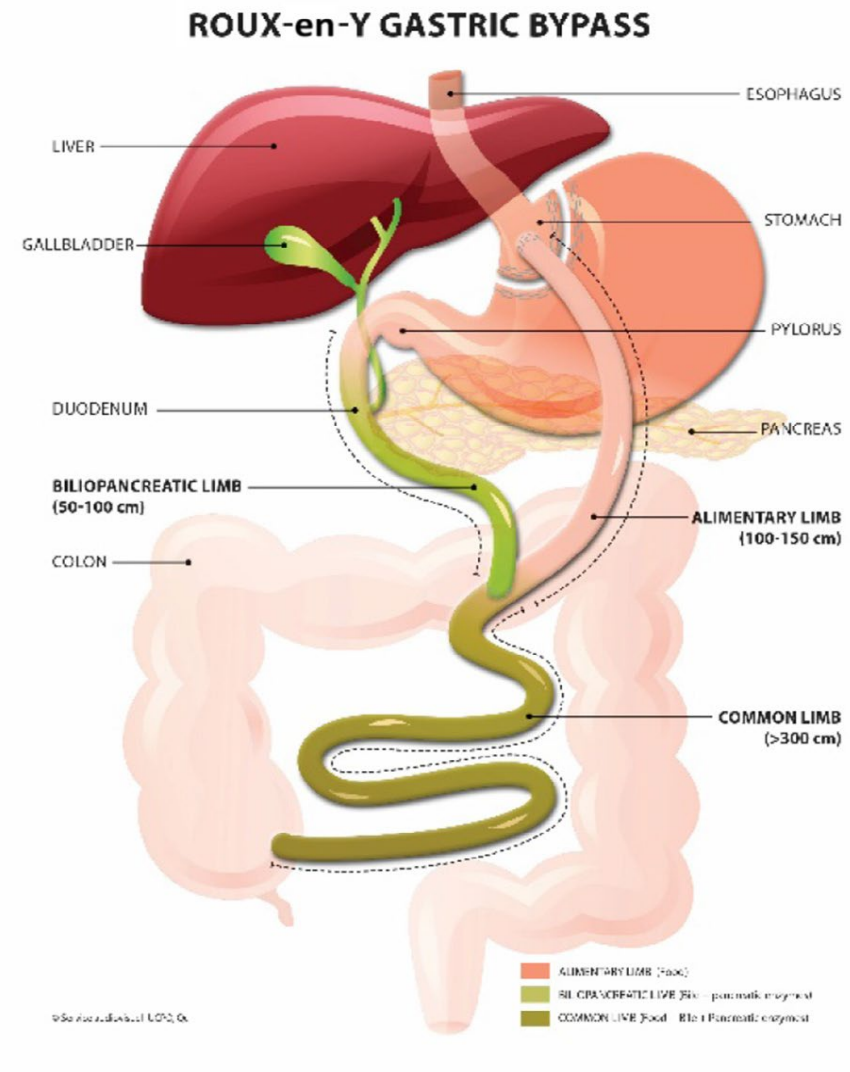
- Stricture, nausea
- Weight regain up to 40%
- NOT reversible
- post-op reflux, hiatal hernia (20-30%)



BARIATRIC: SURGERY

2. Roux-en-Y Gastric Bypass





BARIATRIC CLINIC: SURGERY

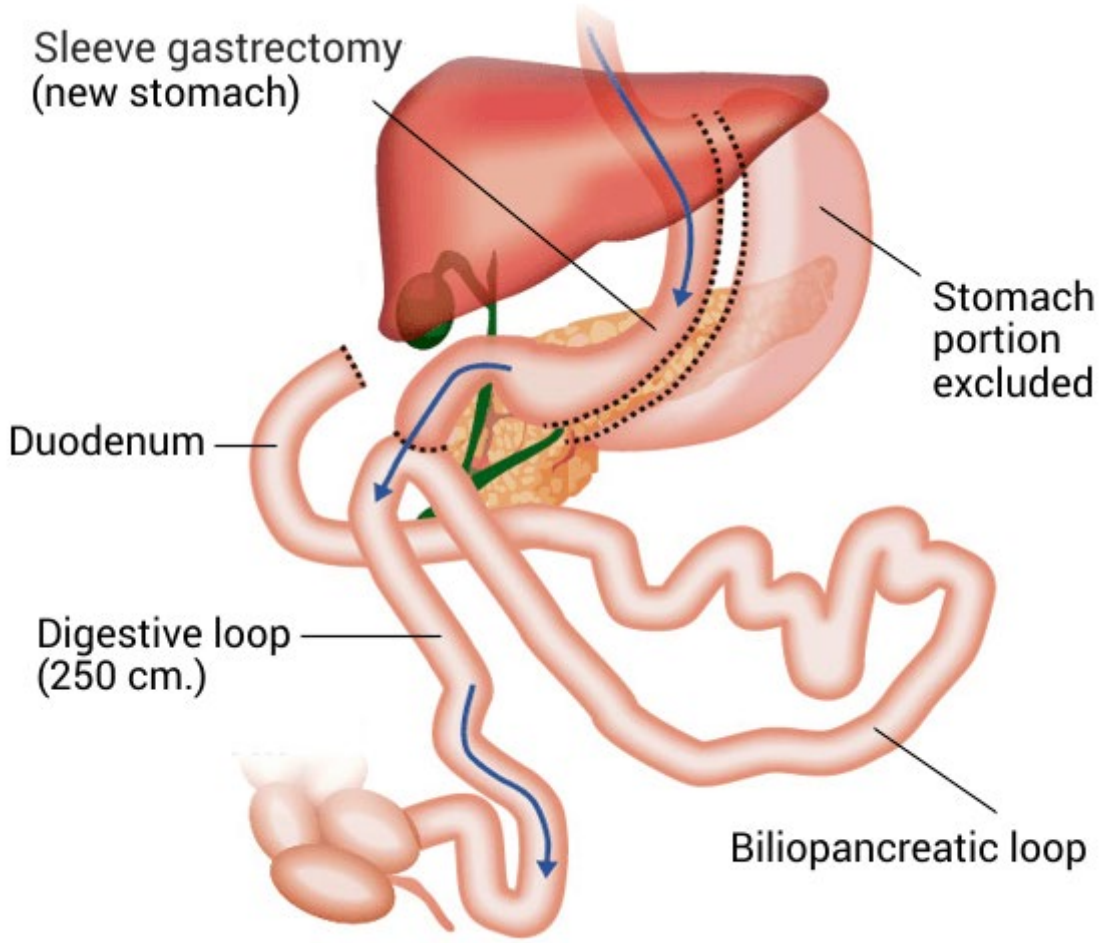
3. SADI-S: Single Anastomosis Duodenoileal Bypass with Sleeve: Soon to be introduced

Advantages

- Excellent weight loss 35-40% TBWL (>70 % EBWL)
- Durable
- For high BMI (50 or more)
- DM control >90%
- Good revision option after sleeve

Disadvantages

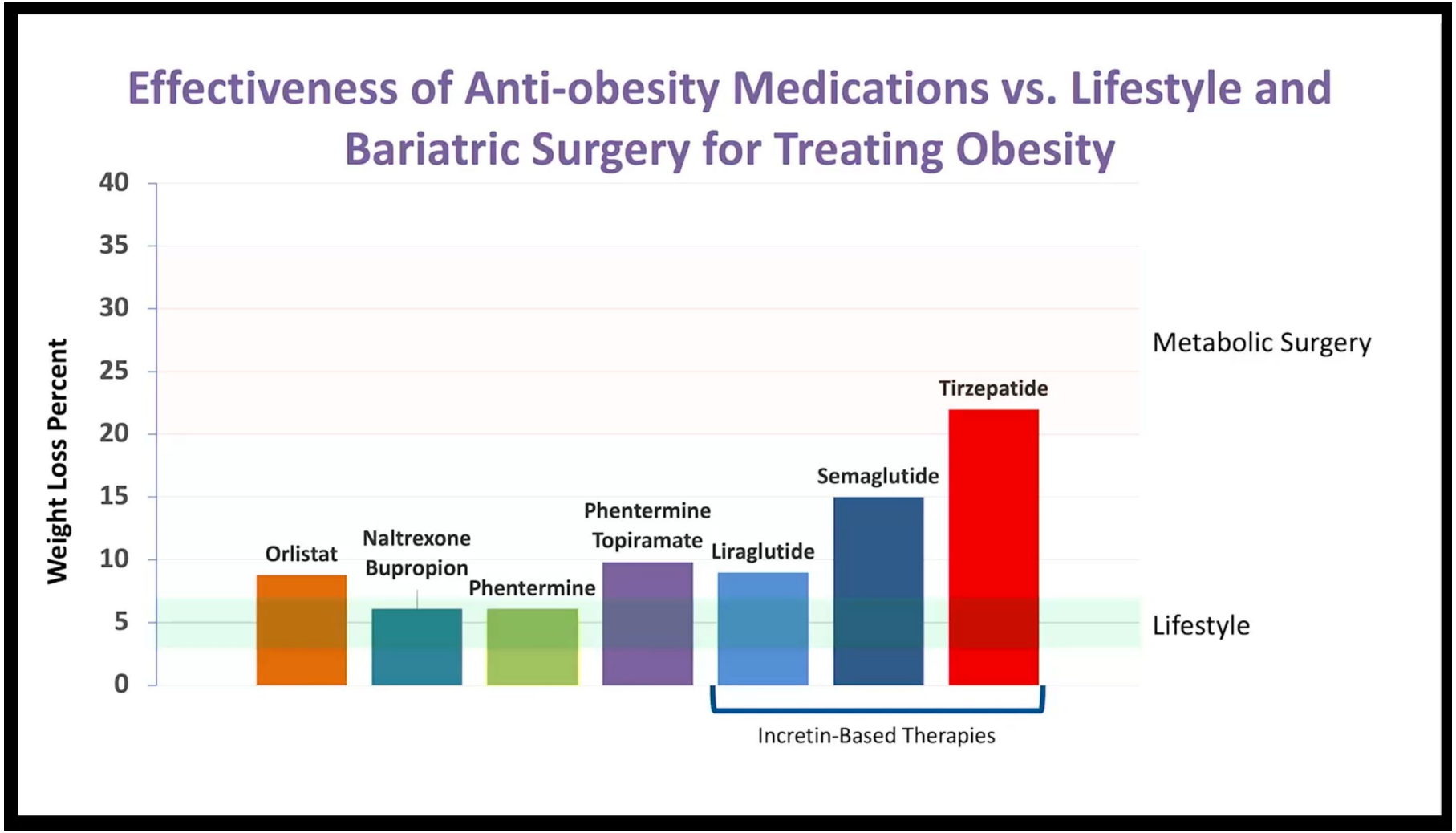
- More complex surgery
- 3-5 % protein/calorie malnutrition
- Malabsorption, diarrhea
- Higher rate of micronutrient deficiency
- Compliant/reliable patient choice is critical
- Internal hernias
- GERD



BARIATRIC CLINIC: SURGERY

Anti-Obesity Medications (AOMs): GLP-1A..

- Very promising short-term data and great new addition to options of treatment
- TBWL:
  - Liraglutide 5-10%
  - Semaglutide 15%
  - Tirzepitide up to 24%
  - Ongoing trials for multi-agents and oral products!!!!



BARIATRIC CLINIC: SURGERY

Calgary Zone webinar series: virus season

AOM and surgery

- Withhold 2 weeks preop
- Patients with good weight loss and no side effects can avoid OR
- Postop avoid until weight loss plateaux, can use
  - For patients with inadequate weight loss
  - For weight recurrence: before consideration of revision surgery
  - Weight regain: 30-40% with sleeve, 10-20% bypass

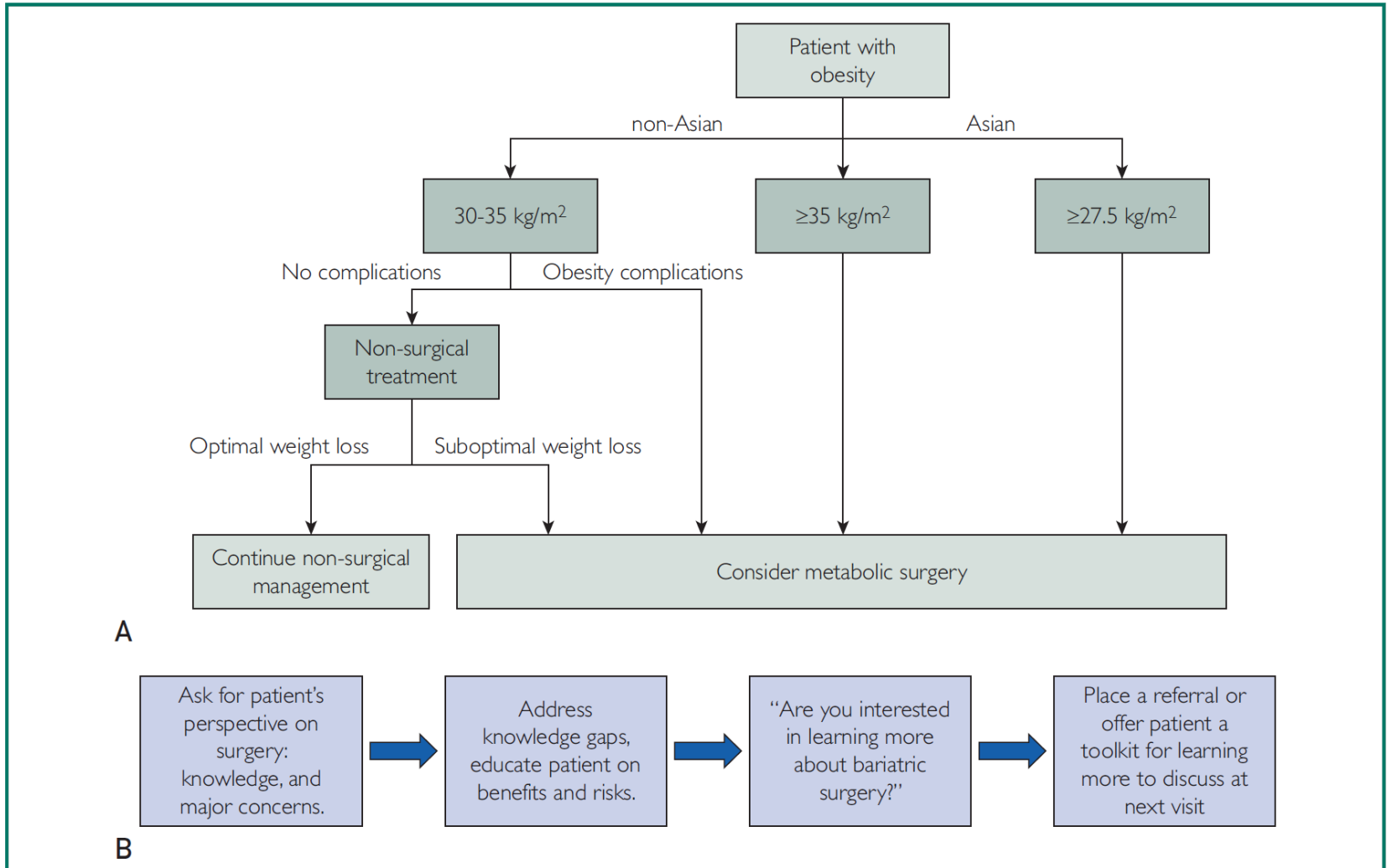


FIGURE 2. A framework for introducing metabolic and bariatric surgery to eligible patients. A, Algorithm for the treatment of obesity as recommended by the American Society for Metabolic and Bariatric Surgery/International Federation for the Surgery of Obesity and Metabolic Disorders guidelines. B, Step-by-step guide for introducing metabolic and bariatric surgery to eligible patients.

Semaglutide SELECT Trial vs. Metabolic Surgery: Cardiovascular Risk Reduction, A. Aminian, MACE: major adverse CV events

MACE: Metabolic Surgery vs SELECT

Intervention	Relative risk reduction	Absolute risk reduction	Number needed to treat to prevent 1 MACE	Cost in 2024 to prevent 1 MACE
Semaglutide	20%	1.5%	66	$ 3,000,000
Metabolic Surgery	40-50%	~10%	10-15	$ 300,000

BARIATRIC CLINIC: SURGERY

Conclusions

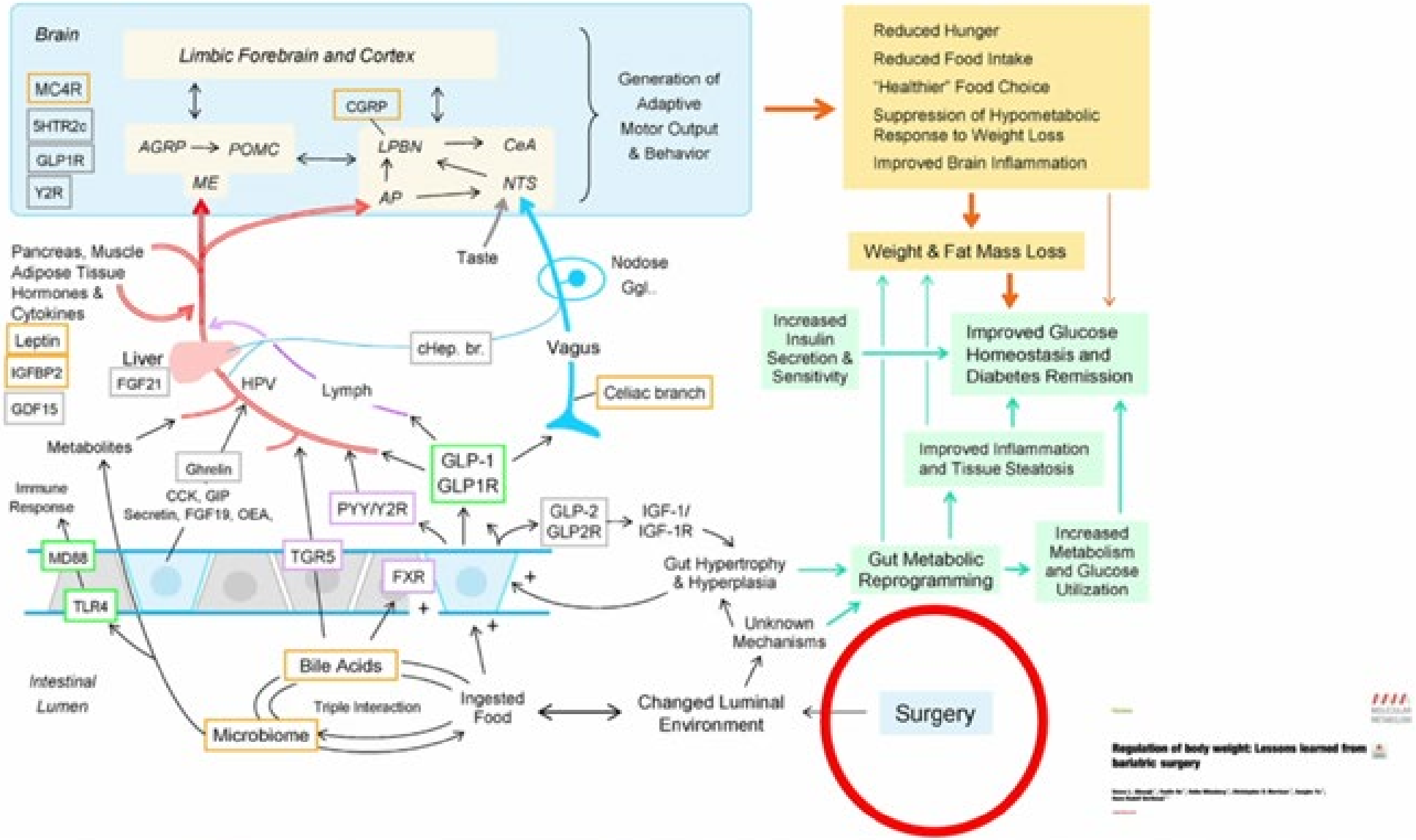
- Patients should be educated on all the options based on evidence
- A very promising future of multimodality treatment similar to cancer care, lifestyle modification combined with a choice of medications and surgery:
  - Medical treatment
  - As neoadjuvant pre surgery
  - Adjuvant post-surgery to enhance outcome
  - As salvage treatment for recurrence before revision surgery

Thank you

References: 1. Eisenberg D, Shikora SA, Aarts E, et al. 2022 American Society for Metabolic and Bariatric Surgery (ASMBS) and International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO): indications for metabolic and bariatric surgery. *Surg Obes Relat Dis. 2022; 18(12):1345-1356; 2.* Betemariam Sharew , et al. Bariatric and Metabolic Surgery in the Adult Population: What a Primary Care Provider Needs to Know , Mayo Clin Proc. October 2024;99(10):1631-1645; 3. SAGES anual meeting 2024; *4.* Ram Sohan P, Mahakalkar C, Kshirsagar S, et al. (August 09, 2024) Long-Term Effectiveness and Outcomes of Bariatric Surgery: A Comprehensive Review of Current Evidence and Emerging Trends. Cureus 16(8): e66500. DOI 10.7759/cureus.66500; 5. R. Wesley Vosburg et al. Surgery for Obesity and Related Diseases 18 (2022) 1109–1119; *6.* ASMBS Annual meeting, San Diego, IFSO International Session: Decision Making in Metablic/Bariatric surgery: Time for a change

BARIATRIC CLINIC: SURGERY

Calgary Zone webinar series: virus season



Q&A

PRESENTER: DISCLOSURE/CONFLICTS

Title: Facilitated Access to Specialized Treatment (FAST)

Financial sponsors

- None

Potential for conflict(s) of interest:

- N/A

Dr. Paul Petrasek MD, MHCM, FRCSC
Vascular Surgeon,
Surgery Access Lead, Calgary Zone
Associate Professor of Surgery, U of C

SUMMARY: BATCH LAUNCH

Facilitated Access to Specialized Treatment (FAST)

Three new specialties due to be added Dec. 2:

- Neurosurgery
- Oral maxillofacial surgery
- Plastic surgery

FAST fax: **1-833-627-7023**

*Otolaryngology launch delayed until further notice

Already on FAST:

- General surgery
- Gynecology
- Orthopedic surgery (except oncology, pediatric otho, spine surgery)
- Urology
- Vascular surgery

primary care

HOT TOPICS

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

Calgary Zone webinar series: virus season

CME accredited for 3 hours of Mainpro+ Group Learning Credits

https://cumming.ucalgary.ca/departments/family-medicine/clinical-services/2024-mackid-symposium

WEBINAR: HOT TOPICS

Calgary Zone webinar series: virus season

The Cold Standard

A toolkit for using antibiotics wisely for the management of respiratory tract infections.

Choosing Wisely Canada™

[The Cold Standard - Choosing Wisely Canada]

WEBINAR: HOT TOPICS

Calgary Zone webinar series: virus season

Clinical pharmacology

- Specialist Link tele-advice service
- Led by Dr. Mark Yarema
- Find it now under medicine tab on Specialist Link website
- And on eReferral (eConsult)
- Some examples?
  - Switching between diabetic meds
  - Polypharmacy side effect conundrums
  - Pharmacogenomics
  - Pharmacotherapy advice in general
  - Odd asks from patients' Google searches or social media feeds!
- FAQ coming soon

WEBINAR: HOT TOPICS

Calgary Zone webinar series: virus season

FAST gynecology

- Wait lists historically very long for gyne for lots of reasons
- New referral pathways at FAST office for routine pap and IUD – will direct to refer to community providers
- New referral pathway for cervical polyps being trialed
- If referring to “next available” through FAST patient will now be called to see if they are willing / able to go to Canmore
- Specific gyne not on FAST – courtesy forward will occur
- Central Zone is not central TRIAGE
- Out of zone referrals (for any specialty) need to specify that you WANT out of zone and why

Use this fax for Calgary Gyne: 1-833-627-7023

WEBINAR: HOT TOPICS

Calgary Zone webinar series: virus season

Arthur J.E. Child Comprehensive Cancer Centre

- Opened October 28, 2024
- Patient visits are now at the new site
- Inpatients moved November 2
- New contact details shared previously

Main switchboard: **587-231-3100**
Toll-free number: **1-844-465-6330**
Referral fax number: **587-231-3580**

Outpatient Cancer Pharmacy and Drug Benefit Program fax: **587-231-6009**

WEBINAR: HOT TOPICS

Calgary Zone webinar series: virus season

Primary Care Alberta

- News conference this morning
- Town hall Wednesday morning (7:30 a.m.) – sign up via MAPS newsletter registration
  https://www.alberta.ca/contact-maps
- 7 health corridors to replace 5 zones; Calgary remains 1 of the 7 (boundaries TBC)
- Physician comprehensive care model: Hinted at announcement “fairly soon,” and “committed to implementing for April 2025”

WEBINAR SERIES: TILL NEXT TIME

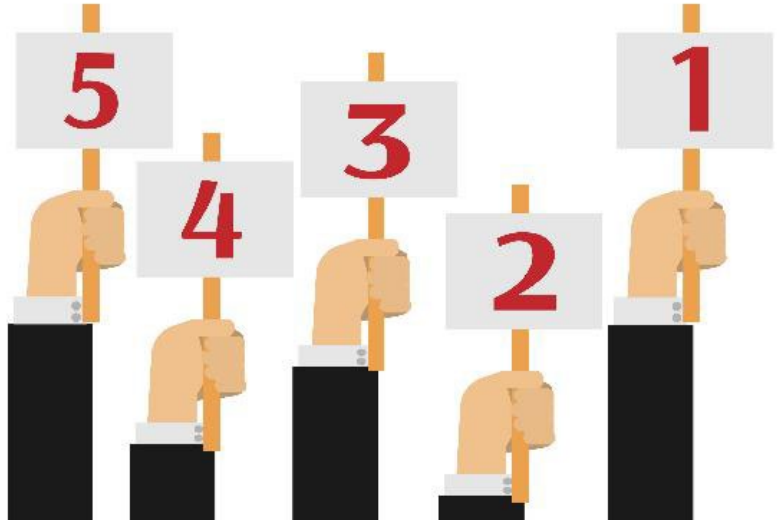
Calgary Zone webinar series: virus season

Thank you for attending!

Survey for Mainpro+ credits:

https://survey.alchemer-ca.com/s3/50286376/Calgary-Zone-Primary-Care-Webinar-Survey-November-2024

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



Next webinar:
Accreditation approved for 2025 series.
What topics should we explore?