

YOUR CHAPTER NEWSLETTER

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STUDENTS IN ACTION

AN UPDATE FROM DOUGLAS COLLEGE HIM STUDENTS



The first year for the students in the PBD-HIM Program at Douglas College has turned out to be quite a success. With our first practicum sessions at Lion's Gate and Royal Columbian Hospital, we are well informed about the flow of data in our health care system. With practicums held at BC Women and Children's Hospital and Vancouver General Hospital, we were able to gain exciting hands on experience through coding real patient charts. Attending the 2019 CHIMA conference sparked much more interest in more HIM careers including coding, data analytics, and information privacy. We are thrilled to know that the HIM field is growing with a variety of fields ranging from those in project management to information technology.

We are eager to pursue the second year of the program and do more practicums that engage us with experience ranging from project management, coding and computer skills. Some second year students have started their co-ops in coding at hospitals through the Lower Mainland. Internships with various projects at BC Women's and Children's Hospital has also begun since late September and we, as second and first year students are excited to learn more about and be a part of the current developments and projects. Along with our regular classes, some professionals were invited to share related experiences and information with us, which is a great opportunity to extend our knowledge. We will be having guest speakers talk to us through the semesters about their fields of work, careers that are in demand, as well as upcoming projects that require HIM professionals.

Written by Hannah Dominic,
Sharon Jospy, and Grace Wang
BCYT Chapter Student Members



HOW DOES CANADA STACK UP?

Exploring our health care system performance on the world stage

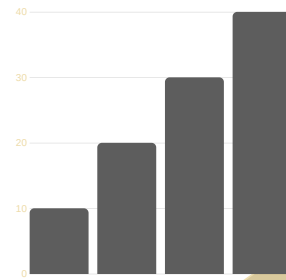
Written by Tiffany Pan, BCYT Committee Chapter Member

Every so often, a headline pops up proclaiming there is a new healthiest, or occasionally, a new happiest place on earth. For example, US News called Canada the third best place to live in the world in 2019. Canadians feel a sense of a pride when our country is recognized as a beautiful place to inhabit. However, many of these clickbait articles are based on surveys conducted by tourism or news outlets. How does Canada's health care truly stack up using rigorous statistical and scientific methods?

There are a few credible sources that look at health status and outcomes. The World Health Organization has an annual World Health Statistics report, outlining the progress of its 36 health-related Sustainable Development Goal (SDG) indicators. Bloomberg publishes its Healthiest Country Index every two years using health metrics, such as life expectancy and mortality, balanced against health risks factors, such as tobacco use, childhood malnutrition, and access to clean air and water. Released in early 2019, Bloomberg placed Canada at a respectable 16th healthiest country in the world. However, these reports only indirectly evaluate health care systems.

The WHO defines a health care system as consisting of "all organizations, people and actions whose primary intent is to promote, restore or maintain health." While health indicators certainly show how well the system is doing, it does not measure the infrastructure itself. The WHO last attempted to do this in 2000, and ranked Canada 30 out of its 191 member states using a combination of five factors: life expectancy, speed of service, protection of privacy, quality of amenities, and fair financial contribution. More recently, a private research foundation called the Commonwealth Fund did their own analysis of 11 OECD health care systems. Using both their own nationally representative surveys as well as data from the OECD, the European Observatory on Health Systems and Policies, and the WHO, the report looked at 72 metrics across five categories. Sadly, Canada placed 9th out of the 11 OECD countries, just ahead of France and the United States. In particular, Canada suffered in the metrics pertaining to access, with high dental and medication costs, long emergency wait times, and long waitlists to see specialists. Canada also scored low on equity, with a relatively higher discrepancy in access and care process scores between low and high-income individuals. Yet, we did pretty well on metrics relating to the care process overall, and its subcategories of preventative care, safe care, coordinated care, and patient engagement.

The Commonwealth Fund report is only one international index among many and it relies heavily on qualitative survey responses. However, it still serves as a reminder that there is much work to be done in Canada. As health information professionals, we cannot forget that we're an essential piece of the health care system.



NEWS IN HIM

FITBIT TO TAKE ON APPLE WATCH*

The Financial Post reports that Fitbit is partnering with Bristol-Myers Squibb-Pfizer Alliance to develop hardware to detect atrial fibrillation. This would match a feature already existing on Apple Watch.

DOCTOR SUPPLY OUTPACES POPULATION*

CIHI recently reported that the growth rate of doctors has almost doubled that of the population over the past 5 years, Canadians still report difficulty accessing family physicians.

MIND-CONTROLLED EXOSKELETON TESTED*

French researchers have enabled a paralyzed man to take steps with mental commands using an exoskeleton and neuroimplants

FEDS ROLL BACK REIMBURSEMENT FOR MILITARY HEALTH CARE *

Global News has confirmed from several sources that the federal government has cut the amount they previously reimbursed hospitals for the provision of care for the military.

EQUERY SPOTLIGHT

#74175

This new eQuery on assigning stroke codes confirms that an ischemic stroke is assumed once a hemorrhage is ruled out. If neither ischemia nor hemorrhage is seen on a CT, an ischemic stroke code is still assigned since "a CT brain scan is an excellent test to rule out hemorrhage, but a small ischemic stroke may not be visible."

POLITICAL ROUNDUP THE LIBERAL PARTY'S HEALTH CARE PROMISES

The Liberals won a minority government, which means they will be driving decisions on federal health care policy for the next four years. Here were their key promises:

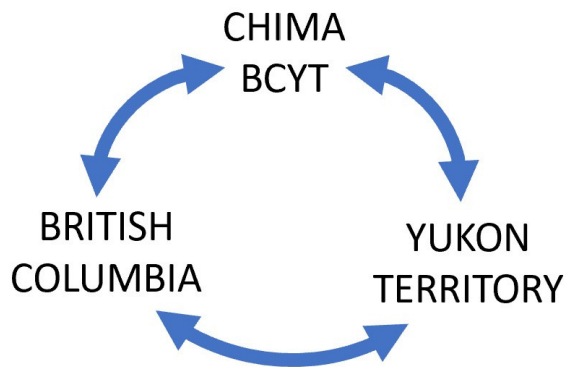
- An additional **\$6 billion** transferred to provinces in the next four years.
- More focus on improving **mental health and addiction** services, **home and palliative care** programs, and access to **primary care providers**.
- Double the **child disability benefit**, increase funding for **pediatric cancer research**.
- Expand access to **Assistance in Dying**.
- Take "critical next steps" toward a **national pharmacare** program.



MOTIVATION & INSPIRATION

HELP THE BCYT CHAPTER TEAM GROW
INTO THE FUTURE TOGETHER!

don't quit, just do it & let's unite!



As the diagram presents, the BCYT Chapter has united British Columbia and Yukon Territory together into a big HIM family since 2016. Let's keep up the passion in our profession and help produce a better health care delivery system for the west coast. Even though, you may feel that you are not part of the committee, you are.

The chapter is here to stay connected with everyone, and you are not alone. Let's connect in person as much as we can by participating in the chapter's education symposium and the chapter's social events.

Alternatively, if you want to learn more about what chapter is doing, and you want to participate and engage more with the chapter, please fill out the survey for chapter committee - volunteer recruitment.



If you have discouraging thoughts, please do not quit! Let us build an awesome CHIMA BCYT chapter together.



DID YOU KNOW

Did you know that health data has more value on the black market than credit card information? A VP of Intel Security reported this to the Atlantic in 2015, and data breaches in the health sector has only increased.*

Unlike credit card or SIN information, there are not well-defined processes in place when your medical information is stolen. Medical identity theft allows others to receive medical care, buy drugs and submit fake claims.

Furthermore, imagine the wealth of information in a medical record, such as family history, demographic data, personal travel, and more.

There have been cases of medical blackmail for those with sensitive medical diagnoses or pasts. In fact, Forbes reported that 9 times more medical than financial records were breached in 2016 in the US. The security of healthcare data system remains more important than ever.

Experiencing The Rush

There is no better feeling than following in the footsteps of those who are passionate, determined, and adventurous. This past July I was fortunate enough to do this, along with my amazing friend, Xiu-Mei Zhang we hiked the legendary Chilkoot Trail.

The Chilkoot Trail is 53 kilometers of deep mud, standing water, unstable boulders, slick rocks, and roots making footing difficult. The famous trail starts in Dyea, Alaska and ends in Bennett, British Columbia. The Chilkoot is famous as it was a major access route in the late 1890s for prospectors to reach Dawson City, Yukon in search of gold!

It is estimated that over 100,000 prospectors attempted the Chilkoot Trail, with only about 30,000 reaching Dawson City. Even then, only a few found their bucket of gold. After 1898-89, the railroad had connected, and the harsh hiking of the Chilkoot Trail was replaced by train. The Klondike Gold Rush was over in 1899 and the Chilkoot Trail was the only physical evidence of the dream of reaching the Klondike and the Gold Rush.

53 kilometres hiking through coastal rainforest, high alpine, and boreal forest, 3 nights camping under the stars, carrying a 50-pound pack, I was humbled by what those prospectors were capable of doing and their passion, determination, and how adventurous they were, leaving families behind, in search of fame, and fortune.

When I returned home, I felt a new sense of gratefulness. I wanted to thank everyone who helped me in my journey through life, personally and professionally, I feel truly blessed to have been able to hike this legendary trail and to be able to share this story with all of you.

Written by Lindsey Page, BCYT Chapter Committee Chair
Edited by Angie Kinrade, BCYT Chapter Committee Secretary-Treasurer

