

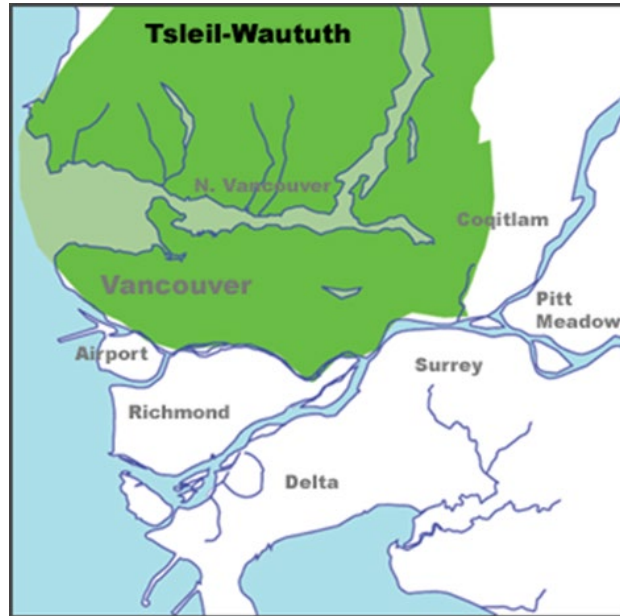
Taking action on Planetary Health in Primary Care

By. Dr. Kelly Lau

Adapted from Dr Ilona Hale's Planetary Health Primary Care Toolkit

We would like to acknowledge that we are gathered today on the traditional territories of the Musqueam, Squamish and Tsleil-Waututh peoples.

Source: www.johomaps.net/na/canada/bc/vancouver/firstnations/firstnations.html



No Conflicts of Interest

- ▶ I am a member of the VPSA Planetary Health committee
- ▶ I do not have any affiliation with any for-profit/non for profit organizations influencing this talk

Learning objectives

- ▶ Recognize contributing factors to the carbon footprint of primary care
- ▶ Identify opportunities for environmental stewardship in primary care
- ▶ Utilize resources such as Cascades toolkit and Choosing wisely recommendations
- ▶ Understand barriers and possible solutions for implementation in clinic

What is planetary health?

- ▶ Join slido #2940405
- ▶ <https://app.sli.do/event/1AkhMD9apJwEgXCTwdryBj>

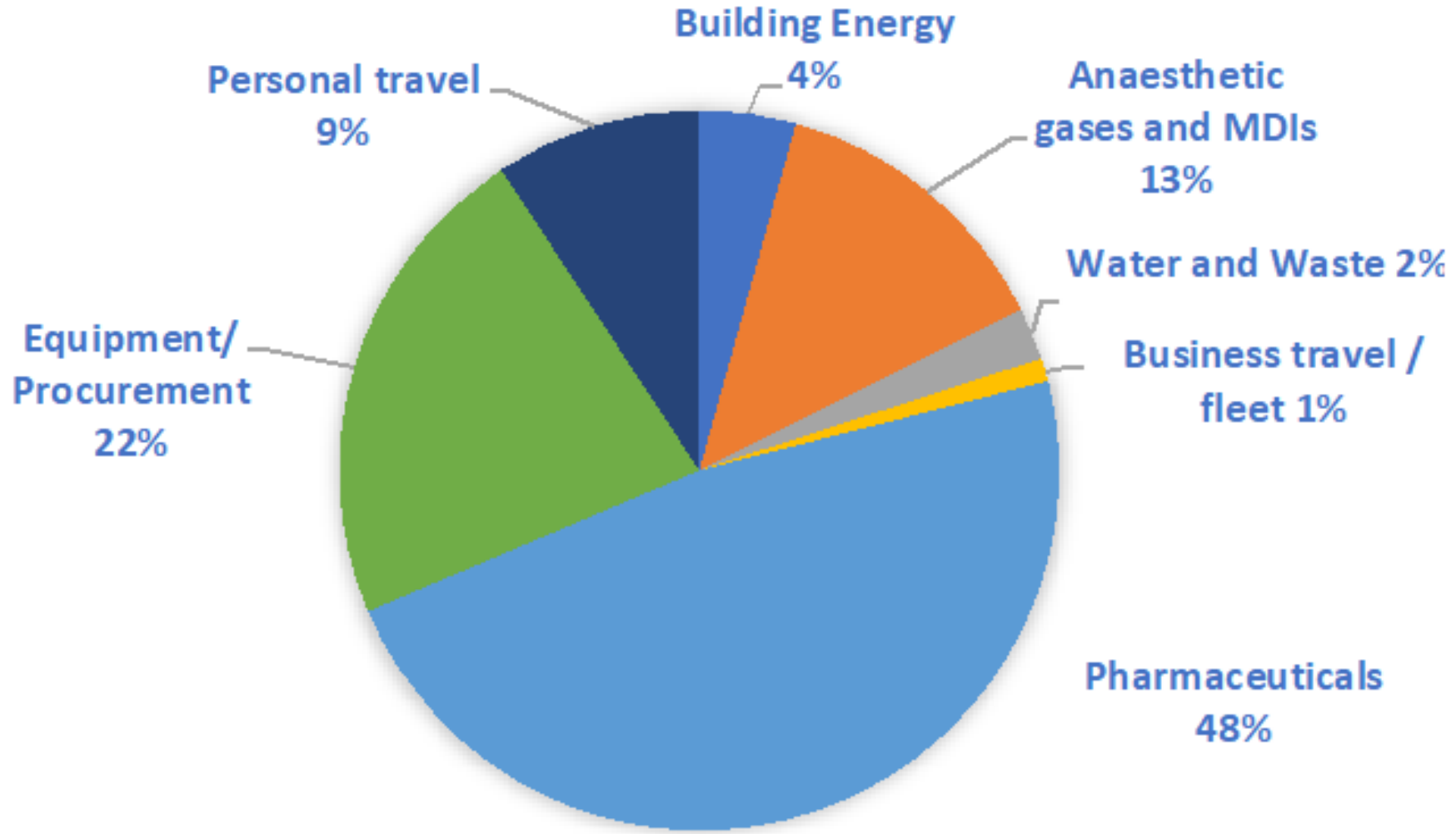


Where do you think we can make the biggest difference in terms of our carbon footprint in primary care?

Slido #2940405



GHG EMISSIONS FROM PRIMARY CARE*



1. Prevention

Promoting health and preventing disease by tackling the causes of illnesses and inequalities.



2. Patient self-care

Empowering patients to take a greater role in managing their own health and healthcare

3. Lean service delivery

Streamlining care systems to minimise wasteful activities.



4. Low carbon alternatives

Prioritising treatments and technologies with a lower environmental impact.

Principles of sustainable healthcare



CENTRE for
SUSTAINABLE
HEALTHCARE
inspire • empower • transform

Reducing unnecessary care



Choosing Wisely Canada



- ▶ Do not test urine in asymptomatic older adults unless LUTS symptoms
- ▶ Do not screen for thyroid dysfunction in asymptomatic non pregnant adults
- ▶ Do not do imaging for low back pain unless red flags are present
- ▶ Do not use IV if po equivalent for cellulitis
- ▶ Don't maintain long-term proton pump inhibitor (PPI) therapy for gastrointestinal symptoms without an attempt to stop / reduce PPI in most patients
- ▶ Discuss goals of care with patients before ordering investigations/interventions

Why do we order so many tests?

Slido #2940405

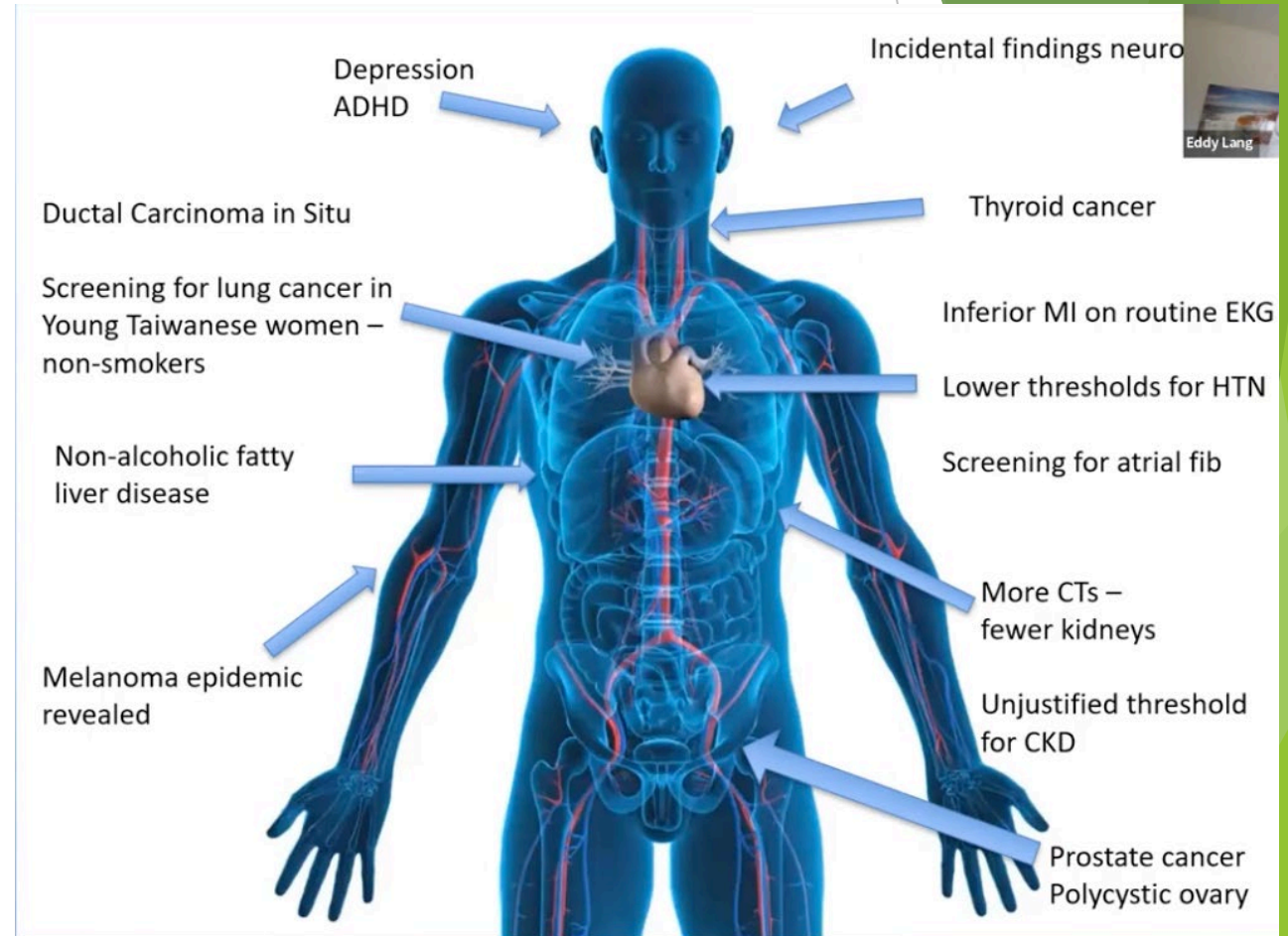
- ▶ A) Scared of being sued
- ▶ B) Scared of missing something
- ▶ C) Feels good to check off lots of tests
- ▶ D) Patients feel better when I do lots of testing

Overdiagnosis

- ▶ Overdiagnosis refers to “the labelling of a person with a disease or abnormal condition that would not have caused the person harm if left undiscovered”
- ▶ **over-detection** from screening, **over-definition** from broadening criteria for diagnoses and **medicalizing** normal human experiences.

Drivers of Over-use

- ▶ Failure to recognize harms
- ▶ Culture of “More is Better”
- ▶ Faith in screening/early detection
- ▶ Over-reliance on tests
- ▶ Time pressure
- ▶ Habit / tradition/training
- ▶ Perverse financial incentives
- ▶ Lack of awareness of evidence
- ▶ Anxiety (patient or provider)
- ▶ Industry influence
- ▶ Patient requests
- ▶ Defensive medicine



Medicalizing normal human experiences



Tips to reduce your prescribing footprint

- ▶ **Diagnosis** - use established criteria to avoid mis- or over-diagnosis
- ▶ **Options** - consider and refer for non-pharmacologic options
- ▶ **Patients** - provide full information and hear patient preferences
- ▶ **Evidence** - know the evidence for indications, duration, risks
- ▶ **Deprescribe** - stop medicines that are no longer needed

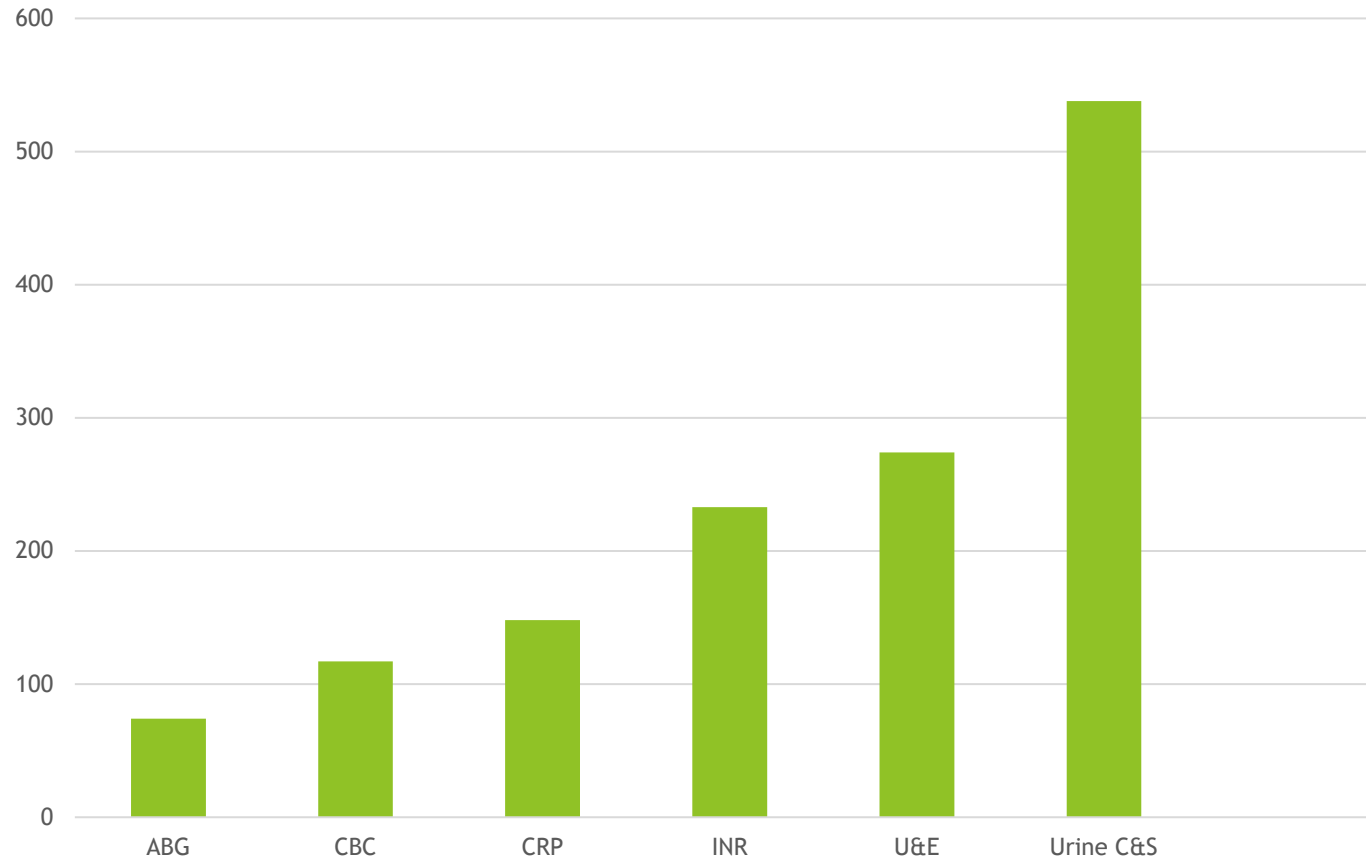
Deprescribing

- ▶ Avoiding most frequently overprescribed medications
 - ▶ Antibiotics- consider viral rx, step up therapy
 - ▶ Tools for deprescribing opiates and sedatives: [My Sleep Well](#) and [Dr Andrea Furlan's The Choosing Wisely Canada toolkit Drowsy without Feeling Lousy](#) supports reduction of long-term benzos and other sedative hypnotics.
 - ▶ **Proton pump inhibitors** -not needed long term and can have serious side effects. Choosing Wisely Toolkit [Bye-Bye PPI](#)

Tips for Lower-Impact Prescribing

- ▶ Use delayed prescriptions for antibiotics
- ▶ Consider 1-week trials of new medications
- Promote pill-splitting
- Offer shorter duration prescriptions (one week, one month) for short term medications
- Think about ways to minimize packaging
- Educate patients about proper disposal of medication at pharmacies
- Always review patient's current medications before adding a new one
- Choosing long acting medications ie LARCs

Climate Change impact of Laboratory Tests (CO₂e g per test)(McAlister 2021)



“Our patients’ time is the most precious commodity they have. We should not be wasting it.”

Tips to avoid unnecessary lab tests

- ▶ Avoid standard orders: CBC/electrolytes unless clear indication
- ▶ Avoid ordering full “panels” except for specific indications- for hepatic function screening, just ALT and ALP are usually adequate
- ▶ Consider “stepwise” investigation (link to “Slow Medicine”) - many labs will hold samples for a week and further testing can be done on the initial sample if needed
- ▶ Ask “Is the *result* going to change my management?”
- ▶ Tailor standard recommendations to individual needs and preferences

Empowering patients



- ▶ Shared decision-making and patients active participants in management of their own health conditions
- ▶ Asking “What Matters to You?”
- ▶ Social prescriptions- exercise and diet counselling- → Also assisting with housing, finances (PWD applications), employment and community/traditional healing, connecting to the land and nature

Slow Medicine

Doing more does not mean doing better

Slow Medicine acknowledges the powerful intervention of time

Time to listen to the patient - to hear what matters to them

Time to examine the patient, review previous investigations



Measured Respectful Equitable

Measured



Doing more does not mean doing better

The dissemination and use of new treatments and new diagnostic procedures is not always accompanied by greater benefits for patients. Economic interests, as well as cultural and social pressures, encourage both an excessive use of health services and an expansion of people's expectations beyond what is realistic, what the health system is able to deliver. Not enough attention is paid to the environment or the integrity of the ecosystem.

A measured medicine involves the ability to act with moderation, gradually, and essentially, and uses the resources available appropriately and without waste. A measured medicine respects the environment and protects the ecosystem.

Slow Medicine recognizes that doing more does not mean doing better.

Respectful



People's values, expectations and desires are different and inviolable

Everyone has the right to be what he/she is, and to express what he/she thinks. A respectful medicine is able to acknowledge and take into consideration the values, preferences and orientations of a person in every moment of life.

Health professionals act with care, balance and empathy.

Slow Medicine recognizes that people's values, expectations and desires are different and inviolable.

Equitable



Appropriate and good quality care for all

An equitable medicine promotes appropriate care, which is both adequate to the person and circumstances, and proven to be effective and acceptable for both patients and health professionals.

An equitable medicine opposes inequality and facilitates access to health and social services. It overcomes the fragmentation of care, and encourages the exchange of information and knowledge among professionals.

Slow Medicine promotes appropriate and good quality care for all.

Clinic Operations

- ▶ Eliminating unnecessary products
 - ▶ Ie e-faxing prescriptions, eliminating exam paper, unnecessary glove use, unnecessary urine cups
- ▶ Reusable devices
 - ▶ Ie metal speculae instead of plastic, IUD/suture sets reusable, instruments, drapes
- ▶ Proper disposal/recycling
 - ▶ [Green Office Toolkit](#), the [Hamilton family Health Team](#) website or [CAPE's Climate Change Toolkit](#).

Cascades Primary Care Checklist

Reducing Low-Value Care	Stop prescribing antibiotics for viral URTIs and asymptomatic bacteriuria	<input type="checkbox"/>
	De-prescribe whenever appropriate – make yourself a “star chart” for every medication you stop; challenge your colleagues	<input type="checkbox"/>
	Read and download the Choosing Wisely Canada guidelines and try to follow them all!	<input type="checkbox"/>
	Ensure diagnosis of asthma or COPD have been confirmed when refilling inhalers	<input type="checkbox"/>

Cascades Primary Care Checklist

Health Promotion	Think of ways to reduce driving and encourage patients and staff to do the same	<input type="checkbox"/>
	Start writing social / nature / exercise prescriptions	<input type="checkbox"/>
	Counsel patients about plant-based diets	<input type="checkbox"/>
	Celebrate every patient who quits smoking in some way	<input type="checkbox"/>

Cascades Primary Care Checklist

Empowering Patients

Ask patients "How do you feel about this? Is it something you would like to do?" before ordering tests or treatments



Use the [CVD risk calculator](#) to determine need for medication and demonstrate benefits of [lifestyle changes](#)



Ask elderly patients "[What Matters to You?](#)"



Cascades Primary Care Checklist

Choosing Environmental Alternatives	Switch patients from MDIs to DPIs using the cheat sheet	<input type="checkbox"/>
	Eliminate exam table paper completely	<input type="checkbox"/>
	Switch from disposable to re-useable sterile wraps, drapes, devices	<input type="checkbox"/>

What does this look like in real life?

▶ Slido #2940405

What kind of actions would you be interested in your practice?

Real life examples

- ▶ Discussion: What is being done in clinical practice right now?



High Quality & **Low Carbon** Asthma Care

A primary care toolkit for improving asthma management in
British Columbia

This toolkit was reviewed and supported by:



Sustainable Inhaler Initiative



Planetary Health Committee

How to start the MART Plan: a checklist



Patient has a spirometry-confirmed asthma diagnosis



Arrange for pulmonary function testing in patients ≥ 6 years old with suspected asthma



Patient is at least 12 years old

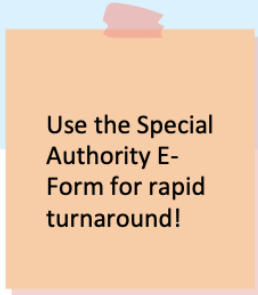
Patients ≤ 12 can benefit from other DPIs. For more info see: www.bcinhalers.ca



Apply for PharmaCare Special Authority Coverage for eligible patients

Special Authority criteria:

- Diagnosis of asthma
- Inadequate response on optimal dose of inhaled corticosteroid



Use the Special Authority E-Form for rapid turnaround!



Start the MART plan!





Terbutaline 0.5 mg/dose
*Directions: 1 inhalation
every 4 hours as needed*

Consider Terbutaline (Bricanyl)

For patients who require a SABA/rescue inhaler, consider the use of terbutaline (Bricanyl) instead of salbutamol (Ventolin).

It comes in the same device type as bud-form and is covered by PharmaCare **without** special authority.

This medication is approved for anyone ≥ 6 year old.

Community of practice for sustainability

- ▶ Looking for VCH clinics who are interested in creating a community of practice to discuss how we can be accountable to each other!

Contact me at: Klau@reachcentre.bc.ca

Questions?

