

# COVID-19 Community of Practice for Ontario Family Physicians

**Feb 3, 2023**

**Dr. Allison McGeer  
Dr. Fareen Karachiwalla  
Dr. Mohamed Alarakhia**



***COVID Vaccinations and digital supports***



Family & Community Medicine  
UNIVERSITY OF TORONTO

Ontario College of  
Family Physicians



# COVID Vaccinations and digital supports

Moderator:

- Dr. Tara Kiran, Fidani Chair, Improvement and Innovation, DFCM, Toronto, ON

Panelists:

- Dr. Allison McGeer, Toronto, ON
- Dr. Fareen Karachiwalla, Toronto, ON
- Dr. Mohamed Alarakhia, Kitchener, ON

Co-host:

- Dr. Mekalai Kumanan, Cambridge, ON

The COVID-19 Community of Practice for Ontario Family Physicians is a one-credit-per-hour Group Learning program that has been certified for up to a total of 32 credits.

# Land Acknowledgement

We acknowledge that the lands on which we are hosting this meeting include the traditional territories of many nations.

The OCFP and DFCM recognizes that the many injustices experienced by the Indigenous Peoples of what we now call Canada continue to affect their health and well-being. The OCFP and DFCM respects that Indigenous people have rich cultural and traditional practices that have been known to improve health outcomes.

I invite all of us to reflect on the territories you are calling in from as we commit ourselves to gaining knowledge; forging a new, culturally safe relationship; and contributing to reconciliation.

# Changing the way we work

## *A community of practice for family physicians during COVID-19*

At the conclusion of this series participants will be able to:

- Identify the current best practices for delivery of primary care within the context of COVID-19 and how to incorporate into practice.
- Describe point-of-care resources and tools available to guide decision making and plan of care.
- Connect with a community of family physicians to identify practical solutions for their primary care practice under current conditions.

### **Disclosure of Financial Support**

This CPD program has received in-kind support from the Ontario College of Family Physicians and the Department of Family and Community Medicine, University of Toronto in the form of logistical and promotional support.

### **Potential for conflict(s) of interest:**

N/A

### **Mitigating Potential Bias**

- The Scientific Planning Committee has full control over the choice of topics/speakers.
- Content has been developed according to the standards and expectations of the Mainpro+ certification program.
- The program content was reviewed by a three-member national/scientific planning committee.

*Planning Committee:* Dr. Tara Kiran (DFCM), Dr. Mekalai Kumanan (OCFP); Dr. Ali Damji (DFCM), Dr. Liz Muggah (OH), Kimberly Moran (OCFP), Mina Viscardi-Johnson (OCFP), Adrienne Spencer (OCFP), Marisa Schwartz (DFCM), Erin Plenert (DFCM)

### **Previous webinars & related resources:**

<https://www.dfcm.utoronto.ca/covid-19-community-practice/past-sessions>



## **Dr. Allison McGeer – Panelist**

Infectious Disease Specialist, Mount Sinai Hospital



## **Dr. Fareen Karachiwalla – Panelist**

Associate Chief Medical Officer of Health, Office of the Chief Medical Officer of Health, Public Health



## **Dr. Mohamed Alarakhia – Panelist**

Managing Director, eHealth Centre of Excellence

# Speaker Disclosure

- Faculty Name: **Dr. Allison McGeer**
- Relationships with financial sponsors: Novavax, Medicago, Sanofi-Pasteur, GSK, Merck
  - Grants/Research Support: Sanofi-Pasteur, Pfizer
  - Speakers Bureau/Honoraria: Moderna, Pfizer, AstraZeneca, Novavax, Medicago, Sanofi-Pasteur, GSK, Merck
  - Others: N/A
- Faculty Name: **Dr. Fareen Karachiwalla**
- Relationships with financial sponsors:
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: Associate Chief Medical Officer of Health (Ontario's Ministry of Health)
  - Others: Inner City Health Associates (Chair of the Board of Directors)
- Faculty Name: **Dr. Mohamed Alarakhia**
- Relationships with financial sponsors:
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: eHealth Centre for Excellence (a not-for-profit organization)
  - Others: N/A

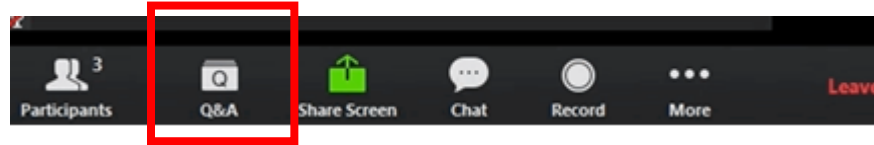
# Speaker Disclosure

- Faculty Name: **Dr. Mekalai Kumanan**
- Relationships with financial sponsors:
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: Ontario College of Family Physicians
  - Others: Chief of Family Medicine, Cambridge Memorial Hospital
- Faculty Name: **Dr. Tara Kiran**
- Relationships with financial sponsors:
  - Speakers Bureau/Honoraria: St. Michael's Hospital, University of Toronto, Health Quality Ontario (HQP), Canadian Institutes for Health Research (CIHR).Ontario College of Family Physicians (OCFP), Ontario Medical Association (OMA), Doctors of BC, Nova Scotia Health Authority, Osgoode Hall Law School, Centre for Quality Improvement and Patient Safety, Vancouver Physician Staff Association, University of Ottawa, Ontario Health, Canadian Medical Association, McMaster University, Queen's University, North American Primary Care Research Group.
  - Grants/Research Support: Canadian Institute for Health Research, Ministry of Health and Long-Term Care, St. Michael's Hospital Foundation, St. Michael's Hospital Medical Services Association, Women's College Hospital Academic and Medical Services Group Innovation Fund, University of Toronto, Health Quality Ontario, Ontario Ministry of Health, Gilead Sciences Inc., Staples Canada, Max Bell Foundation.

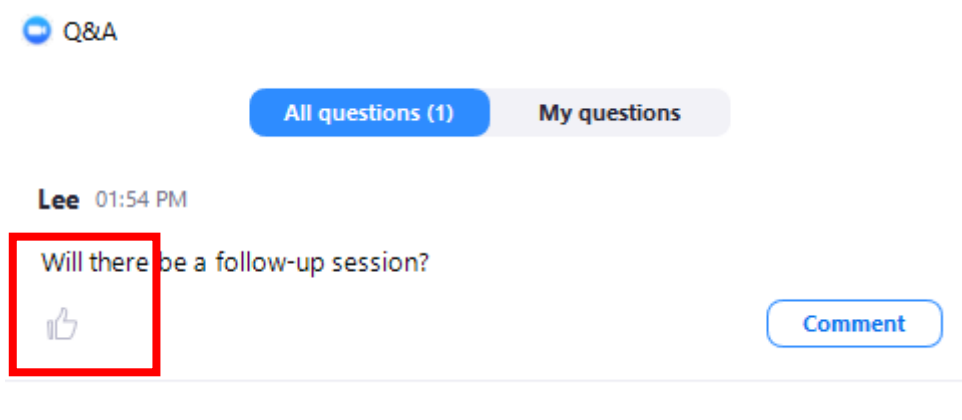


# How to Participate

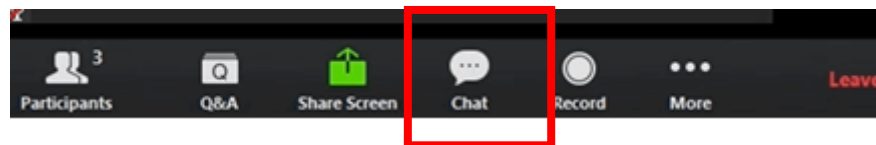
- All questions should be asked using the Q&A function at the bottom of your screen.



- Press the thumbs up button to upvote another guests questions. Upvote a question if you want to ask a similar question or want to see a guest's question go to the top and catch the panels attention.



- Please use the chat box for networking purposes only.







## **Dr. Allison McGeer – Panelist**

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## **Dr. Fareen Karachiwalla – Panelist**

Associate Chief Medical Officer of Health, Office of the Chief Medical Officer of Health, Public Health

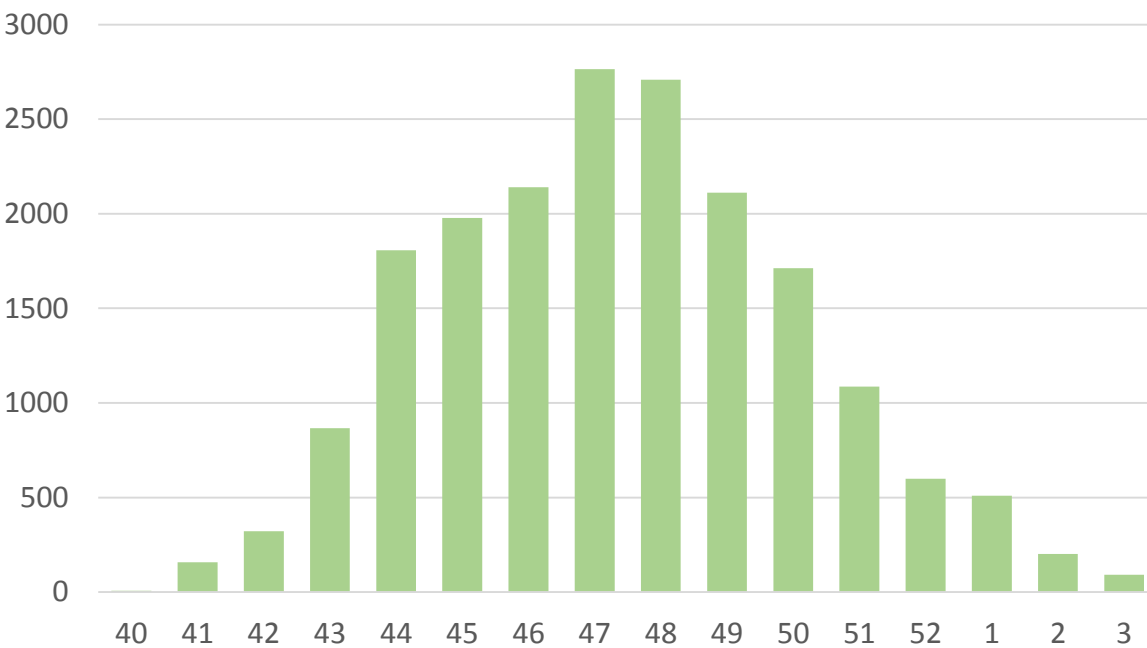


## **Dr. Mohamed Alarakhia – Panelist**

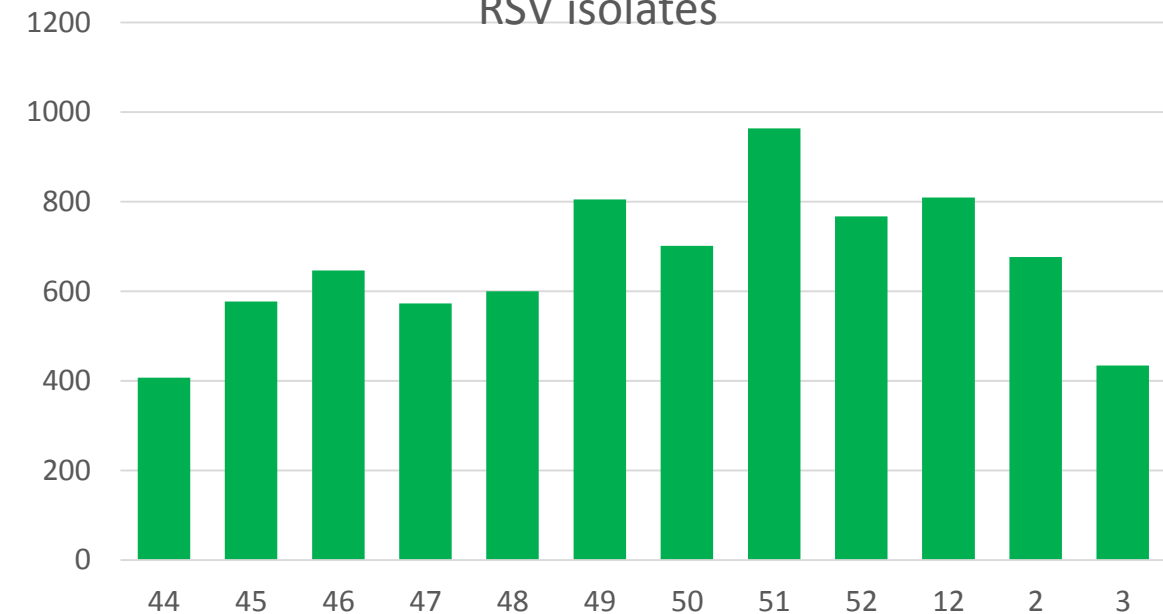
Managing Director, eHealth Centre of Excellence

# Non-COVID respiratory viruses

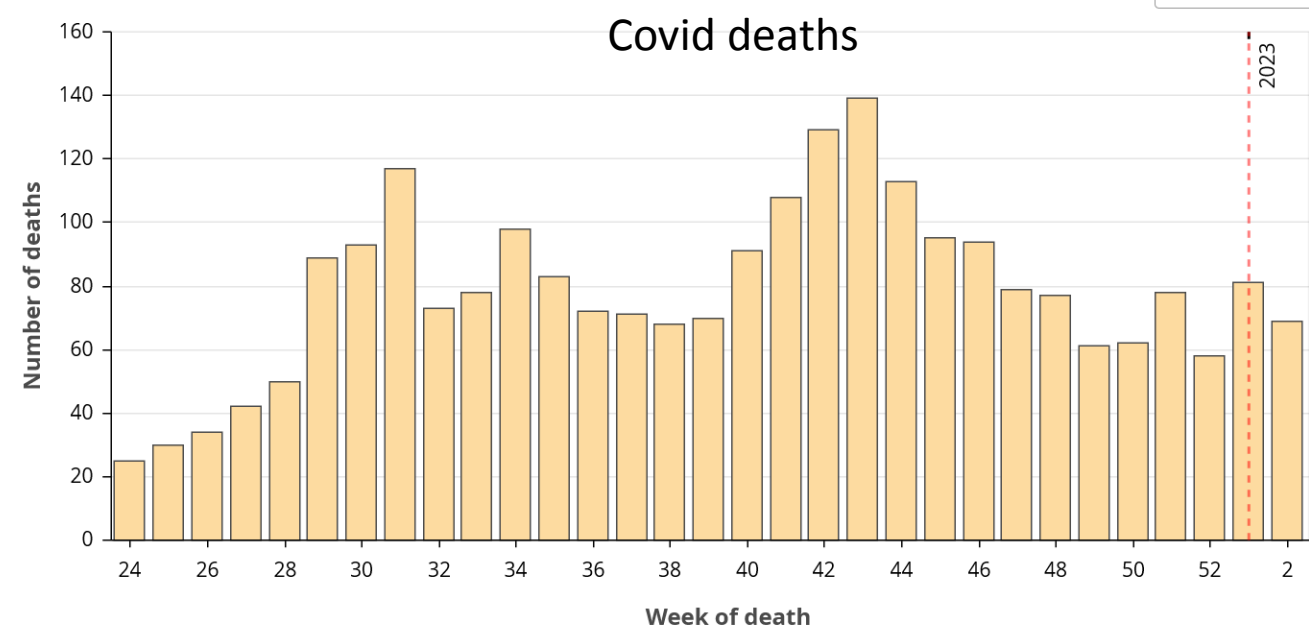
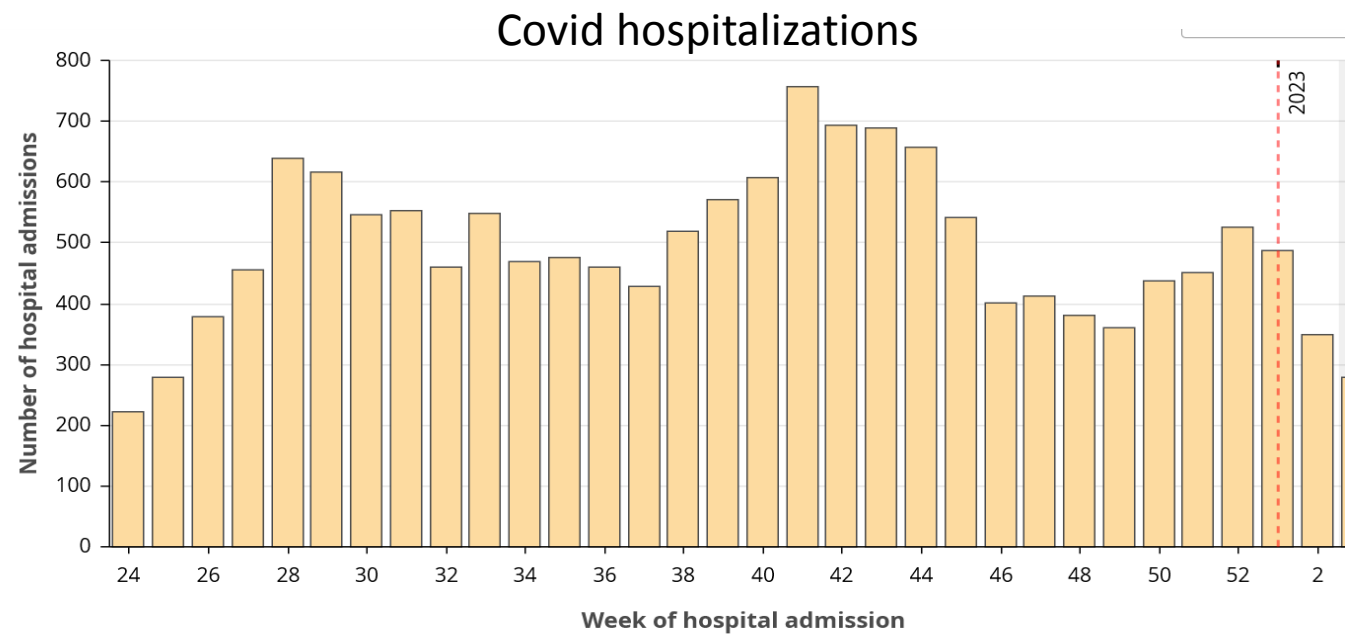
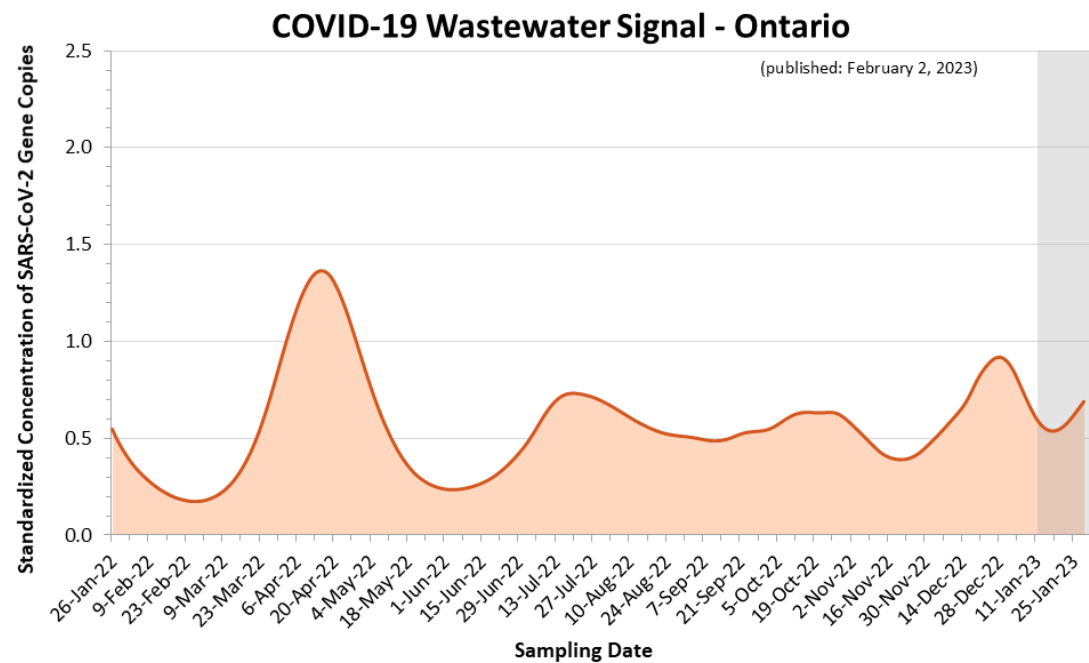
Reported influenza cases



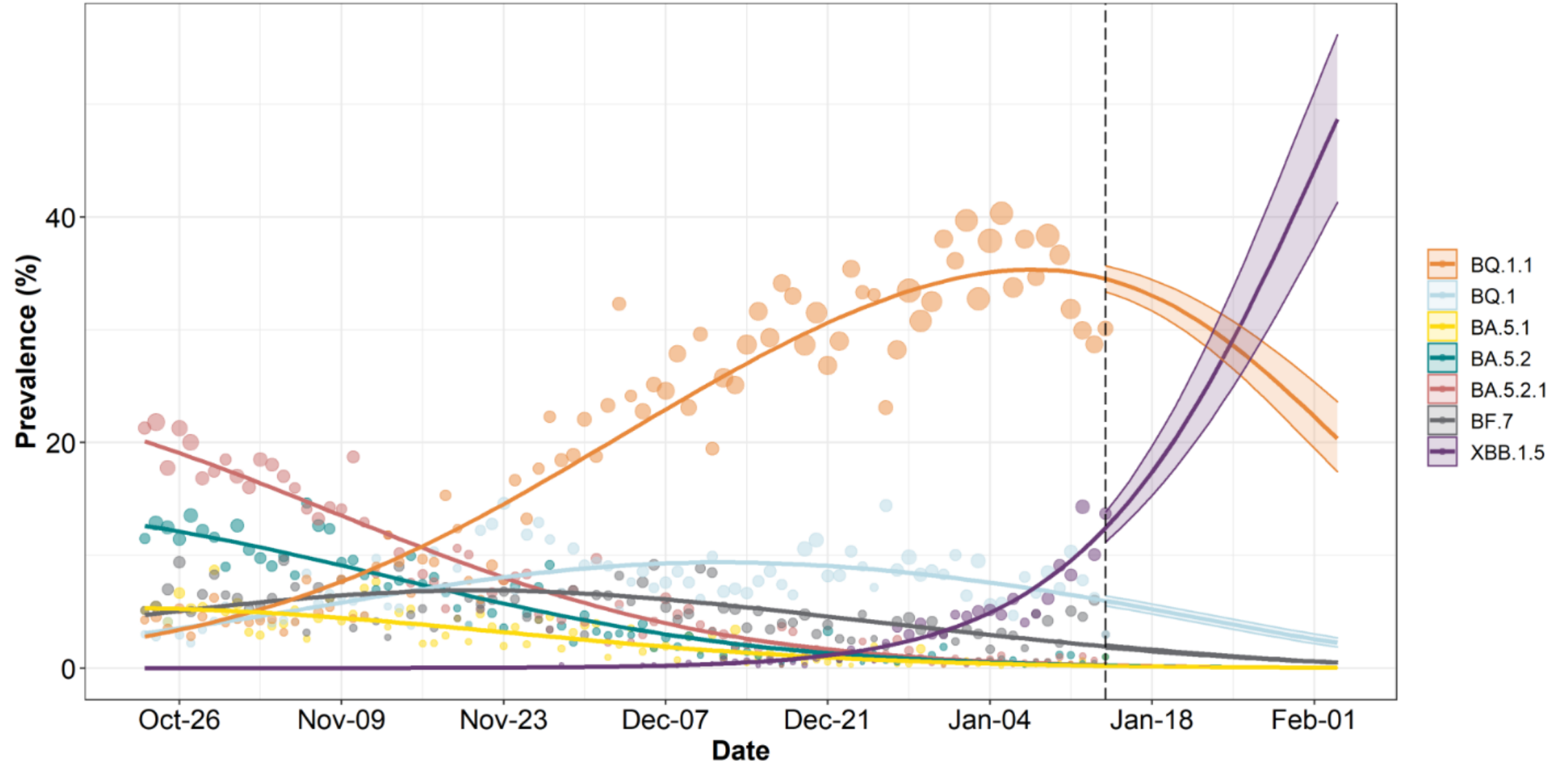
RSV isolates



# COVID-19



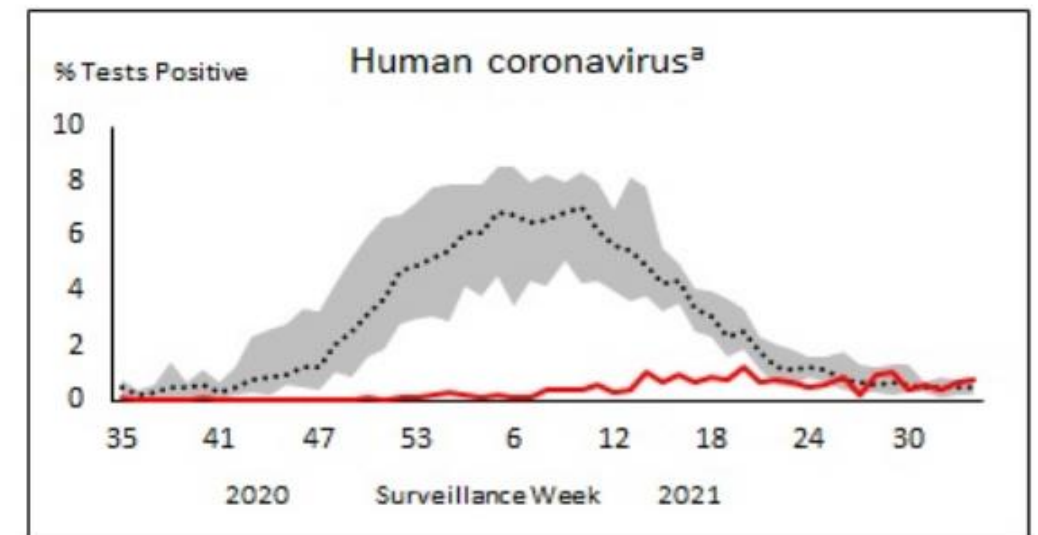
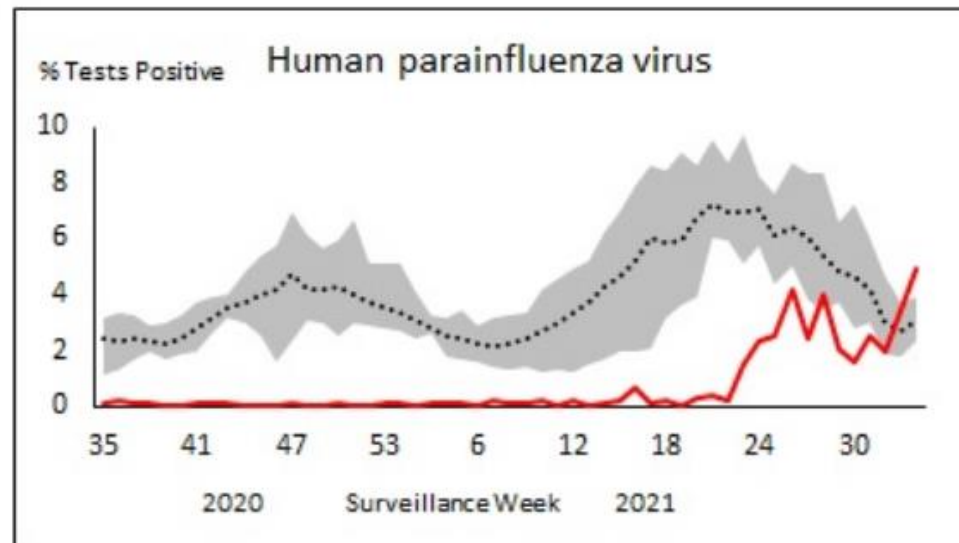
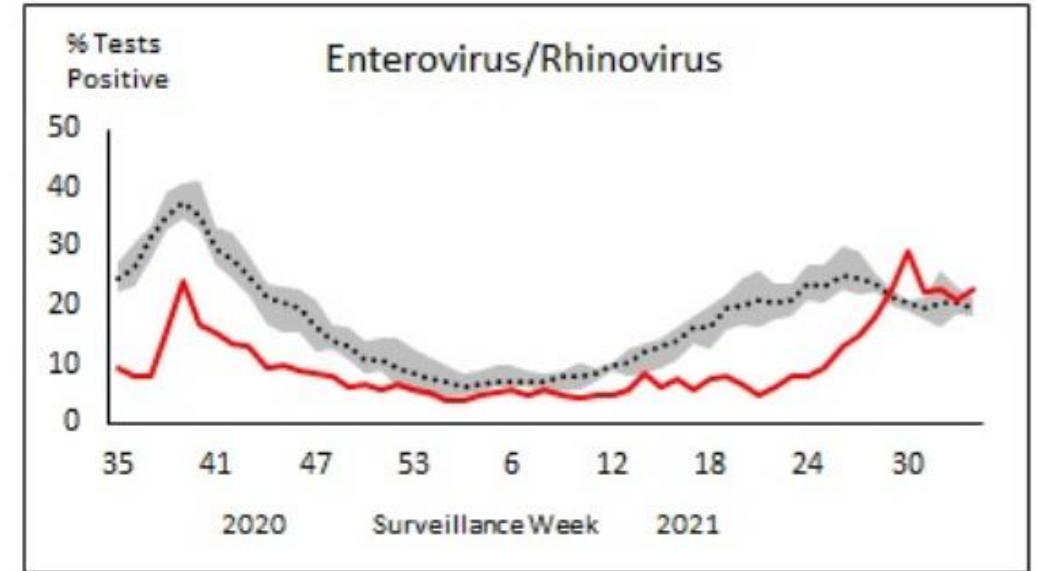
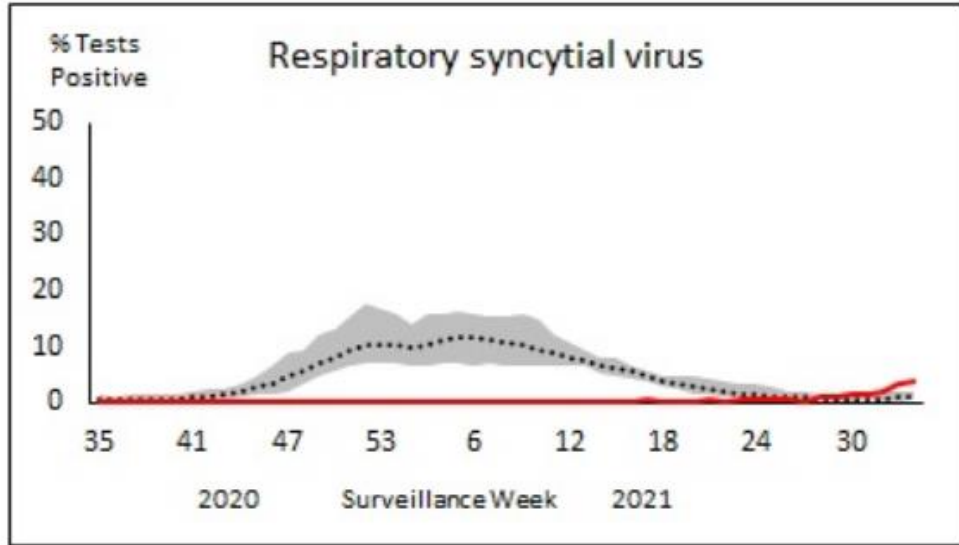
# COVID-19 Variants



# What comes next?

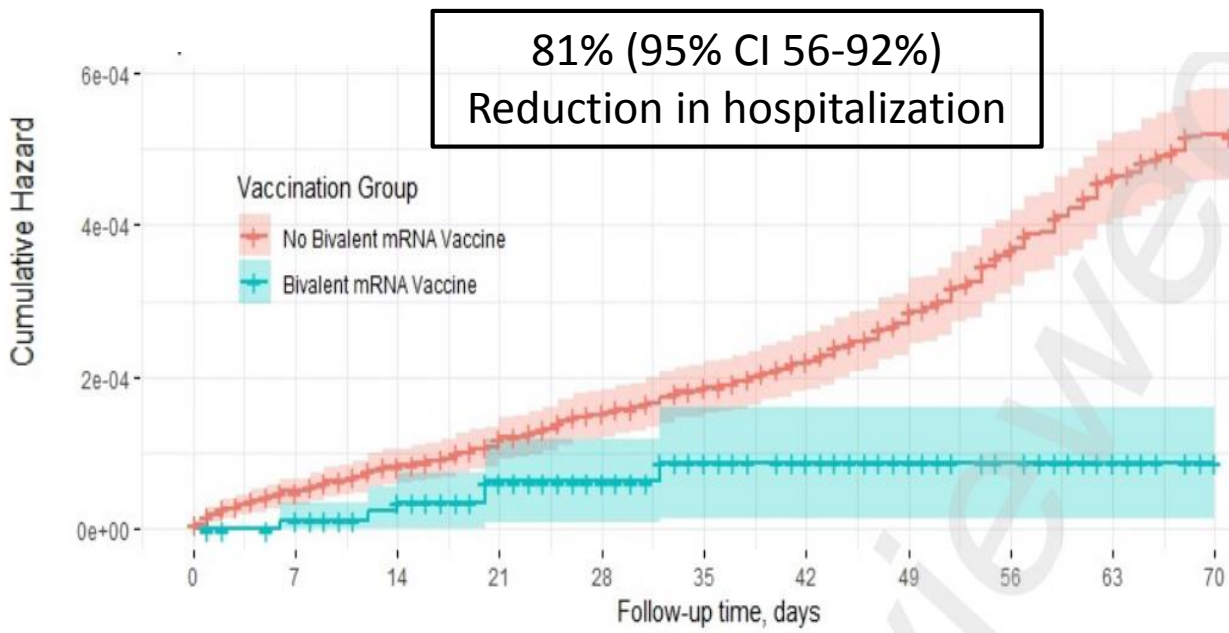
- Worst of viral respiratory season is behind us
  - This was “catch-up” season, next seasons will be getting back to normal
- COVID-19 burden will continue to decrease
  - Increasing immunity from infection and vaccination is steadily reducing the impact of COVID
    - Pandemic start: 15x worse than seasonal influenza
    - Now: 2.6x worse than seasonal influenza
  - When will the decreasing severity of COVID-19 stop?
  - What is the seasonal pattern of COVID-19 going to look like?

# Different respiratory viruses have different patterns



# What is the evidence that bivalent boosters work?

## 1. Effectiveness of the Bivalent mRNA Vaccine in Preventing Severe Covid-19 Outcomes: an observational study, Israel



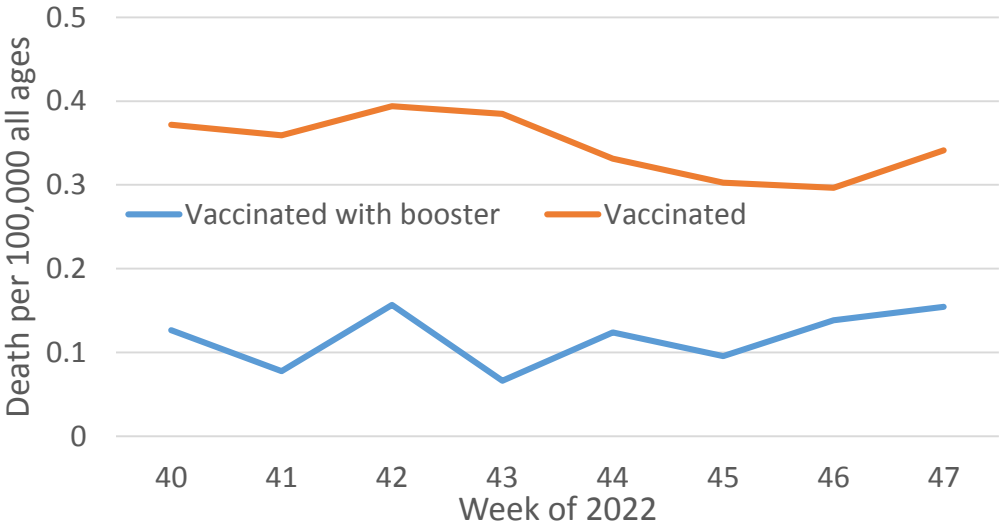
## 2. Bivalent booster protection against hospitalization, IVY network, US

Relative VE Bivalent booster versus	VE
>=2 doses monovalent, >=2 months earlier	61 (43-74)
>=2 doses monovalent, 2-5 months earlier	NE
>=2 doses monovalent, 6-11 months earlier	63 (42-76)
>=2 doses monovalent, >11 months earlier	65 (46-77)



# What is the evidence that bivalent boosters work?

## 3. US COVID tracker

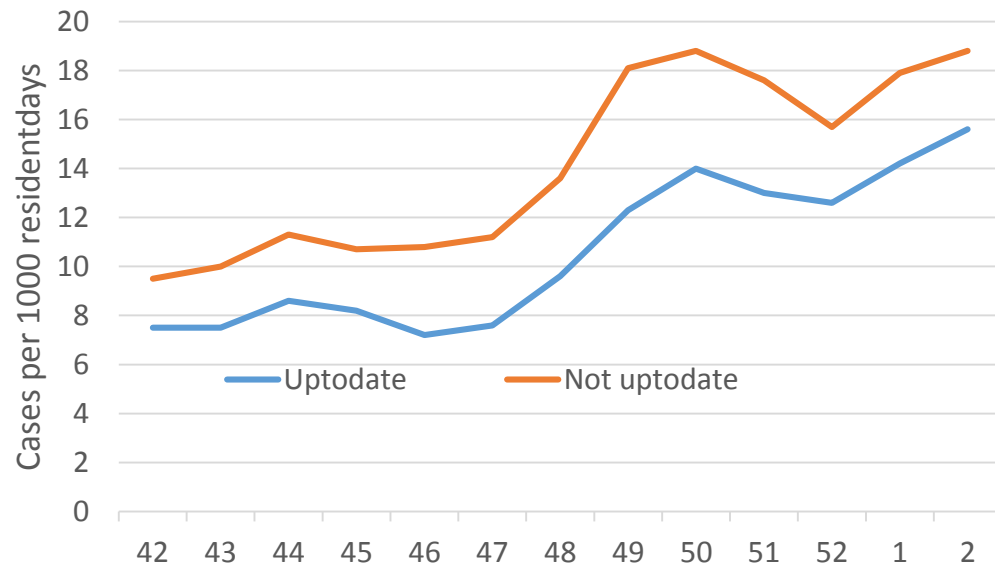


## 4. Prevention of symptomatic COVID-19, US Community access to testing program, Dec 18-Jan13

Age group/vaccine status	VE
18-49 years with bivalent booster, vs. 2 or 3 doses without booster	51 (42-58)
50-64 years with bivalent booster, vs. 2-4 doses without booster	42 (27-53)
65+ years with bivalent booster, vs. 2-4 doses without booster	41 (23-55)

# What is the evidence that bivalent boosters work?

## 5. Laboratory confirmed COVID-19 in residents of US nursing home by vaccination status, Oct 1/22- Jan 13/23



## 6. Effectiveness of bivalent boosters versus hospitalization or death due to COVID, North Carolina (day 15-99 after dose)

Comparator groups	VE
Bivalent vs. primary plus 2 boosters	62 (44-74)
Bivalent vs. primary plus 3 boosters	56 (12-78)

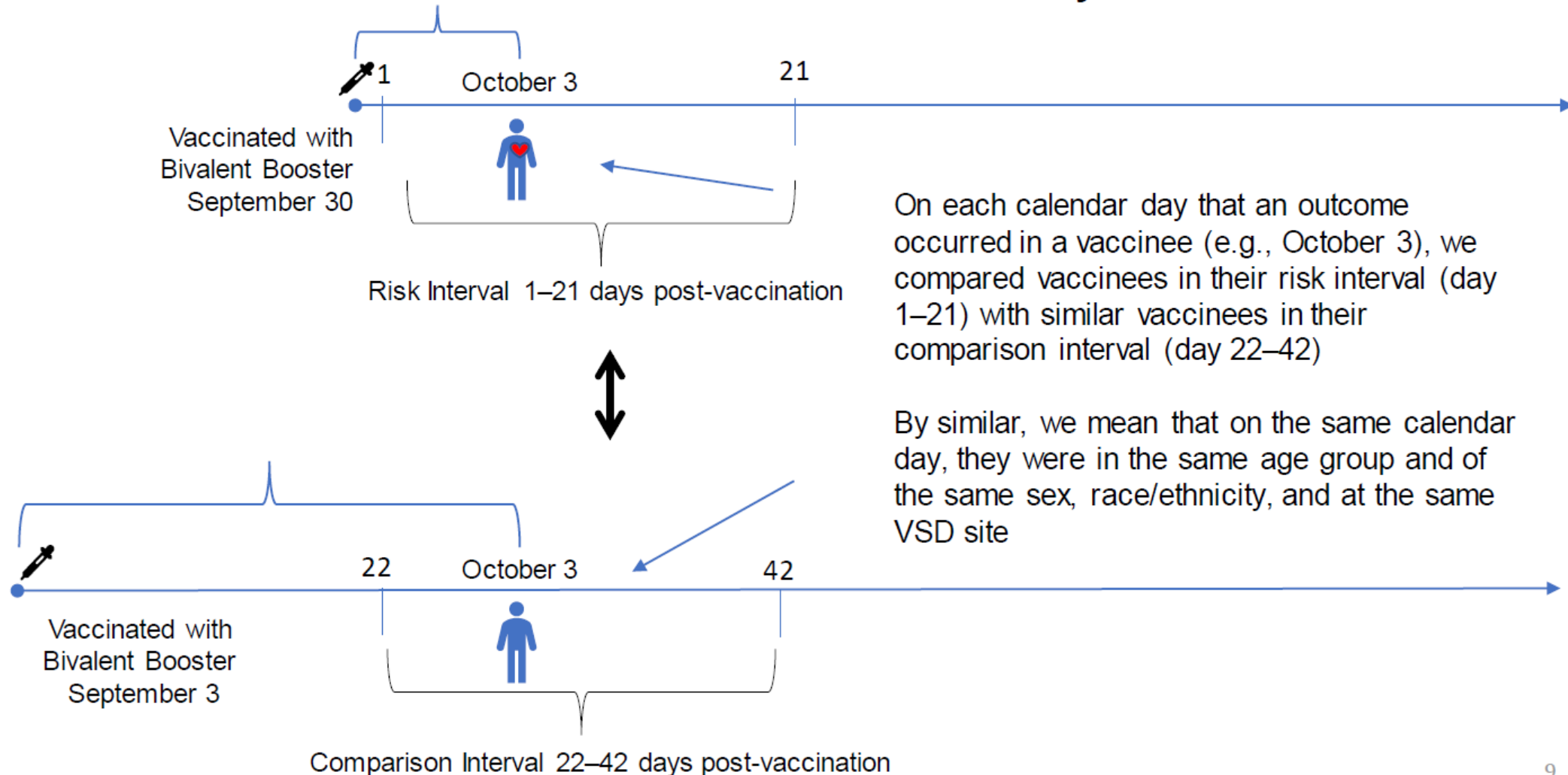
Dubendris et al. MMWR 2023;72:95–99. DOI: <http://dx.doi.org/10.15585/mmwr.mm7204a3>.

Lin et al NEJM Jan 25, 2023; DOI: 10.1056/NEJMc2215471

# What is the stroke signal with Pfizer bivalent boosters?

## From the Vaccine Safety Data Link

**Vaccinee with outcome in the risk interval and a concurrent comparator  
“bivalent vaccinated individuals only”**



# What is the stroke signal with Pfizer bivalent boosters?

## Bivalent RCA concurrent comparator analyses of ischemic strokes during 1–21-day Risk Interval versus 22–42-day Comparison Interval\*

				Nominal analysis		Sequential analysis	
Age group (years)	Vaccine	Risk events (N)	Comp events (N)	Adjusted Rate Ratio	95% Confidence Interval	1-sided p-value	Signal? 1-sided p <0.01
18–64	Pfizer	33	23	1.34	0.77–2.36	0.183	no
	Moderna	11	13	0.65	0.27–1.52	0.89	no
65+	<b>Pfizer</b>	<b>130</b>	<b>92</b>	<b>1.47</b>	<b>1.11–1.95</b>	<b>0.005</b>	<b>yes</b>
	Moderna	57	49	1.12	0.75–1.67	0.323	no

\* Data through Jan 8, 2023

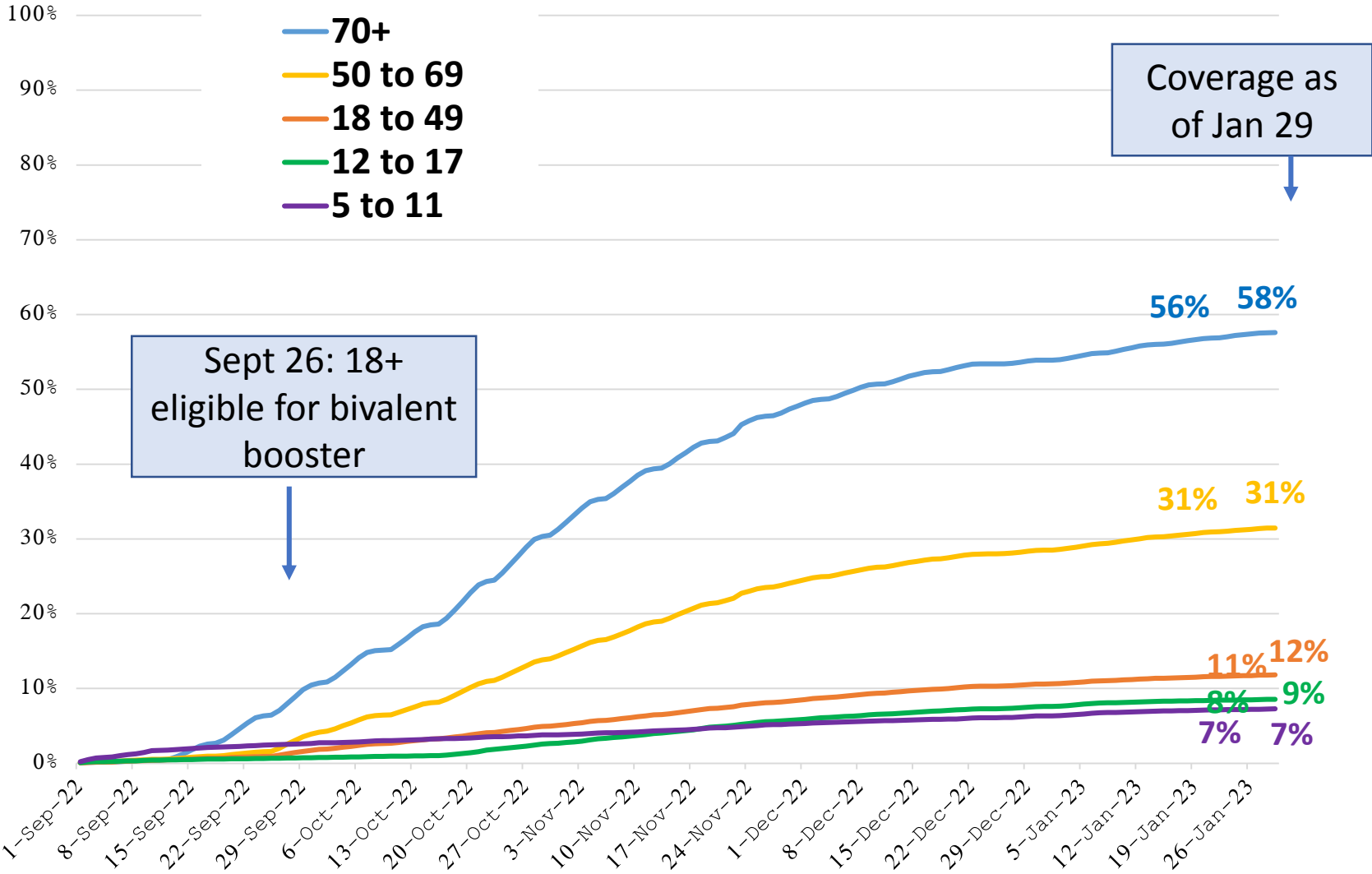
# Vaccine program in ON: Current State

- **Goal:** Reduce covid-19 severity (hospitalizations/deaths)

Age	<u>Can</u> get	<u>Should</u> get
6 months - < 5 years	Primary series <i>Immunocompetent: 2 doses of Moderna OR 3 of Pfizer</i> <i>Immunocompromised: 3 doses Moderna</i>	
5 years and older	Primary series <i>Immunocompetent: 2 doses Pfizer (if &lt; 30); 2 doses Moderna or Pfizer (if &gt;30)</i> <i>Immunocompromised: 3 doses Pfizer (if &lt;25); 3 doses Moderna or Pfizer (if &gt;25)</i>  Bivalent booster this respiratory season <i>Pfizer (if &lt;18); Moderna or Pfizer (if &gt;18)</i>	Primary series Anyone 5 and older  Bivalent booster this resp season Anyone 65 + Anyone 5-64 at increased risk  <i>**(everyone 12-17 at high risk and everyone 18+ should have at least one booster)</i>

# Ontario Fall Booster Coverage Over Time by Age (n = 3,013,992)

As of January 29, 2023



## Key Insights

- Coverage rate is highest among individuals age **70+**

**Note:** Vaccinated with Fall Booster: Completed primary series and received a booster on or after September 1, 2022

**Data Source(s):** {1}

# Booster Dose Intervals

- Interval refers to the time period between your next booster dose and your last dose OR last confirmed covid-19 infection
  - Optimal interval: **6 months**
  - Minimum interval: **3 months** (most appropriate for those high risk of severe covid-19 infection)
    - NACI statement is clear that this was intended to be a one time interval (to catch people up before the fall booster)
- Evidence supports a 6 month interval
- VE tends to wane around 4-6 months (though new data on hybrid immunity is reassuring)



# What if my patient has already had a booster this respiratory season?

- In Ontario, they are eligible to receive another (haven't said 'recommended', on a broad level)
  - At a minimum interval of 3 months (all eligible to book at this interval)
    - Most appropriate for those at high risk
  - 6 months more optimal
  - Individual decision making
- Factors to consider:
  - Ever had a confirmed covid-19 infection?
  - Very high risk (immunocompromised? Advanced age? +++ comorbidities)
  - Strong personal preference
  - Strong clinician preference

# What will the future program be in ON?

- Data/evidence still emerging (e.g. seasonality not clear)
- High risk spring program a possibility; fall program for a broader group also possible
- Intervals very unlikely to remain (especially at 3 months)
- Scenarios:
  - Once a year for the general population
  - 2X a year for select high risk group possible
  - Future years – likely seasonal and once a year (if even)

# Couple of points of clarity

- Co-administration
  - Allowed for all age groups (6 months and older)
  - Can co-administer, or give vaccines at any time before/after a covid-19 vaccine
- Paxlovid pre prescribing
  - Physician & NP can pre position a Rx; though need a + test to dispense
- MPX
  - Few cases since the declaration of end of the OB (Dec 10<sup>th</sup> 2022)
  - Vaccine 2<sup>nd</sup> dose promotion efforts underway (1/5 of those that have received a 1<sup>st</sup> dose have received a 2<sup>nd</sup>)

# Mpox (formerly monkeypox) vaccination

- Eligible patients should receive a full two-dose vaccine series
- Remind patients that previous smallpox vaccination may not be protective against MPOX infection – they should receive Imvamune
- Encourage at-risk individuals who are travelling soon to get vaccinated before leaving.

## VACCINATION CLINICS

- Clinics in Ontario by region: [MPX: What We Know – GMSH:  
https://gmsh.ca/blog/2022/05/20/mpx/](https://gmsh.ca/blog/2022/05/20/mpx/)

## MORE MPOX QUESTIONS?

- Patient may book one-to-one phone consultation with a *VaxFacts clinic* doctor: <https://www.shn.ca/vaxfacts/>

# COVID-19: Where to get vaccinated

If you are not vaccinating, remind eligible patients who are six months or older of options for booking a vaccine:

- ☐ [COVID-19 vaccination portal](#)
- ☐ Provincial Vaccine Contact Centre at [1-833-943-3900](tel:1-833-943-3900) (TTY for people who are deaf, hearing-impaired or speech-impaired: [1-866-797-0007](tel:1-866-797-0007))
- ☐ [Public health units](#) using their own booking system
- ☐ [participating pharmacies](#)
- ☐ Indigenous-led vaccination clinics
- ☐ [GO-VAXX bus](#) (for ages five and older)
- ☐ Some hospital clinics (for ages 5+) – check with local hospital or public health unit
- ☐ mobile or pop-up clinics (for ages 5+) – visit [local public health unit website](#) for details, if available in your region
- ☐ Additional options, such as walk-in clinics, may be available locally for children aged six months to four years old – visit [local public health unit website](#)



## CanTreatCOVID

Canadian Adaptive Platform Trial of Treatments  
for COVID in Community Settings

- Canada-wide study evaluating effectiveness of COVID-19 medications
- By primary care providers, for primary care providers
- Eligible: Adults with a positive COVID test, aged 50+ years or 18-49 years with one or more chronic condition(s)
- Enrollment underway – to refer your patients (patients may self-refer):
  - Phone: **1-888-888-3308 (Monday - Friday, 8 am to 6 pm ET)**
  - Email: [info@CanTreatCOVID.org](mailto:info@CanTreatCOVID.org)
  - Website: **CanTreatCOVID.org/contact**
- More information:
  - FAQs: <https://www.dfcm.utoronto.ca/sites/default/files/inline-files/CanTreatCOVID%20Study%20Info%20FAQ.pdf>
  - COVID-19 CoP session, “COVID Therapeutics” – Jan. 20, 2023:  
<https://www.dfcm.utoronto.ca/past-covid-19-community-practice-sessions>



# Decreasing Administrative Burden and Reducing the Risk of Clinician Burnout

**Dr. Mohamed Alarakhia, BSc(Hons), MD, CCFP, MSc**  
Managing Director, eHealth Centre of Excellence



# Clinician burnout: administrative burden

Family doctors are spending up to **25% of their week on administrative work**, which is one of the main contributing factors to clinician burnout.

One of the recommendations from the OCFP involves streamlining processes so that physician time spent on administrative work is **reduced to a maximum of 10% of their week**, as the NHS in the UK has done. The Nova Scotia government set a target to **reduce the physician administrative burden by 10% by 2024**.



OCFP 2022. Accessed January 3, 2023. <https://lifewithoutadoctor.ca/policy.pdf>

Canadian Federation of Independent Business 2023. Accessed January 31, 2023.

<https://www.cfib-fcei.ca/en/media/canadian-doctors-spend-over-18-million-hours-a-year-on-unnecessary-administrative-work>

So what do we do to help clinicians?

# Clinician Co-design

We've created HEAL (Healthcare Experience and Advancement Lab) to enable clinicians to identify problems that are creating increased administrative burden and to help co-design solutions.



## The clinician experience lab will explore:

- Clinician burnout and alleviation
- Enhancements needed to ensure workflow efficiency
- Patient engagement and communication tools

*And more!*

To learn more about opportunities to participate, please visit:

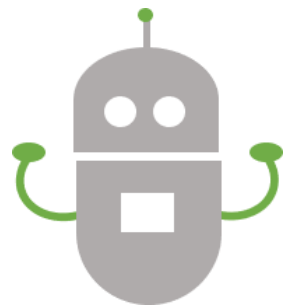
[www.ehealthce.ca/HEAL](http://www.ehealthce.ca/HEAL)

# Supporting Clinicians with Automation

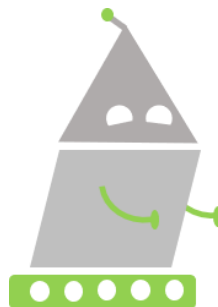
Automation technology has been deployed in 60+ clinics supporting over 400 physicians/nurse practitioners with **virtual assistants**.

We have observed that the virtual assistants **save over 20% of clinician/staff time** when transferring data and are **6 times faster** than manual labour. Bernie saved a clinic 87 hours of time for documentation of COVID-19 vaccination.

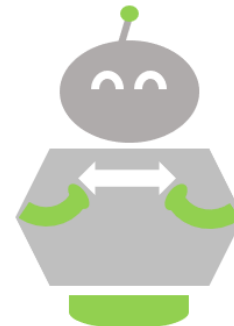
## A Family of Virtual Assistants



Bernie



Cody

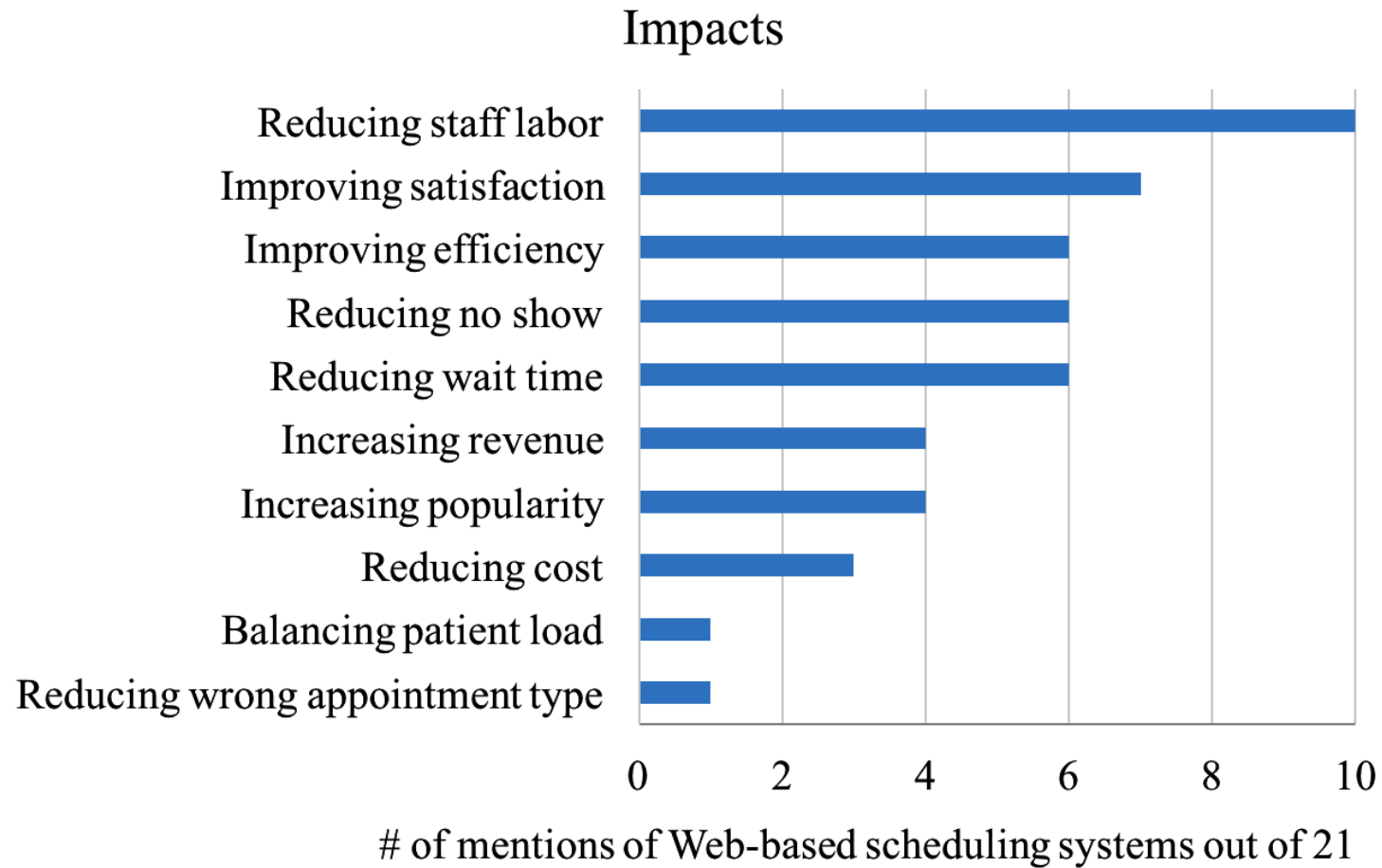


Sharon

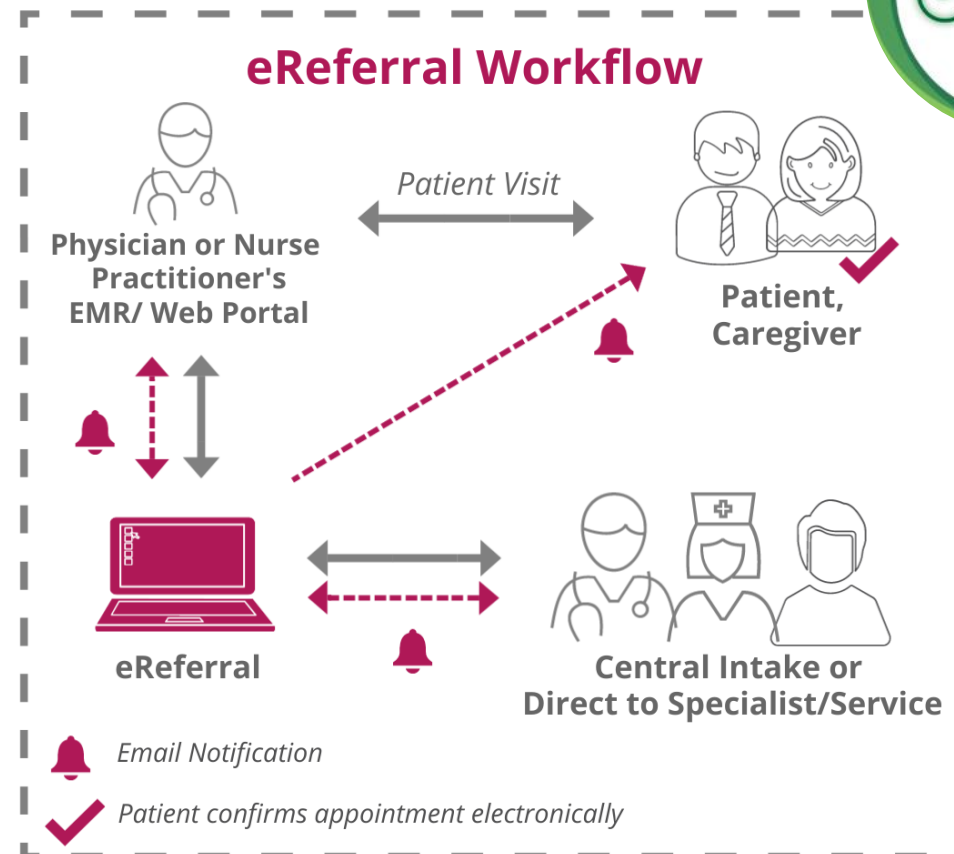
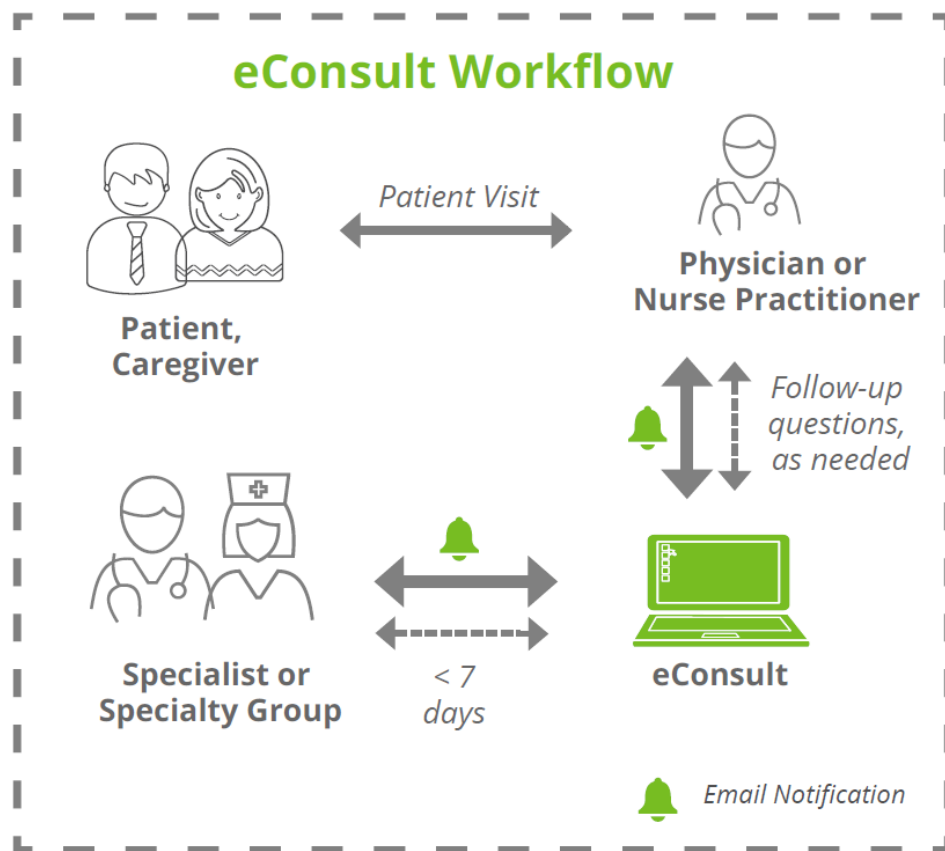


Poppy

# Supporting Clinicians with Online Appointment Booking



# Supporting Clinicians with Access to Services



# Supporting Clinicians with Easier Access to Evidence



Our vision is a future where people get the best evidence-based care by supporting clinicians with easy-to-use tools & supports at the point of care.



**Ensure clinicians have access to best practice tools & supports**

Increasing use of practices and pathways that improve health outcomes



**Reduce the effort required by individuals and organizations**

Synthesizing information, translating it into clinical systems, realizing consistencies and economies of scale through implementation at the provincial level



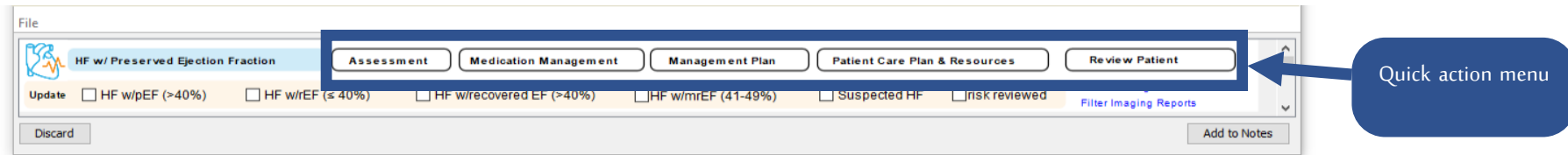
**Improve patient and caregiver experience**

Through supporting the delivery of best practices and consistent quality of care across the province



# EMR-integrated Heart Failure toolbar

Available in TELUS PS Suite EMR, with versions for OSCAR and Accuro coming in 2023



Available modules can be accessed from the heart failure toolbar

## Features include:



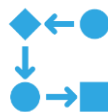
### Increased support for investigations into heart failure diagnosis

Evidence-based guidance to assist clinicians with identifying, tracking, and supporting at-risk patients



### Increased support for medication plan management

Easy access to information for clinicians to reference, with picklists to facilitate appropriate medication selection, built-in notification flags to have medication changed if the patient's condition is worsening, and more



### A modular approach that supports adaptive workflows

Users can fill out certain parts of the tool to gather information during the patient visit instead of opening an entire form to fill out a specific part

# Thank you!

For more information, please visit our website or contact [info@ehealthce.ca](mailto:info@ehealthce.ca).

[www.ehealthce.ca](http://www.ehealthce.ca)



eConsult



eReferral



Virtual Care



Patient Forms



Online Appointment  
Booking



Evidence2Practice  
EMR Supports



Automated Solutions

## NEWS RELEASE

# Your Health: A Plan for Connected and Convenient Care

Ontario government connecting people to convenient care, close to home

February 02, 2023

[Health](#)

## Ontario commits to sharing healthcare data with Ottawa

LAURA STONE > QUEEN'S PARK REPORTER

DUSTIN COOK > QUEEN'S PARK REPORTER

PUBLISHED 7 HOURS AGO

UPDATED 53 MINUTES AGO



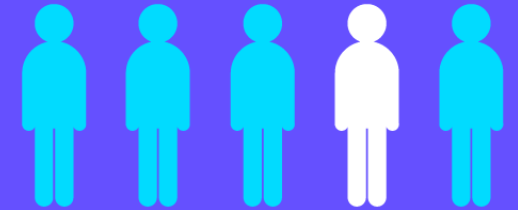
As part of the plan released Thursday, Ontario says it will spend \$30-million create up to 18 “interprofessional” health teams comprised of nurses, doctors and social workers to help “bridge the gap” in accessing primary care for vulnerable and marginalized patients.

February 3, 2023

# OurCare

The OurCare study surveyed people across Canada (Sept-Oct 2022) about their care experiences and what's important to them when it comes to family doctor care. Learn more at [OurCare.ca](https://ourcare.ca).

**NEW NATIONAL DATA:** More than **6.5 million** people in Canada over the age of 18 don't have a regular family doctor or nurse practitioner (NP) – that's more than **1 in 5** adults.



**People in Ontario and the prairies**  
**82–86%** have a family doctor or NP

**People in Québec, BC & Atlantic provinces**  
**69–71%** have a family doctor or NP

**People with high incomes (>\$150K/year)**  
**80%** have a family doctor or NP

**People with low incomes (<\$20K/year)**  
**76%** have a family doctor or NP

**Women**  
**80%** have a family doctor or NP

**Men**  
**74%** have a family doctor or NP

**People age 65+**  
**86%** have a family doctor or NP

**People age 18–29**  
**63%** have a family doctor or NP

Explore the data yourself: [data.ourcare.ca](https://data.ourcare.ca)

# Join the COVID-19 Community of Practice Planning Committee

Looking for members of this community to participate in the planning of these sessions who:

- represent different practice models
- practice in different regions within Ontario



[ocfpcme@ocfp.on.ca](mailto:ocfpcme@ocfp.on.ca)



# Questions?

Webinar recording and curated Q&A will be posted soon

<https://www.dfcm.utoronto.ca/covid-19-community-practice/past-sessions>

Our next Community of Practice: February 24, 2023

Contact us: [ocfpcme@ocfp.on.ca](mailto:ocfpcme@ocfp.on.ca)

Visit: <https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources>

The COVID-19 Community of Practice for Ontario Family Physicians is a one-credit-per-hour Group Learning program that has been certified for up to a total of 32 credits..

**Post session survey will be emailed to you. Mainpro+ credits will be entered for you with the information you provided during registration.**