COVID-19 Community of Practice for Ontario Family Physicians

March 24, 2023

Dr. Michelle Science
Dr. Chandi Chandrasena

IPAC, boosters and digital tools for practice

Family & Community Medicine
UNIVERSITY OF TORONTO

Ontario College of
Family Physicians

IPAC, boosters and digital tools for practice

Moderator:

- Dr. Ali Damji, Division Head, Primary Care, Trillium Health Partners and Family Physician, Credit Valley Family Health Team, Mississauga, ON

Panelists:

- Dr. Michelle Science, Toronto, ON
- Dr. Chandi Chandrasena, Ottawa, ON

Co-hosts:

- Dr. Mekalai Kumanan, Cambridge, ON
- Dr. Liz Muggah, Ottawa, 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.

‘We have to fix it faster’: 28 First Nations communities still under boil water advisories

Posted March 22 2023 08:06pm

Today is World Water Day, but more than two billion people don't have access to a clean source, and that includes many Canadian Indigenous communities. Marney Blunt spoke with a resident from Hollow Water First Nation, who says she won't drink what comes from her tap.

Global NEWS

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), Julia Galbraith (OCFP), Marisa Schwartz (DFCM), Erin Plenert (DFCM)

Previous webinars & related resources:

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

Dr. Michelle Science– Panelist

Medical Advisor, IPAC, The Hospital for Sick Children; IPAC Physician, Health Protection, Public Health Ontario

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- Relationships with financial sponsors:
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: Ontario College of Family Physicians
  - Others: N/A

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  - Grants/Research Support: N/A
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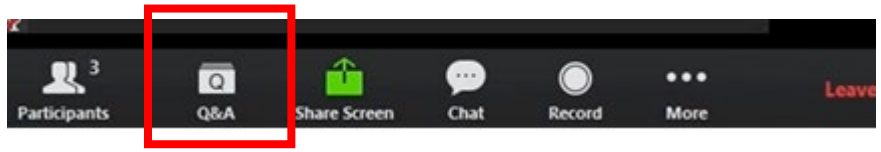
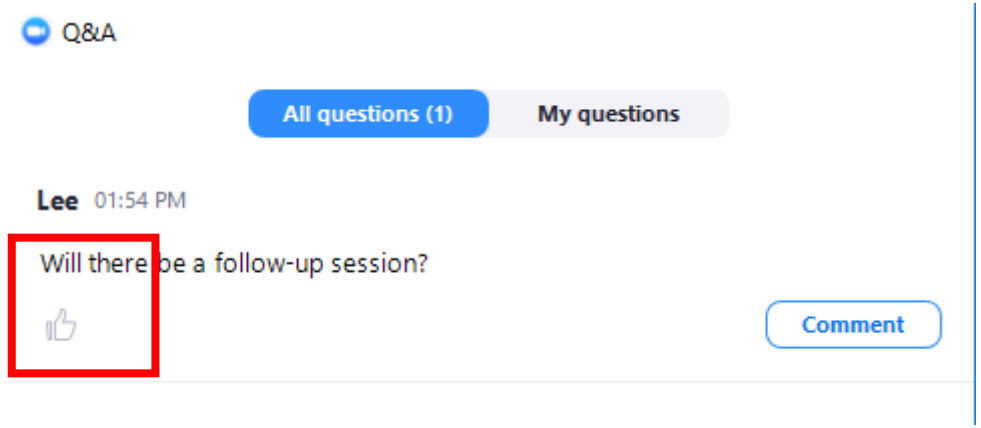
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: N/A
  - Others: Ontario Health

How to Participate

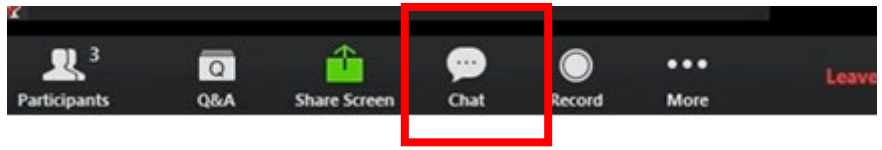
- All questions should be asked using the Q&A function at the bottom of your screen.



- 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.



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Chief Medical Officer, OntarioMD

Public Health Ontario | Santé publique Ontario

Current Trends in Respiratory Viruses and Implications for Practice

Dr. Michelle Science

Public Health Ontario

March 25, 2023

Outline

- Respiratory Virus Epidemiology
  - Historical Trends
  - 2022 – 2023 Season
  - COVID-19 update
- Implications for practice
  - Adjusting IPAC Measures
  - COVID-19 Booster Recommendations

Historical Respiratory Virus Trends

Usual Trends in Viral Respiratory Tract Infections

Number positive laboratory tests for other respiratory viruses by report week

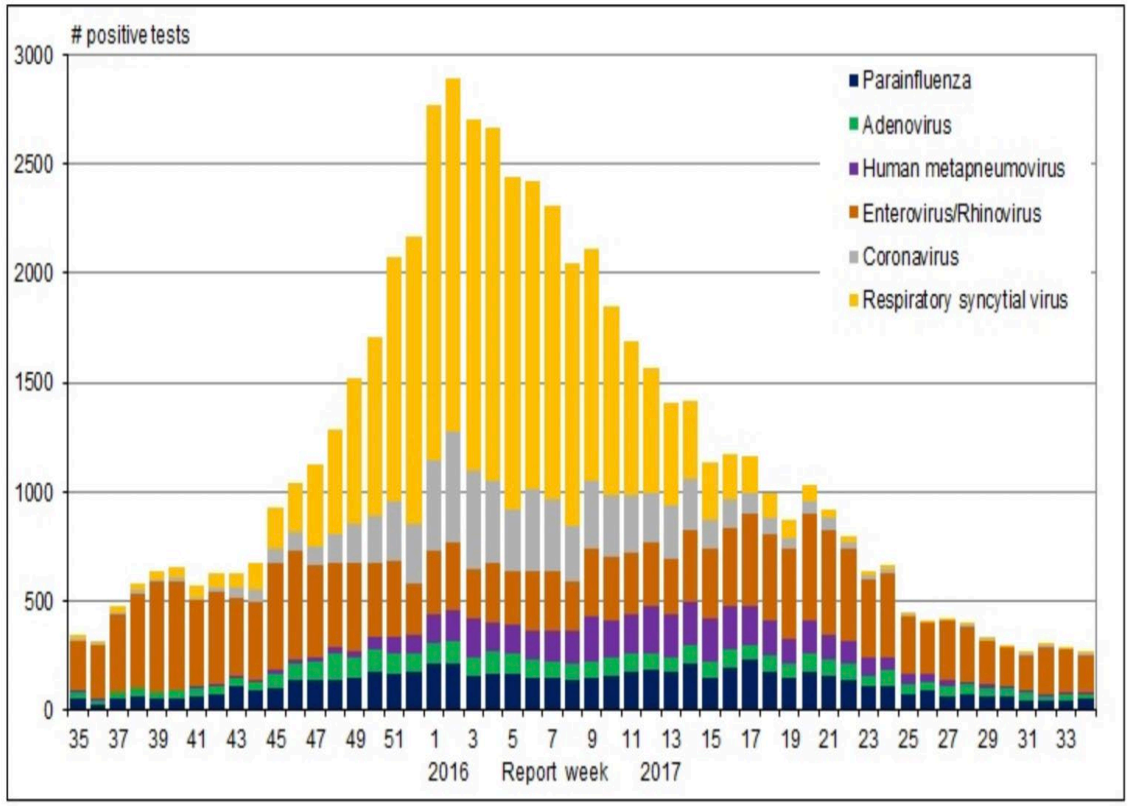
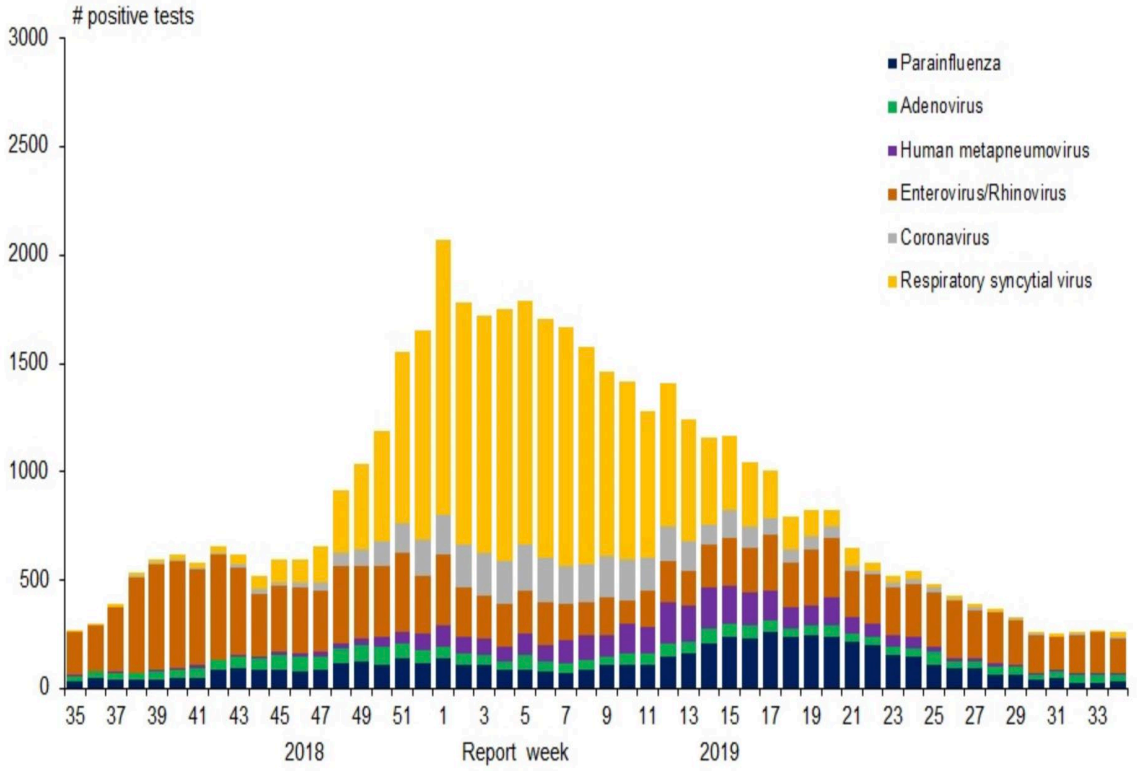


Figure 1: Number positive laboratory tests for other respiratory viruses by report week, Canada



https://www.canada.ca/en/public-health/services/surveillance/respiratory-virus-detections-canada.html

Usual Trends In Influenza Activity

Positive Influenza Tests (%) in Canada by Region by Week of Report

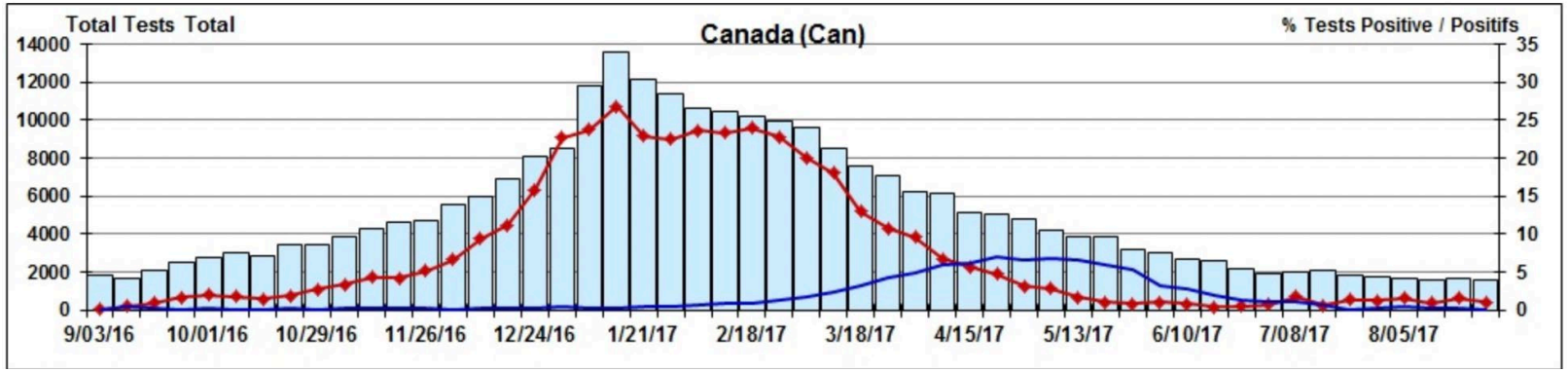
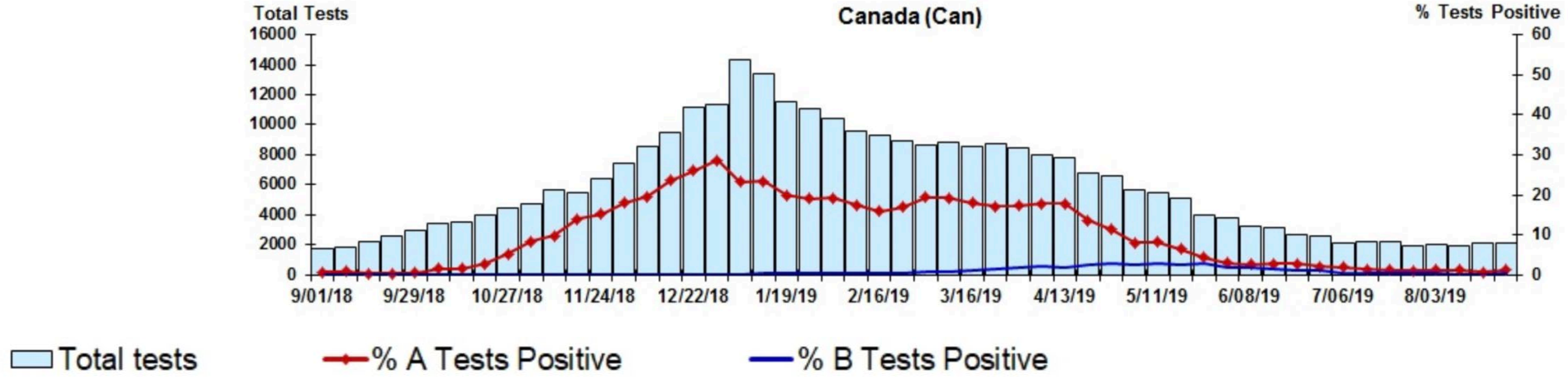


Figure 2: Positive Influenza Tests (%) in Canada by Region by Week of Report



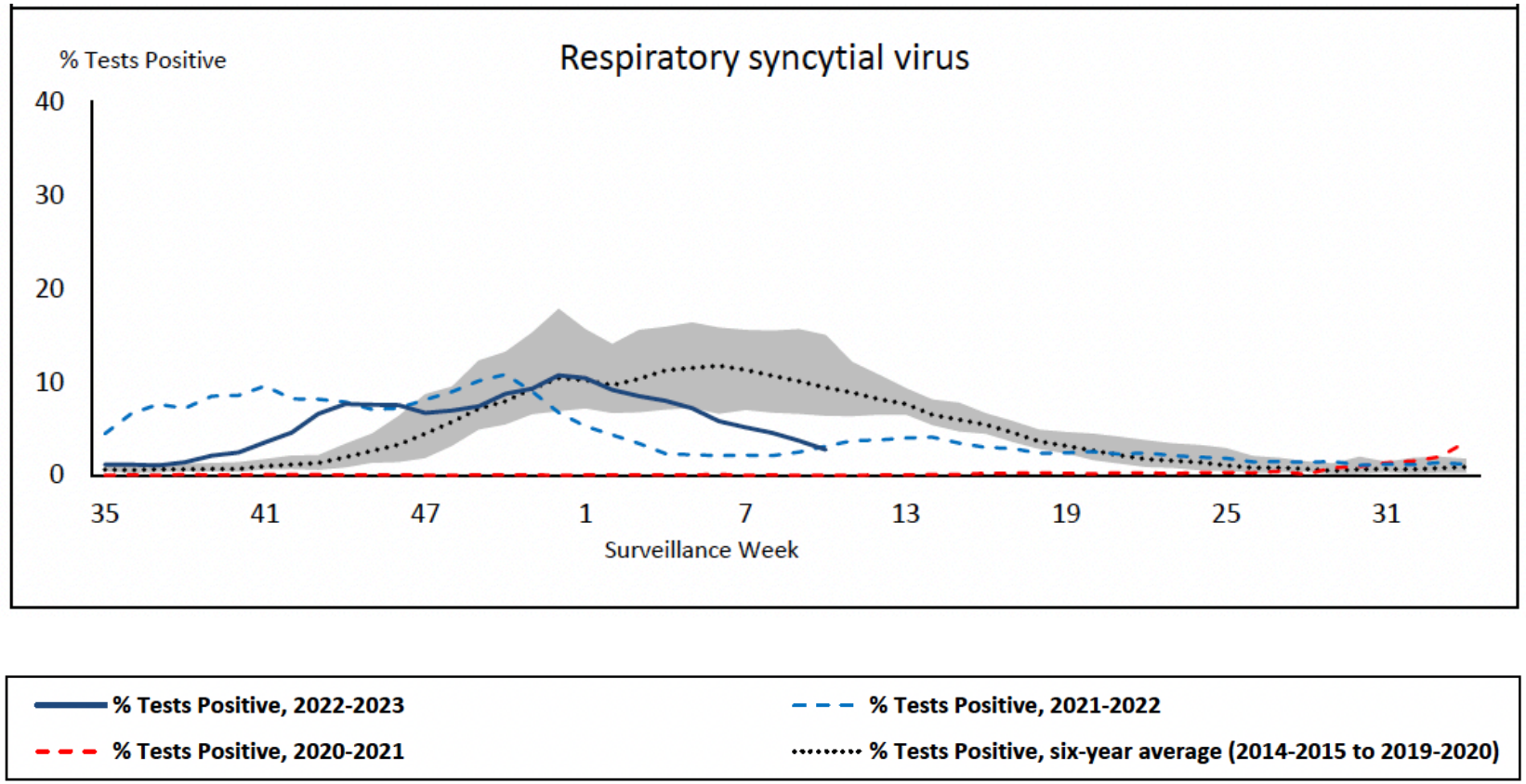
https://www.canada.ca/en/public-health/services/surveillance/respiratory-virus-detections-canada.html

Usual Respiratory Virus Trends - Summary

- Incidence of respiratory viruses increases in the fall and winter, when people tend to spend more time indoors.
- The onset of a steadily increasing trajectory of respiratory virus (e.g., Influenza and RSV) activity typically begins in October-November, peaks in January-February and gradually decreases until April-May
- Influenza and RSV circulate concurrently

2022 – 2023 Respiratory Virus Season

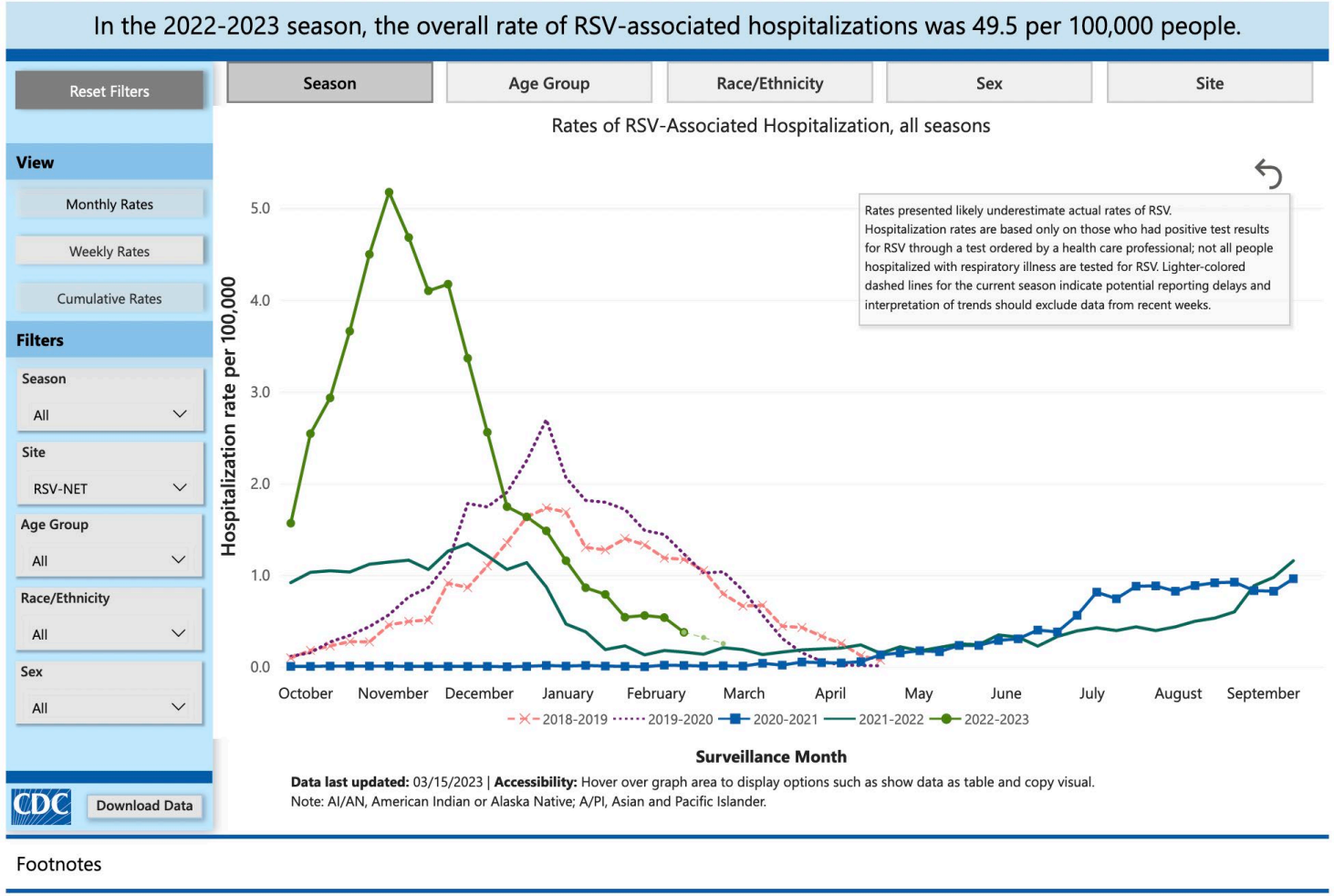
Positive RSV tests (%) reported by participating laboratories in Canada compared to average and range from 2014-2015 to 2019-2020 season



- Increase started mid-September
- Above expected levels until mid-November
- Expected levels until Feb
- Now lower than expected levels

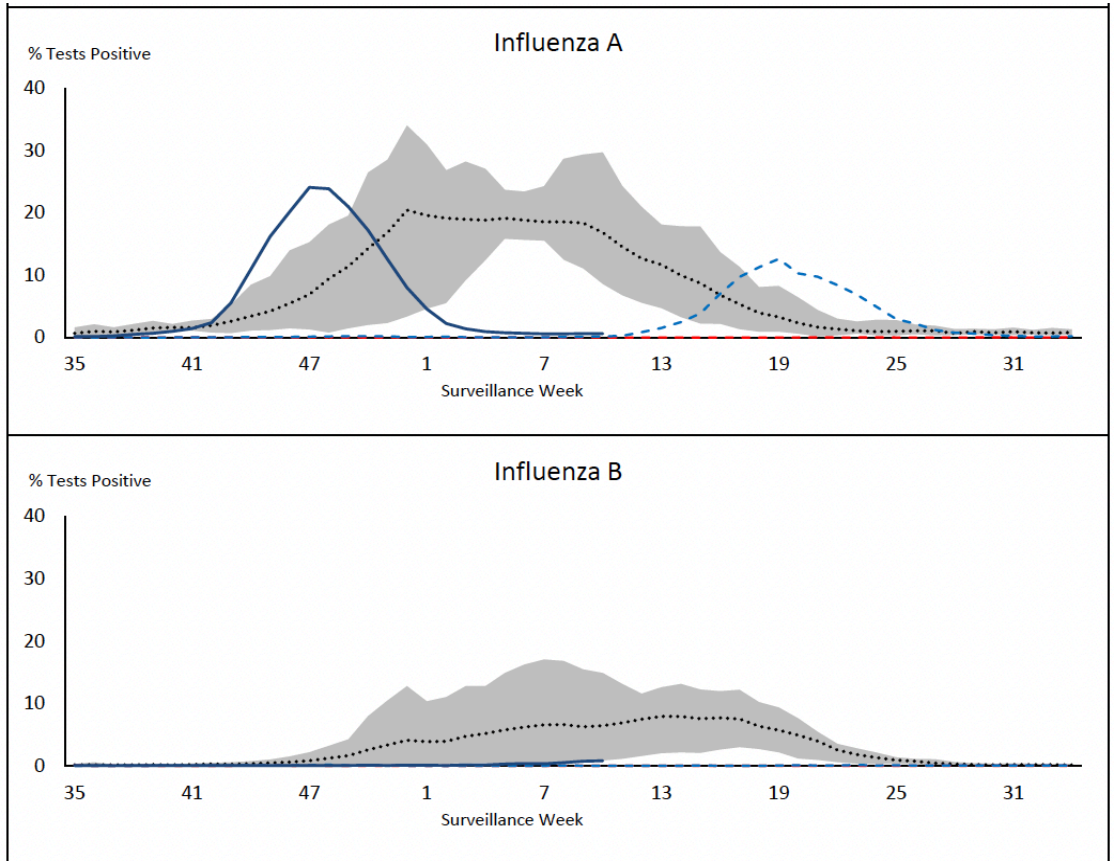
https://www.canada.ca/en/public-health/services/surveillance/respiratory-virus-detections-canada.html

RSV-NET: Respiratory Syncytial Virus Hospitalization Surveillance Network, Centers for Disease Control and Prevention



https://www.cdc.gov/rsv/research/rsv-net/dashboard.html

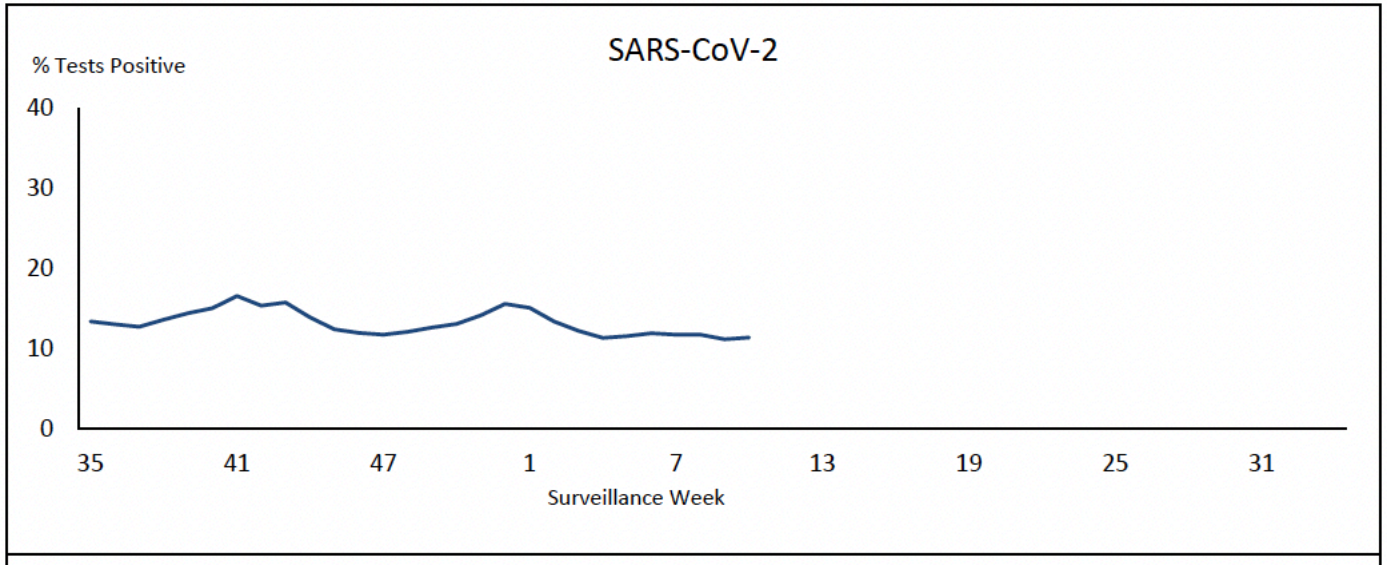
Positive Influenza tests (%) reported by participating laboratories in Canada compared to average and range from 2014-2015 to 2019-2020 season



- Increase started mid-September
- Predominantly H3N2
- Above expected levels until mid-December
- Peak end-November
- Now lower than expected levels

https://www.canada.ca/en/public-health/services/surveillance/respiratory-virus-detections-canada.html

Positive SARS-CoV-2 tests (%) reported by participating laboratories in Canada



- No established seasonal trends
- Cases and hospitalizations remained relatively stable

https://www.canada.ca/en/public-health/services/surveillance/respiratory-virus-detections-canada.html

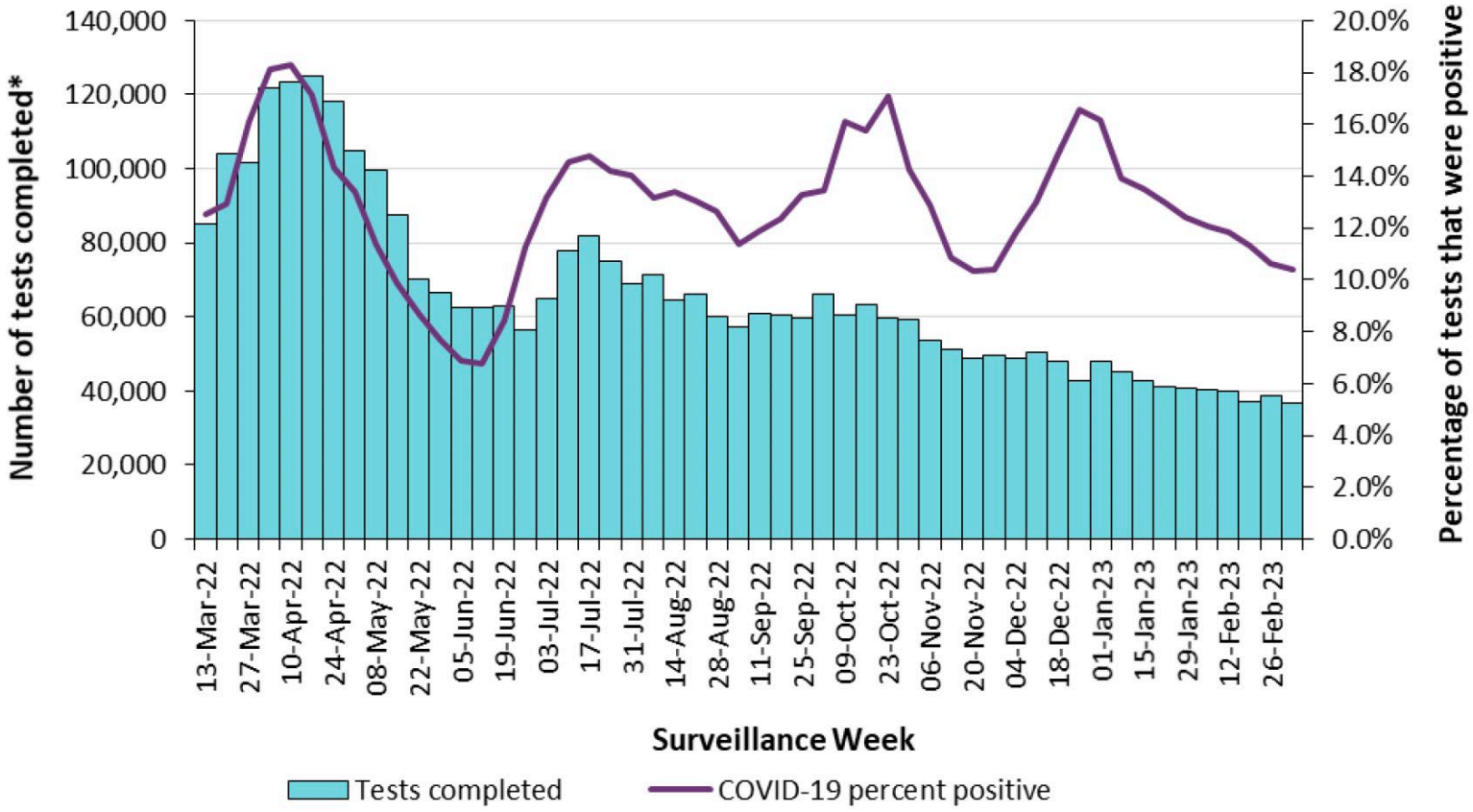
Tripledemic - Summary

- Co-circulation of influenza and RSV – no different from usual respiratory seasons
- Influenza:
  - Season started early and was short and intense
  - Abnormally high burden on pediatric population
- RSV:
  - Higher than expected levels until mid-November
  - High burden on pediatric population – especially infants and younger children
- COVID-19 pandemic added to the burden

COVID-19 – Current Situation

Weekly COVID-19 Tests Completed and Percent Positivity

Figure 1. Number of COVID-19 tests completed and percent positivity by surveillance week



https://www.publichealthontario.ca/-/media/Documents/nCoV/epi/respiratory-virus-overview-ontario.pdf?rev=ed2c147ace9446d38ccdad412fe72a3a&sc_lang=en

COVID-19 Indicators

Table 1a. Weekly indicator change for COVID-19 in the most recent two weeks: Ontario

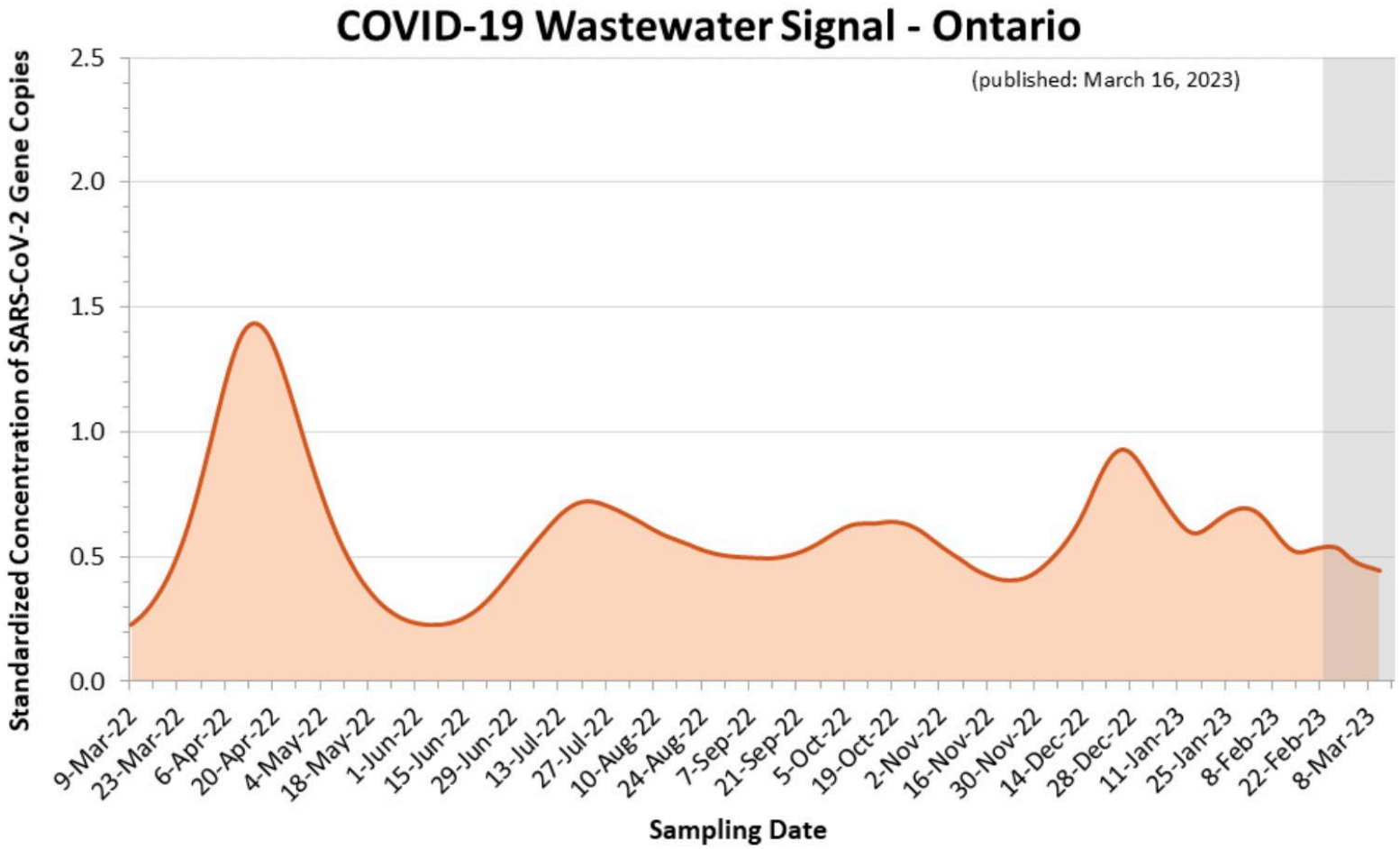
Indicators	February 26 to March 4, 2023 (Week 9)	March 5 to 11, 2023 (Week 10)	Weekly indicator change (Lower, Similar, Higher)
Laboratory-confirmed cases	3,909	3,748	Similar
Percent positivity	10.6%	10.4%	Similar
Outbreaks*	81	82	Similar

*Includes long-term care homes, retirement homes, hospitals and congregate living settings (group homes/supportive housing, shelters and correctional facilities).

Data Source: CCM for case and outbreak data, Provincial COVID-19 Diagnostics Network for percent positivity data

https://www.publichealthontario.ca/-/media/Documents/nCoV/epi/respiratory-virus-overview-ontario.pdf?rev=ed2c147ace9446d38ccdad412fe72a3a&sc_lang=en

Ontario Wastewater



Reference: COVID-19 Wastewater Surveillance in Ontario | Public Health Ontario[2]

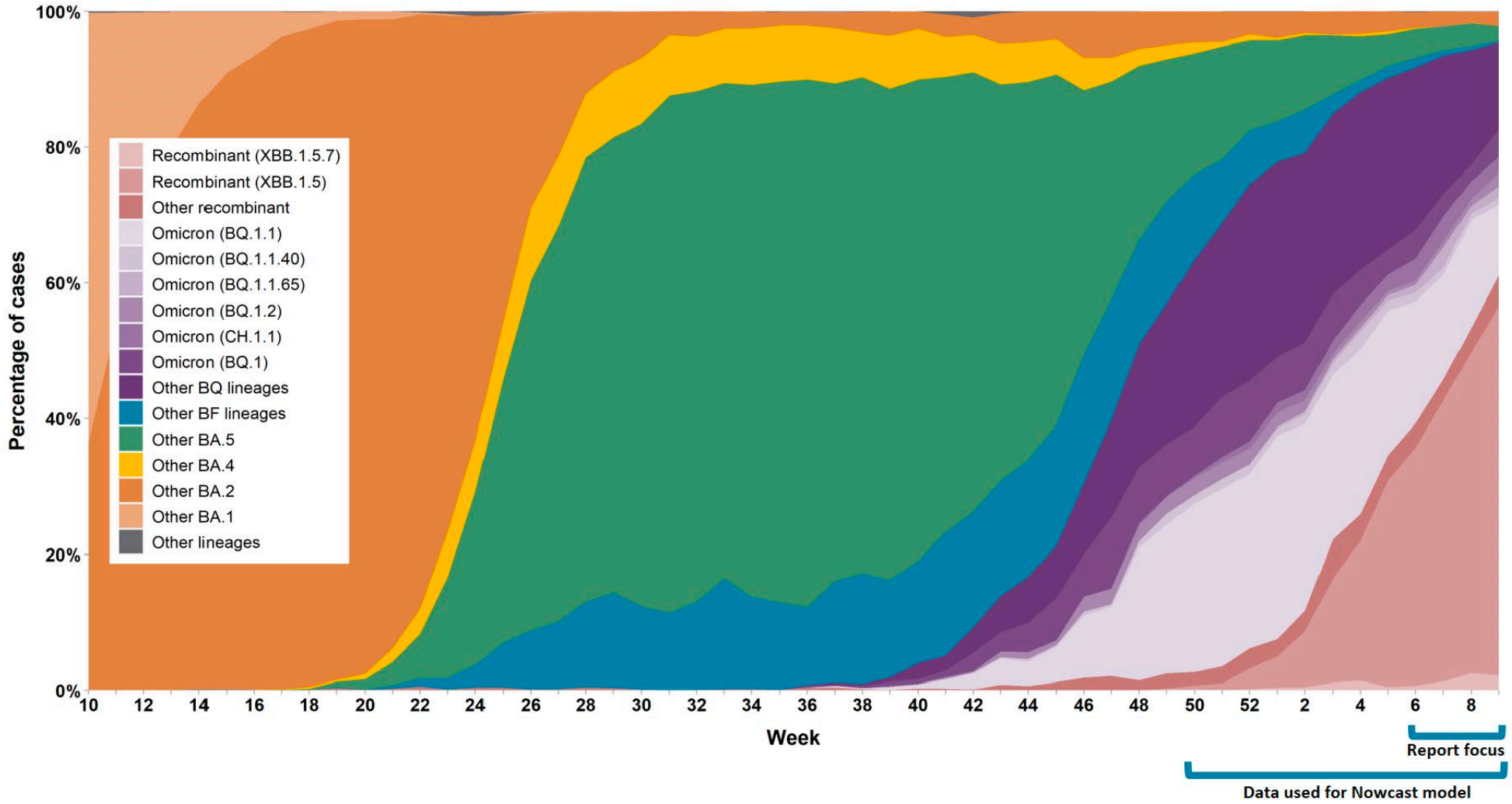
Omicron Sub-lineages

SARS-CoV-2 Variants of Concern

- Omicron (B.1.1.529), including descendent lineages, is the predominant circulating variant in Canada
- Omicron was designated a variant of concern November 28, 2021
- Previous variants of concern include:
  - Alpha (B.1.1.7)
  - Beta (B.1.351)
  - Gamma (P.1)
  - Delta (B.1.617.2)

Public Health Agency of Canada. SARS-CoV-2 variants: national definitions, designations and public health actions. https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/testing-diagnosing-case-reporting/sars-cov-2-variants-national-definitions-classifications-public-health-actions.html#a5

Percentage of COVID-19 Cases by the Most Prevalent Lineages and Week, Representative Surveillance, Ontario, March 6, 2022 to March 4, 2023



Reference: SARS-CoV-2 Genomic Surveillance in Ontario, March 17, 2023 | Public Health Ontario[6]

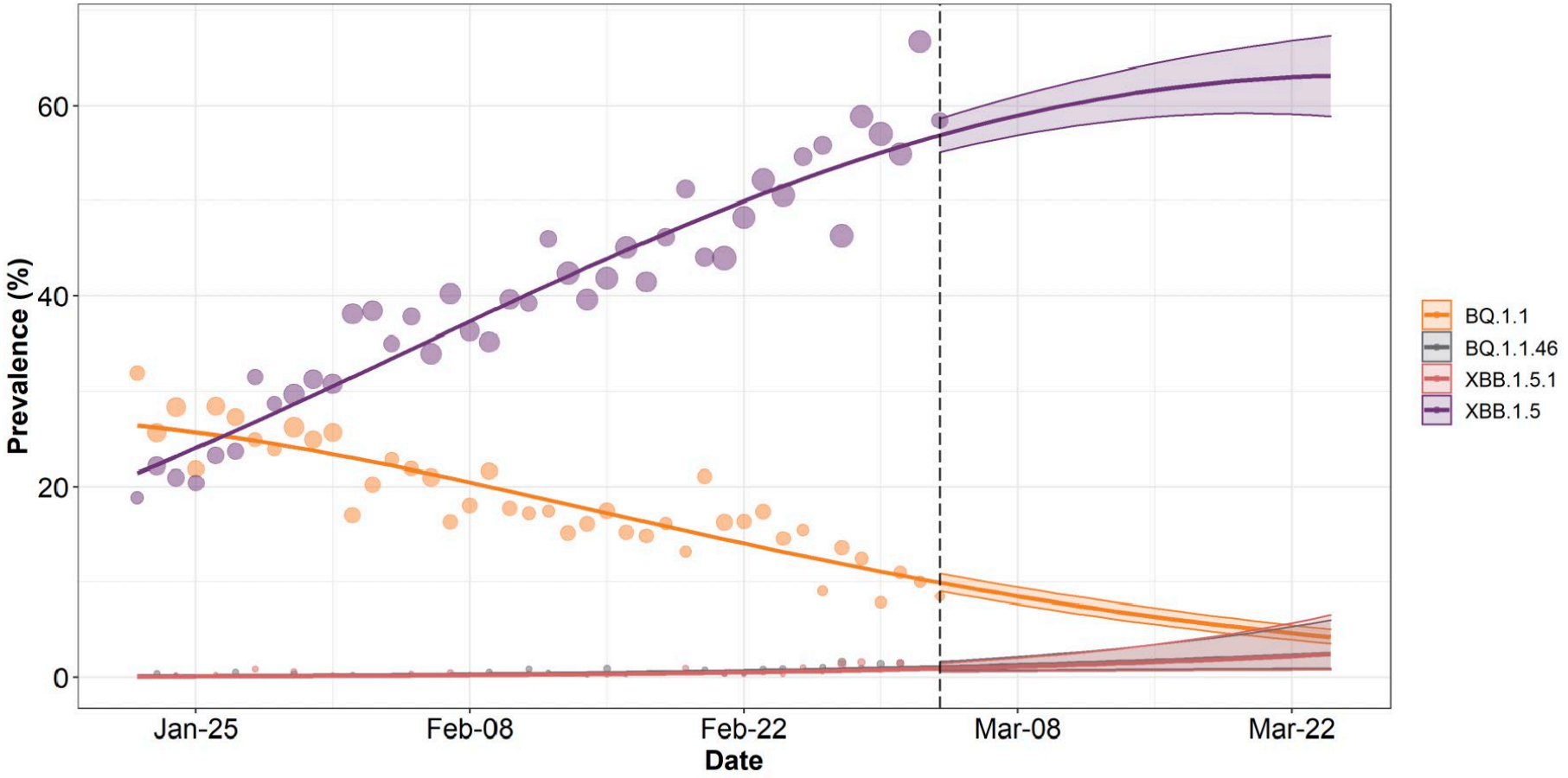
Prevalence of XBB.1.5 in Ontario Is Increasing

Finalized number and percentage of cases by Pango lineage and week, representative surveillance, Ontario, February 5 to March 4, 2023

WHO label/Pango lineage	Week 6 (February 5 - February 11)	Week 7 (February 12 - February 18)	Week 8 (February 19 - February 25)	Week 9 (February 26 - March 4)	Total (February 5- March 4)
Omicron	**1,537 (60.7%)**	**1,337 (54.2%)**	**1,071 (46.6%)**	**808 (38.9%)**	**4,753 (50.7%)**
BQ.1.1	456 (18.0%)	381 (15.5%)	367 (16.0%)	218 (10.5%)	1,422 (15.2%)
BQ.1	109 (4.3%)	79 (3.2%)	58 (2.5%)	84 (4.0%)	330 (3.5%)
CH.1.1	82 (3.2%)	91 (3.7%)	59 (2.6%)	50 (2.4%)	282 (3.0%)
BQ.1.1.65	29 (1.1%)	73 (3.0%)	27 (1.2%)	35 (1.7%)	164 (1.7%)
BQ.1.2	16 (0.6%)	23 (0.9%)	24 (1.0%)	41 (2.0%)	104 (1.1%)
BQ.1.1.40	32 (1.3%)	26 (1.1%)	20 (0.9%)	19 (0.9%)	97 (1.0%)
BQ.1.1.1	26 (1.0%)	49 (2.0%)	8 (0.3%)	13 (0.6%)	96 (1.0%)
BQ.1.14	31 (1.2%)	26 (1.1%)	13 (0.6%)	26 (1.3%)	96 (1.0%)
Other BQ lineages	547 (21.6%)	429 (17.4%)	365 (15.9%)	226 (10.9%)	1,567 (16.7%)
Other BF lineages	37 (1.5%)	20 (0.8%)	14 (0.6%)	5 (0.2%)	76 (0.8%)
Other BA.5	109 (4.3%)	85 (3.4%)	77 (3.4%)	46 (2.2%)	317 (3.4%)
Other BA.4	3 (0.1%)	0 (0.0%)	1 (<0.1%)	0 (0.0%)	4 (<0.1%)
Other BA.2	60 (2.4%)	55 (2.2%)	37 (1.6%)	44 (2.1%)	196 (2.1%)
Other BA.1	0 (0.0%)	0 (0.0%)	1 (<0.1%)	1 (<0.1%)	2 (<0.1%)
Recombinant	**994 (39.3%)**	**1,129 (45.8%)**	**1,226 (53.4%)**	**1,271 (61.1%)**	**4,620 (49.3%)**
XBB.1.5	887 (35.0%)	1,021 (41.4%)	1,087 (47.3%)	1,132 (54.4%)	4,127 (44.0%)
XBB.1.5.7	17 (0.7%)	32 (1.3%)	58 (2.5%)	45 (2.2%)	152 (1.6%)
XBB.1.9.1	11 (0.4%)	10 (0.4%)	15 (0.7%)	16 (0.8%)	52 (0.6%)
Other recombinant	79 (3.1%)	66 (2.7%)	66 (2.9%)	78 (3.8%)	289 (3.1%)
Total sequenced	**2,531 (100%)**	**2,466 (100%)**	**2,297 (100%)**	**2,079 (100%)**	**9,373 (100%)**

Reference: SARS-CoV-2 Genomic Surveillance in Ontario, March 17, 2023 | Public Health Ontario[6]

Estimated Daily Prevalence(%) by Pango Lineage, using Nowcast Model, Ontario, January 22, 2023 to March 25, 2023



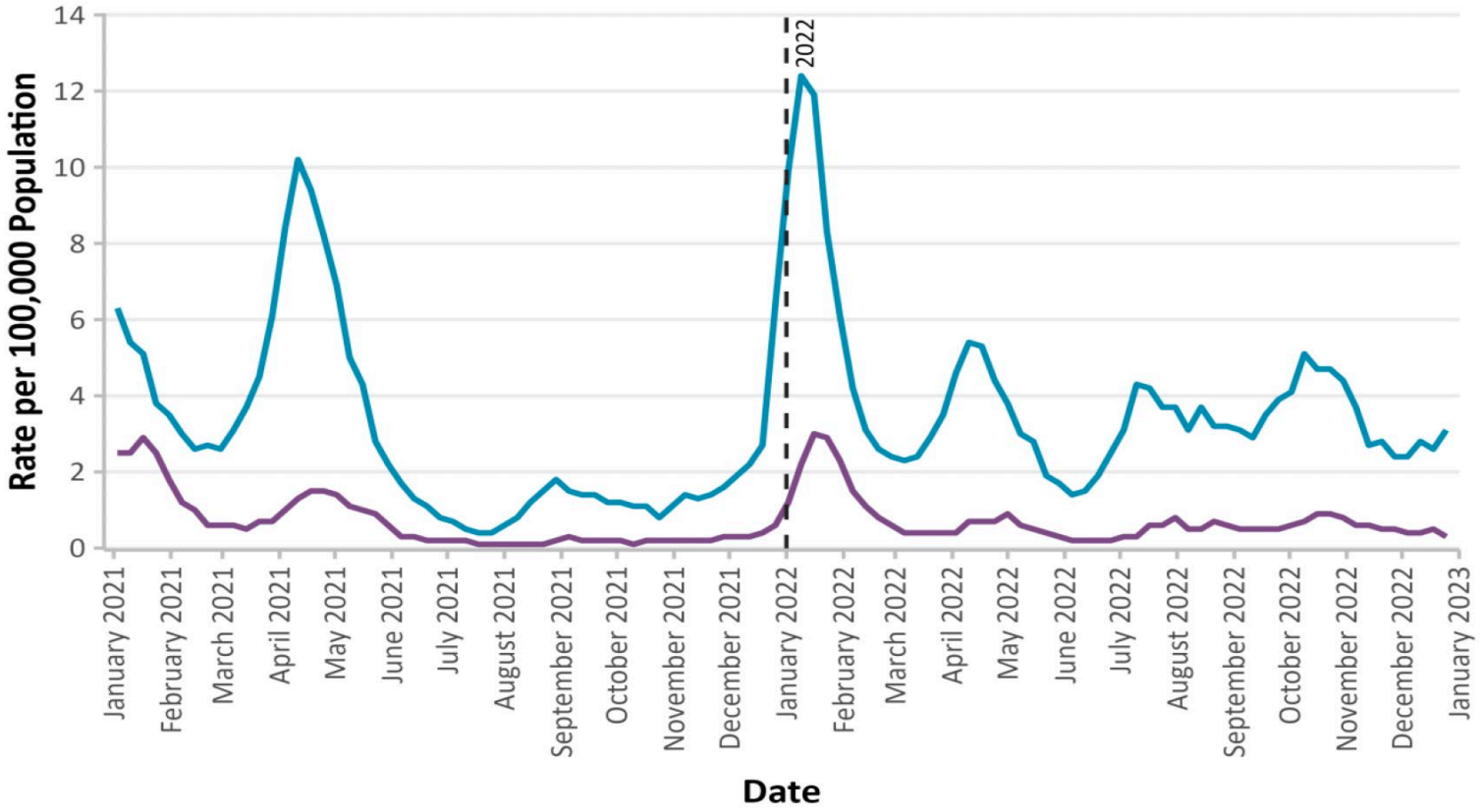
Reference: SARS-CoV-2 Genomic Surveillance in Ontario, March 17, 2023 | Public Health Ontario[6]

Updated World Health Organization (WHO) XBB.1.5 Risk Assessment

- The WHO XBB.1.5 risk assessment (2023/02/24)
  - Based on its genetic characteristics and early growth rate estimates, XBB.1.5 is likely to further contribute to increases in case incidence globally.
  - High strength evidence of increased transmission risk
  - Moderate-strength evidence for immune escape
  - No early signals of changes or increases in severity – also noted that XBB.1.5 does not carry any mutation known to be associated with potential change in severity (such as S:P681R)

World Health Organization. XBB.1.5 Rapid risk assessment, 24 February 2023 [Internet]. Geneva: World Health Organization; 2023. https://www.who.int/docs/default-source/coronaviruse/24Feb2023_xbb15_rapid_risk_assessment.pdf

COVID-19 Hospitalizations and Death Rates per 100,000 population in Ontario for 2021 and 2022



https://www.publichealthontario.ca/-/media/Documents/nCoV/epi/2023/03/comparison-covid-19-hospitalizations-deaths-epi-summary.pdf?rev=c9518fca8cac4f199f088154e4012853&sc_lang=en

Implications for Practice - Adjusting IPAC Measures

Adjusting IPAC Measures

- Several IPAC measures have been implemented in health care settings in order to minimize infection transmission and preserve operations
- As respiratory virus activity changes, additional IPAC measures can be safely adjusted during periods of increasing or decreasing respiratory virus transmission risk
  - Preventing harm to vulnerable patients
  - Reducing transmission risk within the health care facility
  - Protecting staff
  - Preserving operational capacity
- Routine Practices are required for all clinical interactions

Routine Practices

- Transmission of SARS-CoV-2 from unrecognized cases (e.g., asymptomatic, pre-symptomatic) led to the implementation of extra IPAC measures incorporated into the existing Routine Practices during the COVID-19 pandemic
  - Routine masking
  - Routine eye protection

Transmission Risk Framework

- High Transmission Risk
  - Respiratory virus season onset until stable sustained decline in community incidence
  - Other periods:
    - Outbreaks in health care facilities
    - Hospitalizations and ICU admissions
    - Community transmission – positivity rates, wastewater trends
- Non-High Transmission Risk

Masking

- During all risk periods, masking should be consistent with Ministry Guidance for Primary Care or (if no specific guidance) at a minimum be consistent with community masking guidance for indoor spaces
- Masking Considerations for Primary Care
  - HCW masking for direct patient care
  - HCW and other staff masking in clinical / office space
  - Patient masking during direct patient care
  - Patient masking in waiting areas

Masking

- HCW masking for direct patient care
  - High risk periods: masking recommended (targeted clinical masking)
  - Non-high risk periods: consider masking
    - e.g. when providing direct care to high risk patients (e.g. immunocompromised), especially when prolonged direct care is provided

- HCW and other staff masking in clinical / office space
  - High risk periods: consider based on space, potential for exposure to patients / other staff and risk assessment in the event of a staff exposure
  - Non-high risk periods: consider situationally based on practice risk assessment

Masking

- Patient masking in common areas (e.g. waiting areas)**
  - High risk periods: recommend masking (consistency with staff important to consider)
  - Non-high risk periods: consider masking
    - e.g. where there may be close prolonged exposure to a large number of individuals, unable to distance

- Patient masking during direct patient care
  - High risk periods: consider for prolonged interactions where masking won't interfere with clinical assessment
  - Non-high risk periods: situational

**Asymptomatic patients. Patients with respiratory symptoms should be provided a mask and placed in a single patient room.

Implications for Practice - COVID-19 Boosters

Ministry of Health

COVID-19 Vaccine Guidance

Version 5.0 February 28, 2023

Summary of Changes

- Addition of the **bivalent Moderna BA.4/5 product** (page 11, 26-27, and 37-38)
- Health Canada authorization for **bivalent Moderna BA.1 for individuals 6-17 years** (page 11-12, 23, 25-27, and 36-38)
- Addition of **Novavax for primary series in individuals 12 years and older** (page 6, 9, 23, and 40)
- Inclusion of the **OIAC Errors and Deviations resource** (page 21)
- Addition of **Imvamune® and COVID-19 vaccine coadministration** recommendation (page 13)
- **Additional scenarios** for individuals 6 months to 5 years receiving COVID-19 vaccines (page 50-53)

https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/vaccine/COVID-19_vaccine_administration.pdf

COVID-19 Boosters

- Recommended for high-risk groups:
  - Individuals aged 65 years and older
  - Adult residents of long-term care homes, retirement homes, elder care lodges and other congregate living settings for seniors or those with complex medical care needs
  - Individuals aged 18 years or older with moderate to severe immunocompromising conditions
  - Pregnant Individuals
  - Individuals aged 55 years and older who identify as First Nations, Inuit or Métis and their non-Indigenous household members aged 55 years and older
- Recommended Interval:
  - 6 months since last COVID-19 vaccine dose or a confirmed COVID-19 infection

Key References:

Ontario Agency for Health Protection and Promotion (Public Health Ontario). COVID-19 wastewater surveillance in Ontario [Internet]. Toronto, ON: King's Printer for Ontario; 2023 [cited 2023 Jan 24]. Available from: https://www.publichealthontario.ca/en/Data-and-Analysis/Infectious-Disease/COVID-19-Data-Surveillance/Wastewater

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Ontario respiratory pathogen bulletin [Internet]. Toronto, ON: King's Printer for Ontario; 2023 [cited 2023 Jan 24]. Available from: https://www.publichealthontario.ca/en/data-and-analysis/infectious-disease/respiratory-pathogens-weekly

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Weekly epidemiological summary: respiratory virus overview in Ontario from January 8, 2023 to January 14, 2023 [Internet]. Toronto, ON: King's Printer for Ontario; 2023 [cited 2023 Jan 24]. Available from: https://www.publichealthontario.ca/-/media/Documents/nCoV/epi/respiratory-virus-overview-ontario.pdf

Public Health Agency of Canada. SARS-CoV-2 variants: national definitions, designations and public health actions [Internet]. Ottawa, ON: Government of Canada; 2022 [modified 2022 Aug 18; cited 2023 Jan 24]. Available from: https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/testing-diagnosing-case-reporting/sars-cov-2-variants-national-definitions-classifications-public-health-actions.html#a5

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World Health Organization. XBB.1.5 Rapid risk assessment, 24 February 2023 [Internet]. Geneva: World Health Organization; 2023 [cited 2023 Feb 24]. Available from: https://www.who.int/docs/default-source/coronaviruse/24Feb2023_xbb15_rapid_risk_assessment.pdf

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For More Information About This Presentation, Contact:

michelle.science@oahpp.ca

Public Health Ontario keeps Ontarians safe and healthy. Find out more at **PublicHealthOntario.ca**

Ontario

FINDING TIME IN YOUR DAY

Dr. Chandi Chandrasena CCFP FCFP
Chief Medical Officer OMD

Covid-19 Community of Practice
Friday, March 24, 2023

What does OMD do?

- **Understanding Physician/Clinic Needs**
  - Experts in all certified EMRs
  - Building tools and flow
  - Practice Advisors and Peer Leaders

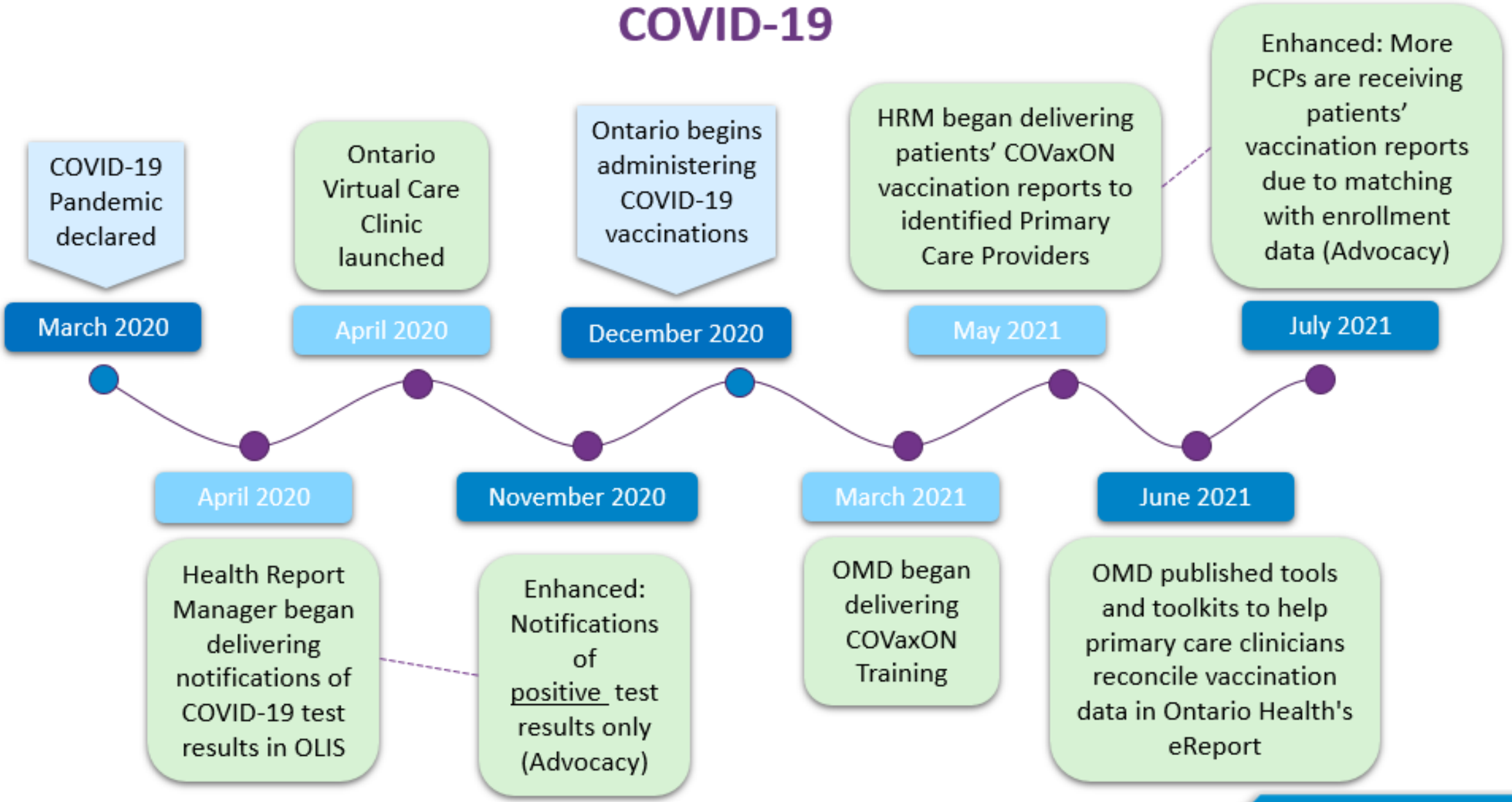
Approach technology from a **"reducing digital burden" lens with the clinician at the centre**

- **Education & Knowledge Translation and Communication**
  - Change Management and Practice Advisory specialists
  - Digital health education, webinars, modules, conference

- **Focused Digital Health Advocacy**

- **Vendor Engagement & Certification**
  - EMR Certification
  - EMR advocacy

COVID-19


COVID-19 Pandemic declared
March 2020
Ontario Virtual Care Clinic launched
April 2020
Ontario begins administering COVID-19 vaccinations
December 2020
HRM began delivering patients' COVaxON vaccination reports to identified Primary Care Providers
May 2021
Enhanced: More PCPs are receiving patients' vaccination reports due to matching with enrollment data (Advocacy)
July 2021
April 2020
Health Report Manager began delivering notifications of COVID-19 test results in OLIS
November 2020
Enhanced: Notifications of positive test results only (Advocacy)
March 2021
OMD began delivering COVaxON Training
June 2021
OMD published tools and toolkits to help primary care clinicians reconcile vaccination data in Ontario Health's eReport

OBJECTIVES

- Give an overview of what technology I use in my clinic for in-person visits (a day in my life)
- Advocacy for decreasing administrative burden (HRM Task Force etc.)
- What is coming down the pipeline and what projects are underway

Day in the life of an administratively overloaded family doctor desperately trying to find some time.

We are not using our EMRs to their full potential.

- **Identify inefficient processes** that are time-consuming, redundant, or not adding value. This could include unnecessary data entry, repetitive documentation, or manual tasks that can be automated.
- **Customize your EMR** to fit your practice and patient needs: This could include templates, stamps, toolbars, forms and clinical decision support tools that help streamline your workflow.
- **Leverage technology** tools within your EMR and outside your EMR to automate routine tasks, such as appointment reminders, prescription refills, or test result notifications, booking. Consider using voice recognition software to reduce typing time and increase documentation accuracy.
- **Outsource administrative tasks** such as appointment scheduling (OAB), third party billing to a vendor, and others.
- **Train and delegate** to your staff. How to use the EMR efficiently and delegate tasks to team members as appropriate (preventive care, etc.) This can help distribute the workload and increase efficiency. **
- **Regularly review your workflow** identify opportunities for improvement. Solicit feedback from your staff and patients to identify pain points and areas where you can streamline your workflow**. Make this part of your CPSO QI project.**

Guaranteed this will find you some time! We can help you do this with our Practice Advisory Service and Peer Leaders.

TOOLS IN MY PRACTICE to help save time

- Office Website (Wix.com; free)
- Booking via patient portal (OAB) or phone
- Secure messaging: EMR portal, information blasts, preventive care information
- E-forms to patients (OCEAN and others): GAD7, PHQ9, Rourke, etc.
- Video visits (PS Telus , OTN, other) (see next slide)
- Remote monitoring (Home BP machines and O2 sats)
- Registration Kiosk in waiting room (hoping to free up front staff)
- EMR use and Workflow: increase documentation efficiency and use (OMD's Practice Advisors and Peer Leaders) **

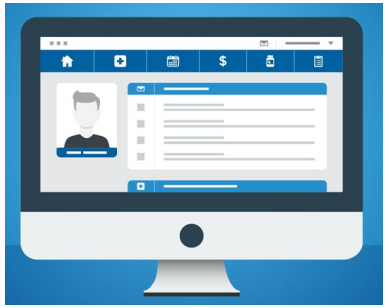
https://www.ontariohealth.ca/system-planning/digital-standards/virtual-visits-verification/verified-solutions-list

Making the Appointment

- Phone

- Online booking

- Email



- Walk-in
- Text

Pre-Appointment: My OFFICE FLOW (Delegation, training and add-on tech)

Staff makes sure that patient has email in EMR (confirm when booking) and has registered for the patient portal.

Make sure they are aware to check email/junk mail BEFORE appointment

Staff – can take consent for virtual appointment, explain timing, explain private/blocked number, get preferred contact # OR send via portal or email, explain missed appt fee..

Make sure to get a reason for the appointment. If for depression, send PHQ9, GAD7, MDQE and others. If concussion: send SCAT and symptom and BRAIN INJURY forms. If Opioid visit: then send those forms. There is a form for everything (OCEAN, POMELO)

Ask patients to send photos if needed and to have vitals ready for the visit (ie Sugars, BP etc)

Staff will put in templates for the visit (DM, WELL BABY, CHF, etc.

You can send labs and reqs ahead of appointments if you want it done for the appointment. (POMELO, MEDEO, JUNO, OCEAN)

At times, I cancel the appointment as not needed or is too soon as I can solve their issue via Portal (this is the privilege of being in a FHO)

Patient with Depression (Before Appointment)

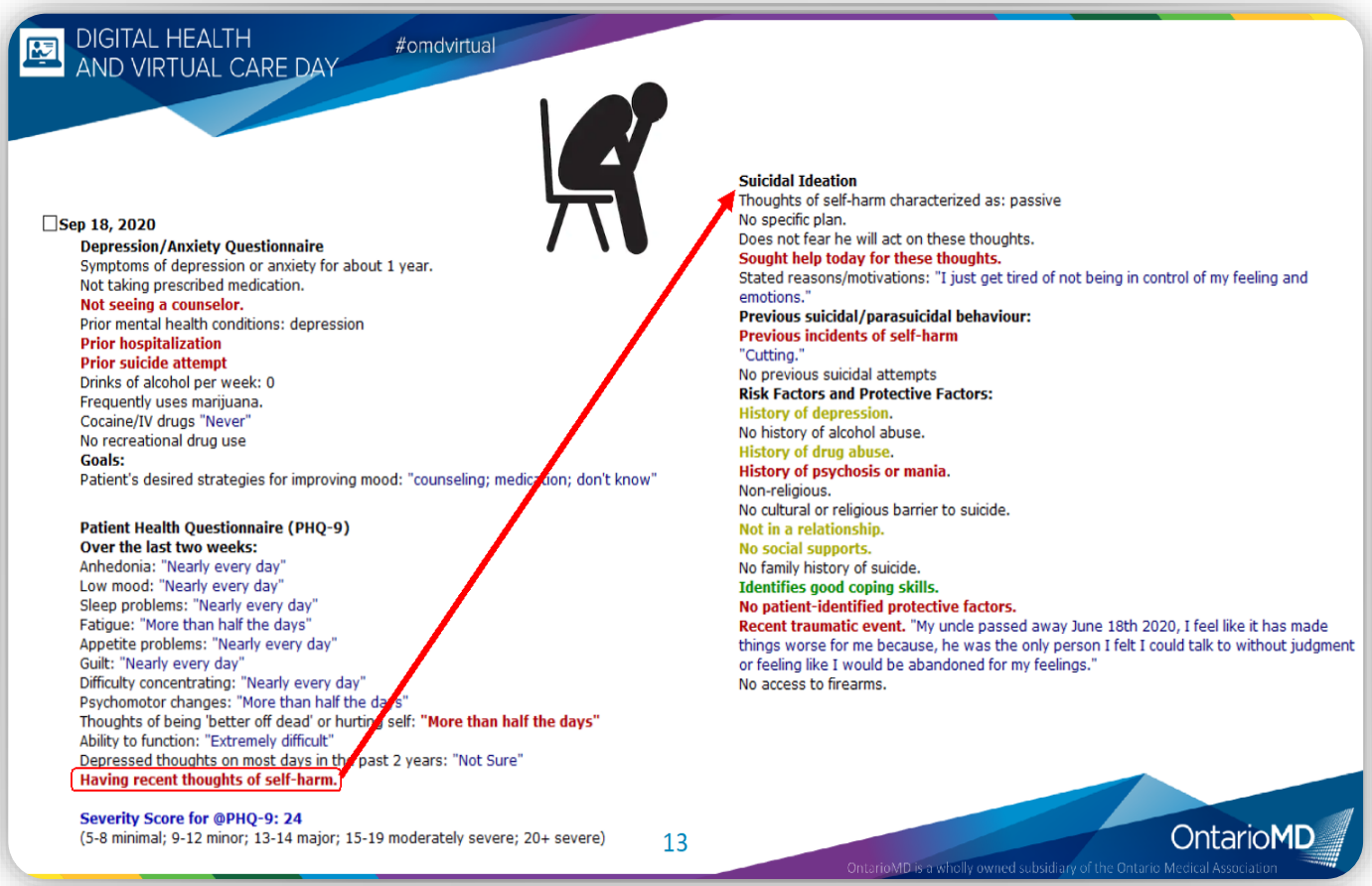
Coming for depression and they are asked to fill out forms prior to the appointment. (OCEAN) PHQ9, GAD7, Suicidal Risk and others

A list of resources can be sent beforehand (staff can do this) for CRISIS LINE and advice to go to ER if acutely suicidal. (HEALTH MYSELF/POMELO)

Handout on free CBT resources on-line and also INKBLOT (great app for psychotherapy) can be sent. (HMS)

Takes time to train staff to send these automatically when patient calls for these types of appointments, but saves time later. ***

At the Visit: Depression



I review patient responses that are in the chart (I add explanations as I take a history and make it part of my note)

I have an encounter assistant/template for depression that prompts my questions and aids in charting

I am unsure if any medications prescribed by others and patient is on ODB so I can use DHDR to look up their medications

During or Post-visit Summary

Secure Messaging: I send patient a summary of the plan with necessary resources.

I send them for bloodwork and ECG and requisition is sent via portal (cuts back on lost requisitions)

I prescribe a medication that is efaxed/prescribeIT to the pharmacy directly

I send them a Rx psychotherapy if requested with invoice (if applicable) via OCEAN or portal

When I bill the visit, I also invoice $15 to the patient (if applicable) and send a message to my office staff to manage.

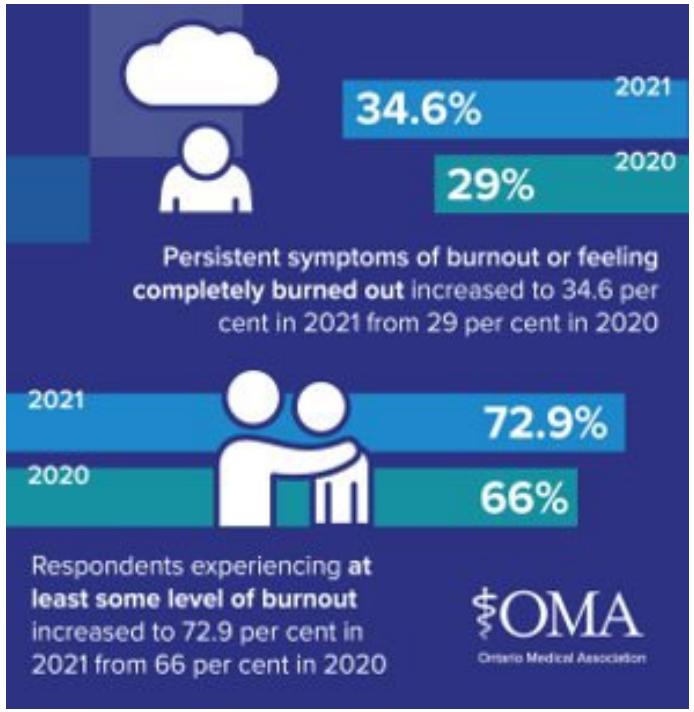
My office manager sends a template letter to the patient via the portal asking for payment via e-transfer or via Square (online) or can delegate to third party vendor.

What else is on the horizon?

- Automated scribes
- Collaborative care records
- Auto coding
- Data visualization/dashboards
- Data movement to follow the patient
- Patient Summary (national and provincial)
- DHDR (digital health drug repository) improvements
- DHIR (digital health immunization repository)
- Working with OHTs on their digital needs

Decreasing the Administrative Burden

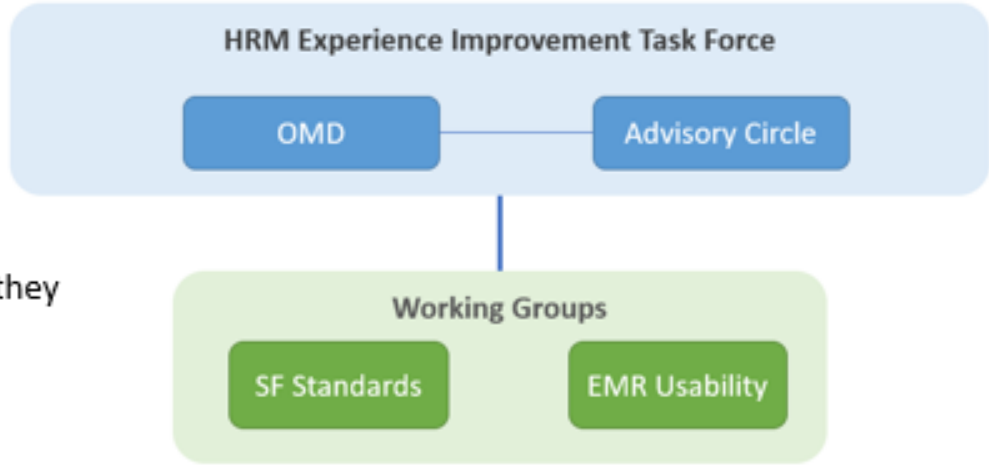
- Hospital Reports via HRM to your EMR and the HRM Task Force
- OMA Forms Committee
- OMA Burnout Task Force



Current State Assessment - Key Concerns and Root Cause [Step 1]

Key Concerns	Root Cause
Volumes of reports received High volume of reports sent through HRM, not all clinically significant (I.e. Nursing note)	• No policy/standard for hospitals on 'core set' of reports to be sent via HRM/fax (particularly from acute care settings – results in high volume of reports in particular during in patient stays)
Duplication of reports (a) Inability to suppress faxed results – ie.2 copies sent to primary care for every MR and DI report (b) Same report sent electronically multiple times - draft and final copies (c) Duplicate diagnostic reports (PACs system generated duplication)	(a) No proactive lab report distribution mechanism for some HIS vendors (ex. EPIC based hospitals), inconsistent fax suppression operational practices across sending facilities (b) Draft reports not recommended however no mandatory requirement not to send (c) Requires further investigation with Picture Archiving and Communication Systems (PACS) vendor
PDF reports Hospital reports sent in PDF format as opposed to text (Increasing trend for HIS vendors to contribute PDFs)	• PDF is an acceptable report type for HRM contribution (per acCDR Input Standard) however not preferred format from data quality perspective in downstream systems
Specificity & standardization of report categories • Report types vary by SF (local codes sent) • Propensity for generic report types (ex. Consult report vs. Internal Medicine Consult) • EMR workflow considerations for generic report types	• No policy/guideline for hospitals to align to for report labelling standardization
Lengthy reports Reports that are several pages long with inconsistent formatting	• No standard for hospitals on content of reports, structure of reports • Variety of HIS implementations and associated functionality across the province
Receiving location Clinicians receive the same report in all EMR instances/locations.	• HRM report delivery based on clinician EMR instance not patient location

HRM® Task Force



Background:

Users of HRM, specifically primary care physicians, have raised a number of issues they have experienced while using HRM. An overview of these issues are below:

- Volume of reports received
- Duplication of reports creating more work
- Timing of the reports and when you receive them
- Categorization of the reports as they come from the sending facility
- Readability of reports
- Receiving location (a barrier for many physicians who work at multiple locations, 15-20% clinicians)

OMD established the **HRM Experience Improvement Task Force** to bring together key stakeholders and health system partners to examine these issues and look for collective solutions to close the gaps. The Task Force is necessary to navigate the complexities around optimal use of HRM, involving stakeholders from multiple entities is fundamental for resolving the issues.

Initiative Timeline: March 2022 – November 2022 EXTENDED

Thank You!

Questions and Discussion

Digital Health E-tips: Email **info@ontariomd.com** to sign up or **visit OntarioMD.ca and sign up on the home page**
EMR Community of Practice (CoP)**: Contact communities@ontariomd.com to join**

Contact support@ontariomd.com / 416-623-1248 / Toll-free: 1-866-774-8668

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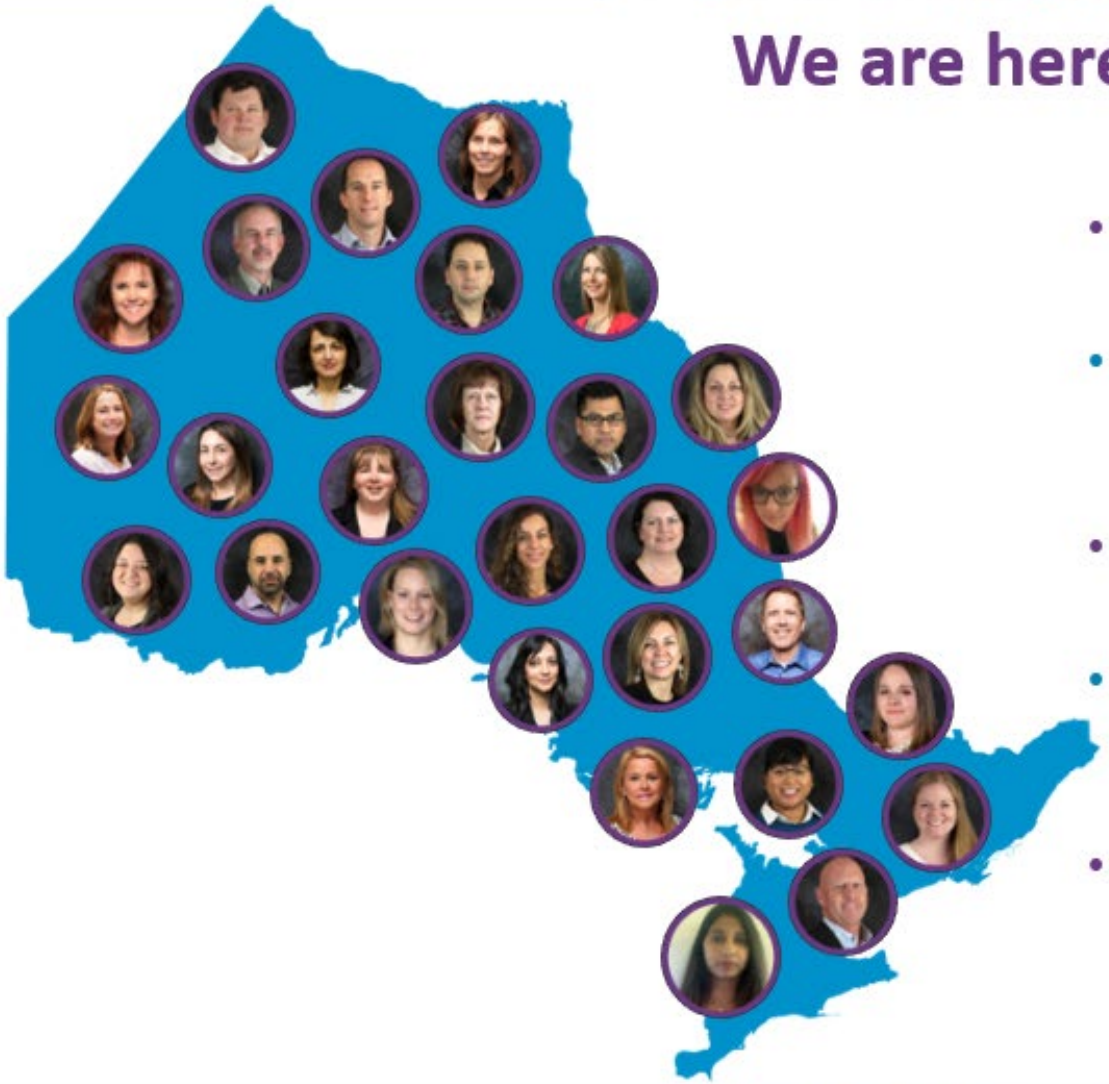
APPENDIX
Extra Information

OMD ADVISORY SERVICE

We are here for you



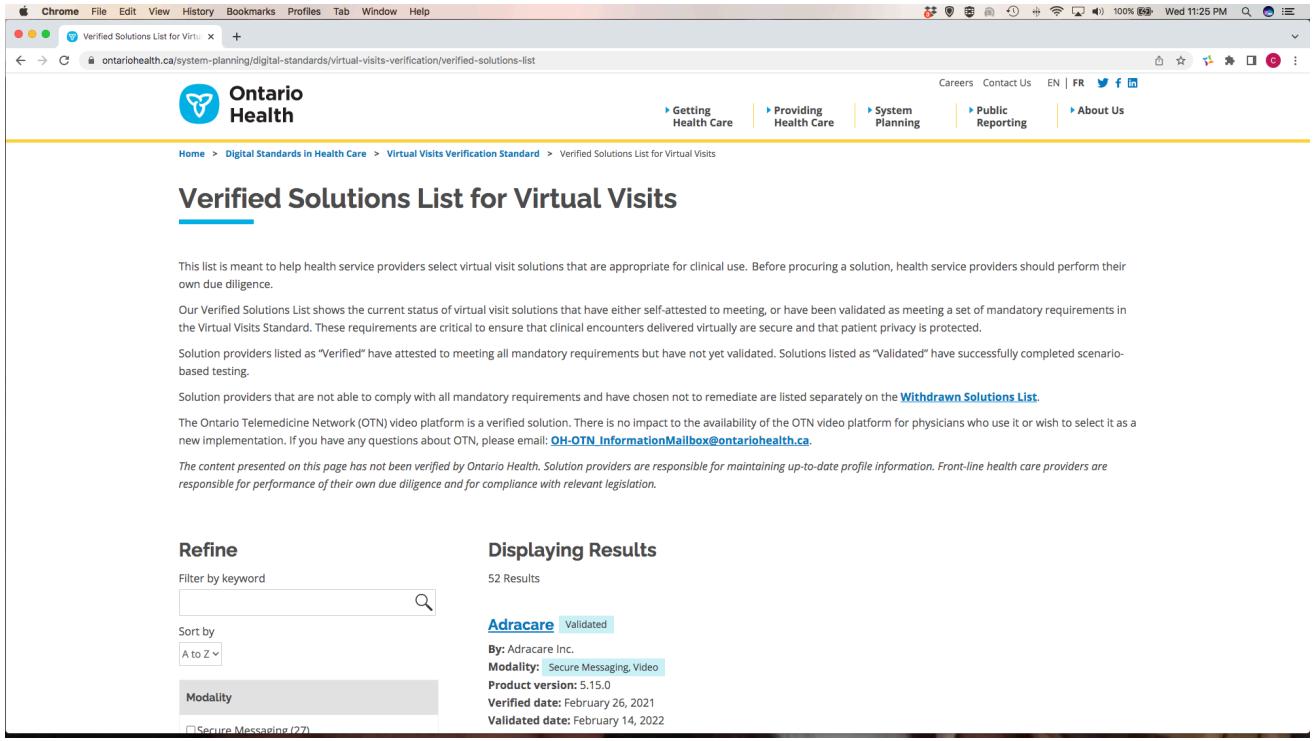
- **Your main contacts – OMD staff are located across Ontario - work around your schedule**
- Discuss your needs virtually, help you **select and implement** a certified EMR and other digital health tools
- **Establish and improve workflows** using your EMR
- Advise you about the importance of **entering data correctly** to ensure data quality, effective searches, etc.
- **Enroll** you in provincial digital health services

peerleaders

- A network of over 60 physicians, nurses and clinic managers who are expert users of OMD-certified EMRs
- They provide consulting services for practices that can lead to more efficient EMR, digital health and virtual care use and better workflows
- Peer Leaders are a **complimentary** service for physicians
- Request a Peer Leader at **peer.leader.program@ontariomd.com**

Verified Solutions List for Virtual Visits

- https://www.ontariohealth.ca/system-planning/digital-standards/virtual-visits-verification/verified-solutions-list
- OMD is in the process of validating them currently

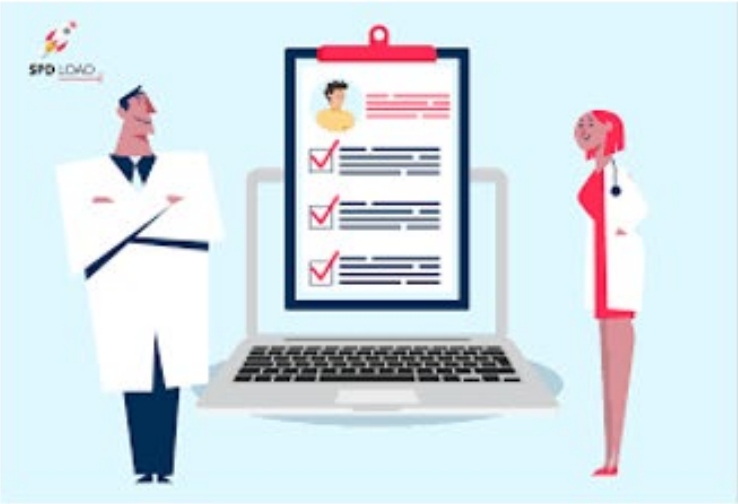


EMR LAB

OMD CONNECTS

How does OMD know so much about EMRs?

We've got an EMR Lab!



- Test EMR functionality and solve problems
- Test integrations between EMRs and digital health tools
- Test privacy and security permissions
- Adding more third party tools integrated with EMRs

Quality Improvement Education

- OMD has partnered with the University of Ottawa to offer virtual, interactive quality improvement (QI) courses for family physicians, specialists and their teams
- Courses advance QI skills and are useful for those who are working on their CPSO QI/QA practice improvement plans
- Courses are offered in cohorts (3 courses per cohort; 9 hours in total)

More information and to register:

https://uottawacpd.eventsair.com/cmspreview/qi2023/

2023 Cohorts			
1	**2**	**3**	**4**
January 20 February 10 March 3	March 10 April 14 May 12	April 28 May 26 June 23	October 20 November 17 December 8

DHDR
EMR INTEGRATION

OMD CONNECTS

Drug information in your EMR

Patient Benefits

- Don’t have to tell their physicians which drugs they’re taking
- Better outcomes and decreased risk of adverse drug events
- Consolidated medication history to better inform all physicians

Practice Benefits:

You can securely view:

- All dispensed monitored drugs (narcotics, controlled substances, opioids
- COVID-19 vaccination data
- Publicly-funded/ODB drugs dispensed in Ontario securely
- Publicly-funded pharmacy services (e.g., MedsCheck Program medication reviews, pharmacist-administered flu vaccines)

Ontario

OntarioMD

Register for OntarioMD.ca

Your gateway to useful information and education

- Privacy & Security Training Modules
- EMR Progress Assessment (survey to assess how well you're using your EMR)
- Store your digital health user agreements (eAgreements)
- Use the Health Card Validation app
- Sponsor staff to use some of these tools
- More features coming!

Sign up for the Digital Health eTips Newsletter

- Monthly eNewsletter full of news, tips and advice
- Find out when our complimentary webinars are happening
- ≈23,000 recipients
- Email **info@ontariomd.com** to sign up or **visit OntarioMD.ca and sign up on the home page**

OntarioMD Digital Health eTips

December 2022

Tips and advice on EMRs, digital health and virtual care tools you can use NOW

From the CMO's Desk: COVaxON Vaccination Reports and Seasons Greetings

OMD has clearly heard that you want to get fewer reports through Health Report Manager (HRM®). High volume of reports is one of the major pain points raised with the HRM Task Force. Some of you have raised that the value of the COVaxON vaccination reports is different now given the stage we are in with the pandemic.

Since this is not a decision that OMD can make, we are asking primary care. **Do you still want to receive COVID-19 vaccination reports via HRM? If you're a family physician and use HRM, please click the button below to let us know.** Stopping this particular report is an "all or none" for all physicians. We stop for all or we stop for none.

We will advise Ontario Health of the results of this poll (**closes Friday, December 23**).

As the winter months set in, and we grapple with seasonal illnesses and keeping up with administrative tasks, it's essential that we take care of our own well-being in addition to our patients. OMD has some exciting initiatives planned throughout 2023 to help make your lives easier. Stay tuned for updates.

Lastly, I want to wish you a wonderful holiday season. We look forward to continuing to support you and your staff throughout 2023!

Do you still want to receive COVID-19 vaccination reports via HRM?

Tip from a Peer Leader: Graphing Labs and INR Tracking (Accuro®)

This month's tip comes from Dr. Vineet Nair, a family physician in London, Ontario, and a 2022 Luminary Award winner. Watch the video in which he shows you how to graph labs, such as for A1C, BMI and HDL tests, to create a visual for the patient. Also learn how to carry out international normalized ratio (INR) tracking to view trends and any changes you've made all in one spot, helping you keep to desired targets for your patients.

If you would like more tips or advice from a Peer Leader, please contact peer.leader.program@ontariomd.com.

HRM Task Force Updates

Health Report Manager (HRM®) has been around for over 10 years and is used by about 14,000 clinicians to receive health reports in their EMRs. OMD wants to make sure it continues to be a valuable tool for you so we convened an HRM Experience Improvement Task Force and three working groups in spring 2022 to work on eliminating HRM pain points. This takes the cooperation of all HRM stakeholders—Ontario Health, hospitals, EMR vendors, HIS vendors and their decision makers—to execute the Task Force's recommended solutions.

EMR COMMUNITIES OF PRACTICE

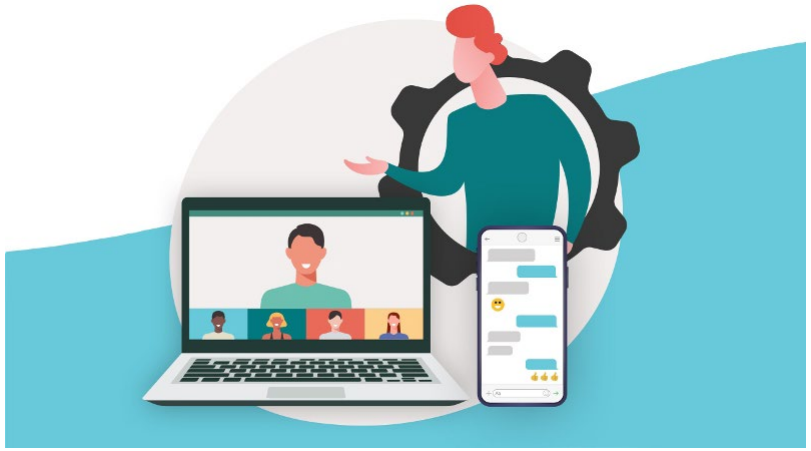
OMD EDUCATES

Join an EMR Community of Practice (CoP)

- Meet your colleagues, EMR vendors and OMD Advisors once a quarter
- Discuss workflow issues, vendor features, new OMD initiatives, and more!

1. P&P Data Systems CIS
2. QHR Accuro® (On Hold)
3. TELUS PS Suite & CHR
4. WELL OSCAR

Contact communities@ontariomd.com to join



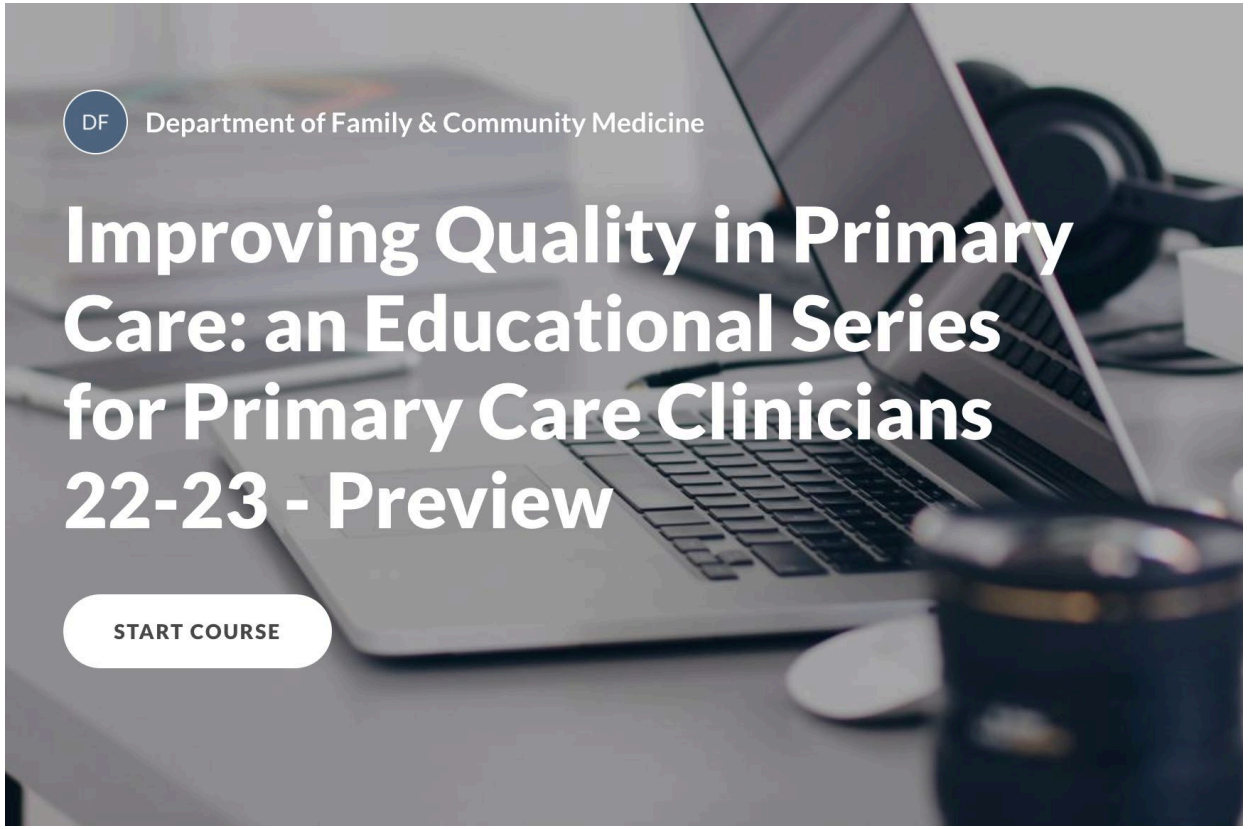
OntarioMD

Call for reviewers:

- **General review of the curriculum** – You will be provided with a survey link to complete after reviewing the modules. This will take approximately 30 minutes and there will be no reimbursement for your time.

- **MainPro review** –You will be provided with a survey link to complete and you will be asked to track how much time it took you to move through each module. This will take approximately 5-7 hours and you will receive a small honorarium ($250) for your time.

If interested please contact Erin Plenert at erin.plenert@utoronto.ca



https://dfcm.utoronto.ca/primary-care-clinician-educational-series

CELEBRATING FAMILY DOCTORS ACROSS ONTARIO

Call for nominations is now open!

Ontario College of Family Physicians AWARDS 2023

Celebrate the vital contributions family doctors make to keep their patients and communities healthy.

Nominate a colleague, or yourself, for a 2023 OCFP Award.

Deadline for nominations: **March 26, 2023**

For more information or to make a nomination:
ontariofamilyphysicians.ca/ocfp-awards

Questions? awards@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: April 14, 2023

Contact us: *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.

Family & Community Medicine
UNIVERSITY OF TORONTO

Ontario College of Family Physicians
Leaders for a healthy Ontario