COVID-19 Community of Practice for Ontario Family Physicians

May 13, 2022
Dr. Kim McIntosh
Ms. Kristen Watt
Dr. Zain Chagla

More on COVID treatment and prevention
More on COVID treatment and prevention

Moderator: Dr. Tara Kiran

Fidani Chair, Improvement and Innovation
Department of Family and Community Medicine, University of Toronto

Panelists:
- Dr. Kim McIntosh, Orillia, ON
- Ms. Kristen Watt, Southampton, ON
- Dr. Zain Chagla, Hamilton, 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 recognize 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 respect 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.
Media Advisory – Chiefs of Ontario Host All Candidates Meeting with First Nations Leadership

April 26th, 2022 | Categories: Communications

Housing, mental health and addictions and community-based services were among the priorities First Nations chiefs shared with leaders of Ontario’s Liberal, New Democrat and Green parties on Wednesday.

“I think the funds would do us better to create exactly what you’re trying to create, and we could do it within our territories and with their other First Nation partners,” Duckworth said.
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. Elizabeth Muggah (OCFP); Kimberly Moran (OCFP) and Mina Viscardi-Johnson (OCFP)

Previous webinars & related resources:
https://www.dfcm.utoronto.ca/covid-19-community-practice/past-sessions
Dr. Kim McIntosh – Panelist
Twitter: @DrKimMcIntosh
Couchiching Ontario Health Team Physician Lead

Ms. Kristen Watt – Panelist
Twitter: @PharmacistMama
Pharmacist, Southampton, ON

Dr. Zain Chagla – Panelist
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Infectious Disease Physician, St. Joseph’s Healthcare Hamilton
Dr. David Kaplan – Co-Host
Twitter: @davidkaplanmd
Family Physician, North York Family Health Team and Vice President, Quality, Ontario Health

Dr. Liz Muggah – Co-Host
Twitter: @OCFP_President
OCFP President, Family Physician, Bruyère Family Health Team
Speaker Disclosure

• Faculty Name: **Dr. Kim McIntosh**
  • Relationships with financial sponsors:
    • Grants/Research Support: N/A
    • Speakers Bureau/Honoraria: N/A
    • Others: N/A

• Faculty Name: **Ms. Kristen Watt**
  • Relationships with financial sponsors: Focused Covid Communications, OCFP, Neighbourhood Pharmacy Association, Ontario Pharmacist Association, Canadian Pharmacist Association
    • Grants/Research Support: N/A
    • Speakers Bureau/Honoraria: N/A
    • Others: Felicity Consulting (advisory panel for pharmaceutical company)

• Faculty Name: **Dr. Zain Chagla**
  • Relationships with financial sponsors:
    • Grants/Research Support: Roche (Tociluzimab), Gilead (long COVID)
    • Speakers Bureau/Honoraria: GSK, AstraZeneca, Roche, Merck, Gilead, Ontario College of Family Physicians
    • Others: N/A
Speaker Disclosure

- Faculty Name: **Dr. David Kaplan**
  - Relationships with financial sponsors:
    - Grants/Research Support: N/A
    - Speakers Bureau/Honoraria: Ontario College of Family Physicians
    - Others: Ontario Health (employee)

- Faculty Name: **Dr. Liz Muggah**
  - Relationships with financial sponsors:
    - Grants/Research Support: N/A
    - Speakers Bureau/Honoraria: Ontario College of Family Physicians
    - Others: N/A

- Faculty Name: **Dr. Tara Kiran**
  - Relationships with financial sponsors:
    - Grants/Research Support: St. Michael’s Hospital, University of Toronto, Health Quality Ontario, Canadian Institute for Health Research, Ontario Ministry of Health, Gilead Sciences Inc (re: Hepatitis C), Staples Canada (re: Patient Engagement)
    - Speakers Bureau/Honoraria: Ontario College of Family Physicians, Ontario Medical Association, 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
Outline for Today

- Family physician perspective on Paxlovid prescribing
- Pharmacist perspective on Paxlovid prescribing/dispensing
- Infectious Disease overview of where we are with COVID and latest on variants, vaccines, and COVID prevention
- Evusheld, boosters
- Lots of Q&A!
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 guest's 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 panel's attention.

- Please use the chat box for networking purposes only.
Dr. Kim McIntosh – Panelist
Twitter: @DrKimMcIntosh
Couchiching Ontario Health Team Physician Lead

Ms. Kristen Watt – Panelist
Twitter: @PharmacistMama
Pharmacist, Southampton, ON

Dr. Zain Chagla – Panelist
Twitter: @zchagla
Infectious Disease Physician, St. Joseph’s Healthcare Hamilton
A model of primary care integration in a team, where relationships with trusted partners show benefit to patients and providers (even in a pandemic, especially in a pandemic)

Presented by: Dr. Kim McIntosh
May 2022
Why should I present today?

- Shout out to ALL the primary care providers in this province for EVERYTHING they have done to support their patients and communities in this once in a lifetime (hopefully) event of a pandemic.

- Pandemic Silver lining – catapulted OHTs into being, galvanized relationships, identified gaps.

- Examples exist everywhere (solo docs, groups of docs, PC NPs, formal teams, informal teams, CACs…) of creative ways that dedicated PCPs have shaped care and a pandemic response – this is just one example.

- We are more homogeneous that we think; relationships can always be built no matter what your environment; positive take-homes to build us back up when HHR crisis and Covid is all around us.
Couchiching Ontario Health Team

- Already “existed” in relationships developed through sub-region planning prior to the “OHT” rollout
- 85 000 attributable population across City of Orillia, Severn, Oro-Medonte, Ramara (small but scalable...)
- Pandemic specific response and evolution
- Challenge for all of us: 14 LHINs went to 5 OHs – not solidified in relationships in leadership and a pandemic started!
- Appreciate regional and provincial tables and cross region pollination!
The COHT Organizational Model is structured around governance and operations, with collaborations between different groups.

**Governance:**
Joint Executive Team inclusive of Primary Care Chair & PFAC Chair (voting members, aka Anchor Partners).

**Operations:**
See org chart next page. 2x0.5 Co-Leads (non-voting) + direct frontline operational personnel.

**COHT Collaboration Table**
(All Partners Attend and Share)

- **Governance & Operations**
- **Co-Design Advisory / Technical Groups**
- **Target Population Working Groups**
- **Population Health Working Groups**
- **Provincial & Regional Communities of Practice**

**Groups:**
- Seniors (CCR)
- Palliative
- Mental Health & Addictions
- COHT Congregate Support WG
- Social Determinants of Health
- COP – SGS/NSM Pharmacy
- COP – COHT NP
- COP – Sys NAV
- OH and MOH OHT Forums (various)

**Primary Care Council**
**Patient & Family**
**Digital**
COHT Pandemic Response Evolution

- PCR testing (at the arena then back on the hospital site) – OSMH, RN/RPN contact tracing, patient handouts, regular PH updates, medical directives, SGS seniors’ fu program, OUTREACH –Rama and Simcoe Paramedics, on site support to congregate

- Vaccinating – OSMH/SMDHU/COHT
  - Covax enabling over 100 providers (MDs, Nps, RNs, RPNs – across all primary care in Couchiching and others)
  - Homebound program – Simcoe County paramedics; COHT vaccination clinics – shelter, foodbank, congregate, more remote communities

- Primary care Covid response table – met weekly
  - Assessing – two FHO AHCs to one back to two, CASco, lots of communication to all PC in Couchiching to keep everyone supported seeing patients, addressing provider needs
  - Sharing of office policies re vaccination etc., sourcing PPE etc.

- RH table
- LTC table
- Pharmacy community of practice
COHT Stats-at-a-Glance

- COVID PCR Tests March 2020 to present: 150K
- COVID Vaccinations: 15K
- COVID @ Home Patients Serviced, Jan 2022 to present: 110
- COVID Clinical Assessments Completed, Jan 2022 to present: 6000+
- Paxlovid Prescriptions: 63 (to April 12, 2022)
Integrated COVID Care Program @ Couchiching OHT
Adapted for OH directed Paxlovid Oral Anti-viral therapy access

SYMPTOMATIC PATIENTS
Visit www.osmh.on.ca/COVID-19/ or call OSMH 705-325-2201 x 3779 for information

AND/OR

Self refer for testing at www.osmh.on.ca/COVID-19/

NOT PCR Eligible

Primary Care Provider
In Office / Virtual

COHT NP
Unattached Patients

Shelter Medical Clinic

Huronia Nurse Practitioner Led Clinic

Mamaway Wiidokdaa dwin Clinic

Out of area provider

Public Health Guidance Self Care

ASSESSMENT, CARE, ADVICE, TREATMENT BY PROVIDERS
Provider may refer for PCR test if eligible or use RAT

PCR Eligible (including consideration for anti-viral therapy)

Visits COHT COVID Testing Centre

Patient receives information on self-care & worsening symptoms
May be referred to COVID at Home O2 Sat Monitors available

Patient and provider informed of positive results

Treatment Plan developed

Rx – Paxlovid or other therapies

COVID @ Home

Community Paramedicine

Patient follow up by prescriber

Dedicated Community Pharmacy for Paxlovid
Supports Providers & Patients re counseling, drug interactions & reporting to OSMH Pharmacy

AND/OR

Seek care at multiple primary care assessment sites

Public Health Guidance Self Care

Visit www.osmh.on.ca/COVID-19/

Seek care at multiple primary care assessment sites
Nirmatrelvir/Ritonavir (Paxlovid) – Prescriber/Pharmacist communication tool

Link:


full reference listed at www.osmh.on.ca/paxlovid/

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**Couchiching Ontario Health Team**

**COVID-19 Anti-Viral Eligibility – Prescriber/Pharmacist Communication Form**

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<th>Weight (kg):</th>
<th>Creatinine:</th>
<th>Date:</th>
<th>eGFR:</th>
<th>Date:</th>
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</thead>
</table>

**PREScribing PHYSICIAN:** Please attach a copy of the patient’s current medication list prescription, non-prescription, over the counter and herbal medications with this form completed.

**Brief medical history and relevant clinical concerns (where applicable, documentation can be attached):**

☐ I confirm this information is provided in attached documents (if not, provided below)

**CONSENT:**

☐ Informed consent obtained (product monograph will be provided by the pharmacy)

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**Criteria for use:** All fields must be completed to be eligible for treatment for Paxlovid (nirmatrelvir/ritonavir)

☐ Be symptomatic. Please specify symptoms:

☐ Date of symptom onset:

☐ Date of positive COVID-19 test:

☐ Pregnant: ☐ yes ☐ no

**AND**

at least one criteria below: (please click on the picture below to bring up tool to circle on form which applies) OR Prescriber Discretion with informed patient consent(s) (please add rationale):

-treatment must be given within 5 days of symptom onset-

Select type: ☐ IDNOW ☐ RAT ☐ PCR
A Patient – Provider Story

- 68 year old man, smoker, unvaccinated – has a cough/SOB “since yesterday” presents to ER on Saturday (states was fired historically by his PCP so unattached); lives remotely

- ER doc calls the hospitalist on call to advise of an admission (the patient refused a Covid swab until he finally agreed - positive, he was giving nurses a hard time; had min. desat when he moved about but no baseline known based on presumed copd/smoker)

  - Hospitalist - reassured ER doc she would look after outpt management which pt would prefer – ProResp Covid@home referral advised, ensured all demographics would be available and phone number worked; ensured creatinine drawn in ER
A Patient – Provider Story cont’d…

- Sunday morning - RT from ProResp assesses patient in his home, calls the hospitalist with vitals (day 3 from sx onset) - stable

- Hospitalist calls patient, introduces herself and the possible treatment with Paxlovid –med history, informed discussion, consent to also contact pt’s daughter re his understanding being limited

- Monday morning hospitalist back in her office – gives all demographic info to office receptionist, chart made in EMR, communication tool completed (labs OHLIS’ed), Rx written, pharmacy contacted to ensure delivery option to remote location (yes!)

- Patient called by doc and reviewed med again and plan; called patient two more times and he reports successful treatment course/sxs resolve
Pearls

- Improved provider experience can align with improved patient experience – shared purpose, relationship building, shared resources and responsibilities with trusted partners, working full scope, sharing the load

- Primary care providers are ESSENTIAL in OHTs from the beginning – for design, implementation and maintenance – as clinicians and as designers

- Burnout can be mitigated with meaningful investment – in your team, community, your “circle” – formal or informal

- Paxlovid is one drug, Covid is one disease – primary care providers know how to manage both and are best positioned to TALK to their patients in an informed way while doing it all (in a team)
Next Steps…

- Thank you OCFP, AFHTO, Ontario Science Table, CEP and more
- Thank you OH and Primary Care leaders throughout the province
- Work to be done: Primary care awareness and support, build on what we know to be true about primary care teams….
  - Consider CACs/CCFCs becoming Primary Care Hubs = expand “teams” in whatever way is needed place by place
  - Create a job/work environment in primary care that med students want to join someday
  - Covid therapeutics – expand primary care support in Paxlovid rxing but not in isolation; Remdesivir and HCCSS for home care IV therapy
THE COMMUNITY PHARMACY INVOLVEMENT IN COVID THERAPY

• Kristen Watt, BSc Phm RPh
• UofT Pharmacy 1T0
• Practicing Community Pharmacist
• Community Pharmacy Owner
• Facilitator: Pallium Canada
• Clinical Consultant: Residential Hospice of Grey Bruce & palliative care Physicians
• UWaterloo Faculty of Pharmacy preceptor
• Guest lecturer at UWaterloo, Western, UofT, CPhA, OPA & more
• Grey Bruce Vaccine Distribution Task Force
• Focused Covid Communication
• Primary & Preventative Care Regional Recovery Working Group
• Kristen’s Pharmacy
• Small independent community Pharmacy
• 6500+ COVID vaccines administered
• 1000+ COVID tests administered
  • PCR & RAT
• 10 Paxlovid Assessments
• Contributor to Paxlovid guidelines & working on an anticoagulant & Paxlovid supplemental infographic
PATIENT COVID+, RX ARRIVES

- Rx initiated by ED or family MD
- On receipt patient is booked for telephone medication review (MedsCheck)
- Rx assessed for qualification
- Rx and med hx assessed for interactions & dosing
- Interactions managed
  - A) by Pharmacist adaptation
  - B) by Rx request to MD
- Rx dispensed
PRE-EMPTIVE RX ARRIVES

- Rx initiated by family MD following medical appointment as pre-emptive plan for future use
- On receipt patient is booked for telephone or in person medication review (MedsCheck)
- Rx assessed for qualification
- Rx and med hx assessed for interactions & dosing
- Interactions managed
  - A) by Pharmacist adaptation
  - B) by Rx request to MD
- Rx put on hold with entire dispensing plan documented and ready for use PRN
PATIENT COVID+, CALLS PHARMACY

- Patient tests at home, calls the Pharmacy to enquire about Paxlovid/next steps
- Patient is booked for telephone or in person medication review (MedsCheck)
- Patient assessed for qualification
- Rx and med hx assessed for interactions & dosing
- Interaction plan developed
- Pharmacy faxes MD office with Paxlovid and med management suggestions
- Pharmacy follows up with phone call due to time constraints
- Rx received, dispensed
COMMUNICATION

• Consider adding ways for Pharmacy to contact if needed and time sensitive
• Consider sending Rx to:
  • A) regular Pharmacy
  • B) trusted Pharmacy to manage the med changes
View the tool online at:

https://covid19-science.ca/sciencebrief/paxlovid-for-a-patient-on-a-doac/
Current COVID Context
Figure 2. Hospitalized Confirmed Cases of COVID-19 by Symptom Onset Date: Ontario
New Variants

- BA.3
- BA.4
- BA.5
- Recombinant Delta/Omicron,
  BA1/BA2
Figure 1: 7-day moving average of SARS-CoV-2 cases, COVID-19 admissions and in-hospital deaths, South Africa, 5 March 2020-7 May 2022.
All participants infected in BA.1 infection wave in South Africa

- **Unvaccinated**
- **Vaccinated**

### a. BA.1 vs. BA.4 virus

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### b. BA.1 vs. BA.5 virus

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### c. BA.1 vs. BA.4

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### d. BA.1 vs. BA.5

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Testing

![Graph showing sensitivity over days from first positive PCR test.]

- **Without a vaccine**: Exposure → Symptoms → Clear the virus
- **With a vaccine**: Exposure → Viral load → Symptoms → Clear the virus

Modified from https://www.nytimes.com/interactive/2022/01/22/science/charting-omicron-infection.html based on https://twitter.com/michaelmina_lab/status/1472024475640394756
PANORAMIC
Platform Adaptive trial of NOvel antiviRals for eArly treatMent of COVID-19 In the Community
Evusheld

- Pre-emptive MAB
- Given to those with poor vaccine responses
- Targetted rollout in cancer center and transplant centers
- May provide additional protection against infection/severe complications
Information about Evusheld (Tixagevimab and Cilgavimab)
Reference for health care providers who may be prescribing or administering Evusheld

Last updated: May 9, 2022
Who is eligible for Evusheld in Ontario

Evusheld is currently available in Ontario only to select immunocompromised patients,\(^5\) including:

- Solid organ transplant recipients
- Stem cell transplant recipients
- CAR-T cell therapy recipients, and
- Other hematologic cancer patients undergoing treatment

To be eligible for treatment, patients must:

- Be at least 12 years old
- Weigh at least 40 kg
- Not have a current COVID-19 infection
- Not have a recent COVID-19 exposure
What you need to know about Evusheld:
For people 12 years old and up

What is Evusheld and how does it work?
Evusheld is a drug that may help prevent you from getting sick from COVID-19.

Evusheld is a monoclonal antibody drug. Monoclonal antibodies attach themselves to the COVID-19 virus and stop it from entering the cells in your body. This may lower your chance of getting sick from COVID-19.

Protection from Evusheld lasts for at least 6 months.

Who is Evusheld for?
Evusheld is given to people who:
• may not get enough protection from COVID-19 vaccines alone; and
• are at risk of getting very sick from COVID-19

Evusheld may be given to the following groups of people in Ontario.

People who have had recent:
- Solid organ transplants (lung, heart, kidney, etc.)
Evusheld

- Approximately 3,500 doses in the province currently, additional doses can be drawn from national stockpile
- Health care providers may direct eligible patients to contact their specialist to learn more about Evusheld. Care teams at cancer centres and transplant sites will be contacting eligible patients directly to offer Evusheld.
- Ontario is following CADTH guidance on eligibility:
- Information for providers:
- Patient handout:
COVID-19 Vaccination in Ontario, by Age

at May 9, 2022

Age 18+: 61% with 3 doses

- Age 40-49: <55% with 3 doses
- Age 30-39: <50% with 3 doses
- Age 18-29: <40% with 3 doses
- Age 12-17: <20% with 3 doses
- Age 5-11: <36% with 2 doses

LIVE WEBINAR

WHY IT IS STILL IMPORTANT TO GET YOUR COVID-19 BOOSTER DOSE

Join SCHC’s live zoom webinar with our guest speaker Dr. Latif Murji, family physician and lecturer at the University of Toronto. He is also the founder of Stand Up for Health and VaxFacts Clinic.

Tuesday, May 24th, 2022
5:00 pm – 6:00 pm

Zoom Meeting Details:
Meeting ID: 899 7599 8617
Passcode: 242623

Zoom link:
https://us06web.zoom.us/j/89975998617?pwd=d1hWVE4yN3QrVFITVDEcGRGTEk4Zz09

Scan the code to register for this session!

Speaker
Dr. Latif Murji, MD
How many vaccine doses do I need?

Knowing how many doses of a COVID vaccine to get can be confusing. The number of doses you need depends on your age, whether you have a weakened immune system** and whether you live in a setting where you are at higher risk of getting COVID. In general, experts recommend:

» All children 5+ should get at least 2 doses;
» Teens at higher risk of getting COVID or of getting seriously ill from COVID should get at least 3 doses;
» All adults 18+ should get at least 3 doses;
» Adults 80+ and seniors living in congregate settings should get at least 4 doses;
» People who have a weakened immune system should get an extra dose.

Experts have also said that:
» 3 doses can be considered for all teens;
» 4 doses can be considered for First Nations, Inuit and Métis adults;
» 4 doses can be considered for adults 70–79.

Recommendations change as we learn more. Use the charts on the next page to figure out how many doses you can get in Ontario.
CONFUSED ABOUT COVID? FAMILY DOCTORS ANSWER YOUR QUESTIONS.

COVID vaccine recommendations for people who do not have a weakened immune system**

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<tr>
<th>Age</th>
<th>Initial doses</th>
<th>First booster</th>
<th>Second booster</th>
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<td>18+ and First Nations, Inuit or Métis</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>18+ and live with someone who is First Nations, Inuit or Métis</td>
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Do I need a COVID booster? When should I get it?
### COVID vaccine recommendations for people who have a weakened immune system**

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<tr>
<th>Age</th>
<th>Initial doses</th>
<th>First booster</th>
<th>Second booster</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1st dose</td>
<td>2nd dose</td>
<td>3rd dose</td>
</tr>
<tr>
<td>5 - 11</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>12 - 17</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>18+ AND living in a group setting</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>18+ and First Nations, Inuit or Métis</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>18+ and live with someone who is First Nations, Inuit or Métis</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>60 - 79</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>80+</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
</tbody>
</table>

**Do I need a COVID booster? When should I get it?**

https://www.dfcm.utoronto.ca/confused-about-covid
Who is eligible for PCR or rapid point-of-care molecular testing (1/2)

If COVID symptoms and any of the following:

- a patient-facing health care worker
- a patient in an emergency department, at the discretion of the treating clinician
- a staff member, volunteer, resident, inpatient, essential care provider, or visitor in the highest risk setting
- a home and community care worker
- a student or staff at a Provincial Demonstration School or a hospital school
- someone at higher-risk for severe COVID-19 who would be eligible for outpatient treatment (treatment outside hospital) following an assessment and positive test
- someone who lives with a patient-facing health care worker and/or a worker in the highest risk settings
- an outpatient being considered for COVID-19 treatment
- an outpatient who requires a diagnostic test for clinical management
- a temporary foreign worker living in a congregate setting
- underhoused or experiencing homelessness
- pregnant
- a first responder, including firefighters, police and paramedics
- an elementary or secondary student or education staff who has received a PCR self-collection kit, if available through your school
- other individuals as directed by the local public health unit based on outbreak investigations in high risk settings, etc.

Who is eligible for PCR or rapid point-of-care molecular testing (2/2)
With or without COVID symptoms:

- are an individual from a First Nation, Inuit, Métis community, and/or who self-identifies as First Nation, Inuit, and Métis and their household members
- are an individual travelling into First Nation, Inuit, Métis communities for work
- are being admitted or transferred to or from a hospital or congregate living setting
- are a close contact of someone in a confirmed or suspected outbreak in a highest risk setting, or other settings as directed by the local public health unit
- have written prior approval for out-of-country medical services from the General Manager of OHIP or are a caregiver for someone who does
- are in a hospital, long-term care, retirement home or other congregate living setting, as directed by public health units, provincial guidance or other directives

Online Appointment Booking (OAB)

Why OAB?
• Patients want it
  ➢ Convenient
  ➢ Ability to book, cancel and reschedule
  ➢ Less likely to miss an appointment d/t automatic reminders

For more information, contact your OH regional team:
Central  OH-Central_DigitalVirtual@ontariohealth.ca
East      OH-East_DigitalVirtual@ontariohealth.ca
North     OH-North_DigitalVirtual@ontariohealth.ca
Toronto   OH-Toronto_DigitalVirtual@ontariohealth.ca
West      OH-West_DigitalVirtual@ontariohealth.ca

Eligibility
• Primary care providers and other community health care providers that have not yet implemented an OAB solution.
• Approved OHTs, in-development OHTs and Primary Care provider or other community health care organizations that are not yet part of an OHT
• Care providers who support or work in primary care can include Primary Care Providers, Nurse Practitioners, Allied Health Professional, and Specialists who work in primary care.

Funding Details
• Funding available for this fiscal April 1, 2022, to March 31, 2023
• Ensure the technology being implemented aligns with Ontario Health’s provincial service standard for Online Appointment Booking services is now available online: https://www.ontariohealth.ca/our-work/digital-standards-in-healthcare/online-appointment-booking
Want to speak at FMS 2023? Have an idea for a session? **Call for abstracts now open!**
Deadline: June 12, 2022
ontariofamilyphysicians.ca/fms
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: Friday, May 27, 2022

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.