

COVID-19
Community of
Practice for Ontario
Family Physicians



May 21, 2021

Dr. Karen Chu
Dr. Nili Kaplan-Myrth
Dr. Allison McGeer
Dr. Dr. Liz Muggah
Dr. David Kaplan

Changing the Way We Work
**Mobilizing community, administering Moderna
in the office, evolving guidance and more**



Family & Community Medicine
UNIVERSITY OF TORONTO

Ontario College of
Family Physicians



Mobilizing community, administering Moderna in the office, evolving guidance and more

Moderator: Dr. Tara Kiran

Fidani Chair, Improvement and Innovation

Department of Family and Community Medicine, University of Toronto

Panelists:

- Dr. Karen Chu, Toronto, ON
- Dr. Nili Kaplan-Myrth, Ottawa, ON
- Dr. Allison McGeer, Toronto, ON
- Dr. Liz Muggah, Ottawa, ON
- Dr. David Kaplan, Toronto, ON

This one-credit-per-hour Group Learning program has been certified by the College of Family Physicians of Canada and the Ontario Chapter for up to 1 Mainpro+ credits.

The COVID-19 Community of Practice for Ontario Family Physician includes a series of planned webinars. Each session is worth 1 Mainpro+ credits, for up to a total of 26 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.

EXPECTATIONS FOR PARTICIPATION IN COMMUNITY OUTREACH



As a clinician or staff member representing myself and Women's College Hospital (WCH), I will strive to work with awareness of my own power and privilege in community partnerships. I recognize that in each patient and community interaction I have a chance to heal part of a broken relationship between institutions and historically marginalized people and communities.

PRINCIPLES:

RESPECT

- I will honour the knowledge and expertise of the community as well as their existing processes and practices.
- I will adopt a trauma-informed approach in providing care and expertise.
- I recognize the self-determination of community partners in both the development and the leadership of the outreach activity.

I will identify what I do not know and seek clarification, context and guidance from community members where necessary. WCH will assist me in identifying resources and community experts. WCH teams leads are also present to help and guide me where necessary.

RESPONSIBILITY

- I will uphold WCH standards of inclusive and respectful behaviours and practices.
- I will develop and sustain credible relationships with community organizations, their leaders and all members of the community.
- I will learn and enact the specific responsibilities of my role on the team.
- I will engage in reflection to understand how historical power dynamics continue to impact the relationship between community organizations and hospitals.

WCH will provide me with preparatory materials such as learning modules and team huddles to assist me with context, history and community protocols.

RECIPROCITY

- I will learn together with community and other hospital staff to iteratively adapt the program and debrief incidents in a respectful and thoughtful way as guided by the leadership of the community organization or the team lead from WCH.

I will share my knowledge throughout the process and learn from the knowledge and expertise of the local community.

RELEVANCE

- I will engage in services and programs that are responsive to the needs identified by the community organizations, leaders and members.
- I will partner with the community organizations to ensure that the services are provided as guided by the communities.

I will see that my work yields meaningful and sustainable community partnerships.

I _____, have read and agree to adhere to the above principles for participation in community outreach.

Date _____

CREATING A CULTURE OF SAFETY IN COVID-19 COMMUNITY OUTREACH



WITHIN YOURSELF...

- educate yourself on how social and historical contexts shape an individual's experiences
- continue to examine your own privileges, power, biases, and assumptions
- be aware of existing power dynamics between community organizations and WCH

WITH CLIENTS...

- introduce yourself in a friendly manner
- sit down when talking to clients (if possible)
- ask 'what name can I call you?'
- use gender neutral language
- be friendly and empathetic
- ask preferred language and use on-site interpreters or language line if needed
- be sensitive in asking for documentation and identification
- be sensitive that receiving a COVID test or vaccination can be triggering for some - always ask:
 - how do you usually respond to these types of tests/vaccines/needles?
 - would it be helpful to discuss some grounding techniques, for example deep breathing?
 - can I put my hand on your shoulder, etc.?
 - what arm would you prefer?
- be approachable and flexible to meet clients where/how/when they prefer, to best respect their needs



WITH COMMUNITY PARTNERS...

- enter the shared space with humility and respect - we are guests
- listen more, talk carefully, and make sure everyone's ideas are heard
- respect different ways of knowing and being
- respect different styles of leadership, communication and problem solving
- engage in open and honest dialogue
- rely on the organization's staff who are present and are a trusted source of support and guidance



REMINDERS:

1. Clients do not need OHIP cards; other forms of ID can be used for registration. Address does NOT need to be entered into CoVaxON or other databases.
2. All clients have a right to be tested/vaccinated. Treat them with respect and dignity regardless of race, gender, sexual orientation, class, sobriety, age, ability, mental health status, immigration status, and so on.
3. We are institutional allies and guests, NOT the ones in charge; our community partners are leading the show and are experts in their community. Please be mindful of this in set-up, flow, and engagement in all events.
4. You are the face of the healthcare system to these clients and communities; be gentle and use your encounters with them as an opportunity to (re)build trust.
5. Clients may feel nervous, anxious, on-edge, or triggered; recognize triggers and know that trauma reactions are not personal. Express concern for safety and well-being.
6. Remember that your role is to welcome and help people feel safe and supported.

CMPA – COVID-19 Vaccination

Will the CMPA assist me with medico-legal difficulties related to the administration of COVID-19 vaccines to non-residents?

CMPA members will be eligible for CMPA assistance when administering vaccines in Canada, without regard to whether an individual is a resident or non-resident of Canada. The CMPA's assistance will include support for matters brought inside or outside of Canada in relation to the administration of COVID-19 vaccines. The CMPA remains committed to providing members with liability protection for medico-legal difficulties arising as a result of care provided in Canada in the context of the COVID-19 efforts, including related to the administration of vaccines.

While the CMPA does not generally provide assistance to members for matters arising outside of Canada, the CMPA appreciates the unique circumstances of the pandemic and the public health objective of broad vaccination. In the context of COVID-19 vaccine administration only, CMPA members do not need to ask non-residents to execute the Governing Law and Jurisdiction Agreement or confirm that the vaccine is not reasonably available in the patient's home country in order to be eligible for CMPA assistance.

<https://www.cmpa-acpm.ca/en/covid19/vaccination>

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.

Previous webinars & related resources:

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

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, Patricia O'Brien (DCFM), Leanne Clarke (OCFP), Susan Taylor (OCFP) and Mina Viscardi-Johnson (OCFP), Liz Muggah (OCFP)



Dr. Karen Chu– Panelist

Family Physician, Bridgepoint Family Health Team



Dr. Nili Kaplan-Myrth– Panelist

Twitter: @nilikm

Family Physician, Common Ground Collaborative Care



Dr. Allison McGeer – Panelist

Director of Infection Control, Mount Sinai Hospital



Dr. David Kaplan – Co-Host

Twitter: @davidkaplanmd

Family Physician, North York Family Health Team and Chief,
Clinical Quality, Ontario Health - Quality



Dr. Liz Muggah – Co-Host

Twitter: @OCFP_President

OCFP President, Family Physician, Bruyère Family Health Team

Speaker Disclosure

- Faculty Name: **Dr. Karen Chu**
- Relationships with financial sponsors: Bridgepoint Family Health Team, East Toronto Family Practice Network
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: Ontario College of Family Physicians
 - Others: N/A
- Faculty Name: **Dr. Nili Kaplan-Myrth**
- Relationships with financial sponsors: N/A
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: Ontario College of Family Physicians
 - Others: N/A
- 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

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

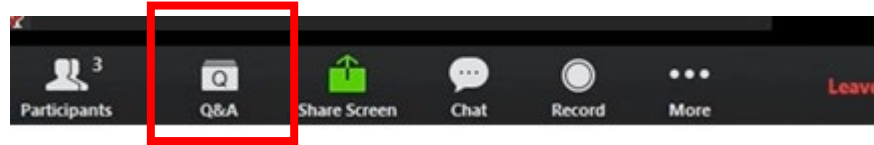
- Faculty Name: **Dr. Tara Kiran**
- Relationships with financial sponsors:
 - Grants/Research Support: St. Michael's Hospital, University of Toronto, Health Quality Ontario, Canadian Institute for Health Research, Toronto Central LHIN, Toronto Central Regional Cancer Program, Gilead Sciences Inc.
 - Speakers Bureau/Honoraria: N/A
 - Others: N/A

Where are we from (outside the GTA)?

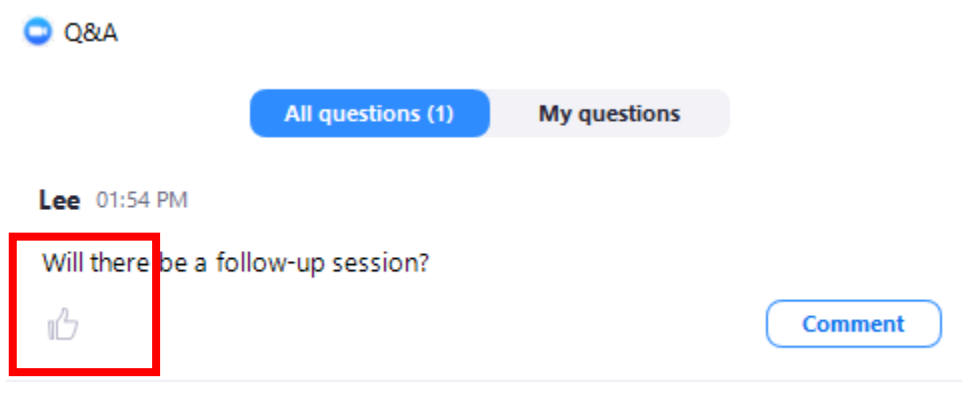


How to Participate

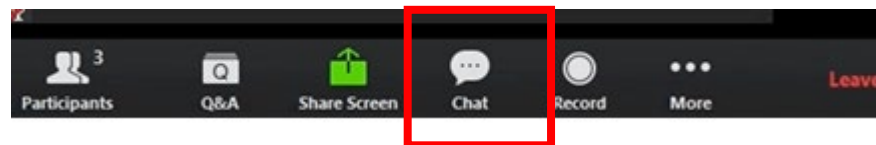
- All questions should be asked using the Q&A function at the bottom of your screen.



- 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. Karen Chu– Panelist

Family Physician, Bridgepoint Family Health Team



Dr. Nili Kaplan-Myrth– Panelist

Twitter: @nilikm

Family Physician, Common Ground Collaborative Care

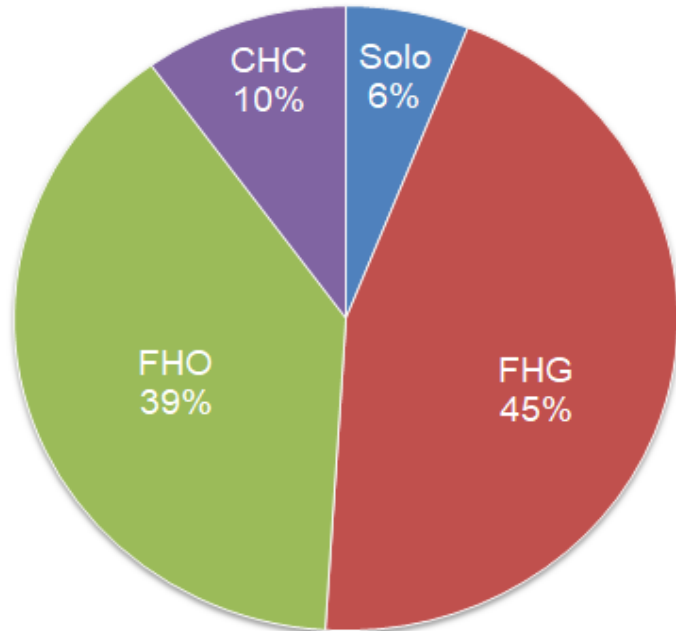


Dr. Allison McGeer – Panelist

Director of Infection Control, Mount Sinai Hospital

East-FPN

EAST TORONTO FAMILY PRACTICE NETWORK



Total: 260+ Physicians



East Toronto
Health Partners

Primary Care Vaccine Clinics



City of Toronto -Operated Clinics



Primary Care Pilot Vaccine Clinics:

- Crescent Town Health Centre
- Bridgepoint FHT
- Albany Medical Clinic
- Don Mills FHT
- South East Toronto Family Health Team
- Victoria Medical Group
- Magenta Health

MGH-Operated Mass Vaccination Clinics:

1. MGH-A1
2. Thorncliffe Community Hub
3. Warden Hilltop Community Centre
4. Jimmie Simpson Rec. Centre

Moderna Vaccine Handling

Once it gets to you it is thawed and can be stored in regular temperature monitored vaccine fridge for up to 30 days.

Once punctured use within 6 hours (between 2-25 degrees)

- No Dilution needed
- Do not shake the bottle, can “swirl” it
- Should be white or off-white colour
- Drawn in 1.0cc syringe to 0.5cc with 1”- 25 g safety needle
- Given I.M.- no drawing back- dart

Question for your PHU – if you are supposed to get 10 or 11 doses/vial
NEED TO LABEL WITH EXPIRY TIME

Homebound Drive

- 6 hours
- Store in something that is nestled so they don't bump around
- Usually 30-45 minutes per patient once in, reviewed, vaccination, observed x 15 min
- Need to be mindful of the time if you are one person doing just home visits.





Supporting local family MDs 2 solo, 2 working together

Lessons learned:

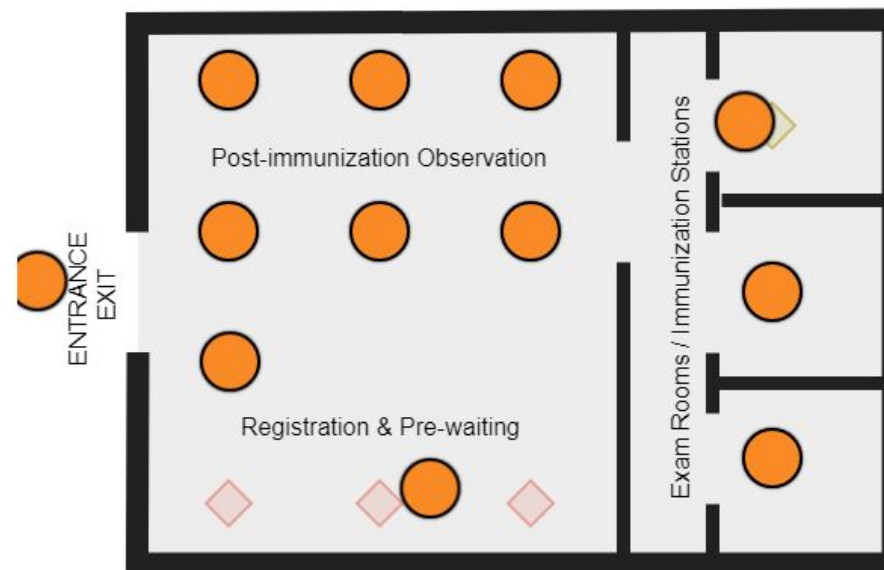
- Helpful for front desk to be present to know who has shown up and who hasn't (more important when having priority populations restricted access to vaccine)
- Family Practice Relationship is the key to addressing vaccine hesitancy

Vaccine Pick Up	Vaccine Storage & Handling	COVaxON Registration & Training	Operating a Clinic
<p>Where & when should I pick up the allotted vaccine?</p> <p>Do I pick up the weekly allotment all at once?</p>	<p>How should Moderna vaccine be stored and handled at the clinic?</p>	<p>How do I access COVaxON training sessions & support?</p>	<p>How many staff (vaccinators, screeners, admin. support, data entry staff etc) do I have need to run a clinic?</p> <p>https://covidtoolkit.ca/home/clinic-capacity/</p>

<https://covidtoolkit.ca/home/clinic-capacity/>

Overlapping Patient Flow (Single Entrance)

If you only have a single entrance, you will have some congestion to patient flow. Patients must cross paths (as shown below) and make space for social distancing. This will be much slower than if you are able to set up one-way patient flow for your immunization clinic.



Different Waiting / Observation Area Options

Waiting areas, with social distancing (>2m) will likely be the bottleneck for most primary care offices. To improve efficiency, especially if you only have one entrance/exit and a single waiting room, consider one or more of the





<https://www.canadianhealthcarenetwork.ca/blueprint-how-one-small-community-team-immunized-330-people-in-a-day>

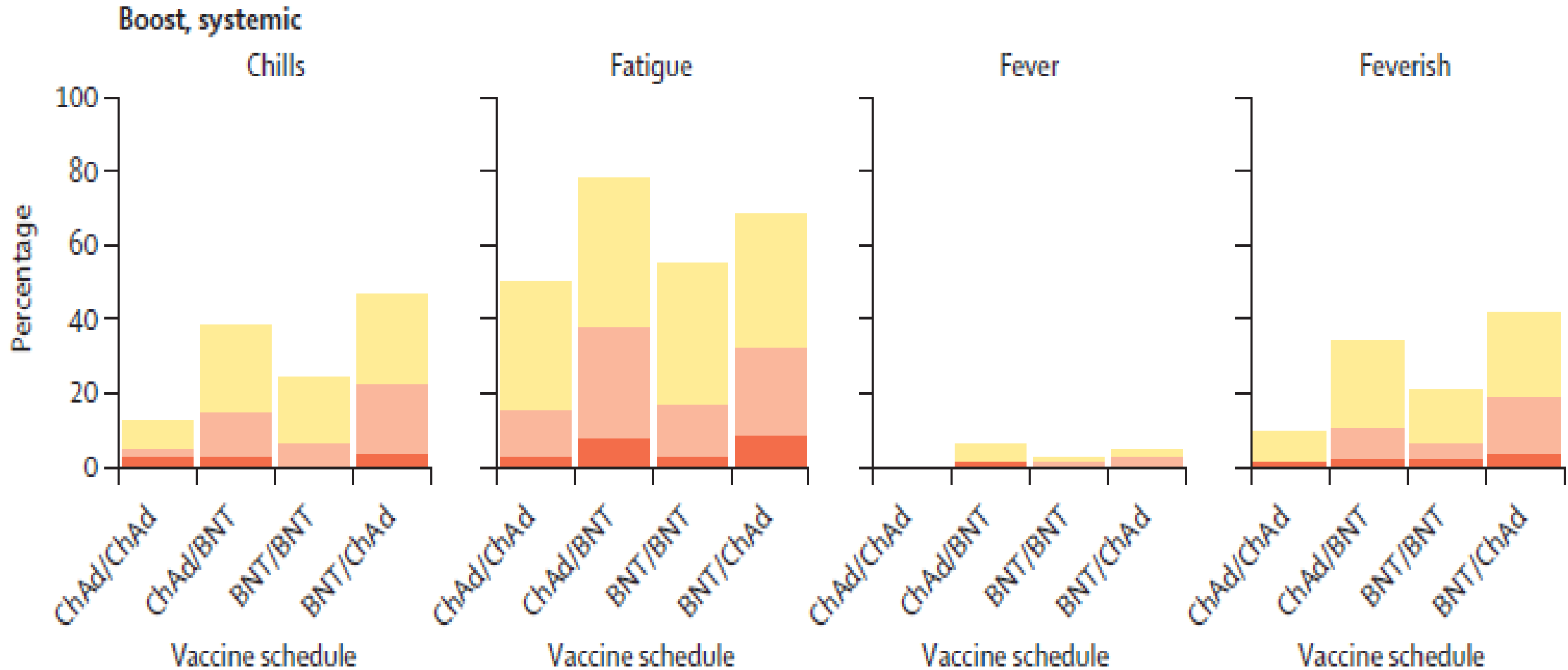
2nd dose AZ versus mRNA vaccine

- Reactogenicity
- Data on mixed doses
- Risk of VITT with 2nd dose AZ
 - UK risk currently 1:500,000 **BUT** too early for certainty (takes 6-7 weeks for reports to get to national level, and 2nd doses are only 6 weeks out)
- Risk of COVID next ~2 months – population and individual
- Delay between AZ and mRNA
- Desire to be a good citizen and spare a global dose of vaccine
- What is informed consent?
 - Being rational about low risk/high consequence outcomes is difficult

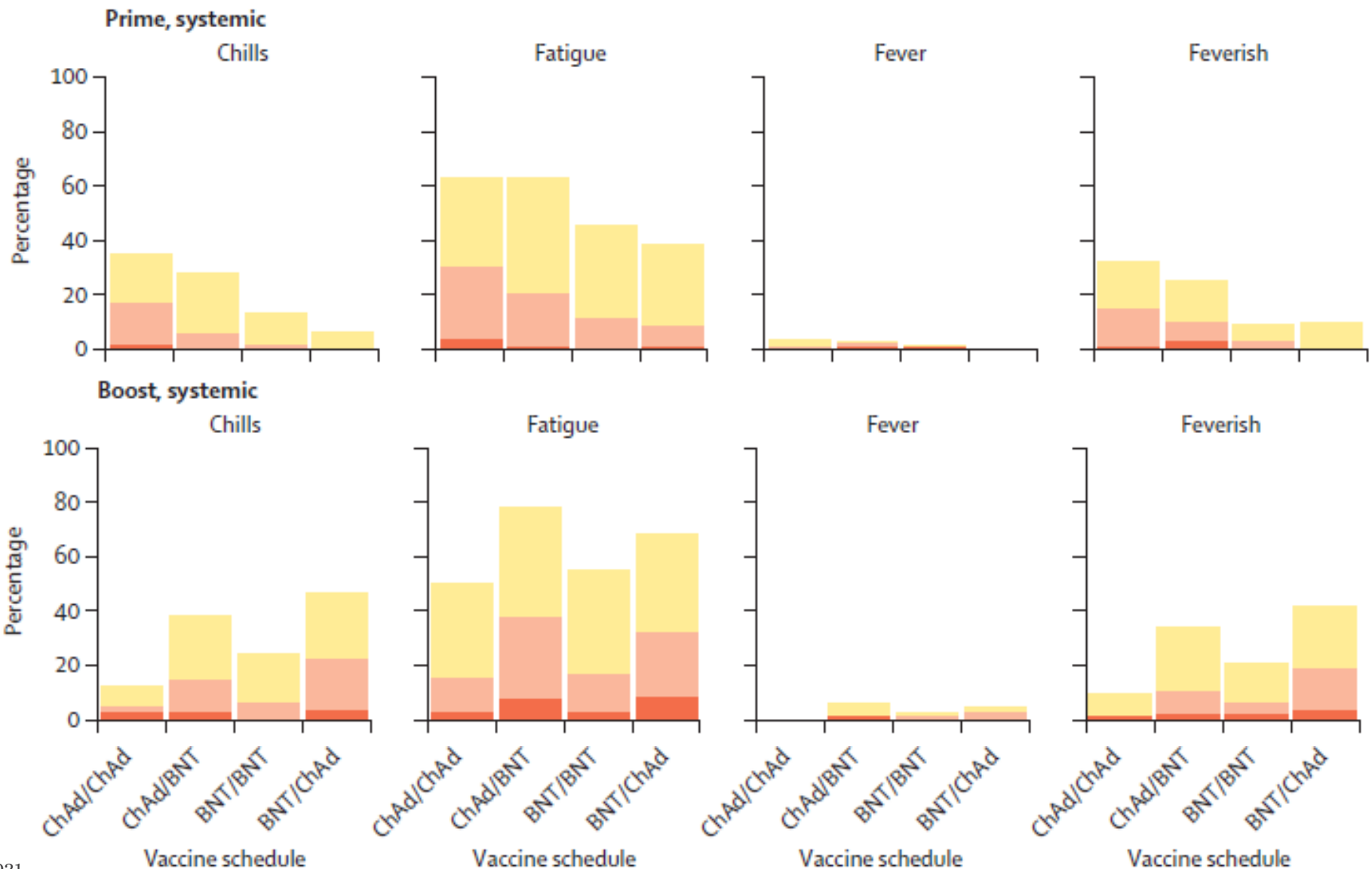
Two studies of AZ followed by mRNA (Pfizer) with results

- Com-CoV – United Kingdom
 - RCT, single blind, AZ/Pfizer (4 combinations), at 28 and 84 days between dose 1 and 2
 - Age >50
 - Reactogenicity at in group revaccinated at 28 days (Shaw, Lancet)
- CombivacS – Spain
 - RCT, open label, Pfizer vs. no second dose after first dose AZ
 - All second vaccinations at 8+ weeks

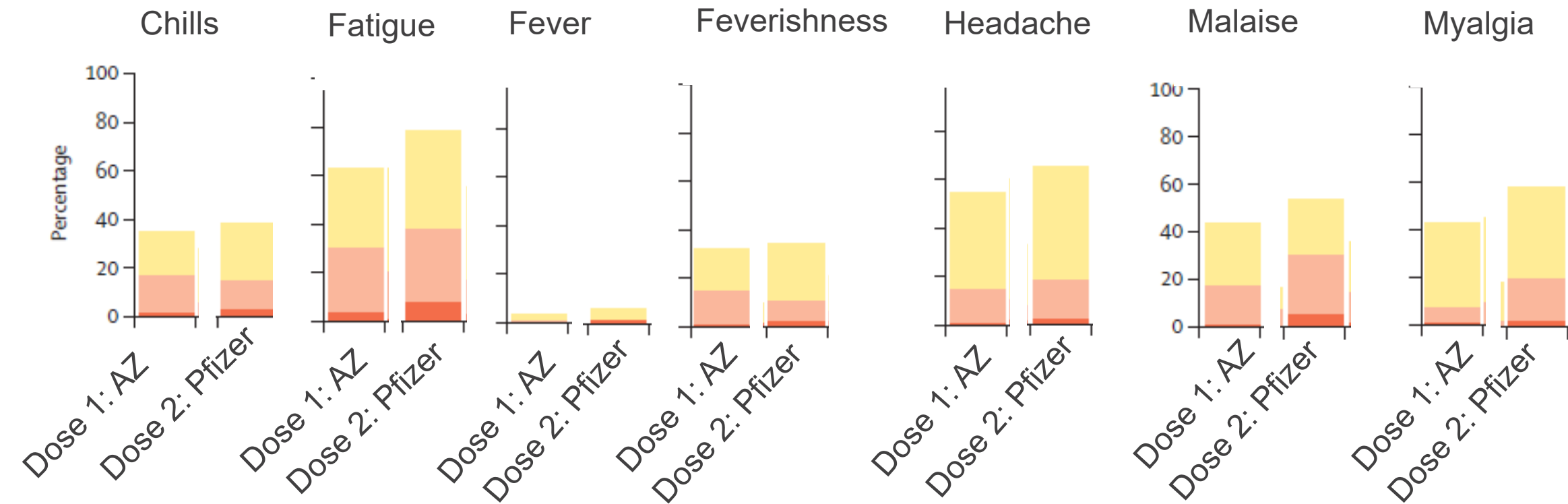
Adverse effects, mixed doses of AstraZeneca and PfizerNBioNTech



Adverse effects, mixed doses of AstraZeneca and PfizerNBioNTech



Adverse effects: First dose AstraZeneca followed by 2nd dose Pfizer



Deciding about second dose: AZ vs. mRNA

- Using NACI model, assuming
 - Risk of VITT is 1 in 50,000 and case fatality 25%
 - Second dose carries same risk as first dose/2nd dose 10x lower
 - Area with high rate of COVID-19 (>1 per 10,000 per day)
 - Assuming that first dose effectiveness does not change over time, and that second dose is 60-70% effective against residual disease

	VITT ICU	VITT death	COVID ICU	COVID death
40-49 years	2.0/0.2	0.5/0.05	0.54	0.12
50-59 years	2.0/0.2	0.5/0.05	0.50	0.19

Variants

- Don't worry about them now
- Ontario
 - All B.1.1.7 – VE is good; no expansion of P.1
- BC (and Dubai)
 - P1 is competing with B.1.1.7, but VE although lower, probably still ok
- B.1.617.1
 - Too early to tell

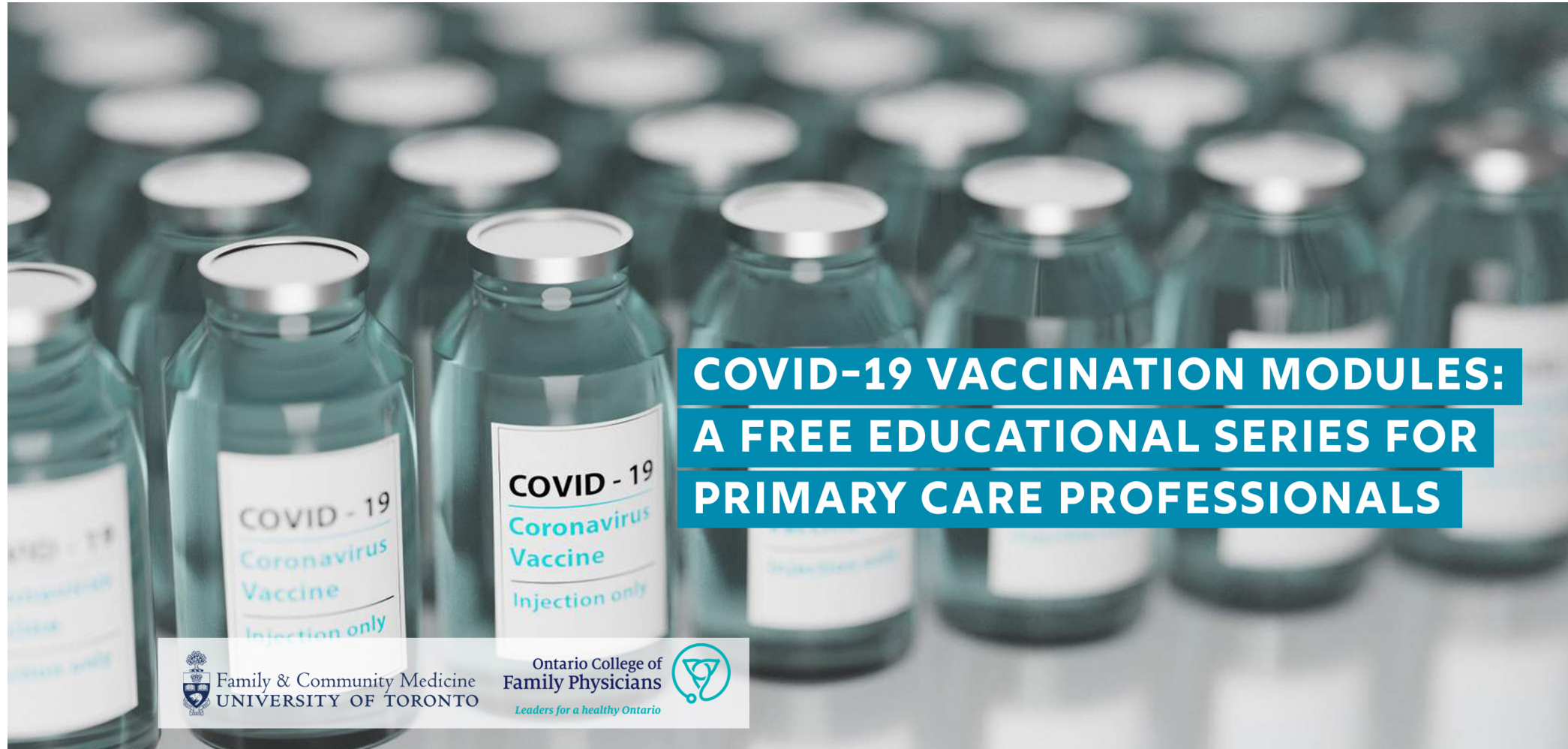
RESOURCE TOOLKIT:

***COVID@Home* Monitoring for Primary Care**

Implementing home monitoring for COVID-19 patients
through primary care

March 17, 2021

COVID-19 Vaccination in Canada: an educational series for primary care professionals



<https://www.dfcm.utoronto.ca/covid19-vaccination-modules>

* Updated May 17, 2021

Questions?

Webinar recording and curated Q&A will be posted soon

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

Our next Community of Practice: **June 4, 2021 0800**

Contact us: ocfpcme@ocfp.on.ca

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

This one-credit-per-hour Group Learning program has been certified by the College of Family Physicians of Canada and the Ontario Chapter for up to 1 Mainpro+®credits.

The COVID-19 Community of Practice for Ontario Family Physician includes a series of planned webinars. Each session is worth 1 Mainpro+®credits, for up to a total of 26 credits.

Post session survey will be emailed to you. Certificates will be emailed in approximately 1 week.