First Five Years Community of Practice

April 16, 2025

Speakers:
Dr. Joan Chan
Dr. AJ (Amjed) Kadhim-Saleh

Moderator:
Dr. Eleanor Colledge

Caring Without Compromise:
Mastering Boundaries in Healthcare

Beyond AI Scribe:
Tools to Address Forms, Referrals, and Inbox Management

Family & Community Medicine
UNIVERSITY OF TORONTO

Land Acknowledgement

We wish to acknowledge this land on which the University of Toronto operates. For thousands of years, it has been the traditional land of the Huron-Wendat, the Seneca, and the Mississaugas of the Credit. Today, this meeting place is still the home to many Indigenous people from across Turtle Island and we are grateful to have the opportunity to work on this land.

About the First Five Years Community of Practice

- Designed for you!
- Free, fun and full of answers
- Sessions are highly practical
- Tap into the expertise of both speakers and colleagues
- Tonight's snack pairing: Gourmet Popcorn
- Fully Accredited for 1.5 Mainpro credits per session

Moderators:

- **Dr. Eleanor Colledge**, CPD Program Director, University of Toronto and Family Physician, South East Toronto Family Health Team, Toronto, ON

- **Dr. Ryan Banach**, Family Medicine Early Career Supports Lead, Office of Health System Partnership, University of Toronto and Lead Physician, Norfinch FHO, Toronto, ON

First Five Years Community of Practice

Disclosure of Financial Support

Nothing to disclose.

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.

Dr. Joan Chan – Panelist

Family Physician, Guelph Family Health Team

Dr. AJ (Amjed) Kadhim-Saleh – Panelist

Family Physician, Vivo Family Medicine &
Co-Founder/CEO, Pippen AI

Speaker Disclosure

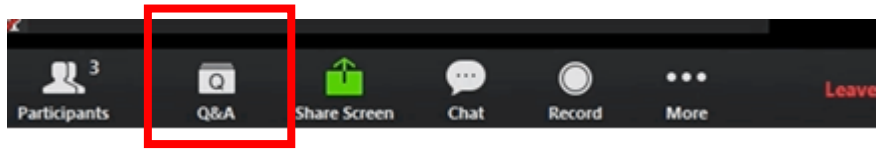
- Faculty Name: **Dr. Joan Chan**
- Relationships with financial sponsors:
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: McMaster University, NOSM, OCFP, Pfizer Canada
  - Others: N/A

- Faculty Name: **Dr. AJ (Amjed) Kadhim-Saleh**
- Relationships with financial sponsors:
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: N/A
  - Others: Pippen AI (Co-Founder and CEO)

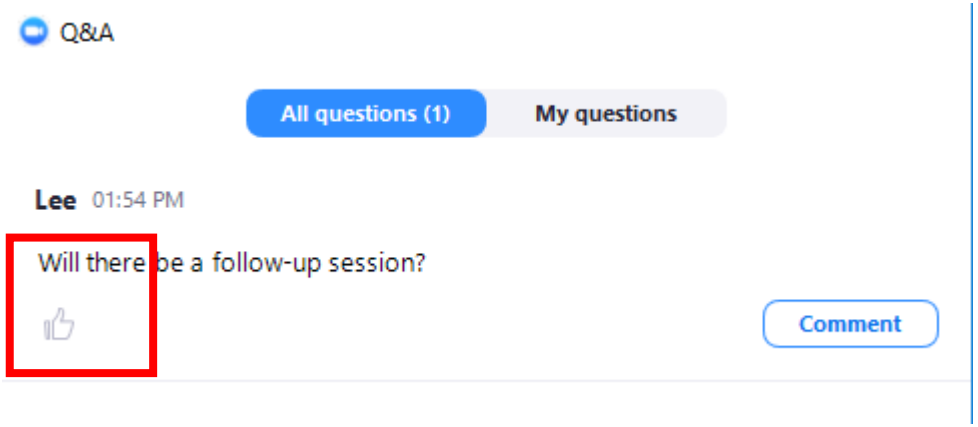
- Faculty Name: **Dr. Eleanor Colledge**
- Relationships with financial sponsors:
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: Ontario College of Family Physicians
  - Others: The Foundation for Medical Practice Education (McMaster University)

How to Participate

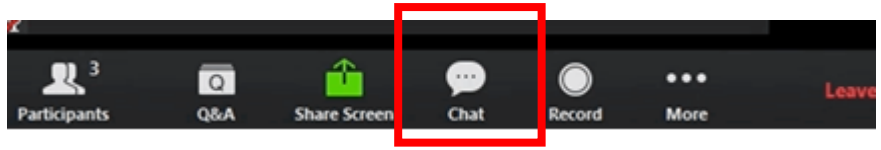
- All questions should be asked using the Q&A function at the bottom of your screen.



- 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 panels attention.



- Please use the chat box for networking purposes only.



Boundaries in Healthcare

Joan Chan MD
Restorative Medical Education & Coaching

What makes boundary setting difficult for you?

We have been conditioned to believe inhuman stories about ourselves and our patients

Inhuman Story = a belief that is not compatible with being a human being in a human body

Common Inhuman Stories

I have to stay “professional” at all times

My patients’ needs take priority over my own

I’m only a good doctor if my patients like me

I need to do everything perfectly otherwise bad things will happen

I have to know all the answers

Thoughts

Feelings

System

Science

Society

Actions

Thoughts

Feelings

Actions

Thoughts

System

Science

Society

Fee

Your Locus of Control

Actions

Thoughts

Feelings

Actions

Thoughts

Feelings

System

Science

Society

Actions

Thoughts

Outside Your Control

Actions

Thoughts

System

Science

Society

Your Contribution to Co-Creation

Thoughts

Feelings

Actions

Example:
R4V "wants MRI of back"

What are some thoughts, feelings, actions that could come up for you?

I hate telling people no
He's going to be mad at me
If I say yes then I'm draining the healthcare system of resources
If I say yes then I'm being a doormat
If I say no he will be mad
What if I say no and he secretly has cancer
Patients like him make my job impossible
I can't win
Entitled and demanding patients are ruining healthcare

What are the INHUMAN STORIES?

Interrupting
Overexplaining
Inauthentic yes
Not listening - listening while composing your defense

Guilt, shame
Anxiety, fear
Resentful, frustrated

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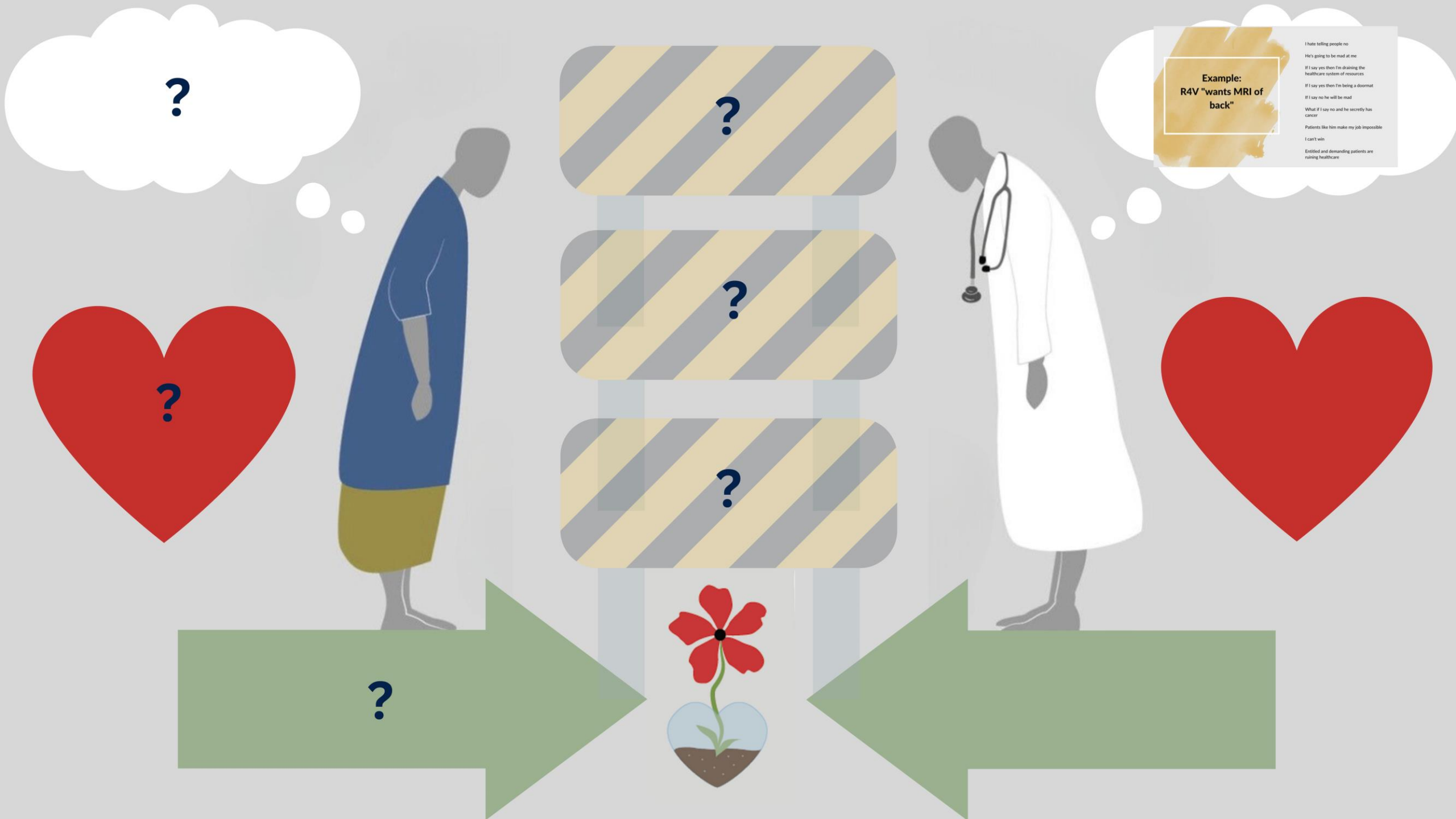

I am not here to fix anyone - I am here to understand and connect

What would I need to know to decide if an MRI makes sense for this person?

This decision can be tricky given all the different factors

What is the need he is expressing underneath this request?

HEALING HUMAN STORIES

Curiosity
Compassion (for all)
Connection

Listen to understand and connect
Decide whether to order MRI
Decide what else to offer
Treat myself and him with kindness
Learn from whatever happens next

Thoughts

Feelings

Actions

The 4 best time-saving questions

"Boundaries are the distance at which I could love me and you simultaneously"

Prentis Hemphill

"That's not on the menu"

Thoughts

Feelings

System

Science

Society

Actions

Thoughts

Feelings

Actions

What are you wondering now?

@JOANCHANMD

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PODCAST: THE OTHER HUMAN IN THE ROOM

Beyond AI Scribe:

Tool to Address Forms, Referrals, and Inbox Management

Dr. Amjed (AJ) Kadhim-Saleh, MD CCFP

First Five Years Community of Practice
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Learning Objectives

By the end of this session, you will be able to:

1. Identify major sources of administrative burden in family practice
2. Explore practical tools that support forms, referrals, and inbox workflows
3. Apply strategies to streamline clinical operations using digital solutions

The problem

Admin work consumes 19 hours/week for most family doctors

Common bottlenecks:

- Endless forms
- Referral inefficiencies
- Inbox overlad (faxes, HRMs, lab results)

AI scribes help with charting- but that's only one part of the prolem

Use Case 1 - Forms Management

Step 1: Prep the Form for the Physician

- Ensure patient info is complete, signed, dated
- If a **physical exam** is needed → **book appointment first**
- Physician should receive a **ready-to-complete** form
- **Auto-populate** forms with EMR data (Ocean, TELUS, Accuro eForms)
- **Patient pre-fill** via secure links or portals
- **Reusable templates** for common forms

Step 2: Use Tools to Speed Up Completion

- AI can be handy here. Based on the encounter, actually help me answer the questions (Pippen)
- Other AI Scribes are also starting to do this: Mutuo, Scribeberry

Use Case 2 – Referral Workflows

Two Major Referral Challenges:

🔷 1. Submission Process

- Time-consuming form completion
- Missing documentation = delays
- Manual faxing → errors, lost forms

🛠️ Tools:

- Optimize what's available in your EMR (e.g. we have referral templates)
- AI can be helpful here too (e.g. draft reason for referral)
- Ocean eReferral if available (main benefit is getting patients' engagement in process)

Use Case 2 – Referral Workflows

Two Major Referral Challenges:

🔷 2. Referral Management

- Redirects, rejections, missing follow-up
- No central view → hard to track
- Time wasted chasing updates

🛠 *Tools & Tips:*

- Is the referral actually needed?
- What's the plan for 2nd and 3rd referral opinion requests?
- Delegations – teach staff how to re-direct rejected referrals.
- Get patients involved in the process (e.g. Ocean eReferral, provide contact info for specialists, et cetera).
- Batch referrals

Use Case 3 – Inbox Management

Two-Stage Inbox Process

🔷 **Stage 1: Routing & Categorization**

- Messages must go to correct doctor + chart
- Applies to both **Fax Inbox** and **HRM Inbox**
- Problems:
  - Duplicates (fax + HRM)
  - Misfiled or unassigned messages
  - High volume of **non-actionable information**

Use Case 3 – Inbox Management

Two-Stage Inbox Process

🔷 **Stage 2: Clinical Action**

- Physician decides: **Acknowledge, act, delegate, or file**
- Problem: **Important messages are buried**
- Risk of missing what truly matters

🛠 ***Tools & Tips:***

- Use **inbox filters, auto-rules, or tags** (EMR-dependent)
- Delegation?
- AI tools: WaiveTheWait, PhelixAI (focused on Stage 1 – not so much for Stage 2)

🩺 **Tip: workflows to trigger alerts**

What’s the ideal situation?

Everything is automated, physician’s time only spent on medical questions.

1. **Forms:** prefilled, automated, doctor reviews and adds the pertinent clinical information.
2. **Referrals:** prefilled, automated, doctor verifies reason for referral and everything else is taken care of.
3. **Inbox:** sorted, and doctor focuses on the truly clinical items (labs, imaging, answering clinical questions).

How do we get there?

1. Technology alone at this time is insufficient. We need to combine human factors with technology:
2. **Team-based approach** – training staff, educating patients through policies and guidelines, written protocols, scheduling time to complete these tasks, batching
3. **Automating processes through technology** – EMR built-in tools, emerging AI technology

Take-Home Messages

- ✅ Admin burden is real, and widespread
- ✅ AI scribes are just the starting point
- ✅ Real relief comes from tackling forms, referrals, and inboxes

The Challenge:

Go out there and solve 1 problem!

I’d love to hear from you!

Dr. Amjed (AJ) Kadhim-Saleh

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Upcoming sessions

Our next First Five Years Community of Practice sessions:

May 7, 2025 from 7:00-8:30pm
Expanding Horizons: Balancing Comprehensive and Focused Care

June 4, 2025 from 7:00-8:30pm
Planning Ahead: Understanding Wills and Power of Attorney

The First Five Years Community of Practice is a one-credit-per-hour Group Learning program that has been certified for up to a total of 13.5 Mainpro+ credits.

Contact us: dfcm.quality@utoronto.ca

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Evaluation

Please take a moment to complete the evaluation:

We will also email the link to you directly.