Changing the Way We Work Community of Practice for Ontario Family Physicians

April 17, 2026

Dr. Gerald Evans
Dr. Allan Grill

Infectious Disease & Latest Updates on KidneyWise

Family & Community Medicine
UNIVERSITY OF TORONTO

Ontario College of
Family Physicians

Infectious Disease & Latest Updates on KidneyWise

Moderator:

- **Dr. Ali Damji**, Family Physician, Credit Valley Family Health Team, Mississauga, ON

Panelists:

- **Dr. Gerald Evans,** Infectious Disease Specialist and Professor of Medicine (Infectious Diseases), Queen's University, Kingston, ON
- **Dr. Allan Grill**, Lead Physician, Markham Family Health Team, Chief & Medical Director – Department of Family Medicine, Oak Valley Health, Assistant Dean, Queen's-Lakeridge Health Campus, Oshawa, ON

Host:

- **Dr. Jobin Varughese**, OCFP President, Family Physician, Assistant Dean of Primary Care Education for the School of Medicine at Toronto Metropolitan University (TMU), Brampton, ON

Session slides will be available on the CTWWW website by the end of the day.

The Changing the Way We Work Community of Practice for Ontario Family Physicians has been certified by the College of Family Physicians of Canada and the Ontario Chapter for up to 32 Mainpro+ Certified Activity credits.

Land Acknowledgement

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

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

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

Changing the way we work

A community of practice for family physicians

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

- Identify the current best practices for delivery of primary care 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. Jobin Varughese (OCFP), Dr. Ali Damji (DFCM), Dr. Eleanor Colledge (DFCM), Dr. Stephanie Zhou (DFCM), Julia Galbraith (OCFP), Pavethra Yogeswaran (OCFP), Angeline Tan (OCFP), Reema Chaudhry (OCFP), Marisa Schwartz (DFCM), Erin Plenert (DFCM)

Previous webinars & related resources:

https://dfcm.utoronto.ca/past-changing-way-we-work-community-practice-sessions

Self-learning program

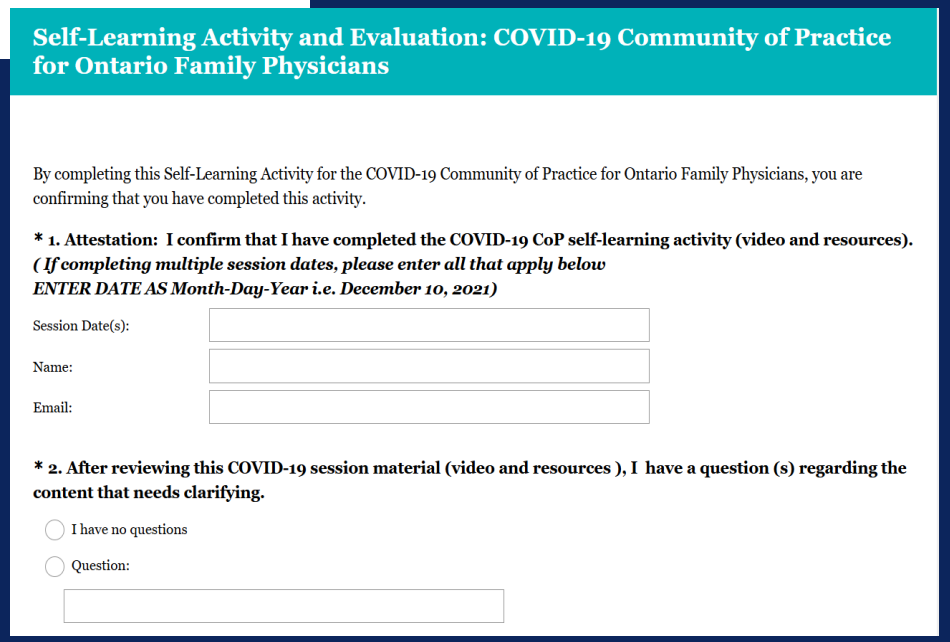
The session materials, including recordings, tools, and resources are available as self-learning modules.

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 80 credits.

To participate in this self-learning:

- Select the dates/sessions you wish to participate in. You are welcome to complete as many sessions as you wish.
- Watch the video recording of the live session.
- Review the session tools and resources.
- Complete the self-learning post-session activity, click the button below.

Complete self-learning activity



Self-Learning Activity and Evaluation: COVID-19 Community of Practice for Ontario Family Physicians

By completing this Self-Learning Activity for the COVID-19 Community of Practice for Ontario Family Physicians, you are confirming that you have completed this activity.

*** 1. Attestation: I confirm that I have completed the COVID-19 CoP self-learning activity (video and resources).**
(If completing multiple session dates, please enter all that apply below
ENTER DATE AS Month-Day-Year i.e. December 10, 2021)

Session Date(s):

Name:

Email:

*** 2. After reviewing this COVID-19 session material (video and resources), I have a question (s) regarding the content that needs clarifying.**

I have no questions

Question:

Missed a session? Want to earn credits?

The Self-learning Program lets you earn credits for watching past sessions.

Just click the link and fill out a 60s form!

Dr. Gerald Evans – Panelist

Infectious Disease Specialist and Professor of Medicine (Infectious Diseases), Queen's University

Dr. Allan Grill – Panelist

Lead Physician, Markham Family Health Team, Chief & Medical Director – Department of Family Medicine, Oak Valley Health, Assistant Dean, Queen's-Lakeridge Health Campus

Speaker Disclosure

- Faculty Name: **Dr. Gerald Evans**
- Relationships with financial sponsors:
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: Ontario Health (Clinical Lead), Ontario College of Family Physicians
  - Membership on advisory boards: Reformulary Group
  - Others: N/A

- Faculty Name: **Dr. Allan Grill**
- Relationships with financial sponsors:
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: Ontario College of Family Physicians, Humber River Hospital, Reformulary Group
  - Membership on advisory boards or speakers' bureaus: Pfizer Canada, Eli Lilly Canada, Sanofi Canada, Kye Pharmaceuticals, Stoke Therapeutics, Novo Nordisk
  - Others: Markham Stouffville Hospital, Markham Family Health Team, Queen's University (Faculty of Health Sciences)

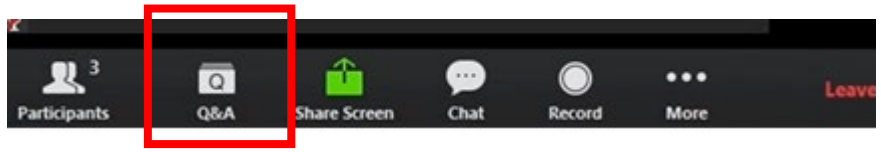
Speaker Disclosure

- Faculty Name: **Dr. Jobin Varughese**
- Relationships with financial sponsors:
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: Ontario College of Family Physicians
  - Others: Toronto Metropolitan University, School of Medicine (Assistant Dean of Primary Care Education)

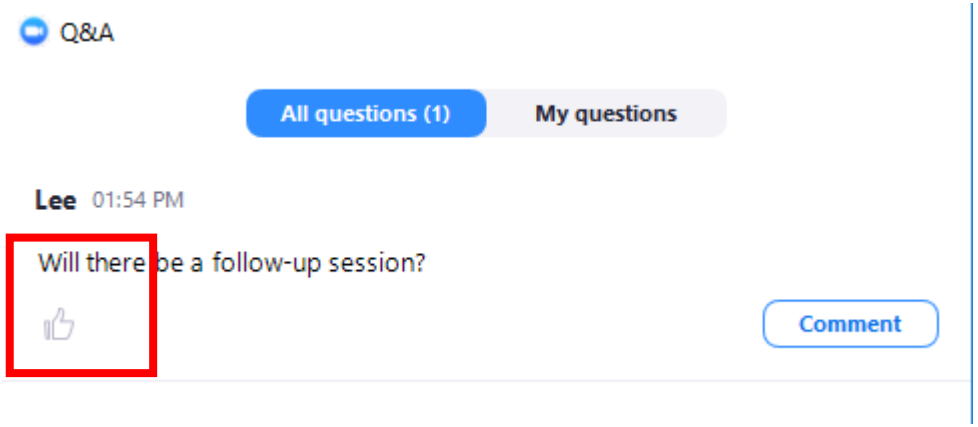
- Faculty Name: **Dr. Ali Damji**
- Relationships with financial sponsors:
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: Ontario College of Family Physicians, Ontario Medical Association Section of General & Family Practice, Trillium Health Partners, Canadian Mental Health Association Peel Dufferin, Center for Effective Practice, GSK
  - Advisory boards: Medical Post Advisory Board, Foundation for Advancing Family Medicine, Center for Effective Practice
  - Others: N/A

How to Participate

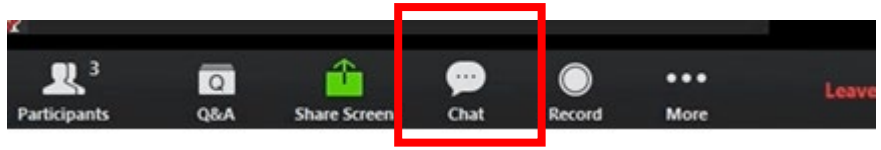
- All questions should be asked using the Q&A function at the bottom of your screen.



- 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 panels attention.



- Please use the chat box for networking purposes only.



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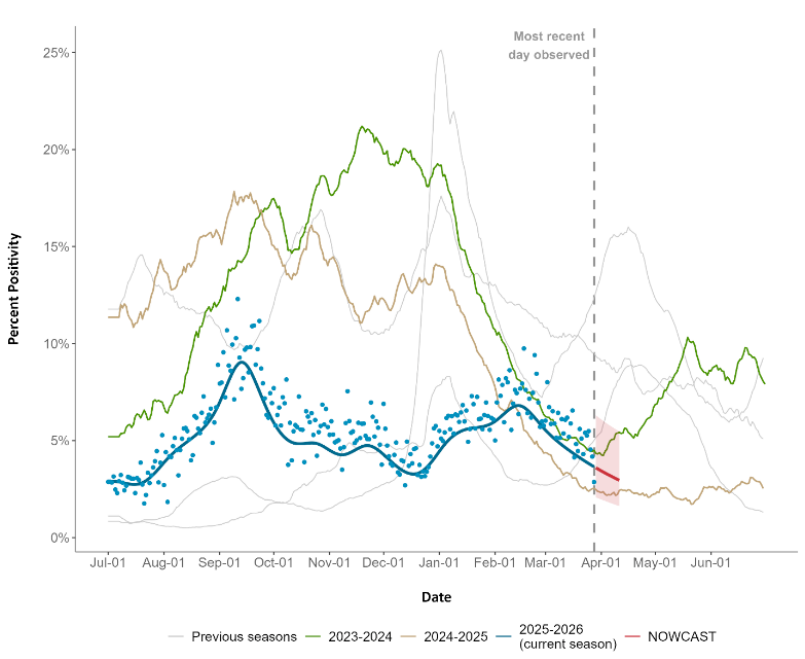
Infectious Diseases Update

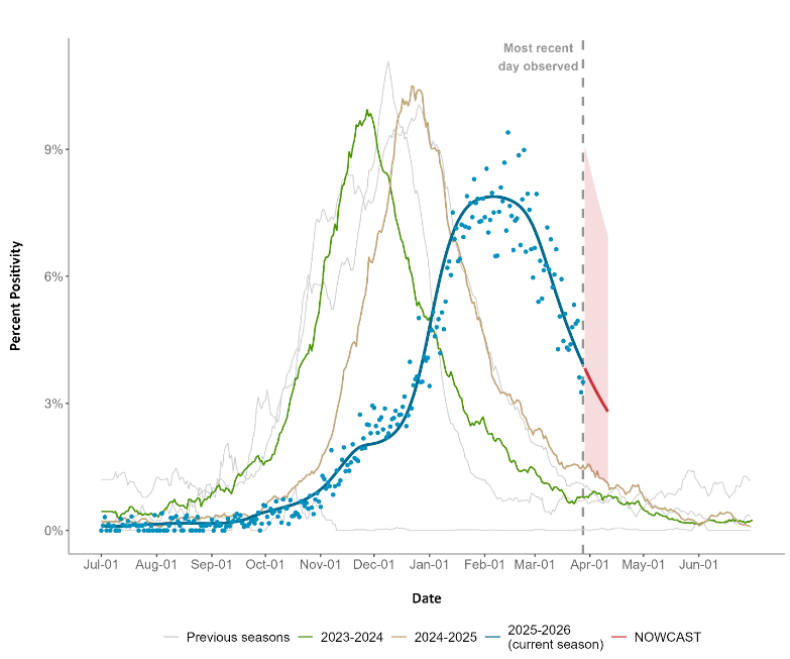
April 17, 2026

Respiratory Virus Activity for Ontario as of April 11, 2026

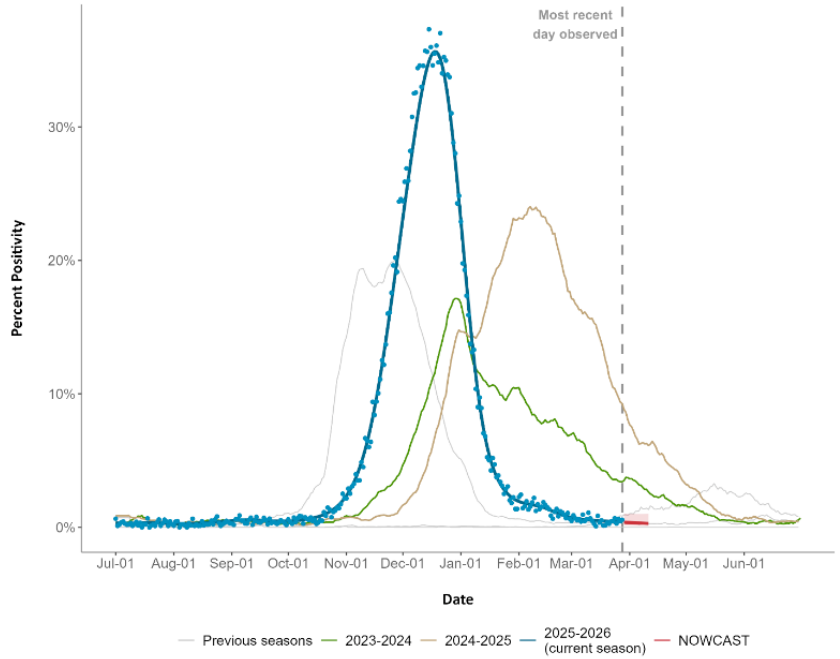
COVID-19



RSV

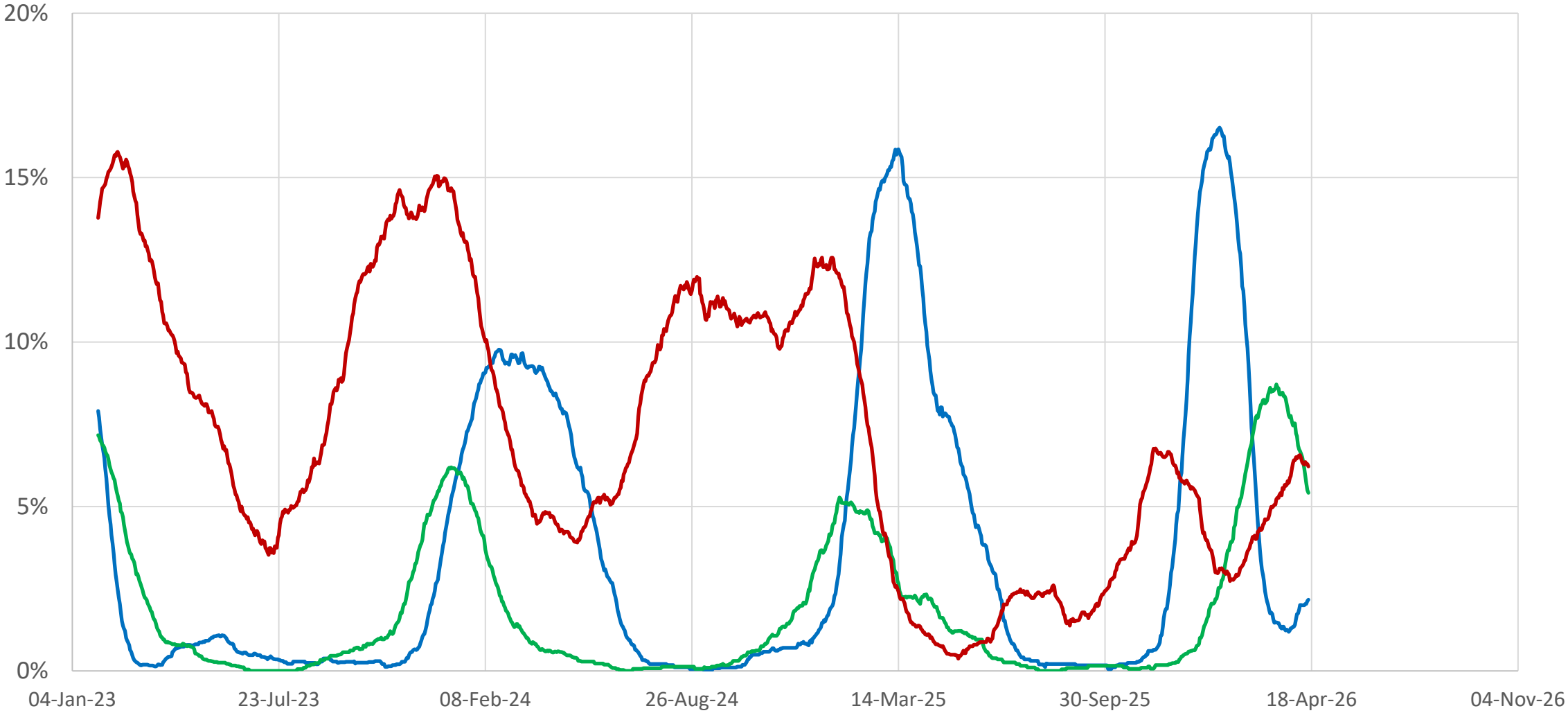


Influenza



Ontario COVID, Influenza & RSV

60-Day Moving Average of Test Positivity January 2023 – present

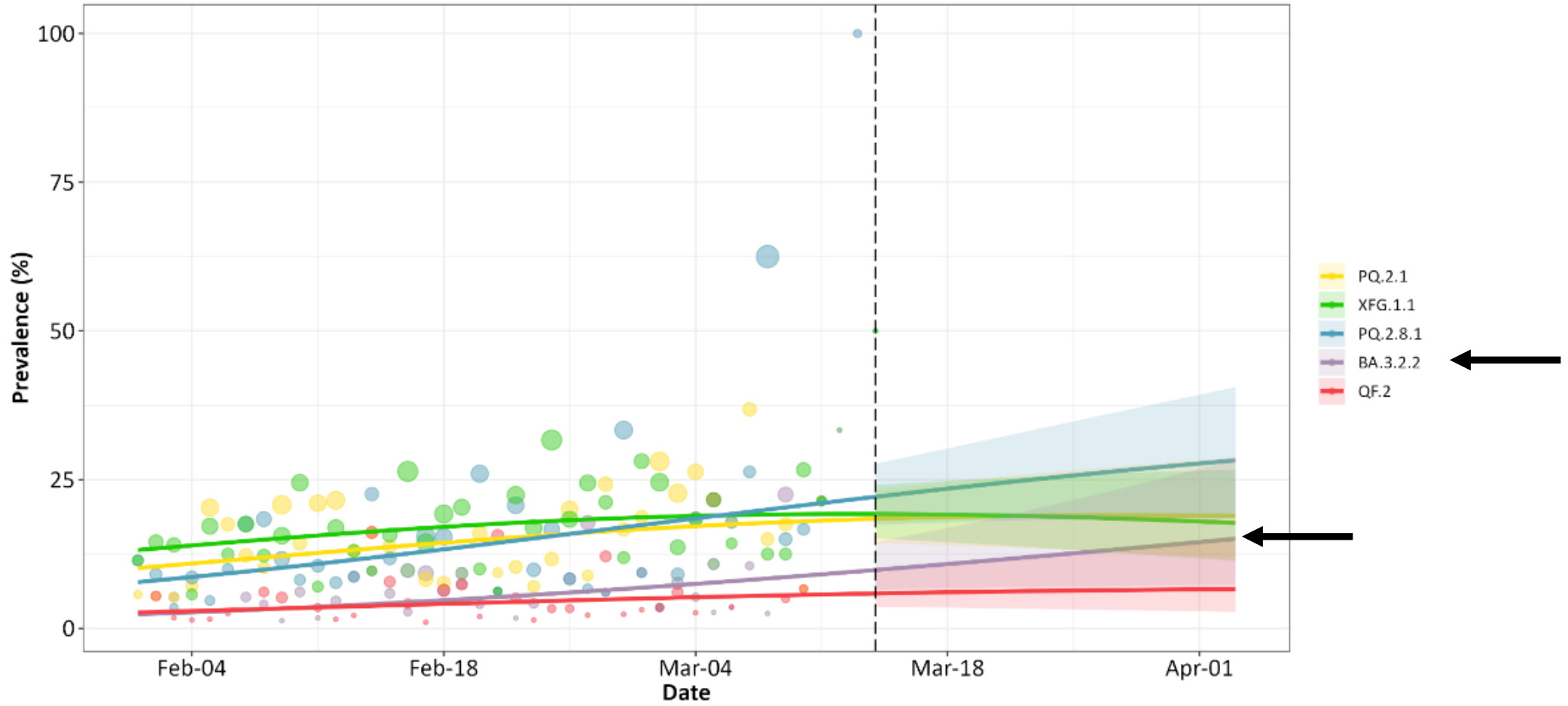


Latest Subvariant of SARS-CoV-2 (Spring 2026) – Ontario

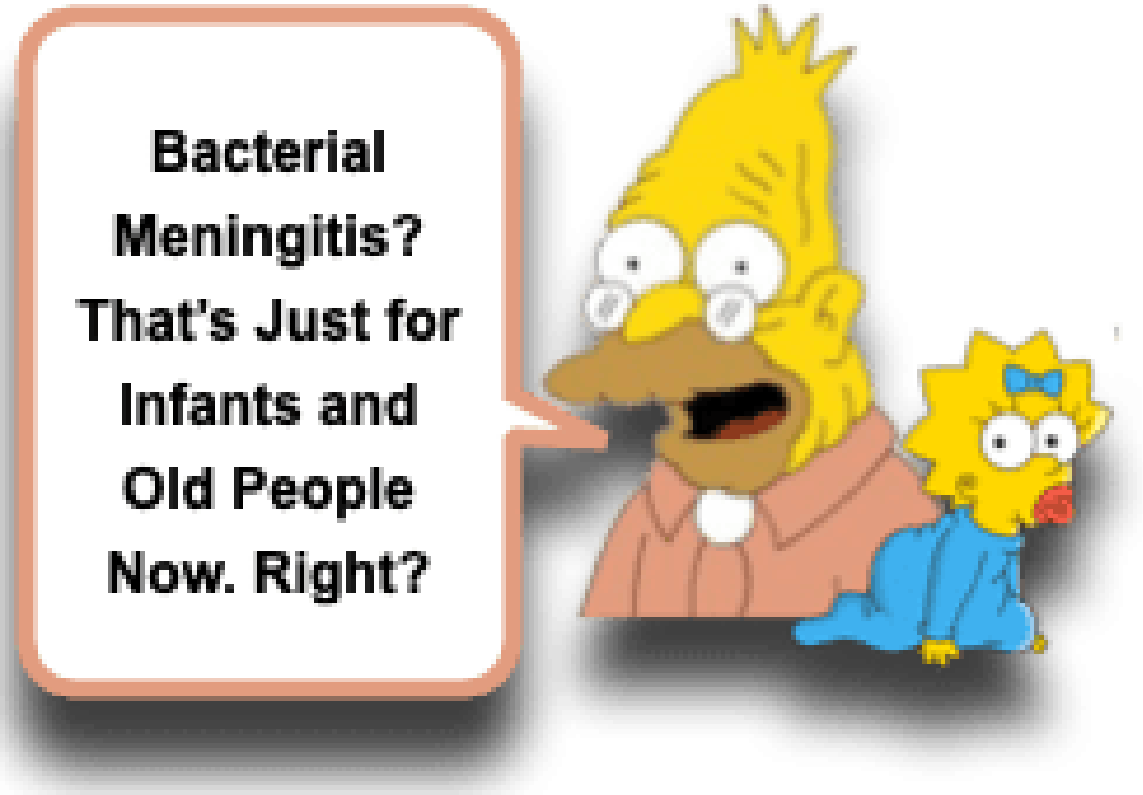
- BA.3.2.2 is a highly mutated Omicron subvariant with spike substitutions K356T and A575S but with reduced ACE2 binding and LRT targeting
  - First emerged in November 2024 with a more rapid rise since early 2026
- It does NOT cause new symptoms or more severe disease
- Currently approved COVID-19 vaccines are expected to continue providing protection against severe disease
- At home tests still require daily tests for up to 3 days following the onset of symptoms before concluding the presence or absence of COVID-19

Ontario SARS-CoV2 Variant Projection – March 15, 2026

Figure 2: Estimated Daily SARS-CoV-2 Prevalence (%) by Pango Lineage, using Nowcast Model, Ontario, February 1 to April 3, 2026



Source: https://www.publichealthontario.ca/-/media/Documents/nCoV/epi/covid-19-sars-cov2-whole-genome-sequencing-epi-summary.pdf?rev=0f3dc034ab0d459ea41d9819267997ba&sc_lang=en


Bacterial
Meningitis?
That's Just for
Infants and
Old People
Now. Right?

Invasive Meningococcal Disease (IMD) - UK

Figure 2. Cases of invasive meningococcal disease in Kent outbreak, by case category, outbreak bacterial subtype: serotype P1.12-1,16-183, attendance at Club Chemistry, and date of onset (data as of 23 March 2026)

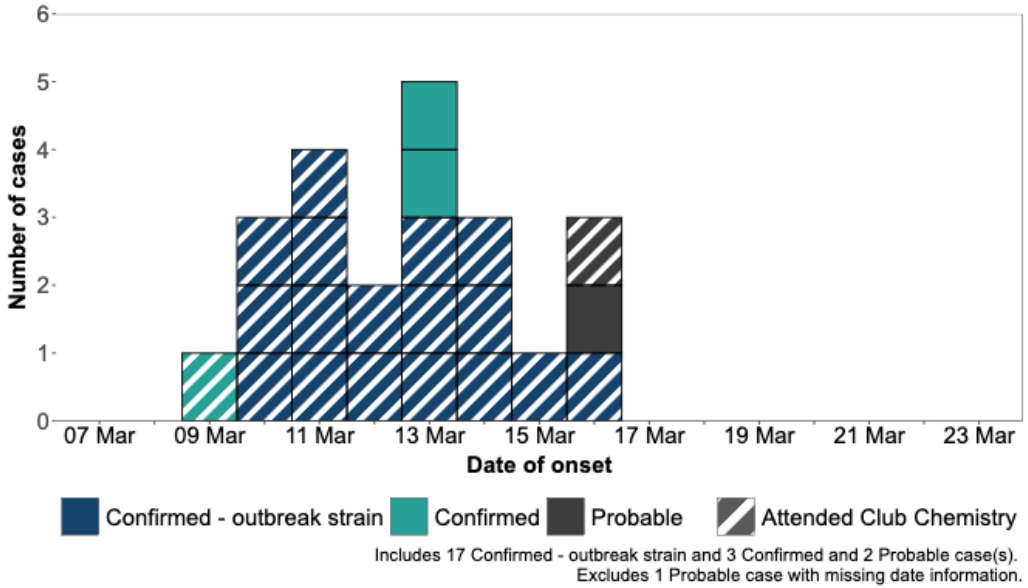
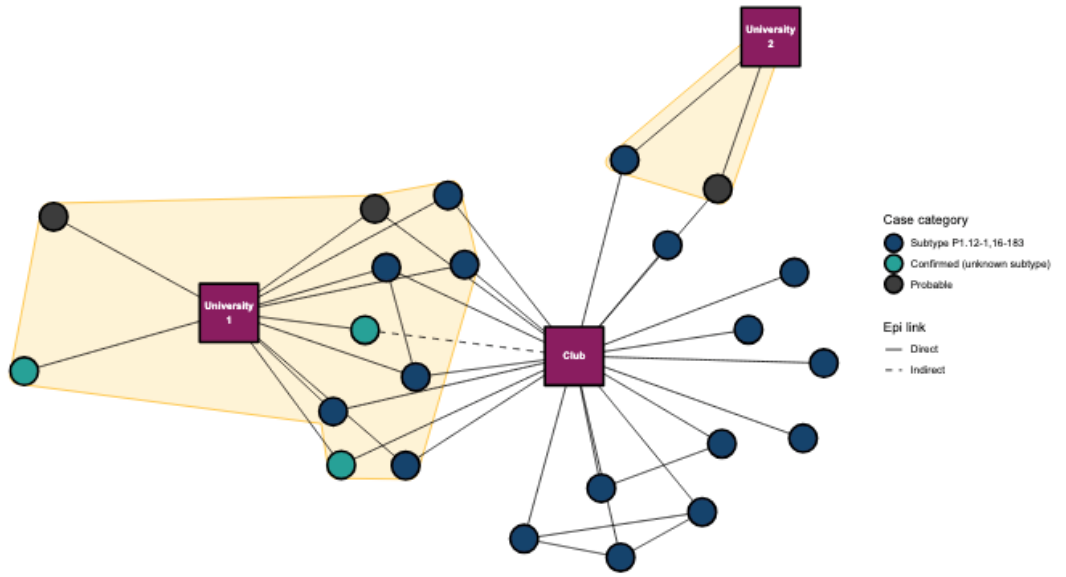


Figure 3. Network diagram of cases of invasive meningococcal disease in Kent outbreak, by case category, and showing key exposures (data as of 23 March 2026)



- This outbreak of 22 cases of serogroup B IMD in Kent is unusual in size and speed compared to past outbreaks
- A clonal complex (41/44) to a relatively recently emerged subtype designated ST-485 with multiple potentially significant genetic differences when compared to previous MenB types

Number of Confirmed Cases of Serogroup W IMD in Manitoba 2023-26 as of April 1, 2026

Month	Year			
	2023	2024	2025	2026
January	0	3	0	1
February	0	2	2	1
March	0	2	2	0
April	0	4	3	
May	1	2	3	
June	1	2	1	
July	0	2	4	
August	2	2	2	
September	1	3	4	
October	0	1	0	
November	2	1	1	
December	5	1	2	
Total (annual) [Crude rate per 100,000 population]	12 [0.8]	25 [1.7]	24 [1.6]	2 [0.5]*
Deaths (annual) [% of cases with a fatal outcome]	0	2 [8.0]	4 [16.7]	2 **

Invasive Meningococcal Disease in Ontario – 2024

N = 37
Serogroup W = 16/37

Ontario IMD Incidence Rates per 100K pop’n by Serogroup – 2000-24

Public Funding of Meningococcal Vaccination in Ontario

- Infants/Toddlers: One dose of Men-C-C at 12-23 months.
- Grade 7-12 Students: Publicly funded Men-C-ACYW is provided to students to meet school requirements.
- Catch-up Program for Adults (up to age 38): Individuals born in 1997 or later who have not received the vaccine in school can get it for free
- High-Risk Individuals with functional/anatomic asplenia, complement deficiencies, or cochlear implants, as well as close contacts of confirmed cases may receive extra doses

Meningococcal (non-B) Vaccination in Ontario

- Monovalent conjugate meningococcal vaccines (Men-C-C) - given routinely at 12 months of age
  - MENJUGATE Liquid (Men-C-C-CRM)
  - NeisVac-C® (Men-C-C-TT)
- Quadrivalent conjugate meningococcal vaccines (Men-C-ACYW) – given in Grade 7 and required for school attendance
  - Menactra® (Men-C-ACYW-DT)
  - MENVEO (Men-C-ACYW-CRM)
  - NIMENRIX® Men-C-ACYW-TT)
  - MenQuadfi™ (Men-C-ACYW-TT)

Meningococcal B Vaccination in Ontario

- BEXSERO™ (4CMenB)
- Primary and booster vaccine schedules for individuals 2 months of age and older
- 4 components include the following recombinant *N. meningitidis* serogroup B proteins:
  - N Heparin binding A [NHBA]
  - N adhesion A [NadA]
  - Surface factor H binding fusion[fHBP]
  - Meningococcal porin A [PorA] outer membrane vesicles from strain NZ98/254,
- Trumenba®
- Primary and booster dose vaccine schedules for individuals 10 years of age and older
- Components
  - Subfamily A and B factor-H binding protein [fHBP]

Public Funding of Meningococcal B Vaccination in Ontario

- In Ontario, the meningococcal B vaccine is publicly funded only for high-risk individuals, including those with:
  - Functional/anatomic asplenia
  - Complement deficiencies
    - Congenital complement, properdin, factor D, or primary antibody deficiencies.
    - Acquired complement deficiencies (e.g., receiving eculizumab)
  - HIV infection
  - Cochlear implants
  - Close contacts of confirmed cases
- Pharmacists in Ontario can administer the vaccine to individuals aged 5 and older
- Meningococcal vaccines are not interchangeable; the series must be completed with the same brand

KidneyWise Update – Primary Care Essentials for Managing CKD

Allan Grill MD, CCFP (COE), MPH, FCFP, CCPE

Lead Physician, Markham Family Health Team
Chief & Medical Director, Dept. of Family Medicine, Oak Valley Health
Assistant Dean, Queen's-Lakeridge Health campus

CTWWW – 106th session, April 17, 2026

KidneyWise Toolkit - Purpose

Purpose: The **Ontario Health (Ontario Renal Network)** KidneyWise Clinical Toolkit promotes person-centered and high-quality primary care in CKD across Ontario. It provides primary care providers with:

- Guidance on the **identification**, **detection**, and **management** of people with CKD in primary care
  - Recommendations on identifying people at high risk of developing CKD, ordering appropriate tests to confirm diagnosis, and how best to manage the disease to help prevent further progression and reduce cardiovascular risk
- Guidance on which individuals would benefit from a **referral** to nephrology

KidneyWise Toolkit Updates

Initially launched in 2015, the KidneyWise toolkit has been updated several times:

2015
- Initial Launch of the KidneyWise Toolkit

2018
- Addition of First Nations, Inuit and Métis people(s) ≥ 18 years of age as a high-risk group;
- Changes to referral to nephrology criteria (Kidney Failure Risk Equation);
- Changes to blood pressure treatment targets for people with CKD and hypertension.

2020
- Updated the Clinical Algorithm to simplify and ensure user-friendly.

2026 Updates Include:

- **Update high risk groups to include Black people living in Ontario;**
- **Update urine ACR referral criteria;**
- New opportunities for incidental CKD detection using urine dipstick;
- **New management recommendations with updated medication information;**

**Updates based on new evidence from relevant clinical practice guidelines (e.g., Kidney Disease: Improving Global Outcomes, Hypertension Canada, Diabetes Canada) and feedback from providers.*

What is Chronic Kidney Disease?

Definition	Abnormalities of kidney structure or function, present for > 3 months, with implications for health
Main causes	Diabetes mellitus, hypertension
Criteria for CKD (either of the following present for > 3 months)	• Urine ACR ≥ 3 mg/mmol and/or • decreased eGFR < 60 ml/min/1.73m^2 (G3a-G5)

Why Should CKD be Important to Primary Care?

Early identification and prevention:

- ~ 90% of CKD cases are low risk of progression and PCPs are well positioned to care for these cases
- Early identification and management can:
  - Prevent/delay end-stage kidney disease (ESKD)
  - Reduce risk of comorbidities with associated ESKD and all-cause mortality (e.g., cardiovascular disease, diabetes)
- Medication reviews can prevent acute kidney injury
- Patients at increased risk of progression to advanced stages of CKD should be referred to nephrology

4.5%

of Ontarian adults have stage 3-5 CKD*

4.0%

of Ontarian adults have early CKD (stage 3a or 3b)*

0.5%

of Ontarian adults have stage 4-5 CKD*

*as of 2024, ORN/ICES CKD in Ontario Report

KidneyWise Summary: High-Risk Groups

High-Risk Groups	Age to Start Screening	Screening Interval
First Nations, Inuit, Métis, or urban Indigenous people(s)	**≥ 18** years of age.	Re-measure **annually**
Black People Living in Ontario (New)	**≥ 40** years of age.	
Diabetes mellitus	Evaluate a person's risk of CKD at the time of diabetes mellitus diagnosis, irrespective of age.	
Hypertension	Evaluate a person's risk of CKD at the time of hypertension diagnosis, irrespective of age.	Consider re-measuring every **2-3** as part of periodic health exams.
Cardiovascular disease	Evaluate a person's risk of CKD at the time of cardiovascular disease diagnosis, irrespective of age.	
First degree relative with ESKD	There is no specific age to start screening, as it depends on the patient's individual risk factors and family history. Consider screening 5-10 years before the age at which their relative developed CKD.	

High Risk Groups: Indigenous Health and CKD

Screen people who are First Nations First Nations, Inuit, Métis, or urban Indigenous for CKD on an annual basis beginning at age 18.

- First Nations, Inuit, and Métis people are three to five times more likely to require treatment for chronic kidney disease, and have to travel four times as far
- People living in remote First Nations often must relocate to receive care, or choose to forgo dialysis and remain at home
- First Nations, Inuit, and Métis people have consistently been shut out of decision making and policy development that affects their communities
- First Nations, Inuit, and Métis people experience racism and lower quality of care when accessing healthcare services

Sources:
Kidney disease and care among First Nations people with diabetes in Ontario: a population-based cohort study | CMAJ Open
Renal disease more prevalent and problematic for Aboriginal peoples | CMAJ

High Risk Groups: Black Health and CKD

Screen Black people living in Ontario for CKD on an annual basis beginning at age 40

- Black individuals are **more than 3 times as likely** to receive dialysis than others in Ontario
- **20% to 40% more** Black people start maintenance dialysis in most years than others in Ontario
- Despite Black people starting dialysis **5 to 11 years earlier** than White people across several years, 3-5% fewer Black people receive maintenance dialysis at home than White people in Ontario
- Black people living in Ontario are **half as likely** to receive a kidney transplant from a living donor

Community consultations with Black people with lived experience with CKD in Ontario highlighted the need to:

- Improve Kidney Health Education and Awareness
- Improve Early CKD Detection and Screening

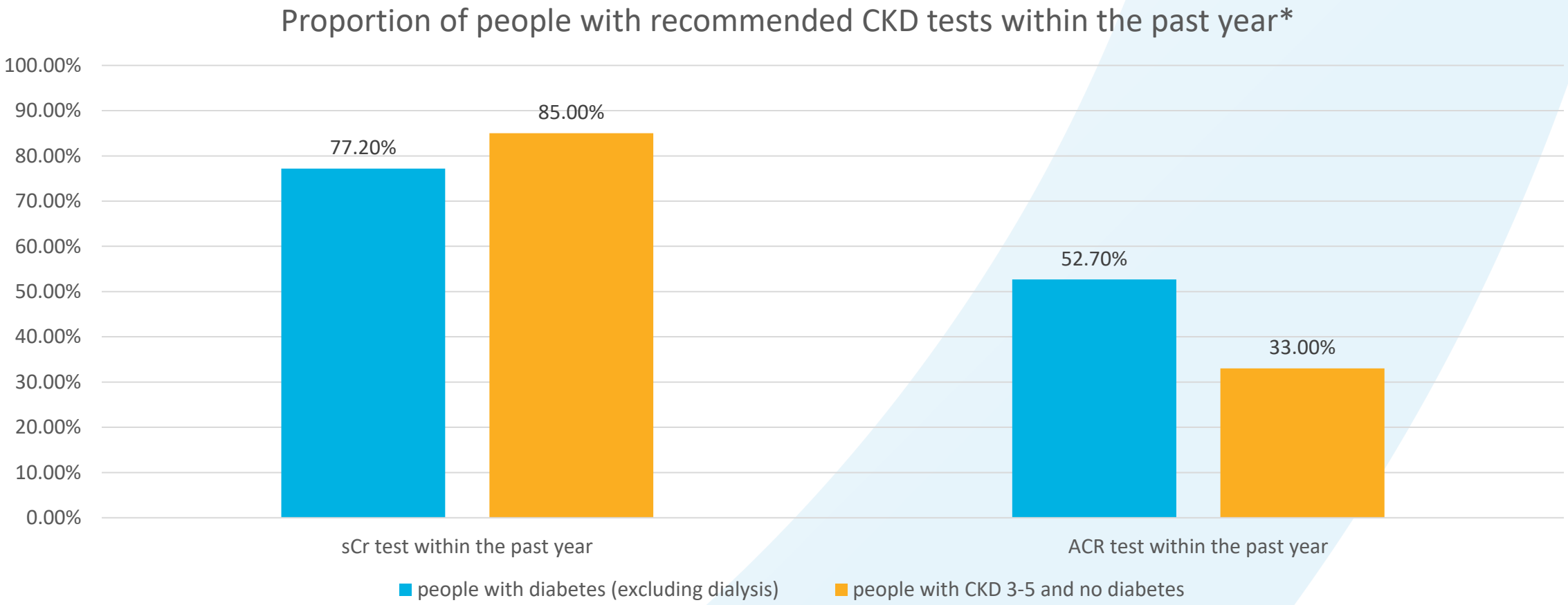
Based on Data from the Ontario Renal Reporting System 2027-2024

Equity and the eGFR formula

DO NOT apply a race multiplier to eGFR results

- Historically the eGFR formula (CKD-EPI 2009) included a race-based multiplier that was applied to Black people
- Race is a social construct and its inclusion in clinical algorithms has led to health disparities.
- Starting in 2024, community and hospital labs in Ontario moved to a new eGFR formula (CKD-EPI 2021) which provides an accurate estimation of eGFR without using a race-based multiplier. The new formula has been endorsed by the National Kidney Foundation, American Society of Nephrology and Canadian Society of Nephrology

CKD Detection in Primary Care



*FY 23/24,

Kidney Failure Risk Equation (KFRE)

Recommendation: Calculate the 5-year KFRE if eGFR < 60

Consider referring patient to nephrology if the **5-year KFRE result is ≥ 5%**

What is KFRE:

- A risk prediction model to measure the 2-year and 5-year risk of ESKD in people with CKD stages 3-5 (eGFR < 60)
- Calculations account for not only **eGFR** but also proteinuria (**urine ACR**), as well as **age** and **gender**
- Many community labs now include a 5-year KFRE calculation whenever eGFR and ACR are ordered together (LifeLabs, Dynacare)

KFRE Resources:

- For more information, visit ORN's About KFRE page:
  - https://www.ontariorenalnetwork.ca/en/kidney-care-resources/clinical-tools/primary-care/kfre
- Use a KFRE Calculator:
  - https://qxmd.com/calculate/kidney-failure-risk-equation-4-variable
  - www.kidneyfailurerisk.com

If The Results Are Abnormal, When Should One Repeat The CKD Screening Tests? - Detection

Assuming no inter-current illness:

- If eGFR < 60, repeat in 3 months or sooner if clinical concern
- If urine ACR ≥ 3, repeat 1-2 more times over the next 3 months

One test result is not enough to make the diagnosis of CKD

CKD is defined as a persistent abnormality for at least 3 months

KidneyWise Referral Criteria Summary

Recommendation	Criteria
Monitor in Primary Care	eGFR ≥60 and ACR <3
Manage CKD in Primary Care	• eGFR 30-59 or • **Urine ACR 3-30 in people without diabetes or** • Urine ACR 3-60 in people with diabetes *follow eGFR/ACR q6m, then annually once eGFR stable x 2 years *urine R&M, electrolytes
Refer to Nephrology	• 5-year KFRE ≥5% or • eGFR <30 or • **Urine ACR >30 in people without diabetes or** • Urine ACR >60 in people with diabetes • eGFR <45 and rapid decline of >5 ml/min within 6 months, repeated in 2-4 weeks **Other Indications for Referral:** • Resistant or suspected secondary hypertension • Metabolic work-up for recurrent renal stones • Clinically important electrolyte disorder • Suspected glomerulonephritis/renal vasculitis (as per the KidneyWise recommendations on hematuria)

KidneyWise Summary: Management in Primary Care

Lifestyle modifications: smoking cessation, reduced alcohol consumption, healthy eating, low-sodium diet (<2g/day), moderate intensity physical activity, and weight management

Manage hypertension

- Target sBP < 120*
- If ACR > 3, use RASi (ACEi/ARB) and then other anti-hypertensives as required
- Use caution when treating sBP to target. Risks may outweigh benefits when dBP < 50

**Consider a higher target (<140) in individuals with severe frailty, LTC residents, limited life expectancy (< 3 years), falls risk, and orthostatic hypotensive (standing sBP < 110)*
^Note that Diabetes Canada's Clinical Practice Guidelines recommend a target sBP <130 to manage hypertension in people with Diabetes

Manage hyperlipidemia

Initiate statin if:

- Age ≥ 50, or
- Age ≥ 18 with diabetes, known coronary artery disease, prior stroke, or 10-year CV risk > 10%

Manage diabetes

Target HbA1c to appropriate level using recommended therapies as per Diabetes Canada guidelines

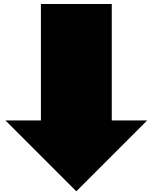
Initiate SGLT2i if type 2 diabetes and eGFR ≥ 20

KidneyWise Summary: Management in Primary Care

Slow CKD Progression

Initiate RASi (ACEi/ARB) as first line therapy if:

- Urine ACR ≥3 and diabetes and/or BP not at target
- In the setting of either symptomatic hypotension or uncontrolled hyperkalemia despite medical treatment, consider reducing the dose or discontinuing RASi



1-2 months

Initiate SGLT2i as next line therapy if eGFR ≥ 20, and:

- Type 2 diabetes, and/or
- Urine ACR ≥ 20, and/or
- Heart failure

KidneyWise Summary: Management in Primary Care

Slow CKD Progression: In people with diabetes mellitus, consider either a non-steroidal MRA, GLP-1 RA, or both depending on additional considerations

Non-steroidal MRA*:

- eGFR ≥ 25 and ACR ≥ 3 and potassium ≤ 4.8 mmol/l

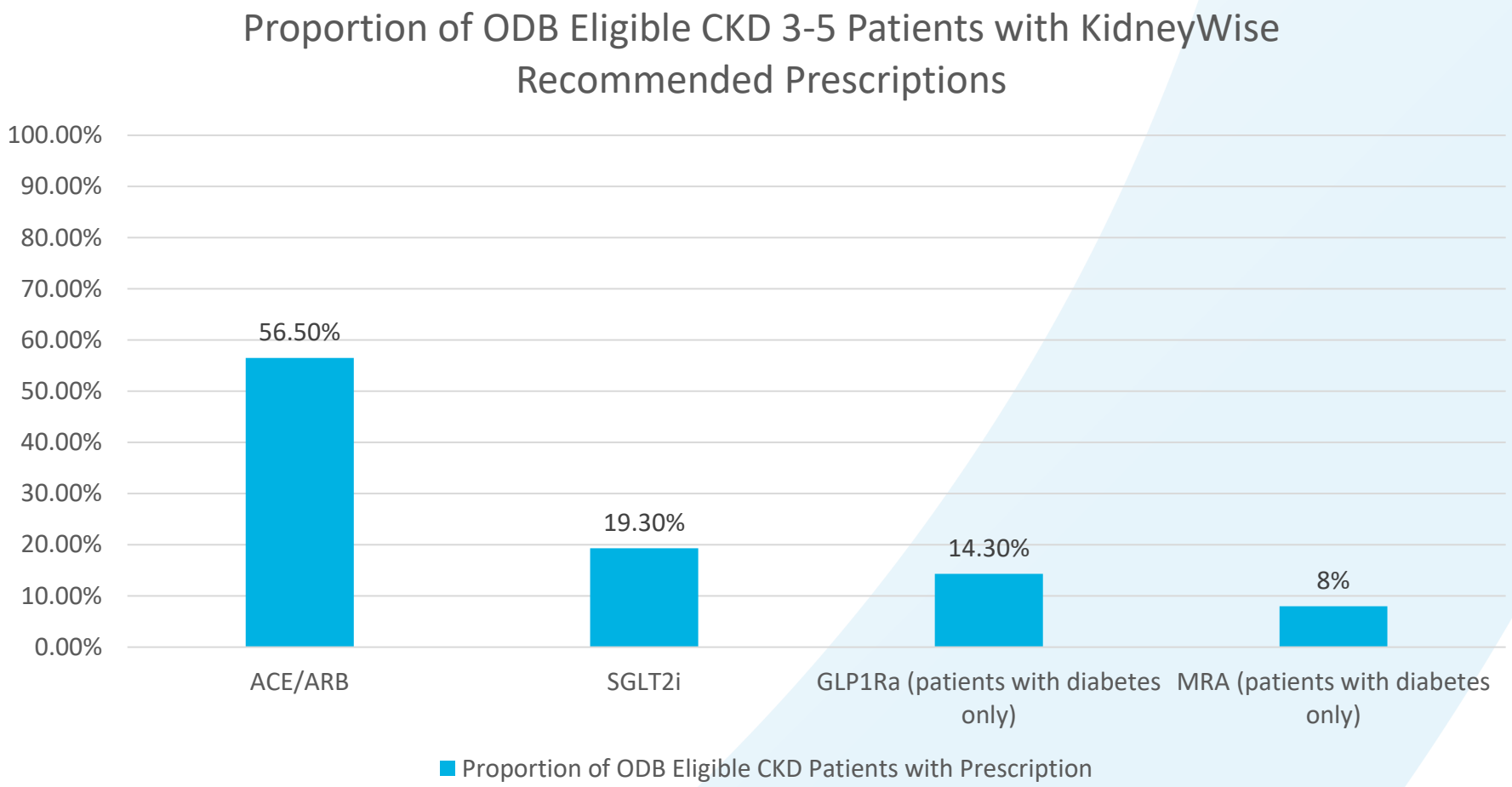
3-6 months

**nsMRAs are prescribed in consultation with a nephrologist or other clinician with experience in the diagnosis and management of patients with CKD and type 2 diabetes*

GLP-1 RA:

- eGFR ≥ 25 and ACR > 10 despite current treatment with (or previous intolerance to) RASi and SGLT2i, or
- Unable to achieve glycemic targets despite use of metformin and SGLT2i (or intolerant to either medication)

CKD Management in Primary Care



*FY 23/24

Clinical Algorithm – Manage

Minimize further kidney injury

- Avoid nephrotoxins such as non-steroidal anti-inflammatory drugs (NSAIDs), intravenous (IV) and intra-arterial contrast, etc. whenever possible (if eGFR < 60)
- If contrast necessary, consider oral hydration, withholding diuretics
- Refer to Sick Day Medication List (see Evidence Summary)

Sulfonylureas/**A**CEIs/**D**iuretics/**M**etformin/**M**RA/**A**RBs/**N**SAIDs/**S**GLT2s

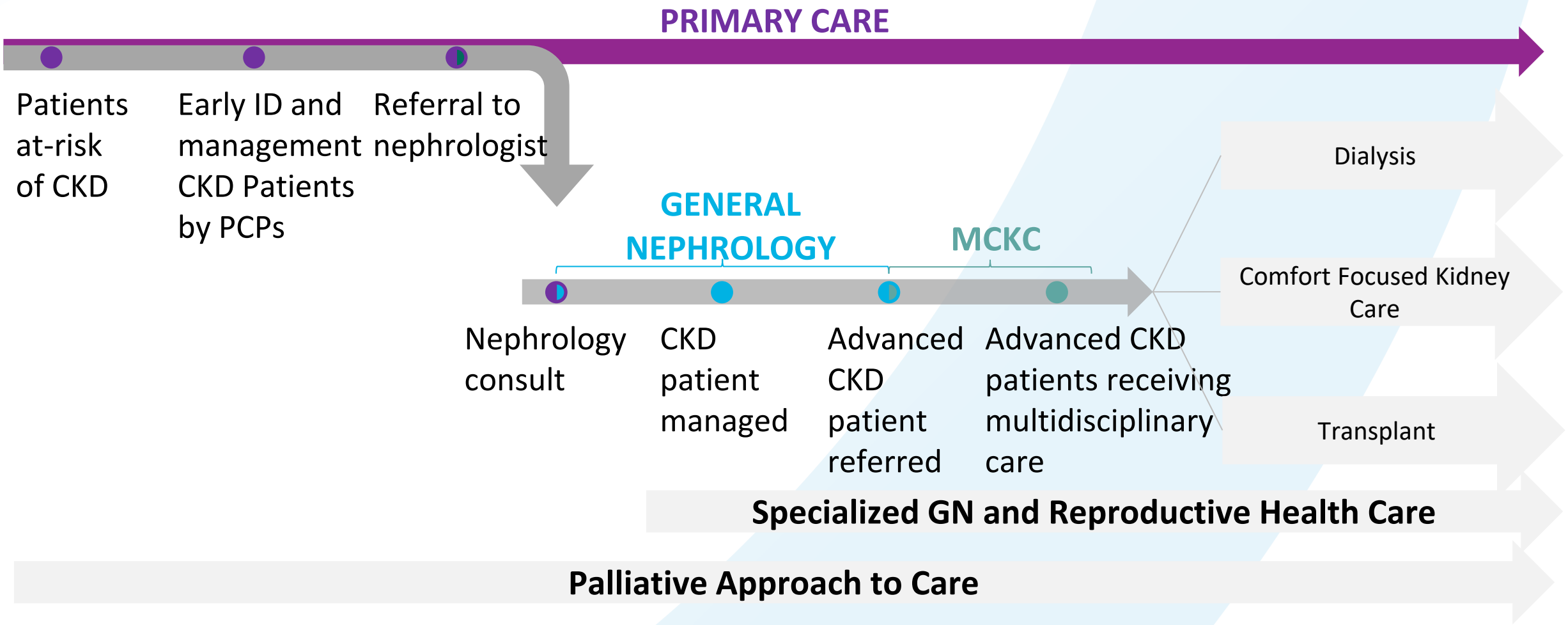
Don't forget to adjust dose of renally excreted medications! (or avoid)

Cockcroft-Gault formula is validated for the purpose of drug adjustment, but studies show CKD-EPI formula just as accurate as a measure of eGFR

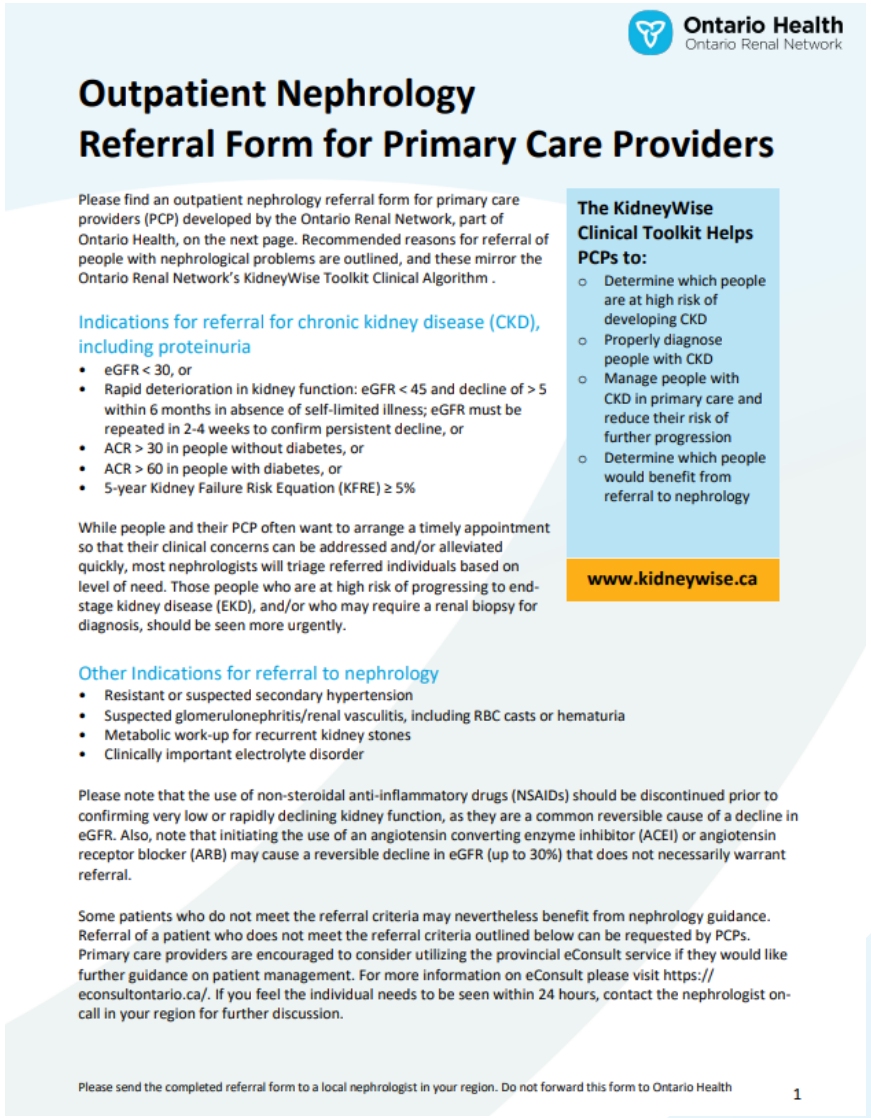
Check SCr/eGFR & K+ within 2-4 weeks of starting or increasing the dose of a RASi, SGLT2i, or nsMRA

Simplified CKD Patient Pathway

Primary Care management of CKD doesn't stop after referral!



Nephrology Referral Form



Ontario Health
Ontario Renal Network

Outpatient Nephrology
Referral Form for Primary Care Providers

Please find an outpatient nephrology referral form for primary care providers (PCP) developed by the Ontario Renal Network, part of Ontario Health, on the next page. Recommended reasons for referral of people with nephrological problems are outlined, and these mirror the Ontario Renal Network's KidneyWise Toolkit Clinical Algorithm .

The KidneyWise Clinical Toolkit Helps PCPs to:

- Determine which people are at high risk of developing CKD
- Properly diagnose people with CKD
- Manage people with CKD in primary care and reduce their risk of further progression
- Determine which people would benefit from referral to nephrology

www.kidneywise.ca

Indications for referral for chronic kidney disease (CKD), including proteinuria

- eGFR < 30, or
- Rapid deterioration in kidney function: eGFR < 45 and decline of > 5 within 6 months in absence of self-limited illness; eGFR must be repeated in 2-4 weeks to confirm persistent decline, or
- ACR > 30 in people without diabetes, or
- ACR > 60 in people with diabetes, or
- 5-year Kidney Failure Risk Equation (KFRE) ≥ 5%

While people and their PCP often want to arrange a timely appointment so that their clinical concerns can be addressed and/or alleviated quickly, most nephrologists will triage referred individuals based on level of need. Those people who are at high risk of progressing to end-stage kidney disease (EKD), and/or who may require a renal biopsy for diagnosis, should be seen more urgently.

Other Indications for referral to nephrology

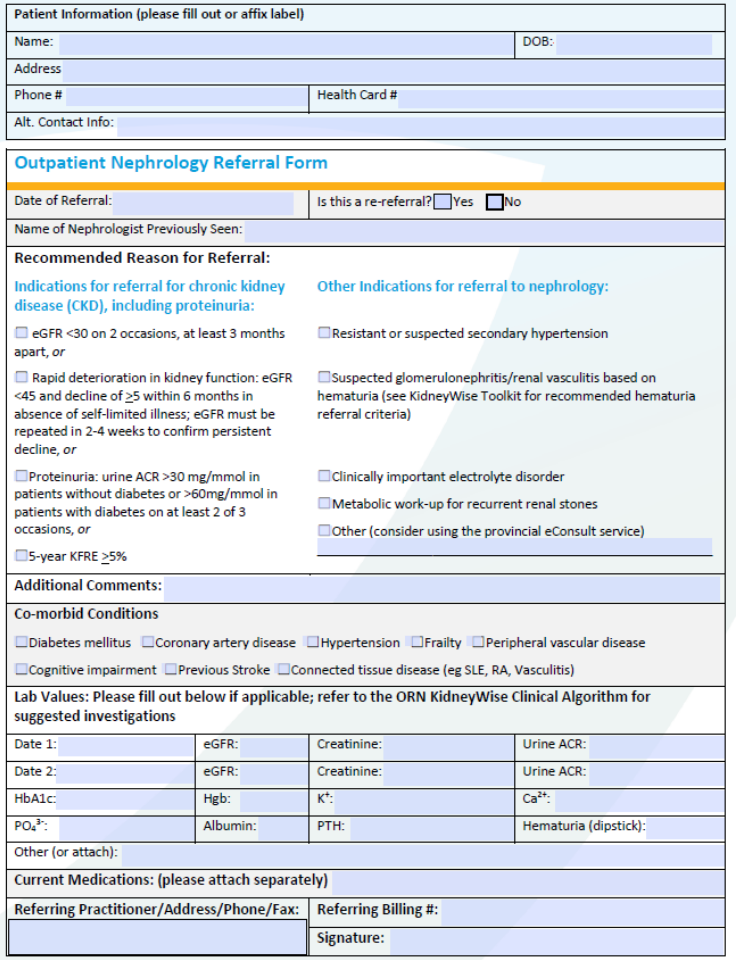
- Resistant or suspected secondary hypertension
- Suspected glomerulonephritis/renal vasculitis, including RBC casts or hematuria
- Metabolic work-up for recurrent kidney stones
- Clinically important electrolyte disorder

Please note that the use of non-steroidal anti-inflammatory drugs (NSAIDs) should be discontinued prior to confirming very low or rapidly declining kidney function, as they are a common reversible cause of a decline in eGFR. Also, note that initiating the use of an angiotensin converting enzyme inhibitor (ACEI) or angiotensin receptor blocker (ARB) may cause a reversible decline in eGFR (up to 30%) that does not necessarily warrant referral.

Some patients who do not meet the referral criteria may nevertheless benefit from nephrology guidance. Referral of a patient who does not meet the referral criteria outlined below can be requested by PCPs. Primary care providers are encouraged to consider utilizing the provincial eConsult service if they would like further guidance on patient management. For more information on eConsult please visit https://econsultontario.ca/. If you feel the individual needs to be seen within 24 hours, contact the nephrologist on-call in your region for further discussion.

Please send the completed referral form to a local nephrologist in your region. Do not forward this form to Ontario Health

1



Patient Information (please fill out or affix label)			
Name:		DOB:	
Address			
Phone #		Health Card #	
Alt. Contact Info:			

Outpatient Nephrology Referral Form

Date of Referral:	Is this a re-referral? ☐ Yes ☐ No
Name of Nephrologist Previously Seen:	

Recommended Reason for Referral:

Indications for referral for chronic kidney disease (CKD), including proteinuria:

- ☐ eGFR <30 on 2 occasions, at least 3 months apart, *or*
- ☐ Rapid deterioration in kidney function: eGFR <45 and decline of ≥5 within 6 months in absence of self-limited illness; eGFR must be repeated in 2-4 weeks to confirm persistent decline, *or*
- ☐ Proteinuria: urine ACR >30 mg/mmol in patients without diabetes or >60mg/mmol in patients with diabetes on at least 2 of 3 occasions, *or*
- ☐ 5-year KFRE ≥5%

Other Indications for referral to nephrology:

- ☐ Resistant or suspected secondary hypertension
- ☐ Suspected glomerulonephritis/renal vasculitis based on hematuria (see KidneyWise Toolkit for recommended hematuria referral criteria)
- ☐ Clinically important electrolyte disorder
- ☐ Metabolic work-up for recurrent renal stones
- ☐ Other (consider using the provincial eConsult service)

Additional Comments:

Co-morbid Conditions

☐ Diabetes mellitus ☐ Coronary artery disease ☐ Hypertension ☐ Frailty ☐ Peripheral vascular disease
☐ Cognitive impairment ☐ Previous Stroke ☐ Connected tissue disease (eg SLE, RA, Vasculitis)

Lab Values: Please fill out below if applicable; refer to the ORN KidneyWise Clinical Algorithm for suggested investigations

Date 1:	eGFR:	Creatinine:	Urine ACR:
Date 2:	eGFR:	Creatinine:	Urine ACR:
HbA1c:	Hgb:	K^+:	Ca^{2+}:
PO_4^{3-}:	Albumin:	PTH:	Hematuria (dipstick):
Other (or attach):			

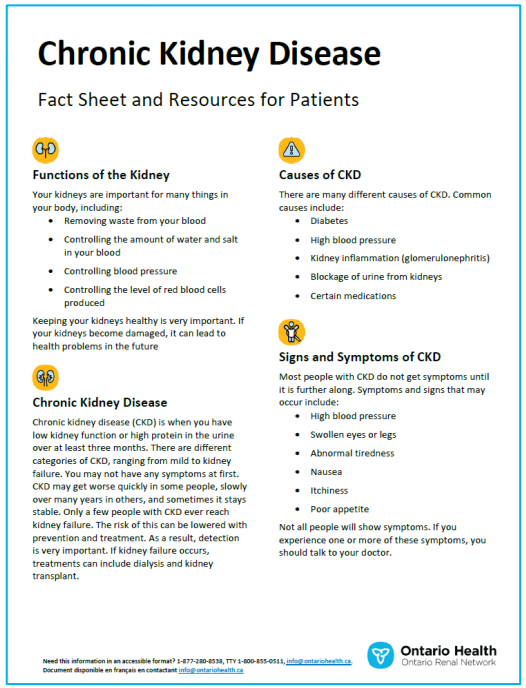
Current Medications: (please attach separately)

Referring Practitioner/Address/Phone/Fax:	**Referring Billing #:**
	Signature:

Please send the completed referral form to a local nephrologist in your region. Do not forward this form to Ontario Health
Need this information in an accessible format? 1-877-280-8538, TTY 1-800-855-0511, info@ontariohealth.ca. Document disponible en français en contactant info@ontariohealth.ca

2

Patient Resources



Chronic Kidney Disease

Fact Sheet and Resources for Patients

Functions of the Kidney

Your kidneys are important for many things in your body, including:

- Removing waste from your blood
- Controlling the amount of water and salt in your blood
- Controlling blood pressure
- Controlling the level of red blood cells produced

Keeping your kidneys healthy is very important. If your kidneys become damaged, it can lead to health problems in the future

Chronic Kidney Disease

Chronic kidney disease (CKD) is when you have low kidney function or high protein in the urine over at least three months. There are different categories of CKD, ranging from mild to kidney failure. You may not have any symptoms at first. CKD may get worse quickly in some people, slowly over many years in others, and sometimes it stays stable. Only a few people with CKD ever reach kidney failure. The risk of this can be lowered with prevention and treatment. As a result, detection is very important. If kidney failure occurs, treatments can include dialysis and kidney transplant.

Causes of CKD

There are many different causes of CKD. Common causes include:

- Diabetes
- High blood pressure
- Kidney inflammation (glomerulonephritis)
- Blockage of urine from kidneys
- Certain medications

Signs and Symptoms of CKD

Most people with CKD do not get symptoms until it is further along. Symptoms and signs that may occur include:

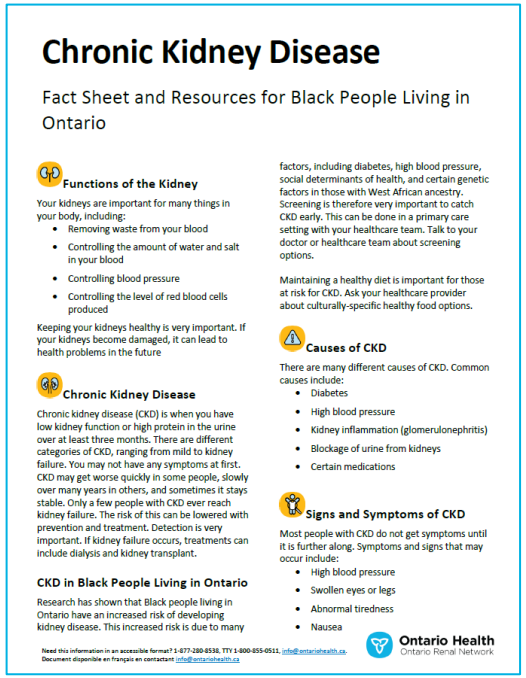
- High blood pressure
- Swollen eyes or legs
- Abnormal tiredness
- Nausea
- Itchiness
- Poor appetite

Not all people will show symptoms. If you experience one or more of these symptoms, you should talk to your doctor.

Need this information in an accessible format? 1-877-280-8538, TTY 1-800-855-0511, info@ontariohealth.ca.
Document disponible en français en contactant info@ontariohealth.ca

Ontario Health
Ontario Renal Network

CKD Patient Information Sheet - General



Chronic Kidney Disease

Fact Sheet and Resources for Black People Living in Ontario

Functions of the Kidney

Your kidneys are important for many things in your body, including:

- Removing waste from your blood
- Controlling the amount of water and salt in your blood
- Controlling blood pressure
- Controlling the level of red blood cells produced

Keeping your kidneys healthy is very important. If your kidneys become damaged, it can lead to health problems in the future

Chronic Kidney Disease

Chronic kidney disease (CKD) is when you have low kidney function or high protein in the urine over at least three months. There are different categories of CKD, ranging from mild to kidney failure. You may not have any symptoms at first. CKD may get worse quickly in some people, slowly over many years in others, and sometimes it stays stable. Only a few people with CKD ever reach kidney failure. The risk of this can be lowered with prevention and treatment. Detection is very important. If kidney failure occurs, treatments can include dialysis and kidney transplant.

CKD in Black People Living in Ontario

Research has shown that Black people living in Ontario have an increased risk of developing kidney disease. This increased risk is due to many factors, including diabetes, high blood pressure, social determinants of health, and certain genetic factors in those with West African ancestry. Screening is therefore very important to catch CKD early. This can be done in a primary care setting with your healthcare team. Talk to your doctor or healthcare team about screening options.

Maintaining a healthy diet is important for those at risk for CKD. Ask your healthcare provider about culturally-specific healthy food options.

Causes of CKD

There are many different causes of CKD. Common causes include:

- Diabetes
- High blood pressure
- Kidney inflammation (glomerulonephritis)
- Blockage of urine from kidneys
- Certain medications

Signs and Symptoms of CKD

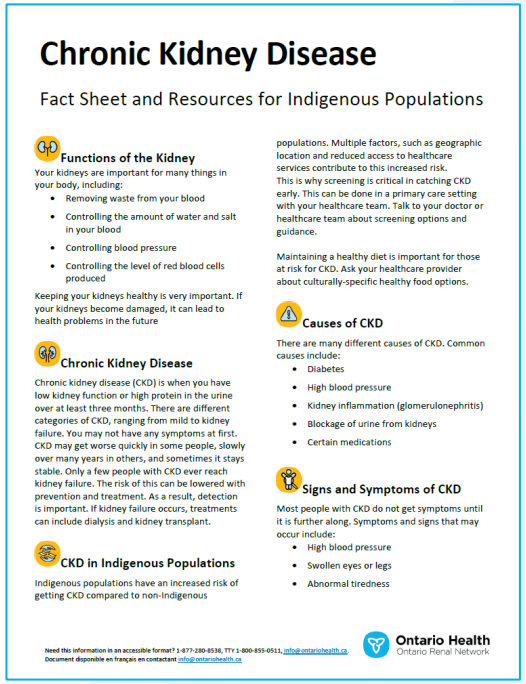
Most people with CKD do not get symptoms until it is further along. Symptoms and signs that may occur include:

- High blood pressure
- Swollen eyes or legs
- Abnormal tiredness
- Nausea

Need this information in an accessible format? 1-877-280-8538, TTY 1-800-855-0511, info@ontariohealth.ca.
Document disponible en français en contactant info@ontariohealth.ca

Ontario Health
Ontario Renal Network

Patient Information Sheet – Black People Living in Ontario



Chronic Kidney Disease

Fact Sheet and Resources for Indigenous Populations

Functions of the Kidney

Your kidneys are important for many things in your body, including:

- Removing waste from your blood
- Controlling the amount of water and salt in your blood
- Controlling blood pressure
- Controlling the level of red blood cells produced

Keeping your kidneys healthy is very important. If your kidneys become damaged, it can lead to health problems in the future

Chronic Kidney Disease

Chronic kidney disease (CKD) is when you have low kidney function or high protein in the urine over at least three months. There are different categories of CKD, ranging from mild to kidney failure. You may not have any symptoms at first. CKD may get worse quickly in some people, slowly over many years in others, and sometimes it stays stable. Only a few people with CKD ever reach kidney failure. The risk of this can be lowered with prevention and treatment. As a result, detection is important. If kidney failure occurs, treatments can include dialysis and kidney transplant.

CKD in Indigenous Populations

Indigenous populations have an increased risk of getting CKD compared to non-Indigenous populations. Multiple factors, such as geographic location and reduced access to healthcare services contribute to this increased risk.
This is why screening is critical in catching CKD early. This can be done in a primary care setting with your healthcare team. Talk to your doctor or healthcare team about screening options and guidance.

Maintaining a healthy diet is important for those at risk for CKD. Ask your healthcare provider about culturally-specific healthy food options.

Causes of CKD

There are many different causes of CKD. Common causes include:

- Diabetes
- High blood pressure
- Kidney inflammation (glomerulonephritis)
- Blockage of urine from kidneys
- Certain medications

Signs and Symptoms of CKD

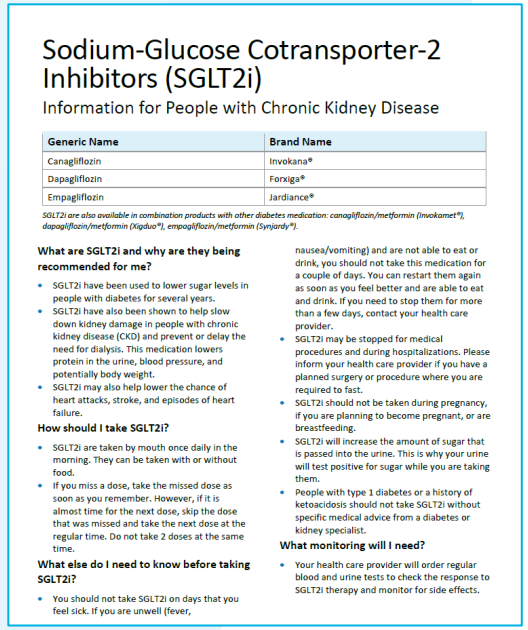
Most people with CKD do not get symptoms until it is further along. Symptoms and signs that may occur include:

- High blood pressure
- Swollen eyes or legs
- Abnormal tiredness

Need this information in an accessible format? 1-877-280-8538, TTY 1-800-855-0511, info@ontariohealth.ca.
Document disponible en français en contactant info@ontariohealth.ca

Ontario Health
Ontario Renal Network

Patient Information Sheet – Indigenous Populations



Sodium-Glucose Cotransporter-2 Inhibitors (SGLT2i)

Information for People with Chronic Kidney Disease

Generic Name	Brand Name
Canagliflozin	Invokana®
Dapagliflozin	Forxiga®
Empagliflozin	Jardiance®

SGLT2i are also available in combination products with other diabetes medication: canagliflozin/metformin (Invokamet®), dapagliflozin/metformin (Xigduo®), empagliflozin/metformin (Synjardy®).

What are SGLT2i and why are they being recommended for me?

- SGLT2i have been used to lower sugar levels in people with diabetes for several years.
- SGLT2i have also been shown to help slow down kidney damage in people with chronic kidney disease (CKD) and prevent or delay the need for dialysis. This medication lowers protein in the urine, blood pressure, and potentially body weight.
- SGLT2i may also help lower the chance of heart attacks, stroke, and episodes of heart failure.

How should I take SGLT2i?

- SGLT2i are taken by mouth once daily in the morning. They can be taken with or without food.
- If you miss a dose, take the missed dose as soon as you remember. However, if it is almost time for the next dose, skip the dose that was missed and take the next dose at the regular time. Do not take 2 doses at the same time.

What else do I need to know before taking SGLT2i?

- You should not take SGLT2i on days that you feel sick. If you are unwell (fever, nausea/vomiting) and are not able to eat or drink, you should not take this medication for a couple of days. You can restart them again as soon as you feel better and are able to eat and drink. If you need to stop them for more than a few days, contact your health care provider.
- SGLT2i may be stopped for medical procedures and during hospitalizations. Please inform your health care provider if you have a planned surgery or procedure where you are required to fast.
- SGLT2i should not be taken during pregnancy, if you are planning to become pregnant, or are breastfeeding.
- SGLT2i will increase the amount of sugar that is passed into the urine. This is why your urine will test positive for sugar while you are taking them.
- People with type 1 diabetes or a history of ketoacidosis should not take SGLT2i without specific medical advice from a diabetes or kidney specialist.

What monitoring will I need?

- Your health care provider will order regular blood and urine tests to check the response to SGLT2i therapy and monitor for side effects.

SGLT2 Medication Fact Sheet

E-Consult

- eConsult is a secure web-based tool that allows a physician, nurse practitioner or midwife timely access to specialist advice for all patients and often eliminates the need for an in-person specialist visit
- Primary care providers are encouraged to use the eConsult Ontario platform to access nephrologist advice:
    - On cases where patient frailty or geography might be an impediment to an in-person referral
    - On cases where there is a concern with kidney function that does not meet KidneyWise criteria for referral
    - For further clarification on KidneyWise recommendations related to patient management and/or referral

More information on E-Consult is available here: https://econsultontario.ca/

Key Messages for Primary Care Providers

- The KidneyWise Toolkit has been updated to reflect changes in best practice
- Black people living in Ontario have been identified as a group at high-risk of CKD and should be screened on an annual basis beginning at age 40
- It is important that both eGFR and ACR testing be used to when screening for CKD. The ACR threshold for referral to nephrology has been lowered for people who do not have diabetes
- New research has demonstrated the efficacy of SGLT2i, GLP-1 RA, and non-steroidal MRA in slowing the progression of CKD and can be prescribed in primary care settings

Special Thanks

KidneyWise Task Group

Dr. Scott Brimble (Chair), Nephrologist, St. Joseph's Hamilton

Dr. Peter Blake, Nephrologist, London Health Sciences

Dr. Eliot Beaubien, Nephrologist, Peterborough Regional Health Centre

Dr. Allan Grill, Primary Care Provider, Markham Stouffville Hospital

Dr. Dan Tascona, Nephrologist, Orillia Soldier's Memorial Hospital

Early CKD Priority Panel

Dr. Peter Blake (Chair), Nephrologist, London Health Sciences

Dr. Harpreet Bajaj, Endocrinologist, LMC Healthcare

Dr. Eliot Beaubien, Nephrologist, Peterborough Regional Health Centre

Dr. Scott Brimble, Nephrologist, St. Joseph's Hamilton

Dr. Allan Grill, Primary Care Provider, Markham Stouffville Hospital

Dr. Swapnil Hiremath, Nephrologist, The Ottawa Hospital

Janet Hutchingame, Patient and Family Advisor

Dr. Murali Krishnan, Nephrologist, Royal Vicotria Regional Health Centre

Dr. Phil McFarlane, Nephrologist St. Michael's Hospital

Bruce Mori, Patient and Family Advisor

Katelyn O'Connor, Nurse Practitioner, Thunder Bay Regional Health Sciences Centre

Brent Vicary, Regional Renal Program Director, Windsor Regional Hospital

Dr. Ann Young, Nephrologist St Michael's Hospital

Dr. Catherine Yu, Primary Care Provider, Toronto East Hospital Network

REGISTER TODAY!

Ontario College of Family Physicians

Health Equity Community of Practice for Family Physicians

April 30, 2026 | 12 P.M. - 1 P.M. EST

Caring for Adults with Intellectual and Developmental Disabilities

Click here or scan the QR code

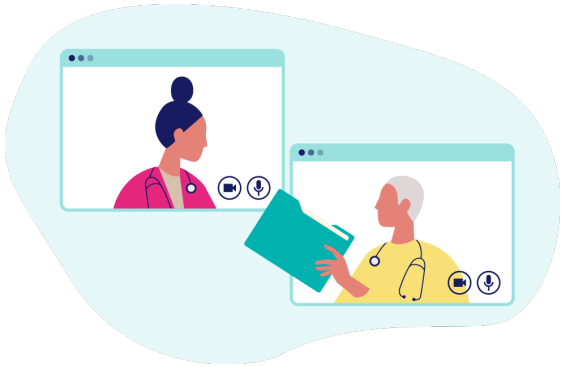
Supports for Mental Health, Addictions and Chronic Pain

Find information to support the care you give patients – in a way that also considers your wellbeing.

Community of Practice

Return-to-Work Planning in Family Medicine: Practical WSIB Considerations (April 22)

Scan here to register



Peer Connect Mentorship

Receive tailored support to skillfully respond to challenges in your practice and earn Mainpro+ credits.

Topics Explored by Past Peer Learners:

- Managing ADHD in primary care
- Strategies to address work-life balance
- Supporting patients living with chronic pain and addiction challenges

Sign up to become a Peer Learner

Reducing HRM Report Volumes

Health Report Manager (HRM): Information for Family Physicians

April 2026

The HRM® platform delivers patient health reports from hospitals and specialty clinics to community clinicians across Ontario. Work is ongoing to enhance the functionality of HRM and reduce the administrative burden on family physicians.

Below are two actions you can take right now to reduce inbox volume and better control how reports are delivered through HRM:

- ❑ Stop eNotifications
- ❑ Stop faxed duplicates of HRM reports

For technical support and to get more information about HRM initiatives: support@ontariomd.com

Practical Things You Can Do Right Now to Reduce Your Report Volumes Through HRM

"Did you know?" The tasks below can also be implemented by admin staff on behalf of an individual physician or group of physicians within the clinic.

How to Stop eNotifications

An eNotification is a near real-time alert sent through HRM from participating hospitals to notify you when your patient is admitted, discharged, or seen in the ER, with no clinical data.

To stop receiving eNotifications, follow the steps below:

1. Complete the Expression of Interest form. Your name, license number and email address are required. The email address must be specific to the clinician making the request.
2. Watch for an email from support@ontariomd.com requesting verification of your request. If you do not receive this email within 10 business days, please reach out to support@ontariomd.com.
3. You will receive email confirmation that eNotifications have been stopped once your request has been processed.

Other Initiatives in Development

Broader work is also underway at the hospital level to further reduce report volumes and improve your HRM experience. Among them: eliminating faxes when HRM reports are sent; and reducing the volume of draft/preliminary reports by implementing delay of several hours for sending certain types of reports (ER notes, discharge summaries, specialist consultation notes).

Learn more about the HRM Improvement Recommendations and the related work of the HRM Improvement Recommendations Advisory Committee.

Ontario College of Family Physicians

Practical Steps to Reduce Report Volumes Through Health Report Manager (HRM)

As a member of the *Health Report Manager Improvement Recommendations Advisory Committee* (HIRAC), the OCFP is supporting efforts to improve your HRM® experience and reduce report volumes.

The OCFP has developed a tool to help you streamline your HRM inbox, including straightforward steps to stop eNotifications and faxed copies of reports you already receive electronically.

Access the OCFP's HRM Tool

Momentum Building for eReferral

More hospitals and specialists are joining *eReferral*, building on the thousands of clinicians using the system to improve care coordination and streamline referrals. To date, eReferral has processed over four million referrals in Ontario, **with 62% of family physicians and 31% of specialists now on board.** This growing network makes it easier to connect patients to the right care, at the right time.

Get Started with eReferral

First Five Years Community of Practice

Our next First Five Years Community of Practice sessions:

From 7 – 8pm:

April 21, 2026: Patient management & setting expectations

May 19, 2026: Parental leave & practice management with young children

Register on the First Five Years CoP Website:

Contact us: dfcm.quality@utoronto.ca

Family & Community Medicine
UNIVERSITY OF TORONTO

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 9 Mainpro+ credits.

RECENT SESSIONS

January 16	**Infectious Disease & e-Referral Development**	Dr. Alon Vaisman Dr. Stephen Pomedli
February 6	**Infectious Disease & Best Practices for MSK Imaging**	Dr. Allison McGeer Dr. Daniel Warshafsky
February 20	**Infectious Disease & New Hypertension Guidelines Update**	Dr. Daniel Warshafsky Dr. Vincent Ki
March 6	**Infectious Disease & Supporting Healthy Aging in Women**	Dr. Zain Chagla Dr. Margarita Lam Antoniades
March 27	**Infectious Disease & Assessment Tools on Conflicting Guidelines**	Dr. Daniel Warshafsky Erik Hellsten Dr. Donna L Reynolds

Past Webinars, Slides, Self-Learning & More Resources:

https://dfcm.utoronto.ca/past-changing-way-we-work-community-practice-sessions

UPCOMING SESSIONS

Month	Date
May 2026	May 1
May 2026	May 22
June 2026	June 5

SAVE THE DATE

Registration links will be emailed to vou closer to the date

Ontario College of Family Physicians
Thriving Family Physicians in a Healthy Ontario

Family & Community Medicine
UNIVERSITY OF TORONTO

Questions?

The webinar recording will be posted soon.

Session slides will be available by the end of the day:
https://dfcm.utoronto.ca/past-changing-way-we-work-community-practice-sessions

Our next Community of Practice: May 1, 2026

Contact us: ocfpcme@ocfp.on.ca

The Changing the Way we Work Community of Practice for Ontario Family Physicians has been certified by the College of Family Physicians of Canada and the Ontario Chapter for up to 32 Mainpro+ Certified Activity credits.

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

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