



## Changing the Way We Work

February 23, 2024: COVID-19 and Measles Updates, and Supporting Primary Care

Panelists: Dr. Megan Devlin, Dr. Elizabeth Muggah

Moderator: Dr. Eleanor Colledge

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**Curated answers from CoP guests, panelists and co-hosts to in-session questions posed by participants, based on current guidance and information available at the time.**

### Ontario Health Teams (OHTs)

**Did the OHTs take over their work from another agency, or is this a new venture?**

The OHTs are new, here is a link to a good FAQ document:

<https://www.ontario.ca/page/ontario-health-teams>

**Will OHTs be expected to provide administrative and operational support to their Primary Care Network (PCN)? Without this, it's simply not realistic for physicians to consult and engage their peers off the side of their desks.**

The initial 12 Ontario Health Teams identified in the OHT's acceleration strategy are receiving dedicated funding this fiscal year to support clinical leadership and operational costs within their PCNs. All OHTs are encouraged to consider supporting clinical leadership and operational PCN costs with their continued implementation funding. However, we know OHTs need to use that funding to support multiple OHT initiatives.

### Primary Care Payment Models

**How are Community Health Centres (CHCs) and Family Health Team (FHT) models audited for cost effectiveness? What is the plan to expand team-based care to family physicians that work in CHCs?**

CHCs, FHTs and nurse practitioner-led clinics participate in regular reporting and accountability activities with Ontario Health. Ontario Health is supporting the implementation of the 78 new and expanded interprofessional teams, and

**this will allow some physicians who do not presently work on teams to have access.**

### **Team-based Primary Care**

**Is Ontario Health going to incorporate all pharmacists into the team as they are doing increasing amount of primary care?**

**Ontario Health recognizes pharmacists as integral members of interprofessional primary care teams and will support activities that incorporate pharmacists into teams.**

**How do we join a Family Health Team?**

**Clinicians interested in joining a team can learn of opportunities through [HealthForceOntario](#), which is now part of Ontario Health, or by reaching out to their local Ontario Health Team.**

**For new or expanded interprofessional primary care teams, the 2023/2024 Expanding and Enhancing Interprofessional Primary Care Teams Expression of Interest is now closed. Future funding opportunities will be shared by the Ministry of Health and/or Ontario Health.**

**Currently, there are only a few teams that work with Indigenous populations, will more be created?**

**In short yes, though I would direct you to the Ministry of Health for questions about Indigenous primary care organizations as they have the oversight of these teams.**

### **Advocacy**

**Why do we still not have a centralized referral system?**

**We know that referrals are a source of significant stress and unnecessarily take up a lot of time for family physicians. The OCFP has been advocating for this work to be accelerated.**

**It's clear that family doctors want fair compensation. Teams are highly inefficient, and this new dedicated funding will not make its way to front-line**

**family doctors. Limiting the need for forms doesn't help either. Is anyone listening to us? How is this being addressed?**

**I know it's challenging; I'll be addressing what we are doing at Ontario Health to support primary care including across Primary Care Networks and teams.**

### **Measles**

**Would you please share Dr. Moore's memo on measles?**

You can access the memo here:

<https://www.oma.org/uploadedfiles/oma/media/member/membermappedpdfs/c/moh-measles-memorandum---february-2024.pdf/>

**With no treatment for measles and its highly infectious nature, shouldn't we refrain from seeing symptomatic patients in-person?**

I agree. If there is a high level of concern for measles, I would contact public health for guidance around where/how they can be appropriately tested.

**Is measles contagious before a person develops symptoms?**

A patient is infectious ~five days prior to developing the rash and four days post-rash. Prodrome usually begins two to four days prior to the rash developing. So yes, for one to two days prior to prodrome, measles can be infectious.

**Aren't all grandparents at high risk for measles?**

Those born before 1970 typically will maintain a high level of measles immunity.

### **Supporting Primary Care**

**Did you see the article by Drs. Nadia Alam, Sohail Ghandi and Silvy Mathew that discourages family medicine residents from setting up a practice? Do you agree that it is a failed business model?**

I did see it, and personally, I know that the current working conditions for family doctors are incredibly challenging. Today, I'll address some of what we are doing on the Ontario Health side to support primary care and family doctors to advance primary care.

## Long COVID

**Are there any studies looking at patients who have had COVID-19 multiple times? Are there any harmful long-term effects?**

Long COVID studies have found that with each repeated infection, there is a risk of developing Long COVID.

## COVID-19

**Can we expect to have long term access to rapid antigen tests (RATs) and N95 masks? All the non-hospital COVID-19 and post COVID-19 care has fallen on the shoulders of family doctors. Will Ontario Health continue to acknowledge this and support us?**

Yes, there is not a plan to change the access to RATs and N95s.

***These additional questions and comments were answered live during the session. To view responses, please refer to the session recording.***

- Where can we get rapid antigen tests (RATs)? Most have expired or will expire soon. Has there been an official Health Canada extension of expiry dates for current kits?
- Our RATs will expire next month. Can we continue to use them for the next six months?
- Are you concerned about seeing a decline in immune response with frequent immunizations?
- Should older adults or those born prior to 1970, get an MMR booster?
- Should anyone that is planning to travel receive an MMR vaccine? Does the vaccine come out of the public health supply?
- Between approximately 1982-84 there was a problem with ineffective MMR vaccines. There was attempt a decade later to find these children who received this vaccine and revaccinate them. Are these adults now at risk again in Ontario?
- Should older adults receive a measles vaccine when their vaccination history is unclear? Are there any risks for older adults who receive the vaccine?
- If we see a case of measles in our office, how do we handle this? Especially with a waiting room full of people and ever-increasing numbers of unvaccinated children in our practices.

- Can you review how the measles rash differs from other rashes?
- Can we immunize a patient who is between six and 12 months who is travelling with an MMR vaccine from the Ontario Public Health supply, or do we need to charge as it is for travel?
- How many measles vaccinations do you recommend for patients who have had a stem cell transplant, bone marrow transplant, or are currently receiving chemotherapy?
- Are there any Long COVID clinics in GTA? Many have closed due to funding.
- With decreasing COVID-19 rates, is it reasonable to stop masking in the office setting?
- I've been seeing young adults who have received 2 doses of the MMR vaccine in childhood but are not immune by serology to measles or mumps as young adults (serology checked for university/college admission). Should we be checking young adults for MMR immunity routinely and boosting if not immune?
- Are MMR boosters required for travelers born prior to 1970? Is it still required if they have been tested and found to have immunity or have had measles in the past?
- Are pharmacists being made aware of the concerns for measles? I am receiving more reports from pharmacists that they have treated conjunctivitis as a bacterial infection, but it is more likely to be viral and it could be measles.
- Could you comment on the most up-to-date contraindications for the MMR vaccine?
- If research supports having access to a family doctor is essential to a healthier, well-functioning population, why does the Ministry of Health continue to act as though family doctors do not matter, and can be replaced with other primary care providers?
- Can you address the articles that have suggested that teams are less efficient and more expensive than a family physician?
- Does Ontario Health separate family physicians and nurse practitioners in primary care as often we are lumped together?
- What is the cost and benefit when comparing the funding for Family Health Groups/Family Health Organizations/Family Health Teams funding vs Fee-for-Service?