

Changing the Way We Work

May 17, 2024: Infectious Disease Updates, Managing Patient Flow
& Use of AI Scribes

Panelists: Dr. Alon Vaisman, Dr. Daniel Warshafsky, Dr. Daniel Pepe, Dr. Ali Damji
Moderator: Dr. Eleanor Colledge

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

Which antibiotic is preferred to treat Lyme disease in children?

Amoxicillin would be the preferred agent in young children less than 8 years old.

Must all household exposures to invasive Group A streptococcus (iGAS) be treated preventively?

Only for severe cases of iGAS, you can contact Public Health, if uncertain.

I use phone translation with many of my patients. They speak in their language and then the translator translates into English. How will that work with an AI scribe?

Some AI scribe platforms do have built in translation. I use Scribeberry and they have just added translation.

If the MMR vaccine is given to a child under four, does it need to be repeated after the age of four? Schools only seem to accept a child who received a dose when they were over the age of four.

It wouldn't need to be repeated. The issue with acceptance for school is if the first dose is given before age one. In that situation, two more doses would be needed. If a patient receives both doses after age one and follow the minimum intervals then it would be valid for school.

Traditionally open access required clearing backlog of patient demand (i.e., five days worth of visits). Did you do this before starting the team triage approach?

It took me about two to three weeks to go through and identify people who were requesting labs or physicals. It was some work but the results moving forward have honestly been practice changing. I feel way better before my days and the flow during the day for same day appointments is way faster then if people were booked three to four weeks out.

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

- What is the status of the Paxlovid and RAT supply for the community and Paxlovid?
- It's sad (satirical even!) that we must be mindful to only trust Lyme serologies from Public Health! It's disheartening to hear what's out there that can confuse patients in the hopes of making money. It causes undue anxiety for patients and difficult conversations and decisions for us as doctors.
- Every year I give my dog a vaccination for to prevent tick bites/Lyme disease. Why don't we have vaccination for humans?
- Since two doses of measles-containing vaccine is necessary can we give the second dose earlier than 4 years of age. Let's say to a 2- to 3-year-old?
- About 20 per cent of patients with measles received two or more doses of MMR. Were they immunocompromised? Or is the vaccine not effective?
- Please confirm, is no difference in management of Lyme disease if a tick is only partially removed and there might be a piece still under the skin?
- If a patient cannot afford Paxlovid and is high risk but not ODB can Remdesivir be used?
- What is the expiry date for RATs obtained at the beginning of the pandemic? Should we order new test kits?
- Will assessment centres still exist this fall?
- Is there a problem with the supply of Paxlovid? This week I had a patient who qualifies but had to go to several pharmacies only to be told it's on back order.
- Can you please comment on patients who are treated with multiple doses of several antibiotics for Lyme disease?
- What do we write on Public Health requisition to obtain Lyme serology?
- How do you treat children under eight with tick bite?
- Is there any point in tick analysis?
- Which antibiotic is preferred for children with Lyme disease?
- How does AI manage transcribing appointments in languages other than English?
- How much time does using an AI scribe save you per day/week? Do you think it leads to being able to see a measurable additional number of patients per day? Or at least allow you to have a break?

- Which AI scribe do you use, Ali?
- Navigating this environment of AI options out there is a nightmare for most clinicians. We really need a centralized process for vetting these, as most clinicians do not have the time nor skill set to adequately vet them. It can be done centrally and AI solutions that meet requirements can be approved, just like EMRs were. We also need a standardized consent form that clinicians can use. I have tried to pitch this idea to OntarioMD and Ontario Health, but so far nobody wants to take on this role. Who can/should do this?
- With your current system, do all your patients leave messages or is the phone answered live as well?
- Does the CPSO have concerns about AI? Will they want access to recordings since it's part of the chart? Has this been approved by CPSO?