

COVID-19 Community of Practice for Ontario Family Physicians

Dec 15, 2023

**Dr. Allison McGeer
Ms. Maggie Keresteci
Dr. Jonathan Isenberg
Dr. Anna M. Chiarelli**



***Winter virus season and changes to
breast cancer screening in Ontario***



Family & Community Medicine
UNIVERSITY OF TORONTO

Ontario College of
Family Physicians



Winter virus season and changes to breast cancer screening in Ontario

Co-moderators:

- Dr. Tara Kiran, Fidani Chair of Improvement and Innovation, University of Toronto and Family Physician, St. Michael's Academic Family Health Team, Toronto, ON
- Dr. Eleanor Colledge, CPD Program Director, University of Toronto and Family Physician, South East Toronto Family Health Team, Toronto, ON

Panelists:

- Dr. Allison McGeer, Toronto, ON
- Ms. Maggie Keresteci, Toronto, ON
- Dr. Jonathan Isenberg, Toronto, ON
- Dr. Anna M. Chiarelli, Toronto, ON

Host:

- Dr. Mekalai Kumanan, Cambridge, ON

The COVID-19 Community of Practice for Ontario Family Physicians is a one-credit-per-hour Group Learning program that has been certified for up to a total of 32 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.

10 Community Roundtables

British Columbia

People with Disabilities



Newcomers



Manitoba

Indigenous Youth



Michael Redhead
Champagne

Newcomers



Ontario

African, Caribbean & Black Community



First Nations, Inuit & Métis



Well Living House

Quebec

Newcomers & Low-Income



Racialized & Newcomer
2SLGBTQIA+



Nova Scotia

Refugee Claimants



Black Nova Scotians [of African Descent]



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.

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 (DFCM), Dr. Mekalai Kumanan (OCFP), Dr. Ali Damji (DFCM), Dr. Eleanor Colledge (DFCM), Dr. Harry O'Halloran, Mina Viscardi-Johnson (OCFP), Julia Galbraith (OCFP), Pavethra Yogeswaran (OCFP), Marisa Schwartz (DFCM), Erin Plenert (DFCM)

Previous webinars & related resources:

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



Dr. Allison McGeer – Panelist

Infectious Disease Specialist, Mount Sinai Hospital



Ms. Maggie Keresteci – Panelist

Executive Director at Canadian Association for Health Services & Policy Research



Dr. Jonathan Isenberg – Panelist

Provincial Primary Care Lead, Cancer Screening, Ontario Health



Dr. Anna M. Chiarelli – Panelist

Senior Scientist and Provincial Scientific Lead, Ontario Breast Screening Program, Clinical Institutes & Quality Programs, Ontario Health

Speaker Disclosure

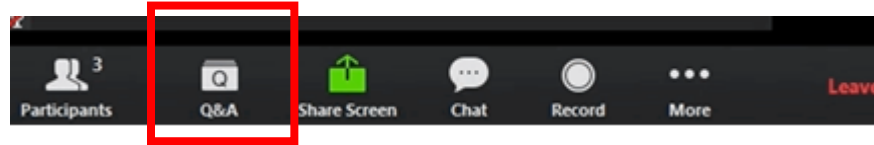
- Faculty Name: **Dr. Allison McGeer**
- Relationships with financial sponsors: Novavax, Medicago, Sanofi-Pasteur, GSK, Merck
 - Grants/Research Support: Sanofi-Pasteur, Pfizer
 - Speakers Bureau/Honoraria: Moderna, Pfizer, AstraZeneca, Novavax, Medicago, Sanofi-Pasteur, GSK, Merck
 - Others: N/A
- Faculty Name: **Maggie Keresteci**
- Relationships with financial sponsors:
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: Ontario College of Family Physicians, Cdn Association for Health Services & Policy Research
 - Membership on advisory boards: N/A Others: N/A
- Faculty Name: **Dr. Jonathan Isenberg**
- Relationships with financial sponsors:
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: Ontario College of Family Physicians
 - Membership on advisory boards: N/A
 - Others: N/A
- Faculty Name: **Dr. Anna M. Chiarelli**
- Relationships with financial sponsors:
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: Ontario College of Family Physicians
 - Membership on advisory boards: N/A
 - Others: N/A

Speaker Disclosure

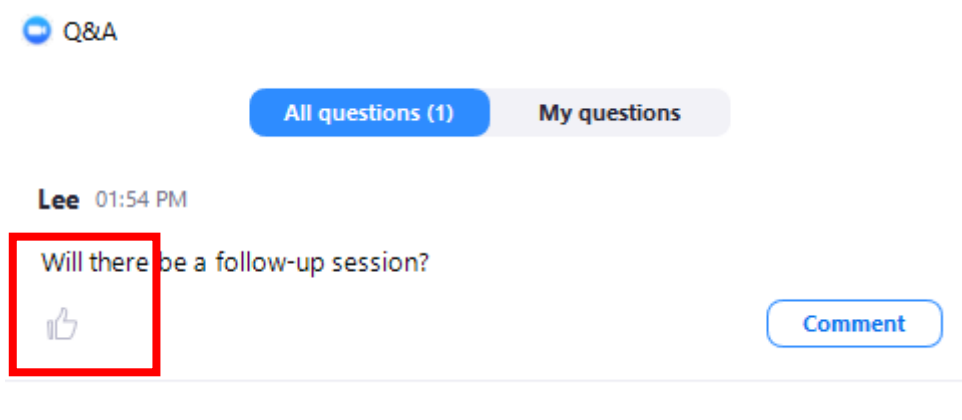
- Faculty Name: **Dr. Mekalai Kumanan**
- Relationships with financial sponsors:
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: Ontario College of Family Physicians
 - Others: Chief of Family Medicine, Cambridge Memorial Hospital
- Faculty Name: **Dr. Eleanor Colledge**
- Relationships 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:
 - Speakers Bureau/Honoraria: St. Michael's Hospital, University of Toronto, Health Quality Ontario (HQO), Canadian Institutes for Health Research (CIHR).Ontario College of Family Physicians (OCFP), Ontario Medical Association (OMA), Doctors of BC, Nova Scotia Health Authority, Osgoode Hall Law School, Centre for Quality Improvement and Patient Safety, Vancouver Physician Staff Association, University of Ottawa, Ontario Health, Canadian Medical Association, McMaster University, Queen's University, North American Primary Care Research Group.
 - Grants/Research Support: Canadian Institute for Health Research, Ministry of Health and Long-Term Care, St. Michael's Hospital Foundation, St. Michael's Hospital Medical Services Association, Women's College Hospital Academic and Medical Services Group Innovation Fund, University of Toronto, Health Quality Ontario, Ontario Ministry of Health, Gilead Sciences Inc., Staples Canada, Max Bell Foundation.

How to Participate

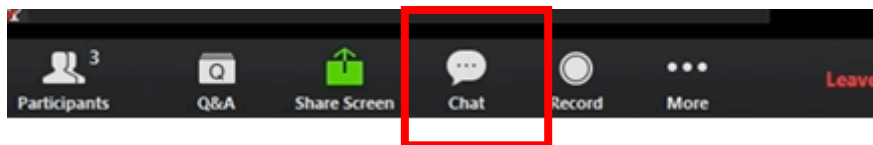
- All questions should be asked using the Q&A function at the bottom of your screen.



- 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.





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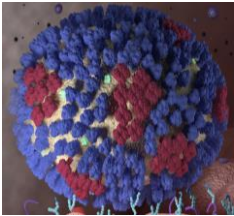
Novavax XBB.1.5 vaccine authorized in Canada

- In Ontario, will be distributed by health units
- Should be available in health units next week
- 5 and 10 dose vials
 - Stable for 9 months at 2-8C unopened
 - Stable for 6 hours after vial opened

What is coming in winter viruses?



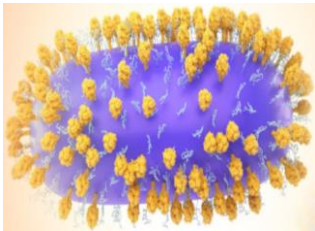
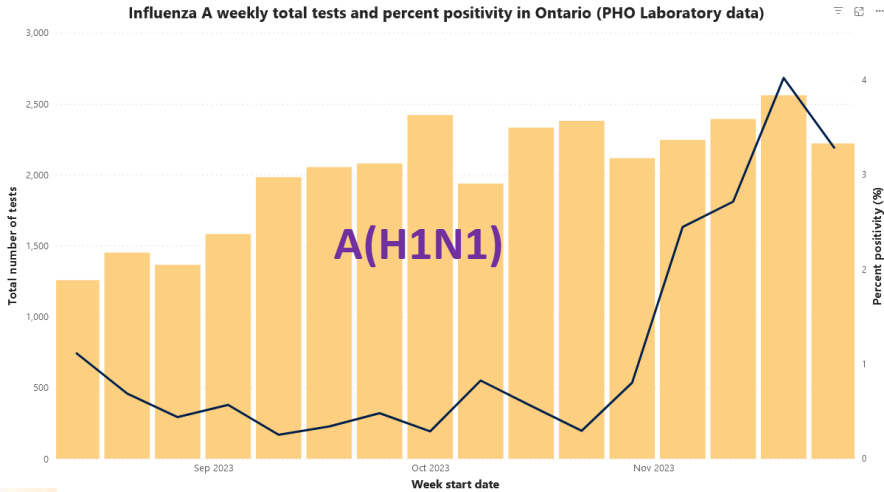
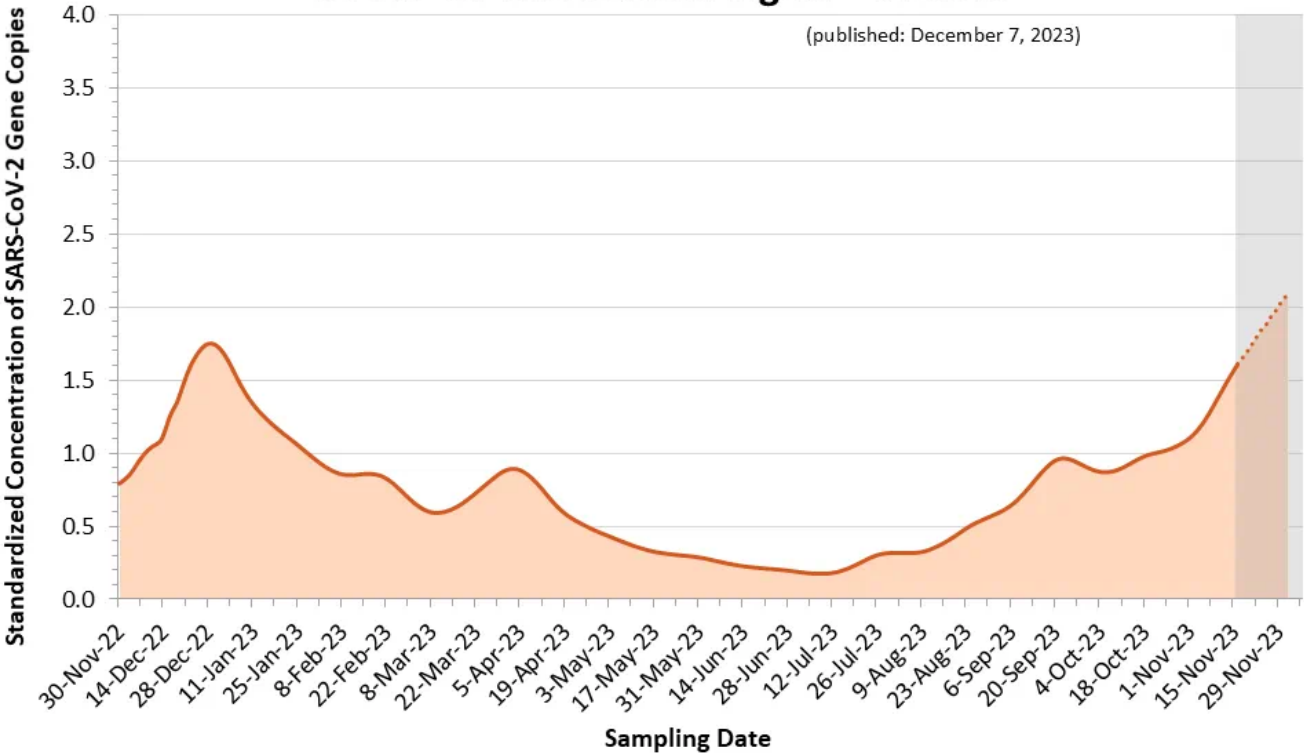
COVID-19



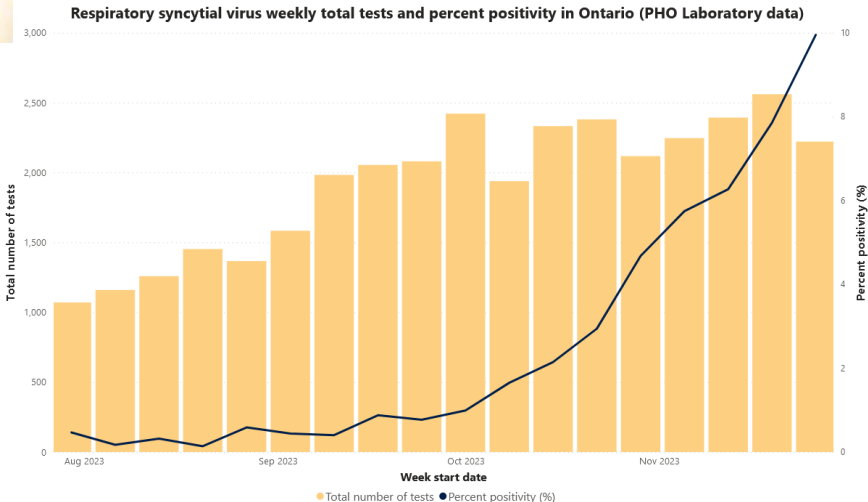
Influenza

COVID-19 Wastewater Signal - Ontario

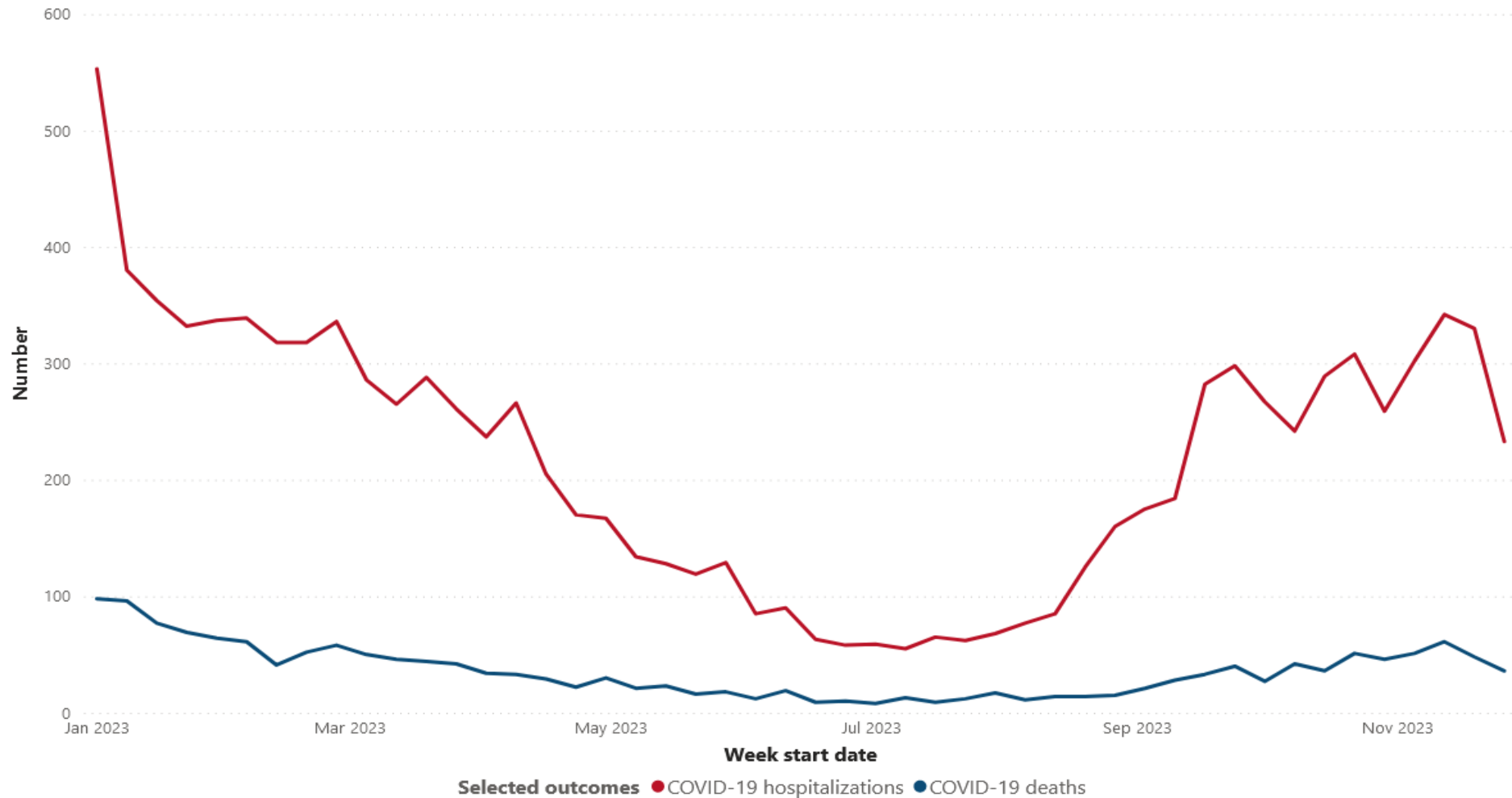
(published: December 7, 2023)



RSV



COVID-19 hospitalizations and deaths Ontario, June-November 2023

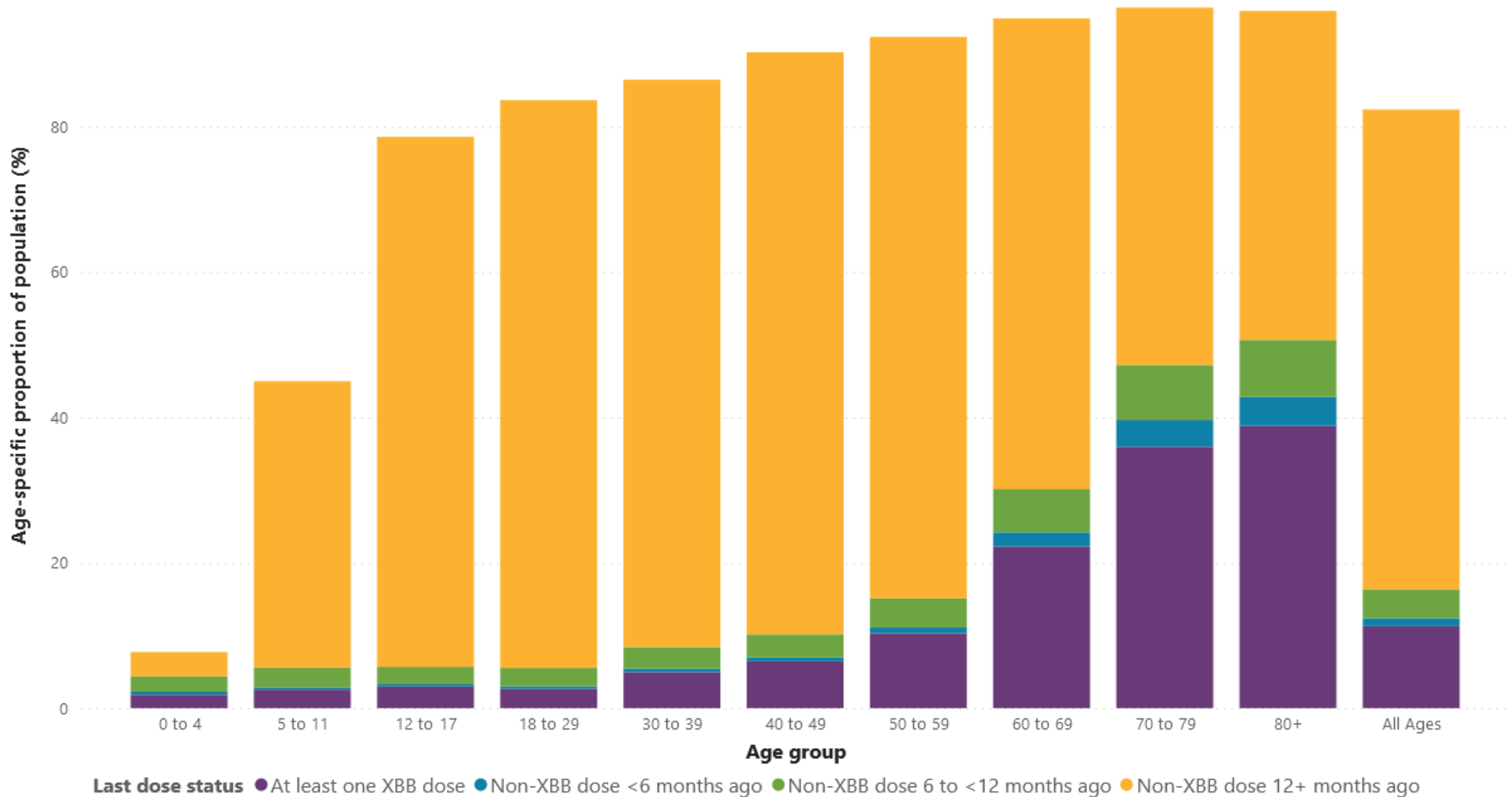


COVID-19 deaths

Ontario, June-November 2023



XBB.1.5 COVID vaccination uptake to Dec 2, 2023



Preparing for the holidays

- **Protecting yourself**

- vaccination against influenza and COVID-19
- avoiding crowded indoor spaces
- not having contact with symptomatic persons
- wearing a mask or respirator
- having rapid tests available and a treatment plan for COVID-19

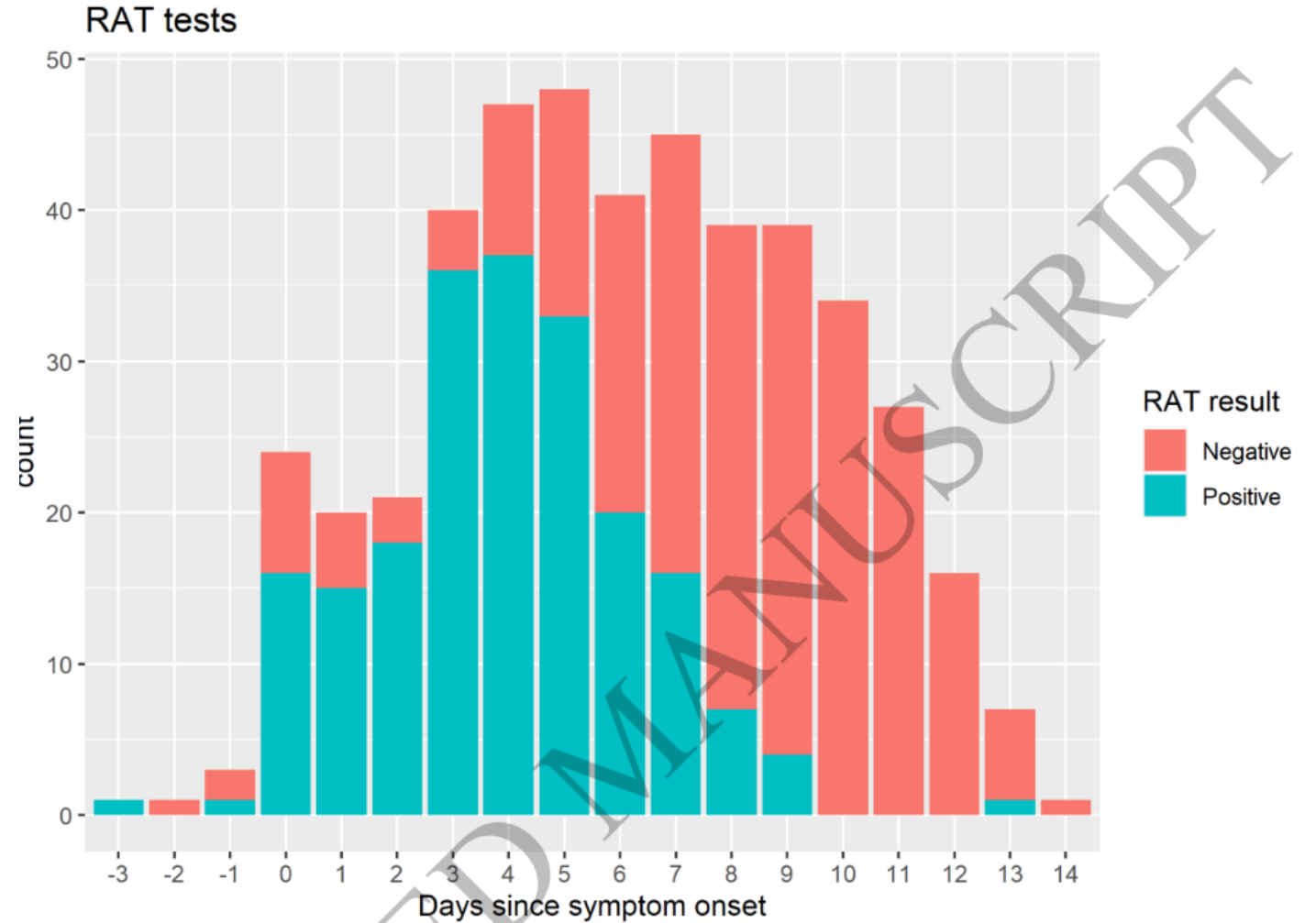
- **Protecting/supporting vulnerable family, friends, colleagues**

- Staying home if you have symptoms compatible with influenza/COVID
- Sharing rapid tests
- Planning visits (e.g. back-up plans if someone gets sick, avoiding exposure in the days before)

- **Be kind, and respectful of people's different needs**

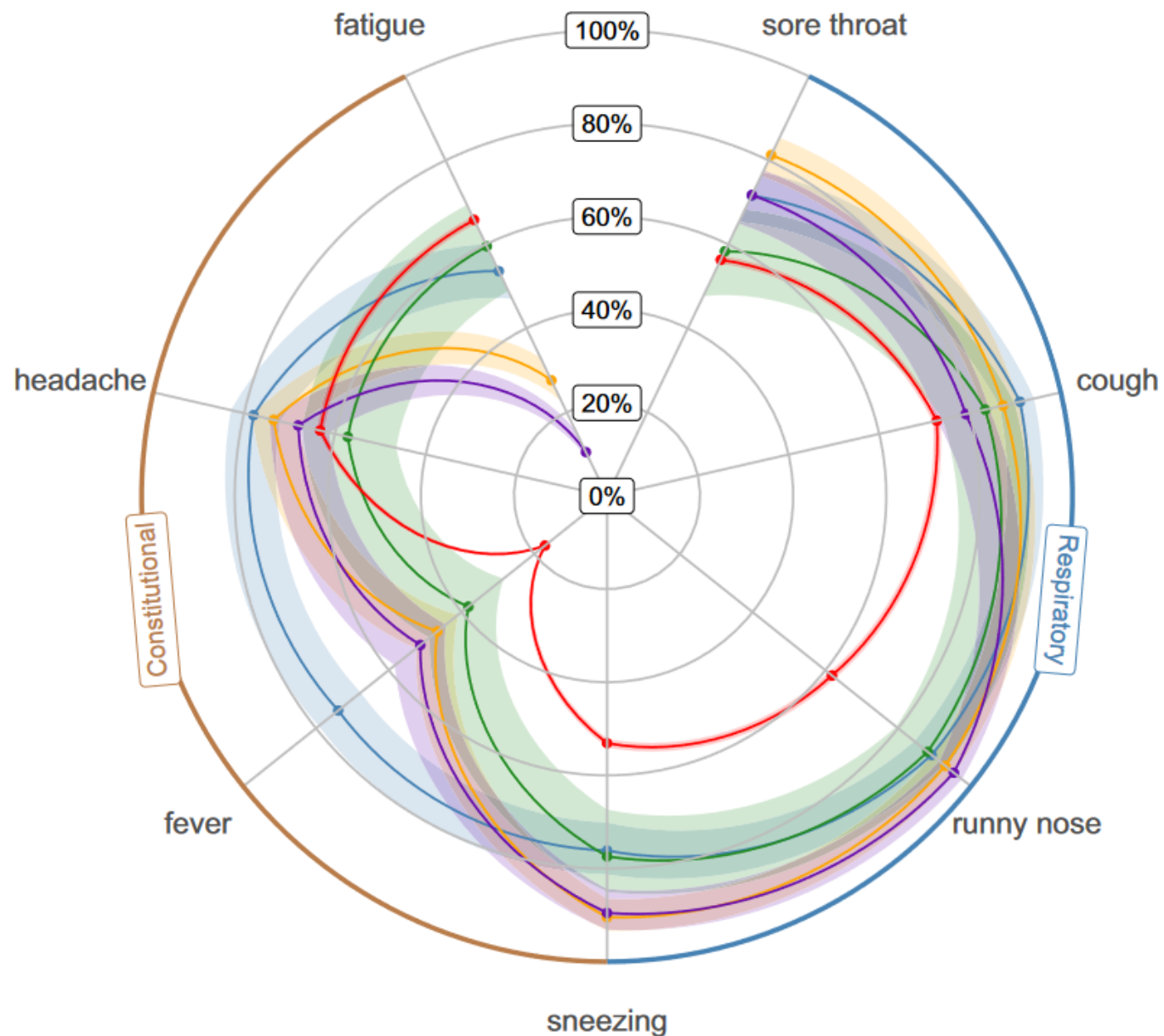
Three things about RATs

- They are not perfect, but they are significantly better than nothing
- Sensitivity is increased by adding a throat/back of tongue swab
- Expiry dates have been extended



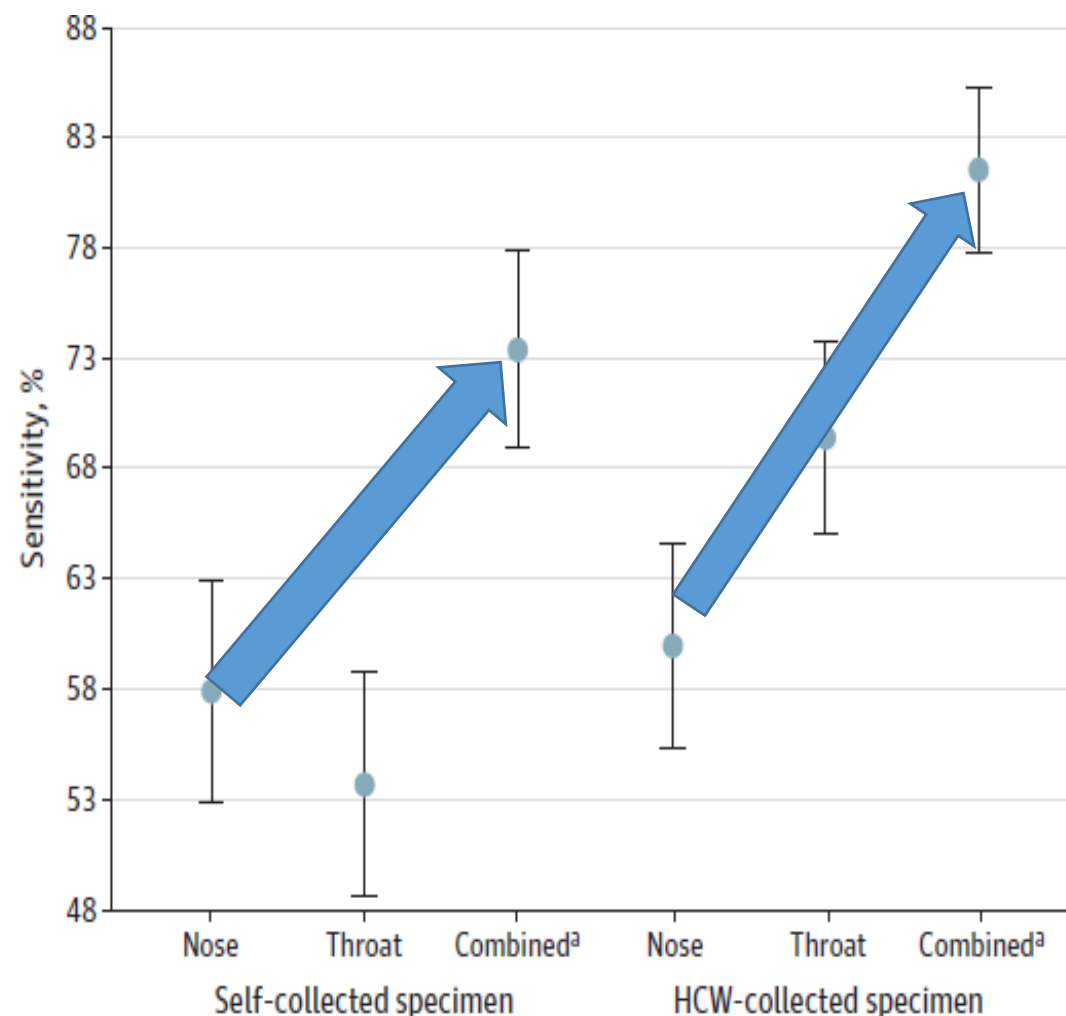
Symptom profiles of common respiratory tract infections

- influenza
- SARS-CoV-2
- RSV
- rhinovirus
- seasonal CoV



Three things about RATS

- They are not perfect, but they are significantly better than nothing
- Sensitivity is increased by adding a throat/back of tongue swab
- Expiry dates have been extended





Rapid Response (BNTX)

Abbott Panbio

SD Biosensor

Expiry is 2 years after manufacturing

Artron : *add 6 months to listed expiry date*



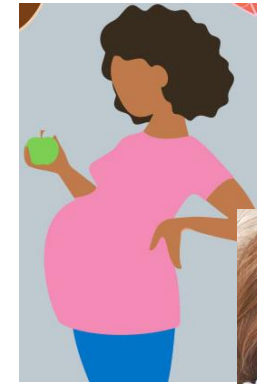
RSV prevention

Older adults



- One authorized vaccine (adjuvanted, F protein)
- Good efficacy data from RCT (small # cases)
- Safety data in 30,000 vaccines (now >5M American older adults vaccinated)
- Available in private market
- Expensive

0-2 yr olds



- Vaccine for pregnant women (not yet authorized in Canada)
- Monoclonal antibody for neonates (not yet available in Canada)

What is going to happen to pneumococcal vaccines?

Vaccine	What will happen?	Comments
13-Valent pneumococcal conjugate (PCV13)	Will be phased out, and replaced with either PCV15 or PCV20	Already gone from private supply
15-Valent pneumococcal conjugate (PCV15)	May be selected for pediatric and/or adult vaccine programs	If PCV15 in program, PPV23 will be recommended as later dose (adults, and high risk kids)
20-Valent pneumococcal conjugate (PCV20)	May be selected for pediatric and/or adult vaccine programs	If PCV20 in program, no PPV23
Pneumococcal polysaccharide (PPV23)	May be kept if adult program remains PPV23 or changes to PCV15, or phased out if programs use PCV20	Eventually (when PCV21, PCV24, etc. are introduced) – will be phased out

What do you do now? – one opinion

Age group	Action	Comments
Children	Continue PCV13, wait for program changes	If parents wish to, paying for either PCV15 or PCV20 is fine <i>NACI recommends that PNEU-C-15 vaccine may be used interchangeably with PNEU-C-13 vaccine in children. A pneumococcal vaccine series may be started or completed with either vaccine.</i>
Adults	If eligible adult (>65, 50-64 with comorbidity, 18+ immunocompromised): <ul style="list-style-type: none">• PCV20 if private insurance• PCV20 if can afford/wish to pay• PPV23 otherwise	<ul style="list-style-type: none">• Getting PCVs paid for in public programs for adults may take time• PPV23 in the short term is a clear benefit• Current recommendation is PCV20 1 year after PCV13, and 5 years after PPV23

Changes to the CPSO *Continuity of Care: Advice to the Profession*

These updates provide greater clarity around administrative responsibilities for specialists and emphasize clear communication between consultants and family physicians.



What you need to know:

What you need to know:

CHANGES TO THE CPSO ADVICE TO THE PROFESSION: CONTINUITY OF CARE

REFERRALS

“It is important for family physicians to consider whether a patient’s condition is within the specialist’s **scope of practice**, whether the specialist is **accepting patients** and whether the specialist’s practice is **accessible to the patient**.

“Family physicians must include all the information necessary for the specialist to understand the patient’s condition and address the questions or concerns they are being asked to consider.

“Specialists can support family physicians by **accepting consultation requests**, where possible, **even if there are minor issues** with the requests (e.g., incorrect or outdated referral forms).


“Specialists can decline referrals that do not provide sufficient information, but they must **communicate their reasons** to the family physician. **Rather than requiring a new referral**, there may be **opportunities** for the specialist to work with the family physician to **clarify any outstanding questions**.

“**Acknowledging a referral simply means informing the family physician whether the referral will be accepted**. If it is accepted, specialists can indicate the estimated or actual appointment date. There is no requirement to see the patient **within 14 days**, just a requirement to **review the referral and close the loop**.

“Specialists may have more information about their colleagues than family physicians do. If they are able to **assist in re-directing the referral**, it would be helpful to do so, especially where the referral is for urgent or unique issues.

While the type of information that could be included in a referral request is outlined in the **Transitions in Care Policy**, the updated advice notes that it is **up to family physicians to determine what is appropriate** in the circumstances.

The CPSO encourages specialists to be flexible and collaborative with referrals to facilitate smoother coordination and continuity of care: noting that **family physicians and specialists share responsibility for ensuring patients can access the care they need**.

 [Referrals Checklist](#) (OMA)
[Continuity of Care: Guide for Patients and Caregivers](#) (CPSO)

The updated advice explicitly reminds specialists of the **requirement for timely acknowledgement of referrals within 14 days** to ensure patient care is not delayed.

While specialists have no obligation to suggest another provider if they’re unable to accept the referral, the CPSO encourages doing so to help ensure timely patient care.



Letter Templates

1. REFERRALS
2. ORDERING TESTS
3. REVIEWING TESTS
4. REFERRAL TO SUB-SPECIALISTS
5. CONSULT NOTES & DISCHARGE SUMMARIES

02

Ordering Tests

Insert practice name & information

Dear Dr. (insert name),

Re: (patient identifier)

Thank you for your thorough and helpful consultation note on the above-mentioned patient. Although I am always eager to collaborate with you in the care of our mutual patients, I will leave the ordering of investigations you recommended in your consult to you.

Include the relevant tests and imaging, where applicable

You'll note that the recently updated advice from [CPSO on Continuity of Care](#) explicitly clarified that: "Any physician who determines a test is needed is responsible for ordering that test, including tracking the results and managing any follow up that stems from that test. By ordering tests that they themselves have deemed necessary, physicians ensure that patient care is not unnecessarily delayed, and that their colleagues are not required to receive results or manage care that falls outside their scope of practice."

Include the following, if desired: I appreciate being copied to receive test results; however, as per the [CPSO](#) "it should be clear that I have no additional responsibilities in regard to the tests or results."

Your expertise in this specialized area is greatly appreciated. Please contact me if you would like to discuss this further.

Sincerely,

Dr. (insert name)

Supporting Family Doctors Through Respiratory Illness Season

Information to help Ontarians stay healthy

Information for Physicians

Information for Patients

OCFP's [IPAC guidance](#) has been updated to reflect the [high-risk season](#) for respiratory illnesses.

[PHO recommends](#) masking for direct patient care during high-risk periods. In all practices, mask wearing should be mandatory for patients with signs and symptoms of infectious respiratory diseases. Ontario's Respiratory Virus Tool has up to date information on respiratory virus activity. [Download this OCFP poster to remind patients to wear a mask, in English and French.](#)

<https://www.ontariofamilyphysicians.ca/education-practice-supports/respiratory-illness-season-tools-and-resources>

Respiratory Illness Season Tools and Resources

This respiratory illness season, the OCFP is sharing tools and resources to help family doctors and patients.

Respiratory Illness Tools and Resources

Find current information on vaccines, IPAC reminders, planning for high-risk groups to access antivirals, and patient education on caring for illness at home.

Tools and Resources for Family Doctors

Screening Tool

This tool will help you screen patients for respiratory symptoms to ensure high-risk patients have timely access to antiviral treatments.

Screening for Symptoms of Respiratory Illness

Patient Education

Share these tips and resources on vaccines, antivirals and when and where to seek care.

Tools for Patients

Updates by the Ontario Breast Screening Program (OBSP)

COVID-19 Community of Practice

OBSP | December 15, 2023

Dr Jonathan Isenberg & Dr Anna Chiarelli



**Ontario
Health**

Bottom Line



In **fall 2024**, breast cancer screening for Ontarians ages 40-49 will shift from:

Ad hoc screening accessible via primary care referral

to

Organized screening program accessible by self-referral and primary care referral

Ontario Breast Screening Program (OBSP)



- Organized breast cancer screening program (launched in 1990)
- Benefits of organized screening
 - Invitation and recall letters
 - Sharing results
 - Navigational support
 - Program quality and performance measurement

Breast Screening Guidelines for People Ages 40-49: Canadian Task Force on Preventive Health Care

2018

"For women aged 40 to 49 years, we recommend not screening with mammography; the decision to undergo screening is conditional on the relative value a woman places on possible benefits and harms from screening (Conditional recommendation; low-certainty evidence)"

"Some women aged 40 to 49 years may wish to be screened based on their values and preferences; in this circumstance, care providers should engage in shared decision-making with women who express an interest in being screened"

2011

"Recommend not routinely screening for breast cancer with mammography"

Current State: Breast Screening for People Ages 40-49 in Ontario

OBSP

- Those ages 40 to 49 at average risk for breast cancer are not eligible for screening through the OBSP

- People are encouraged to make a decision about breast cancer screening in consultation with a primary care provider (PCP)
- PCP referral is required for mammography

Barrier for people without a PCP

OBSP Expansion to People Ages 40-49



On October 30, the government announced that the OBSP will be expanding to include eligible people ages 40 – 49 starting in **fall 2024**

Rationale

- Improved access
- Provides people who screen with the benefits of organized screening
- Compared to past modelling results, new modelling from the United States shows an improved benefits to harms ratio for screening people in their 40s.

Evidence: Improving health equity



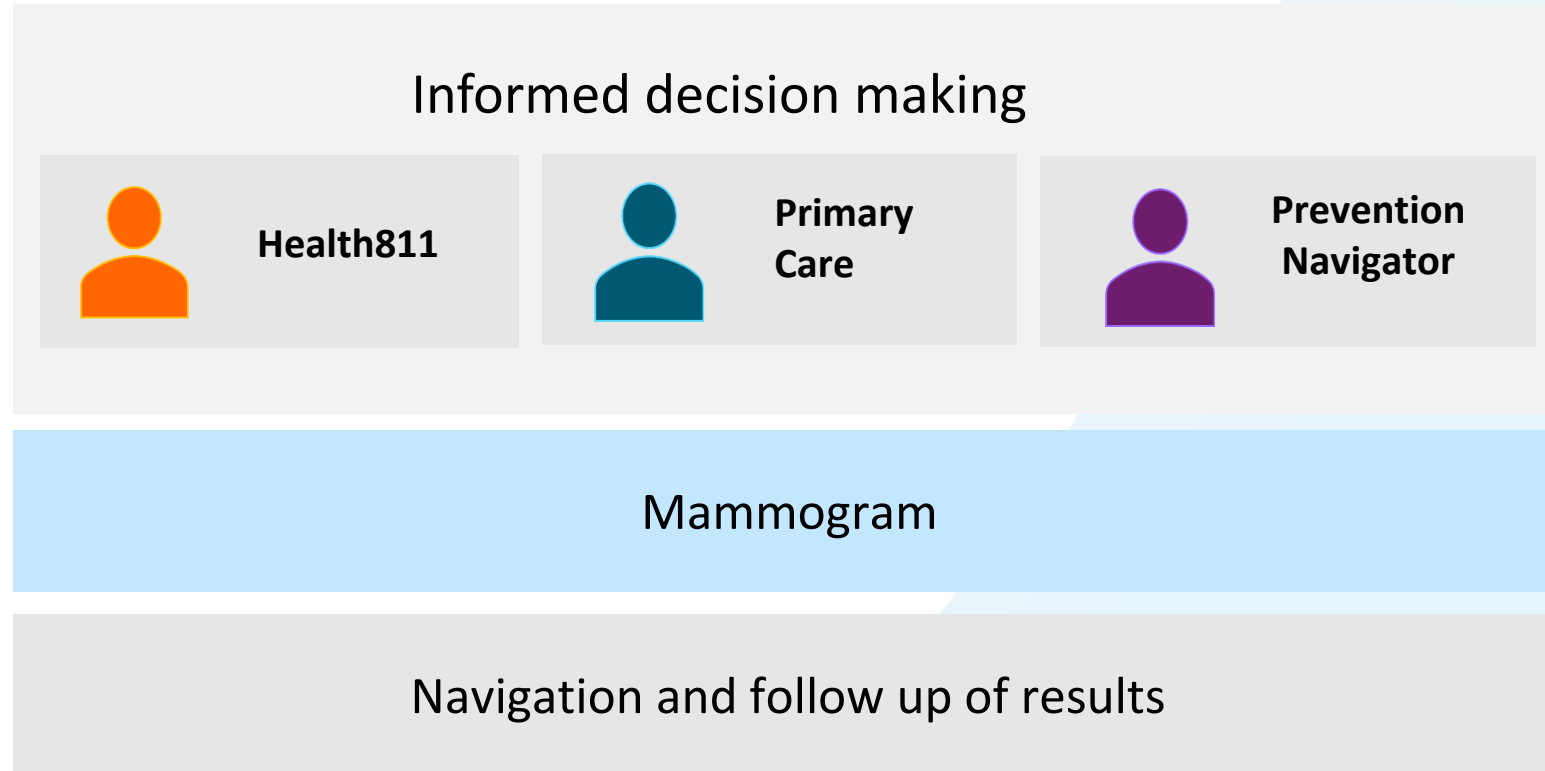
- Slight increase in breast cancer incidence in females ages 40 – 49 in Ontario
- Younger women are more likely to be diagnosed at a later stage
- There are inequities in mammography screening participation in Ontario females ages 40 – 49. Those with no mammogram had a higher percentage of people:
 - In the most materially deprived communities
 - In the lowest income neighbourhoods
 - In the most ethnically concentrated communities

Evidence: Improvements in screening technology

- Results from modelling conducted by the United States Preventive Service Task Force (USPSTF)
 - For ages 50-74, 7 breast cancer deaths averted for 1000 female persons screened. 1 to 2 fewer breast cancer deaths over a lifetime if start at age 40
 - Potential harms of screening for women ages 40 to 49 include false positive results leading to unnecessary follow up testing and overdiagnosis

Importance of informed decision-making

OBSP 40-49: Screening Model



Planned Supports for Primary Care Providers and Participants

- Provider resources to support breast screening conversations
 - Informational tool(s)
 - FAQs and website updates
 - Pre-launch presentations (provincial and regional webinars/presentations)
- Fact sheet for the public, translated into different languages
- Participants can contact Health811 and prevention navigators where they are available

Thank you!

New Toolkit

Choosing Wisely Canada's new toolkit features easy-to-use tools and resources to help clinicians and caregivers manage bronchiolitis appropriately.



Bronchiolitis: **LESS IS BEST**

A Toolkit for the Management & Assessment of
Bronchiolitis in Primary Care & Emergency Departments

V1

Last Updated:
October 2023

PEDIATRIC VIRAL PRESCRIPTION

Provides other ways to help relieve symptoms to avoid unnecessary antibiotic prescriptions.



Patient Name: _____

Date: _____



Patient Name: _____

Date: _____

The symptoms your child presented with today suggest a viral infection:

- ☐ Common cold (upper respiratory tract infection): Cough can last 3-4 weeks
- ☐ Bronchiolitis: Cough can last 3-4 weeks
- ☐ Sore throat (viral pharyngitis)
- ☐ Middle ear infection (otitis media)
- ☐ Sinus infection (acute sinusitis)
- ☐ Other viral respiratory infection: _____



Your child does not need antibiotics because they do not work on viral infections. Using antibiotics when not needed makes them less effective for potential future bacterial infections. They can cause side effects (like diarrhea, rash) and, in rare cases, allergic reactions, or kidney injury, or liver injury.

How to help your child feel better and manage symptoms:

- Ensure they drink plenty of fluids and get rest
> For infants, smaller feeds more often to meet the same total daily amount of feeds
- Wash hands often and stay home to avoid spreading the infection
- **Do not give Aspirin or over-the-counter cough and cold medicines.** Talk to your health care provider or pharmacist about using the following treatments and the right amount to give:
 - ☐ Acetaminophen (e.g., Tylenol) for fever and aches
 - ☐ Ibuprofen (e.g., Advil, Motrin) for fever and aches

Sentinel Practitioner Surveillance Network (SPSN)

Administered by the British Columbia Centre for Disease Control (BCCDC) and Public Health Ontario (PHO)

Benefits

- Specimens submitted inform local respiratory virus surveillance and assist in estimating influenza and COVID-19 vaccine effectiveness.
- Enables accurate measurement of circulating respiratory viruses in Ontario and BC which also contributes to our national surveillance.

Eligibility and Compensation

- Provider of primary patient care in the community
- Able to collect specimens for respiratory virus testing in your practice
- \$20 compensation for each specimen submitted with a completed questionnaire
- CFPC Members and Non-Member Mainpro+ participants can submit the total number of hours of participation as non-certified credits in Mainpro+

More Info

- For more details and consent form, please [Click Here to Start the Survey](#)
- Contact: Ontario Vaccine Effectiveness Coordinator Mandy Kwok, 647-792-3627 / mandy.kwok@oahpp.ca.

Ontario College of
Family Physicians





CanTreatCOVID

Canadian Adaptive Platform Trial of Treatments
for COVID in Community Settings

- Publicly-funded Canada-wide study evaluating effectiveness of COVID-19 medications
- By primary care providers, for primary care providers
- Eligible: Adults who tested positive for COVID with symptoms starting in the past five days and are aged 50+ years or 18–49 with chronic condition(s)
- Participants receive personalized care, close monitoring by a healthcare team and can participate online or by phone.
- Enrollment underway – to refer your patients (patients may self-refer):
 - Phone: **1-888-888-3308 (Monday - Friday, 8 am to 6 pm ET)**
 - Email: info@CanTreatCOVID.org
 - Website: **CanTreatCOVID.org/contact**
- More information:
 - [CanTreatCOVID.org](https://www.dfcu.utoronto.ca/can-treat-covid)
 - COVID-19 CoP session “COVID Therapeutics” – Jan 20, 2023: <https://www.dfcu.utoronto.ca/past-covid-19-community-practice-sessions>



FMS 2024

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Driving Real Change for Family Doctors Today

Live -stream days on January 26 & 27, 2024

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- **Strengthen your skills** on health topics that matter to you and your practice.
- **Connect and network** with your family medicine community.



Register today and save with early bird pricing!
<http://www.ocfpsummit.ca>

Opening Keynote



Dr. Hayley Wickenheiser

Family Physician Resident, Olympic Gold Medalist, Hockey Hall of Famer and Senior Director of Player Development for the Toronto Maple Leafs

RECENT SESSIONS

November 17	COVID-19 Updates and the New Ontario Structured Psychotherapy Program	Dr. Gerald Evans Dr. Paul Kurdyak Dr. Leah Skory
October 27	Respiratory and Flu Season: Counselling Kids & Balancing Workload	Dr. Joan Chan Dr. Janine McCready
October 6	Update on COVID-19, influenza and RSV vaccines	Dr. Zain Chagla Dr. Elizabeth Muggah
September 15	Preparing for the fall	Dr. Kieran Michael Moore Dr. Daniel Warshafsky

Previous webinars & related resources: <https://www.dfcm.utoronto.ca/covid-19-community-practice/past-sessions>

Questions?

Webinar recording and curated Q&A will be posted soon

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

Our next Community of Practice: January 19, 2024

Contact us: ocfpcme@ocfp.on.ca

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

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