The latest on COVID, Influenza and Respiratory Viruses

Moderator: Dr. Tara Kiran

Fidani Chair, Improvement and Innovation
Department of Family and Community Medicine, University of Toronto

Panelists:
• Dr. Allison McGeer, Toronto
• Dr. Daniel Pepe, London
• Dr. Liz Muggah, Ottawa

Co-hosts:
• Dr. Mekalai Kumanan, OCFP President

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.
New UNBC book focuses on Indigenous experiences in healthcare

The textbook includes critical theory, storytelling, poetry and art

A new textbook, which was compiled by a team of editors based at UNBC, features Indigenous voices and experiences regarding decolonization in healthcare.

UNBC’s Dr. Margo Greenwood is one of the editors of the textbook. | NCCH
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); Kimberly Moran (OCFP) and Mina Viscardi-Johnson (OCFP)

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

Dr. Daniel Pepe – Panelist
Twitter: @dpepe88
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Dr. Liz Muggah – Panelist
Senior Clinical Advisor, Primary Care, Ontario Health
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Chief of Family Medicine, Cambridge, ON
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: **Dr. Daniel Pepe**
  • Relationships with financial sponsors:
    • Grants/Research Support: N/A
    • Speakers Bureau/Honoraria: Ontario College of Family Physicians, London Health Sciences Centre
    • Others: N/A

• Faculty Name: **Dr. Liz Muggah**
  • Relationships with financial sponsors:
    • Grants/Research Support: N/A
    • Speakers Bureau/Honoraria: N/A
    • Others: Ontario Health
Speaker Disclosure

• Faculty Name: Dr. Mekalai Kumanan
• Relationships with financial sponsors:
  • Grants/Research Support: N/A
  • Speakers Bureau/Honoraria: ECHO Chronic Pain and Rheumatology Advisory Board, 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.
Dr. Daniel Pepe – Panelist
Twitter: @dpepe88
London Lambeth Medical Clinic

Dr. Allison McGeer – Panelist
Infectious Disease Specialist, Mount Sinai Hospital

Dr. Liz Muggah – Panelist
Senior Clinical Advisor, Primary Care, Ontario Health
Family Physician, Bruyère Family Health Team
Population Health Management Strategies

● Acute Care
● Chronic Disease
● Disease Prevention & Risk Reduction
Documentation, Self Management, Care Escalation

• Clinical Notes that document the encounter, provide education and a warm hand off in case of escalation
Assessment: Viral Illness NYD

**Plan:**

1. **Conservative Measures:**
   - I spent time discussing fever management today
   - We reviewed conservative measures including measure of temperature, ensuring hydration and avoiding dehydration
   - We discussed monitoring of adequate urine output
   - I also counselled on appropriate dosages of Tylenol and Advil given regularly in an alternating fashion to manage fever

2. **Pharmacologic Management:**
   - I spent time discussing with the patient today the importance of fever management
   - In particular we discussed using Tylenol (Acetaminophen) and Advil (Ibuprofen)
   - We discussed the importance of alternating these medications and also to follow strict weight based dosing to ensure safety in medication administration

3. **Investigations/Referrals:**
   - Today we discussed red flags and when to present back to clinic or seek care in the ER
   - 1. Unable to drink fluids with signs of dehydration
   - 2. Persistent fever (Temperature > 38 degrees) that is not responding to regular doses of Tylenol and Advil
   - 3. Signs of working harder to breathe: chest pulling in under ribs, between ribs or tugging at the top of chest as reviewed today in office

4. **Preventative Care:**

   n/a

D. Pepe, MD

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Assessment: Acute Bilateral OAM - Bacterial

**Plan:**

1. **Conservative Measures:**
   - Reviewed anatomy of ear including - outer, middle and inner ear
   - Time was taken to explain the physiology of hearing as well as drainage of the middle ear and eustachian tube function
   - The importance of ear wax including: anti-fungal, antimicrobial and anti-infective properties were reviewed
   - Eustachian tube dysfunction and treatment strategies also reviewed

2. **Pharmacologic Management:**
   - I spent time discussing with the patient today the importance of fever management
   - In particular we discussed using Tylenol (Acetaminophen) and Advil (Ibuprofen)
   - We discussed the importance of alternating these medications and also to follow strict weight based dosing to ensure safety in medication administration

3. **Investigations/Referrals:**
   - We discussed red flags and when to present back to clinic or to the ER.
   - 1. Unable to drink fluids or signs of dehydration despite attempts to hydrate
   - 2. Persistent Fever (Temp > 38 degrees) not responding to adequate Tylenol/Advil
   - 3. Sudden loss of hearing or significant drainage of fluid from one ear
   - 4. Pain behind ear, neck stiffness, worsening and not improving despite treatment

4. **Preventative Care:**

   n/a

D. Pepe, MD

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D. Pepe, MD"
Ontario COVID-19 waste-water surveillance

**Province-Wide COVID-19 Wastewater Signal**

- **Complete Data**
- **Incomplete Data, Provisional Estimates**
  (published: November 24, 2022)

**COVID-19 Wastewater Signal - GTA**

- **Complete Data**
- **Incomplete Data, Provisional Estimates**
  (published: November 24, 2022)
COVID-19
Variants, hospitalizations, deaths

XBB & XBB.1 still <1%

Distribution of positive specimens for respiratory viruses, PHOL, Nov 20-26, 2022

- FluA
- FluB
- Adeno
- Seasonal corona
- Entero/rhino
- HMPV
- Paraflu
- RSV
- SARS-CoV-2

Bar chart showing the distribution of positive specimens for different age groups and respiratory viruses.
Distribution of positive specimens for respiratory viruses other than SARS-CoV-2, PHOL, Nov 20-26, 2022
Where are we in influenza season? (seasons usually 12-16 weeks)

VE against hospitalization (Chile) 49% (23%-67%)

https://www.cdc.gov/mmwr/volumes/71/wr/mm7143a1.htm

Laboratory influenza detections

Reported influenza cases

Institutional Influenza outbreaks


Who should receive antiviral prophylaxis for influenza?

**POST-EXPOSURE**

- Those exposed in outbreaks in close facilities, with a fixed residential population
- *Note: For other exposures risk of illness is low enough that preemptive therapy (if symptoms develop) is preferred*

Consider **PRE-EXPOSURE**

- When vaccination contra-indicated or during 14 days post-vaccination
- When there is evidence of poor vaccine effectiveness

Who should receive antiviral treatment for influenza?

**ANYONE**

• At higher risk of complications of influenza
• Who has severe, complicated or progressive illness
• Who is hospitalized

**Consider PRE-EXPOSURE**

• When vaccination contra-indicated or during 14 days post-vaccination
• When there is evidence of poor vaccine effectiveness

Treating influenza

• Does this patient have influenza?

• If yes, do they need help controlling viral replication?

• How much do I need to worry about adverse effects?
### Does this patient have influenza?

- Timing during season – at peak, 70% of “ILI” have influenza
- Fever – higher fever=more flu
  - “fever” in older adults =lower temp
- Early cough
- “Prostration”
- COVID-19 test negative
- Flu RAT positive

### Do they need help controlling viral replication?

**YES**
- Higher fever
- Overall, increased severity
- Not improving after 3-4 days
- Immunocompromised
- Frail, multiple comorbidities

**NO**
- Improving

### Will this patient have adverse events?

- Nausea/vomiting most common (younger, female); headache ~1%
- Always take oseltamivir with snack/meal (especially first dose)
- Antiviral resistance is not an issue, because oseltamivir is ONLY active against influenza
Additional Updates: Limited Use Code for Oseltamivir/Tamiflu (effective Nov 30)

• Aligned with PHO 2022 criteria for treatment of individuals at high risk* of complications from influenza with either laboratory-confirmed or illness consistent with influenza A or B

• High risk ie: <5yr, >65 yr, pregnant/4wks post-partum, chronic illnesses, Indigenous, living in congregate setting

• PHO Influenza Antiviral Treatment (2022) [URL]

• MOH ODB Update (Nov 2022 - LU code effective for the 2022–2023 influenza season only) [URL]
## Risk factors for Omicron BA.1/BA.2 infection

<table>
<thead>
<tr>
<th>Variable</th>
<th>Multivariable Cox Regression Results</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hazard Ratio (95% CI)</td>
</tr>
<tr>
<td></td>
<td>P-value</td>
</tr>
<tr>
<td><strong>Group</strong></td>
<td></td>
</tr>
<tr>
<td>No early infection</td>
<td>Reference</td>
</tr>
<tr>
<td>Early infection</td>
<td>0.56 (0.37-0.84)</td>
</tr>
<tr>
<td><strong>Age group</strong></td>
<td></td>
</tr>
<tr>
<td>18-49 years</td>
<td>Reference</td>
</tr>
<tr>
<td>50-64 years</td>
<td>0.64 (0.42-0.97)</td>
</tr>
<tr>
<td>≥65 years</td>
<td>0.35 (0.20-0.61)</td>
</tr>
<tr>
<td><strong>Covid-19 Vaccination Status as of 15/12/2021</strong></td>
<td></td>
</tr>
<tr>
<td>Not vaccinated</td>
<td>Reference</td>
</tr>
<tr>
<td>Received ≥2 doses, most recent &lt;182 days ago</td>
<td>0.44 (0.21-0.94)</td>
</tr>
<tr>
<td>Received ≥2 doses, most recent ≥182 days ago</td>
<td>0.98 (0.42-2.26)</td>
</tr>
<tr>
<td><strong>Covid-19 Vaccine during BA.1/BA.2 period</strong></td>
<td></td>
</tr>
<tr>
<td>No vaccine doses received</td>
<td>Reference</td>
</tr>
<tr>
<td>Received one dose</td>
<td>0.42 (0.24-0.73)</td>
</tr>
<tr>
<td>At 7-89 days after dose</td>
<td>1.14 (0.59-2.22)</td>
</tr>
<tr>
<td>At ≥90 days after dose</td>
<td></td>
</tr>
</tbody>
</table>
CAC/ILI Clinics - Spread and Scale

OCFP/DFCM Community of Practice

DR. ELIZABETH MUGGAH | DECEMBER 2 2022
Background

- Goal is to support pandemic response and permit other essential Primary Care services continue in other settings by building upon existing Clinical Assessment Centres (CAC)/Assessment Centres (AC)
- Expand care to all febrile respiratory illnesses and pediatric patients
- Population-based planning with prioritization for communities with higher needs/ED use and focus on care of unattached patients
- Focus on partnering with primary care – either expanding existing CACs clinics partnered with PC practices and/or opportunity to add new CACs clinics based in primary care
Elements

Clinic care pathways to support testing, clinical assessment and treatment of COVID –19 and febrile respiratory illness

Primary care maintains continuity of care and commitment to shared care through information-sharing with patient’s own primary care provider

Dedicated clinical space that support the ongoing response to the pandemic while recovery and deferred care is addressed in other settings

Common branding supports the right care in the right place at the right time with a consistent model of care

Population health approach
Site Locations and Access

Current CAC/AC Sites

* Dynamic expansion occurring; sites subject to change

Location Information

https://www.ontario.ca/assessment-centre-locations

Ontario Health

COVID-19 testing locations and clinical assessment centres

Find your closest location to get a COVID-19 test or clinical assessment.

Free rapid test kits

- Ontario is distributing free rapid antigen tests through pharmacy and grocery locations across the province, as well as through community partners in vulnerable communities.
- Learn about the free rapid test kit program and how to find a location.

Clinical assessment centres

- On this page, you can search for clinical assessment centres (where you can get assessed, tested, and provided treatment options for COVID-19).
- Get more information on clinical assessment centres and find out if you're eligible for COVID-19 antiviral treatment.

Before you go

Find out if you should go for a test or clinical assessment before searching for a location.
Family Doctor Tips on Caring for Children with Respiratory Symptoms

Most respiratory illness in children, including colds, influenza, RSV (respiratory syncytial virus) and COVID-19 can be managed at home without the need for prescription medications. However, in some cases, it is important to seek medical care.

Below, family doctors share tips on how to decide when to seek care for a respiratory illness and how to support your child at home.

Call your family doctor if your child:

- Has a fever lasting 72 hours or longer.
- Has a fever that went away for a day or longer (without fever medication) and then came back.
- Is unusually irritable and won’t stop fussing, even after treating their fever.
- Has an earache lasting more than 48 hours.
- Is not eating or drinking. Note that it’s normal to eat and drink less when sick. Liquids are more important than food.
- Has special needs that make caring for them more difficult.

As a parent or guardian, you know your child best. If you feel your child needs to be seen by a family doctor, please reach out for help.

Not sure what to do? Health Connect Ontario has a symptom checker and the option to chat live with a nurse. You can also call 811 to speak with a nurse, available 24 hours a day.

Call 911 or go to the emergency department when:

- You are worried that your child is seriously ill.
- Your infant, younger than three months old, has a fever.
- Your child is struggling to breathe or is breathing faster than normal.
- You are concerned that your child is at risk of dehydration or is dehydrated.

These are only some examples of when to seek emergency care. Children’s Hospital of Eastern Ontario (CHEO) has more information to help decide if your child needs emergency care.

For more information specific to COVID-19 and children, including rare complications, see My Child Has COVID. What Should I Know? in the Confused About COVID series.

Helping your child at home

- Fever: Treat fever or pain with over-the-counter medicines such as acetaminophen or ibuprofen if your child can take it. As a reminder, Aspirin or products containing acetylsalicylic acid (ASA) are not recommended for children.

- Call your family doctor or pharmacist for advice if you are having difficulty accessing over-the-counter medicines. Information from the Canadian Pediatric Society outlines how to take a child’s temperature and what to do if they have a fever. Here is a video on managing fever in a child from the U.K’s National Health Service.

- Red eyes and discharge: These symptoms almost always go away on their own, without antibiotic drops or other medication. Warm compresses and artificial tears can help reduce discomfort.

- Stuffy and runny nose: Try saline rinsing sprays, a humidifier or a nasal aspirator.

- Earache: If you notice your child tugging on their ear, they may have an earache. Get assessed if your child’s earache lasts more than 48-72 hours, if there is discharge from the ear or they have had more than 2-3 ear infections in the last year.

- Cough: Treat a cough with a humidifier or the steam from a shower. If the cough sounds like a bark, cool outside air may help. If your child is at least one year old, you can give them 1-2 teaspoons of honey in the evening.

- Fluids: Make sure your child gets enough fluids, including water, soups, fruit juice or even popsicles. Breastmilk/formula is enough for young babies who do not drink other fluids.

Tips to stay healthy and prevent illness

- Wear a mask (and have your child wear a mask) when in crowded, public indoor spaces.
- Wash your hands often and well; use hand sanitizer when washing is not possible.
- Cough and sneeze into your elbow instead of your hands.
- Stay home and keep your child home when they are sick, especially in the first couple of days when most infectious.
- Get the flu shot and keep COVID-19 doses up to date.

Download Family Doctor Tips in PDF format:

- Arabic
- Chinese (Simplified)
- Chinese (Traditional)
- English
- Farsi
- French
- Hindi
- Italian
- Portuguese
- Spanish
- Tamil

The OCFP thanks Dr. Kate Miller and Norfolk Family Medical for the blog post which inspired this information.

https://www.ontariofamilyphysicians.ca/actions-parents-can-take-caring-for-a-child-with-respiratory-illness
## Common Respiratory Illness in Children: Tip Sheet for Family Doctors

### Common Respiratory Illnesses in Children: Tip Sheet for Family Doctors

<table>
<thead>
<tr>
<th>Cause</th>
<th>Diagnosis</th>
<th>Signs</th>
<th>Management</th>
<th>Red Flags</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upper respiratory tract infection (URTI)</td>
<td>Viral</td>
<td>Clinical – IPS not necessary</td>
<td>Supportive treatment: No role for oral/parenteral/immunological treatments or medications</td>
<td>Cough within 48 hours of onset; fever over 38.5°C; dyspnea, cyanosis; irritability; vomiting; seizures</td>
</tr>
<tr>
<td>Croup</td>
<td>Acute-onset upper respiratory tract infection</td>
<td>Clinical – IPS not necessary</td>
<td>Early cough with or without stridor; usually ages 6 months to 3 years</td>
<td>Oral dexamethasone 0.6 mg/kg x 1; antibiotics</td>
</tr>
<tr>
<td>Bronchiolitis (non-upper respiratory tract infection)</td>
<td>Can be caused by any virus, including RSV</td>
<td>Clinical – 4 days only if severe or alternate diagnosis suspected, IPS: IPS not necessary</td>
<td>Supportive treatment, including humidification, anti-pyretics; initial attendance to support feeds; no evidence for antibiotics or antivirals</td>
<td>Cough within 48 hours of onset; fever over 38.5°C; dyspnea, cyanosis; irritability; vomiting; seizures</td>
</tr>
</tbody>
</table>

### Common Respiratory Illnesses in Children: Tip Sheet for Family Doctors

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<th>Signs</th>
<th>Management</th>
<th>Red Flags</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bacterial pneumonia</td>
<td>Bacterial</td>
<td>Chest x-ray – focal lobular consolidation or scene (pneumonia); effusion, empyema, abscess, etc.</td>
<td>Antibiotics 10 mg/kg/day divided 110 x 4 days for uncomplicated community-acquired bacterial pneumonia.</td>
<td>Emergency Department if concerns about: Respiratory rate; Work (coughing or sneezing); Diaphoresis; Mental status; Apnea; Dyspnea; Hydration</td>
</tr>
<tr>
<td>Asthma</td>
<td>Personal or family history of asthma</td>
<td>Common triggers for exacerbations: infections, physical activity, allergens, cold, heat; compliance to asthma treatment</td>
<td>Antiviral (if necessary) forcastle PFTs (pulmonary function tests) recommended for older children</td>
<td>Emergency Department if concerns about: Respiratory rate; Work (coughing or sneezing); Diaphoresis; Mental status; Apnea; Dyspnea; Hydration</td>
</tr>
</tbody>
</table>

### References


The OCFP thanks Dr. Tasha Stoltz for her COVID-19 Community of Practice presentation which was the basis for this resource.
RESOURCES: December 2022

- **Respiratory Infections Resources for Family Physicians**
  [https://www.ontariofamilyphysicians.ca/respiratory-infections](https://www.ontariofamilyphysicians.ca/respiratory-infections)

- **Fall update to patients – script** (incl. flu vaccination, COVID vaccines, and when to seek care)

- **IPAC Summary for Community Practices** – updated

- **Managing patients with respiratory symptoms in office** – overview

- **My child has COVID. What should I do?** – updated (*Confused About COVID* series)
COVID-19 Vaccine Guidance (Version 3.1, November 7, 2022, pg 25)

Decision Aid only pdf:

Booster dose eligibility checker – online tool:
https://www.ontario.ca/vaccine-eligibility/
OMA Tools

Virtual Care Billing: a Visual Guide

A visual guide explaining the new permanent billing codes for virtual care that went into effect December 1st.


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**OMA Ontario Medical Association**

**Do I have an established physician-patient relationship, as defined by the Physician Services Agreement?**

- **Yes:**
  - If the patient is referred to you by another physician within your PEM group, and have they signed the Enrollment and Consent form?
  - **Yes:**
    - Did you see the patient in person anytime within the past 24 months and provide them with a direct in-person insured service?
      - **Yes:**
        - Are you a specialist or GP seeing a patient who has provided an eligible insured consultation by video, phone, or email within the past 24 months?
          - **Yes:**
            - Have you provided any of the following services to the patient within the past 24 months?
              - By phone or video:
                - **Yes:**
                  - Infant care visits
                  - Neonatal care visits
                  - Social work consultation
              - bean code: ARPA/NS/AS/PS: Please consult with PEI for reimbursement.
              - bean code: ARPA/NS/AS/PS: Please consult with PEI for reimbursement.
              - bean code: ARPA/NS/AS/PS: Please consult with PEI for reimbursement.

- **No:**
  - You do not have an established physician-patient relationship as defined by the PSA.

**OMA Ontario Medical Association**

**How will the virtual care I provide be compensated?**

- **Yes:**
  - Comprehensive virtual care
  - Limited virtual care

**OMA Ontario Medical Association**

**Tools for Physicians**
OMA Tools

Influenza Quick Reference Guide
Information on which of the six publicly funded vaccine products to administer based on the patient’s age.


COVID-19 Vaccine Reference Tool
Reference tool on COVID-19 vaccines to help physicians determine the right vaccine dose and interval for patients based on age and immune status.

Personal Protective Equipment

Visual of government recommendations for PPE use in the community practice setting during the COVID-19 pandemic.


Testing in Office

An overview guide on providing PCR testing in community-based practices, including office preparation, test collection, submission, results and billing.

CareCanvas
Better Care, Made Easier

A NEW TOOL TO SUPPORT PRACTICE IMPROVEMENT

An interactive web-based dashboard that summarizes clinical information from your practice EMR.

- Designed for family physicians and primary care teams
- Three dashboards will be available: one for physicians, one for clinics, and one for Ontario Health Teams
- More than 15 quality of care measures
- Makes it easy for physicians to identify patients who need follow-up and for clinics to meet reporting requirements
- Private, secure, and available at no cost
- Any physician who is a member of Telus Practice Solutions, Accuro, or Oscar EMR can contribute data to UTOPIAN or POPLAR
- The physician dashboard will be available to existing UTOPIAN contributors in November, with plans to expand the program to all of POPLAR in early 2023

Visit: https://www.carecanvas.ca

POPLAR

The dashboard was developed by the University of Toronto and POPLAR
Fully- virtual, including two live-streamed days on January, 27 and 28, 2023 plus 20 on-demand sessions.

Registration is now open

Join us as we discuss important topics from culturally inclusive care to the anticipated impacts of an ageing family physician workforce.

What to expect:

• Keynotes, talks and panel discussions from thought leaders and clinical experts on the topics that matter most.
• A unique learning experience with the flexibility to join live or learn later, with conference content available until July 31, 2023.
• An opportunity to earn up to 40 Mainpro+ credits.

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Lieutenant-General (ret) The Honourable Roméo Dallaire
Global humanitarian, PTSD and mental health advocate

Dr. Mekalai Kumanan
President, Ontario College of Family Physicians

Dr. Alica Lafontaine
President, Canadian Medical Association

Dr. Robert Varnam
Leadership coach and ex-national director Primary Care Improvement, NHS England
Treating **mental health, substance use disorders and chronic pain** in an integrated way has become more demanding and complex - now more than ever.

**Practising Well is here to help!**

Join upcoming **Community of Practice** sessions
- December 14, 2022 – Addressing overwhelm: Self compassion & setting boundaries
- January 18, 2022 – Physician disability
- February 22, 2022 – Mental health and trauma
- March 22, 2022 – Complexity in medicine

Participate in 1:1 or small group learning through **Peer Connect**
- Share your experience with mental health, substance use disorders and/or chronic pain with your colleagues as a **Peer Guide**.
- Earn free Mainpro+ credits, build on your existing skills and achieve your learning goals in collaborative space as a **Peer Learner**.

Continue your learning journey using the **Information Exchange**
- Access [clinical tools and resources](#) to help you in your practice.
- Find [other learning opportunities](#) through OCFP and other organizations.
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: December 16, 2022

Contact us:  ocfpcme@ocfp.on.ca

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

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.

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