COVID-19 Community of Practice for Ontario Family Physicians

Dec 2, 2022

Dr. Allison McGeer
Dr. Daniel Pepe
Dr. Liz Muggah

The latest on COVID, Influenza and Respiratory Viruses

Family & Community Medicine
UNIVERSITY OF TORONTO

Ontario College of
Family Physicians

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.

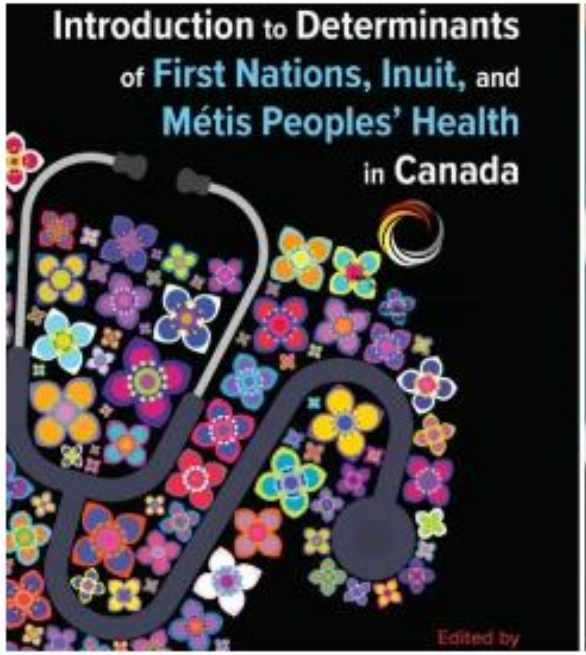
PRINCE GEORGE CITIZEN

New UNBC book focuses on Indigenous experiences in healthcare

The textbook includes critical theory, storytelling, poetry and art

Hanna Petersen

Nov 16, 2022 12:25 PM



UNBC's Dr. Margo Greenwood is one of the editors of the textbook. | NCCIH

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

https://www.princegeorgecitizen.com/local-news/new-unbc-book-focuses-on-indigenous-experiences-in-healthcare-6113257

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

London Lambeth Medical Clinic

Dr. Liz Muggah – Panelist

Senior Clinical Advisor, Primary Care, Ontario Health

Family Physician, Bruyère Family Health Team

Dr. Mekalai Kumanan– Co-Host

Twitter: @MKumananMD

President, Ontario College of Family Physicians
Family Physician, Two Rivers Family Health Team
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

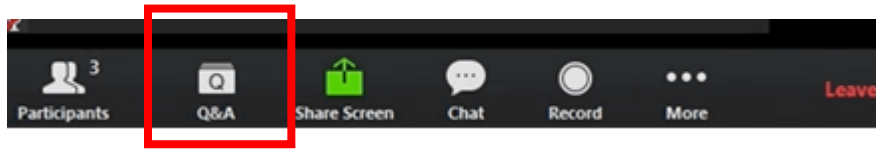
Speaker Disclosure

- 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

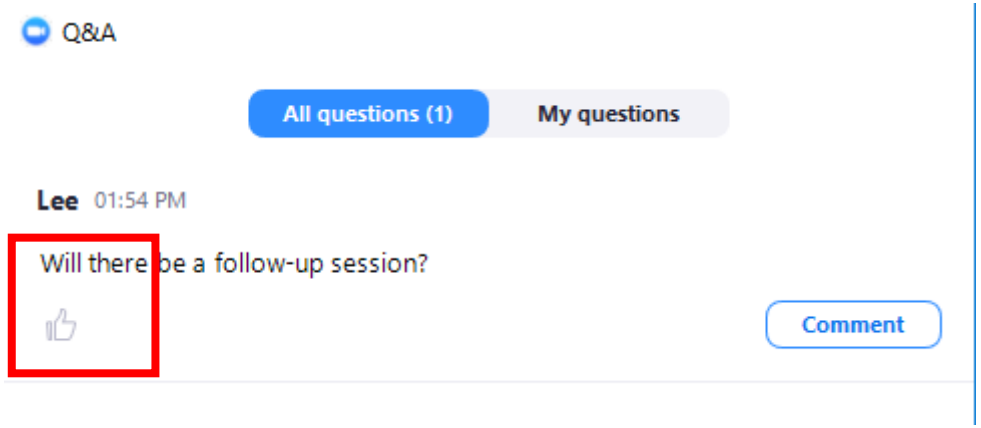
- Faculty Name: **Dr. Tara Kiran**
- Relationships with financial sponsors:
  - Speakers Bureau/Honoraria: St. Michael's Hospital, University of Toronto, Health Quality Ontario (HQO), Canadian Institutes for Health Research (CIHR).Ontario College of Family Physicians (OCFP), Ontario Medical Association (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

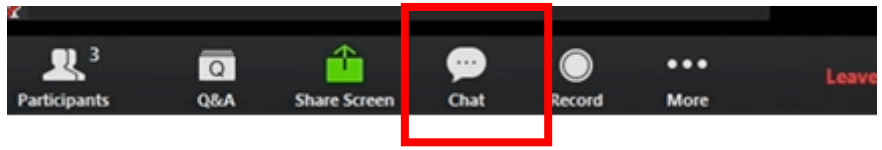
- All questions should be asked using the Q&A function at the bottom of your screen.



- 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.



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Practical Primary Care

Dan Pepe, MD CCFP

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:

Plan:

1. Conservative Measures:

«•»

2. Pharmacologic Management:

«•»

3. Investigations/ Referrals:

«•»

4. Preventative Care:

«•»

«D.Pepe, MD» «C.Lin-Pepe, MD»

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

Assessment: Acute Bilateral AOM - 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:

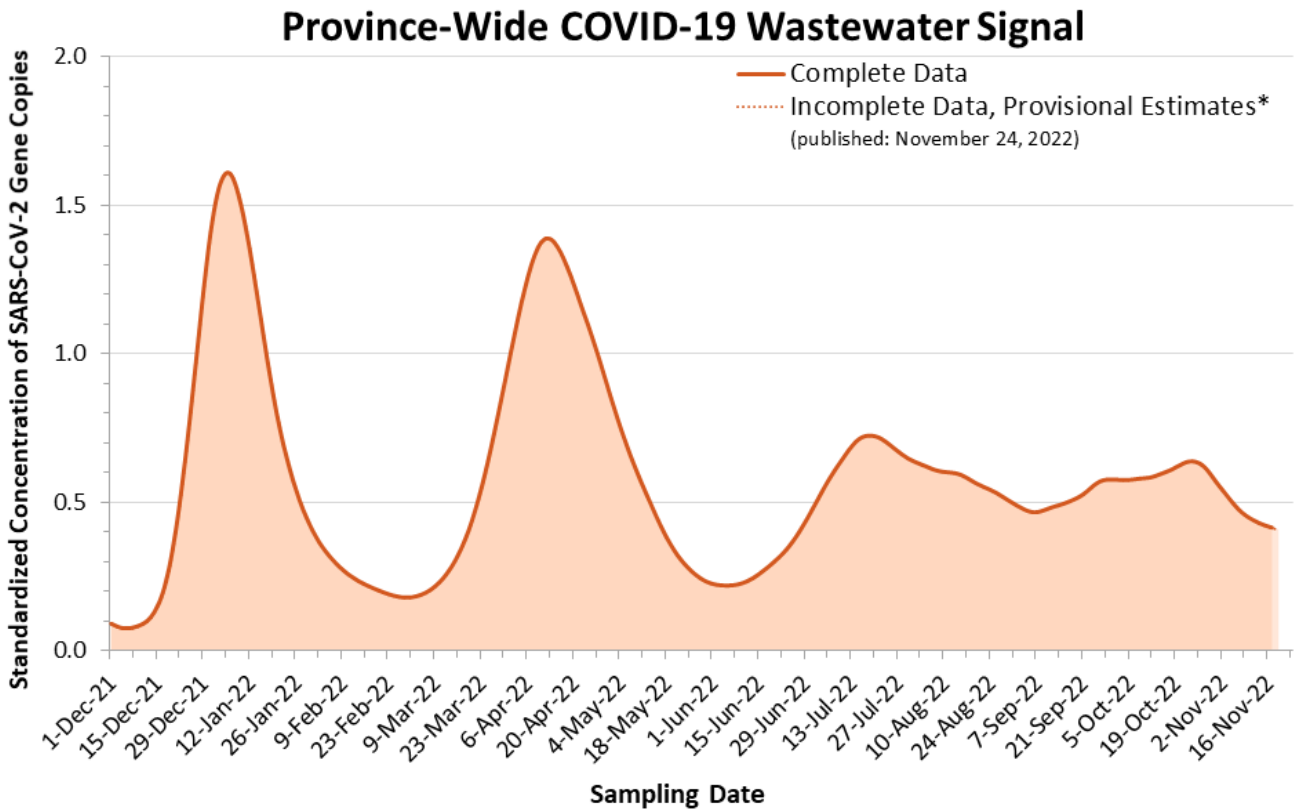
We discussed red flags and when to present back to clinic or to the ER.
1. Unable to drink fluids or signs of dehydration despite attempts to hydrate
2. Persistent Fever (Temp > 38 degrees) not responding to adequate tylenol/ advil
3. Sudden loss of hearing or significant drainage of fluid from one ear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

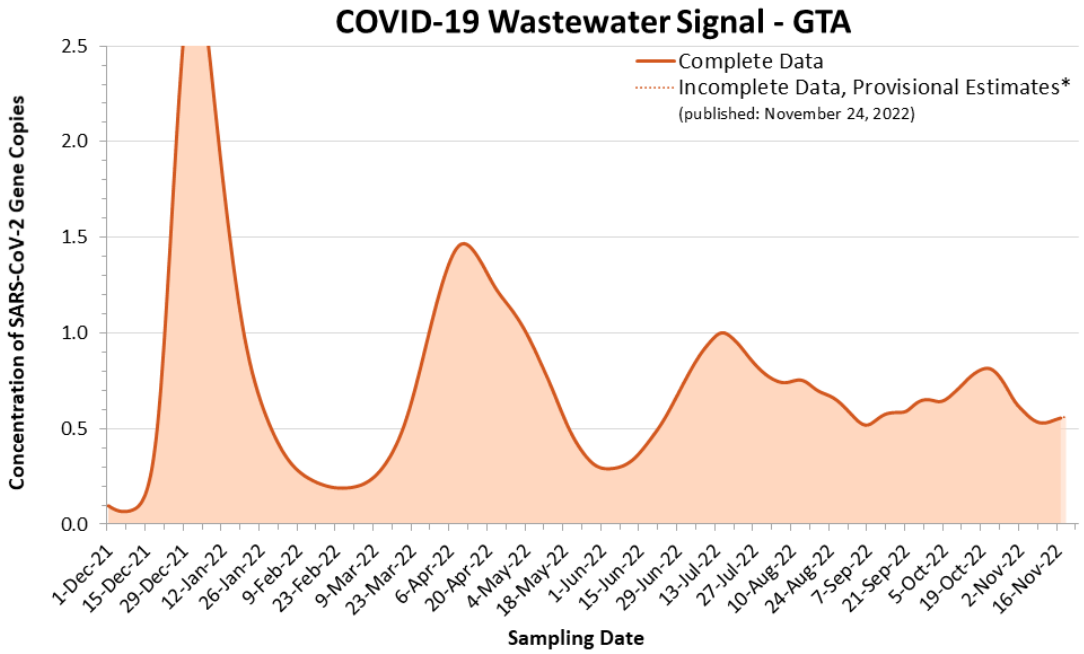
4. Preventative Care:

n/a

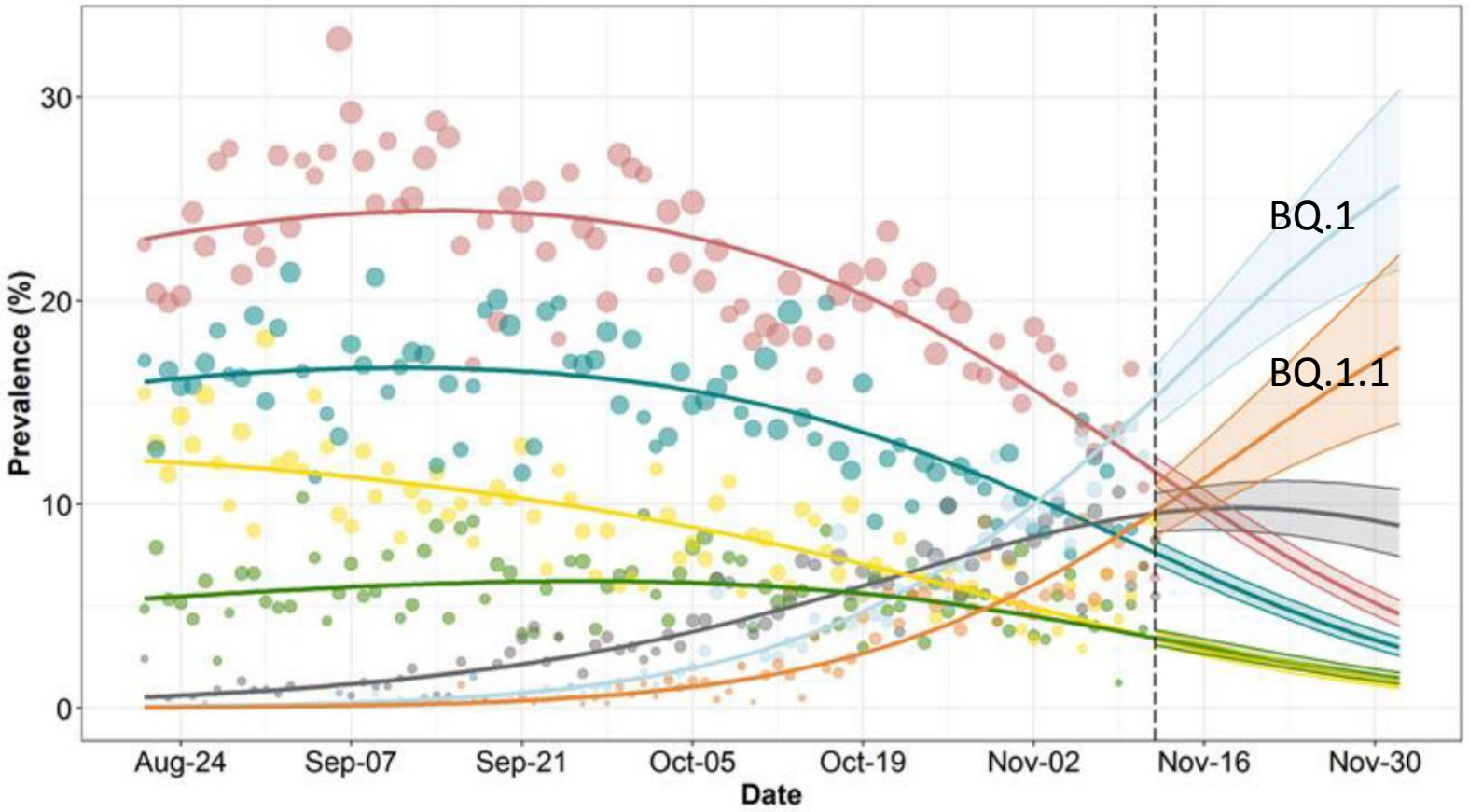
D.Pepe, MD

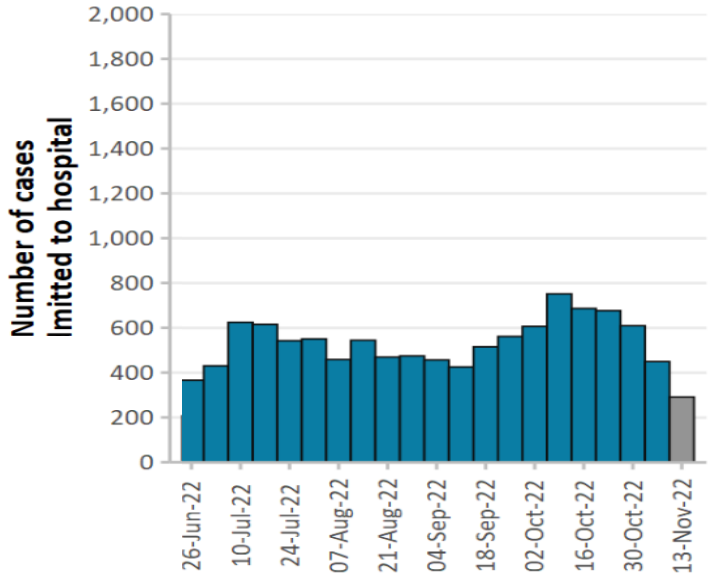
Ontario COVID-19 waste-water surveillance

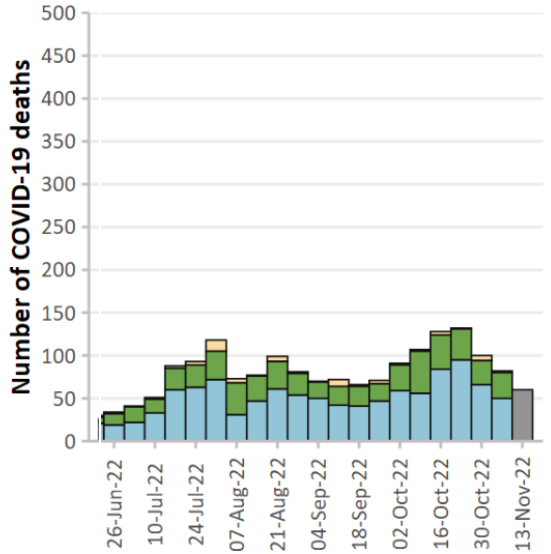




COVID-19
Variants, hospitalizations, deaths



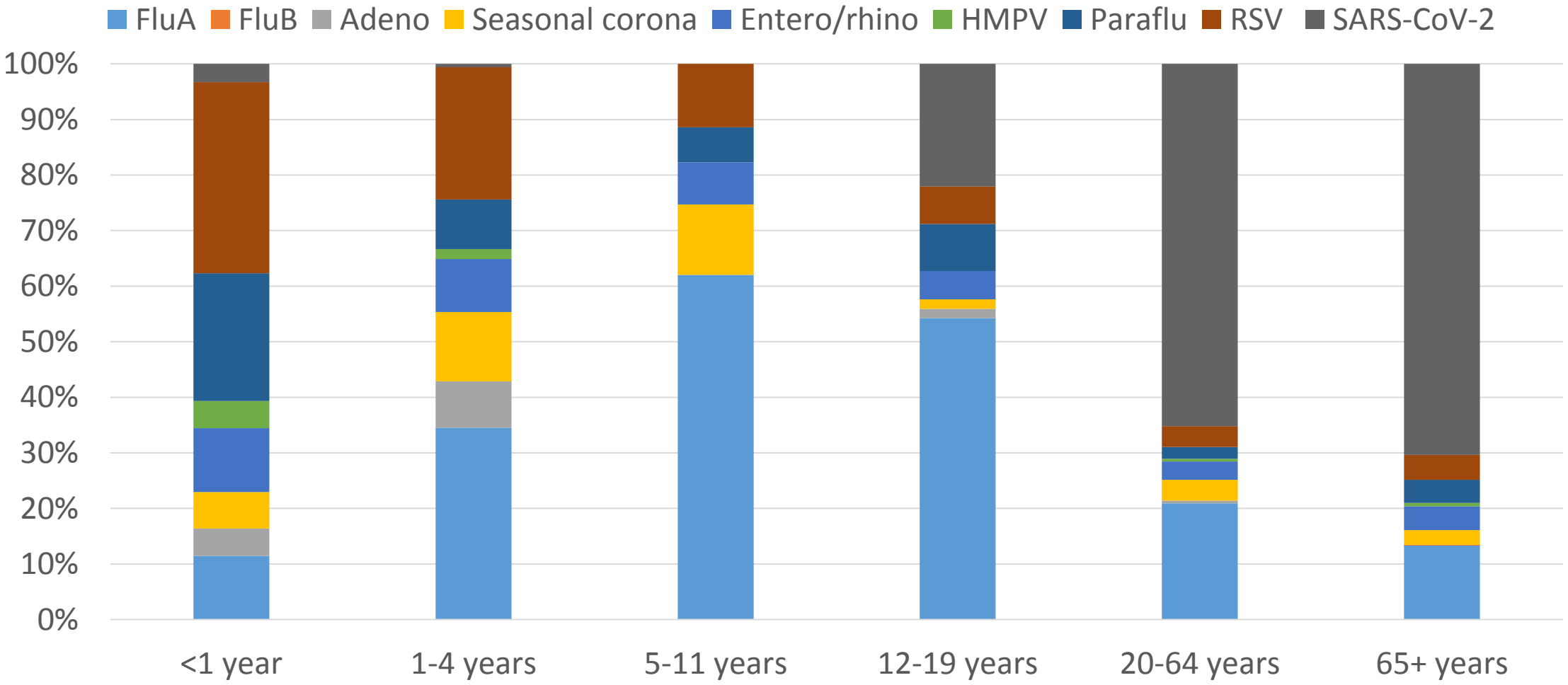




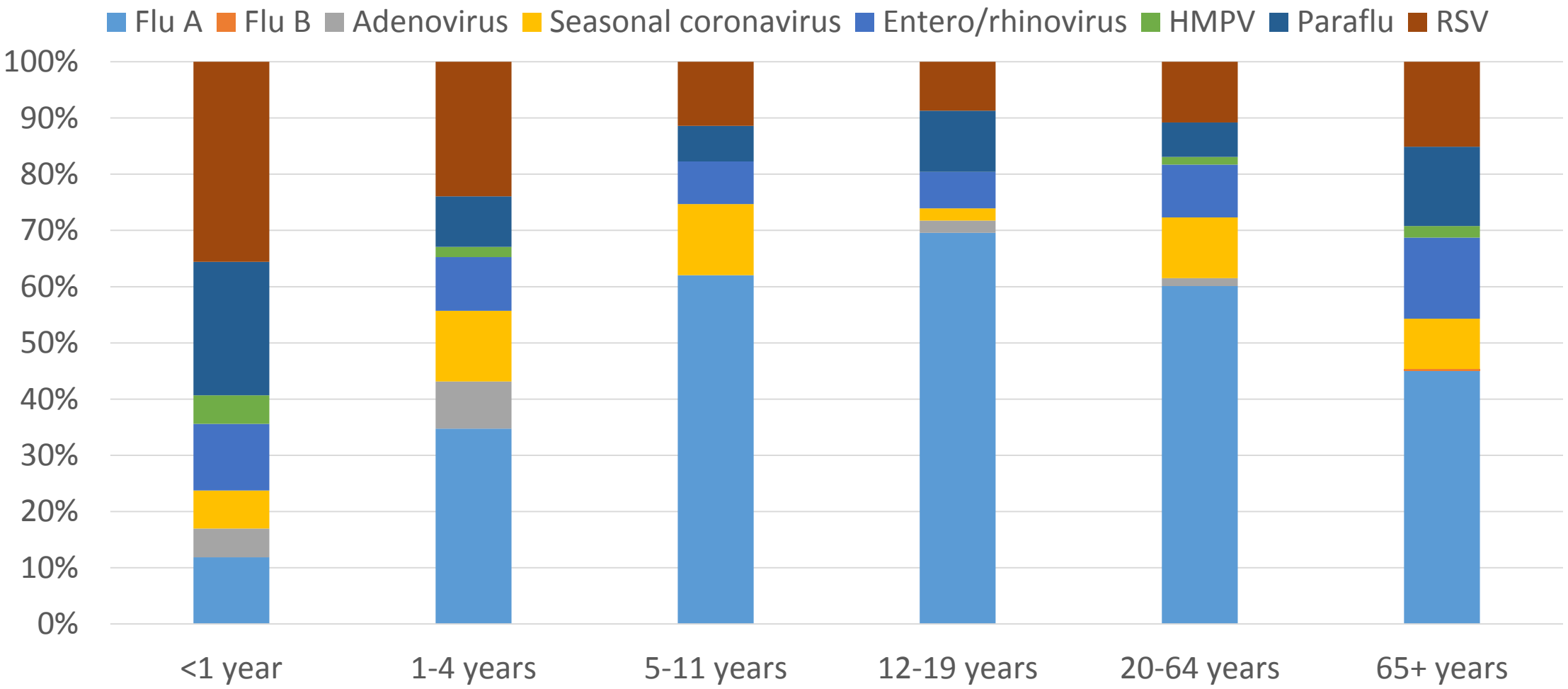
XBB & XBB.1 still <1%

https://www.publichealthontario.ca/-/media/Documents/nCoV/epi/covid-19-sars-cov2-whole-genome-sequencing-epi-summary.pdf?rev=d32443c48dd542d58090e63fb89efdf8&sc_lang=en
https://www.publichealthontario.ca/-/media/Documents/nCoV/epi/2022/11/weekly-epi-summary-covid-ontario-nov-25.pdf?rev=91f8578a171744ca98e39bff1330b547&sc_lang=en

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



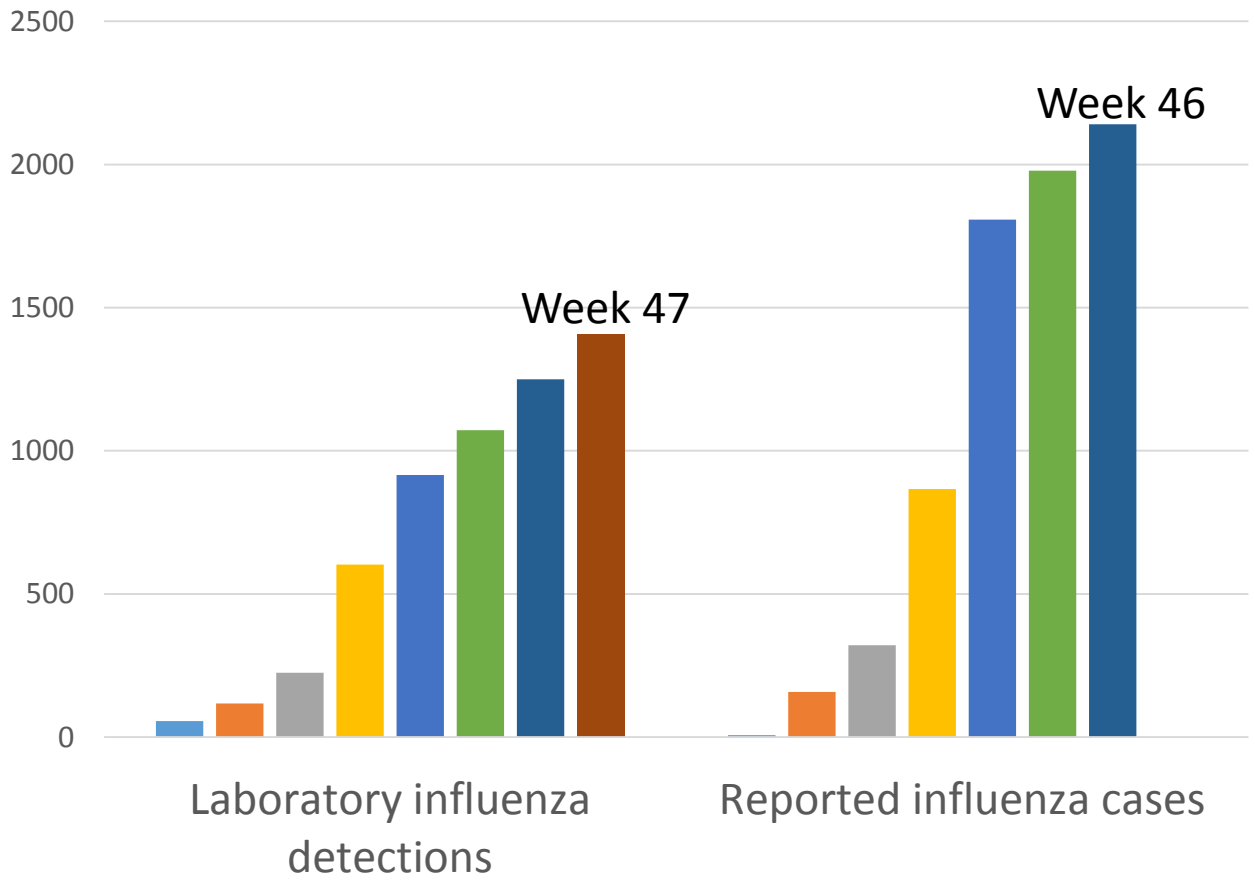
Distribution of positive specimens for respiratory viruses other than SARS-CoV-2, PHOL, Nov 20-26, 2022

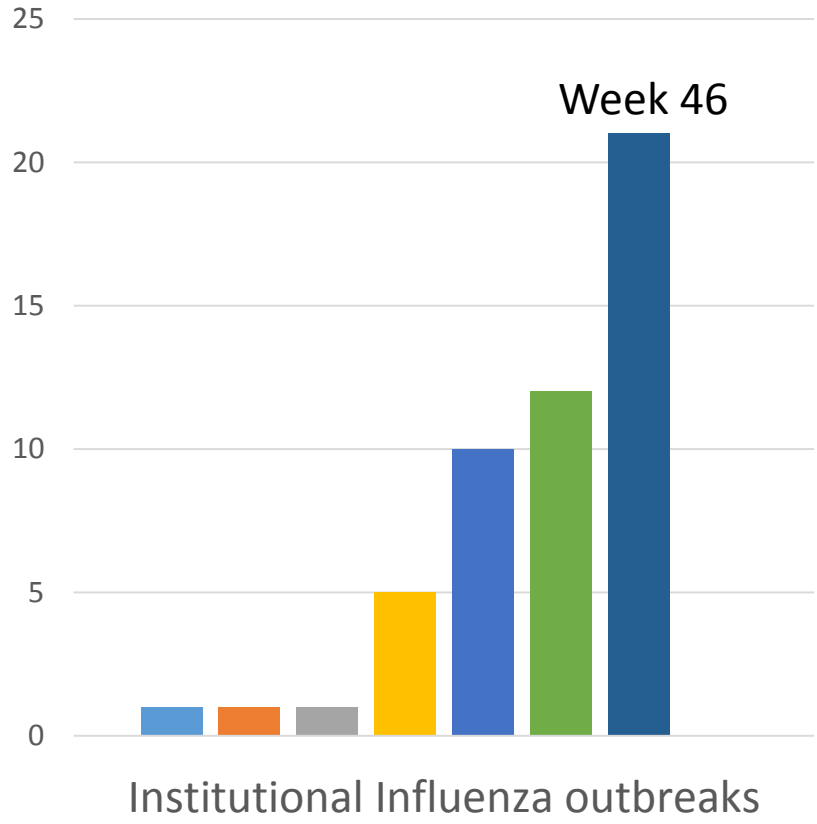


Where are we in influenza season? (seasons usually 12-16 weeks)

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

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





https://www.canada.ca/en/public-health/services/surveillance/respiratory-virus-detections-canada.htm

lhttps://www.publichealthontario.ca/en/data-and-analysis/infectious-disease/respiratory-pathogens-weekly

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 pre-emptive 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

https://www.publichealthontario.ca/-/media/Documents/A/2022/antiviral-medications-seasonal-influenza-2022-23.pdf?rev=cfc8f8384a1d4492b382c8c18e83c3ea&sc_lang=en

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

https://www.publichealthontario.ca/-/media/Documents/A/2022/antiviral-medications-seasonal-influenza-2022-23.pdf?rev=cfc8f8384a1d4492b382c8c18e83c3ea&sc_lang=en

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?

https://www.publichealthontario.ca/-/media/Documents/A/2022/antiviral-medications-seasonal-influenza-2022-23.pdf?rev=cfc8f8384a1d4492b382c8c18e83c3ea&sc_lang=en

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)** https://www.publichealthontario.ca/-/media/Documents/A/2022/antiviral-medications-seasonal-influenza-2022-23.pdf?rev=c253cd2289df4141a2107e79c4e01795&la=fr
- **MOH ODB Update (Nov 2022 - LU code effective for the 2022–2023 influenza season only)** https://www.health.gov.on.ca/en/pro/programs/drugs/formulary43/summary_edition43_20221123.pdf

Ontario Health

*https://www.health.gov.on.ca/en/pro/programs/drugs/formulary43/summary_edition43_20221123.pdf

Risk factors for Omicron BA.1/BA.2 infection

Variable		Multivariable Cox Regression Results	
		Hazard Ratio (95% CI)	*P*-value
Group	No early infection	Reference	0.005
	Early infection	0.56 (0.37-0.84)	
Age group	18-49 years	Reference	0.001
	50-64 years	0.64 (0.42-0.97)	
	≥65 years	0.35 (0.20-0.61)	
Covid-19 Vaccination	Not vaccinated	Reference	<0.001
Status as of 15/12/2021	Received ≥2 doses, most recent <182 days ago	0.44 (0.21-0.94)	
	Received ≥2 doses, most recent ≥182 days ago	0.98 (0.42-2.26)	
Covid-19 Vaccine	No vaccine doses received	Reference	0.006
during BA.1/BA.2 period	Received one dose		
	At 7-89 days after dose	0.42 (0.24-0.73)	
	At ≥90 days after dose	1.14 (0.59-2.22)	

CAC/ILI Clinics - Spread and Scale

OCFP/DFCM Community of Practice

DR. ELIZABETH MUGGAH | DECEMBER 2 2022

Ontario Health

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

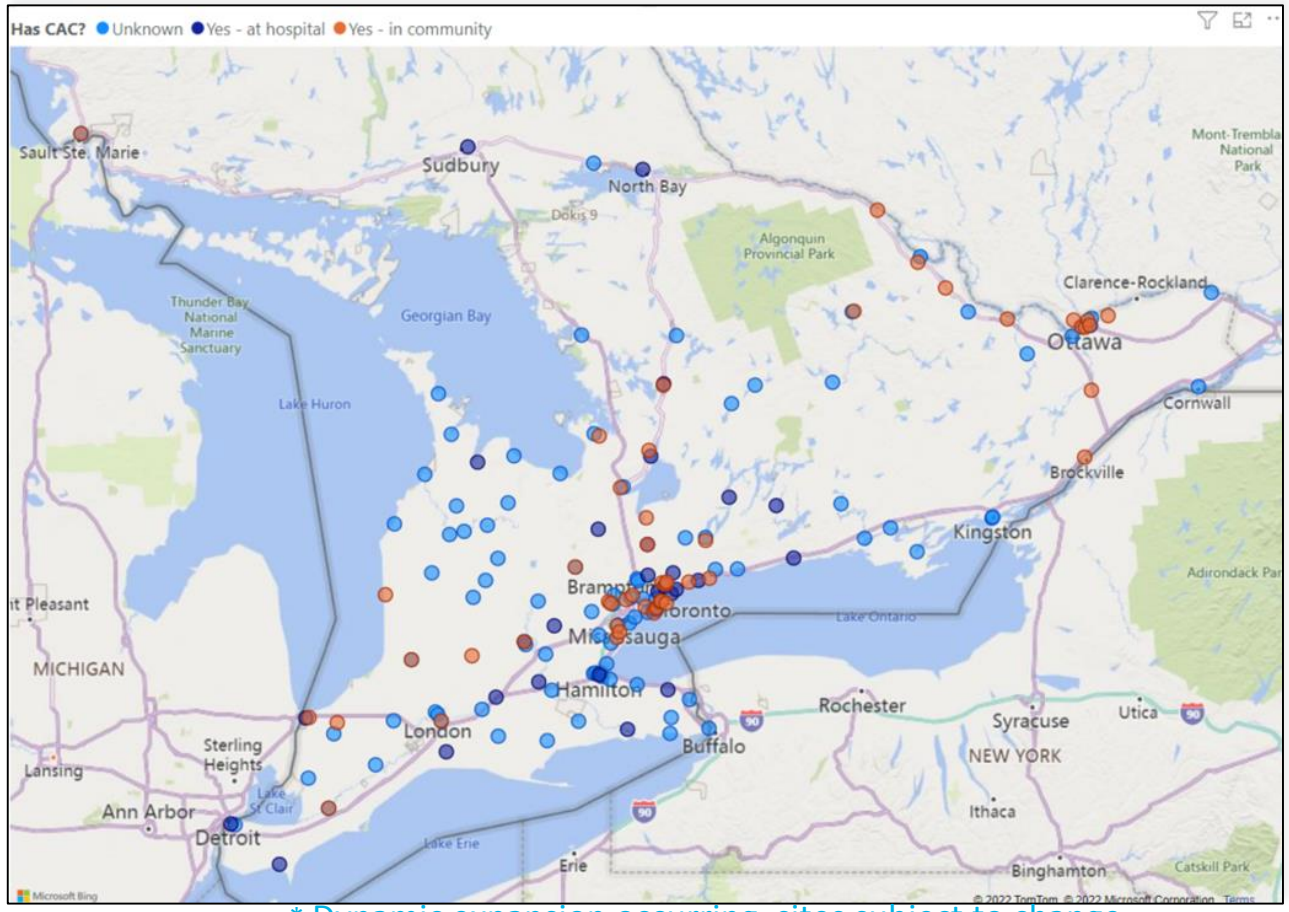
Common branding supports the right care in the right place at the right time with a consistent model of care

Population health approach

Ontario Health

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 français

Home › COVID-19 › Testing

Last updated: November 30, 2022

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 where 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.

Ontario Health

Family Doctor Tips on Caring for Children with Respiratory Symptoms

Ontario College of Family Physicians

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.

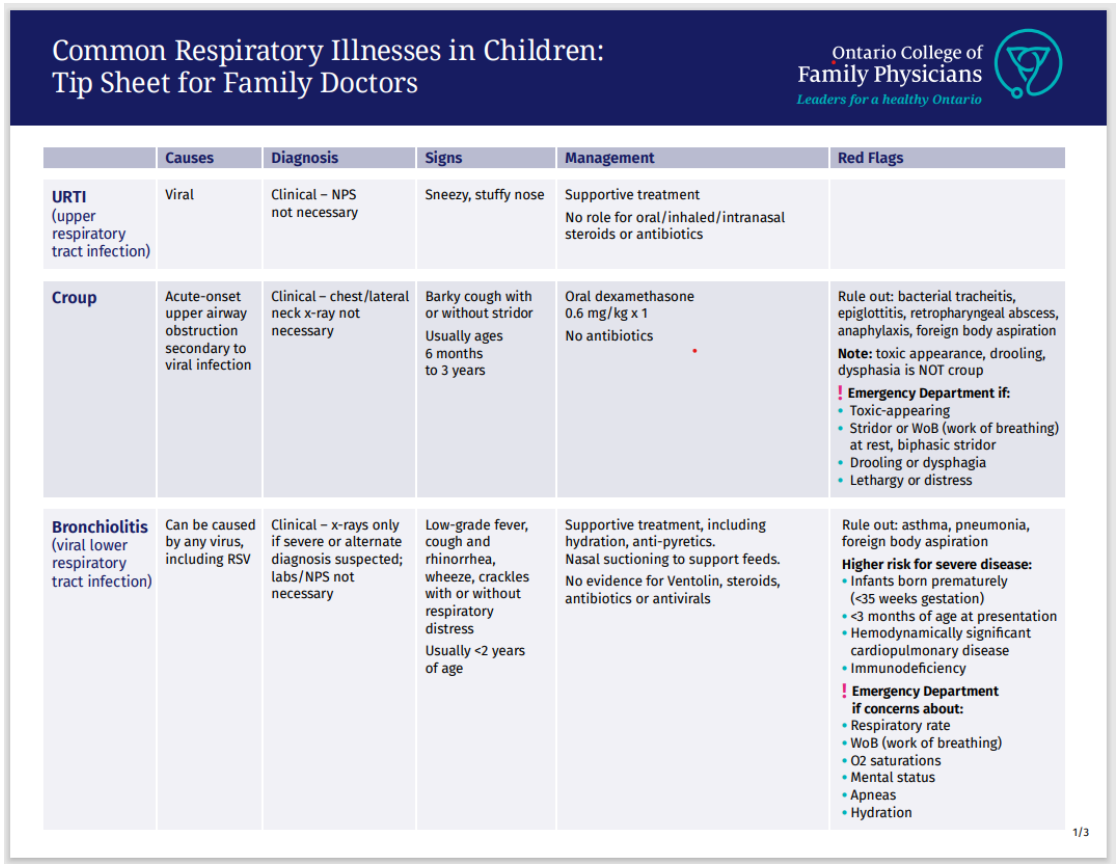
Download Family Doctor Tips in PDF format:

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

https://www.ontariofamilyphysicians.ca/actions-parents-can-take-caring-for-a-child-with-respiratory-illness

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

Common Respiratory Illness in Children
Tip Sheet for Family Doctors

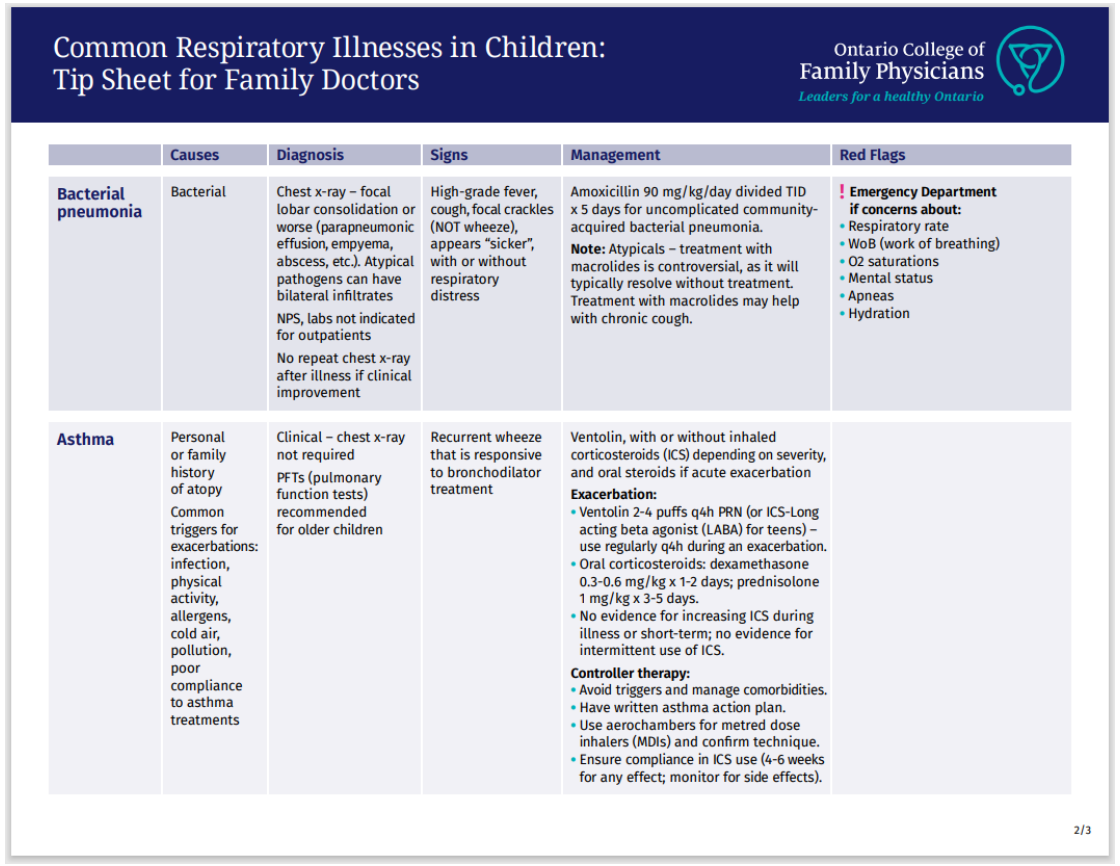


Common Respiratory Illnesses in Children: Tip Sheet for Family Doctors

Ontario College of Family Physicians
Leaders for a healthy Ontario

	Causes	Diagnosis	Signs	Management	Red Flags
URTI (upper respiratory tract infection)	Viral	Clinical – NPS not necessary	Sneezy, stuffy nose	Supportive treatment No role for oral/inhaled/intranasal steroids or antibiotics	
Croup	Acute-onset upper airway obstruction secondary to viral infection	Clinical – chest/lateral neck x-ray not necessary	Barky cough with or without stridor Usually ages 6 months to 3 years	Oral dexamethasone 0.6 mg/kg x 1 No antibiotics	Rule out: bacterial tracheitis, epiglottitis, retropharyngeal abscess, anaphylaxis, foreign body aspiration **Note:** toxic appearance, drooling, dysphasia is NOT croup ! **Emergency Department if:** • Toxic-appearing • Stridor or WoB (work of breathing) at rest, biphasic stridor • Drooling or dysphagia • Lethargy or distress
Bronchiolitis (viral lower respiratory tract infection)	Can be caused by any virus, including RSV	Clinical – x-rays only if severe or alternate diagnosis suspected; labs/NPS not necessary	Low-grade fever, cough and rhinorrhea, wheeze, crackles with or without respiratory distress Usually <2 years of age	Supportive treatment, including hydration, anti-pyretics. Nasal suctioning to support feeds. No evidence for Ventolin, steroids, antibiotics or antivirals	Rule out: asthma, pneumonia, foreign body aspiration **Higher risk for severe disease:** • Infants born prematurely (<35 weeks gestation) • <3 months of age at presentation • Hemodynamically significant cardiopulmonary disease • Immunodeficiency ! **Emergency Department if concerns about:** • Respiratory rate • WoB (work of breathing) • O2 saturations • Mental status • Apneas • Hydration

1/3



Common Respiratory Illnesses in Children: Tip Sheet for Family Doctors

Ontario College of Family Physicians
Leaders for a healthy Ontario

	Causes	Diagnosis	Signs	Management	Red Flags
Bacterial pneumonia	Bacterial	Chest x-ray – focal lobar consolidation or worse (parapneumonic effusion, empyema, abscess, etc.). Atypical pathogens can have bilateral infiltrates NPS, labs not indicated for outpatients No repeat chest x-ray after illness if clinical improvement	High-grade fever, cough, focal crackles (NOT wheeze), appears "sicker", with or without respiratory distress	Amoxicillin 90 mg/kg/day divided TID x 5 days for uncomplicated community-acquired bacterial pneumonia. **Note:** Atypicals – treatment with macrolides is controversial, as it will typically resolve without treatment. Treatment with macrolides may help with chronic cough.	! **Emergency Department if concerns about:** • Respiratory rate • WoB (work of breathing) • O2 saturations • Mental status • Apneas • Hydration
Asthma	Personal or family history of atopy Common triggers for exacerbations: infection, physical activity, allergens, cold air, pollution, poor compliance to asthma treatments	Clinical – chest x-ray not required PFTs (pulmonary function tests) recommended for older children	Recurrent wheeze that is responsive to bronchodilator treatment	Ventolin, with or without inhaled corticosteroids (ICS) depending on severity, and oral steroids if acute exacerbation **Exacerbation:** • Ventolin 2-4 puffs q4h PRN (or ICS-Long acting beta agonist (LABA) for teens) – use regularly q4h during an exacerbation. • Oral corticosteroids: dexamethasone 0.3-0.6 mg/kg x 1-2 days; prednisolone 1 mg/kg x 3-5 days. • No evidence for increasing ICS during illness or short-term; no evidence for intermittent use of ICS. **Controller therapy:** • Avoid triggers and manage comorbidities. • Have written asthma action plan. • Use aerochambers for metred dose inhalers (MDIs) and confirm technique. • Ensure compliance in ICS use (4-6 weeks for any effect; monitor for side effects).	

2/3

https://www.ontariofamilyphysicians.ca/respiratory-infections/ocfp_respillnessesinchildrenfptipsheet.pdf

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

Managing patients with respiratory symptoms in office

RESOURCES: December 2022

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

- **Fall update to patients – script** (incl. flu vaccination, COVID vaccines, and when to seek care)
  https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources/clinical-care-office-readiness/**fall-update-to-patients.pdf**

- **IPAC Summary for Community Practices** – updated
  https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources/clinical-care-office-readiness/**ipac-summary.pdf**

- **Managing patients with respiratory symptoms in office** – overview
  https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources/clinical-care-office-readiness/covid-screening-tool.pdf

- **My child has COVID. What should I do?** – updated (*Confused About COVID* series)
  https://rebrand.ly/**Child-has-COVID**

Ontario College of Family Physicians

Appendix C: Flow Diagram for COVID-19 Fall Booster Vaccination

When to get a fall COVID-19 booster

Use the chart below if you have completed your primary series and are aged 5 and older.

Start

Has it been at least 6 months since:

- your last COVID-19 vaccine dose, or
- you tested positive for COVID-19?

Yes → **Get your booster now**

Protect yourself during respiratory illness season and before cool weather leads to more time indoors.

No

Do any of the following apply to you?

- Aged 65 or older
- Resident of long term care, retirement home, or other congregate care setting
- Aged 12 or older and moderately to severely immunocompromised[1] **or** with an underlying medical condition[2]
- Health care worker
- Pregnant
- Adult First Nations, Inuit, or Métis individual or household member
- Adult in racialized and/or marginalized community disproportionately affected by COVID-19

Yes → **Get your booster 3 months after your last dose or last COVID-19 infection**

You are at high risk of severe outcomes and are **strongly recommended to get your booster dose at a shorter interval** to protect yourself during respiratory illness season and before cool weather leads to more time indoors.

No → **Get your booster 6 months after your last dose or last COVID-19 infection**

You are not at high risk of severe outcomes. Longer intervals between vaccines may result in a better immune response and higher vaccine effectiveness.

Notes

1. If you are immunocompromised, talk to your health care provider about the timing of your booster.
2. May include: heart, kidney, or lung conditions, diabetes and other metabolic conditions, cancer, anemia or hemoglobinopathy, neurologic or neurodevelopmental conditions, a Body Mass Index (BMI) of 40 and over.

All vaccines available in Ontario are approved by Health Canada and are safe, effective, and are the best way to stay protected from COVID-19 and its variants.

November 2022 Ontario

COVID-19 Vaccine Guidance (Version 3.1, November 7, 2022, pg 25)
https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/vaccine/COVID-19_vaccine_administration.pdf

Decision Aid only pdf :
https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources/covid-19-vaccines/when-you-should-get-a-booster-dose-flowchart.pdf

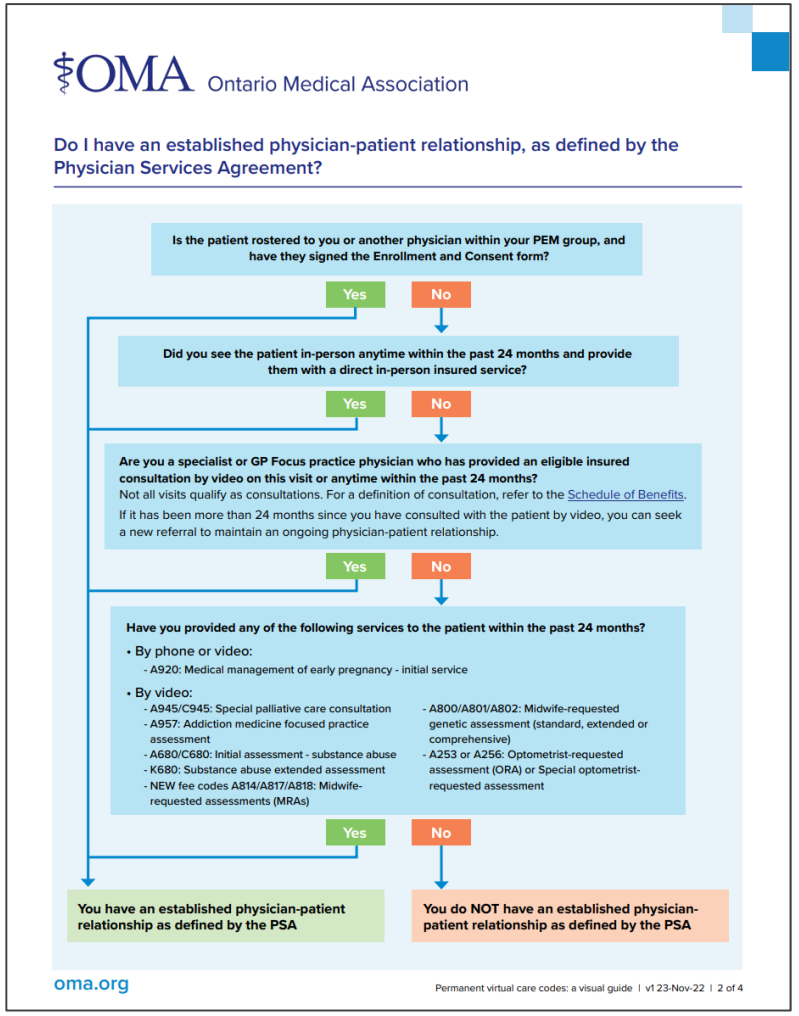
Booster dose eligibility checker – online tool:
https://www.ontario.ca/vaccine-eligibility/

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.

- https://www.oma.org/uploadedfiles/oma/media/member/membermappedpdfs/negotiations/psa/oma-virtual-care-codes-visual-guide.pdf/



OMA Ontario Medical Association

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

Is the patient rostered to you or another physician within your PEM group, and have they signed the Enrollment and Consent form?

Yes / No

Did you see the patient in-person anytime within the past 24 months and provide them with a direct in-person insured service?

Yes / No

Are you a specialist or GP Focus practice physician who has provided an eligible insured consultation by video on this visit or anytime within the past 24 months?
Not all visits qualify as consultations. For a definition of consultation, refer to the Schedule of Benefits.
If it has been more than 24 months since you have consulted with the patient by video, you can seek a new referral to maintain an ongoing physician-patient relationship.

Yes / No

Have you provided any of the following services to the patient within the past 24 months?

- By phone or video:
  - A920: Medical management of early pregnancy - initial service
- By video:
  - A945/C945: Special palliative care consultation
  - A957: Addiction medicine focused practice assessment
  - A680/C680: Initial assessment - substance abuse
  - K680: Substance abuse extended assessment
  - NEW fee codes A814/A817/A818: Midwife-requested assessments (MRAs)
  - A800/A801/A802: Midwife-requested genetic assessment (standard, extended or comprehensive)
  - A253 or A256: Optometrist-requested assessment (ORA) or Special optometrist-requested assessment

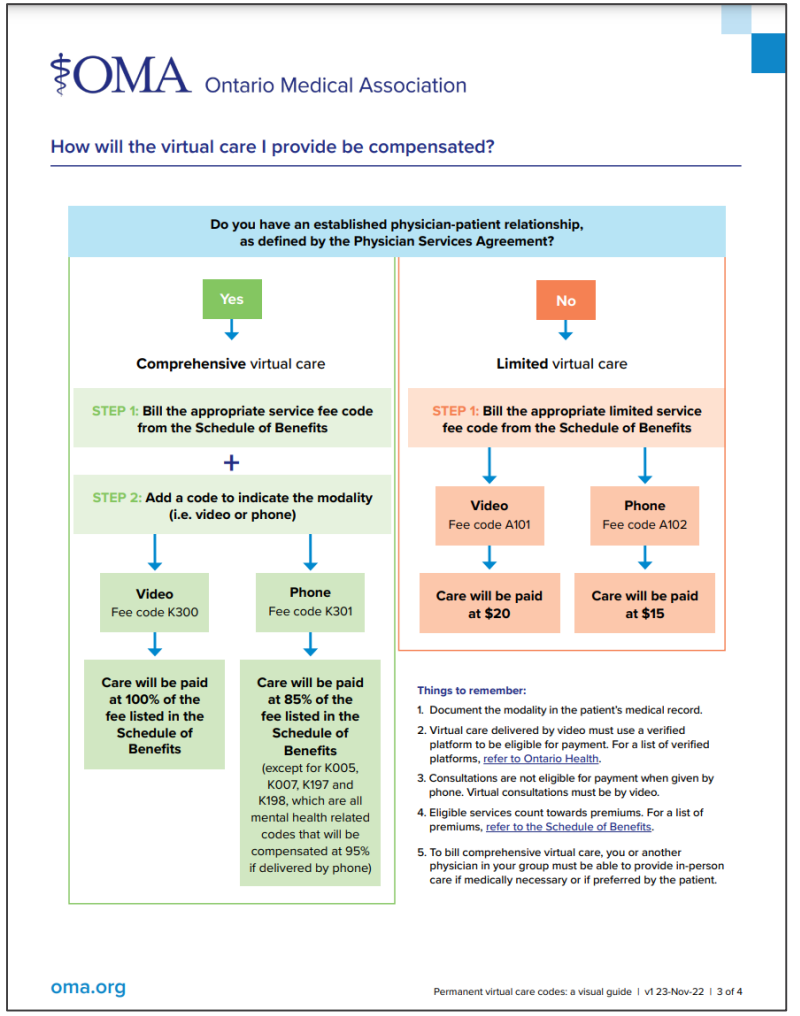
Yes / No

You have an established physician-patient relationship as defined by the PSA

You do NOT have an established physician-patient relationship as defined by the PSA

oma.org

Permanent virtual care codes: a visual guide | v1 23-Nov-22 | 2 of 4



OMA Ontario Medical Association

How will the virtual care I provide be compensated?

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

Yes

Comprehensive virtual care

STEP 1: **Bill the appropriate service fee code from the Schedule of Benefits**

+

STEP 2: **Add a code to indicate the modality (i.e. video or phone)**

- **Video** Fee code K300 → **Care will be paid at 100% of the fee listed in the Schedule of Benefits**
- **Phone** Fee code K301 → **Care will be paid at 85% of the fee listed in the Schedule of Benefits** (except for K005, K007, K197 and K198, which are all mental health related codes that will be compensated at 95% if delivered by phone)

No

Limited virtual care

STEP 1: **Bill the appropriate limited service fee code from the Schedule of Benefits**

- **Video** Fee code A101 → **Care will be paid at $20**
- **Phone** Fee code A102 → **Care will be paid at $15**

Things to remember:

1. Document the modality in the patient's medical record.
2. Virtual care delivered by video must use a verified platform to be eligible for payment. For a list of verified platforms, refer to Ontario Health.
3. Consultations are not eligible for payment when given by phone. Virtual consultations must be by video.
4. Eligible services count towards premiums. For a list of premiums, refer to the Schedule of Benefits.
5. To bill comprehensive virtual care, you or another physician in your group must be able to provide in-person care if medically necessary or if preferred by the patient.

oma.org

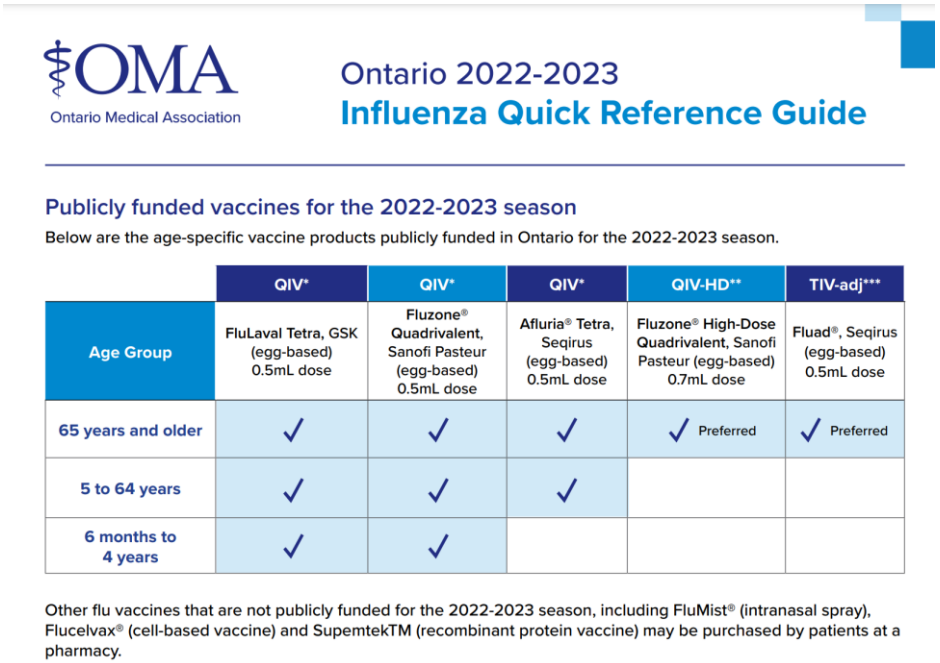
Permanent virtual care codes: a visual guide | v1 23-Nov-22 | 3 of 4

OMA Tools

Influenza Quick Reference Guide

Information on which of the six publicly funded vaccine products to administer based on the patient's age.

- https://www.oma.org/uploadedfiles/oma/media/member/oma-influenza-quick-reference-guide.pdf/



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Ontario Medical Association

Ontario 2022-2023
Influenza Quick Reference Guide

Publicly funded vaccines for the 2022-2023 season

Below are the age-specific vaccine products publicly funded in Ontario for the 2022-2023 season.

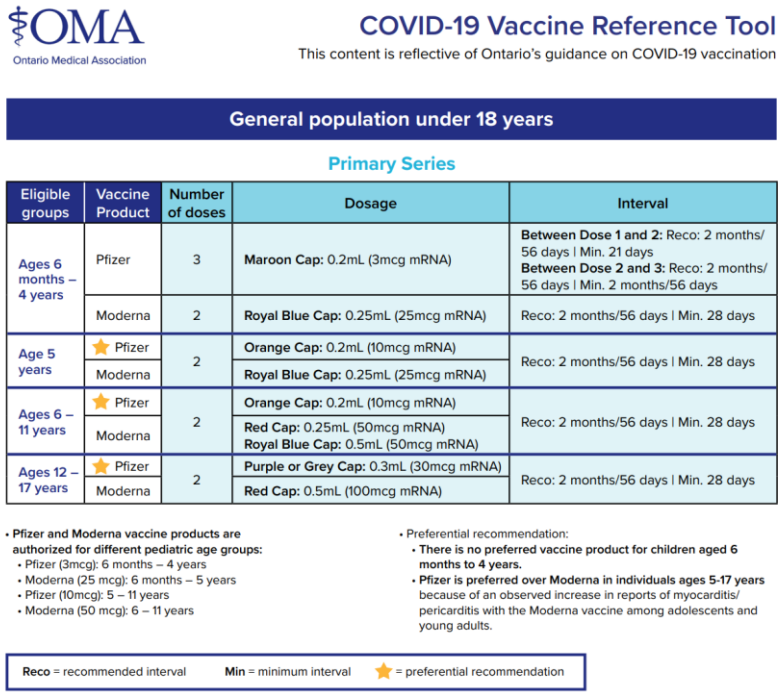
Age Group	QIV* FluLaval Tetra, GSK (egg-based) 0.5mL dose	QIV* Fluzone® Quadrivalent, Sanofi Pasteur (egg-based) 0.5mL dose	QIV* Afluria® Tetra, Seqirus (egg-based) 0.5mL dose	QIV-HD** Fluzone® High-Dose Quadrivalent, Sanofi Pasteur (egg-based) 0.7mL dose	TIV-adj*** Fluad®, Seqirus (egg-based) 0.5mL dose
65 years and older	✓	✓	✓	✓ Preferred	✓ Preferred
5 to 64 years	✓	✓	✓		
6 months to 4 years	✓	✓			

Other flu vaccines that are not publicly funded for the 2022-2023 season, including FluMist® (intranasal spray), Flucelvax® (cell-based vaccine) and SupemtekTM (recombinant protein vaccine) may be purchased by patients at a pharmacy.

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.

- https://www.oma.org/uploadedfiles/oma/media/member/membermappedpdfs/practice-professional-support/coronavirus/oma-covid-19-vaccine-reference-tool.pdf/



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COVID-19 Vaccine Reference Tool
This content is reflective of Ontario's guidance on COVID-19 vaccination

General population under 18 years

Primary Series

Eligible groups	Vaccine Product	Number of doses	Dosage	Interval
Ages 6 months – 4 years	Pfizer	3	**Maroon Cap:** 0.2mL (3mcg mRNA)	**Between Dose 1 and 2:** Reco: 2 months/ 56 days | Min. 21 days **Between Dose 2 and 3:** Reco: 2 months/ 56 days | Min. 2 months/56 days
	Moderna	2	**Royal Blue Cap:** 0.25mL (25mcg mRNA)	Reco: 2 months/56 days | Min. 28 days
Age 5 years	★ Pfizer	2	**Orange Cap:** 0.2mL (10mcg mRNA)	Reco: 2 months/56 days | Min. 28 days
	Moderna		**Royal Blue Cap:** 0.25mL (25mcg mRNA)	
Ages 6 – 11 years	★ Pfizer	2	**Orange Cap:** 0.2mL (10mcg mRNA)	Reco: 2 months/56 days | Min. 28 days
	Moderna		**Red Cap:** 0.25mL (50mcg mRNA) **Royal Blue Cap:** 0.5mL (50mcg mRNA)	
Ages 12 – 17 years	★ Pfizer	2	**Purple or Grey Cap:** 0.3mL (30mcg mRNA)	Reco: 2 months/56 days | Min. 28 days
	Moderna		**Red Cap:** 0.5mL (100mcg mRNA)	

- **Pfizer and Moderna vaccine products are authorized for different pediatric age groups:**
  - Pfizer (3mcg): 6 months – 4 years
  - Moderna (25 mcg): 6 months – 5 years
  - Pfizer (10mcg): 5 – 11 years
  - Moderna (50 mcg): 6 – 11 years

- Preferential recommendation:
  - **There is no preferred vaccine product for children aged 6 months to 4 years.**
  - **Pfizer is preferred over Moderna in individuals ages 5-17 years** because of an observed increase in reports of myocarditis/ pericarditis with the Moderna vaccine among adolescents and young adults.

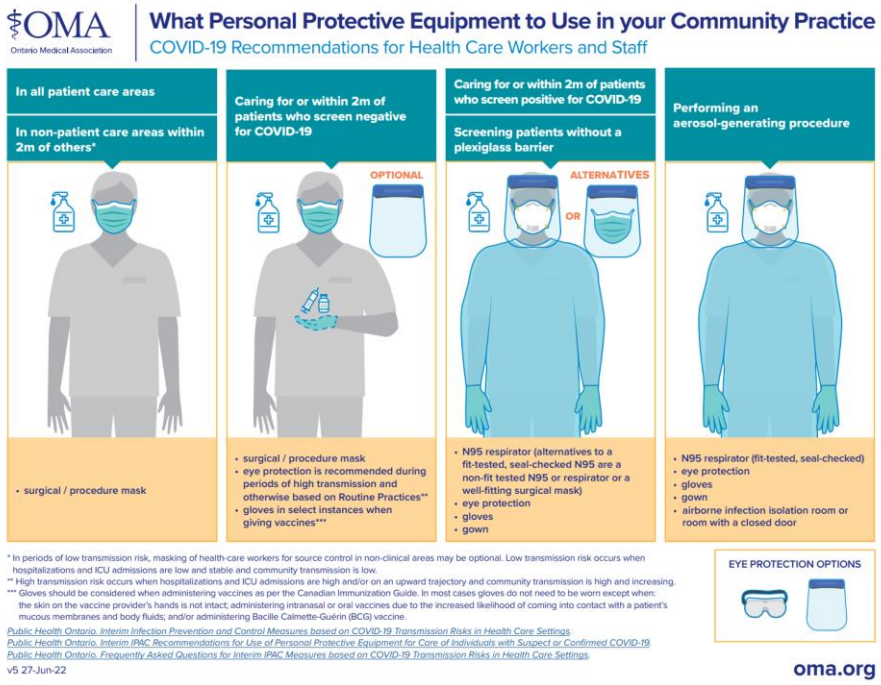
Reco = recommended interval **Min** = minimum interval ★ = preferential recommendation

OMA Tools

Personal Protective Equipment

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

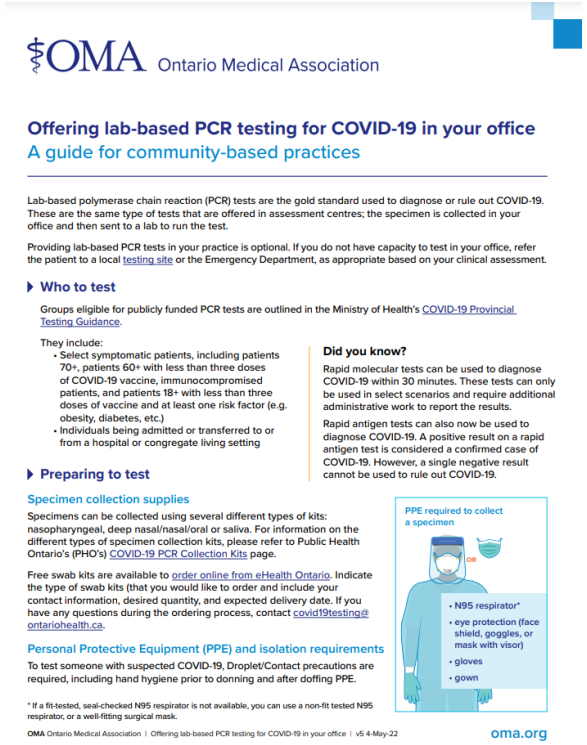
- https://www.oma.org/uploadedfiles/oma/media/member/membermappedpdfs/practice-professional-support/patient-care/oma-guidance-ppe-community-practices-poster.pdf/



Testing in Office

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

- https://www.oma.org/uploadedfiles/oma/media/member/membermappedpdfs/practice-professional-support/coronavirus/offering-lab-based-pcr-testing-for-covid-19.pdf/



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

Family & Community Medicine
UNIVERSITY OF TORONTO

The dashboard was developed by the University of Toronto and POPLAR

Ontario College of Family Physicians

FMS 2023 FAMILY MEDICINE SUMMIT

Today, tomorrow and in the future

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**.

This year's keynote speakers include:

Lieutenant-General (ret) The Honourable Roméo Dallaire

Global humanitarian, PTSD and mental health advocate

Dr. Mekalai Kumanan

President, Ontario College of Family Physicians

Dr. Alika Lafontaine

President, Canadian Medical Association

Dr. Robert Varnam

Leadership coach and ex-national director Primary Care Improvement, NHS England

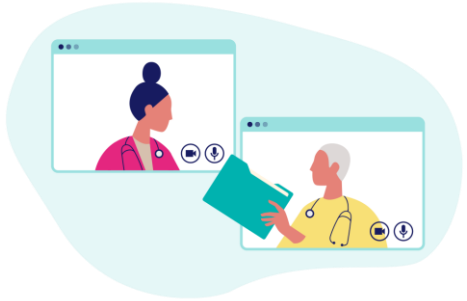
Ontario College of Family Physicians | Practising Well
Share. Inspire. Connect.

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.

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