

# Changing the Way We Work Community of Practice for Ontario Family Physicians

**February 21, 2025**

**Dr. Alon Vaisman  
Dr. Mohamed Alarakhia  
Ms. Norma English**



## ***Infectious Disease & Navigating Ontario's Disability Support Program***



Family & Community Medicine  
UNIVERSITY OF TORONTO

Ontario College of  
Family Physicians



# Infectious Disease & Navigating Ontario's Disability Support Program

## Moderator:

- Dr. Ali Damji, Division Head, Primary Care, Trillium Health Partners and Family Physician, Credit Valley Family Health Team, Mississauga, ON

## Panelists:

- Dr. Alon Vaisman, Toronto, ON
- Dr. Mohamed Alarakhia, Kitchener, ON
- Ms. Norma English, Toronto, ON

## Host:

- Dr. Jobin Varughese, Brampton, ON

The Changing the Way We Work 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.

Please note that due to changes to the Cert+ platform, there will be delays in credits being applied to your account.

# 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.

# Changing the way we work

## *A community of practice for family physicians*

At the conclusion of this series participants will be able to:

- Identify the current best practices for delivery of primary care 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. Jobin Varughese (OCFP), Dr. Ali Damji (DFCM), Dr. Eleanor Colledge (DFCM), Dr. Harry O'Halloran, Julia Galbraith (OCFP), Pavethra Yogeswaran (OCFP), Marisa Schwartz (DFCM)

Previous webinars & related resources:

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



## **Dr. Alon Vaisman – Panelist**

Infectious Diseases and Infection Control Physician



## **Dr. Mohamed Alarakhia – Panelist**

Family Physician, Chief Executive Officer, eHealth Centre of Excellence



## **Ms. Norma English – Panelist**

Director of Legal Services/Staff Lawyer, North Peel & Dufferin Community Legal Services

# Speaker Disclosure

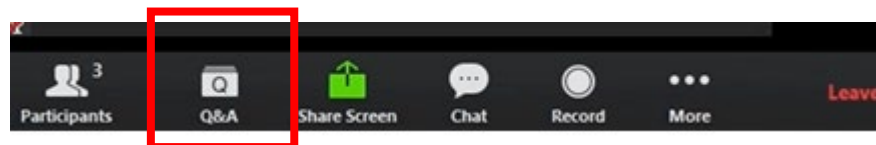
- Faculty Name: **Dr. Alon Vaisman**
- Relationships with financial sponsors:
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: Ontario College of Family Physicians
  - Others: N/A
  
- Faculty Name: **Dr. Mohamed Alarakhia**
- Relationships with financial sponsors:
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: Ontario College of Family Physicians, eHealth Centre of Excellence
  - Others: N/A
  
- Name: **Ms. Norma English**
- Relationships with financial sponsors:
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: Ontario College of Family Physicians, North Peel & Dufferin Community Legal Services
  - Others: N/A

# Speaker Disclosure

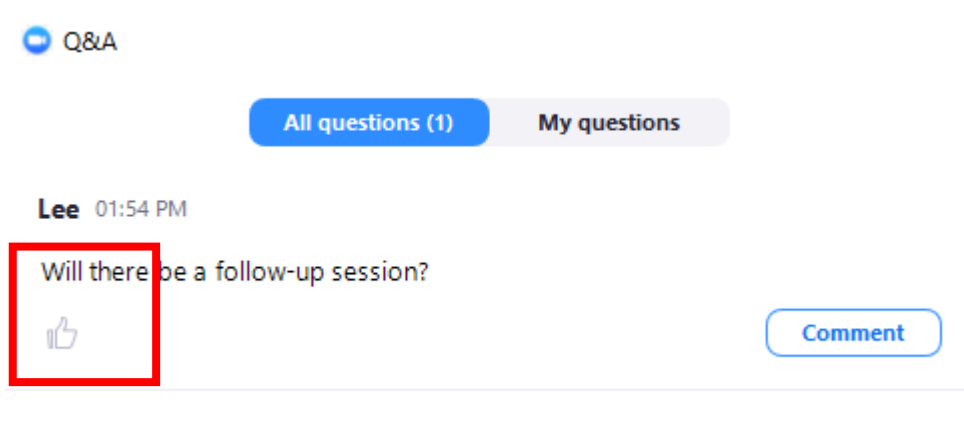
- Faculty Name: **Dr. Jobin Varughese**
- Relationships with financial sponsors:
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: Ontario College of Family Physicians
  - Others: Toronto Metropolitan University, School of Medicine (Interim Assistant Dean of Primary Care Education), William Osler Health System (Associate Vice President of Academics)
  
- Faculty Name: **Dr. Ali Damji**
- Relationships with financial sponsors:
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: Ontario College of Family Physicians, Ontario Medical Association Section of General & Family Practice, Trillium Health Partners, Canadian Mental Health Association Peel Dufferin, Center for Effective Practice, GSK
  - Advisory boards: Medical Post Advisory Board, Foundation for Advancing Family Medicine, Center for Effective Practice
  - Others: N/A

# How to Participate

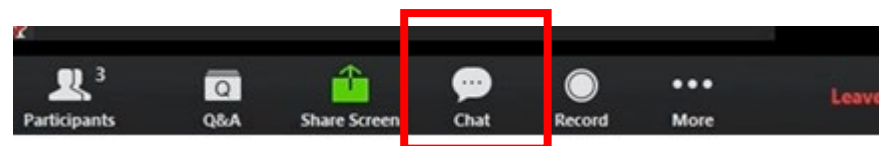
- All questions should be asked using the Q&A function at the bottom of your screen.



- Press the thumbs up button to upvote another guest's 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. Alon Vaisman – Panelist**

Infectious Diseases and Infection Control Physician



## **Dr. Mohamed Alarakhia – Panelist**

Family Physician, Chief Executive Officer, eHealth Centre of Excellence



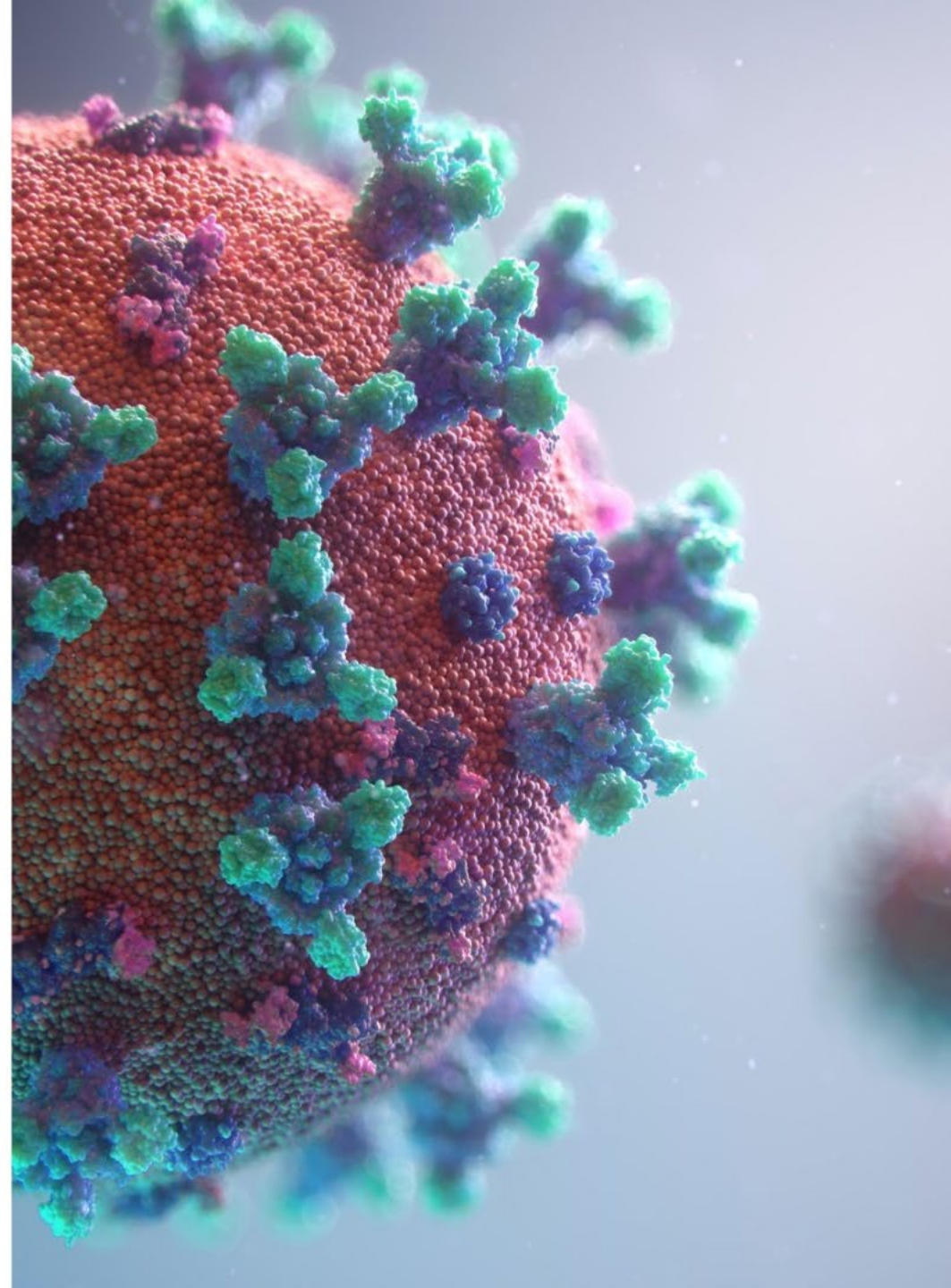
## **Ms. Norma English – Panelist**

Director of Legal Services/Staff Lawyer, North Peel & Dufferin Community Legal Services

# THE CURRENT STATE OF VIRAL RESPIRATORY INFECTIONS

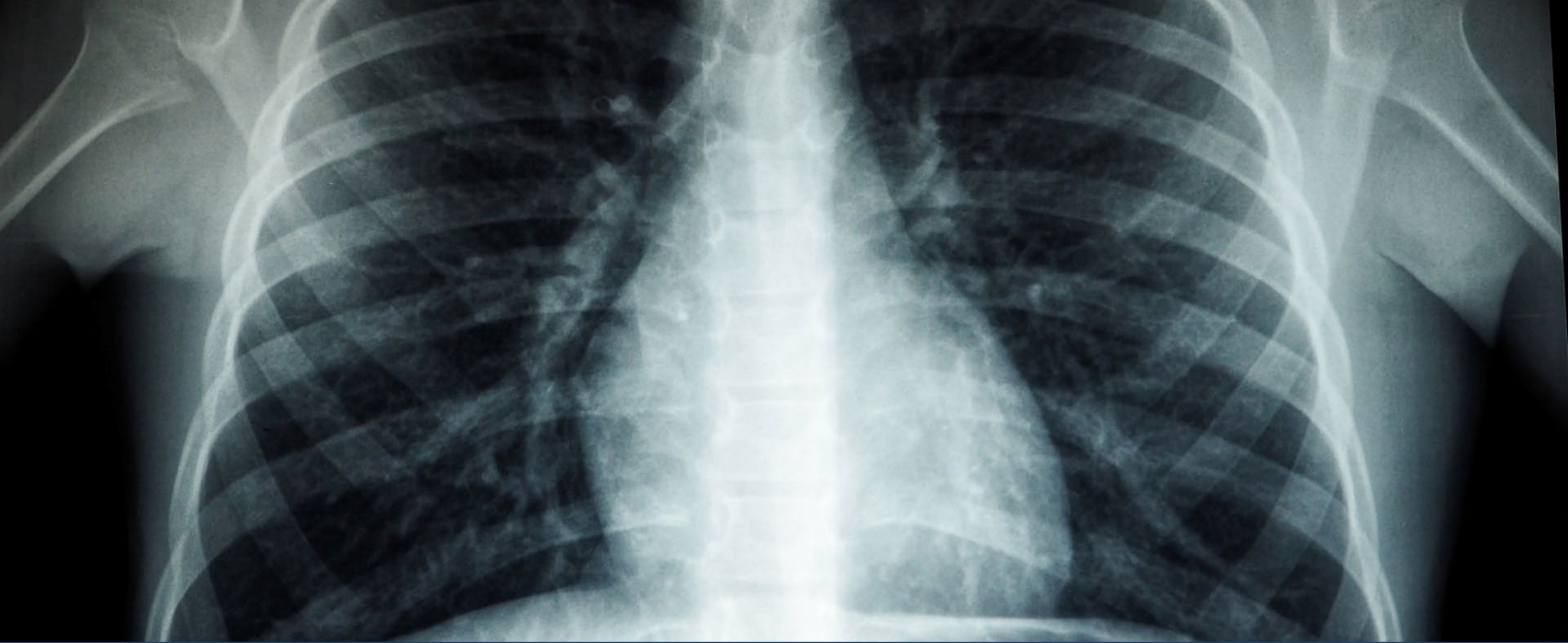
**Alon Vaisman MD MAS  
FRCPC**

Hospital Epidemiologist, Infection Prevention and Control  
Infectious Disease Specialist  
University Health Network



# OBJECTIVES

- 1 The current state of viral respiratory infections, including bird flu
- 2 Mostly pictures!



# VIRAL RESPIRATORY INFECTIONS

## COVID-19

**Percent positivity**  
in the most recent week  
**6.5%**

**Outbreaks**  
reported in the most recent week  
**30**

**Hospital bed occupancy**  
reported in the most recent week  
**513**

**Deaths**  
reported in the most recent week  
**6**

**Episodes**  
reported in the most recent week  
**847**

## Influenza (all types)

**Percent positivity**  
in the most recent week  
**23.2%**

**Outbreaks**  
reported in the most recent week  
**48**

**Hospital bed occupancy**  
reported in the most recent week  
**712**

**Deaths**  
reported in the most recent week  
**Not available**

**Cases**  
reported in the most recent week  
**2,993**

## RSV

**Percent positivity**  
in the most recent week  
**3.4%**

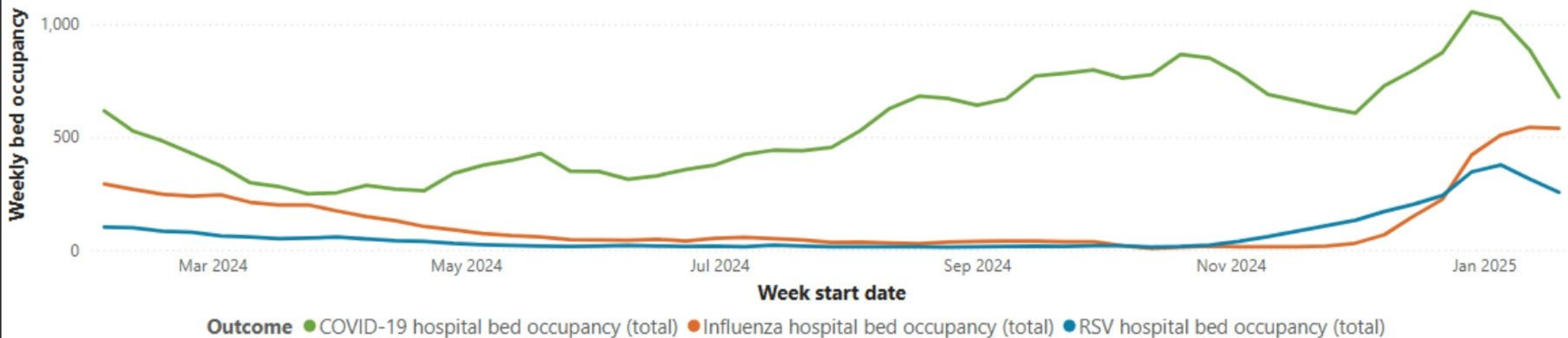
**Outbreaks**  
reported in the most recent week  
**4**

**Hospital bed occupancy**  
reported in the most recent week  
**208**

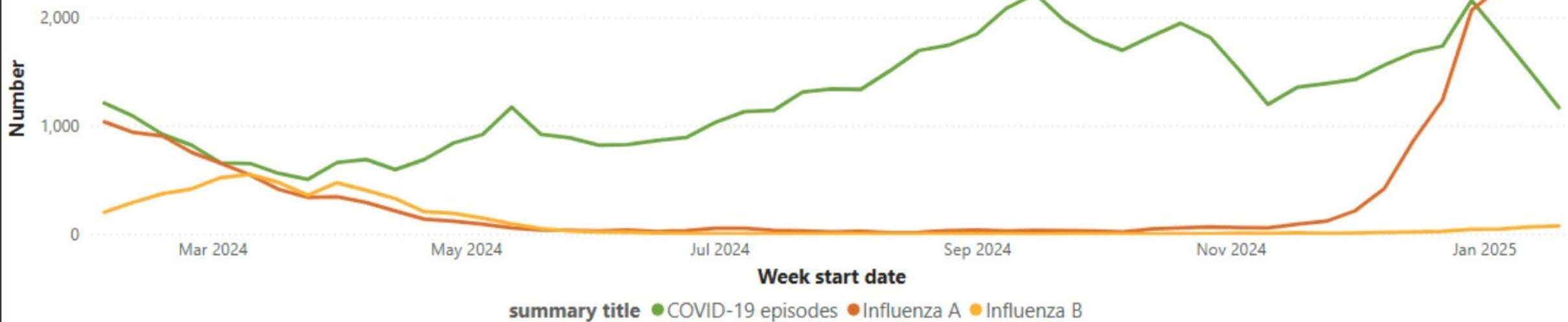
**Deaths**  
reported in the most recent week  
**Not available**

**Cases**  
reported in the most recent week  
**Not available**

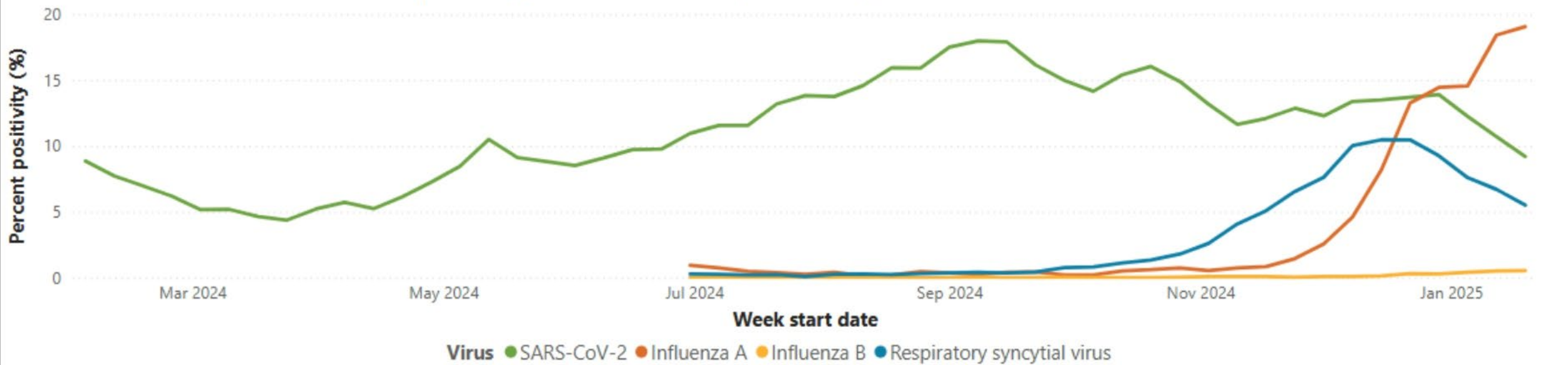
## Average weekly hospital bed occupancy for COVID-19, influenza, and RSV in Ontario



## COVID-19 episodes and influenza cases in Ontario



## Percent positivity for SARS-CoV-2 (COVID-19), influenza, and RSV in Ontario



## Outbreaks of COVID-19, influenza, and RSV in Ontario





# VACCINES



MODERNA  
SPIKEVAX

---

MRNA

PFIZER-BIONTECH  
COMIRNATY

---

MRNA

ASTRAZENECA VAXZEVRIA  
COVID-19 VACCINE

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VIRAL VECTOR

NOVAVAX NUVAXOVID

---

PROTEIN

# INFLUENZA

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ANYONE >6 MONTHS

# RSV

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AT RISK POPULATION (VULNERABLE INFANTS,  
ELDERLY)

# SHINGRIX

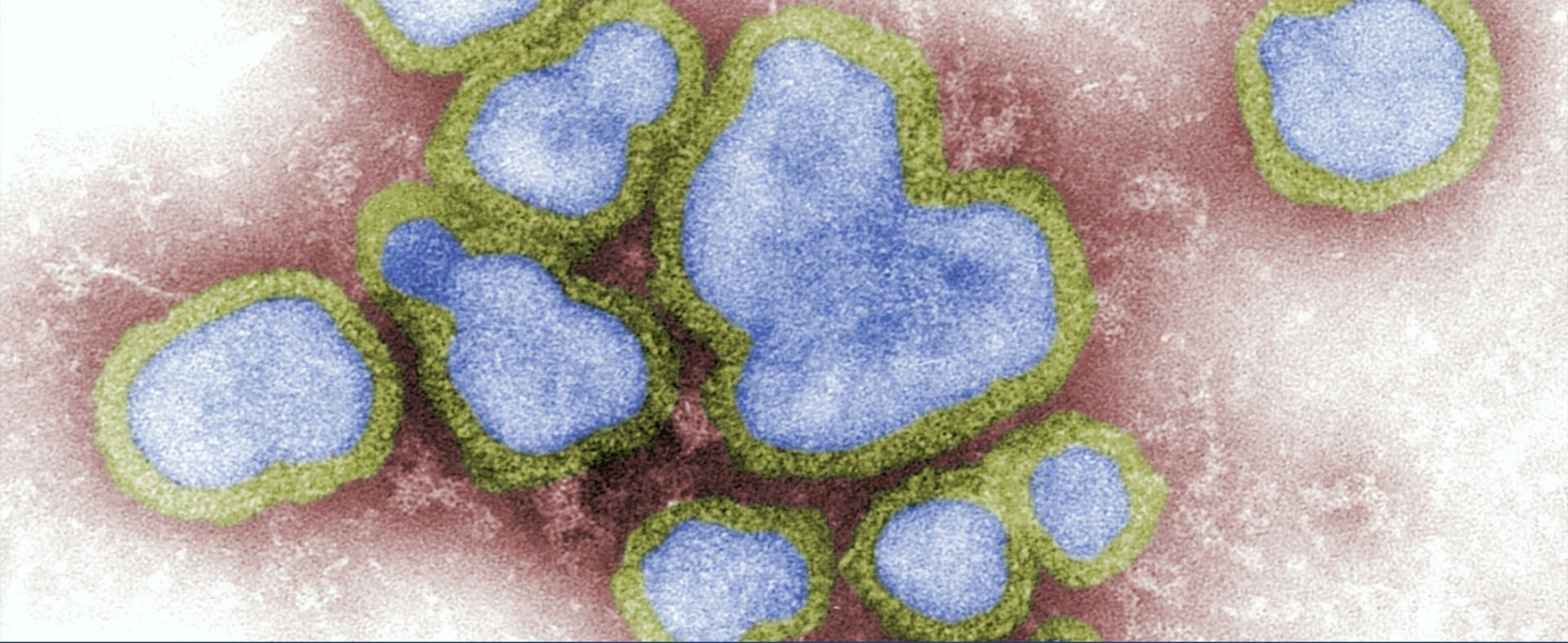
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>50 YRS; COVERED IF 65-70

# PNEUMOCOCCAL

---

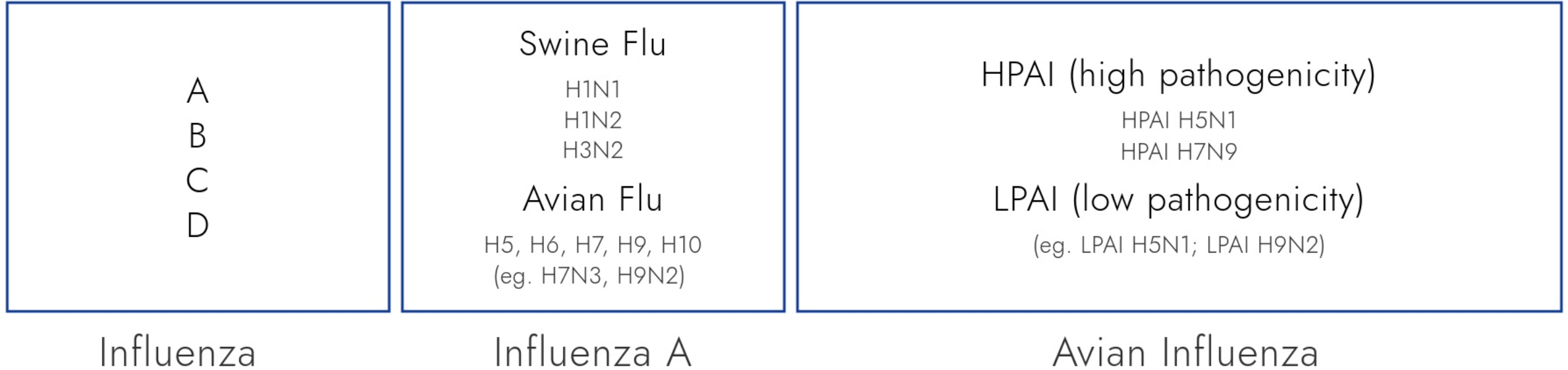
INFANTS; ADULTS AT RISK; >65



# BIRD FLU



# INFLUENZA STRAINS



# HPAI



Mortality 50-60%



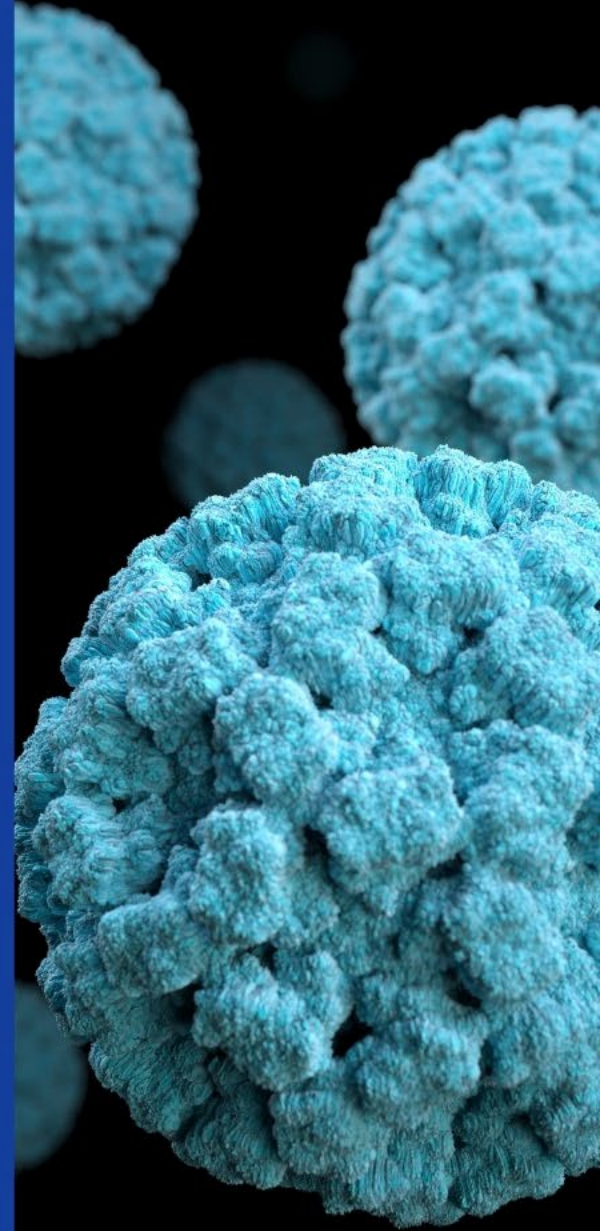
Suspect if exposure to  
wild or domestic birds



Call public health

# CONCLUSIONS

- 1 Significant influenza season this year
- 2 Remember other vaccines for elderly
- 3 If a bird ever got the chance, they'd kill you and everyone you care about!



# Canadian Guidelines for Post COVID-19 Condition

[canpcc.ca](https://canpcc.ca)

Sign up/access **live webinars** over the next 6 weeks (including CME-accredited):

[canpcc.ca/events](https://canpcc.ca/events)

For health care professional and patient **resources\***, visit:

[canpcc.ca/resources](https://canpcc.ca/resources)

\*Recordings, slides, and transcripts of past webinars will be uploaded to our resources page.

~100 recommendations for **six prioritized topics** will be released by March 31:



Prevention of PCC



Testing, Identification, and Diagnosis of PCC



Pharmacological and Non-Pharmacological  
Clinical Interventions for PCC



Neurological and Psychiatric Topics



Pediatrics and Adolescent Topics



Healthcare Services & Systems, Social Support



Cochrane  
Canada



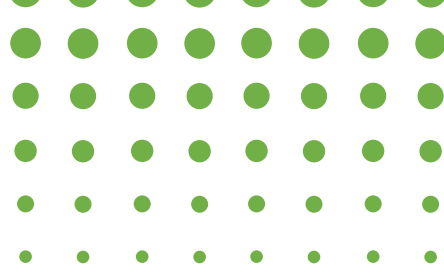
McMaster  
University



GRADE  
Centre







# Artificial Intelligence in Primary Care

# »» Agenda

1. Considerations when using AI in practice
2. AI Inbox
3. Beyond AI Scribes
4. AI Form Filling Solutions
5. Questions and Discussion

AI was not used to make this presentation!

# » Considerations when using AI in practice

1. Ideally, data should be stored in Canada.
2. Data should only be stored for as long as needed.
3. You should control the data.
4. The vendor must comply with PHIPA.
5. You need to get consent from patients, as appropriate.

# »» AI for your Inbox



# WELL AI Inbox Admin

**Louis Fields** (197970)  
 Suite 206 2900 Steeles Avenue East  
 Thornhill ON L3T 4X1  
 Tel: 905-881-6667 Fax: 416-505-9827

Date: 2021-08-31  
 Status: URGENT  
 Service: Consult  
 Consultant:  
 Phone:  
 Fax:  
 Address:

Patient: WELLS, EDDIE  
 Address: 20 Duncan St Toronto, ON M5H 3G8 M1E 1K1  
 Home Phone:  
 Work Phone: 6476771750  
 Cell Phone:  
 Email:  
 Birthdate: 1962/08/25  
 Sex: M  
 Health Card No.: (ON) 3270131122 CX  
 Appointment date:  
 Time:  
 Chart No.:

Reason for Referral:  
 SKIN CANCER SCREENING

# Telus CHR AI-powered

Matched patient (1)

Select the correct patient and confirm pages to attach.

**Patient 1** [Replace patient](#) Pages 1-2

? **Leanne Rogers**  
 PHN 9163577019 | 1979/Apr/03 (45 yr)  
 9 Abbydale Cres, Kelowna BC

**NEW PATIENT DETECTED**

Create a new patient chart

+ Another patient

# ACCURO

# AI Document Triage



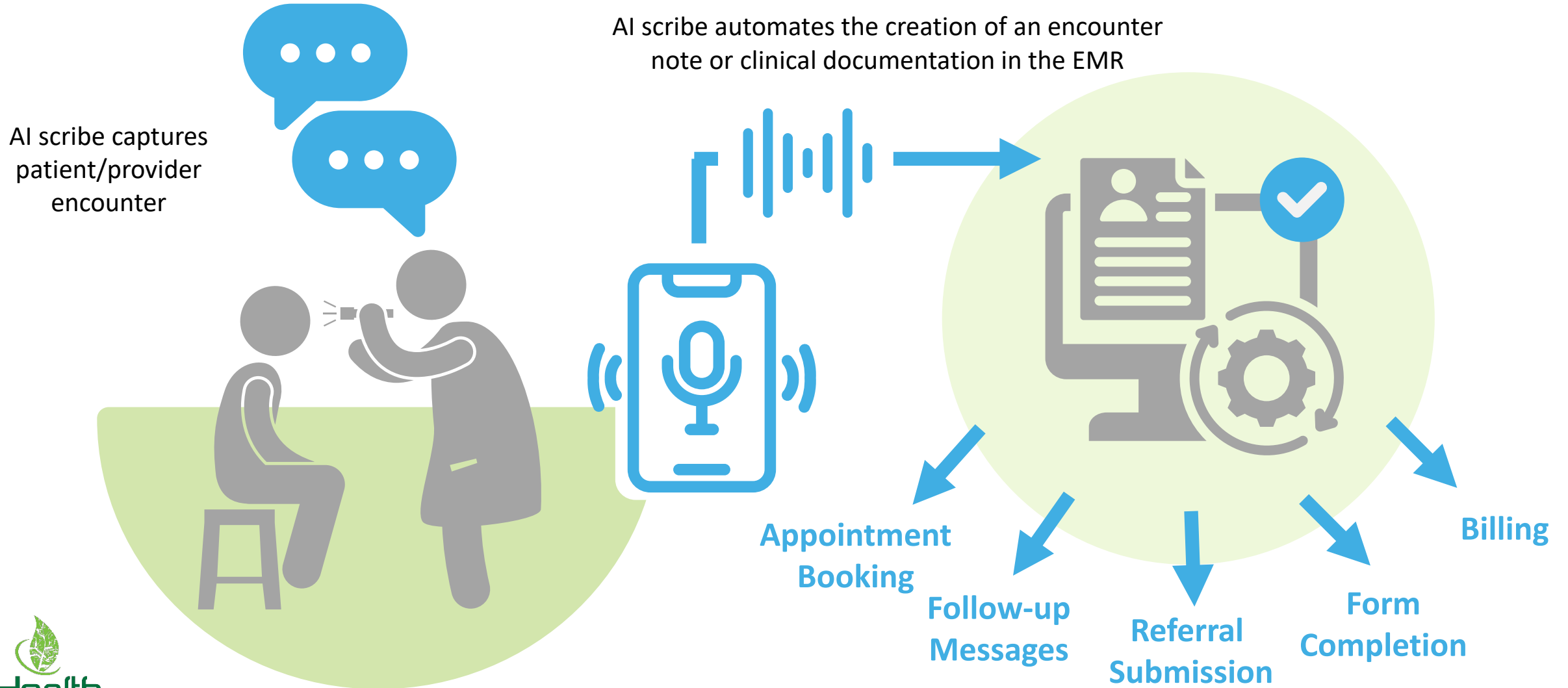
**Total Health Clinic**  
 Total Health Clinic  
 1195 Nancy Street  
 Raleigh, North Carolina, 27604  
 919-565-7863

**Patient Info**  
 Patient Referring Clinical Details

Patient Match Found

**Sara Ben(F)**  
 Phone +121 3XX 3XXX  
 Date of Birth 12/11/1982

# »» Beyond AI Scribes



# » AI and Forms

AI can streamline and automate the process of filling out forms by populating information captured in the EMR and through other sources.

## Main Benefits:

1. Automates data entry
2. Reduces errors
3. Ensures completeness
4. Increases efficiency
5. Reduces admin burden

# » Scribeberry (available now)



Use Scribeberry to Automatically Fill any form - CPP, AISH, DTC, **ODSP**, VA, Joint Pain Maps etc.

Here's How:

- Click on Forms
- Use an existing form or click on + New Form to upload your own
- Use text, audio, or files to add context
- Press Generate and watch your form generate. Download the completed form, edit it, or modify it as needed.
- Optional: Talk-Back to your form to make edits

<https://blog.scribeberry.com/new-features-auto-fill-forms-macros/> ← Video demo available



# » Mutuo Health AutoForm - (available in Alpha now)

## Complete forms with the power of AI

Sign-up for the alpha release

Repetitive. Time-consuming. Distracting. You didn't get into medicine to fill out forms for insurance providers and government departments.

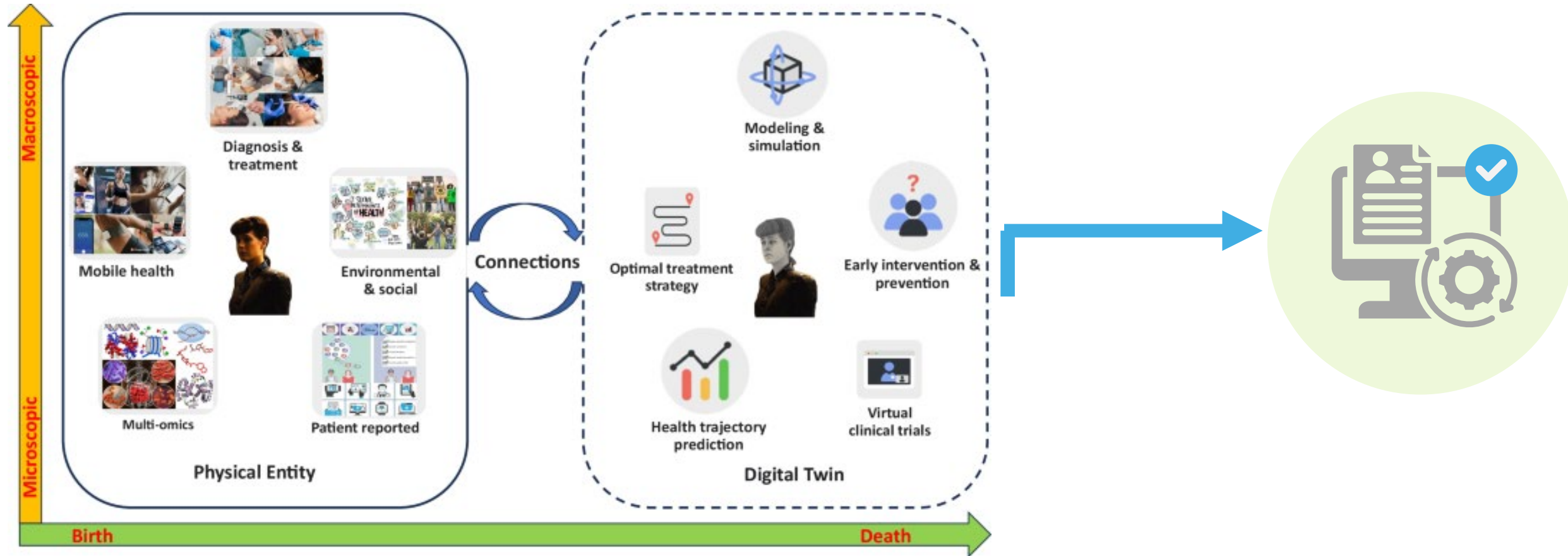
AutoForm automatically completes insurance forms, bloodwork requisitions and more for you, all through the power of artificial intelligence.



### Disability forms

AutoForm aids in completing disability forms by integrating patient medical histories and treatment plans, helping physicians provide comprehensive and precise information required for disability assessments.

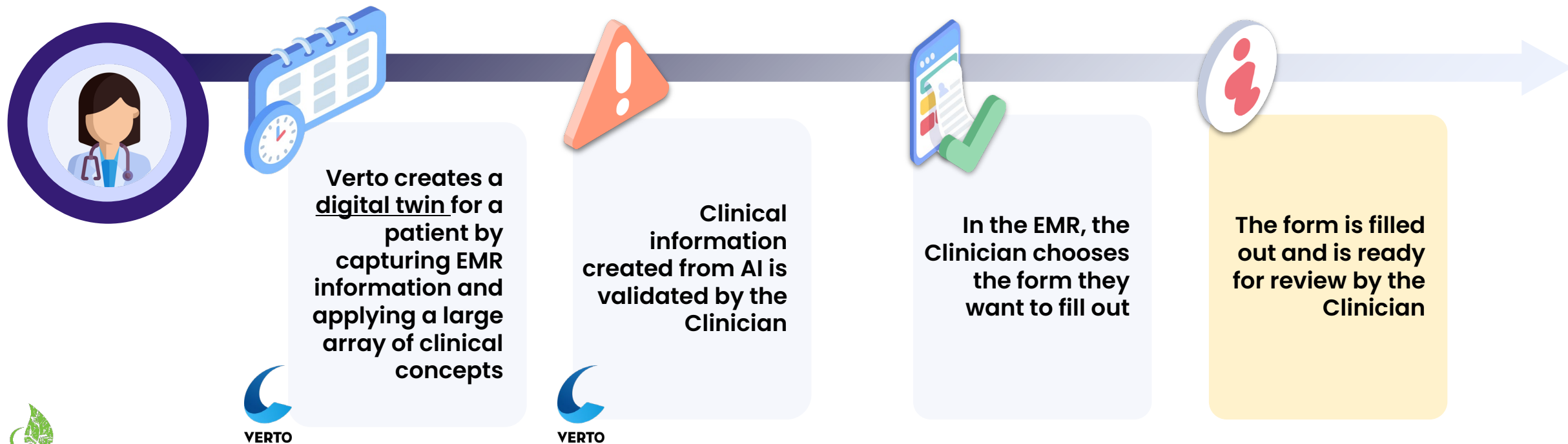
# ➤➤ Digital Twins can help fill forms



Katsoulakis, E., Wang, Q., Wu, H. *et al.* Digital twins for health: a scoping review. *npj Digit. Med.* 7, 77 (2024). <https://doi.org/10.1038/s41746-024-01073-0>

# » Verto Digital Twin (ODSP Forms Coming Soon)

By leveraging **Verto's Digital Twin Platform**, forms can be automatically completed across many different use cases, including **ODSP forms**. The Digital Twin platform is built on structured and codified data, leading to simplified mappings to form elements.



# » Other AI Form Solutions Coming Soon

## WaiveTheWait

- Building AI Form completion through their existing Document Triaging Service platform

<https://www.waivethewait.ca/solutions/solutions-overview>

## PocketMD

- AI Form completion support through their Workflow Management suite of tools

<https://www.pocketmd.ca/#how>

## WELL Health AI

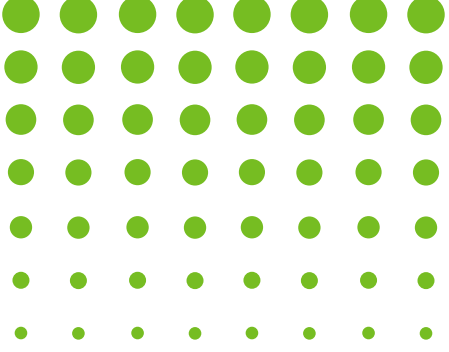
- Supporting AI form completion through their WELL AI platform

<https://wellhealth.ai/>

## TELUS CHR

- Workflow automation and form creation coming to CHR in 2025

<https://www.telus.com/en/health/health-professionals/clinics/emr-add-ons/chr-ai>



# Questions & Discussion

For more information, please visit our website at [www.ehealthce.ca](http://www.ehealthce.ca) or contact [info@ehealthce.ca](mailto:info@ehealthce.ca).



eConsult



eReferral



Virtual Care



Patient Forms



Online Appointment Booking



Electronic Medical Record (EMR) Tools & Coaching



Automated Solutions



[www.ehealthce.ca](http://www.ehealthce.ca)



[@ehealthce](https://twitter.com/ehealthce)



[ehealth-centre-of-excellence](https://www.linkedin.com/company/ehealth-centre-of-excellence)

# ODSP Applications

- Completing an Application



# North Peel & Dufferin Community Legal Clinic

- Who are we?
- Free non-profit community legal Clinic
- Funded by Legal Aid Ontario
- There is a total of 72 Legal Clinics in all of Ontario
- Legal Clinics provide poverty law legal services to low-income residents in their geographical area
- There is likely a Legal Clinic in the geographical area where your patients live
- Legal Clinics represent a large number of clients who have ODSP appeals
- The purpose of today's presentation is to make the completion of an ODSP application easier and faster for doctors by explaining what information is being requested and why; and by outlining the common pitfalls when preparing an application, to avoid multiple new applications having to be completed

# Completing the Health Status Report



The patient has a substantial mental or physical impairment that is continuous or recurrent, and is expected to last one year or more,



The patient's impairment directly results in a substantial restriction in their ability to work, care for themselves, or take part in community life, **and**



The impairment, its duration and restrictions have been verified by an approved health care professional



**1. Medical Condition**

Prognosis - condition is likely to:

improve       remain same

deteriorate       unknown

Impairment(s)

Duration of Impairment(s)  
(mandatory - complete both columns)

Expected to last

less than 1 year

1 year or more

And is:

recurrent/episodic

continuous

Restriction(s)

**2. Medical Condition**

Prognosis - condition is likely to:

improve       remain same

deteriorate       unknown

Impairment(s)

Duration of Impairment(s)  
(mandatory - complete both columns)

Expected to last

less than 1 year

1 year or more

And is:

recurrent/episodic

continuous

Restriction(s)

**3. Medical Condition**

Prognosis - condition is likely to:

improve       remain same

deteriorate       unknown

Impairment(s)

Duration of Impairment(s)  
(mandatory - complete both columns)

Expected to last

less than 1 year

1 year or more

And is:

recurrent/episodic

continuous

Restriction(s)

**4. Medical Condition**

Prognosis - condition is likely to:

improve       remain same

deteriorate       unknown

Impairment(s)

Duration of Impairment(s)  
(mandatory - complete both columns)

Expected to last

less than 1 year

1 year or more

And is:

recurrent/episodic

continuous

Restriction(s)

NAME: Firstname Lastname

RE: 111222333

Ref. No.:11111111111

1. Medical Condition

**BACK PAIN**

Impairment(s)

Radiating lower body pain, spasms, constant aching, numbness, body imbalance loss of strength

Restriction(s)

Difficulties bending, sitting longer than 20 mins, lifting objects heavier than 10lbs, limited R.O.M. in lower limbs

Prognosis - condition is likely to:

improve

remain same

deteriorate

unknown

Duration of Impairment(s)

(mandatory - complete both columns)

Expected to last:

less than 1 year

1 year or more

And is:

recurrent/episodic

continuous

2. Medical Condition

**ANXIETY**

Impairment(s)

Panic attacks, shortness of breath, general sense of fear, dry mouth, nausea, fatigue, inability to control emotions

Restriction(s)

Avoids social interactions, easily distracted, difficulty focusing/completing tasks

Prognosis - condition is likely to:

improve

remain same

deteriorate

unknown

Duration of Impairment(s)

(mandatory - complete both columns)

Expected to last:

less than 1 year

1 year or more

And is:

recurrent/episodic

continuous

2.2. Intellectual and Emotional Wellness Scale (IEWS)

The checklist below consists of some features or symptoms that might be seen in mental health, substance use, neurocognitive and related conditions that can impact daily functioning

Rate the symptoms in the context of the applicant's presenting conditions and impairments. For episodic symptoms, please describe how fluctuations in the severity level affect the patient.

**Rating scale**

DK = Don't know | 0 = Not present / Not at all | 1 = Mild / Just a little | 2 = Moderate / Quite a bit | 3 = Severe / Very Much



| Symptoms   | DK                       | 0                        | 1                        | 2                        | 3                        |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Amotivation   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Anxiety   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Appetite Change: <input type="checkbox"/> Increase <input type="checkbox"/> Decrease  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Attention deficit   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Comprehension deficit   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Concentration deficit   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Delusions   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Depressive mood   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Disinhibition   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Disorientation (person, place or time)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Dissociative symptoms  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Emotional dysregulation  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Energy Change: <input type="checkbox"/> Increase <input type="checkbox"/> Decrease   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Euphoria/Elation (elevated mood)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Executive function deficits (e.g., self-regulation, planning and organization)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Grandiosity  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Hallucination  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Impulse control deficit  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Insight deficit  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Judgement deficit  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Learning deficits (specify) ▶  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Memory deficit: <input type="checkbox"/> Long term memory <input type="checkbox"/> Short term memory <input type="checkbox"/> Working Memory | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Psychomotor retardation: <input type="checkbox"/> Agitation <input type="checkbox"/> Retardation   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Sleep dysfunction: <input type="checkbox"/> Difficulty sleeping <input type="checkbox"/> Excessive Sleeping                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Speech deficit (not due to language barrier) (specify) ▶   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Suicidality: <input type="checkbox"/> Ideation/Thoughts <input type="checkbox"/> Plans <input type="checkbox"/> Attempts                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Thought disorganization  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Withdrawn  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

For episodic symptoms describe how fluctuations in severity level affect the patient

5.5 Are there safety concerns related to hearing (e.g., unable to localize sound of approaching vehicles)?  Yes  No

If **yes**, describe

5.6 Does the applicant have a constant/annoying ringing (tinnitus) in ears? . . . . .  Yes  No

If **yes**, describe

5.7 Does the applicant wear hearing aids? . . . . .  Yes  No

If **yes**, describe

5.8 With the hearing aid(s), could or can the applicant function within normal limits? . . . . .  Yes  No

If **no**, describe

**6. Intervention and Treatment**

6.1 Is the applicant receiving any intervention and treatment for conditions and impairments listed in section 1? . . . . .  Yes  No

If **yes**, complete relevant sections below and comment on progress



| Admission, Emergency Room Visit, Surgery | Date of Visit (dd-mm-yyyy) | Duration | Describe Purpose or Attach Admission/Discharge Report ▶ | Attach Report            |
|--|----------------------------|----------|---|--------------------------|
| 1.                                       |                            |          |   | <input type="checkbox"/> |
| 2.                                       |                            |          |   | <input type="checkbox"/> |
| 3.                                       |                            |          |   | <input type="checkbox"/> |
| 4.                                       |                            |          |   | <input type="checkbox"/> |



| Pharmacotherapy | Dosage | Frequency | Start Date (dd-mm-yyyy) | List Conditions or Impairments Being Treated |
|-----------------|--------|-----------|-------------------------|--|
| 1.              |        |           |                         |  |
| 2.              |        |           |                         |  |
| 3.              |        |           |                         |  |

| Pharmacotherapy                        | Dosage                     | Frequency                | Start Date<br>(dd-mm-yyyy)          | List Conditions or Impairments Being Treated |
|--|----------------------------|--------------------------|-------------------------------------|--|
| 4.                                     |                            |                          |                                     |  |
| Interventions and Services             | Start Date<br>(dd-mm-yyyy) | End Date<br>(dd-mm-yyyy) | Describe Response to Treatment or ► | Attach Report                                |
| 1. Addiction services                  |                            |                          |                                     | <input type="checkbox"/>                     |
| 2. Chemotherapy                        |                            |                          |                                     | <input type="checkbox"/>                     |
| 3. Cognitive Behavioural Therapy (CBT) |                            |                          |                                     | <input type="checkbox"/>                     |
| 4. Counselling                         |                            |                          |                                     | <input type="checkbox"/>                     |
| 5. Occupational therapy                |                            |                          |                                     | <input type="checkbox"/>                     |
| 6. Physiotherapy                       |                            |                          |                                     | <input type="checkbox"/>                     |
| 7. Psychotherapy                       |                            |                          |                                     | <input type="checkbox"/>                     |
| 8. Radiation                           |                            |                          |                                     | <input type="checkbox"/>                     |
| 9. Vocational rehabilitation           |                            |                          |                                     | <input type="checkbox"/>                     |
| 10. Other rehabilitation (specify) ▼   |                            |                          |                                     | <input type="checkbox"/>                     |
| 11. Other (e.g., Indigenous Healer) ▼  |                            |                          |                                     | <input type="checkbox"/>                     |

If no, comment (e.g., pending, side effects, no definitive diagnosis, not available, poor insight)

6.2 Describe any relevant past treatment and reason for discontinuation (e.g., remission, failed treatment, change in treatment, side effects)

6.3 Provide any other information that might be useful in understanding the applicant's current situation

**8. Activities of Daily Living Index (ADLI)**

This section consists of a list of activities that seeks to understand the impact of the presenting impairments on the applicant's restrictions.

8.1 This information helps the ministry understand the direct impact of the impairments and restrictions listed in Section 1 on the applicant's current ability to perform and carry out each activity.

**Rating scale**

DK = Don't know

**0 = No limitation**  
(e.g., can carry out task completely without assistance)

**1 = Mild**  
(e.g., can complete task with minor assistance or extra time)

**2 = Moderate**  
(e.g., needs support in order to complete task; some supervision needed to get task done)

**3 = Severe**  
(e.g., completely unable to do task; task is done by someone else; does not understand the concept)

Please rate the limitation for each activity.

| Activities   | DK                       | 0                        | 1                        | 2                        | 3                        | Describe limitation, if needed |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------------|
| 1. Bladder control   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                |
| 2. Bowel control   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                |
| 3. Bathing and self-cleaning   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                |
| 4. Grooming (hair, face teeth, hands and nails)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                |
| 5. Dressing (including buttons, clasps, zips, shoe laces)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                |
| 6. Select clothes for weather and situation  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                |
| 7. Meal Preparation  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                |
| 8. Eating: using utensils  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                |
| 9. Shopping for groceries  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                |
| 10. Housekeeping   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                |
| 11. Laundry  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                |
| 12. Physical activity: ability to participate in sustained activities and physical strength commensurate with person's age | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                |
| 13. Mobility: walking, getting around  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                |
| 14. Sitting  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                |
| 15. Standing   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                |
| 16. Stair climbing   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                |
| 17. Transferring: in and out of bed; on and off toilet   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                |
| 18. Transportation: ability to use available means of transportation   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                |
| 19. Attending medical appointments   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                |
| 20. Managing finances: ability to manage own money   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                |
| 21. Managing medication (if applicable)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                |
| 22. Communication using phone, text, email etc.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                |
| 23. Cognitive based activities (i.e., reading, writing, understand or following simple instructions)                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                |
| 24. Safety: ability to maintain personal safety  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                |
| 25. Social interactions (get along with others, maintains social boundaries)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                |
| 26. Hobbies/taking part in activities for relaxation or pleasure   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                |

# Submitting Medical Evidence

- Submitting medical documentation is not a requirement however, it can be beneficial
- Documents should only be included if they relate to the verified conditions



# Common Reasons for Denials

- Applications leave out key health conditions
- The duration of the condition is not provided or is not expected to last more than one year
- IEWS and ADLI ratings do not accurately reflect the patient's symptoms or limitations
- Missing or insufficient supportive medical evidence
- Lack of treatment



# If Initial Application is Denied – What now?

- This is where we get involved!
- **Additional Medical Information requests**
  - The medical file
  - The medical report





**Medical Report**

I, Dr. X, am a legally qualified doctor in the Province of Ontario. I verify the following concerning my patient, Client Name.

My response/comments to the concerns raised in the Adjudication Summary, are as follows:

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\_\_\_\_\_  
Signature – Dr. X

\_\_\_\_\_  
Date

# Q&A

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Thank you for coming!

[www.northpeeldufferinjustice.ca](http://www.northpeeldufferinjustice.ca)

# Ontario Election: Voters Want a Family Physician

## Ontario parties are promising family doctors for all. Compare the plans

Provincial campaign pledges backstopped by billions in new federal money for primary health care

 Mike Crawley · CBC News · Posted: Feb 10, 2025 4:00 AM EST | Last Updated: February 10



### Highlights

- Ontarians are making access to family physicians a top election issue.
- Parties recognize that admin burden and a lack of team support are key issues.
- All major parties have included access to family physicians as a key part of their platform.

# Join a series of small group learning sessions!

Engage in **open discussions** where you're invited to **share difficulties you're facing in your practice, in areas related to mental health, substance use disorders, chronic pain and your own wellness.**

Groups are held between April 1, 2025 and March 26, 2026.

- Family physicians at all stages of their career
- Retirement
- Support for family physicians with lived experience of a chronic illness/disability
- Psychiatry-related topics
- Boundaries/work-life balance
- Transitioning to GP psychotherapy

**Learn More and Register**

**The deadline to register is March 12, 2025**



# *Nominate a peer for an OCFP Award!*

## Four categories:

- Regional Family Physician of the Year
- Award of Excellence
- Family Medicine Resident of the Year Award – Ontario's Rising Star
- Medical Student of the Year



**Submit a nomination**

[ontariofamilyphysicians.ca/awards](https://ontariofamilyphysicians.ca/awards)

Deadline: March 16, 2025

# MEMBER SURVEY 2025

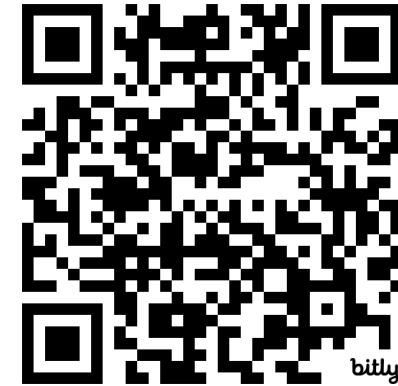
*As a Community of Practice attendee, we value your feedback!*

*Help shape the resources and strategies that support you as family physicians.*

**[Complete our Member Survey](#)**

Average Time To Complete: 10 minutes

Enter a draw for a \$100 gift card



Scan to complete

or visit

[www.surveymonkey.com/r/2GXBZCW](http://www.surveymonkey.com/r/2GXBZCW)

Ontario College of  
Family Physicians



# RECENT SESSIONS

|              |   |  |
|--------------|---|--|
| September 6  | <b>Preparing for Fall &amp; Practice Management</b>                 | Dr. Daniel Warshafsky<br>Dr. Darrell Tan<br>Dr. Chase McMurren |
| September 20 | <b>Managing Respiratory Illness in Kids &amp; COPD</b>              | Dr. Ronald Grossman<br>Dr. Tasha Stoltz                        |
| October 18   | <b>Infectious Disease &amp; OBSP Updates</b>                        | Dr. Allison McGeer<br>Dr. Jonathan Isenberg                    |
| November 15  | <b>Infectious Disease &amp; Diabetes Pharmacotherapy</b>            | Dr. Daniel Warshafsky<br>Dr. Gihane Zarifa                     |
| December 6   | <b>Best of 2024 – Winter Virus Season &amp; Menopause Revisited</b> | Dr. Janine McCready<br>Dr. Sue Goldstein                       |

**Previous webinars & related resources:**

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



# UPCOMING SESSIONS

| Month      | Date                             |
|------------|----------------------------------|
| March 2025 | <b>*NEW*</b> March 7<br>March 21 |
| April 2025 | April 4                          |
| May 2025   | May 2<br>May 23                  |

## SAVE THE DATE

Registration link will be emailed to you closer to the date



Family & Community Medicine  
UNIVERSITY OF TORONTO

Ontario College of  
Family Physicians

*Leaders for a healthy Ontario*



# Questions?

Webinar recording and curated Q&A will be posted soon

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

Our next Community of Practice: March 7, 2025

Contact us: [ocfpcme@ocfp.on.ca](mailto:ocfpcme@ocfp.on.ca)

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

The Changing the Way we Work 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.**