

COVID-19 Community of Practice for Ontario Family Physicians

Feb 24, 2023

**Dr. Kieran Quinn
Dr. David Kaplan
Dr. Gary Bloch**



Long COVID



Family & Community Medicine
UNIVERSITY OF TORONTO

Ontario College of
Family Physicians



Long COVID

Moderator:

- Dr. Tara Kiran, Fidani Chair, Improvement and Innovation, DFCM, Toronto, ON

Panelists:

- Dr. Kieran Quinn, Toronto, ON
- Dr. David Kaplan, Toronto, ON
- Dr. Gary Bloch, Toronto, ON

Co-hosts:

- Dr. Mekalai Kumanan, Cambridge, ON

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

Land Acknowledgement

We acknowledge that the lands on which we are hosting this meeting include the traditional territories of many nations.

The OCFP and DFCM recognizes that the many injustices experienced by the Indigenous Peoples of what we now call Canada continue to affect their health and well-being. The OCFP and DFCM respects that Indigenous people have rich cultural and traditional practices that have been known to improve health outcomes.

I invite all of us to reflect on the territories you are calling in from as we commit ourselves to gaining knowledge; forging a new, culturally safe relationship; and contributing to reconciliation.



COMMENT



BIEW BIEW SAKULWANNADEE/THE VARSITY

Opinion: To improve Indigenous health, we need more rural Indigenous health-care workers

Indigenous communities in Northern Ontario lack adequate access to health care

By **Angie Hunda** — Published January 30, 2023

Have you ever heard a woman say that she would prefer that her gynecologist be female? Or what about a man saying he'd be more comfortable speaking to a male urologist about his issues with erection or urine flow? I'm sure we've all heard this before. Given this, doesn't it make sense that patients would also feel more at ease with a health-care provider of a similar cultural, regional, or linguistic background?

Related articles

1. A health-care system checkup
2. "Nothing for us without us"
3. Editorial: The gaps in U of T's reproductive health services
4. CUPE3902's fight for health coverage
5. Reflections on Indigenous education in Ontario

<https://thevarsity.ca/2023/01/30/opinion-to-improve-indigenous-health-we-need-more-rural-indigenous-health-care-workers/>

Changing the way we work

A community of practice for family physicians during COVID-19

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

- Identify the current best practices for delivery of primary care within the context of COVID-19 and how to incorporate into practice.
- Describe point-of-care resources and tools available to guide decision making and plan of care.
- Connect with a community of family physicians to identify practical solutions for their primary care practice under current conditions.

Disclosure of Financial Support

This CPD program has received in-kind support from the Ontario College of Family Physicians and the Department of Family and Community Medicine, University of Toronto in the form of logistical and promotional support.

Potential for conflict(s) of interest:

N/A

Mitigating Potential Bias

- The Scientific Planning Committee has full control over the choice of topics/speakers.
- Content has been developed according to the standards and expectations of the Mainpro+ certification program.
- The program content was reviewed by a three-member national/scientific planning committee.

Planning Committee: Dr. Tara Kiran (DFCM), Dr. Mekalai Kumanan (OCFP); Dr. Ali Damji (DFCM), Dr. Liz Muggah (OH), Kimberly Moran (OCFP), Mina Viscardi-Johnson (OCFP), Adrienne Spencer (OCFP), Marisa Schwartz (DFCM), Erin Plenert (DFCM)

Previous webinars & related resources:

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



Dr. Kieran Quinn – Panelist

General Internal Medicine and Palliative Care Clinician-Scientist, Sinai Health; General Internal Medicine and Palliative Care, Assistant Professor, Department of Medicine, University of Toronto



Dr. David Kaplan – Panelist

Family Physician, North York Family Health Team
Vice-President, Quality, Ontario Health



Dr. Gary Bloch – Panelist

Family Physician, St. Michael's Hospital and Inner City Health Associates; Associate Professor at the University of Toronto; AMS Phoenix Fellow and Senior Fellow, Wellesley Institute



Dr. Mekalai Kumanan– Host

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President, Ontario College of Family Physicians

Family Physician, Two Rivers Family Health Team

Chief of Family Medicine, Cambridge, ON

Speaker Disclosure

- Faculty Name: **Dr. Kieran Quinn**
- Relationships with financial sponsors:
- Grants/Research Support: CIHR
- Speakers Bureau/Honoraria: Ontario College of Family Physicians, Public Health Ontario
- Others: Own stocks in Merck and BioNTech who manufacture COVID therapies

- Faculty Name: **Dr. David Kaplan**
- Relationships with financial sponsors:
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: N/A
 - Others: Ontario Health (employee)

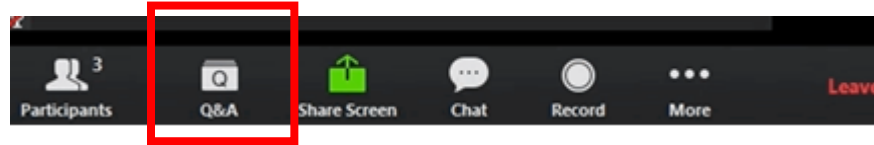
- Faculty Name: **Dr. Gary Bloch**
- Relationships with financial sponsors:
 - Grants/Research Support: Foundation for the Advancement of Family Medicine, CMA Foundation, University of Toronto Department of Family and Community Medicine, St. Michael's Hospital Department of Family and Community Medicine.
 - Speakers Bureau/Honoraria: Ontario College of Family Physicians, Foundation for the Advancement of Family Medicine, CMA Foundation, CFPC, University of Toronto Department of Family and Community Medicine, St. Michael's Hospital Department of Family and Community Medicine, Cdn HIV/AIDS Pharmacists Network, English School of Canada.
 - Others: N/A

Speaker Disclosure

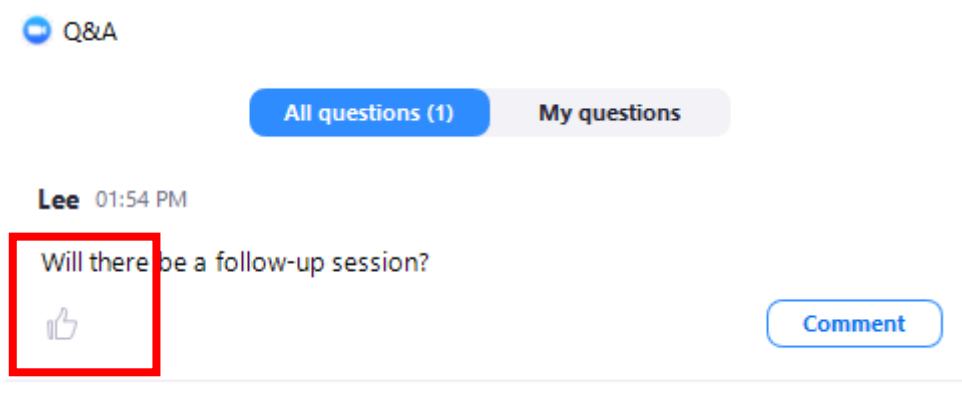
- Faculty Name: **Dr. Mekalai Kumanan**
- Relationships with financial sponsors:
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 - Speakers Bureau/Honoraria: Ontario College of Family Physicians
 - Others: Chief of Family Medicine, Cambridge Memorial Hospital
- Faculty Name: **Dr. Tara Kiran**
- Relationships with financial sponsors:
 - Speakers Bureau/Honoraria: St. Michael's Hospital, University of Toronto, Health Quality Ontario (HQP), 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

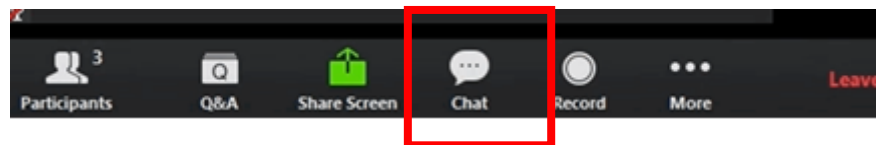
- All questions should be asked using the Q&A function at the bottom of your screen.



- 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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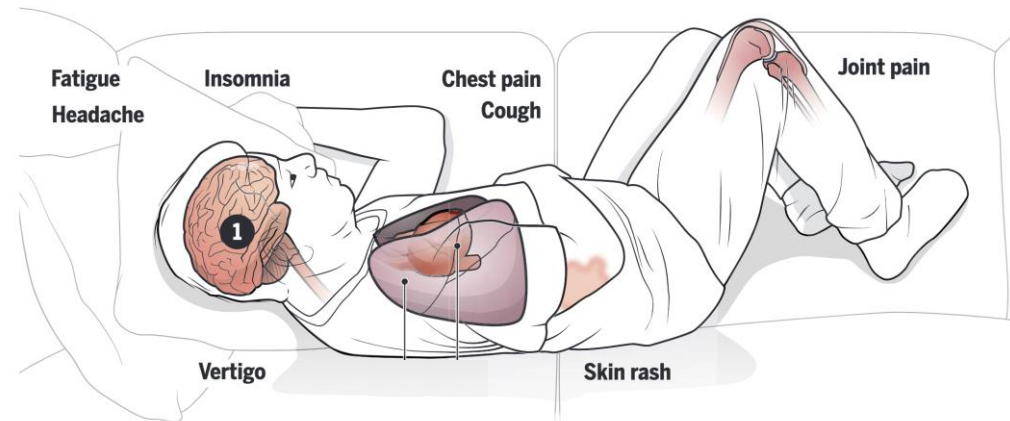
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An Approach to Supporting People Living with Long COVID

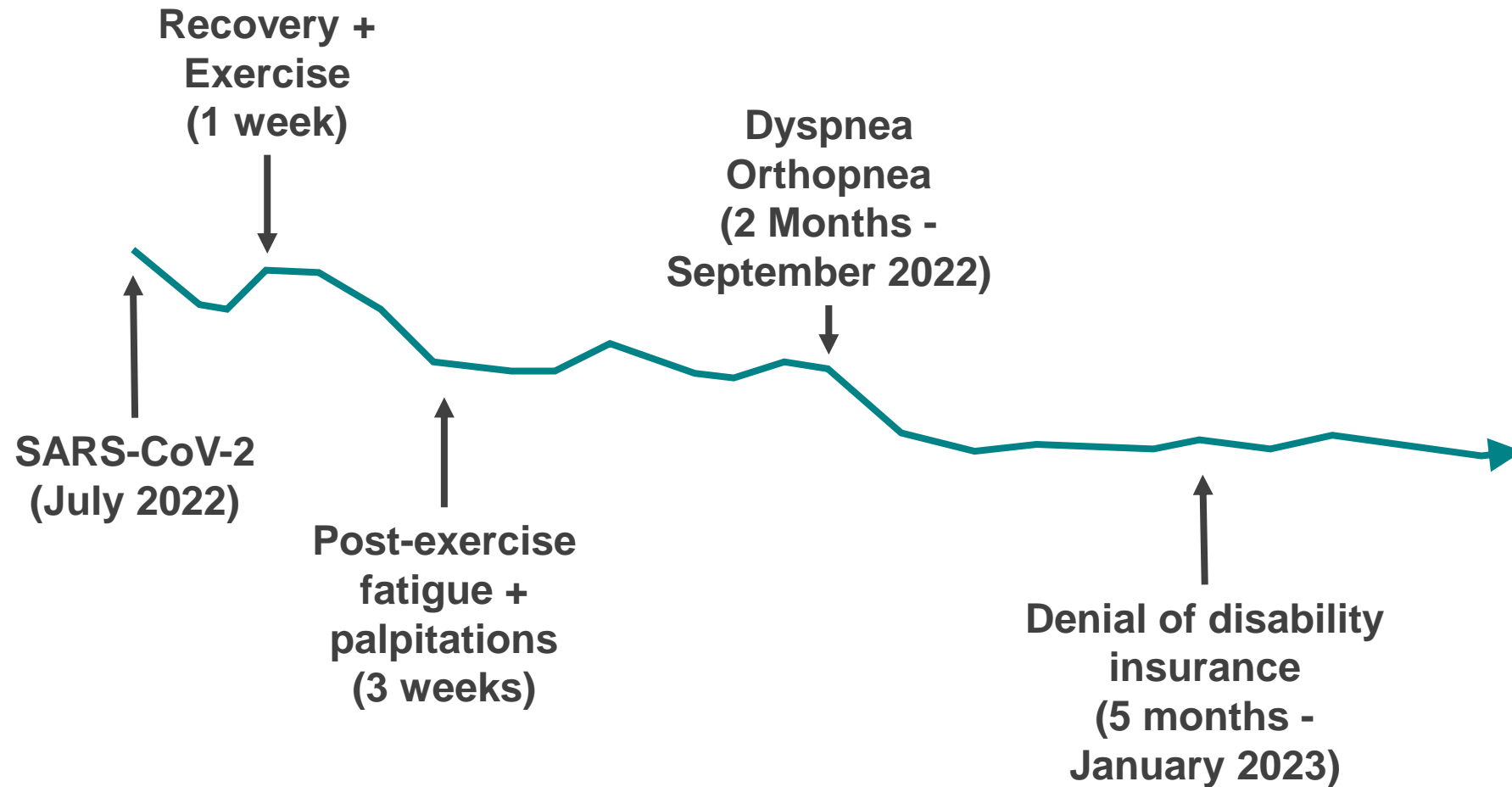


Kieran Quinn MD PhD
February 24, 2023

Mr. LC - Summary

- 42M with symptomatic/RAT+ SARS-CoV-2 infection in July 2022
- PMHx: White coat HTN, anxiety
- No Rx, COVID vaccine x3
- Loving husband and father of 2 young kids
- High performance endurance athlete
- Successful career in finance

Mr. LC - Summary



Mr. LC - Summary

- Appears well. Anxious on MS exam
- 10-minute stand: no change in BP, supine HR 72, standing 92-94 + orthostasis
- Routine BW reassuring
- m-Health 48-hour holter: PACs
- ECHO normal

Mr. LC – Ongoing Issues

- Fatigue/Exercise intolerance – Post exertional with symptom exacerbation
- Orthostasis (?POTS)
- Brain Fog
- Anxiety
- Insomnia
- Vaccination
- Financial supports

Part 1: Diagnosis

Diagnosing post-COVID-19 condition (long COVID) in adults

Kieran L. Quinn MD PhD, Fahad Razak MD MSc, Angela M. Cheung MD PhD

■ Cite as: *CMAJ* 2023 January 17;195:E78-9. doi: 10.1503/cmaj.220818

Current Definitions

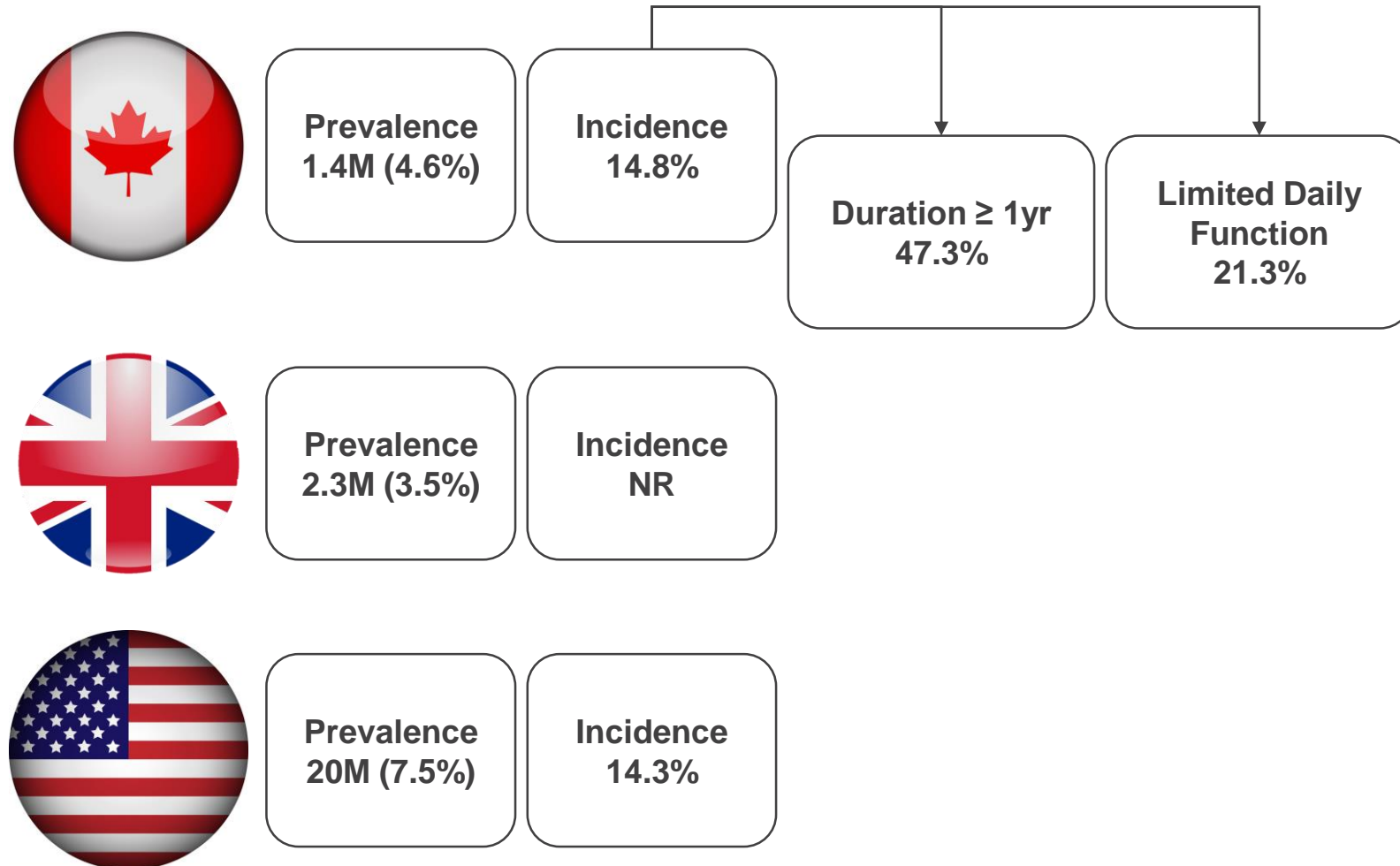


- Symptoms occurring **≥ 12 weeks** after SARS-CoV-2 infection
- **Lasting ≥ 8 weeks**
- Not explained by an alternative diagnosis

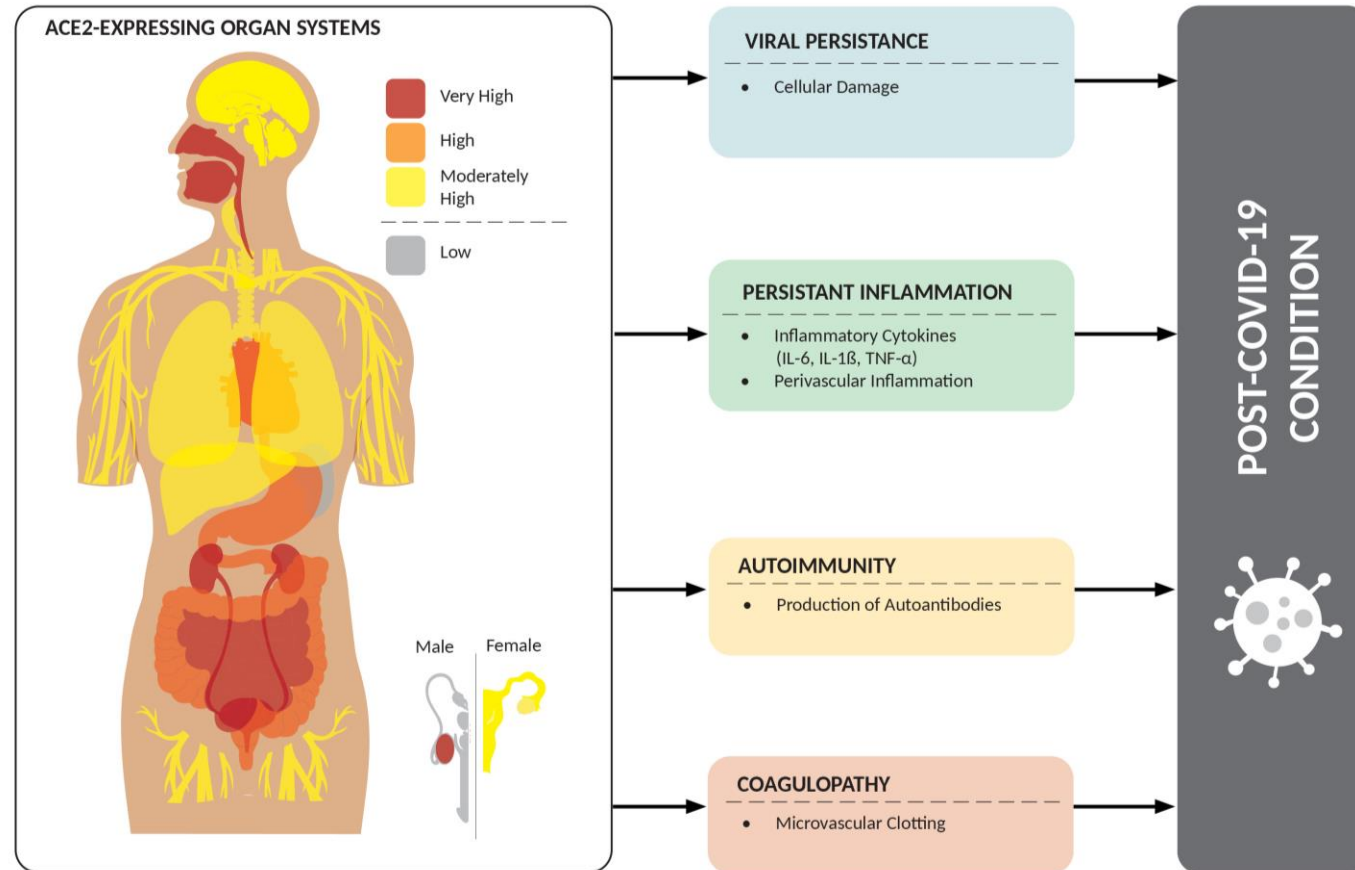


- Health consequences **≥ 4 weeks** after SARS-CoV-2 infection:
 - **Symptoms**
 - Inclusion of **additional chronic conditions** (e.g. heart failure, depression) associated with high future healthcare utilization (**WHO does not include chronic conditions*)

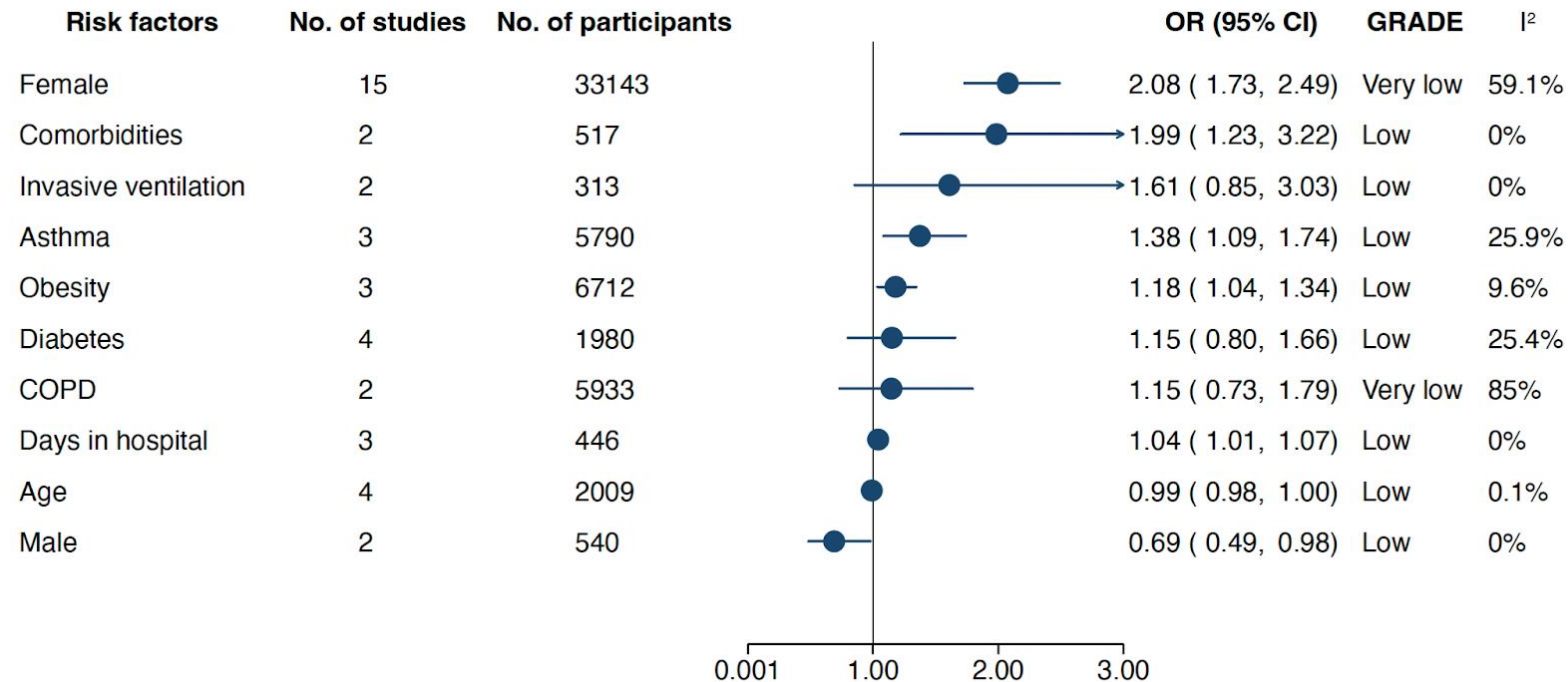
Current Incidence/Prevalence Estimates



Underlying Causes




Risk Factors



Female sex, belonging to an ethnic minority, socioeconomic deprivation and multiple chronic conditions (e.g. asthma, obesity) associated with elevated risk

Employment

Figure 1. Association Between Post-COVID-19 Condition (PCC) and Likelihood of Working Full Time at Time of Survey in Logistic Regression Models Without and With Adjustment for Sociodemographic Features

| Variable | No. of patients | OR (95% CI) |  | P value |
|------------------|-----------------|------------------|---|---------|
| PCC (unadjusted) | 14 149 | 0.71 (0.63-0.80) | | <.001 |
| PCC (adjusted) | 14 149 | 0.84 (0.74-0.96) | | .01 |

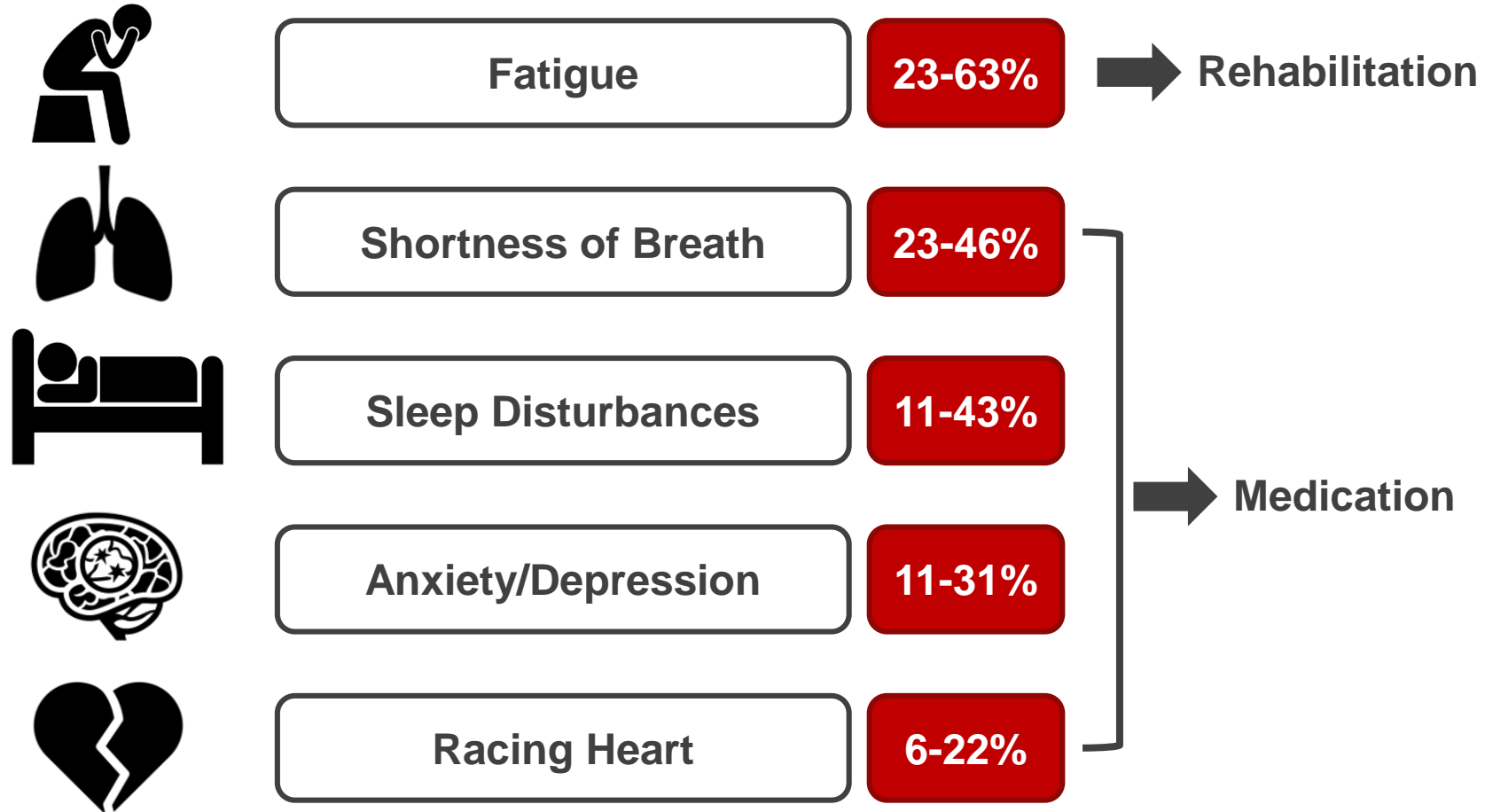
Long COVID associated with 29% lower odds of employment

Part 2: Assessment

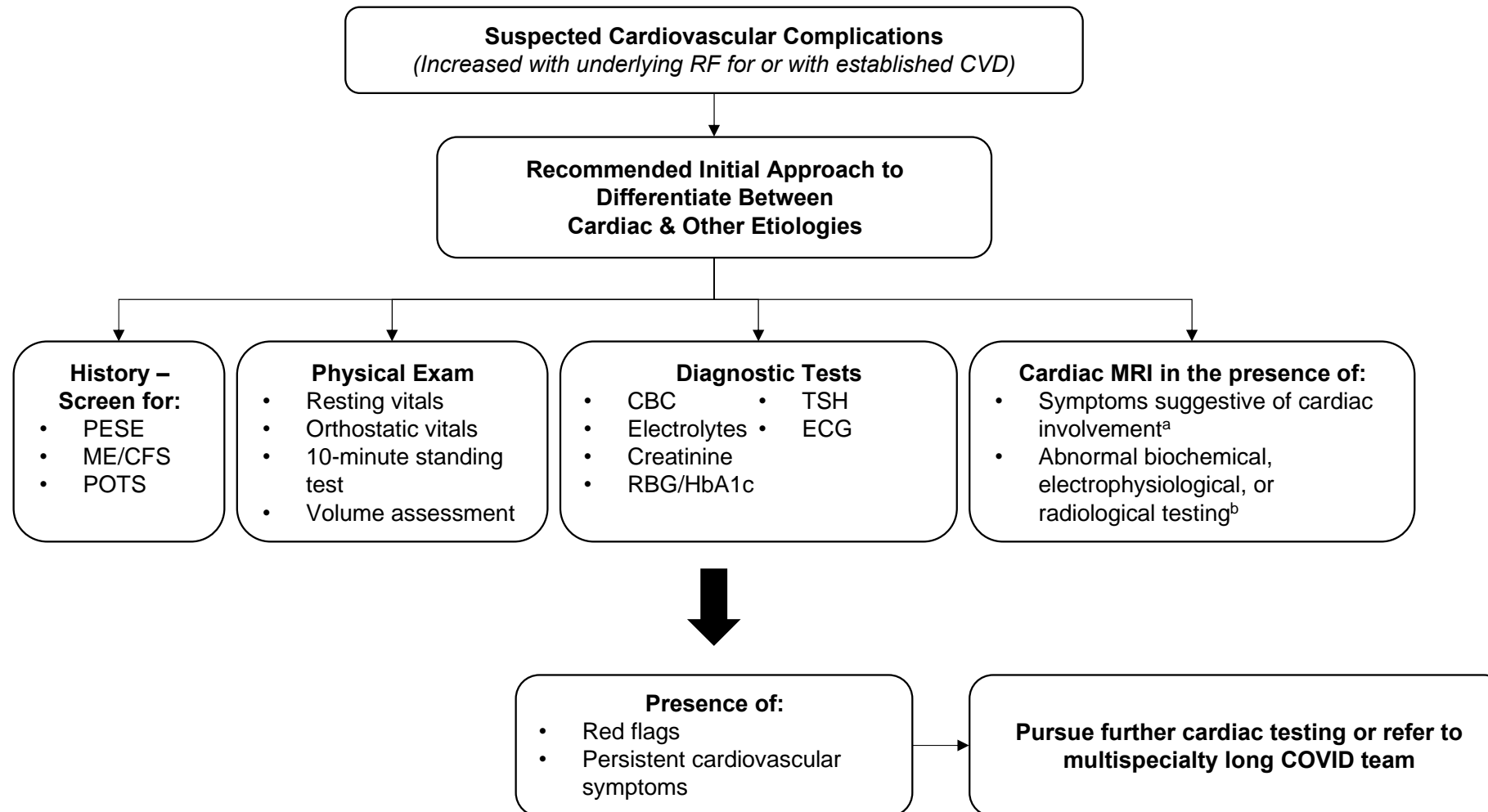
Assessing common and potentially modifiable symptoms of post-COVID-19 condition (long COVID) in adults

Kieran L. Quinn MD PhD, Fahad Razak MD MSc, Angela M. Cheung MD PhD

Common Modifiable Symptoms

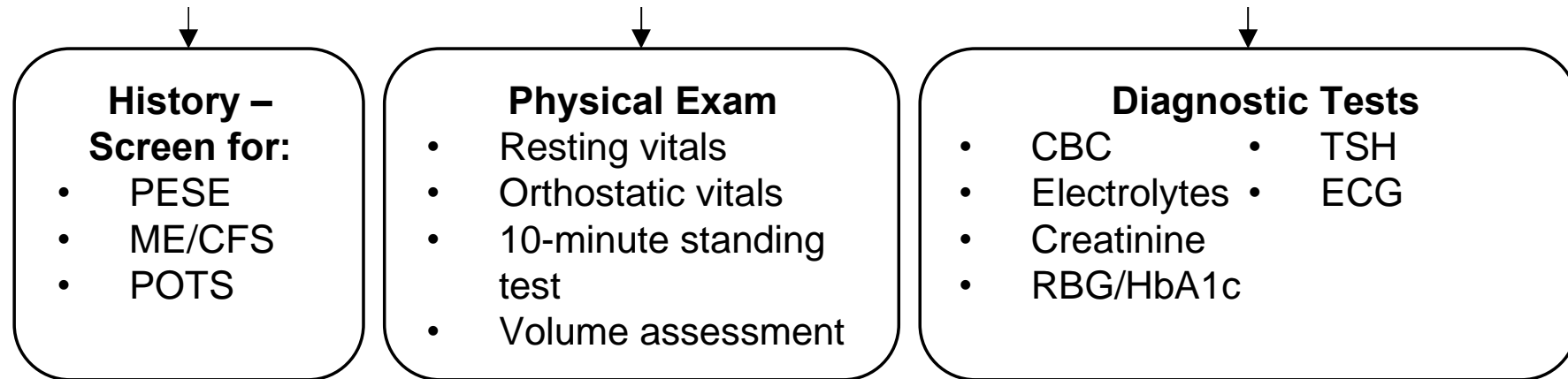


Cardiovascular Symptoms



Quinn KL. Submitted 2023

Cardiovascular Symptoms



Part 3: Treatment

Treating common and potentially modifiable symptoms of post-COVID-19 condition (long COVID) in adults

Kieran L. Quinn MD PhD, Angela M. Cheung MD PhD, Fahad Razak MD MSc

Ontario launches fee code for doctors treating long COVID and one researcher says 'it's a big deal'



Advocates say move is crucial first step to better understanding, treating and destigmatizing growing problem

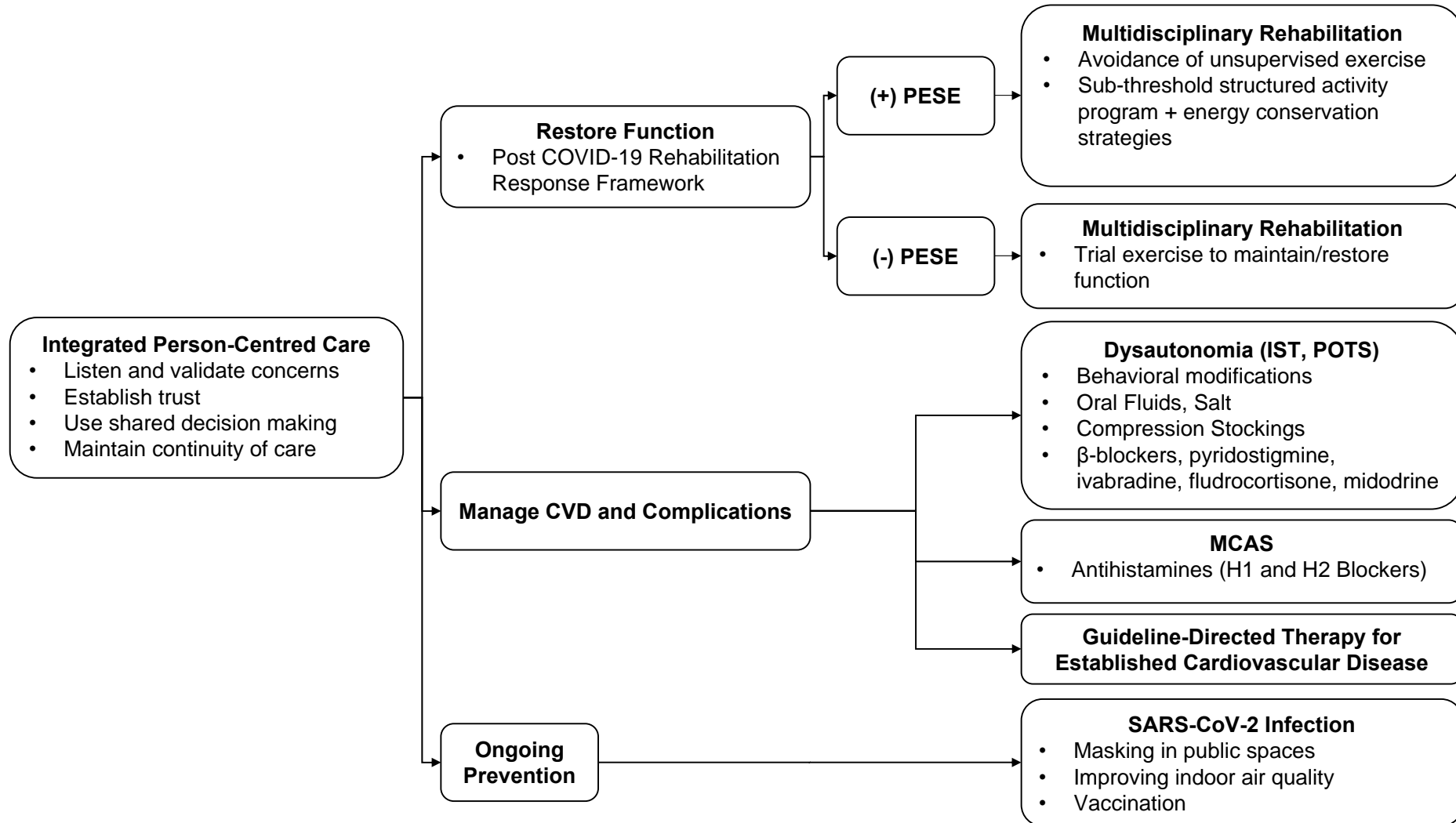


[Liam Casey and Allison Jones](#) · The Canadian Press ·

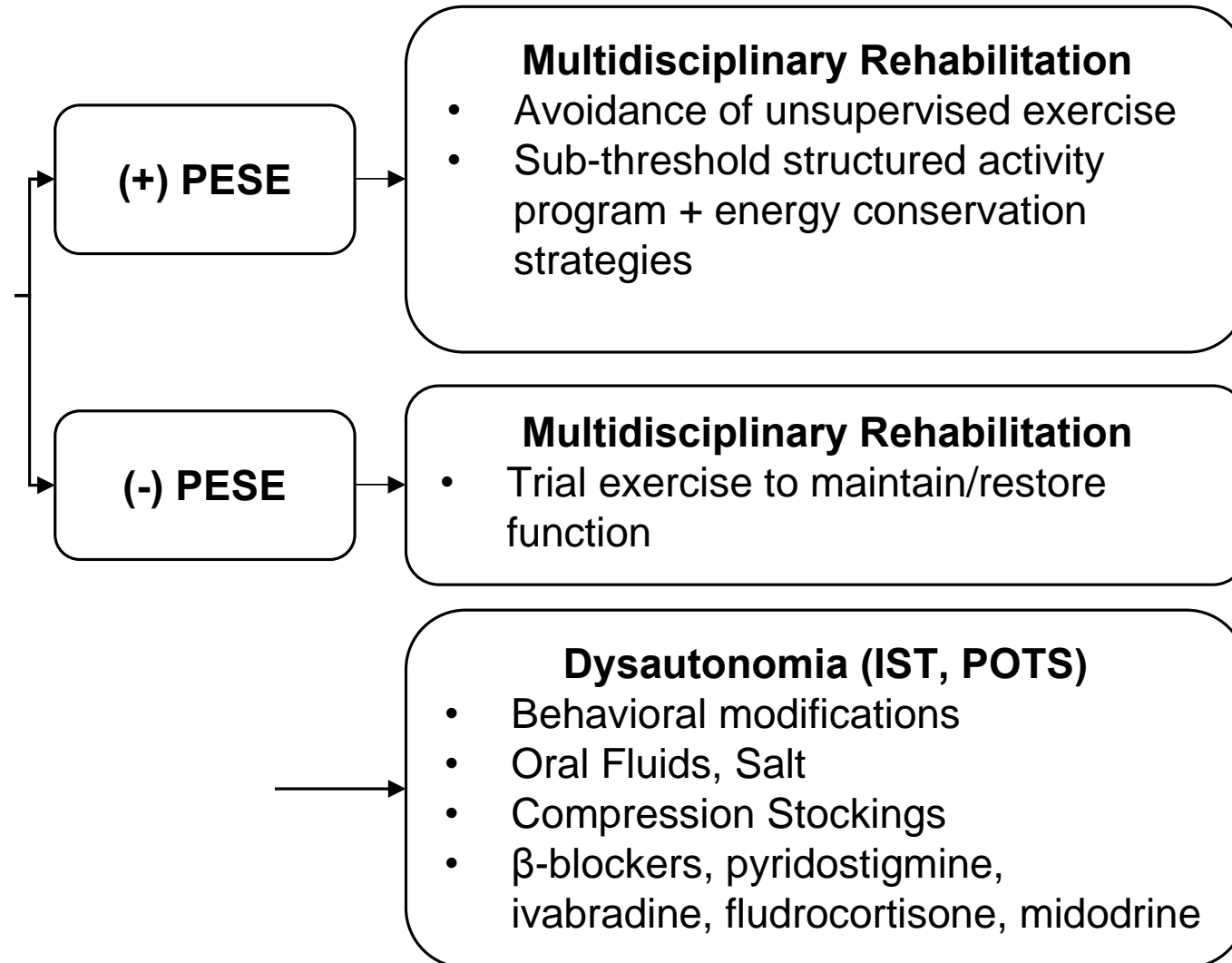
Posted: Jan 27, 2023 1:44 PM EST | Last Updated: January 27

- **OHIP Diagnostic Code 081**
- **Enables identification and tracking of health services delivery at population level**
- **Supports physician-validated diagnosis with applications to disability support**

Treatment (CV focus)



Treatment (CV focus)



Prevention

- Prevent SARS-CoV-2 infection
- Vaccination *before* infection associated with 15-50% reduced relative risk
- Uncertain effect of vaccination *after* infection or *after* development of long COVID
- Nirmatrelvir/ritonavir (Paxlovid), metformin show early promise during acute infection
- Uncertain effects of corticosteroids during acute infection

Quinn KL. *Ont Science Table* 2022
Xie Y. *medrvix* 2022
Bramante CT. *medrvix* 2022

The RECLAIM Trial

REcovering from
CCOVID-19
Lingering Symptoms
Addaptive
Integrative
Medicine

Goal: To reduce symptom burden and improve the quality of life among people living with long COVID

Mr. LC

- **PEM/Exercise intolerance** → Structured subthreshold activity program, pacing
- **Orthostasis (?POTS)** → Fluids, salt, compression stockings, orthostatic pacing
- **Brain Fog** → orthostatic pacing
- **Anxiety** → GP managed with SSRI
- **Insomnia** → “Rescue” PRN zopiclone
- **Vaccination** → 4 doses, 1 *after* long COVID
- **Financial supports** → Approved disability

Summary

- Post COVID-19 condition is relatively common and more likely to affect females and adults in their prime years of career development and family/caregiving.
- Many people continue to experience disabling symptoms beyond 1 year
- Vaccination and some medications hold promise for prevention
- Trials are underway to discover new treatments
- Primary care is the foundation of long COVID management

Acknowledgements

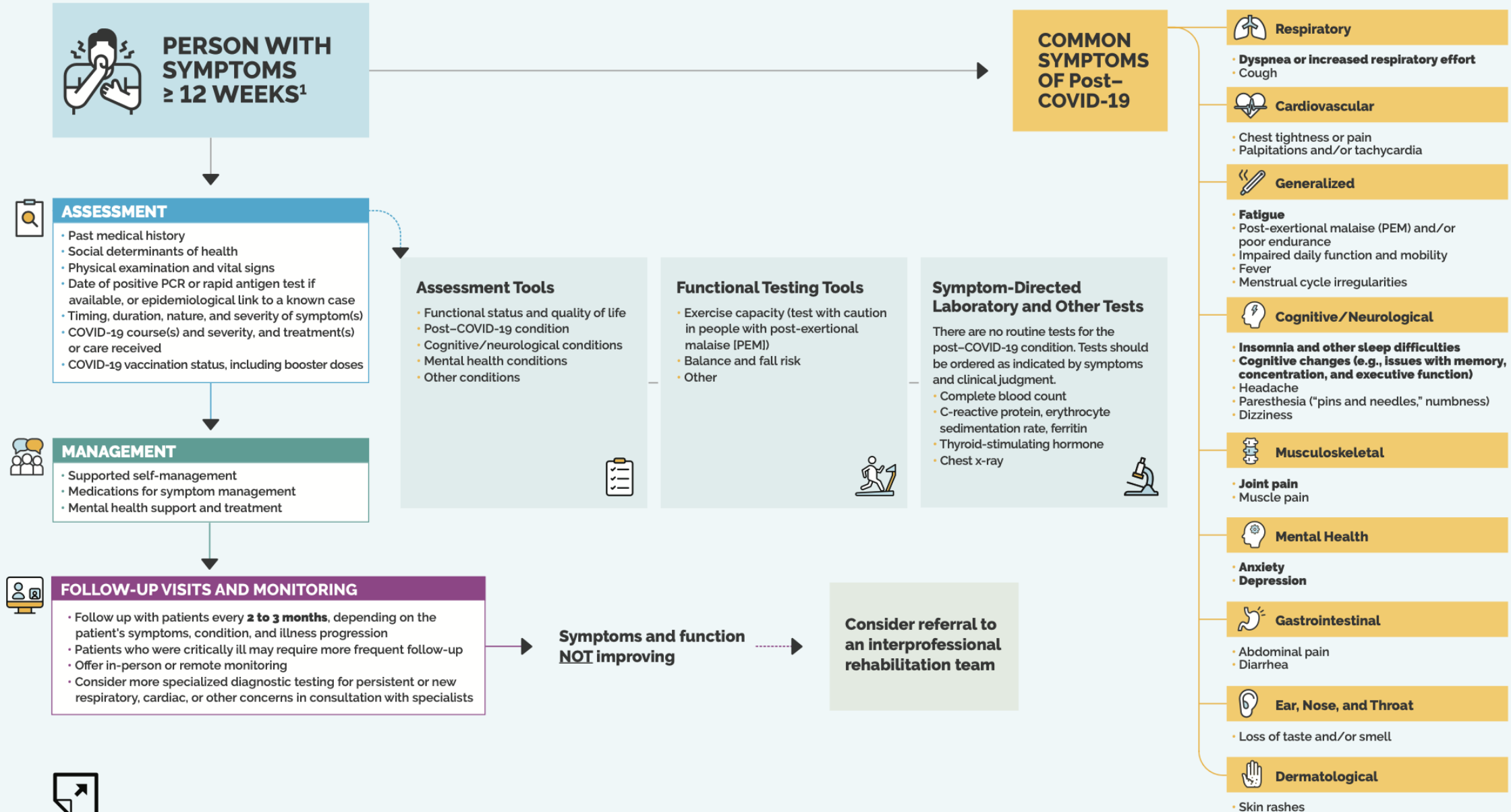
- Azmina Altaf
- Clare Atzema
- Chaim Bell
- Pavlos Bobos
- Karen Born
- Christine Chan
- Vince Chien
- Angela Cheung
- Allan Detsky
- Susie Goulding
- Margaret Herridge
- Anjie Huang
- Noah Ivers
- Gabrielle Katz
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- John Lapp
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- Karen Palmer
- Afsaneh Raissi
- Fahad Razak
- Laura Rosella
- Beate Sander
- Rosa Stalteri
- Thérèse Stukel
- David Urbach
- Amol Verma
- Nahrain Warda

Post-Covid Condition Primary Care Guidance

David M. Kaplan MD MSC CCFP FCFP
Vice-President, Quality

DFCM/OFCP COMMUNITY OF PRACTICE
FEBRUARY 24, 2023

Post-COVID-19 Condition: Guidance for Primary Care



See next page
for more information

Updates in 2022/2023

- Updated definition of Post-COVID condition as symptoms continuing for 12 weeks or longer based on PHAC document
- Less emphasis on PCR testing as no longer widely available, but important to ask about re-infection and vaccine status
- Caution on use of any kind of exercise testing – may exacerbate symptoms for people with post-exertional malaise

Updates in 2022/2023

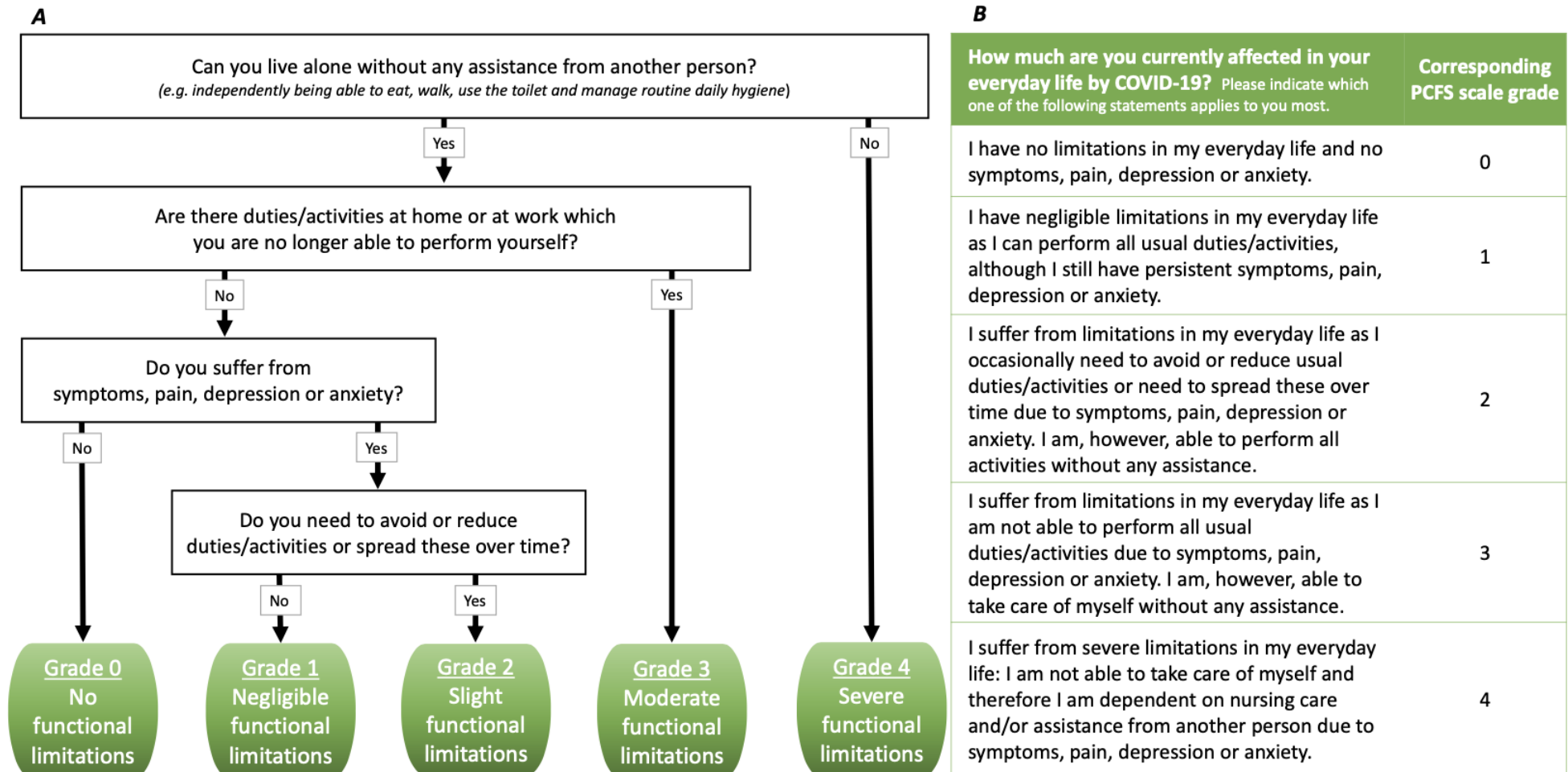
- For people with fatigue or post-exertional malaise, discuss the **4Ps of energy conservation**:
 - Pacing activities to match energy level
 - Prioritizing activities that are the most important
 - Positioning to modify activities to make them easier to perform
 - Planning ahead to allocate for breaks, rests, and relaxation)

Updates in 2022/2023

- Moving away from using the term ‘brain fog’ as it can minimize impacts, better to describe **cognitive changes** (memory, attention, executive functioning)
- *Referral to an interprofessional rehabilitation program* (if available) recommended based on a Post–COVID-19 Functional Status scale score of **3 or 4**

Post-COVID-19 Functional Status Scale

a tool to measure functional status over time after COVID-19



Assessment and Management of the Post-COVID-19 Condition

Content adapted from [Post-COVID Conditions: Information for Health Care Providers](#)³ and [Understanding the Post-COVID-19 Condition \(Long COVID\) in Adults and the Expected Burden for Ontario](#)⁴



Background

The post-COVID-19 condition can be diagnosed and managed by primary care providers. This document provides information about the diagnosis, assessment, management, and referral of adults with symptoms related to the post-COVID-19 condition. More than 100 symptoms have been identified for the post-COVID-19 condition and are linked to reduced function, impairments in people's ability to work and care for themselves, poor quality of life, and high health care use.⁴

The guidance provided is based on individual medical expert opinion and the best currently available data at that time. Because our understanding of the post-COVID-19 condition is likely to evolve rapidly with ongoing research, clinical guidance will likely change over time.

Definitions

The post-COVID-19 condition (or long COVID) describes a range of symptoms after probable or confirmed SARS-CoV-2 infection that persist beyond 12 weeks.¹ This condition can arise after severe, mildly symptomatic, or asymptomatic SARS-CoV-2 infection.³

Incidence

Estimates from early in the pandemic indicated more than 40% of people diagnosed with COVID-19 experience symptoms beyond the acute illness (4 or more weeks after infection), while newer evidence notes about 10% to 20% of unvaccinated people and 2% to 10% of vaccinated people experience symptoms 12 weeks beyond the acute illness.^{4,5} It is postulated that this lower prevalence in more recent data is a result of high vaccination rates and less virulent variants.⁴ An estimated 57,000 to 78,000 people in Ontario have had, or are currently experiencing, the post-COVID-19 condition.⁶



ASSESSMENT

- Avoid over-investigation: consider a conservative diagnostic approach in the first 4 to 12 weeks following SARS-CoV-2 infection
- Currently, no laboratory test can definitively distinguish the post-COVID-19 condition from other conditions. Any laboratory tests offered should be based on a patient history, physical examination, and clinical findings. For most people, symptom management and a comprehensive rehabilitation plan can be started at the same time as laboratory tests
- Tailor tests to the person's signs and symptoms to understand if they are likely to have been caused by ongoing symptomatic COVID-19, the post-COVID-19 condition, or a new unrelated diagnosis. Some people may develop new chronic health conditions, such as diabetes, cerebrovascular disease, cardiovascular disease, or mental illness, following a SARS-CoV-2 infection
- Conduct a chest x-ray by 12 weeks after diagnosis of acute COVID-19 if the person has not already had one and they have continuing respiratory symptoms. The results of a chest x-ray alone should not determine the need for referral for further care
- Consider more specialized diagnostic testing for persistent or new respiratory or cardiac concerns in consultation with specialists

Physical Examination and Vital Signs

- Because multiple organ systems may be involved, a thorough physical examination should be completed
- Standard vital signs: blood pressure, heart rate, respiratory rate, pulse oximetry, body temperature, body mass index
- Ambulatory pulse oximetry for people with respiratory symptoms, fatigue, or malaise
- Orthostatic vital signs for people with postural symptoms, dizziness, fatigue, cognitive impairment, or malaise



Assessment Tools

Functional Status and Quality of Life

- [Post-COVID-19 Functional Status scale](#) (PCFS)

Post-COVID-19 Condition

- [COVID-19 Yorkshire Rehabilitation Screening](#) (C19-YRS)

Cognitive/Neurologic Conditions

- [Montreal Cognitive Assessment](#) (MoCA)
- [Mini-Mental State Examination](#) (MMSE)

Mental Health Conditions

- [General Anxiety Disorder-7](#) (GAD-7)
- [Patient Health Questionnaire-9](#) (PHQ-9)



Functional Testing Tools

Exercise Capacity

- 1-minute sit-to-stand (STS) test (consider 30-second STS test in people with PEM)
 - Patient is encouraged to transition from sitting to standing as many times as possible in 1 minute without the use of upper extremities (if possible)
 - A fall in oxygen saturation of $\geq 5\%$ or below 90% for people without known lung pathology (88% with known lung pathology) is considered abnormal⁸
- 10 Meter Walk Test (10MWT)

Balance and Fall Risk

- [Berg Balance Scale](#)
- [Tinetti Gait and Balance Assessment Tool](#)

Other

- [Orthostatic Heart Rate Assessment](#)

Past Medical History

- Perform a comprehensive review of the person's past medical history. Having pre-existing medical conditions is a risk factor for post-COVID-19 condition and can complicate its presentation⁷

Social Determinants of Health

Consider the following, and refer to local services where available:

- Social supports and isolation
- Loss of income
- Food and housing insecurity
- Barriers to accessing health care
- Substance use disorder (screen, if appropriate)



MANAGEMENT

If symptoms are moderate to severe or worsening on the initial visit, consider referral to a relevant specialist or interprofessional rehabilitation team. A list of publicly funded post-COVID-19 condition rehabilitation programs in Ontario can be found [here](#).

Supported Self-Management

- Advise the person that post-COVID-19 condition is not yet well understood and that support will continue to be provided as new information emerges
- Develop a comprehensive management plan through shared decision making and based on presenting symptoms, underlying medical and mental health conditions, personal and social situations, and realistic treatment goals
- For people with fatigue and/or post-exertional malaise (PEM), discuss the 4Ps of energy conservation (**P**acing activities to match energy level, **P**rioritizing activities that are the most important, **P**ositioning to modify activities to make them easier to perform, and **P**lanning ahead to allocate for breaks, rests, and relaxation)
- A conservative physical rehabilitation plan might be indicated for some people with PEM. Cautious initiation of exercise may be useful. If there is a risk of falls, advise the person not to exercise alone
- Patient diaries and calendars might be useful for documenting changes in health conditions and symptom severity, and for identifying potential triggers such as exertion (physical and cognitive), foods, menstruation, and treatments or medications
- Provide the World Health Organization's [Support for Rehabilitation: Self-Management After COVID-19 Related Illness](#) leaflet, if appropriate

Medications

- Medications may be helpful for indicated symptoms or illnesses (e.g., headache, anxiety, or depression)
- If over-the-counter medication for pain and/or fever is being considered, acetaminophen may be a safer alternative to non-steroidal anti-inflammatory drugs in people at increased cardiovascular or bleeding risk
- Ask about people's use of supplements, herbal remedies, or other treatments

Mental Health Supports

- Refer to community mental health services and/or provide [ConnexOntario](#) as a resource, as appropriate
- Consider the mental health needs of caregivers as well

Additional Condition-Specific Assessment Tools

Functional Status and Quality of Life

- [EQ-5D-5L](#)
- [WHO Disability Assessment Schedule 2.0](#) (WHODAS 2.0)
- [36-Item Short Form Survey Instrument](#) (SF-36)

Respiratory Conditions

- [Modified Medical Research Council Dyspnea Scale](#) (mMRC)
- [St. George's Respiratory Questionnaire](#) (SGRQ)

Cognitive/Neurologic Conditions

- [Composite Autonomic Symptom Score](#) (COMPASS-31; for dysautonomia)
- [Neurobehavioral Symptom Inventory](#) (NSI)
- [Insomnia Severity Index](#) (ISI)

Mental Health Conditions

- [Hospital Anxiety and Depression Scale](#) (HADS)
- [PTSD Checklist for DSM-5](#) (PCL-5)

Fatigue

- [Fatigue Severity Scale](#) (FSS)
- [Modified Fatigue Impact Scale](#) (MFIS)

Referral to Interprofessional Rehabilitation Teams

- Consider a referral if symptoms are not improving with self-management and have moderate to severe impacts on daily functioning
- Referral to an interprofessional rehabilitation program for the post-COVID-19 condition would be recommended based on a [Post-COVID-19 Functional Status](#) (PCFS) scale score of **3 or 4**
- A list of publicly funded post-COVID-19 condition rehabilitation programs in Ontario can be found [here](#)

Health Care Professional Resources

- [Answers to Frequently Asked Questions About Long COVID](#)—Ontario College of Family Physicians
- [Post-COVID Condition \(Long COVID\)](#)—Ontario College of Family Physicians
- [Assessment, Monitoring and Management of COVID—Hamilton Family Medicine](#), care pathway
- [Ontario eConsult Service for Post-COVID Condition](#)—Ontario eConsult Centre of Excellence
- [SCOPE \(Seamless Care Optimizing the Patient Experience\)](#)—a shared virtual interprofessional care team for primary care providers in Toronto who are unaffiliated with teams
- [Post-COVID-19 Condition](#)—Rehabilitative Care Alliance
- [Long-COVID—An Update for Primary Care](#)—British Medical Journal

Patient Resources

- [CANCOV Patient Resources](#)—Canadian COVID-19 Prospective Cohort Study (CANCOV)
- [COVID-19 Resources for Patients and Families](#)—University Health Network
- [COVID Long-Haulers Canada](#)—patient support and advocacy group
- [Long COVID Resources Canada](#)—patient support and advocacy group

References

1. Public Health Agency of Canada (PHAC). COVID-19 for health professionals: Post COVID-19 condition (long COVID) [Internet]. Government of Canada; June 8, 2022 [cited 2022 October 18]. Available from: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/post-covid-19-condition.html>
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3. Centers for Disease Control and Prevention. Post-COVID-Conditions: Information for Healthcare Providers [Internet]. Atlanta (GA): The Centers; 2022 [cited 2022 Sept]. Available from: https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/post-covid-conditions.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Fclinical-care%2Fpost-covid-index.html
4. Quinn KL, Katz GM, Bobos P, Sander B, McNaughton CD, Cheung AM, et al. Understanding the post COVID-19 condition (long COVID) in adults and the expected burden for Ontario. *Science Briefs of the Ontario COVID-19 Science Advisory Table* [Internet]. 2022. Available from: https://covid19-sciencetable.ca/wp-content/uploads/2022/09/Understanding-the-Post-COVID-19-Condition-Long-COVID-and-the-Expected-Burden-for-Ontario_20220915_published.pdf
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8. Alberta Health Services. Rehabilitation and allied health practice considerations post COVID-19. Version 3 [Internet]. Edmonton (AB): Alberta Health Services; 2022 [cited 2022 Sep]. Available from: <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-rehab-allied-health-practice-considerations-post-covid.pdf>

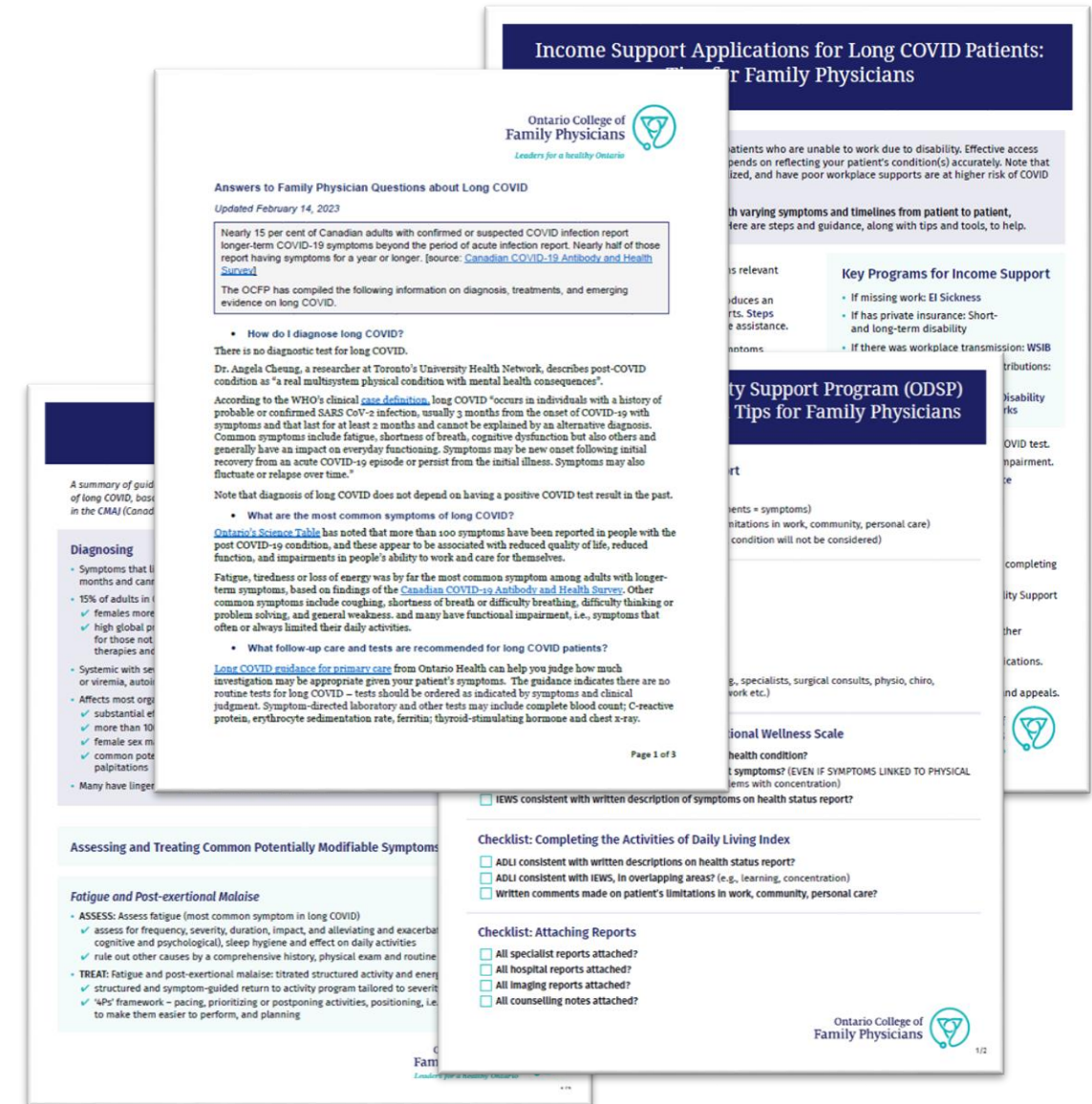
Long COVID resources from the OCFP

Answers to Family Physician questions

Summary of guidance for diagnosing, and assessing and treating symptoms

Guidance for income support applications for long COVID patients

Checklists and tips for completing ODSP applications



ontariofamilyphysicians.ca/tools-resources/covid-19-resources/long-covid

Resources

Canadian **Journal** of
Health Technologies

CADTH

February 2023 Volume 3 Issue 2

CADTH Health Technology Review

Specialized Clinics and Health Care Professional Resources for Post– COVID-19 Condition in Canada

Resources



11 Different COVID-19 related BASE™ Managed Specialty Groups are available province-wide:

- COVID-19 & Infectious Diseases
- COVID-19 Vaccine – Public Health
- COVID-19 Vaccine – Allergy/Immunology
- COVID-19 and Respiriology
- COVID-19 and Autoimmune Disorders
- COVID-19 and Pregnancy
- Post-COVID Condition – Chronic Fatigue Syndrome, Environmental Health Group
- Post-COVID Condition – Internal Medicine
- Post-COVID Condition – Neurology
- Post-COVID Condition – Physical Medicine & Rehabilitation
- Post-Covid Condition – Respiratory Recovery Group

National Research Network



Long COVID and Disability Income Programs

OCFP Community of Practice, February 24, 2023

Gary Bloch MD CCFP, St. Michael's Hospital FHT and Inner City Health Associates

***With support from:* Anu Bakshi, Debbie Carswell, Sang-Hun Mun, Devorah Kobluk,
John Stapleton and Sonya Torreiter**

Why Canadians with long COVID struggle to access financial aid

As more Canadians with long COVID try to apply for insurance and government disability support, many are encountering the same hurdles that have long been familiar to residents with chronic fatigue syndrome

ERICA ALINI >

PUBLISHED JULY 20, 2022

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Ontario woman enduring effects of long COVID begins process for medically assisted death

Thompson, a Toronto resident in her 50s, says the enduring illness and lack of substantive financial support has led her to begin the process of applying for [Medical Assistance in Dying](#) (MAiD), a procedure that first became legal in Canada in 2016.

Equity and Long COVID



- **Incidence:** COVID “disproportionately impacted members of racialized communities, those with low incomes and essential workers”
- **Outcomes:** “rates of hospitalizations have been disproportionately higher” for racialized
- **Long COVID:** “observed positive relationship between the severity of acute symptoms and greater risk of long COVID.”

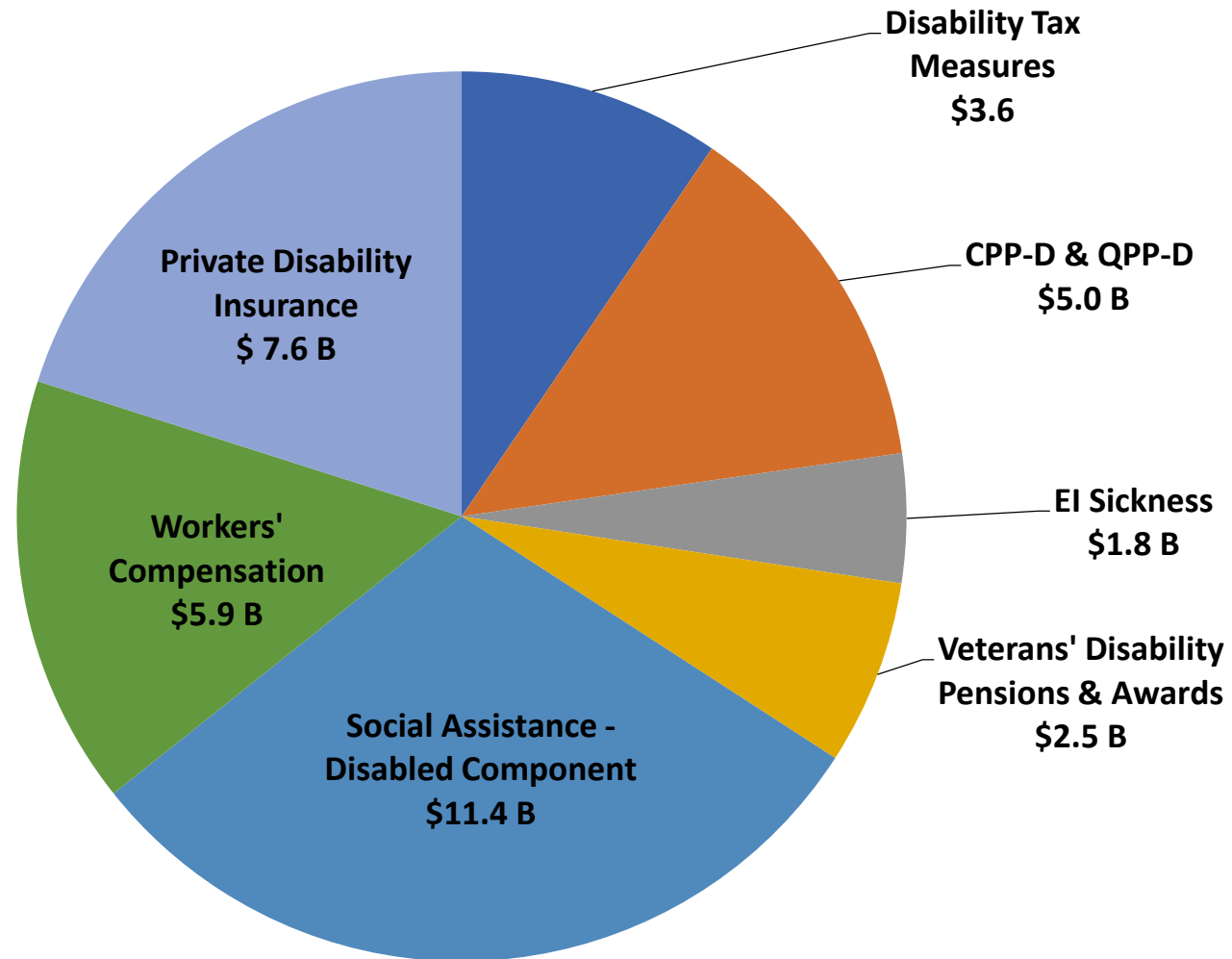
Equity and Long COVID



“Our income support schemes need to pivot to ensure that people are not doubly impacted by long COVID and by our inability to adapt our social support systems.”

Sarah Sanford and Rishika Wadehra, Long COVID: Literature Scan to Inform Policy Response in the GTA. Wellesley Institute: Nov 2022

ESTIMATED BENEFIT EXPENDITURES FOR PERSONS WITH DISABILITIES
CANADA 2018-19
\$37.8 B



Challenges applying with Long COVID

1. Proving diagnosis
2. Determining prognosis
3. Evidence of invisible symptoms
4. Lack of access to specialized care
5. Fatigue and cognitive symptoms limit engagement

Understanding Programs

Does this individual meet the program's threshold for disability?

(We don't determine eligibility, but knowledge is power)

ODSP

- **Substantial** impairment
- **Continuous or recurrent;**
for **one year** or more
- **Limits function in 3 areas:**
work, self care, and
community participation

CPP-D

- **Severe** impairment
- **Indefinite** duration
- **Unable to perform** any
substantial or gainful work

Private disability insurance

- Substantially **unable to complete the duties of one's own occupation**
- *> 2 years*: **unable to participate in any occupation**

WSIB

- Requires **proof of workplace transmission**

Tips for Providers - 1

- 1. Document “invisible” impairments and impact**
- 2. Ask about risk of workplace transmission**
- 3. List treatments, adherence, and barriers**

Tips for Providers - 2

4. Refer to specialists (demonstrates severity)

5. List all medical conditions

6. Avoid making cost a barrier

Resources

- [Long COVID and ODSP: https://stepstojustice.ca/questions/income-assistance/i-think-i-have-long-covid-can-i-get-odsp/](https://stepstojustice.ca/questions/income-assistance/i-think-i-have-long-covid-can-i-get-odsp/)
- [Disability benefits in Ontario: Who can get them and how to apply - CLEO \(Community Legal Education Ontario / Education juridique communautaire Ontario\)](#)
- [How do I start an ODSP application? - Steps to Justice](#)
- [Completing-ODSP-applications.pdf \(legalclinic.ca\)](#)
- [CPP-D Self Help Guides | Application Guide | DABC \(disabilityalliancebc.org\)](#)
- <https://tools.cep.health/tool/covid-19/#long-term-symptoms-post-acute-sequelae-of-covid-19-pasc>
- <https://www.wsib.ca/en/covidclaim>
- <https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources/long-covid/long-covid-income-supports.pdf>
- <https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources/long-covid/odsp-applications-fp-checklists.pdf>

Expanded eligibility for PCR testing – now includes:

People who are eligible for Paxlovid treatment

- **Symptomatic**
 - aged 60+
 - aged 18+ and **immunocompromised or have one or more comorbidity** that puts them at higher risk of severe COVID-19 disease
 - aged 18+ and **unvaccinated or have not completed primary series**
 - aged 18+ and **last dose of COVID-19 vaccine was more than six months ago** and no COVID infection in the past six months

Staff in high-risk settings, for facilitating return to work

- **Asymptomatic**
 - **close contact** within past 10 days with someone who has COVID-19 symptoms or positive test

Full list of eligible groups: <https://www.ontario.ca/page/covid-19-testing-and-treatment#section-1>

Pre-prescribing Paxlovid to non-COVID patient

- **May pre-prescribe Paxlovid** to be held with pharmacy for future dispensing to patient at risk for severe illness if infected
- **At time of dispensing:**
 - eligible patient must have COVID-19 symptoms and positive test (RAT or PCR)
 - pharmacist to assess if Paxlovid is appropriate, i.e., health/medication changes, and follow up with prescriber as needed
- **Paxlovid may not be dispensed** to a patient who does not have COVID-19 symptoms or a positive test, such as for travel purposes

MOH: Prescribing and Dispensing Paxlovid in Ontario Pharmacies – Frequently Asked Questions, pp 10-11

https://www.health.gov.on.ca/en/pro/programs/drugs/opdp_eo/notices/fq_exec_office_pharm_20230206.pdf

Immunization fact sheets and social resources

- Collection of MOH resources to help to motivate parents and caregivers to get their child's routine childhood immunizations and COVID-19 vaccines back on track:
<https://drive.google.com/drive/folders/1ISLaua3gh6le6caNMHYTSZqEkF7yEfD7?usp=sharing>
- Includes:
 - Children and youth COVID-19 vaccine fact sheet
 - General vaccination key messaging, which covers routine childhood immunization, influenza and COVID-19 vaccines
 - General COVID-19 booster dose fact sheet
 - Ministry of Health social posts covering:
 - Routine childhood immunization
 - COVID baby vaccine for children 6mos to <5yrs
 - COVID kids bivalent booster dose for children aged five to 11
 - Information about places parents and caregivers can go if they have questions:
 - COVID-19 poster developed by Government of Ontario
 - SickKids hotline material provided by SickKids
 - VaxFacts hotline material provided by VaxFacts

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: March 24, 2023

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.