

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

Jan 16, 2026

**Dr. Alon Vaisman
Dr. Stephen Pomedli**



Infectious Disease & e-Referral Development



Family & Community Medicine
UNIVERSITY OF TORONTO

Ontario College of
Family Physicians



Infectious Disease & e-Referral Development

Moderator:

- **Dr. Eleanor Colledge**, CPD Program Director, University of Toronto and Family Physician, South East Toronto Family Health Team, Toronto, ON

Panelists:

- **Dr. Alon Vaisman**, Infectious Diseases and Infection Control Physician, Toronto, ON
- **Dr. Stephen Pomedli**, Clinical Lead, Patients Before Paperwork at Ontario Health and Family Physician, Toronto, ON

Host:

- **Dr. Jobin Varughese**, OCFP President, Family Physician, Assistant Dean of Primary Care Education for the School of Medicine at Toronto Metropolitan University (TMU), Brampton, ON

Session slides will be available on the CTWWW website by the end of the day.

The Changing the Way We Work Community of Practice for Ontario Family Physicians has been certified by the College of Family Physicians of Canada and the Ontario Chapter for up to 32 Mainpro+ Certified Activity credits.

Land Acknowledgement

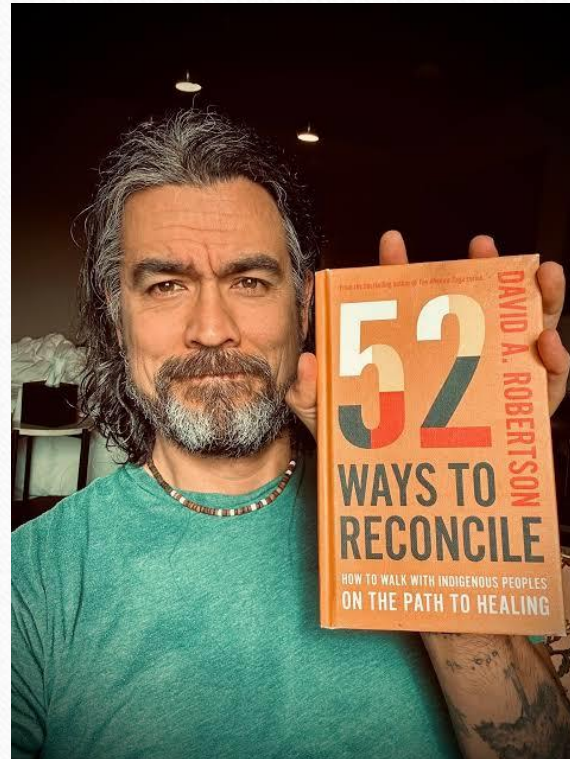
We acknowledge that the lands on which we are hosting this meeting include the traditional territories of many nations.

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.

“Reconciliation is a community effort, and for it to work, it’s all hands on deck”

“How do you know what action to take?
How do you know what is meaningful
action and what is not?”



“Just remember we’re walking
together every step of the way.
That’s how it needs to be done.”

- David Robertson

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), Julia Galbraith (OCFP), Pavethra Yogeswaran (OCFP), Angeline Tan (OCFP), Reema Chaudhry (OCFP), Marisa Schwartz (DFCM), Erin Plenert (DFCM)

Previous webinars & related resources:

<https://dfcm.utoronto.ca/past-changing-way-we-work-community-practice-sessions>

Self-learning program

The session materials, including recordings, tools, and resources are available as self-learning modules.

This one-credit-per-hour Group Learning program has been certified by the College of Family Physicians of Canada and the Ontario Chapter for up to 80 credits.

To participate in this self-learning:

- Select the dates/sessions you wish to participate in. You are welcome to complete as many sessions as you wish.
- Watch the video recording of the live session.
- Review the session tools and resources.
- Complete the self-learning post-session activity, click the button below.

[Complete self-learning activity](#)



Self-Learning Activity and Evaluation: COVID-19 Community of Practice for Ontario Family Physicians

By completing this Self-Learning Activity for the COVID-19 Community of Practice for Ontario Family Physicians, you are confirming that you have completed this activity.

*** 1. Attestation: I confirm that I have completed the COVID-19 CoP self-learning activity (video and resources). (If completing multiple session dates, please enter all that apply below**

ENTER DATE AS Month-Day-Year i.e. December 10, 2021)

Session Date(s):

Name:

Email:

*** 2. After reviewing this COVID-19 session material (video and resources), I have a question (s) regarding the content that needs clarifying.**

I have no questions

Question:

Missed a session? Want to earn credits?

The Self-learning Program lets you earn credits for watching past sessions.

Just click the link and fill out a 60s form!



Dr. Alon Vaisman – Panelist

Infectious Diseases and Infection Control Physician



Dr. Stephen Pomedli – Panelist

Clinical Lead, Patients Before Paperwork at Ontario Health
and Family Physician

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. Stephen Pomedli**
- Relationships with financial sponsors:
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: Global Corporate Advisory Services (Cleveland Clinic Canada), Ontario Health, Ontario College of Family Physicians
 - Others: Layla Care Inc (Clinical Advisory Board member)

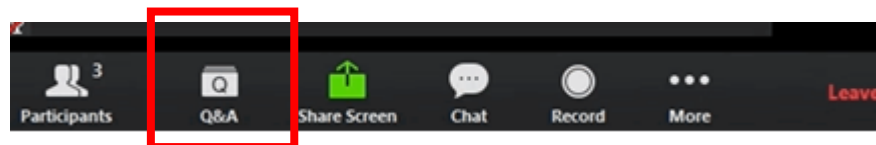
Speaker Disclosure

- 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 (Assistant Dean of Primary Care Education)

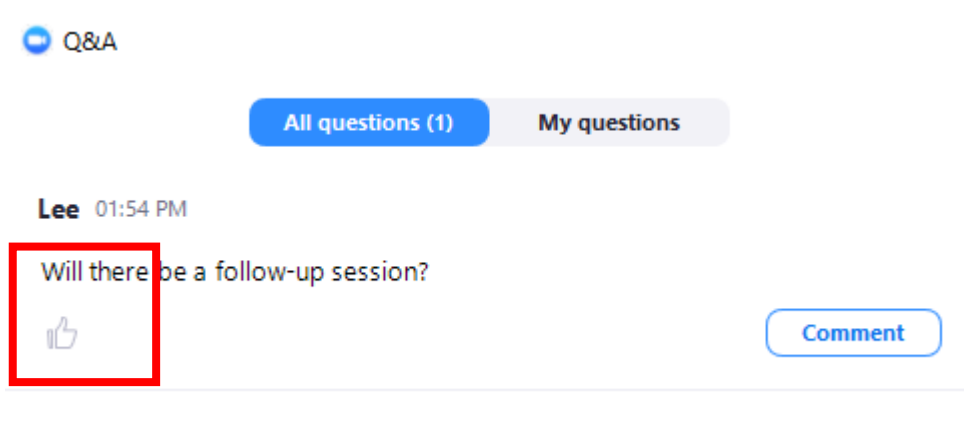
- Faculty Name: **Dr. Eleanor Colledge**
- Relationships with financial sponsors:
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: Ontario College of Family Physicians
 - Others: The Foundation for Medical Practice Education (McMaster University)

How to Participate

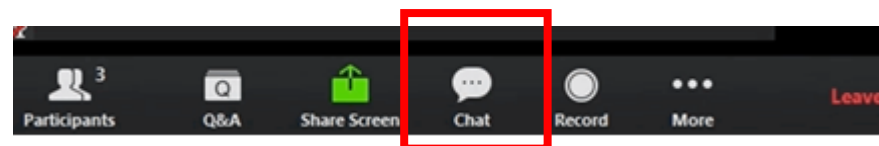
- All questions should be asked using the Q&A function at the bottom of your screen.



- 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



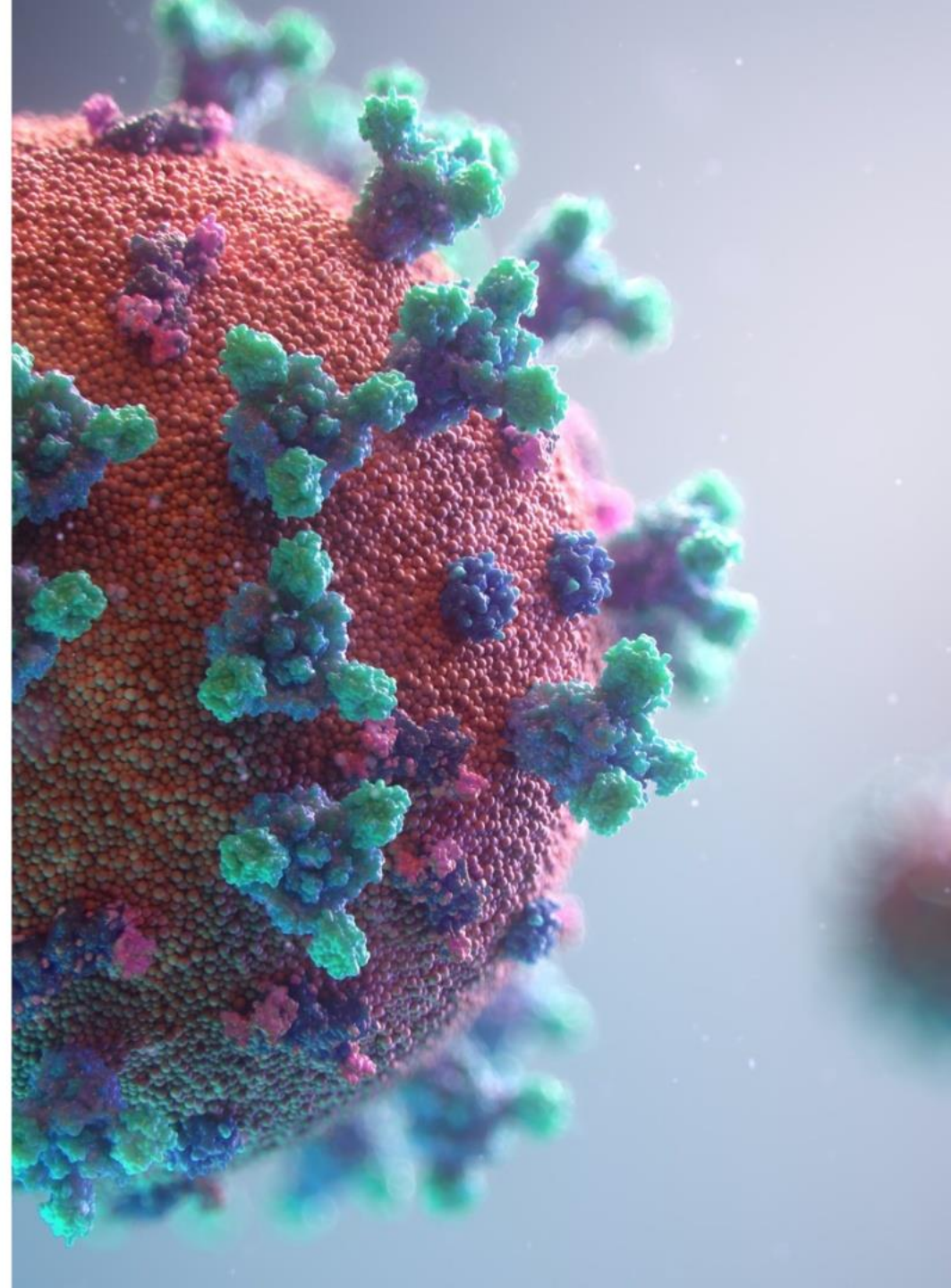
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VIRAL RESPIRATORY DISEASES UPDATE

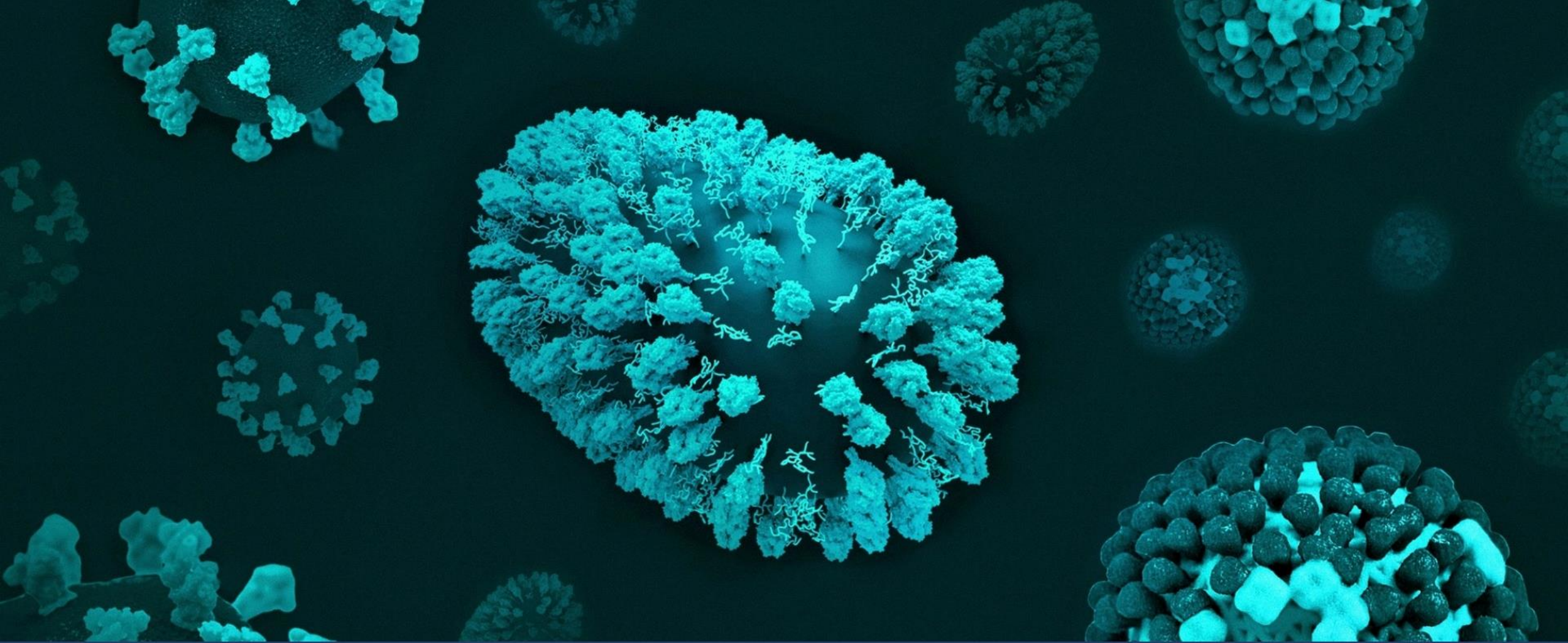
Alon Vaisman MD MAS FRCPC

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



OBJECTIVES

- 1 Updates on current activity



INFLUENZA

WHY WAS FLU SEASON SO SEVERE?

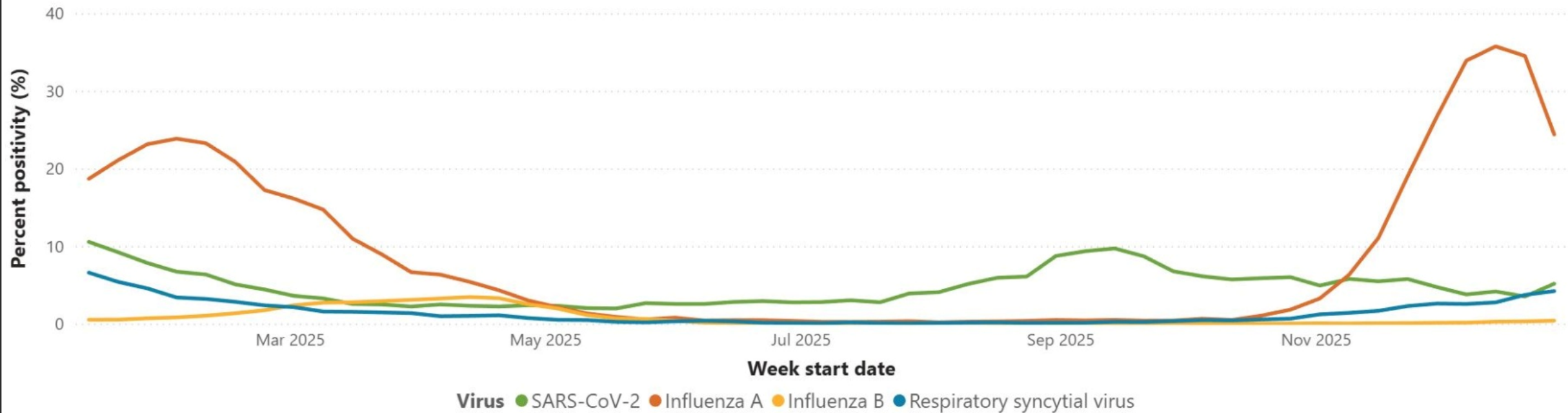


1 New subclade of H3N2

2 Vaccine mismatch

3 Evasion of immunity

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



OSELTAMIVIR OUTPATIENT TREATMENT



Resistance is rare (0.6%)



Rare contraindications;
renal dosing



Nausea/vomiting in 10%

INFLUENZA LIKE ILLNESS



Fever + Cough



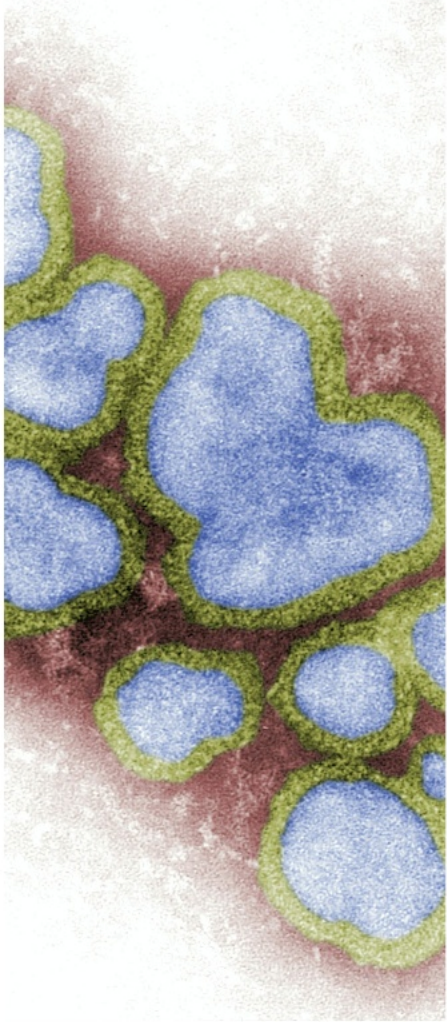
Sore Throat

Arthralgia

Myalgia

Prostration

NON SEVERE INFLUENZA - PRINCIPLES



- 1 Confirmatory testing not necessary (no rapid tests available)
- 3 Use local influenza prevalence data

- 2 Treatment should be started within 48 hours. If beyond, use discretion

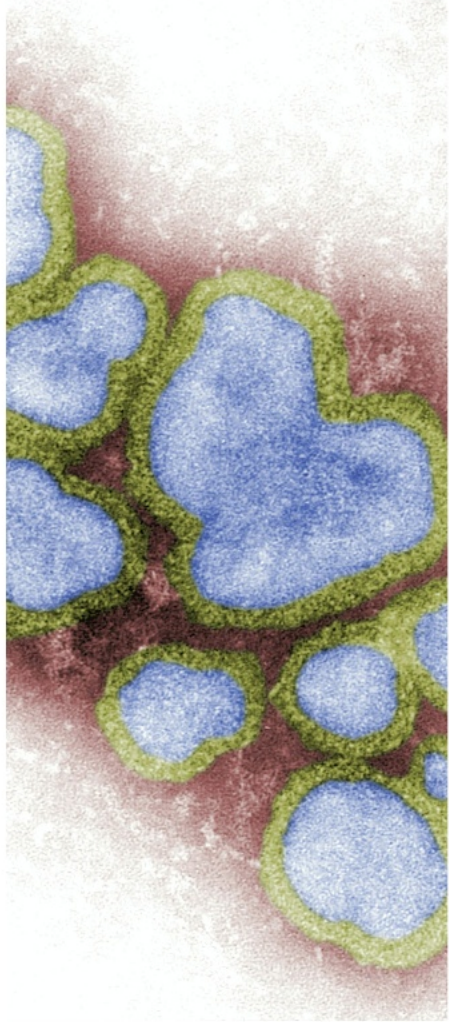
NON SEVERE INFLUENZA - ADULTS AND CHILDREN



- 1 Age >5:
Treatment indicated if **risk factors**
- 3 Age 1 - 5:
Treatment may be given regardless of risk factors

- 2 <1 year old:
antiviral therapies not approved;
consult ID

SEVERE INFLUENZA



1 Treat all patients >1 years old

3 If <1 years old, consider referral

2 If contra-indications or intolerance, consult ID

4 Consider referral to hospital

Risk Category	Description of Risk Factors
Age	<ul style="list-style-type: none"> • Individuals aged 65 years or older^{3,5,11,12} • Individuals aged younger than 5 years^{3,13}
Immunocompromised Status	<ul style="list-style-type: none"> • Immunosuppression due to high-dose systemic corticosteroid therapy^{*,7,12} • Congenital immunodeficiency or acquired immunodeficiency (e.g., HIV-infected patients with severe immunosuppression [CD4 less than 200/mm³ or less than 15% of total lymphocytes in an adult or child aged older than 5 years; CD4 less than 500/mm³ or less than 15% of total lymphocytes in a child aged 1 to 5 years])^{3,7} • Current or within 6 months of receiving systemic therapy (e.g., chemotherapy, immunotherapy, targeted agents) or radiotherapy for malignancy^{3,7,12} • Hematopoietic stem cell transplant recipients³ • Solid organ transplant recipients on immunosuppressive therapy⁷ • Patients with current graft-versus-host disease⁷ • Patients currently or within last 6 months on other types of highly immunosuppressive therapy or where the patient's provider considers them immunosuppressed^{7,12}
Medical Conditions	<ul style="list-style-type: none"> • Asthma and other chronic pulmonary disease (e.g., cystic fibrosis, emphysema, chronic bronchitis)^{3,5,7,11} • Cardiovascular disease (excluding isolated hypertension)^{3,5,7,11,12} • Chronic renal insufficiency^{3,7,12} • Diabetes mellitus and other metabolic diseases^{3,7,11,12} • Hemoglobinopathies (e.g., sickle cell disease)^{3,12} • Individuals aged younger than 19 years who are on chronic acetylsalicylic acid or salicylate-containing medications^{3,12} • Malignancy^{3,5,11} • Neurological and neurodevelopmental disorders that compromise handling of respiratory secretions (e.g., cognitive dysfunction, seizure disorders, spinal cord injury)^{3,5,7,11,12} • People with certain disabilities who may have trouble with muscle function, lung function, or difficulty coughing, swallowing, or clearing fluids from their airways¹²
Other groups	<ul style="list-style-type: none"> • Obesity with a body mass index 40 kg/m² or greater^{3,7,12} • Pregnant people or people up to 2 weeks post-partum^{7,11,12} • People of any age who are residents of nursing homes or chronic care facilities^{3,12} • Indigenous people^{3,11}

Influenza Severity Category	Definition
Non-Severe	<p>Patients with:</p> <ul style="list-style-type: none"> • Signs and symptoms of influenza-like illness (e.g., fever, malaise, chills, myalgia), upper respiratory tract symptoms (e.g., rhinorrhea, cough) or gastrointestinal symptoms of influenza (e.g., diarrhea, vomiting)^{3-5,7,8} AND • Absence of any features of severe influenza^{5,7}
Severe	<p>Patients with:</p> <ul style="list-style-type: none"> • Signs and symptoms of progressive influenza illness suggesting more than non-severe influenza illness (e.g., chest pain, tachypnea, laboured breathing, low blood pressure)^{3,4} OR • Signs of lower respiratory disease (e.g., hypoxemia, abnormal chest radiograph)^{3,7} WITH OR WITHOUT any of the following: <ul style="list-style-type: none"> - Central nervous abnormalities (e.g., encephalitis, encephalopathy)^{3,7} OR - Cardiovascular complications (e.g., acute ischemic heart disease, myocarditis)⁹ OR - Renal abnormalities (e.g., acute kidney injury)⁹ OR - Myositis or rhabdomyolysis³ OR - Septic shock or multi-organ failure³⁻⁵ OR - New or increase respiratory support and/or vasopressor/ionotropic therapy⁵ OR - Exacerbation of chronic medical condition(s) (e.g., asthma, chronic obstructive pulmonary disease, heart failure)^{3-5,7}

Children with non-severe seasonal influenza and within 48 hours of symptom onset

Age of patient

Younger than 1 year old

Antiviral therapy is not approved in Canada for the treatment of seasonal influenza for patients aged younger than 1 year.

Consult with specialist(s) as required to determine the most appropriate treatment (e.g., infectious diseases specialist, pediatrician).

1 year to younger than 5 years
(irrespective of any other risk factors for developing influenza-related complications)

Oseltamivir may be considered based on clinical discretion.

5 years to younger than 18 years

Does the patient have any risk factor(s)[†] for developing influenza-related complications?

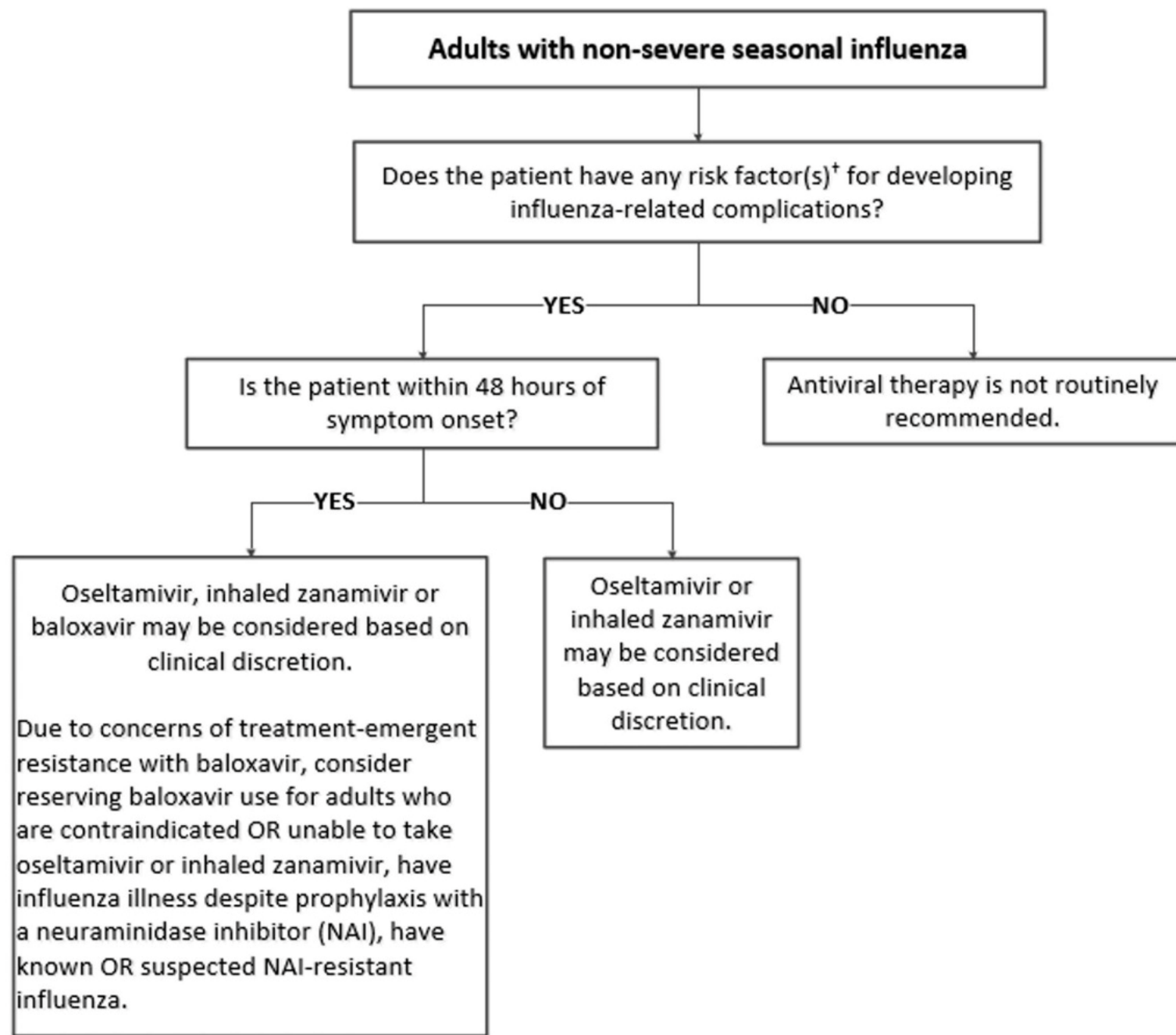
YES

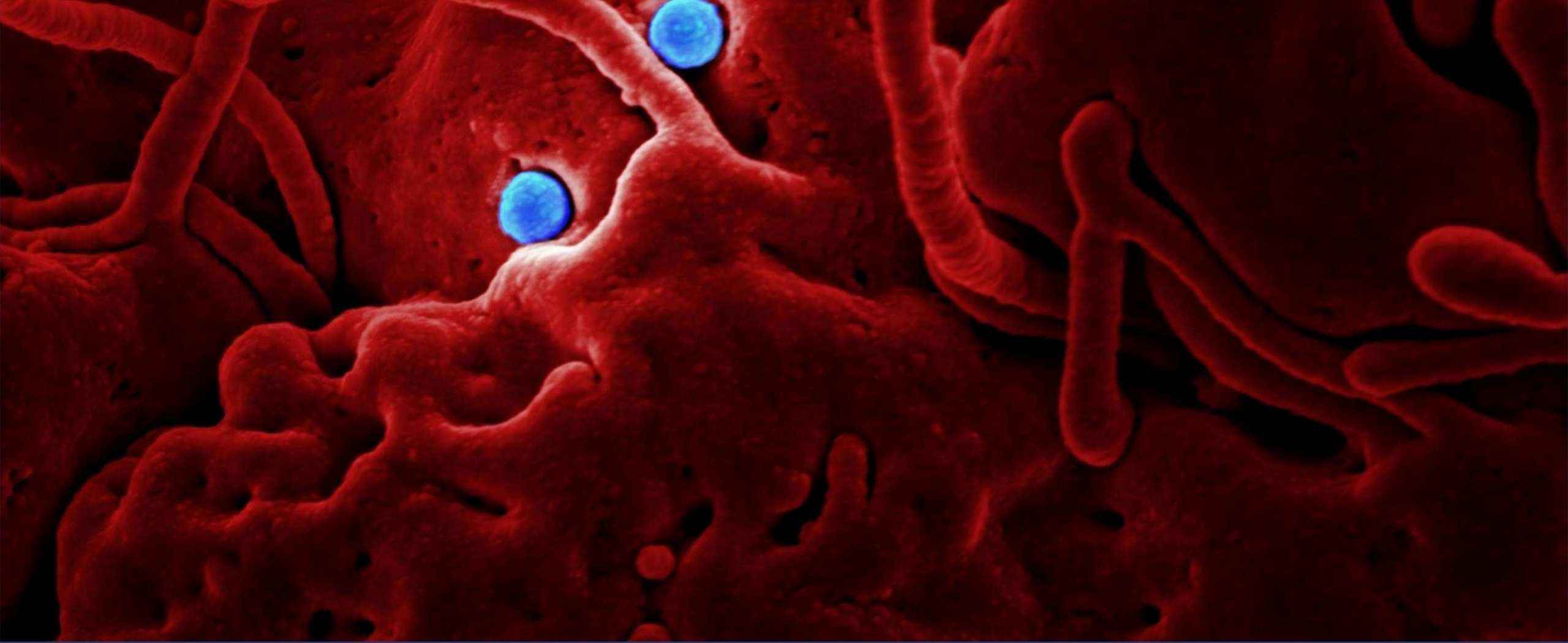
Oseltamivir, inhaled zanamivir[‡] or baloxavir[#] may be considered based on clinical discretion.

Due to concerns of treatment-emergent resistance with baloxavir, consider reserving baloxavir use for children who are contraindicated OR unable to take oseltamivir or inhaled zanamivir, have influenza illness despite prophylaxis with neuraminidase inhibitor (NAI), have known OR suspected NAI-resistant influenza.

NO

Antiviral therapy is not routinely recommended





OTHER INFECTIONS

OTHER INFECTIONS



1

Measles outbreak resolved, but cases may emerge again

2

COVID remains stable, lower morbidity

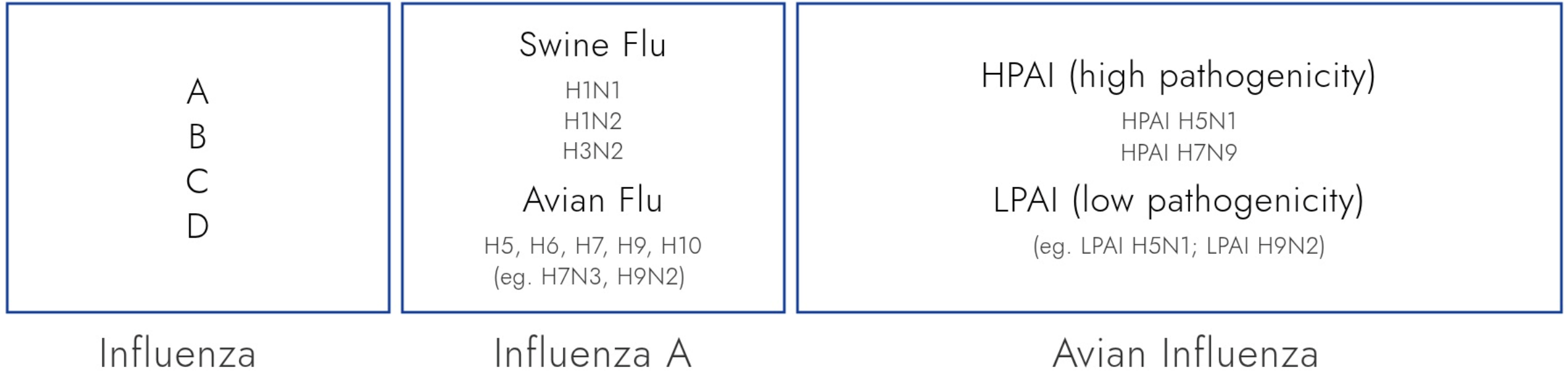
3

RSV cases rising

4

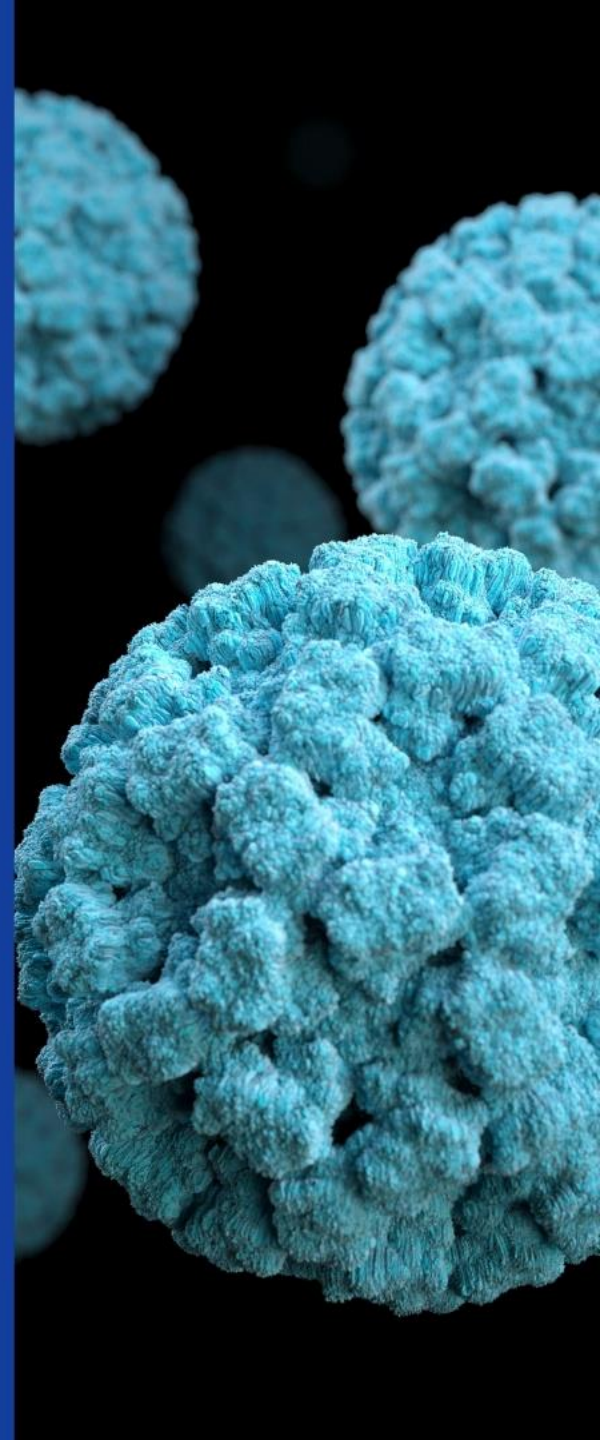
iGAS cases stable

INFLUENZA STRAINS



CONCLUSIONS

- 1 Significant influenza season due to new H3N2 subclade
- 2 Tamiflu can be given without testing to high risk patients
- 3 Other respiratory viruses have not had a significant rise



eReferral and Patients Before Paperwork (Pb4P)


January 16, 2026

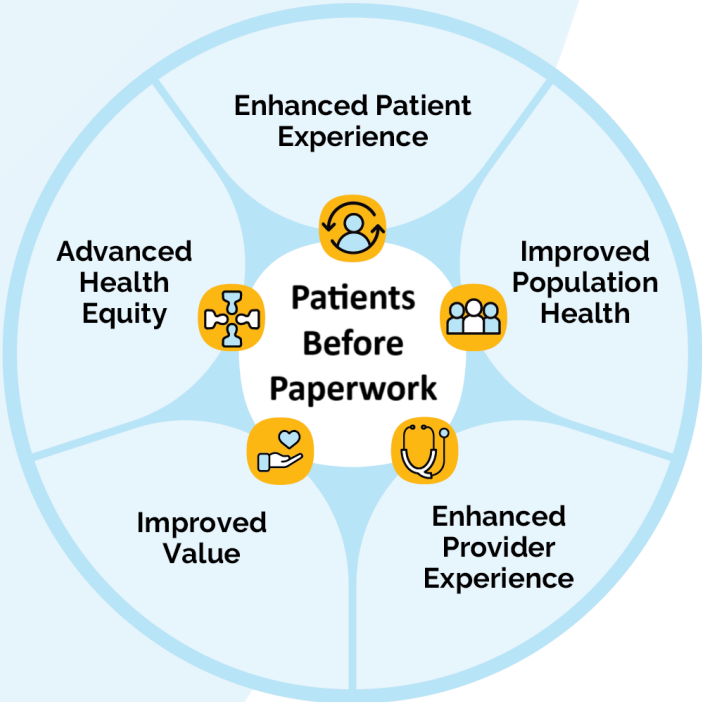


**Ontario
Health**

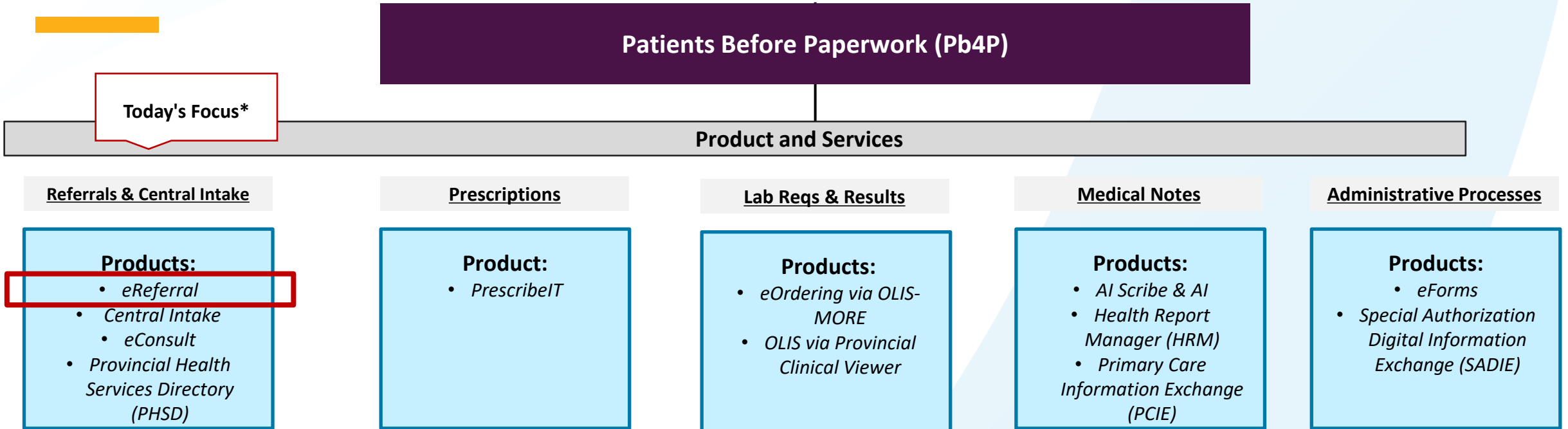


Pb4P: Program Vision, Mission, Program Goals

Elements	Definition			
Vision	Aligned to the Quintuple Aim, deliver safer, timely, and more equitable care for Ontarians.			
Mission	Our mission is to streamline and simplify the administrative processes, liberating Providers from unnecessary paperwork, and empowering Patients to actively engage in their healthcare journey. By increasing adoption and utilization of digital products , we are committed to creating an enhanced patient experience while significantly reducing the administrative burden on Providers.			
Program Goals Objectives	Increase Adoption and Utilization of Digital Products		Enhance Provider Experience <ol style="list-style-type: none"> 1. Reduce fax volume 2. Reduce administrative burden (hours spent on unnecessary tasks) 3. Improve Provider Satisfaction with digital tools (value) 	Enhance Patient Experience <ol style="list-style-type: none"> 1. Reduce patient wait times 2. Reduce privacy breaches



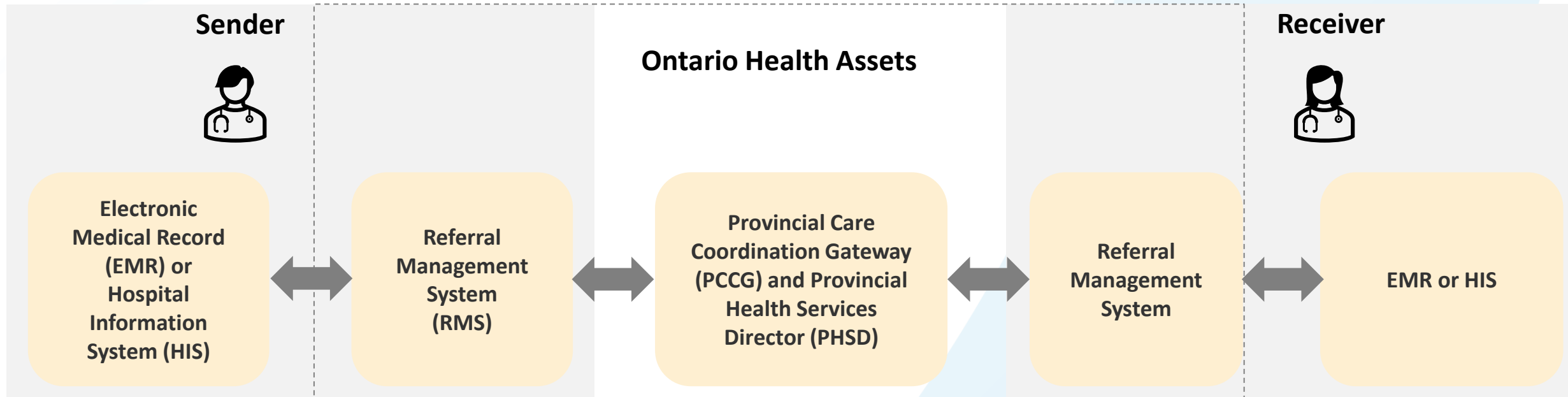
Pb4P: Product and Services



eReferral: A digital health tool for clinicians and allied health providers to send and manage referrals electronically.

Central Intake: Central intake is a single, standardized entry point that streamlines referrals, improves access, and ensures patients receive the right care at the right time in an equitable and efficient way.

New eReferral Ontario Architecture



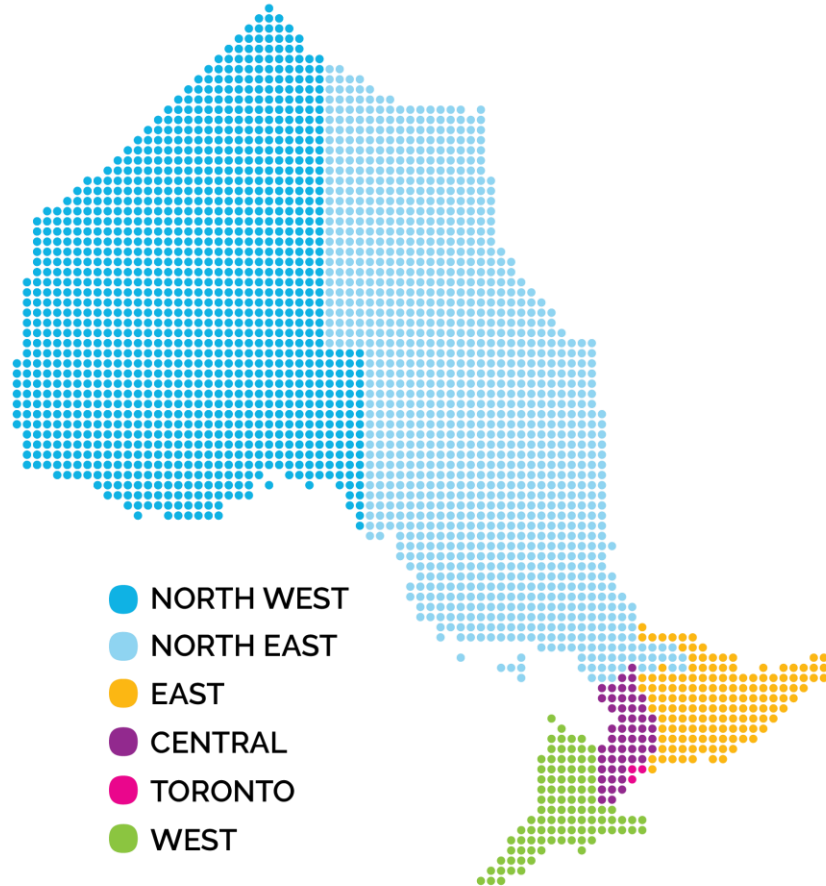
RMS: Electronic system that connects with the existing EMR or HIS used by clinicians and supports the referral process on behalf of the Referral provider and Receiving provider (e.g., sending, receiving, and updating referrals).

PCCG: Allows health care IT applications to interoperate with one another, enabling referral information to flow for senders to receivers.

PHSD: An Ontario Health owned and managed comprehensive health services data repository for the province.

Referral Data for Fiscal Year 2024-2025

eReferral Adoption: Current State



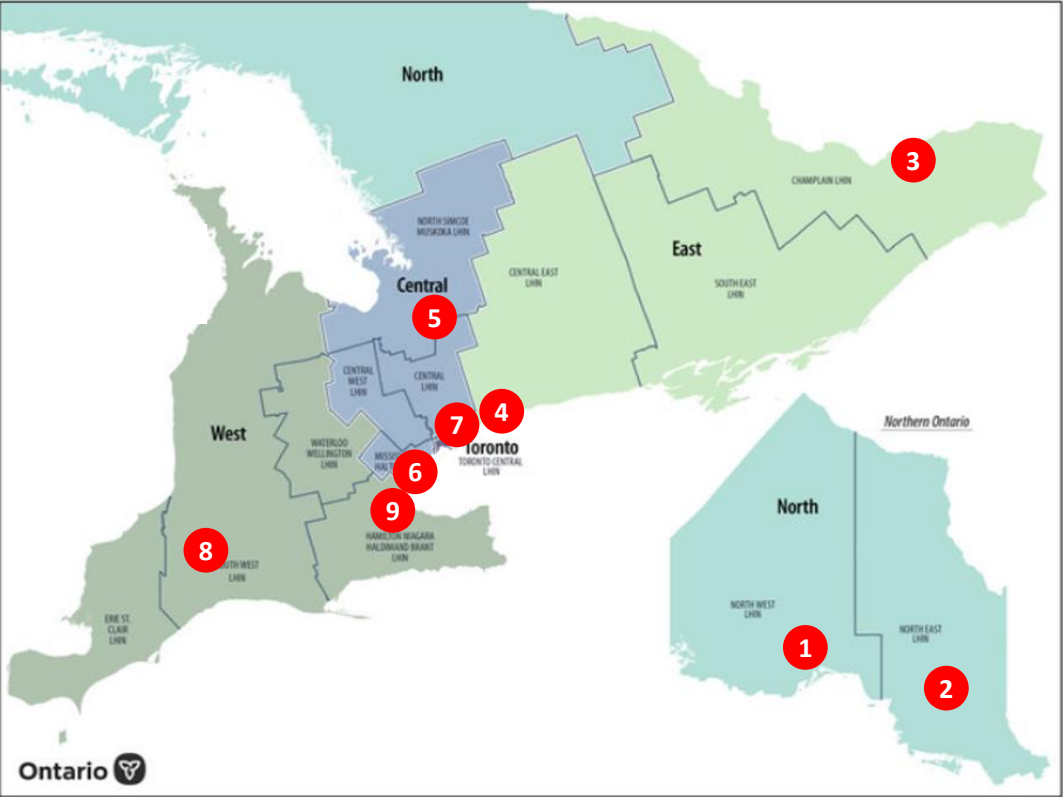
1,234,321 electronic Referrals in Ontario for FY 24-25¹

Number of Family Doctors ²	14,979
Adoption of eReferral ³	8,648 (58%)
Number of Nurse Practitioners ⁴	5,130
Adoption of eReferral ³	2,296 (45%)
# of Specialists ²	15,724
Specialist Receivers on eReferral ³ <i>with confirmed eReferral license record⁵</i>	1,262 (8%)

Data is subject to updates and changes over time. Last updated April 2025

1. Amplify Care, 12 months, April 1, 2024 – March 31, 2025.
2. Physicians in Ontario Longitudinal Overview (refreshed: October 2nd, 2024) <https://physicianreporting.org/data-visuals/pio-overview/>; Physician Reporting Centre (OPRC), Hamilton, ON: 2024. Specialist Denominator based on specialists most likely to receive eReferral
3. Family Doctor and Nurse Practitioner eReferral Senders as of March 31 2025. Specialist Receivers based on eReferral License Ledger (Live, Distinct CPSO Count). Data provided by Amplify Care.
4. IntelliHealth Ontario. (2022). Medical Service Providers Database. The sum of regional volumes may not match the overall total.
5. Some specialists may be receiving eReferrals within an organization and thus may not be represented in the individual license count.

Local Delivery Group Lead Organizations (hospitals) will lead and support roll-out and adoption of eReferral within subregional hospital groups



#	LDG	Lead Organization	# of Participating Hospitals
1	North West LDG	Thunder Bay Regional Health Sciences Centre	11
2	North East LDG	Health Sciences North	22
3	East of the East LDG	The Ottawa Hospital	20
4	Central East LDG	Scarborough Health Network	7
5	Central North LDG	Royal Victoria Regional Health Centre	11
6	Central South LDG	Trillium Health Partners	8
7	Toronto LDG	University Health Network	17
8	South West LDG	London Health Sciences Centre	25
9	Hamilton Niagara Region LDG	Hamilton Health Sciences	19

Standardized eReferral Forms Overview

Standardizing eReferral Forms in Ontario

To improve the experience of sending and receiving referrals, Ontario Health in collaboration with Amplify Care has developed a wide range of standardized eReferral forms

Phase 1a:

Sept 2024 – August 2025

Completed

- ✓ Cardiology
- ✓ Obstetrics & Gynecology
- ✓ Gastroenterology
- ✓ Dermatology
- ✓ Respiriology
- ✓ Hematology
- ✓ Rheumatology
- ✓ Urology
- ✓ Nephrology
- ✓ Neurology
- ✓ Otolaryngology
- ✓ Universal Template*

Phase 1b:

Sept 2024 – Sept 2025

Completed

- ✓ MRI*
- ✓ CT*
- ✓ Radiology*
- ✓ Cataract*
- ✓ Orthopedic*

*These forms are undergoing additional reviews to capture comprehensive feedback

Phase 2:

April 2025 – Jan 2026

Near Complete

- Bariatrics
- Endocrinology
- Infectious Disease
- MH&A Coordinated Access
- Psychiatry
- Plastic Surgery

Phase 3:

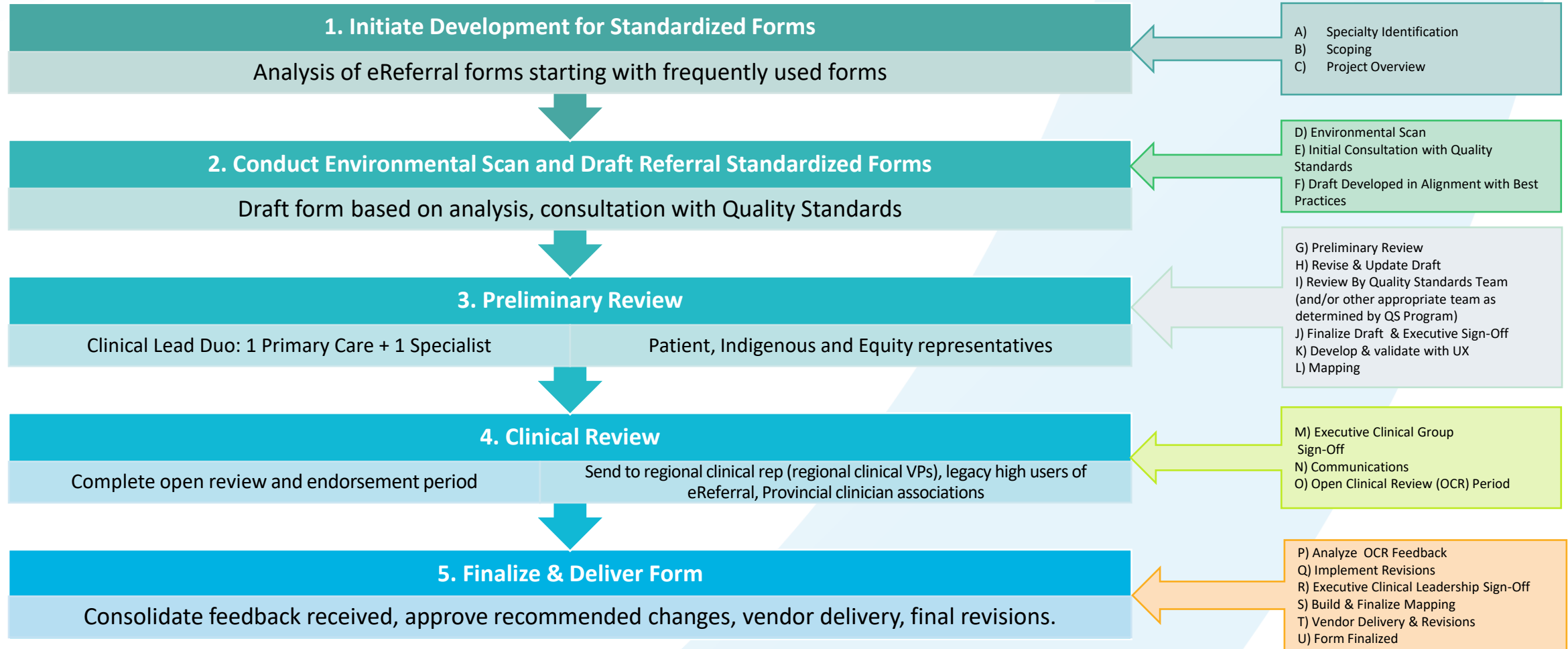
Nov 2025 – Mar 2026

In-Progress

- BEACON (Diagnostic Imaging Assessment Centers)
- Chronic Pain
- Infectious Disease
- General Pediatrics
- Geriatrics
- Sickle Cell
- Psychiatry
- Plastic Surgery
- Vascular Surgery
- Neurosurgery
- General Surgery

*The Universal Template can be selected by receiving sites as their template of choice, even if a "specialized" standardized form is also available

Forms Development Process



Forms Development = Clinical Engagement

Get Started With eReferral Ontario

1. Sign Up

If you're ready to sign-up for eReferral, complete Ontario Health's onboarding request form.

The onboarding request form for eReferral takes about **10 minutes** to complete. You'll receive a confirmation email and a ticket number once you've submitted your request.

Before you start, read our [Onboarding Request Form Job Aid](#). It explains how to fill out the form and what information you'll need to complete your submission.

[Complete the Onboarding Request Form](#)

2. Agreements

Once we've reviewed your request, OH send over the necessary agreements for you to sign and send back electronically.

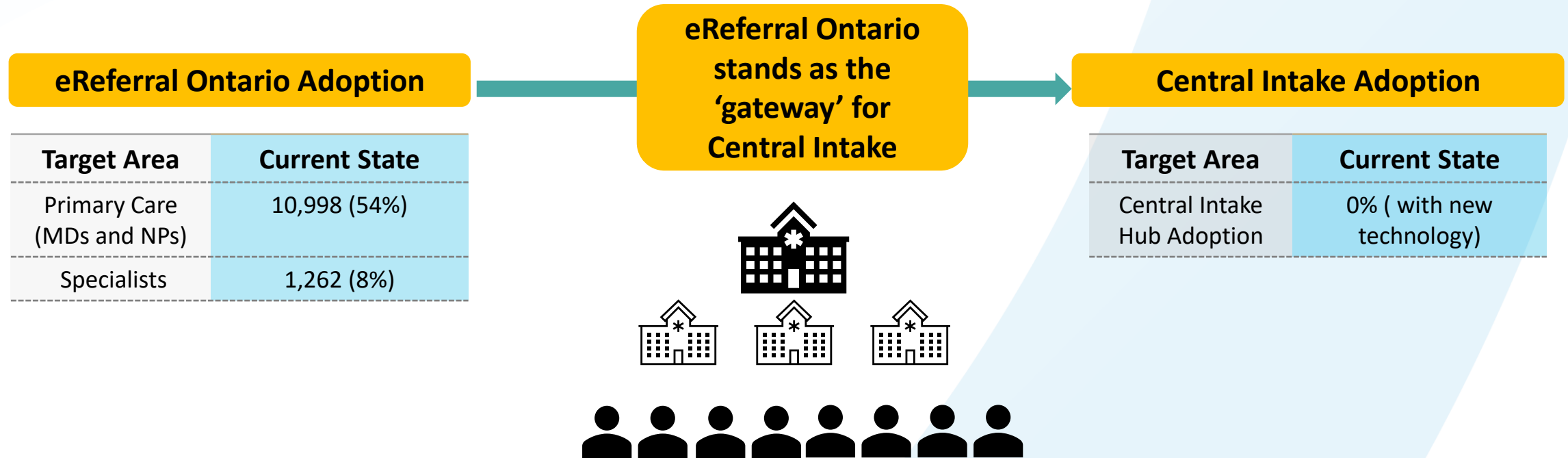
3. User Registration

Lastly, you'll be connected with eReferral Ontario for onboarding and setup to get you started.

More information: www.ontariohealth.ca/ereferral

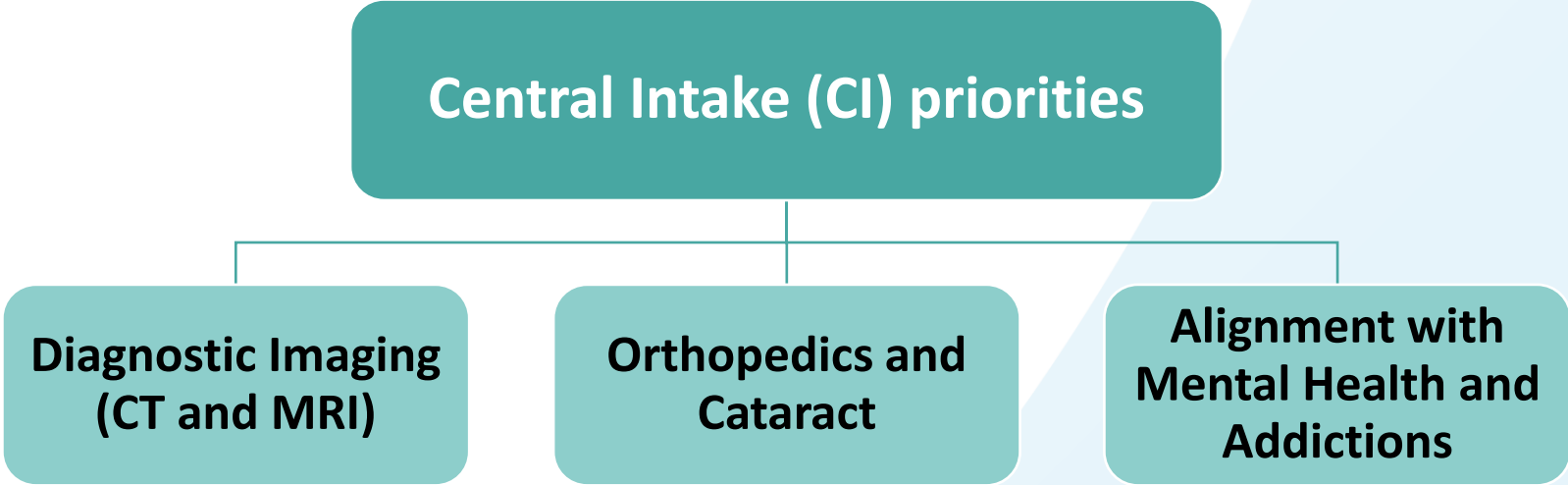
eReferral and CI Work Together to Reduce Wait Times

Adoption of eReferral, which digitizes the patient referral process, is the first step toward harnessing the benefits of CI.

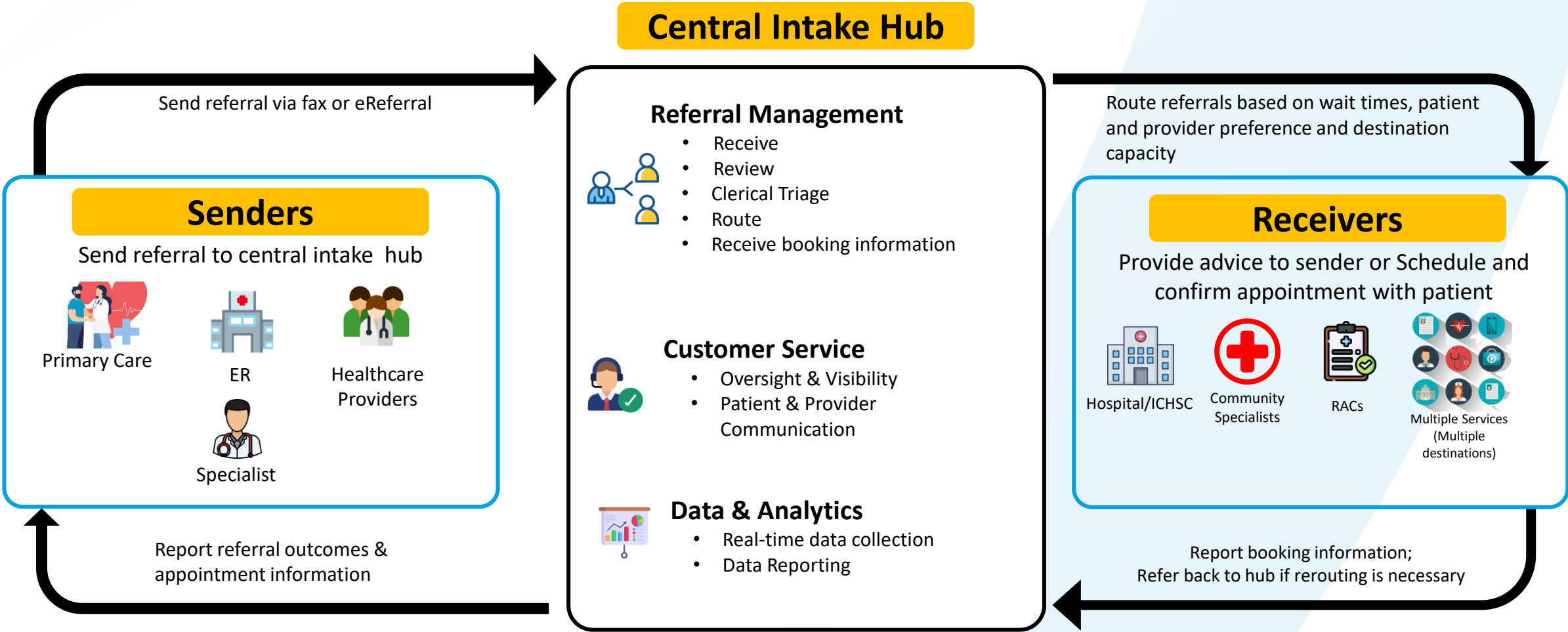


* All new users onboarded to eReferral Ontario will have access to Central Intake.

Central Intake: Priorities and Implementation Plans



Central Intake: Process workflow





Questions?

UPCOMING!

Antimicrobial Stewardship in Primary Care Audit and Feedback to Improve Antibiotic Prescribing



January 16, 2026
12:00 to 1:00 p.m.

FREE

[Register](#)



Supports for Mental Health, Addictions and Chronic Pain

Find information to support the care you give patients – in a way that also considers your wellbeing.

Community of Practice



[Perinatal Mental Health: Practical Screening and Support for Family Physicians \(Jan 28\)](#)

[Prescribing for Insomnia: When and How to Use Medications Safely \(Feb 25\)](#)

[Navigating WSIB for Family Physicians: Improving Patient Access and Your Practice \(Mar 25\)](#)

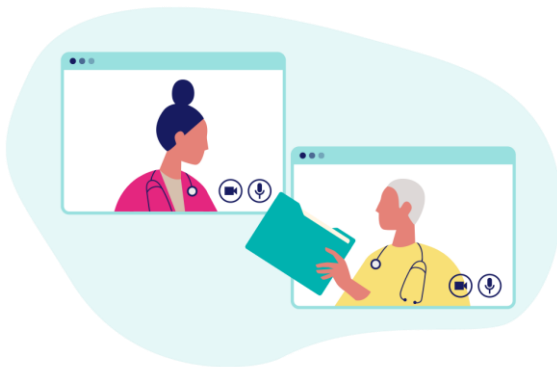
Peer Connect Mentorship

Receive tailored support to skillfully respond to practice challenges and earn Mainpro+ credits.

Topics Explored by Peer Learners:

- Managing ADHD in primary care
- Strategies to address work-life balance
- Supporting patients living with chronic pain and addiction challenges

[Become a Peer Learner](#)



DFCM's First Five Years Community of Practice

Free, fun and full of answers to all those questions you never thought to ask during residency, this monthly online CPD series is about supporting early career physicians as they get started in their family medicine career!

Upcoming sessions:

From 7 – 8pm



Jan 20, 2026: Work smarter, not harder: Managing your inbox and paperwork

Feb 24, 2026: Getting started with financial planning

Mar 24, 2026: Patient referrals: using eConsult, eReferral and SCOPE

Registration now open on the [First Five Years CoP website](#)

The First Five Years Community of Practice is a one-credit-per-hour Group Learning program that has been certified for up to a total of 9 Mainpro+ credits.

RECENT SESSIONS

September 26	Infectious Disease & Metabolic Associated Steatotic Liver Disease	Dr. Daniel Warshafsky Dr. Hemant Shah
October 17	Infectious Disease & Managing Nutrition	Dr. Gerald Evans Dr. Mary Sco
October 31	Infectious Disease & New Aneurysm Screening Program	Dr. Daniel Warshafsky Dr. Varun Kapila
November 21	Infectious Disease & Migraine Updates	Dr. Zain Chagla Dr. Danny Adel Monsour
December 5	Infectious Disease & Current Public Health Issues	Dr. Daniel Warshafsky Dr. Kieran Moore

Past Webinars, Slides, Self-Learning & More Resources:
<https://dfcm.utoronto.ca/past-changing-way-we-work-community-practice-sessions>

UPCOMING SESSIONS

Month	Date
February 2026	February 6
February 2026	February 20
March 2026	March 6

SAVE THE DATE

Registration links will be emailed to you closer to the date



Ontario College of
Family Physicians
*Thriving Family Physicians
in a Healthy Ontario*



Family & Community Medicine
UNIVERSITY OF TORONTO

Questions?

Webinar recording and curated Q&A will be posted soon.

Session slides will be available by the end of the day:

<https://dfcm.utoronto.ca/past-changing-way-we-work-community-practice-sessions>

Our next Community of Practice: February 6, 2026

Contact us: ocfpcme@ocfp.on.ca

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