

COVID-19 Community of Practice for Ontario Family Physicians

June 16, 2023

**Dr. Daniel Warshafsky
Dr. Mekalai Kumanan**



COVID-19 Updates and Solutions for our Family Practice Challenges



Family & Community Medicine
UNIVERSITY OF TORONTO

Ontario College of
Family Physicians



COVID-19 Updates and Solutions for our Family Practice Challenges

Moderator:

- Dr. Tara Kiran, Fidani Chair of Improvement and Innovation, University of Toronto and Family Physician, St. Michael's Academic FHT, Toronto, ON

Panelists:

- Dr. Daniel Warshafsky, Toronto, ON
- 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.

Primary Care Gathering: First Nations, Inuit & Métis Community Roundtable June 2, 2023



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), Julia Galbraith (OCFP), Pavethra Yogeswaran (OCFP), Marisa Schwartz (DFCM), Erin Plenert (DFCM)

Previous webinars & related resources:

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



Dr. Daniel Warshafsky – Panelist

Associate Chief Medical Officer of Health at the Office of the Chief Medical Officer of Health, Toronto, ON



Dr. Mekalai Kumanan– Panelist

Twitter: @MKumananMD

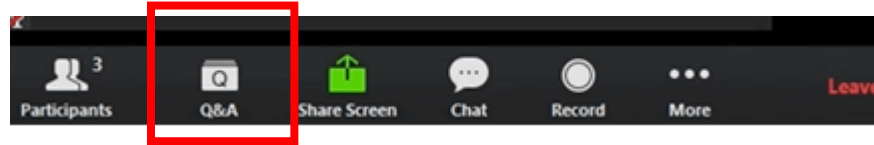
President, Ontario College of Family Physicians
Family Physician, Two Rivers Family Health Team
Chief of Family Medicine, Cambridge, ON

Speaker Disclosure

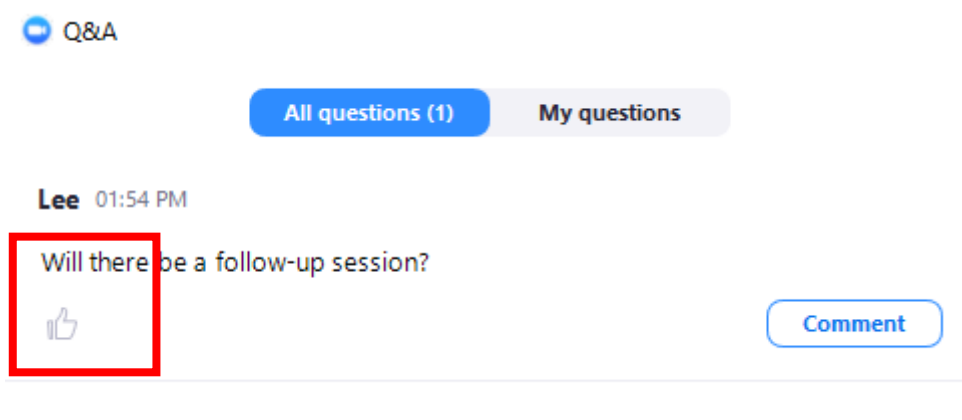
- Faculty Name: **Dr. Mekalai Kumanan**
- Relationships with financial sponsors:
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: Ontario College of Family Physicians
 - Others: Chief of Family Medicine, Cambridge Memorial Hospital
- Faculty Name: **Dr. Daniel Warshafsky**
- Relationships with financial sponsors:
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: N/A
 - Others: N/A
- Faculty Name: **Dr. Tara Kiran**
- Relationships with financial sponsors:
 - Speakers Bureau/Honoraria: St. Michael's Hospital, University of Toronto, Health Quality Ontario (HQQ), Canadian Institutes for Health Research (CIHR).Ontario College of Family Physicians (OCFP), Ontario Medical Association (OMA), Doctors of BC, Nova Scotia Health Authority, Osgoode Hall Law School, Centre for Quality Improvement and Patient Safety, Vancouver Physician Staff Association, University of Ottawa, Ontario Health, Canadian Medical Association, McMaster University, Queen's University, North American Primary Care Research Group.
 - Grants/Research Support: Canadian Institute for Health Research, Ministry of Health and Long-Term Care, St. Michael's Hospital Foundation, St. Michael's Hospital Medical Services Association, Women's College Hospital Academic and Medical Services Group Innovation Fund, University of Toronto, Health Quality Ontario, Ontario Ministry of Health, Gilead Sciences Inc., Staples Canada, Max Bell Foundation.

How to Participate

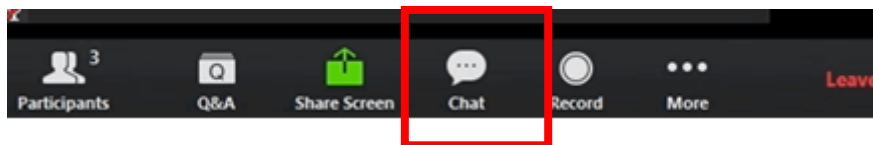
- All questions should be asked using the Q&A function at the bottom of your screen.



- Press the thumbs up button to upvote another guests questions. Upvote a question if you want to ask a similar question or want to see a guest's question go to the top and catch the panels attention.



- Please use the chat box for networking purposes only.





Dr. Daniel Warshafsky – Panelist

Associate Chief Medical Officer of Health at the Office of the Chief Medical Officer of Health, Toronto, ON



Dr. Mekalai Kumanan– Panelist

Twitter: @MKumananMD

President, Ontario College of Family Physicians
Family Physician, Two Rivers Family Health Team
Chief of Family Medicine, Cambridge, ON

Anticipated Respiratory Season (2023/2024)

1. Influenza
2. RSV
3. COVID-19
4. COVID-19 Spring Boosters
5. COVID-19 Rapid Antigen Tests (RATs)

1. Influenza

Figure 2: Unweighted rate of ILI reported from ASPREN sentinel GP surveillance systems, Australia, 1 January 2016 to 28 May 2023, by year and week^{^^}

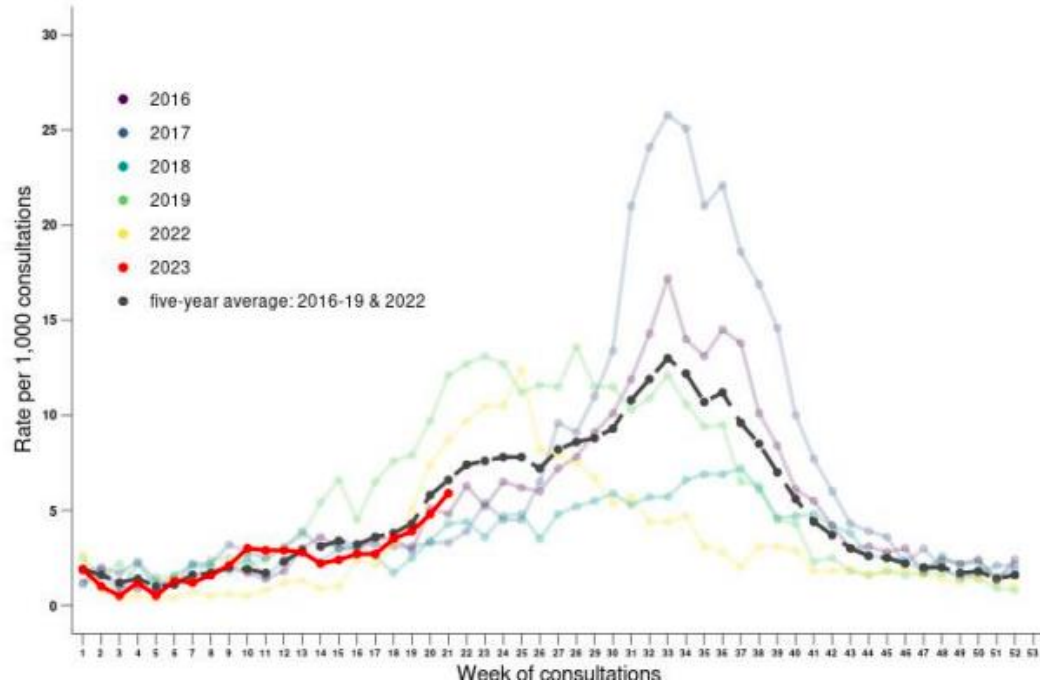
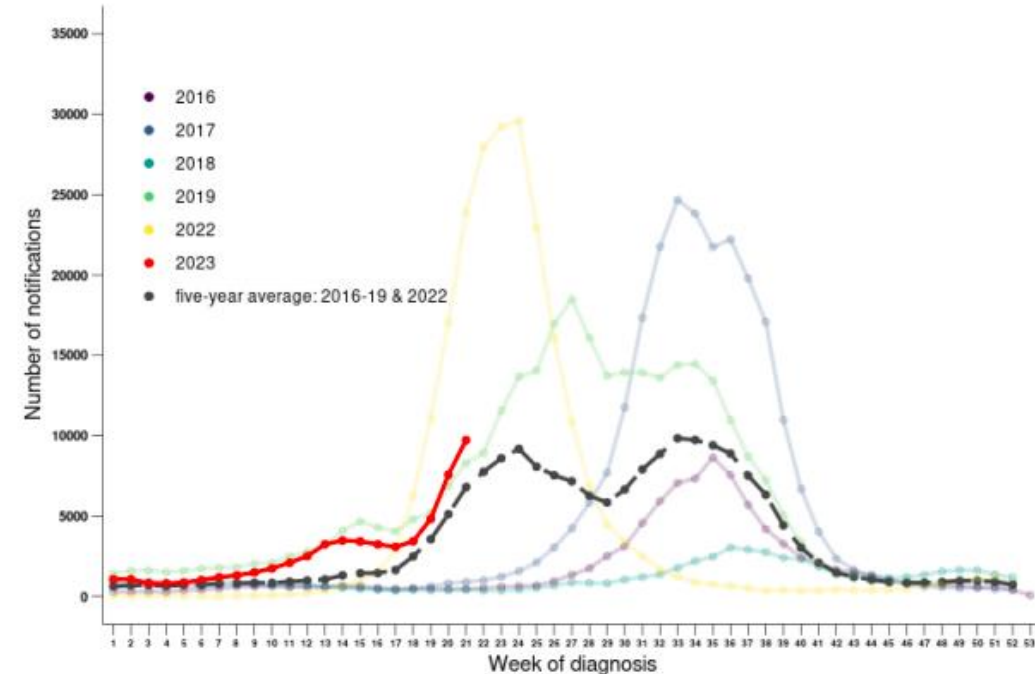


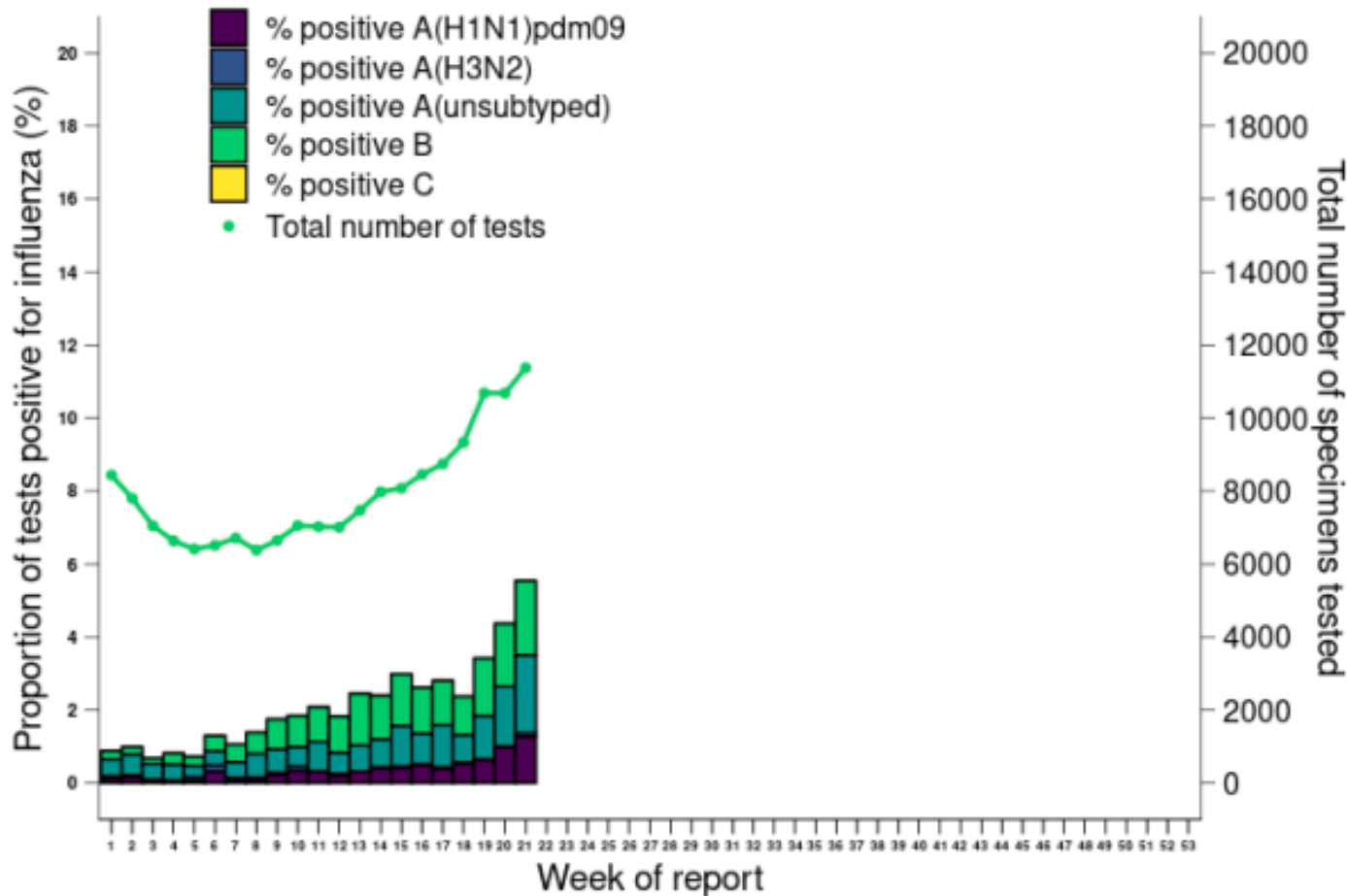
Figure 3: Notifications of laboratory-confirmed influenza, Australia, 1 January 2016 to 28 May 2023, by year and week of diagnosis^{*}



- Early start to flu season this year again.
- Seems to be tracking more similar to “typical” years at this point.
- Influenza activity has increased this past week (not included in above figures), but still at relatively low-levels.

1. Influenza

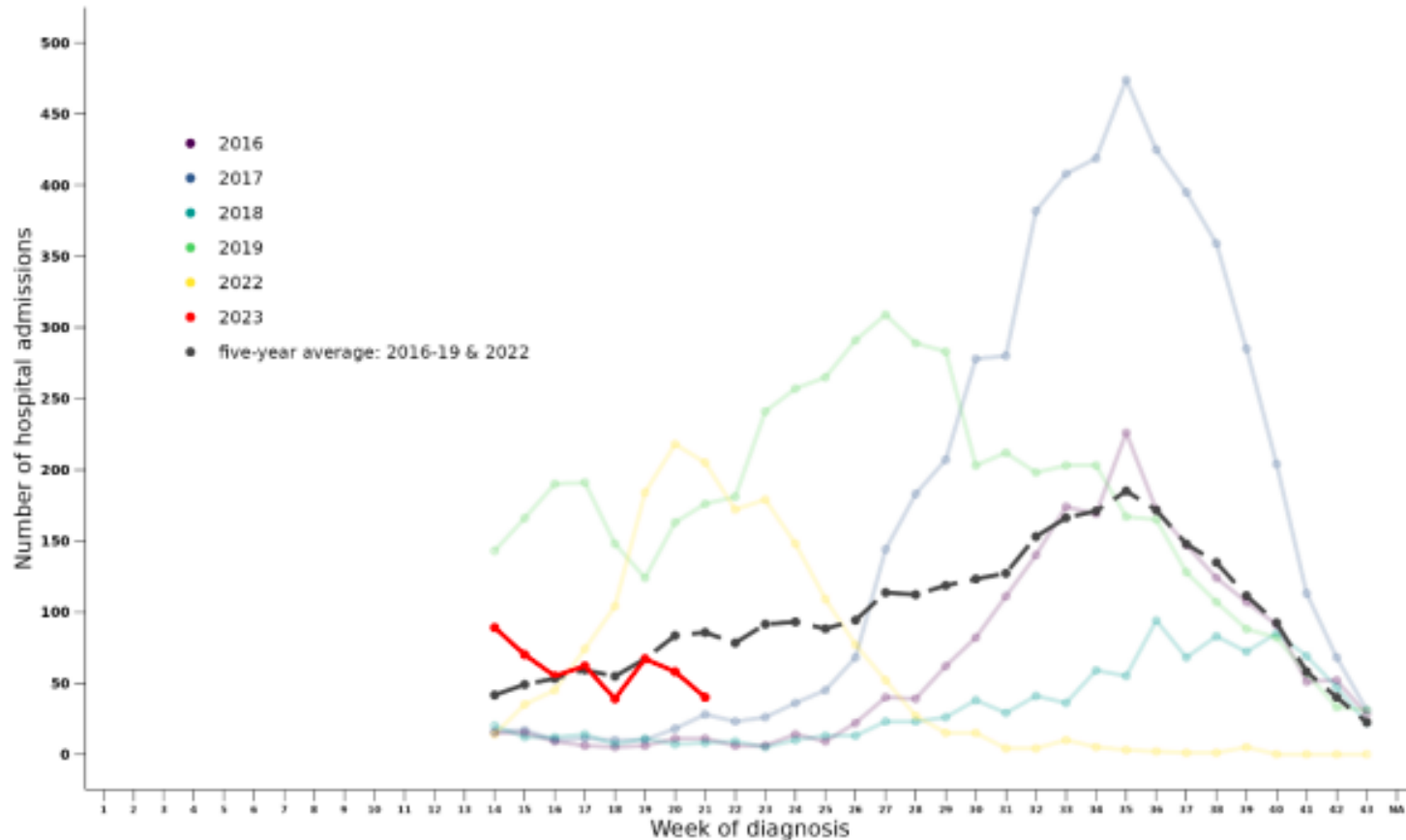
Figure 4: Proportion of sentinel laboratory tests positive for influenza and total number of specimens tested, 1 January to 28 May 2023, by subtype, year and week*



- Mixed influenza season: mostly H1N1 (46%) and B/Victoria (41%).
- May be less severe season vs last year given not an H3N2 season (still very early to tell).
- H1N1 and B/Victoria impacts children more. So far, individuals <15 years of age have been most impacted (esp age 5-9 years).
- May also be longer season given mixed flu picture (potential bi-modal waves of flu).

1. Influenza

Figure 6: Number of influenza hospitalisations at sentinel hospitals, from April to October, 2016 to 2023 by year and week of diagnosis*



- Hospitalizations are down from last year.
- However, among these, there are greater influenza-related deaths this year than last.
- **A stat to keep watching is the % ICU admissions (currently 7% when last year it was 6%).**

2. RSV

- Global RSV started early as well.
- Global RSV was reported by the WHO to be low, but activity remained elevated in parts of Australia and in several countries in tropical and temperate South America.
- The RSV detection rate in children <5 year of age in South Africa decreased from a moderate to a low level.
- Unclear how 'long' the season will be or if later peak at this point.

3. COVID-19 in Southern Hemisphere

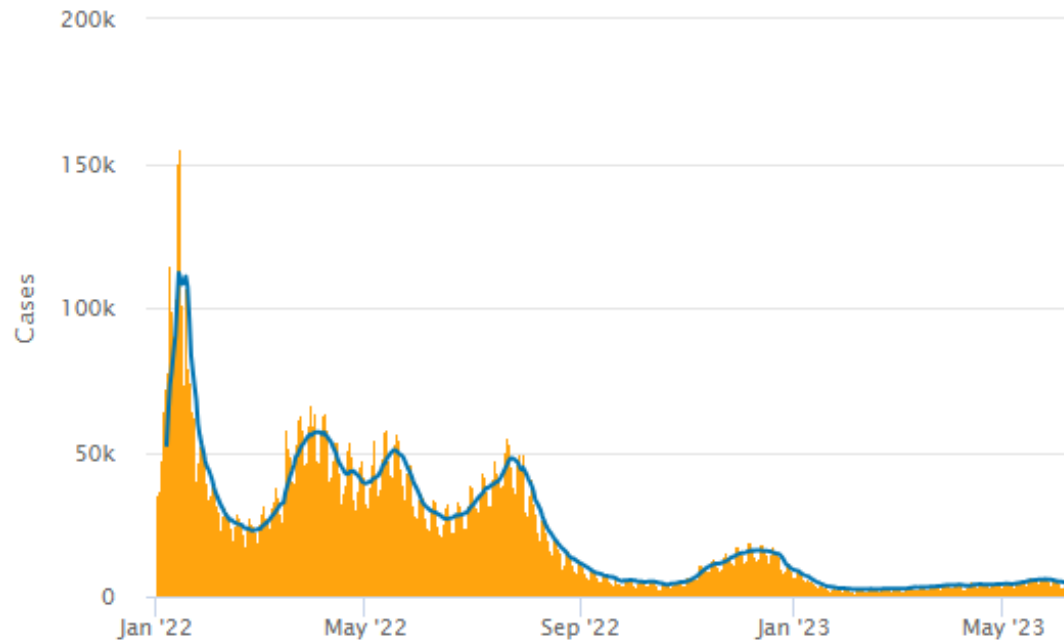
COVID-19 cases and 7 day rolling average, 01 Jan 2022 to 06 Jun 2023

Select a value to
view corresponding
data:

Australia

Viewing data for: Australia

● Daily Cases — Rolling 7-day average



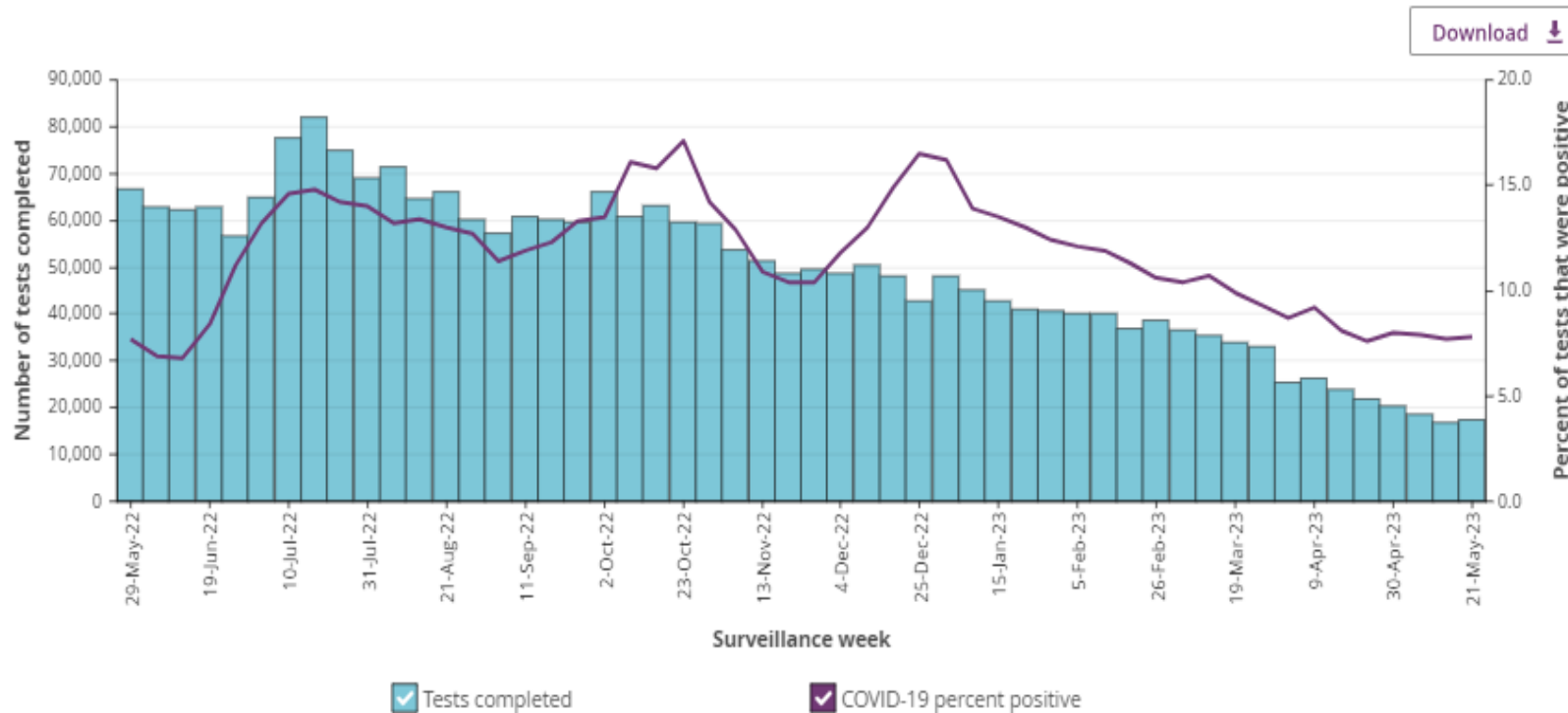
- Average daily cases remain low.
- Hospitalisations, ICU admissions, and deaths remain low as well.

3. COVID-19 in Ontario

Number of COVID-19 tests completed and percent positive by surveillance week

May 29, 2022 to May 27, 2023

This graph shows provincial testing data for COVID-19 over the previous 52 weeks.



- Percent positivity of COVID is consistent, and relatively low.
- Case counts, hospitalizations and deaths remain consistently low as well.
- The most prevalent lineage in recent weeks is XBB.1.5 (~30%), followed by XBB.1.16 (~15%), and XBB.1.9.1 (~15%).

4. COVID-19 Spring Boosters

- As per NACI guidance:
 - High-risk individuals should get their COVID-19 boosters this spring if it has been at least 6 months since previous dose.
 - Individuals 5 years and older who have not yet received a booster dose since September 1, 2022, remain recommended to receive a booster dose if it has been at least six months since their last dose or confirmed COVID-19 infection.
 - Recommendations for other individuals who are not high-risk and have already received a booster since September 1, 2022 will be available closer to Fall 2023 and once NACI releases updated guidance.
- Providers should balance advantages of receiving dose now versus timing with upcoming 2023 fall season.

5. COVID-19 Rapid Antigen Tests (RATs)

- The province is planning to wind down its RAT programs on **June 30, 2023**.
- Between now and June 30, 2023:
 - General public will continue to have access to free RATs at participating grocery and pharmacy locations.
 - Retailers encouraged to place final orders that consider historical usage rates and preparedness for upcoming fall/winter.
- After June 30, 2023:
 - PHUs will make RATs available to local communities via existing public health services or through local partners, while provincial supplies last.
 - Highest risk individuals will continue to have access to free RATs through existing channels (e.g., LTC).
 - Will also be available through other health system partners for upcoming resp season.
- Molecular PCR testing will continue to be accessible for higher risk individuals at local pharmacies and other locations.

References

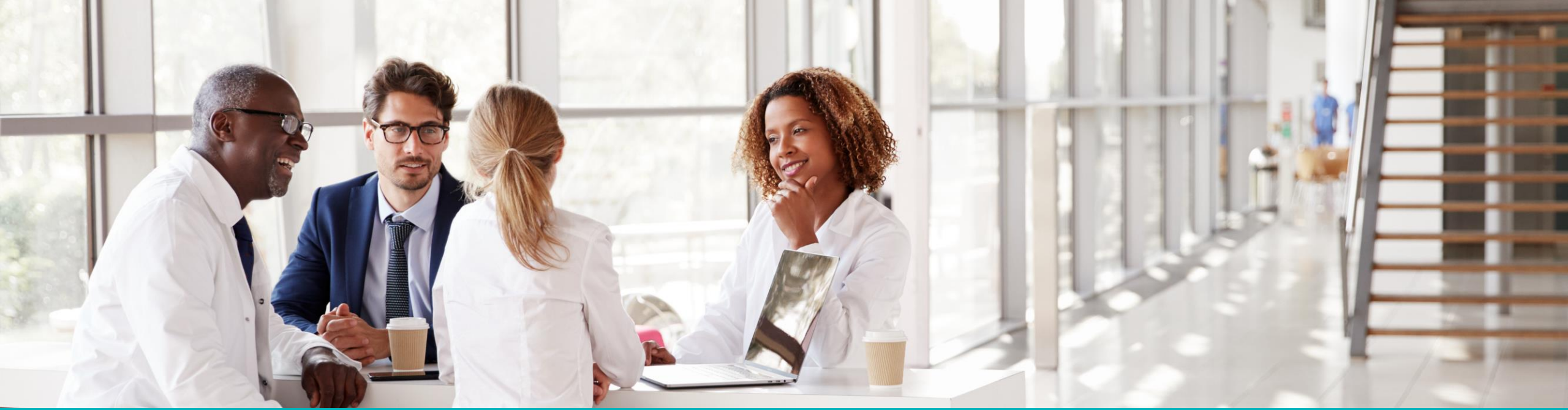
1. Australian Government Department of Health and Aged Care. AISR national influenza season summary [Internet]. Canberra, Australia: Australian Government Department of Health and Aged Care; 2023 [cited 2023 June 8]. Available from: [Contact us | Australian Government Department of Health and Aged Care](#)
2. Public Health Ontario (PHO). Summary of southern hemisphere seasonal influenza and respiratory syncytial virus activity; current as of June 2, 2023 [Internal document]. Toronto, Canada: Public Health Ontario (PHO); 2023 [cited 2023 June 8].
3. Public Health Agency Canada (PHAC). National surveillance for Coronavirus disease (COVID-19) [Internet]. Toronto, Canada: Public Health Agency Canada (PHAC); 2023 [cited 2023 June 8]. Available from: [National surveillance for Coronavirus disease \(COVID-19\) - Canada.ca](#)
4. Public Health Ontario (PHO). Ontario COVID-19 data tool [Internet]. Toronto, Ontario: Public Health Ontario (PHO); 2023 [cited 2023 June 8]. Available from: [Ontario COVID-19 Data Tool | Public Health Ontario](#)



CanTreatCOVID

Canadian Adaptive Platform Trial of Treatments
for COVID in Community Settings

- Canada-wide study evaluating effectiveness of COVID-19 medications
- By primary care providers, for primary care providers
- Eligible: Adults with a positive COVID test, aged 50+ years or 18-49 years with one or more chronic condition(s)
- Enrollment underway – to refer your patients (patients may self-refer):
 - Phone: **1-888-888-3308 (Monday - Friday, 8 am to 6 pm ET)**
 - Email: info@CanTreatCOVID.org
 - Website: **CanTreatCOVID.org/contact**
- More information:
 - FAQs: <https://www.dfcm.utoronto.ca/sites/default/files/inline-files/CanTreatCOVID%20Study%20Info%20FAQ.pdf>
 - COVID-19 CoP session, “COVID Therapeutics” – Jan. 20, 2023:
<https://www.dfcm.utoronto.ca/past-covid-19-community-practice-sessions>



June 16, 2023

Advocating for Family Doctors

Ontario College of
Family Physicians

Leaders for a healthy Ontario



You Told Us to Advocate

Launched “Life Without a Doctor”

- Significant public exposure through media and social media.
- Strategically wanted to show Government that their constituents are being impacted.
- Working with INSPIRE, revealed 1.8M Ontarians are without a family doctor (now 2.2M).
- We have seen a change in the public narrative about family doctors.

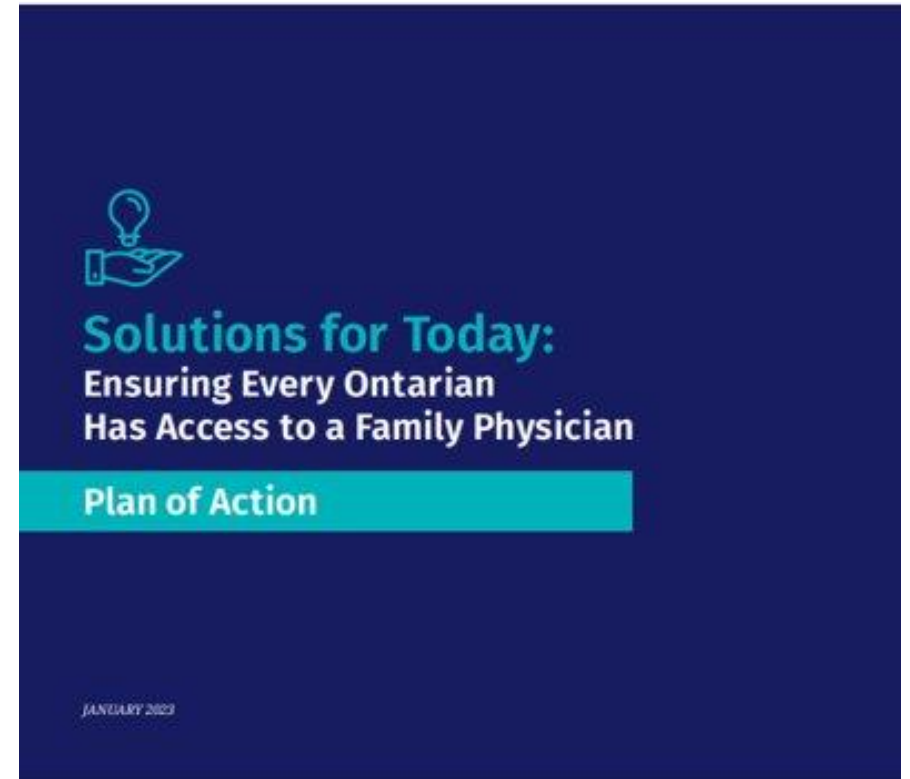


With ERs under strain, primary care also 'in crisis,' health experts warn

**LIFE
WITHOUT
A DOCTOR**

Advocacy is Working

- **Collectively we have elevated the issues in family medicine onto the public agenda.**
- Support for family doctors is front and center in the Federal Health Transfer funding.
- Ontario is investing in initiatives tied to **our Action Plan** (*much more to do...but it's a start*).
 - \$30M for up to 18 expanded/new teams.
 - Support for the creation of Primary Care Networks.
 - New Practice Ready Assessment program.
 - More family medicine residency spots.



Digging into Admin Challenges

Our March 2023 research explored the impact of administrative burden on family medicine

! The results reinforced the crisis in family medicine with immediate action required



Critical Challenges

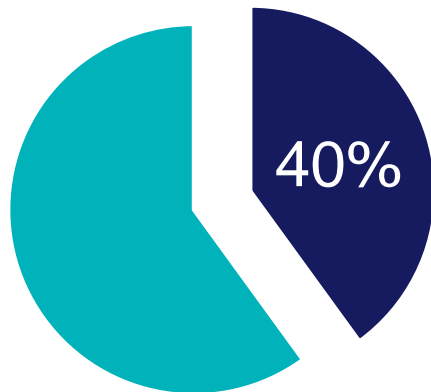
These are prevailing pain points with widespread agreement – and that must be addressed.

Challenge	Challenges Magnitude (Strongly/Somewhat Agree %)
Other parts of the health care system often place unnecessary and/or inappropriate burden back onto me/my practice.	<div></div> 98
I am overwhelmed with administrative burden and paperwork related to the care requirements of my patients.	<div></div> 94
It is difficult to access specialist care for patients.	<div></div> 93
I spend a burdensome amount of time filling out patient forms.	<div></div> 92
It is difficult to manage patient expectations.	<div></div> 92

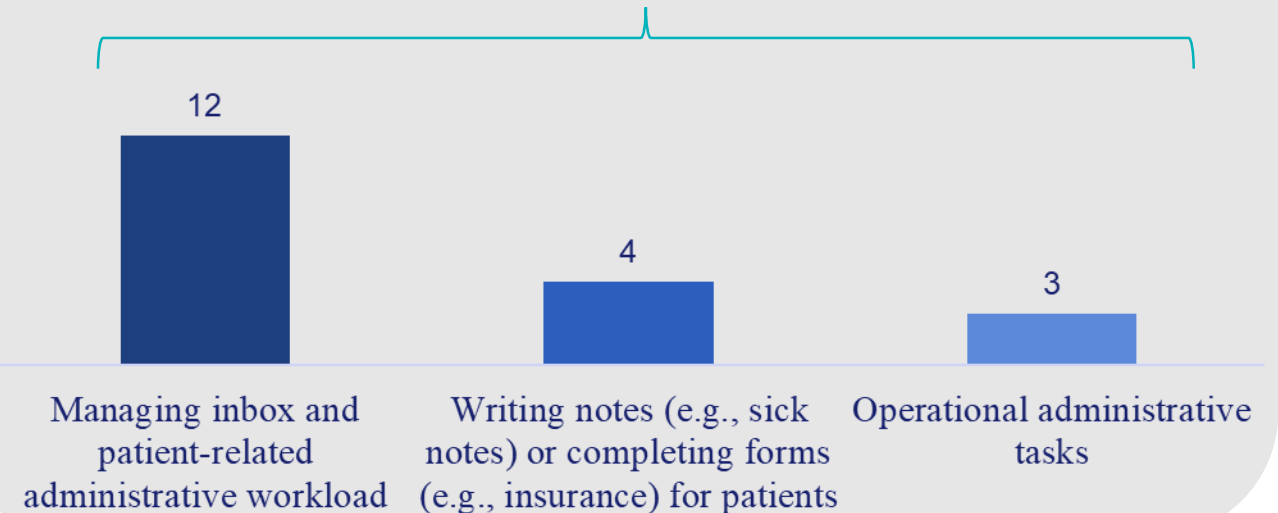
Time Spent on Admin Tasks

40% of family doctors' working hours are dedicated to administrative tasks.

Physicians work on **average 47.7 hours** per week; **40% of those hours** are currently being spent **on administrative tasks**



Time Spent on Administrative Tasks (# of hours worked per week) Net: 19.1 hours



Q14. On average, how many hours do you work each week? Please consider all hours you spend on your practice, including the time you actively see patients as well as the time you are not seeing patients but conducting tasks related to being a family physician.

Q15. Out of that total number of work hours, on average how many hours per week do you spend on:

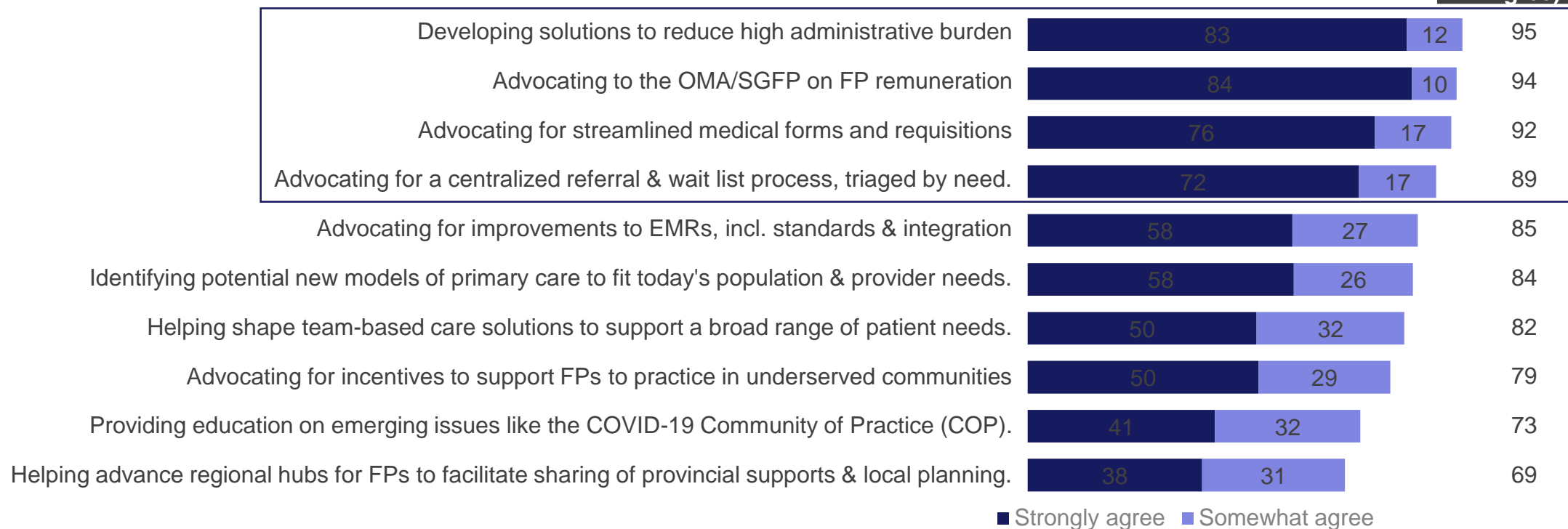
Base: Total Sample (n=1,343)

Members Aligned on Needed Focus

Agreement with OCFP involvement

(% selected)

Top 2 Box
(Strongly/
Somewhat
Agree)



Q33. How much do you agree or disagree that the OCFP should be involved in the following?

Base: Total Sample (n=1,343)

Focused Actions

Initial Solutions to Reduce the Admin Burden



1. Advocate for
needed PSA
updates



2. Eliminate
requirement for
sick notes



3. Streamline
insurance forms

Initial Admin Solutions (cont'd)



4. Reduce/
streamline
government forms



5. Improve
transitions in care
(reduce
'downloading')



6. Expand
eReferral

Initial Admin Solutions (cont'd)



7. Adopt newly-developed HRM standards



8. Standardize requisitions

Discussion



- Are there other opportunities for action to alleviate the admin burden?
- What should be our next priority for action?

ocfp@ocfp.on.ca

OurCare

OurCare is inviting thousands of people living in Canada to share their ideas, aspirations and priorities for creating a more equitable and sustainable primary care system that delivers better care for all.



1 national survey, 9000+ people

The OurCare National Research Survey explored people's experiences, priorities and preferences for primary care. Explore the results at data.ourcare.ca.



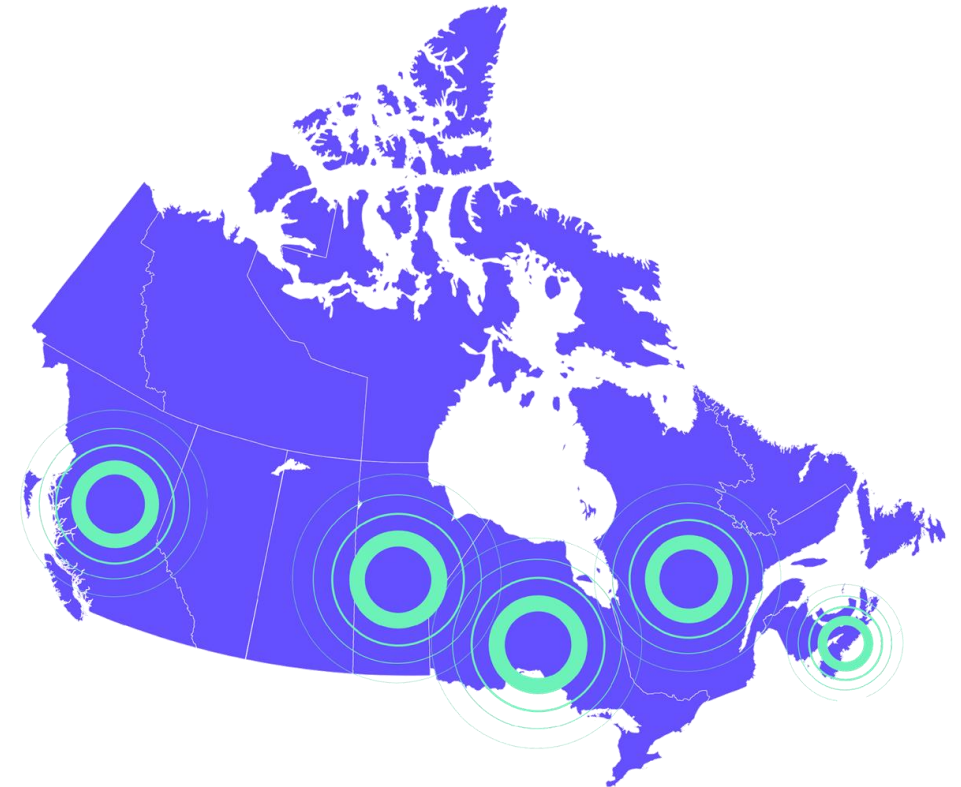
5 Provincial Priorities Panels, 175+ people

Each panel includes 36 randomly selected residents from the province who will spend 30 to 40 hours learning and deliberating about primary care before issuing consensus recommendations for a better system.



10 community roundtables, 200+ people

Each roundtable gathers 24 people from a marginalized community for a one-day session to identify specific needs and priorities for their group. Two roundtables will be held in each of 5 provinces.



Recommendations from patients and the public will inform a Blueprint for the future of primary care in Canada.

Join the movement and learn more at OurCare.ca.

OurCare

The OurCare study surveyed a diverse group of more than 9,000 people across Canada (Sept-Oct 2022) about their care experiences and what's important to them when it comes to family doctor care. Learn more at [OurCare.ca](https://ourcare.ca).

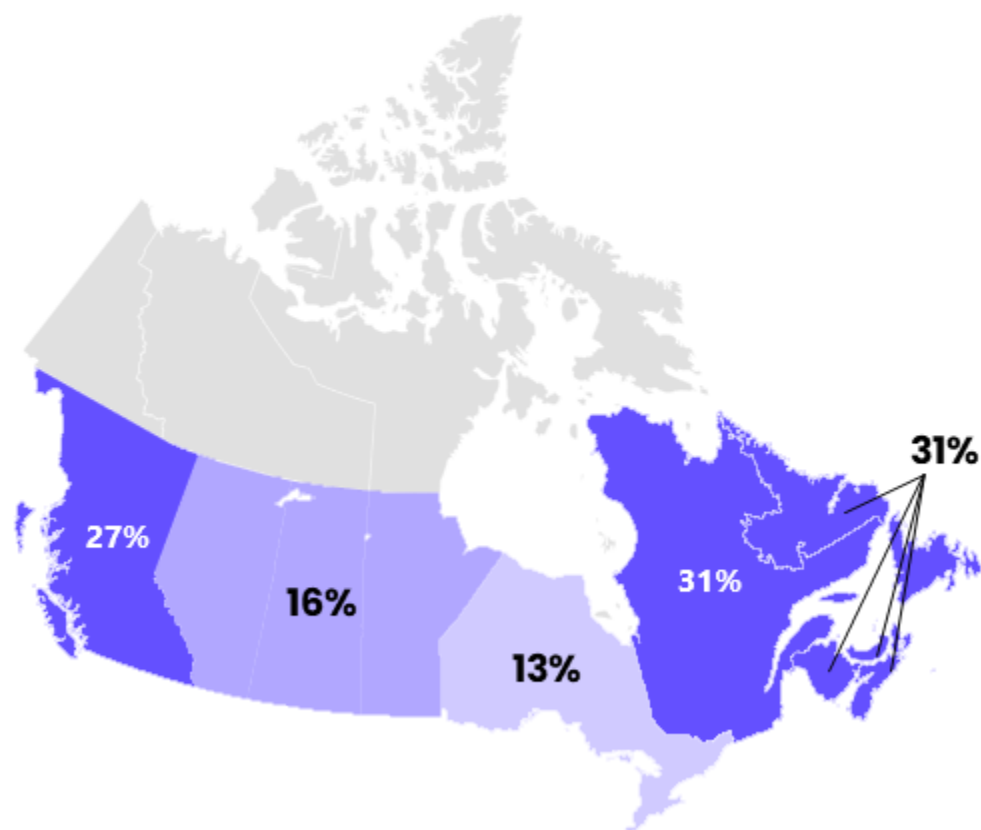
NEW NATIONAL DATA:

More than **6.5 million adults** in Canada don't have a regular family doctor or NP – that's more than **1 in 5 adults**.



22% of people in Canada age 18+ do not have a family doctor or nurse practitioner (NP) who they see regularly for care.

» **More people in Québec, British Columbia, and the Atlantic region reported not having a family doctor compared with people in Ontario and the prairie region.**



Explore the data yourself: data.ourcare.ca

OurCare

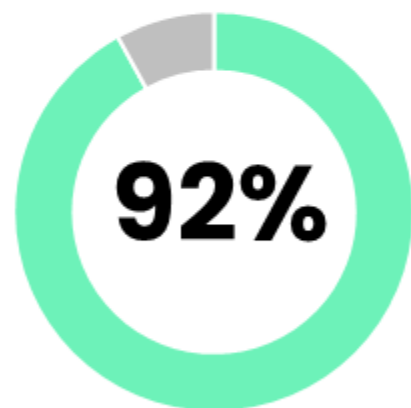
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WHAT'S MOST IMPORTANT TO PATIENTS?

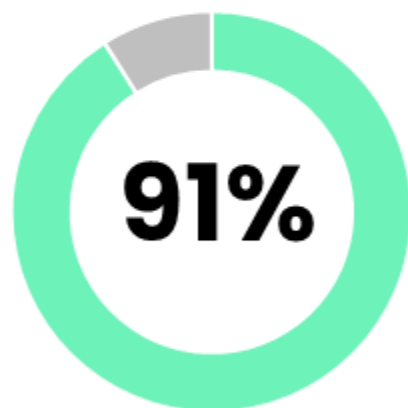
98% of Canadians feel it is important that everyone have access to a family doctor, NP or team of health professionals that they can see regularly.



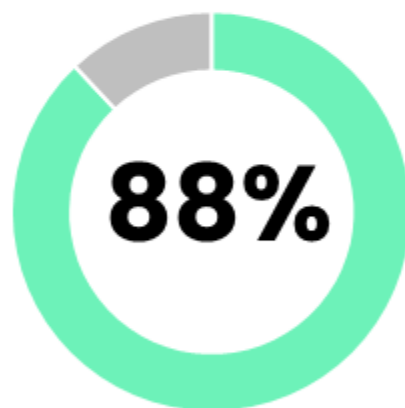
What patients value most about their family doctor or nurse practitioner *:



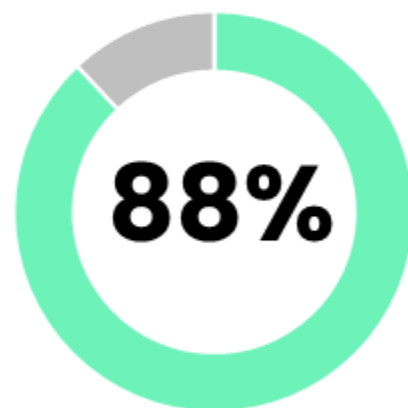
They know me as a person and consider all the factors that affect my health



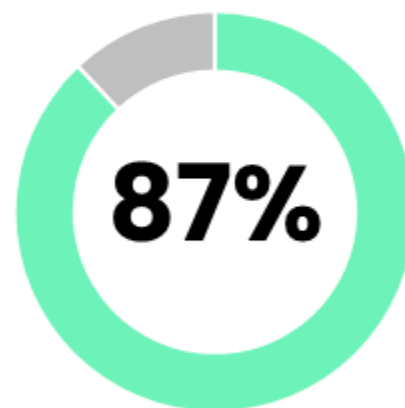
They make it easy for me to get care during the day



They are able to provide most of my care



They coordinate the care I get from multiple places

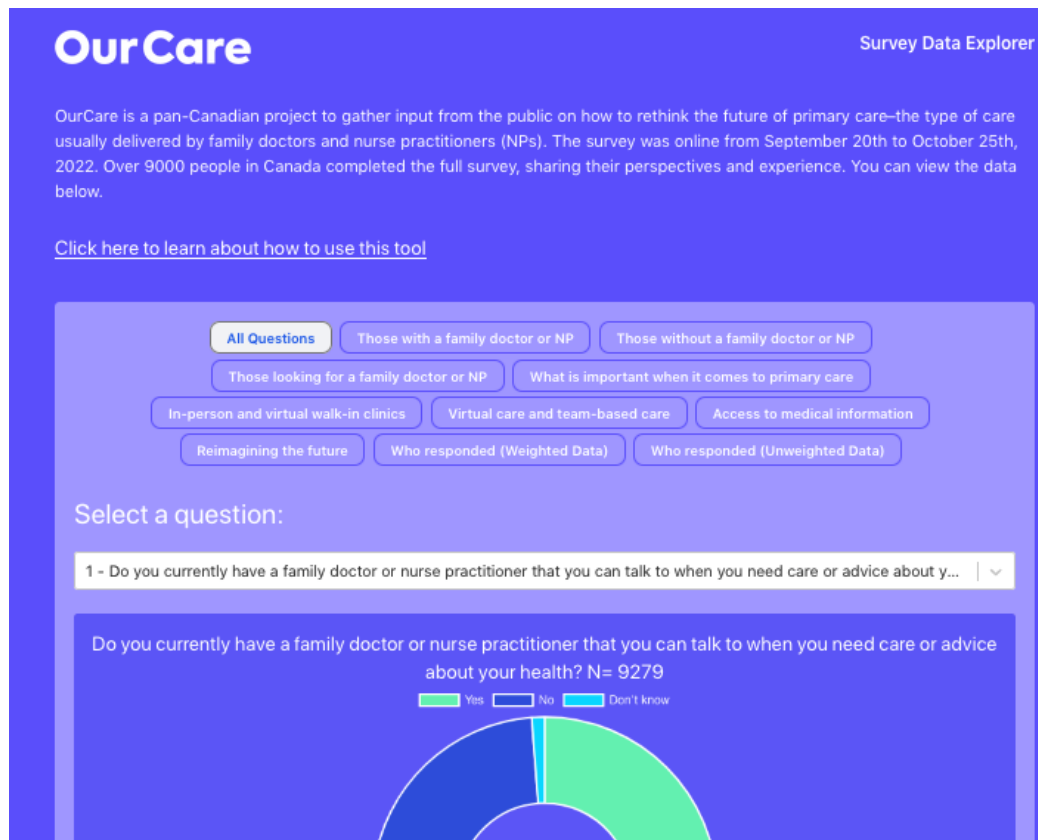


They stand up for me

**Percentage reporting the attribute was fairly or very important*

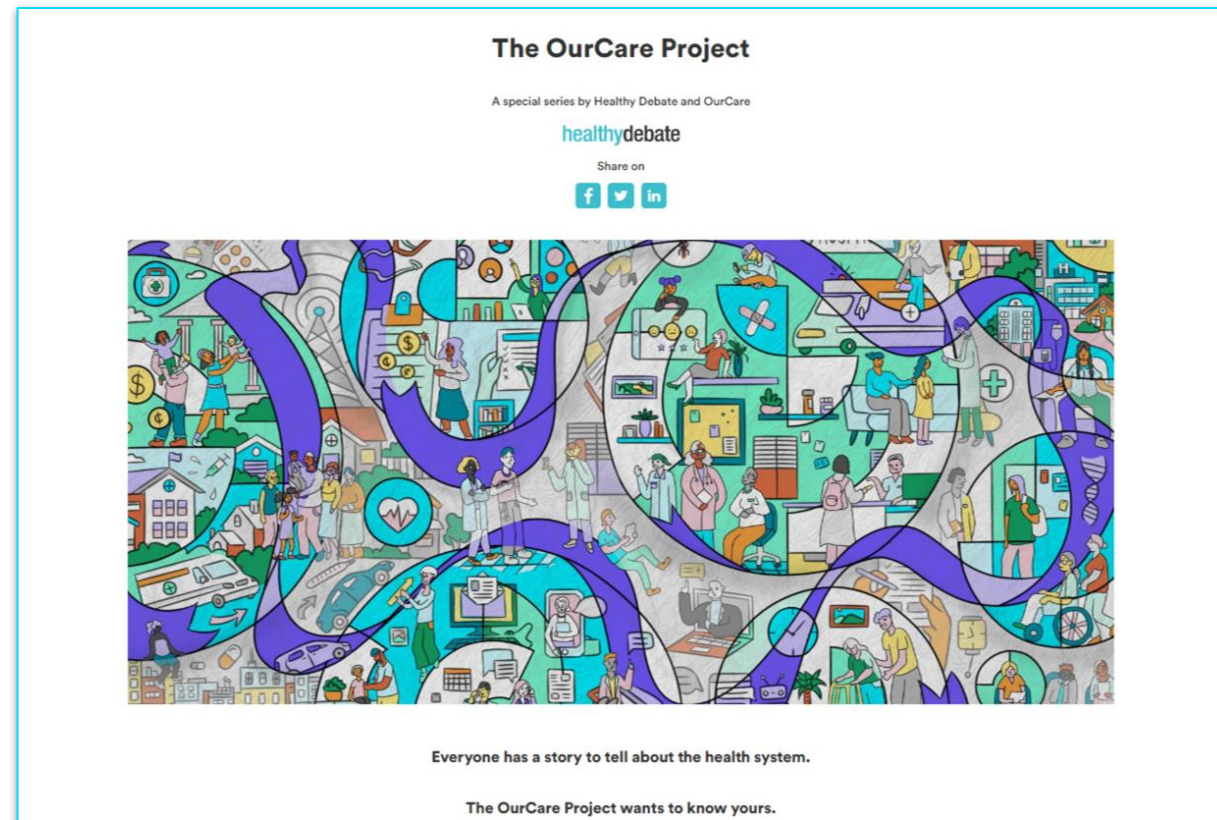
Explore the data yourself: data.ourcare.ca

Explore the data yourself



data.ourcare.ca

Read about the findings



ourcare.ca/media

healthydebate.ca/special-series/the-ourcare-project/



OurCare

The panel believes that primary care in Ontario should be guided by these 11 values:

Equity • Continuity • Accountability • Data-Enabled
Transparency • Public and Universal • Evidence-based
Sustainability • Accessibility • Patient-Centred
Holistic, Intersectional, and Culturally Responsive

Welcome
Bienvenue

Read the Ontario Panel Report at OurCare.ca

Recommendation highlights:

Expand team-based care to every resident of Ontario

Expand access to mobile care and comprehensive virtual care models.

Connect stand alone walk-in clinics to team-based care organizations.

Implement province-wide automatic rostering system for patients that maintains an element of patient choice.

Develop a centralised digital referral platform for specialist care.

Ensure patient access to personal health data

Legislate and enforce Interoperability data standards

Expand OHIP coverage to mental health, vision, dental, and pharmacare.

Expand our understanding of primary care to include Indigenous modes of thinking and knowing.

Increase the number of seats for primary care residencies.

Invest a greater proportion of total healthcare funding in primary care.

Develop accountability measures for each of the values identified by the Panel. Monitor and assess compliance.

Hold Ontario accountable to the principles of the Canada Health Act.

Review, consolidate, and revitalize existing health care bills of rights.

Strengthen links between primary care practitioners and community agencies.

Ensure community members are included in the governance of primary care organizations.

Integrate newcomer practitioners and improve accreditation processes for immigrant primary care providers.

Examine and address the reasons fewer medical students are choosing to practice comprehensive family medicine.

Foster a culture of lifelong learning, culturally safety and collaboration at medical education sites.

Interoperability

- Legislate and enforce data standards that allow interoperability between different electronic medical record systems
- Ensure patient access to their personal health data

ISSUE	SOLUTION STEPS
① Mental health must be included in primary care.	<ul style="list-style-type: none">→ include ^{comprehensive} mental health services under OHIP→ include ^{needed} in Ontario Health Act so that mental health is recognized as right and part of primary care→ deliver model through community health centres to increase accessibility→ review existing pieces of legislation - identify gaps & where they need to be updated
② Charter of rights and responsibilities for patients and health care providers	<ul style="list-style-type: none">→ compile input from all stakeholders, prioritizing those currently excluded / marginalized from access to services→ develop charter in plain language, multiple languages and formats for persons with different abilities
③ (need a) Public education campaign about these rights.	
④ Fear / caution around	<ul style="list-style-type: none">→ include process for keeping the Charter as a living document→ legislate→ create a cycle

Expansion of Coverage

- Expand OHIP coverage to mental health, vision, dental, and pharmacare
- Expand our understanding of primary care to include Indigenous modes of thinking and knowing
- Strengthen links between primary care practitioners and community agencies



Models of Care

- Invest a greater proportion of total healthcare funding in primary care
- Expand team-based care to every resident of Ontario
- Connect stand alone walk-in clinics to team-based care organizations
- Implement province-wide automatic rostering system for patients that maintains an element of patient choice
- Develop a centralised digital referral platform for specialist care



Thank you!

Email: tara.kiran@utoronto.ca

Explore the data yourself: data.ourcare.ca

Read the HealthyDebate series: OurCare.ca/media

Learn more about the OurCare study: OurCare.ca

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: July 7, 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.