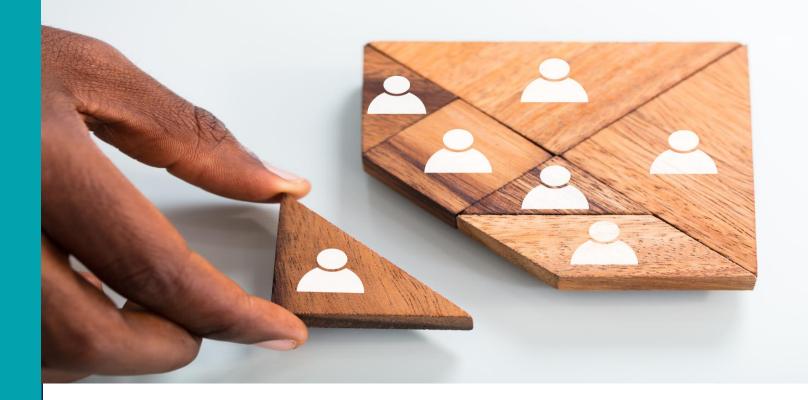
Changing the
Way We Work
Community of
Practice for Ontario
Family Physicians

June 27, 2025

Dr. Daniel Warshafsky Dr. Mohamed Alarakhia Dr. Samantha Green



Al Tools for Practice and Managing the Summer Heat





Al Tools for Practice and Managing the Summer Heat

Moderator:

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

Panelists:

- Dr. Daniel Warshafsky, Toronto, ON
- Dr. Mohamed Alarakhia, Kitchener, ON
- Dr. Samantha Green, 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.

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 **2**

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 and want to earn credits?

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

Just click the link and fill out a 60 second survey!

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 <u>series</u> 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:



Dr. Daniel Warshafsky – PanelistAssociate Chief Medical Officer of Health at the Office of the Chief Medical Officer of Health



Dr. Mohamed Alarakhia – PanelistFamily Physician, Chief Executive Officer, Amplify Care



Dr. Samantha Green – PanelistFamily Physician, St. Michael's Hospital; Assistant Professor, University of Toronto; Board member, Canadian Association of Physicians for the Environment

Speaker Disclosure

- 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. Mohamed Alarakhia**Relationships with financial sponsors:
 - Grants/Research Support: Amplify Care, not-for-profit organization (CEO)
 - Speakers Bureau/Honoraria: Ontario College of Family Physicians
 - Others: N/A
- Faculty Name: **Dr. Samantha Green**Relationships with financial sponsors:
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: Ontario College of Family Physicians, Canadian Association of Physicians for the Environment
 - Others: N/A

Speaker Disclosure

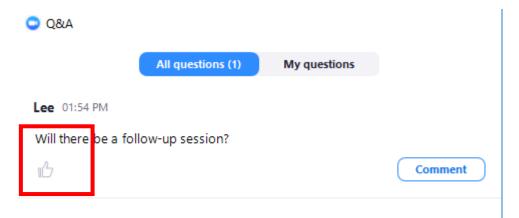
- Faculty Name: **Dr. Jobin Varughese**
- Relationships with financial sponsors:
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: Ontario College of Family Physicians
 - Others: Toronto Metropolitan University, School of Medicine (Interim Assistant Dean of Primary Care Education), William 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

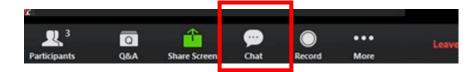
All questions should be asked using the Q&A function at the bottom of your screen.



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. Daniel Warshafsky – PanelistAssociate Chief Medical Officer of Health at the Office of the Chief Medical Officer of Health



Dr. Mohamed Alarakhia – PanelistFamily Physician, Chief Executive Officer, Amplify Care



Dr. Samantha Green – PanelistFamily Physician, St. Michael's Hospital; Assistant Professor, University of Toronto; Board member, Canadian Association of Physicians for the Environment

Avian Influenza Update

Changing the Way We Work CoP

Dr. Daniel Warshafsky Office of the Chief Medical Officer of Health June 27, 2025



Current situation in Canada

- Avian influenza A (H5N1) clade 2.3.4.4b has been detected in an unprecedented number of wild and domestic bird species worldwide.
- There have also been infections in mammals and occasionally in humans.
 - In Canada, there has been one human case that was reported in 2024
- At this time, there is no evidence of sustained human-to-human transmission.
- Overall, the risk of avian influenza to the general public is low. However, individuals who are in close, ongoing contact with infected animals or the virus in occupational settings face a higher risk of exposure



Source: US Centers for Disease Control and Prevention

Human Vaccines Against Avian Influenza

- Arepanrix™ H5N1 vaccine is an adjuvanted vaccine that has been authorized by Health Canada for use
 in adults and children ages 6 months of age and older to protect against avian influenza A(H5N1)
- In Ontario, the vaccine will be available to select groups who face higher risk of infection owing to their
 ongoing and significant exposure to the H5N1 virus (see next slide for eligibility) through local public health
 units
- Eligible individuals are encouraged to receive their two-dose vaccine series over the summer to provide protection ahead of the fall bird migration season when detections of avian influenza typically increase.
- Eligible individuals are still recommended to receive the seasonal flu shot when they become available this fall to protect again the risk of co-infection with both human seasonal influenza and avian influenza viruses

Vaccine Eligibility in Ontario

- Based on the current context (i.e., no sustained human-to-human transmission and not in a pandemic state) and the low risk of exposure in Ontario, the following individuals are eligible to receive this vaccine series to protect against human infection with avian influenza A(H5N1), given their ongoing and significant exposure to the H5N1 virus:
 - People with ongoing contact with birds likely to be infected with avian influenza A(H5N1)
 - Wildlife officers, researchers, rehabilitators who handle dead or sick birds (e.g., bird banders)
 - Veterinarians or veterinary technicians who are exposed to dead or sick birds likely infected with avian influenza A(H5N1) (e.g., necropsy)
 - People who handle live avian influenza A(H5N1) virus in laboratory settings
 - Examples include laboratory workers who manipulate, handle, or culture live avian influenza A(H5N1) virus such as in research, industrial, or clinical reference laboratory settings
- Other individuals, for example hunters and trappers, may interact with birds or animals that could be infected with avian influenza A(H5N1). However, as these individuals typically interact with live and healthy birds and animals, they are at much lower risk of exposure and are thus not eligible for the vaccine at this time



References

- Government of Ontario: Avian flu
- Public Health Ontario: <u>Avian influenza</u>
- Public Health Agency of Canada: <u>Avian influenza A(H5N1): For health professionals</u>
- National Advisory Committee on Immunization: <u>Preliminary guidance on human vaccination against avian</u> <u>influenza in a non-pandemic context</u>
- Canadian Food Inspection Agency (CFIA): <u>Facts about avian influenza</u>
- Product Monograph: <u>PDF</u>





The Latest Advancements in Al for Your Clinic

Mohamed Alarakhia, BSc(Hons), MD, CCFP, FCFP, MSc



Agenda

- Finding Answers to Your Questions
- Agents for Hire!
- Clarity on AI Scribes
- Next Generation Features of Al Scribes
- Al Supporting the Patient Journey



(amplify care

Amplify Care (formerly known as the eHealth Centre of Excellence) is an Ontario based not-for-profit organization that was established to assist clinicians, organizations, Primary Care Networks and Ontario Health Teams with the meaningful and sustainable adoption of digital health tools. We have supported over 16,000 clinicians in Ontario with 98% satisfaction.



Co-Design



Knowledge
Translation and
Evaluation



Program and Project Management



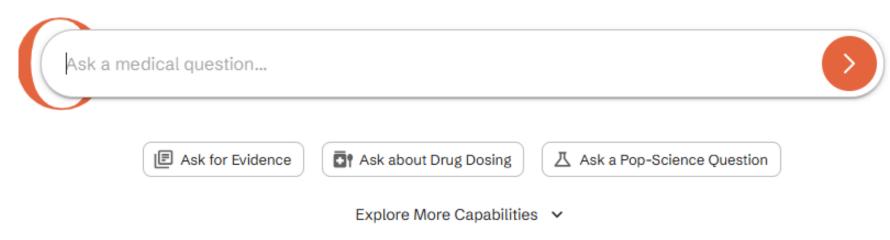
Integrated Care Management



Change
Management &
Practice Facilitation

OpenEvidence



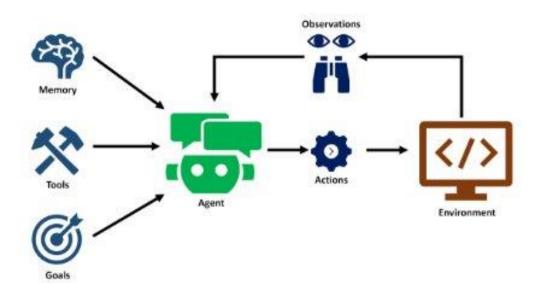




Agentic Al

Definition:

Agentic AI refers to artificial intelligence systems that operate autonomously to achieve predefined goals, making decisions and taking actions in dynamic environments.

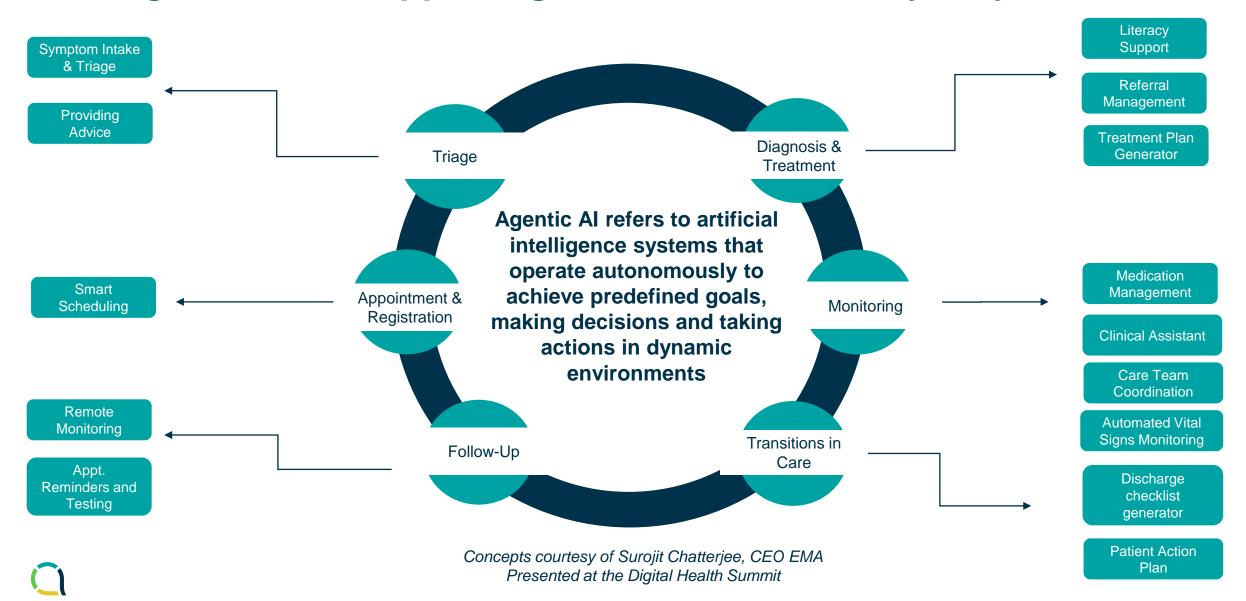


Key Takeaways for Agentic Al:

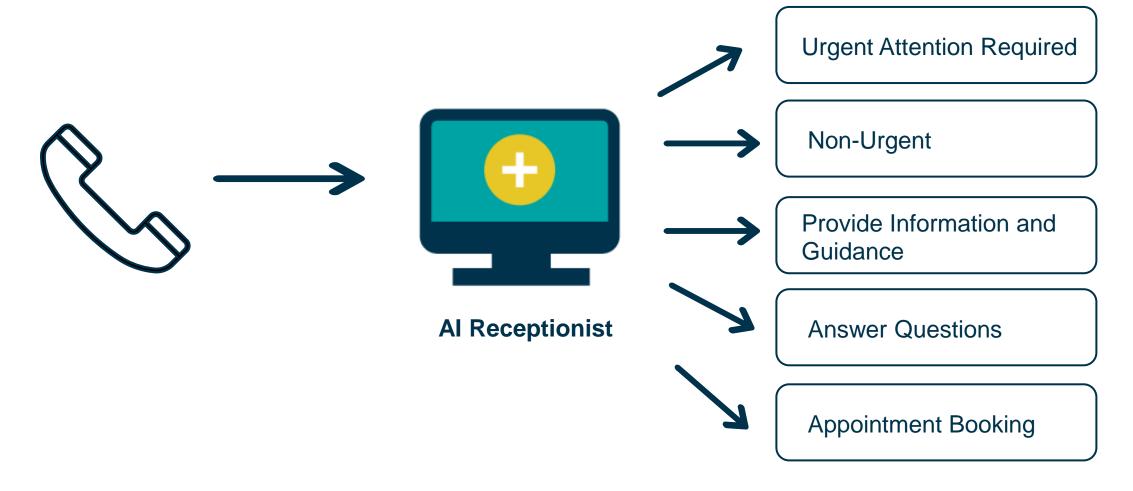
- A step beyond generative AI: autonomous decision-making and goal-oriented action
- Real-world applications: already exist in self-driving cars, healthcare, business automation
- Ethical and practical challenges: areas to be addressed including accountability, security, and trust
- Potential is very high: will transform the way we deliver care, but requires careful implementation.



Agentic AI is Supporting Patient Care in Many Ways!

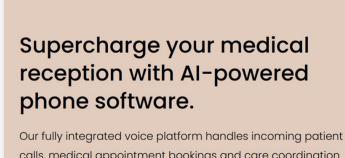


Al Receptionist is Revolutionizing Administrative Workflow

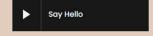




Al Receptionist – An Example (Strello)



calls, medical appointment bookings and care coordination to save each receptionist ~4 hours per day.









Easy Appointment Booking

Allow patients to book and modify appointments over phone and email using natural language



Automatic Visit Reminders

Routine appointment reminders over text and email to minimize no-shows.



No More Hold Times

Able to answer all incoming phone calls simultaneously, no hold times!



Preserve Workflow

Seamless integration with clinic EMR and phone systems, without change to clinic workflow.



Outgoing Faxes & Calls

Arrange outgoing faxes (labs, imaging), calls and emails to set up screening visits.



https://strello.health

Try it: 1-647-492-4549

What are the differences between the Al Scribe Programs?

	Canada Health Infoway Al Scribe Program	Ontario Al Scribe Program
Standards	Vendors meet privacy, security, and clinical requirements	Vendors meet privacy, security, and clinical requirements
Cost to the Clinician	10,000 fully funded licences for 1 year	Discounted pricing
Total # of Vendors	9 qualified vendors	20 qualified vendors





Al Scribe Program : **Vendor Feature Matrix**Programme de transcription par IA : **matrice des caractéristiques**





















Access and Compatibility / Accès et compatibilité	Autochart.Al	Autoscribe	CoeurWay/ Careway	Empathia	Mika	NexusAl™	Pippen	Scribeberry	Tali
Offline Capability* Utilisation hors ligne*	✓	✓	✓	✓	✓	~	✓	~	~
Windows Compatibility Compatibilité avec Windows	✓	✓	✓	✓	✓	~	~	~	✓
Android Compatibility Compatibilité avec Android	✓	✓	✓	✓	✓	~	~	~	✓
macOS Compatibility Compatibilité avec macOS	✓	✓	✓	✓	✓	~	~	~	✓
iOS Compatibility Compatibilité avec iOS	✓	✓	✓	✓	✓	~	~	~	✓
Virtual Visit Capability Utilisation en consultation virtuelle	/	✓	~	~	✓	~	✓	✓	~

Solution Features / Caractéristiques de la solution	Autochart.Al	Autoscribe	CoeurWay/ Careway	Empathia	Mika	NexusAl™	Pippen	Scribeberry	Tali
French Language Capabilities Capacités en français	✓	✓	✓	X	×	✓	✓	✓	~
User Preferences Préférences de l'utilisateur	✓	✓	✓	✓	~	✓	✓	✓	~
Ability to Edit Note Content Capacité de modifier le contenu des notes	✓	✓	✓	✓	✓	✓	✓	~	~
Transcribed Note Templates Gabarits de notes transcrites	✓	✓	✓	✓	✓	✓	✓	~	~
User Customizable Template(s) Gabarit(s) personnalisable(s) par l'utilisateur	✓	✓	✓	✓	✓	✓	✓	~	~
Multilingual Capabilities (in addition to English and French) Capacités multilingues (en plus du français et de l'anglais)	~	~	~	~	~	~	~	✓	~
Transcription Pause and Resume Pause et reprise de la transcription	✓	✓	✓	✓	✓	✓	✓	~	~
Multiple Speaker Support Prise en charge de multiples locuteurs	~	✓	✓	✓	✓	~	✓	~	~
Multiple-User Simultaneous Use Utilisation simultanée par de multiples utilisateurs	✓	✓	✓	✓	✓	✓	✓	~	✓
Note Generated during the Encounter Note générée pendant la rencontre	✓	✓	✓	✓	✓	✓	✓	~	~

Privacy and Security / Protection des renseignements personnels et sécurité	Autochart.Al	Autoscribe	CoeurWay/ Careway	Empathia	Mika	NexusAl™	Pippen	Scribeberry	Tali
Data Residency is in Canada Résidence des données au Canada	✓	✓	✓	✓	✓	✓	✓	~	~
User Support / Soutien aux utilisateurs	Autochart.AI	Autoscribe	CoeurWay/ Careway	Empathia	Mika	NexusAl™	Pippen	Scribeberry	Tali
Technical Support Soutien technique	/	✓	~	✓	✓	~	✓	~	~
Technical Support Offered in French Soutien technique en français	~	✓	~	×	×	×	~	~	~
Primary Care Clinician Onboarding Support Soutien à l'intégration des professionnels de première ligne	~	~	~	~	~	~	~	~	~
Primary Care Clinician Onboarding Support in French Soutien à l'intégration des professionnels de première ligne en français	~	~	~	×	×	~	~	~	✓

Al Scribe Program : **Vendor EMR Integration Matrix**Programme de transcription par IA : **matrice des intégrations aux DME**

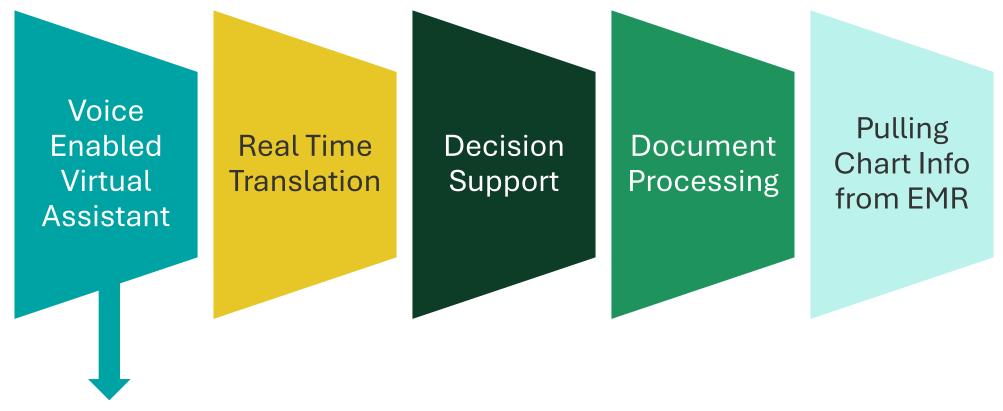


EMR Name / Nom du DME	Scribe Solution / Solution de transcription	Single Sign-On / Authentification unique	Launch in Patient Context/ Affichage des renseignements contextuels sur le patient	1-Click/Automatic Transfer of Note to EMR / Transfert de la note au DME d'un seul clic/ automatique	Type of Integration/ Type d'intégration
Accuro (QHR)	Empathia	×	×	~	API
	Mika	×	/	~	API
	Scribeberry	×	~	~	API
	Tali	×		/	API

EMR Name / Nom du DME	Scribe Solution / Solution de transcription	Single Sign-On / Authentification unique Launch in Patient Context/ Affichage des renseignements contextuels sur le patient DME d'u		1-Click/Automatic Transfer of Note to EMR / Transfert de la note au DME d'un seul clic/ automatique	Type of Integration/ Type d'intégration
Telus PS Suite	AutoScribe	~	✓	✓	API
	Mika	✓	✓	~	API
	Tali	✓	✓	✓	API

EMR Name / Nom du DME	Scribe Solution / Solution de transcription	Single Sign-On / Authentification unique	Launch in Patient Context/ Affichage des renseignements contextuels sur le patient	1-Click/Automatic Transfer of Note to EMR / Transfert de la note au DME d'un seul clic/ automatique	Type of Integration/ Type d'intégration
Juno EMR	Empathia	×	×	~	API
Myle (Medfar)	CoeurWay/Careway	✓	✓	✓	API
Oscar Pro	Empathia	×	×		API
	NexusAl™	×			API
Telus CHR	Tali	✓	✓	✓	API
Telus Med Access	Mika	/	/	~	API
	Tali	✓	~	✓	API

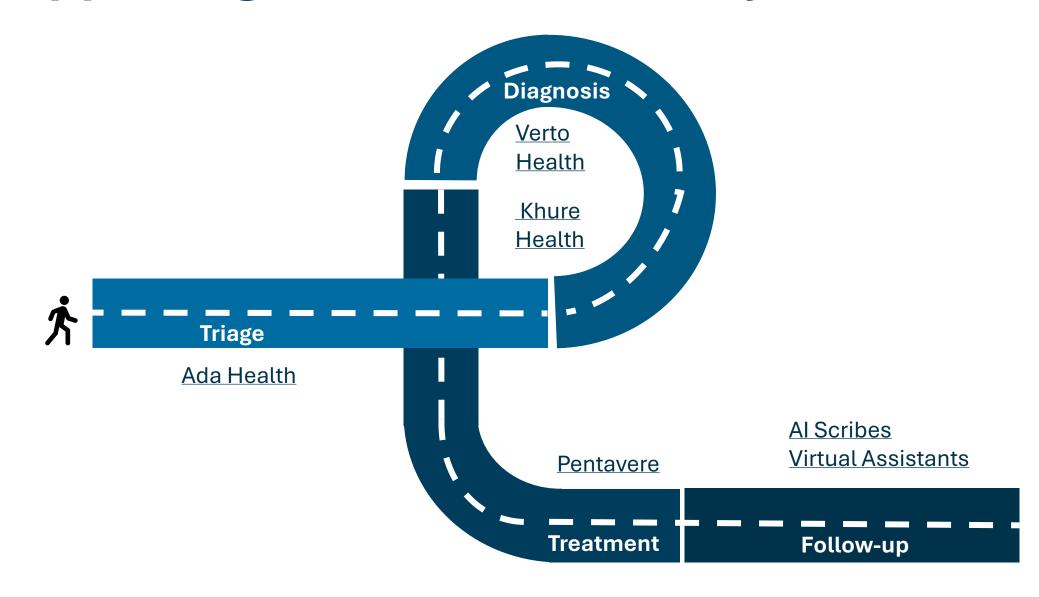
Next Generation Features of AI Scribes



- Billings
 Appointment Booking
 Follow-up Messages
 - Referral Submission
 Update Medication List



Al Supporting the Patient Journey



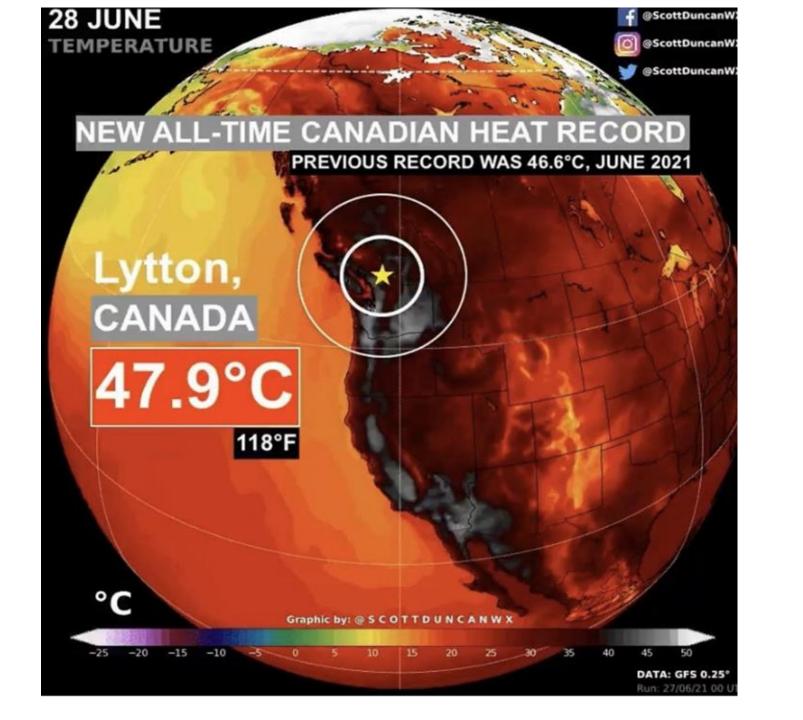


Thank you!



www.amplifycare.com

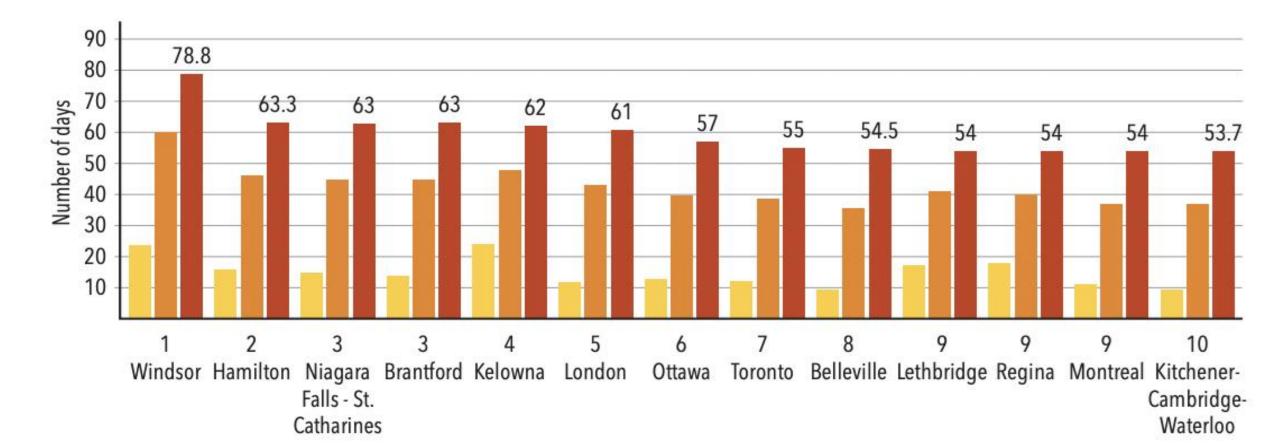
info@amplifycare.com

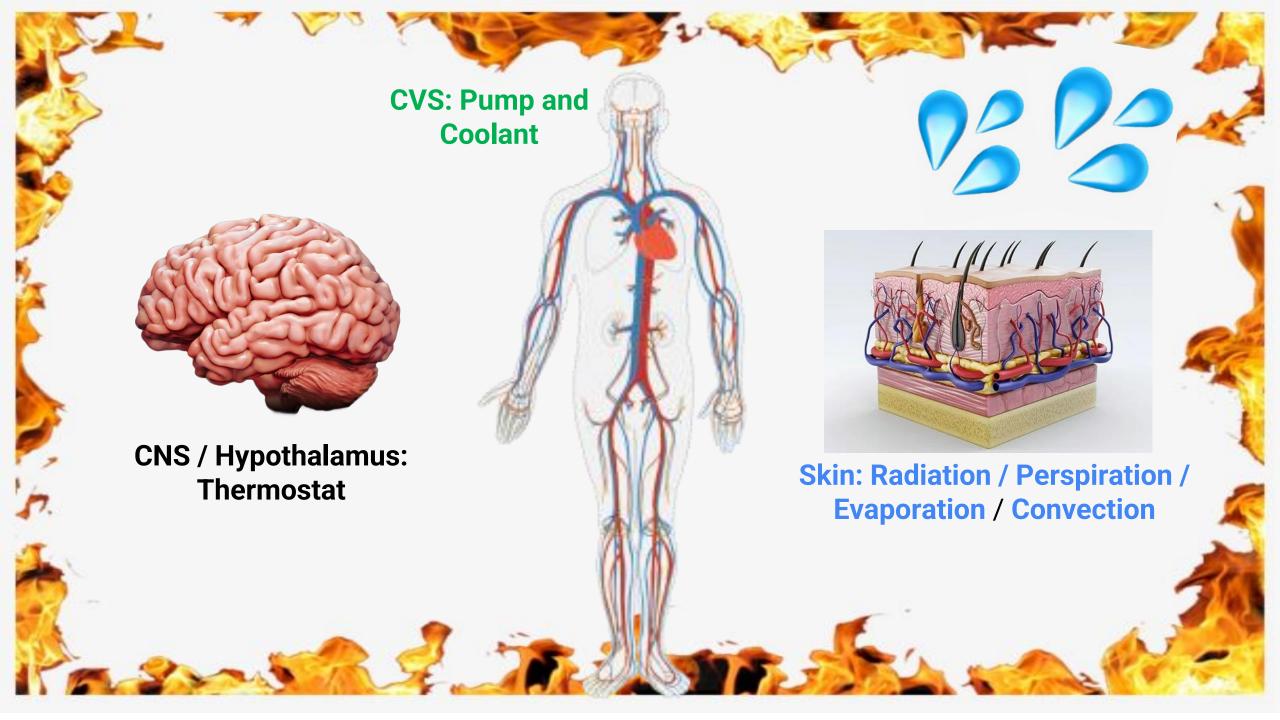




Number of very hot days +30°C

Recent history (1976-2005) 2051-2080 Low Carbon 2051-2080 High Carbon





- 36-37.5°C
 - Normal Thermoregulation
- 37.5–40°C
 - Compensatory Hyperthermia
 - Tachypnea, tachycardia, sweating
 - Increased metabolic rate
- 40-42°C
 - Decompensatory Hyperthermia
 - Inadequate Cardiac output to cool
 - Vicious Circle increasing temperature
- > 42°C
 - Thermoregulatory Failure
 - Cellular stress
 - Cytokine Inflammatory Response
 - Multi Organ dysfunction / Failure



Heat Exhaustion Heat Stroke Throbbing headache, Faint or dizzy confusion **Excessive sweating** No sweating Cool, pale, **Body temperature** above 103°F clammy skin Red, hot, dry skin Nausea or vomiting Nausea or vomiting Rapid, weak Rapid, strong pulse pulse Muscle cramps

- Exacerbation of mental illness
- Exacerbation of chronic disease (asthma, CAD, diabetes, CKD)
- Overall increased mortality

Morbidity and Mortality is directly related to duration of Hyperthermia

Health System Impacts



Identify those at risk Advise patients on how to protect themselves

Identify those at risk Advise patients on how to protect themselves

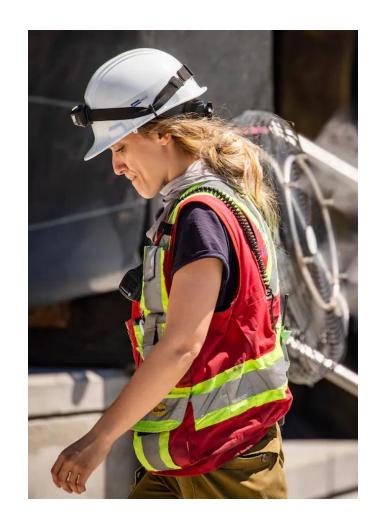
Who is at risk?

 Heat-exposed groups: workers, urban inhabitants, homeless individuals, occupants of poorly heatadapted housing (e.g prisons)

0

10-15°C

How much higher the daytime surface temperatures in urban heat islands can be compared to rural areas.



Who is at risk?

- Heat-exposed groups: workers, urban inhabitants, homeless individuals, occupants of poorly heat-adapted housing (e.g., prisons)
- 2. **Heat-sensitive groups**: seniors, children, pregnant persons, those with chronic illness (asthma, diabetes, chronic kidney disease), those with mental health issues, PWUDs, users of heat-sensitizing medications (beta blockers, diuretics, antihistamines, antidepressants, antipsychotics, lithium)



Who is at risk?

- 1. **Heat-exposed groups**: workers, urban inhabitants, homeless individuals, occupants of poorly heat-adapted housing (e.g., prisons)
- 2. **Heat-sensitive groups**: seniors, children, pregnant persons, those with chronic illness (asthma, diabetes, chronic kidney disease), those with mental health issues, PWUDs, users of heat-sensitizing medications (beta blockers, diuretics, antihistamines, antidepressants, antipsychotics, lithium)
- 3. Resource or information-limited groups: people living in poverty, homeless individuals, residents of racialized or impoverished communities, individuals with language barriers



Identify those at risk Advise patients on how to protect themselves

TIPS TO BEAT THE HEAT!

Heat illness is preventable. Too much heat can make you sick, and lead to serious health problems or even death. Know the early symptoms of heat related illnesses including dizziness, feeling sick, having a headache or feeling very thirsty. In very hot or humid weather:

STAY HYDRATED

Drink lots of water even before you feel thirsty.





CHECK ON OTHERS

Call or visit family, friends & neighbours (especially older adults living alone) to make sure they're staying hydrated & keeping cool.

KEEP COOL

Find a cool space near you at toronto.ca/KeepCool Go to an air-conditioned place like a library or community centre.





USE A FAN

Use a fan near an open window to bring in cooler air from outside.

AVOID THE SUN

Stay in the shade or use an umbrella.





BLOCK THE SUN

Keep blinds or curtains closed during the day.

PROTECT PEOPLE & PETS

Never leave a person or pet inside a parked car.





AVOID USING THE OVEN

Limit the use of the oven or stove, they make your space hotter.



Staying Healthy in Hot Weather

Need to cool down? Find the cool space closest to you. Search by address, nearest intersection or view the interactive map.



Hot weather can put your health at risk. Heat-related illness includes heat stroke, heat exhaustion, heat fainting, heat rash and muscle cramps. Finding and spending time in a cool space can help protect against the effects of hot weather.

About Toronto's Heat Relief Strategy

Be informed about heat warnings and learn how Toronto responds to heat warnings.

Beat the Heat

Tips on how to stay cool and prevent heat-related illness, including tips for pets.

Hot Weather Plan for Landlords

Create a hot weather plan for your building to protect your tenants from extreme heat.

Additional Resources

More information about heat and health. Protect yourself, your clients and your loved ones.



44% of tenants in Ontario do not have access to air conditioning

OW/ODSP Discretionary Benefits: Cooling Devices



WHAT are the requirements?



Receiving support through any of the following:

- · Ontario Works
- Ontario Disability Support Program
 - if previously on ODSP but no longer eligible and/or family has high health costs, may qualify for Extended Health Benefit or Transitional Health Benefit
- Assistance for Children with Severe Disabilities



Letter of support or prescription from a physician or nurse practioner:

- · Indicate that a cooling device is:
 - required to control the room temperature/humidity as part of the treatment plan AND
 - necessary for the preservation of the patient's health and safety



Current medical conditions that are recognized*:

- cancer
- chronic heart or chronic lung conditions (i.e. COPD)
- · neurological conditions
- HIV
- people on dialysis
- people with chronic mental disorders on medication
- severe asthma

*list not exclusionary, may still apply for an air conditioner based on health provider's assessment

WHAT is covered?

 One air conditioning unit or portable fan per family up to a maximum amount, every four years including any associated expenses

HOW to submit a request?

- Funding requests are accepted from June 1 to September 15.
- ODSP form and process is different depending on geographic region, may be through "Special Support Program" or via existing process
- Patient, Case Manager, or Social Worker may submit the form applicable to their location with:
 - Letter of support/ prescription
 - Usually covered up to \$400

LETTER TEMPLATE







Air Conditioner Assistance Program

This summer the City is piloting a program to provide free portable air conditioners to some low-income seniors with health-related needs for air conditioning. This initiative aligns with climate change resilience efforts and complements existing supports, such as the City's <u>Hardship Fund</u>.

Toronto continues to experience the effects of climate change, including more frequent, prolonged and extreme heat events. Excessive indoor temperatures are a significant concern for many, including senior residents in multi-unit residential buildings without air conditioning.



Hardship Fund

Highlights

Employment & Social Services may be able to help if you need to pay for special health-related items.

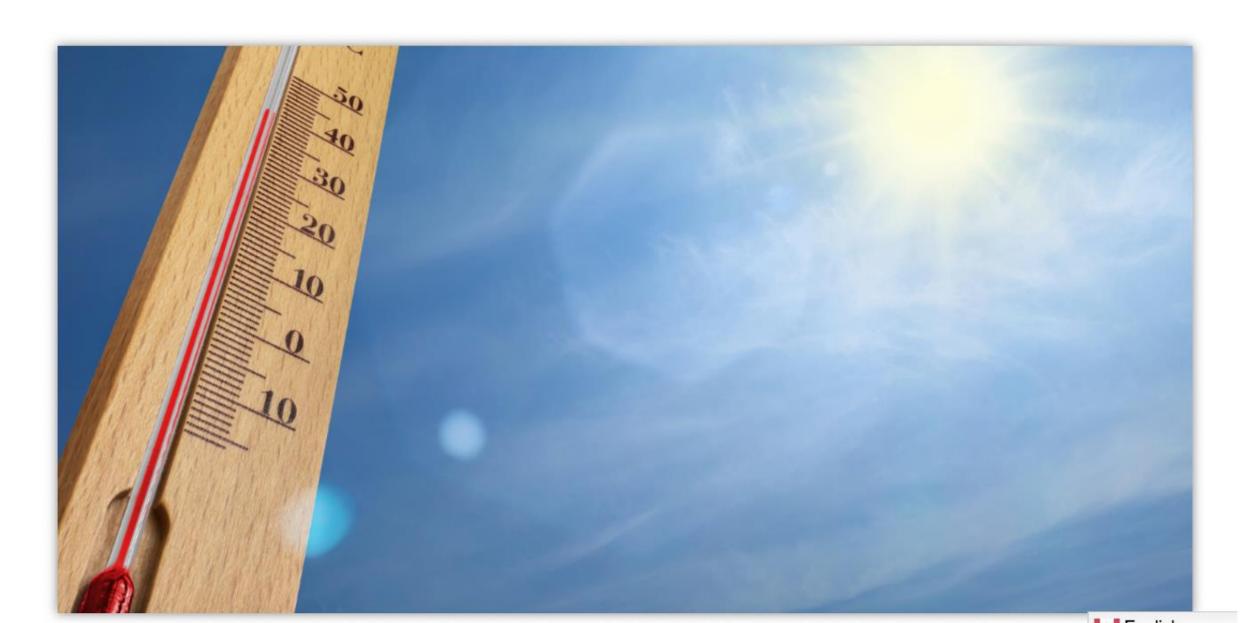
If you are receiving Ontario Works (OW) or Ontario Disability Support Program (ODSP), talk to your caseworker to request help with any required special health-related items.

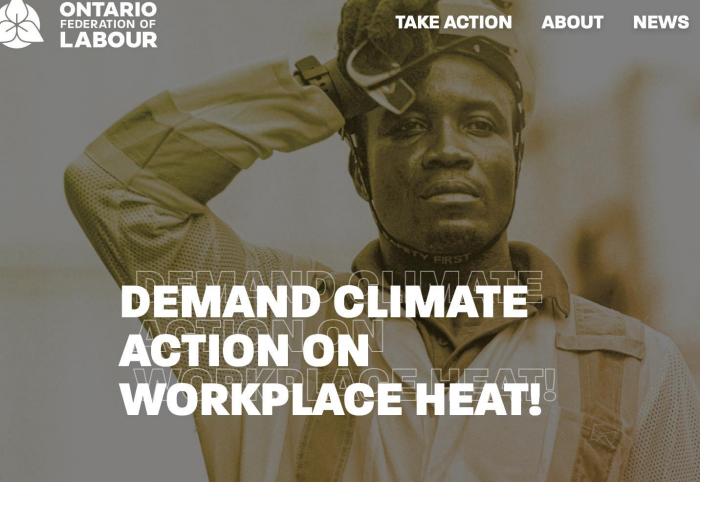
If you are not in receipt of social assistance and you require special health-related items, you can call 416-338-8888 to apply for help.

Read a summary of the Hardship Fund and how to apply.

Identify those at risk Advise patients on how to protect themselves

Joint Statement: Actions Needed to Protect Toronto Tenants from Extreme Heat









References

- 1. Kovats RS, Hajat S. Heat stress and public health: a critical review. Annu Rev Public Health. 2008;29:41-55.
- 2. Green S, Deering S, Ng D, Lee KS. Approach to heat-related illness. *Can Fam Physician*. 2024;70:546-50.
- Intergov. Panel Climate Change. Climate Change 2007: The physical science basis. Contribution of working group I to the fourth assessment report of the intergovernmental panel on climate change. 2007.
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UPCOMING SESSIONS

Month	Date	
July 2025	July 18	
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October 2025	October 17	

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Registration link will be emailed to you closer to the date

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Our next Community of Practice: July 18, 2025

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