

COVID-19 Community of Practice for Ontario Family Physicians

March 25, 2022

**Dr. Susy Hota
Dr. Mira Backo-Shannon
Dr. Arieg Badawi**



COVID Recovery



Family & Community Medicine
UNIVERSITY OF TORONTO

Ontario College of
Family Physicians



COVID Recovery

Moderator: Dr. Tara Kiran

Fidani Chair, Improvement and Innovation

Department of Family and Community Medicine, University of Toronto

Panelists:

- Dr. Susy Hota, Toronto, ON
- Dr. Mira Backo-Shannon, Toronto, ON
- Dr. Arieg Badawi, Milton, 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.

The COVID-19 Community of Practice for Ontario Family Physician includes a series of planned webinars.

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 recognize 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 respect 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.

Recommendations for equitable COVID-19 pandemic recovery in Canada

Nav Persaud MD MSc, Hannah Woods MSc, Aine Workentin BSc, Itunu Adekoya MSc, James R. Dunn PhD, Stephen W. Hwang MD MPH, Jonathon Maguire MD MSc, Andrew D. Pinto MD MPH, Patricia O'Campo PhD, Sean B. Rourke PhD, Daniel Werb MSc PhD; for the MAP Task Force to Promote Health Equity during Pandemic Recovery

■ Cite as: *CMAJ* 2021 December 13;193:E1878-88. doi: 10.1503/cmaj.210904

Key points

- Inequities that were exposed and exacerbated by COVID-19 will continue to threaten health after the pandemic.
- Specific interventions and changes that relate to income, housing, safety from intimate partner violence, childcare, access to health care and antiracism are known to be beneficial.
- Implementing proven interventions and changes can promote health equity and protect health generally during the pandemic recovery and before the next pandemic.
- The effects of these interventions and changes on health equity should be carefully monitored to inform future changes in Canada and elsewhere.

Equitable COVID-19 pandemic recovery in Canada

Problem:

Inequities that worsened during the pandemic will continue to threaten health

Solution:

Policy changes at the federal, provincial and municipal levels to promote health equity

Recommendations



Income

- Ensure a living income
- Universal unemployment insurance, parental leave and paid sick leave
- Affordable loans



Housing

- Expand permanent supportive housing programs
- Expand access to eviction prevention, legal services and financial advice

Intimate partner violence

- Legal advocacy and supportive interventions for victims



Childhood

- Expand publicly funded childcare
- Healthy food distribution to children



Access to health care

- Expand access to opioid substitution therapy and supervised injection sites
- Expand HIV and HCV screening for people at high risk
- Include prescription medicines in Canada's publicly funded health care system
- Improve health care for people who are incarcerated



Racism

- Action on previous recommendations to address anti-Indigenous discrimination and anti-Black racism

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, Patricia O'Brien (DCFM), Susan Taylor (OCFP) and Mina Viscardi-Johnson (OCFP), Liz Muggah (OCFP)

Previous webinars & related resources:

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



Dr. Susy Hota– Panelist

Twitter: @HotaSusy

Infectious Disease Specialist, University Health Network



Dr. Mira Backo-Shannon– Panelist

Vice President, Clinical Programs and Innovation, Ontario Health



Dr. Arieg Badawi– Panelist

Family Physician, Kelso Lake Medical Centre



Dr. David Kaplan – Co-Host

Twitter: @davidkaplanmd

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



Dr. Liz Muggah – Co-Host

Twitter: @OCFP_President

OCFP President, Family Physician, Bruyère Family Health Team

Speaker Disclosure

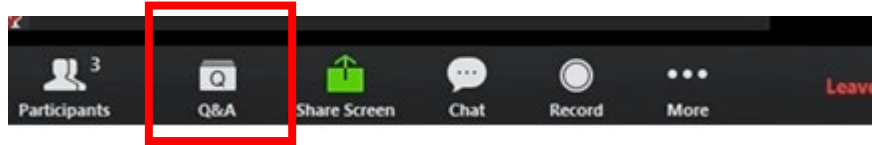
- Faculty Name: **Dr. Susy Hota**
- Relationships with financial sponsors:
 - Grants/Research Support: Finch Therapeutics Group
 - Speakers Bureau/Honoraria: Ontario College of Family Physicians
 - Speakers Bureau/Honoraria:
 - Others: N/A
- Faculty Name: **Dr. Mira Backo-Shannon**
- Relationships with financial sponsors:
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: N/A
 - Others: N/A
- Faculty Name: **Dr. Arieg Badawi**
- Relationships with financial sponsors:
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: Provincial Primary Care Advisory Table, Central Region Primary Care Council, Milton COVID-19 Cold and Flu Care Clinic, Ontario College of Family Physicians
 - Others: N/A

Speaker Disclosure

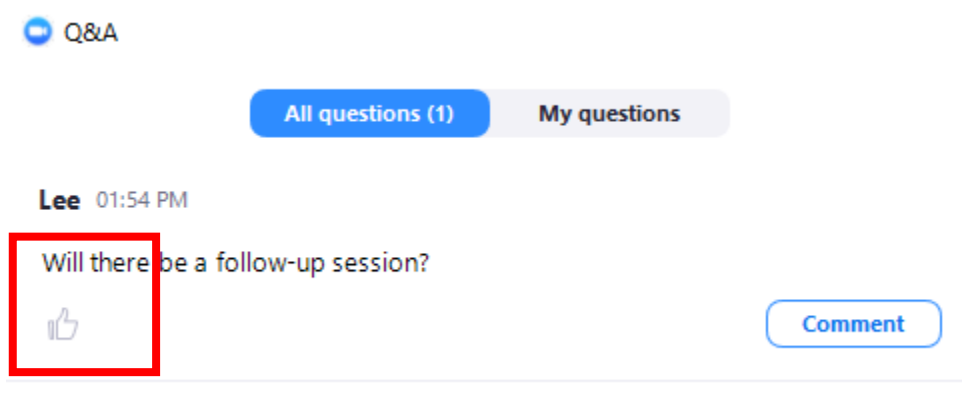
- Faculty Name: **Dr. David Kaplan**
- Relationships with financial sponsors:
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: Ontario College of Family Physicians
 - Others: Ontario Health (employee)
- Faculty Name: **Dr. Liz Muggah**
- Relationships with financial sponsors:
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: Ontario College of Family Physicians
 - Others: N/A
- Faculty Name: **Dr. Tara Kiran**
- Relationships with financial sponsors:
 - Grants/Research Support: St. Michael's Hospital, University of Toronto, Health Quality Ontario, Canadian Institute for Health Research, Ontario Ministry of Health, Gilead Sciences Inc (re: Hepatitis C), Staples Canada (re: Patient Engagement)
 - Speakers Bureau/Honoraria: Ontario College of Family Physicians, Ontario Medical Association, 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

How to Participate

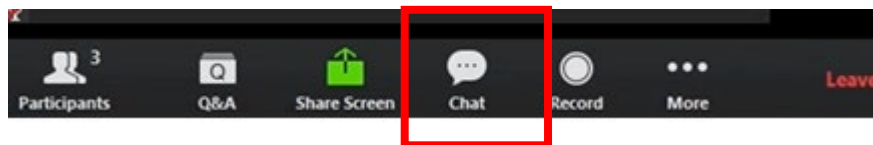
- All questions should be asked using the Q&A function at the bottom of your screen.



- 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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Ontario's Reopening Plan

Following the peak of the Omicron wave, on January 20, 2022, the government released details of its steps to cautiously and gradually ease public health and workplace safety measures, starting on January 31, 2022.

Continued improvements in key indicators have allowed the province to continue to ease public health measures sooner, with **the majority of COVID-19 related public health and workplace safety measures lifted on March 1, 2022.**



All settings may open at **full (100%) capacity**



Proof of vaccination, capacity limit, and physical distancing requirements lifted in all settings.



No limits on indoor or outdoor **social gatherings** and **organized public events** or **religious services, rites, or ceremonies.**



Sector-specific restrictions such as **limits on dancing or singing, requirements to remain seated, requirements for appointments/reservations, and active screening, etc. lifted.**

Revocation of CMOH Directives/LOIs

Date	What's Changing?	Ongoing Support
March 14: Mandatory vaccination policies end	<ul style="list-style-type: none"> • Revoke Directive 6 • Revoke letters of instruction to Ministry of Children, Community and Social Services, Ministry of Seniors and Accessibility and Ministry of Education • Revoke Minister of Long-Term Care directive on immunization policy 	<ul style="list-style-type: none"> • Province to continue providing rapid-antigen tests to organizations • Organizations can retain their own policies
March 21: Most masking mandates end	<ul style="list-style-type: none"> • Remove masking requirements in most places (including schools), except public transit, long-term care, retirement homes and other health-care settings, shelters, jails and congregate care and living settings, including homes for individuals with developmental disabilities • Lift other measures in schools, including removing cohorting and daily on-site screening • All other regulatory requirements for businesses removed, including passive screening, safety plans 	<ul style="list-style-type: none"> • Province to continue providing rapid-antigen tests and PPE to schools and businesses • Individuals can continue to opt to wear masks • Enhanced cleaning, optimizing air quality and ventilation and absence reporting will remain in schools
March 28: Reopening Ontario Act expires	<ul style="list-style-type: none"> • <i>Reopening Ontario Act</i> (ROA) expires 	<ul style="list-style-type: none"> • Final extension of ROA emergency order for 30 days
April 27: All remaining measures, directives and orders end	<ul style="list-style-type: none"> • Remove masking requirements in all remaining settings • Any remaining emergency orders under ROA expire • Revoke Directives 1, 2.1, 3,4 and 5 	<ul style="list-style-type: none"> • CMOH guidance and recommendations on IPAC, including use of PPE • Province to continue providing rapid-antigen tests and PPE

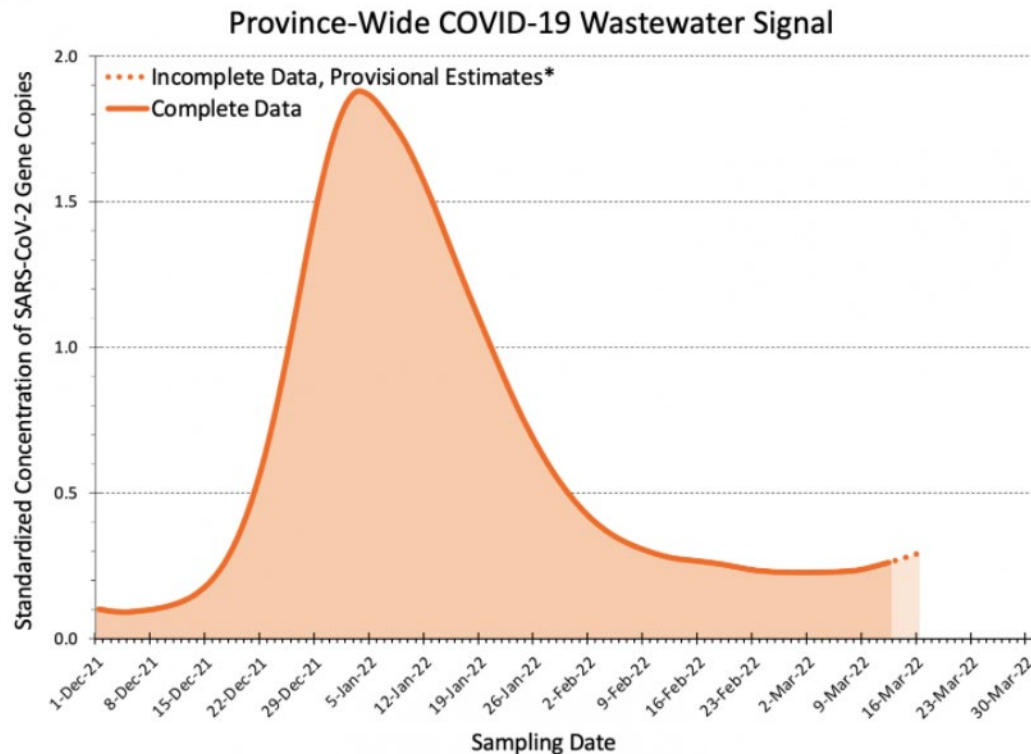
Changes to Case and Contact Management

	Current	New Guidance
Isolation requirements for non-household close contacts	<ul style="list-style-type: none"> Fully vaccinated individuals do not need to isolate Unvaccinated/immunocompromised individuals need to isolate for 10 days (or 5 days if under 12) Individuals who have tested positive in past 90 days, exempt from isolation 	<p>No isolation requirements for any groups. For 10 days after exposure, all close contacts should:</p> <ul style="list-style-type: none"> Self-monitor for symptoms Wear a mask and avoid activities where mask removal would be necessary Not visit anyone who is at higher risk of illness (i.e. seniors) Not visit or attend work in highest risk settings (unless they have previously tested positive in past 90 days)
Isolation requirements for household close contacts	<ul style="list-style-type: none"> All household members need to self-isolate while the COVID-19 positive case/symptomatic individual is isolating (or for 10 days from last exposure if immunocompromised) 	<ul style="list-style-type: none"> The following household members do not need to self-isolate but should follow above precautions for 10 days: <ul style="list-style-type: none"> Household members that have previously tested positive for COVID-19 in the past 90 days Household members that are 18 + and have received their booster dose Household members that are under 18 years old and are <u>fully vaccinated</u> Household members that do not meet the above criteria must <u>self-isolate</u> as per current requirements.

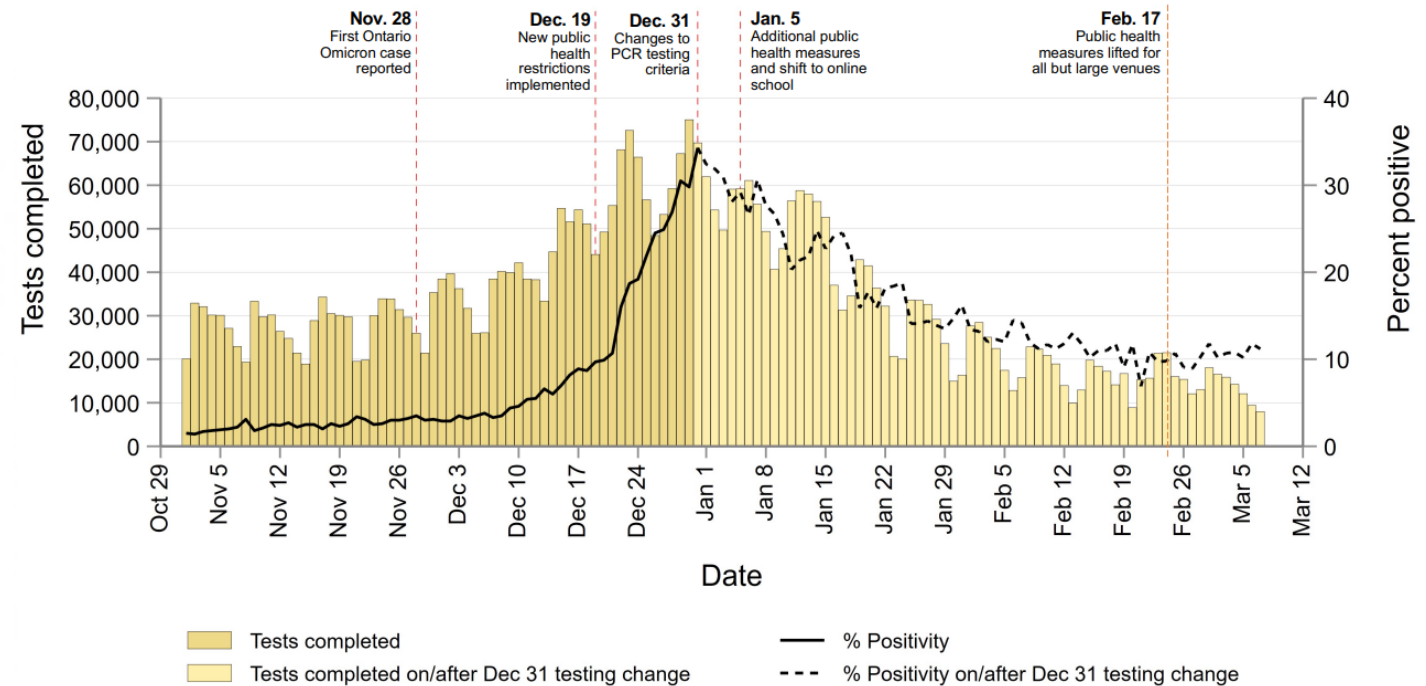
A close contact is anyone you were less than two metres away from for at least 15 minutes, or multiple shorter lengths of time, without personal protective equipment in the 48 hours before your symptoms began or your positive test result, whichever came first.

Pandemic Current State

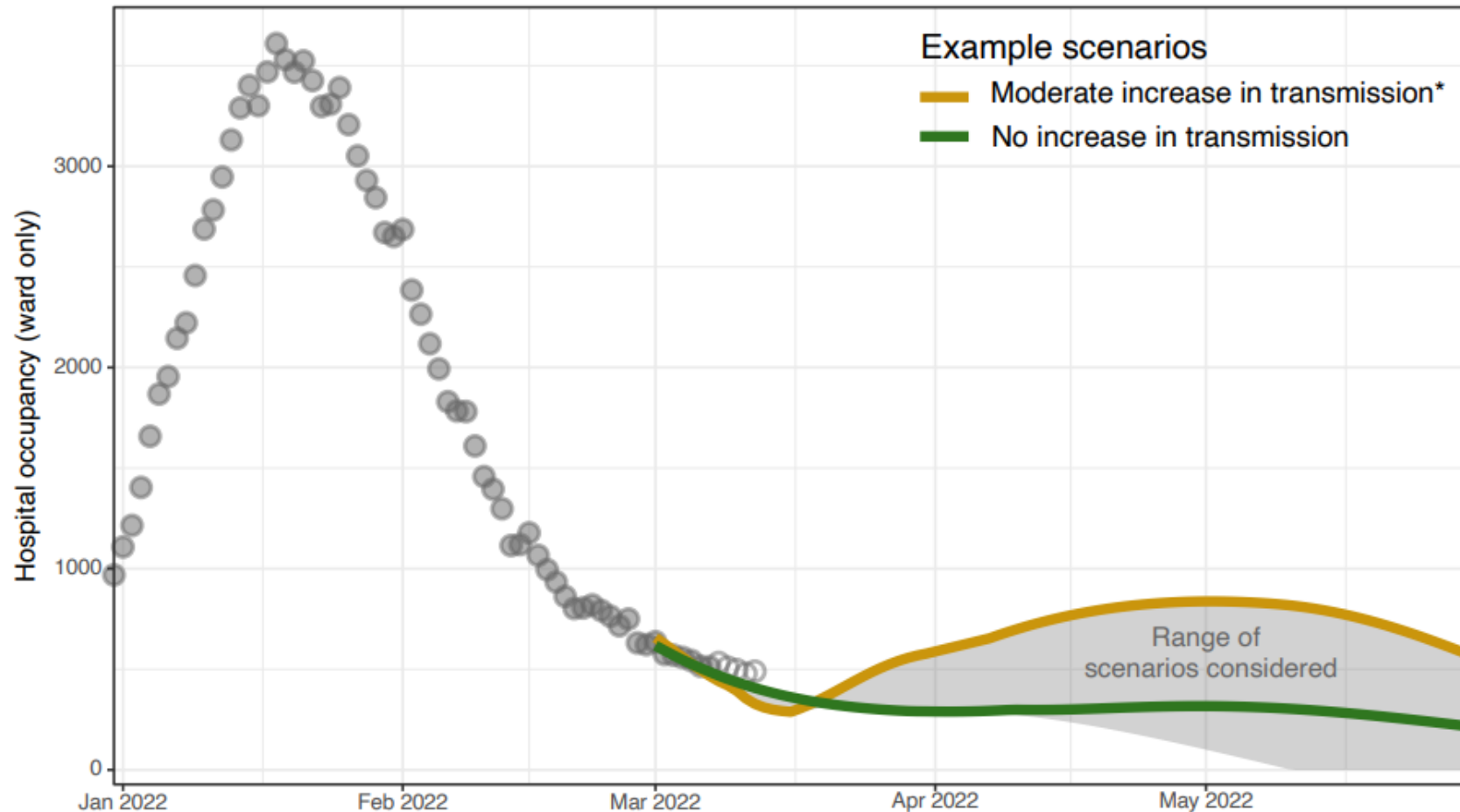
COVID-19 Wastewater Signals in Ontario



Provincial test positivity has stopped declining



ON COVID-19 Projections (03/17/22)



*Examples of scenarios that could result in a moderate increase in transmission include an approximate increase in contacts of 40%, with half of contacts maskless, or an approximate 30% increase in contacts if BA.2 becomes dominant, with half of contacts maskless.

Ministry of Health



COVID-19 Guidance: Primary Care Providers in a Community Setting

Version 10.0 – February 14, 2022

Ministry of Health

COVID-19 Guidance: Acute Care

Version 7 – February 16, 2022

Ministry of Health

COVID-19 Integrated Testing & Case, Contact and Outbreak Management Interim Guidance: Omicron Surge

Version 3.0 – March 9th, 2022

Universal Masking



- Continue in high-risk settings
 - Vulnerable populations
 - Healthcare human resources preservation
 - Outbreak potential (in congregate care, LTC etc.)

Physical Distancing

- 2 metres physical distancing still emphasized in MOH Primary Care guidance document
 - Provisions to adapt according to need and community prevalence
- Try to accommodate clinical needs, ECPs/visitors, education of learners
 - Tie < 2 metres of distancing to maintaining universal masking
- Maintain 2 metres distancing during breaks, eating spaces

Patient/ECP Screening

- Negative COVID-19 tests (RAT/PCR) and proof of vaccination not required for in-person patient visits
- Online/phone active screening when scheduling appointments for patients
- Active screening at point of entry (symptoms/exposures)
- Passive screening through signage
- Screen failures: self-isolate as per updated CCM guidance vs. proceed with visit using additional precautions

PPE (unchanged)

- For suspected/confirmed COVID-19:
 - Fit-tested, seal-checked N95 respirator*
 - Eye protection (goggles/face shield/safety glasses with sides)
 - Gown
 - Gloves
- For all other patient interactions:
 - Well-fitting surgical mask (or N95, as per PCRA or extended use protocol)
 - Eye protection IF the patient is not able to tolerate a mask

Management of HCWs with COVID-19/Exposures

- Primary cares offices are NOT considered “highest risk” settings
 - Symptomatic, patient-facing staff are eligible for testing
 - If positive for COVID-19: can return to work after 5 days of self-isolation if clinically improved
 - Caveat – if also work in a “highest risk setting”, do not work there for 10 days
 - If exposed to COVID-19: follow community COVID-19 contact management

Duration of viral shedding: Omicron

- UK systematic review: viral load peaks within 3-6 days of infection, no virus cultured by day 10 (pre-Omicron)
- Japanese study: peak viral detection by PCR 3-6 days after symptoms/diagnosis
 - Similar findings in US NBA study of longitudinal Ct values
- US cohort (preprint study): >50% have culturable virus at day 5, 25% at day 8
 - No difference by variant (Delta vs Omicron) or vaccination status

Civek M. et al. Lancet Microbe. 2021 Jan. Vol 2 (1): Pages e13-e22

<https://www.niid.go.jp/niid/en/2019-ncov-e/10884-covid19-66-en.html>

<https://www.medrxiv.org/content/10.1101/2022.01.13.22269257v1.full>

<https://www.medrxiv.org/content/10.1101/2022.03.01.22271582v1.full.pdf>

COVID-19 Vaccination

- Maintain current COVID-19 vaccination policies (for now)
 - 3rd doses need to be strongly recommended
- 4th doses still only recommended for:
 - Moderately/severely immunocompromised (>84 days for adults; >168 days for 12-17 year-olds)
 - LTCH/RH/Elder Care Lodge/CC residents (>84 days from dose 3)
- Evusheld (Tixagevimab/cilgavimab) – 2 anti-spike mAbs
 - not yet Health Canada approved
 - Pre-exposure prophylaxis (2 consecutive IM injections) x 6 months

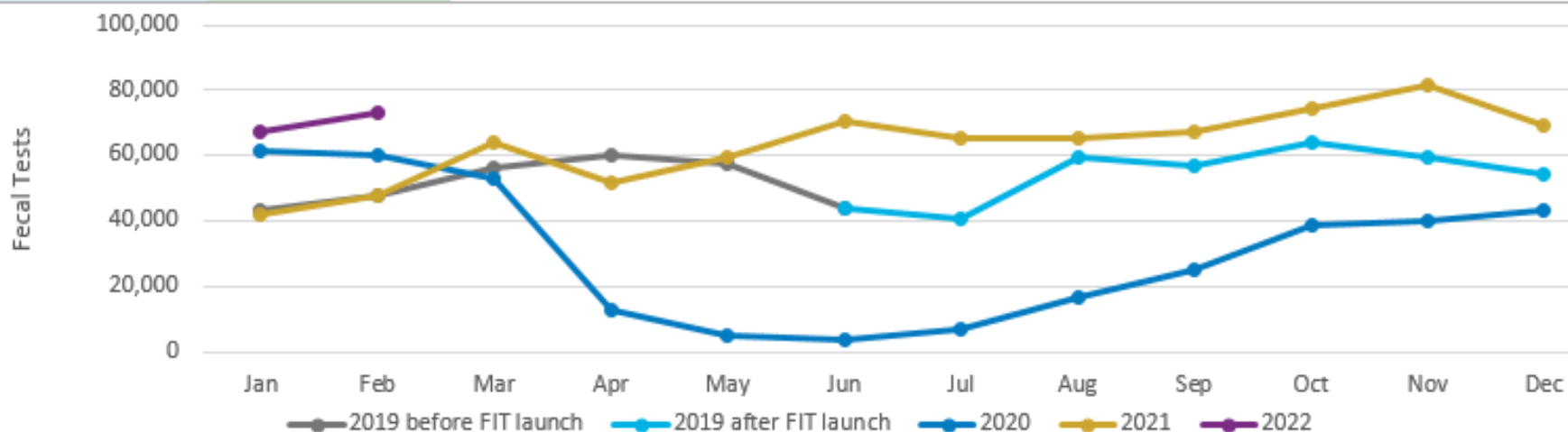



Cancer Screening

CCC: Fecal test volumes (ages 49-85)

Fecal Tests Completed by Month and Year

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2019	43,384	48,167	56,326	60,194	57,732	43,890	40,508	59,339	57,235	64,368	59,491	54,370
2020	61,631	60,314	53,341	12,872	5,391	3,756	7,034	16,550	25,198	38,780	39,979	43,258
2021	42,200	47,739	64,201	51,838	59,503	70,536	65,251	65,345	67,334	74,696	81,775	69,101
2022	67,431	73,037										
% Change 2022 vs 2019	55%	52%										
% Change 2022 vs 2021	60%	53%										



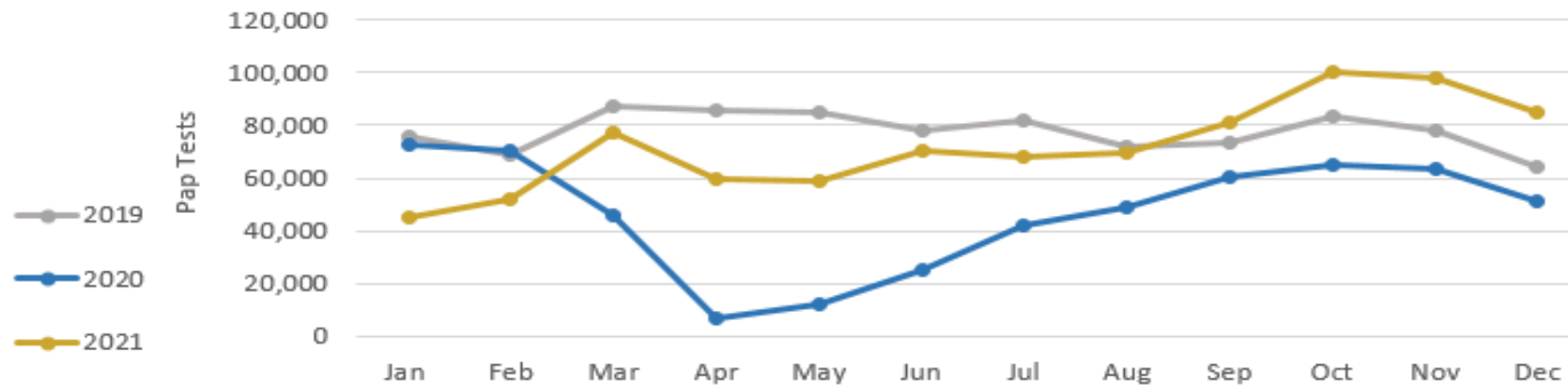
 **52%**
Change 2022 vs 2019

FIT volume continued to rise in February 2022, reaching 152% of February 2019 volume and 121% of February 2020 volume. Note: Ontario transitioned from gFOBT to FIT in June 2019. January 2020 was the first month when FIT became the only screening test for colorectal cancer screening.

OCSP: Pap test volumes (ages 21-69)

Pap Tests Volumes by Month¹

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2019	75,855	69,158	87,259	85,870	84,615	78,229	82,096	71,590	73,329	83,116	77,882	64,420
2020	72,604	70,483	46,082	6,618	12,084	25,405	41,988	48,644	60,345	65,245	63,789	51,348
2021	44,982	52,160	77,650	59,357	58,715	70,529	68,297	69,685	81,396	100,353	98,189	84,848
% Change 2021 vs 2019	-41%	-25%	-11%	-31%	-31%	-10%	-17%	-3%	11%	21%	26%	32%
% Change 2021 vs 2020	-38%	-26%	69%	797%	386%	178%	63%	43%	35%	54%	54%	65%



¹ Pap tests from community labs only.

December 2021 Pap test volume was updated based on the latest data. The updated Pap test volume in December 2021 was 132% of the level in December 2019. Note: Due to the lag in OCSP data, 2022 volumes are unavailable. Pap test volumes in early 2022 are expected to be impacted by Directive 2.

↑ 32%
Change 2021 vs 2019
(December data)

OBSP: Screening mammograms

(ages 50-74 for average risk & 30-69 for high risk)

2019-2022 Monthly Screening Mammogram Volumes

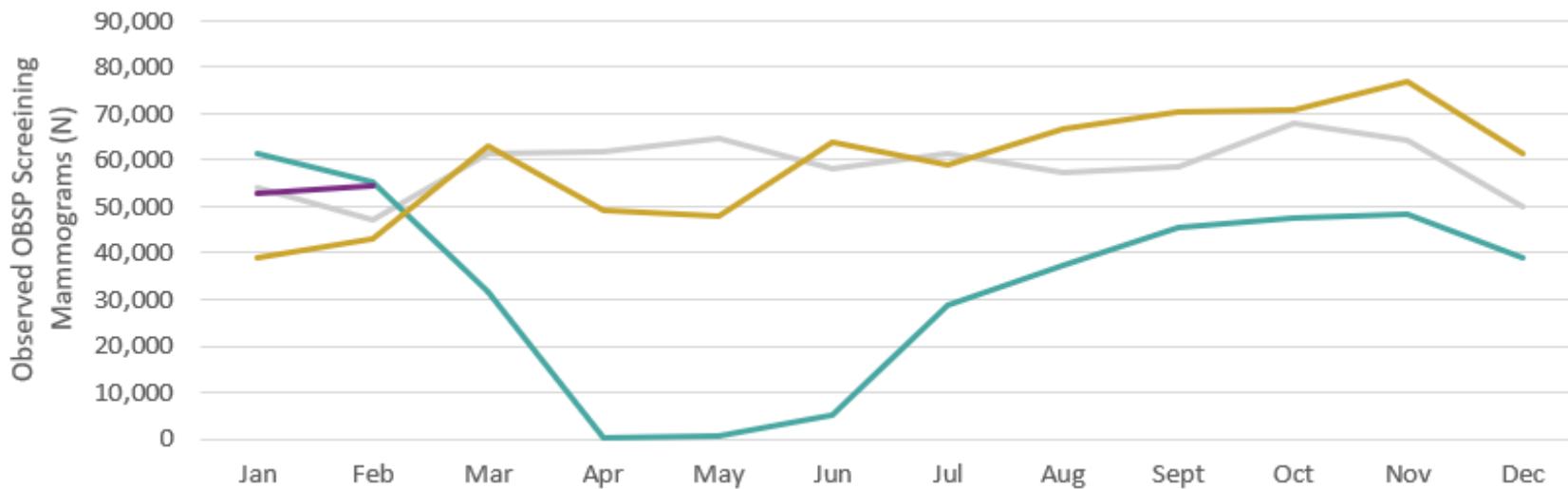
Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
2019	53,896	47,158	61,480	61,655	64,614	58,166	61,219	57,463	58,720	67,795	64,359	49,834
2020	61,332	55,169	31,652	149	609	5,004	28,905	37,393	45,556	47,411	48,193	39,121
2021	39,057	43,104	63,002	49,286	48,128	63,791	59,015	66,522	70,281	70,674	77,066	61,380
2022	52,658	54,378										
% Change 2022 vs 2019	-2%	15%										
% Change 2022 vs 2021	35%	26%										



15%

Change 2022 vs 2019

— 2019
— 2020
— 2021
— 2022



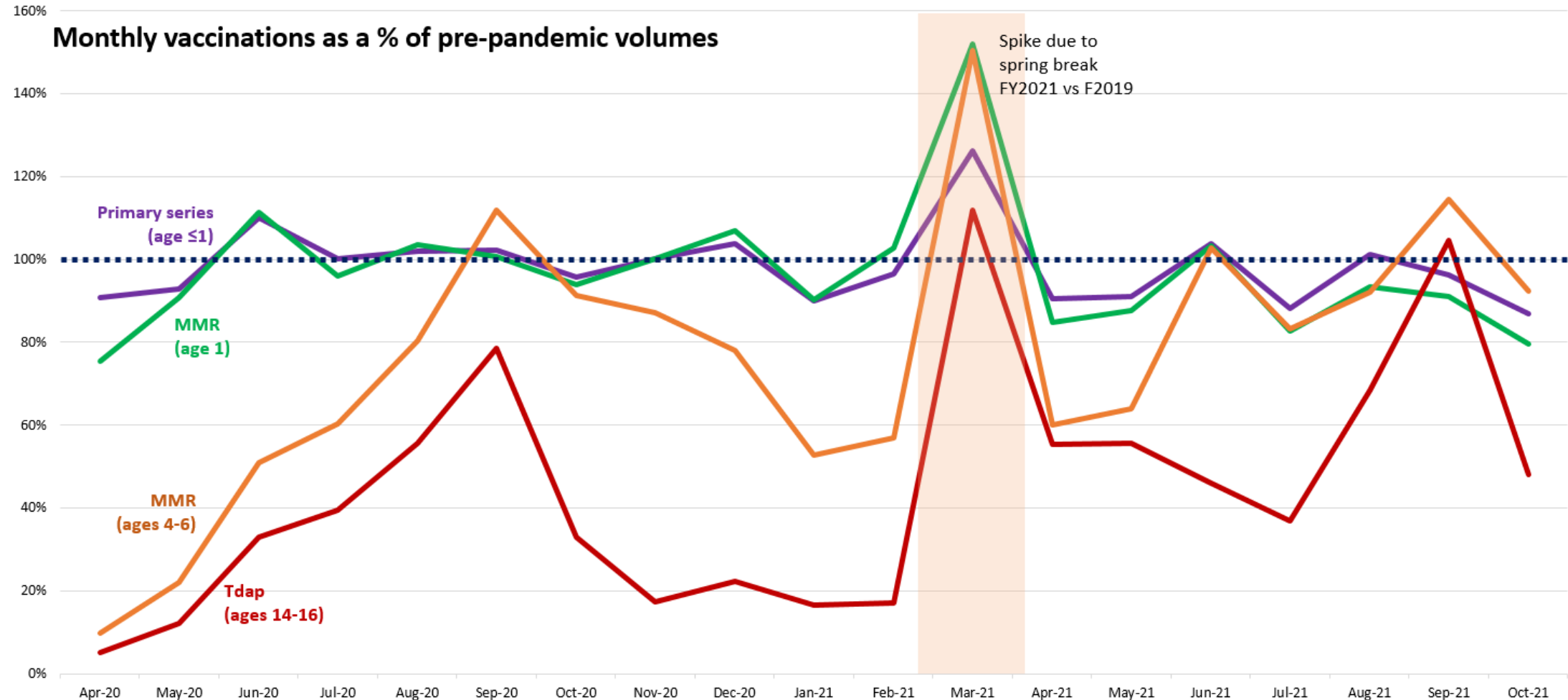
Following a decline in January 2022, mammography volume increased in February 2022. The volume of mammograms in February 2022 was 115% of that in February 2019 and 99% of that in February 2020.



Childhood Immunization Visits

Childhood Immunization Visits

Infant vaccination volumes remained relatively constant throughout the pandemic while volumes for older children dropped; volumes for MMR for children ages 4 to 6 have largely recovered while Tdap vaccinations for teenagers remain significantly lower than pre-pandemic

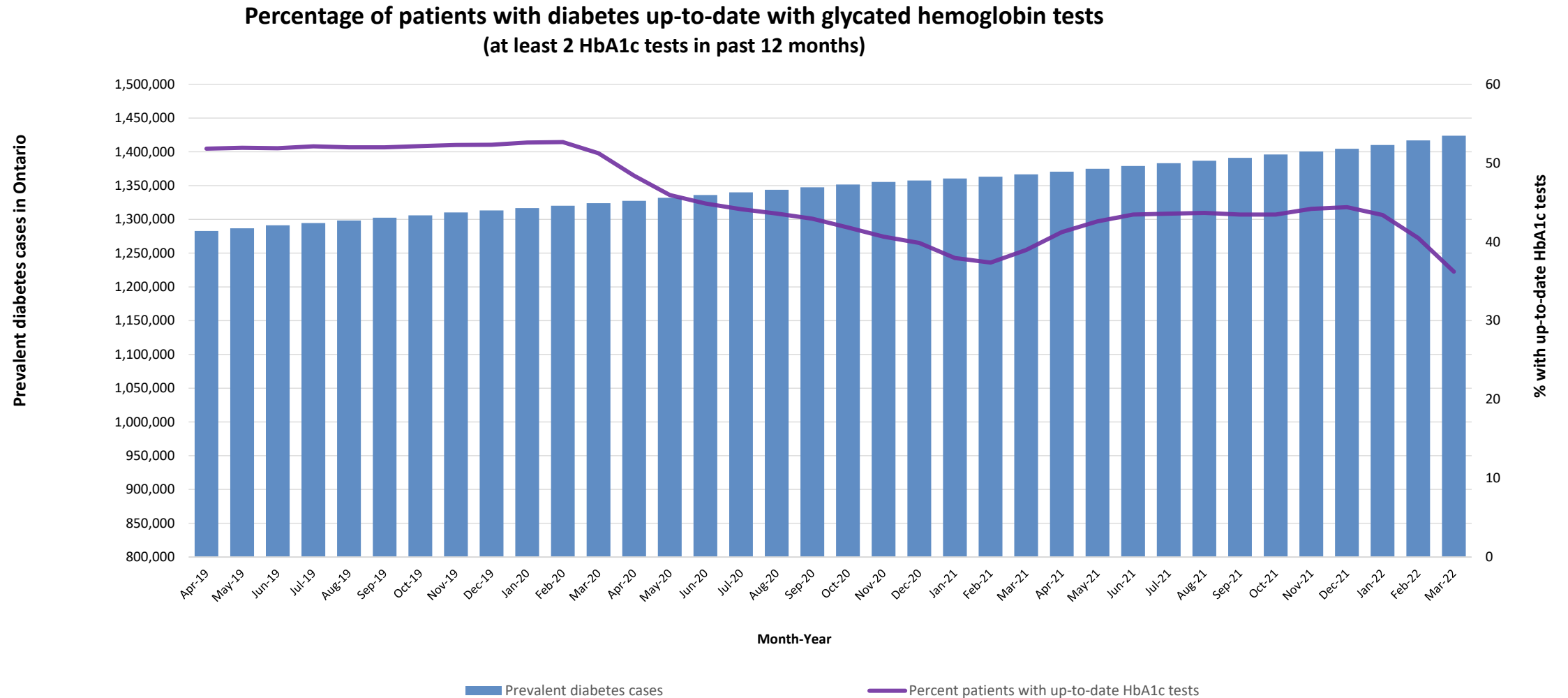


Data Source: Ontario Health Insurance Plan Claims Database and Registered Persons Database

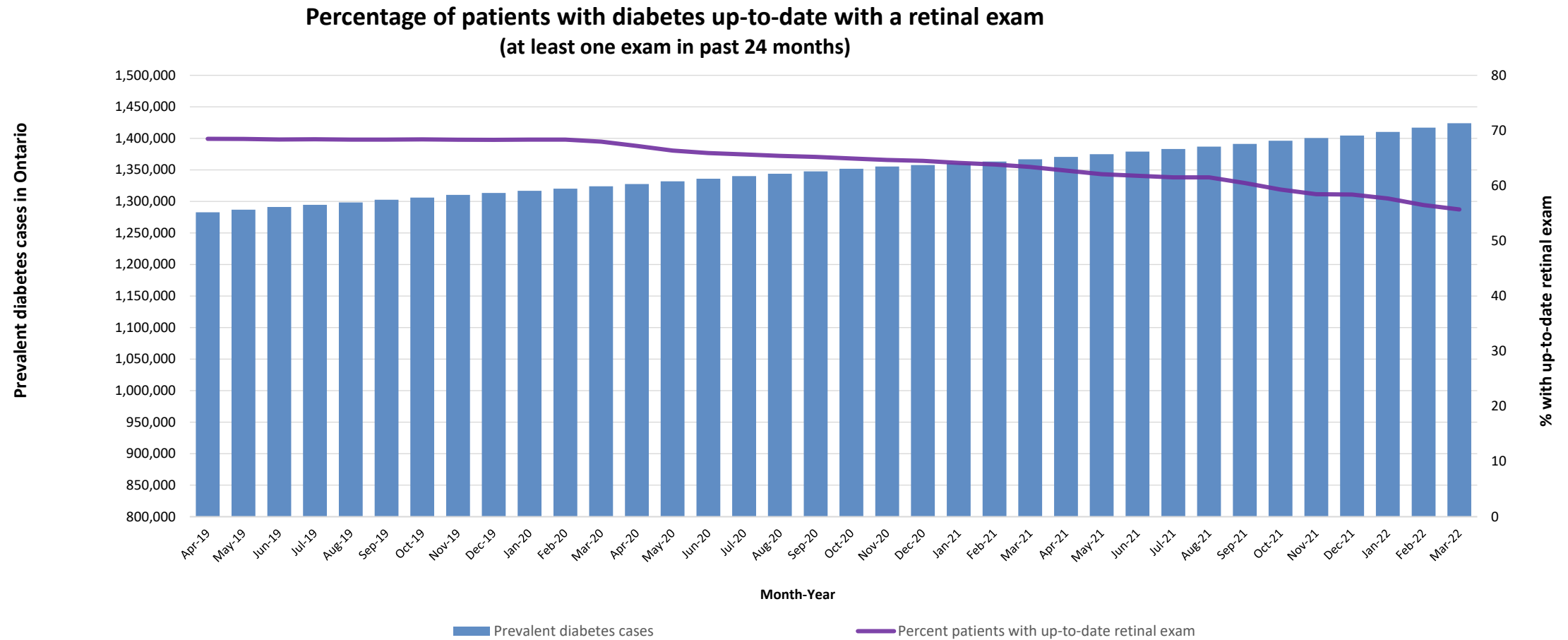


Retinal Exam and HbA1c Testing

HbA1c Testing



Retinal Exams



Data sources: OHIP, ODB, DAD, NACRS, and RPDB

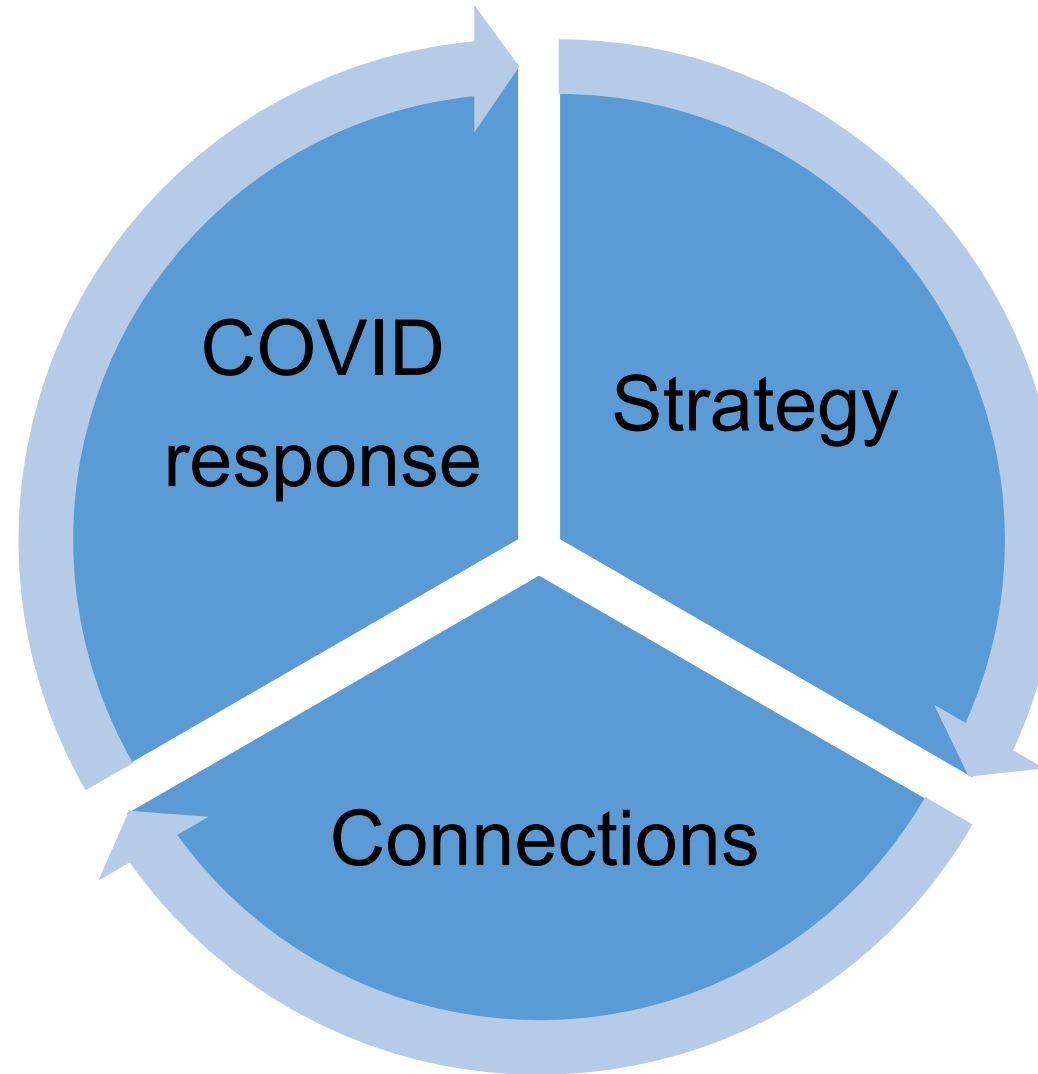
Reported by: QME, Ontario Health

Primary Care Priorities

- Continue to focus on urgent and emergent care to avoid unnecessary emergency department visits
 - Undertake early identification and referral of patients who would benefit from COVID-19 therapeutics and remote monitoring of patients with COVID
- Resume or continue preventative care (e.g. cancer screening) and chronic disease management
 - Continue to support covid vaccination

What we did

- Primary Care Council
- Testing capacity
- PPE, PPE and more PPE
- COVID@Home
- Remote care monitoring
- Long-term care response
- Inpatient supports
- COVID, Cold and Flu Care Clinics
- Vaccine campaigns and hubs
- Refugee and evacuee support
- Back to school webinars
- Primary Care Network CME/updates/forums
- Holiday surge response(s)
- Wellness survey
- Community based therapeutic
- Online appointment booking
- Expansion eReferral, eConsult
- Guidelines on virtual visits
- Supporting physicians in all practice models in working safely and meaningfully during the pandemic



Strategy

- Started with loose list of leaders and now have Central Region coverage
- Adapt to respond, inform recovery all focused on primary care advancement
- Strategically embedded membership into planning tables – mental health, congregate setting, research, digital health, etc.

Connections

- Provincial policy
- OHTs response/recovery priority populations
- Ontario Health Regional and Provincial leadership
- Provincial associations and colleges



**Ontario
Health**

Where do we go from here

1. Take Personal Inventory
2. Value for Impact work

Ontario doctors suffering from burnout

Levels rise from 66 per cent to 73 per cent in 2021




Physician Wellness – The Science of Happy

Community and Purpose

- Celebrate our successes
- Primary care networks
- Promote well-being

Mastery and Autonomy

- Common causes
- Primary Care Research Network
- Increase primary care profile

**WORK
SMARTER**

**NOT
HARDER**



**Ontario
Health**

Where we invest our time

- Embrace digital solutions
 - Electronic communication
 - eConsult
 - Central Waitlist Management
 - Health Care Navigation System
 - Remote Care monitoring
- Integrated system care
 - Expand the work of Community Access Clinics (aka COVID, Cough, Cold Flu Community Care Clinics)
 - Link in closer with specialist care – CHF care pathways, DM
 - Use system resources
 - Understand my patient population



**Ontario
Health**


Where we invest our energy

- AccessMHA
- Chronic Disease pathways
- Team based care
- EMR/digital health design power
- Innovation Ecosystem
- Patient managed self-care
- Primary Care unification



The choices you make today design your future.

Deepak Chopra

 quote fancy

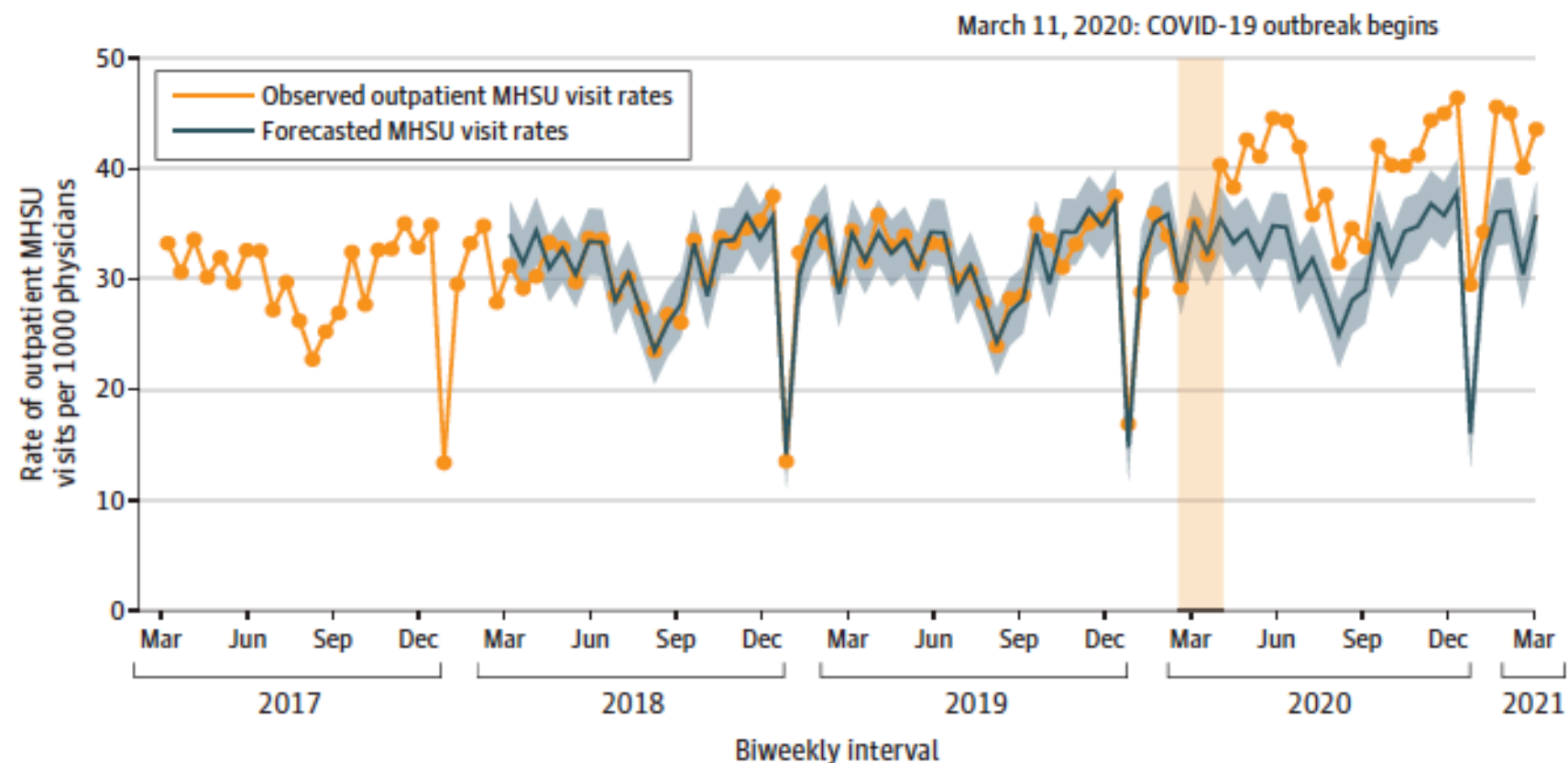


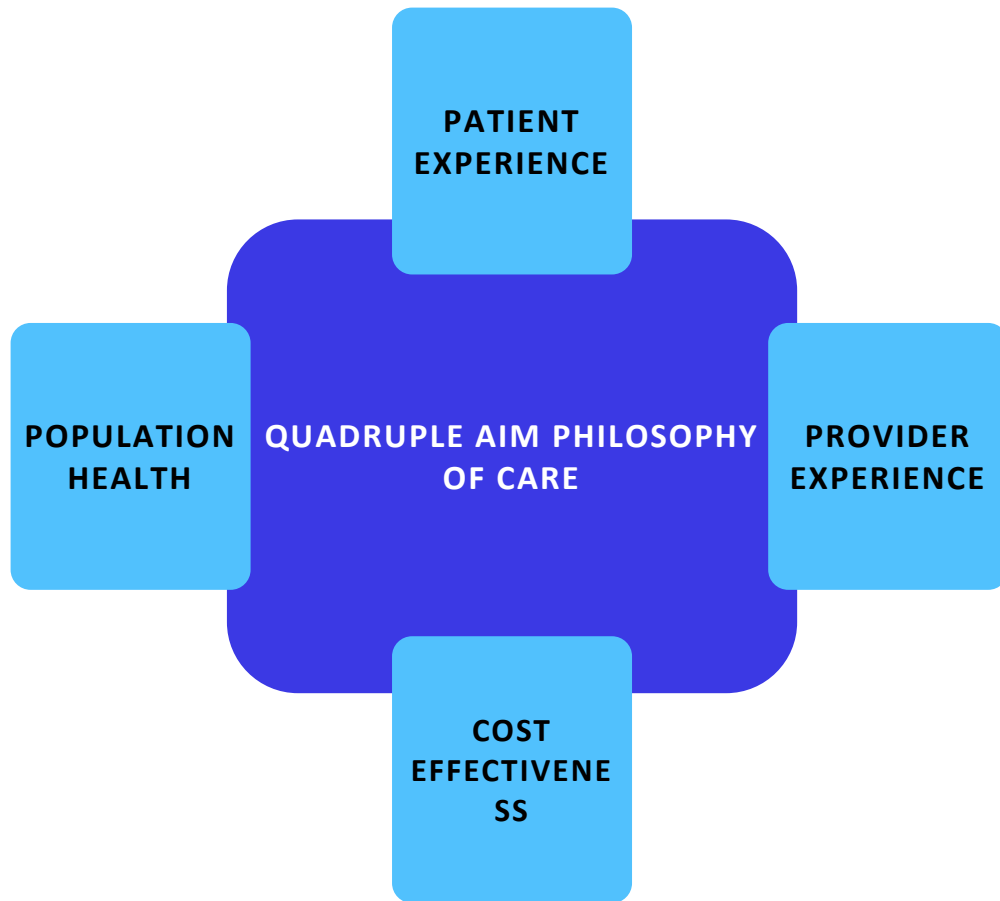
**Ontario
Health**

Physician Health Care Visits for Mental Health and Substance Use During the COVID-19 Pandemic in Ontario, Canada

Daniel T. Myran, MD, MPH; Nathan Cantor, MSc; Emily Rhodes, MSc; Michael Pugliese, MSc; Jennifer Hensel, MD, MSc; Monica Taljaard, PhD; Robert Talarico, MSc; Amit X. Garg, MD, PhD; Eric McArthur, MSc; Cheng-Wei Liu, MD; Nivethika Jayakumar, MSc; Christopher Simon, PhD; Taylor McFadden, PhD; Caroline Gerin-Lajoie, MD; Manish M. Sood, MD, MSc; Peter Tanuseputro, MD, MHSc

Figure 1. Biweekly (14-day) Number of Outpatient Mental Health and Substance Use (MHSU) Visits by Physicians per 1000 Physicians Between March 1, 2017, and March 9, 2021





Strategy

Philosophy of Care - COVID

1. Patient, Caregivers and Families
2. Provider Experience
 - ⦿ Primary care clinic
3. Cost Effectiveness
 - ⦿ Efficient, different & innovative
4. Population Health
 - ⦿ Leading concerns

PATIENT EXPERIENCE	
COVID	Impact
Infodemics	Mask wearing Vaccination
Financial insecurity	Job loss
Social Isolation	Access to essential services - Patient with technological challenges Families/loved ones seperated
Mental Health	MDD, GAD, AN, bulimia, Substance use, OD, SI/HI
COVID Infection/ Terminal illness	Patients suffering/ dying alone or with strangers.
Sedentary life	Weight gain, obesity “CoVesity” ₁ , DM, HTN, CAD
Access to healthcare	Postponed medical procedures. Limitation of in-person care. Change in attitude when accessing care and expectations Retirement of physicians/ HCW

PROVIDER EXPERIENCE

COVID	Impact	COVID	Impact
Infodemics	OMA, PCN, OCFP, CEP Local Platforms	Lack of specialist	In-patient care Procedures post poned
Lack of PPE	Donations Alternative supply chains	Patient	Fear of coming into the clinic Shifting avenue of care access & expectations
Telemedicine	Virtual care from different platforms Phone consults	Pharmacy	Vaccinations NP PCR swabbing
GP/NP clinic	Small business office	Vaccine	Vaccine hesitancy, logistics (vial doses, new EMR system)
Shifting policies	Information overload and exhaustion	Burnout	Retiring physicians/ HCW Increase in the # of unattached patients

COST EFFECTIVE (BEST PRACTICES)

COVID	Impact	Best Practices	ROI
Infodemics	Mask wearing Vaccinations	Public health guidelines Office staff adhere/ PPE	Safe environment for pts/ staff Avoid HCW shortages
Clinic Flow	Screening patients Booking (in-person, virtual & phone)	Screen patients Design according to office space (Hybrid)	Reduction in “time-wasted” More in-person appointment Preventative Care
ILI Symptomatic patients	Limited access to care Overloading the ED Virtual/ phone appoint - Increase antibiotic use	Screen patients Must wear surgical masks (provide one @ office) Staff should be wearing N95Masks Block the end of the day	Increase access to care Reduction in unnecessary abx use Continuity of Care Building trust (Physician/ patient)
Utilizing technology	Mental Health Obesity Chronic Diseases	Std Approach: GAD-7, PHQ-9 Websites: Links, Emails Tags: QIs Virtual care	Increase access Increase efficiency Improved & organized continuity of care

POPULATION HEALTH

- ▶ 4.4 M living with DM, pre-DM (\$1.5 B/ 2019)
- ▶ Ontario is the highest in the country
- ▶ Reduce lifespan 5-15 years, 30% Strokes, 40% heart attacks, 50% of renal failure, 70% amputations and is the leading cause of blindness, ²
- ▶ Projection of 1 million DM in the next 7 yr₃

⊙References:

- 1.K. Zakka, S Chidambaram, S. Mansour et. All. 2021 April. SARS-CoV-2 and Obesity: "CoVesity"-a Pandemic Within a Pandemic.
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2. Diabetes in Canada: Backgrounder. https://www.diabetes.ca/DiabetesCanadaWebsite/media/Advocacy-and-Policy/Backgrounder/2020_Backgrounder_Canada_English_FINAL.pdf
3. New Data Shows Diabetes Rates And Economic Burden on Families Continue to Rise In Ontario.
<https://www.diabetes.ca/media-room/press-releases/new-data-shows-diabetes-rates-and-economic-burden-on-families-continue-to-rise-in-ontario-->



I'm not feeling well. How do I know if I have COVID? What should I do?



We have changed how we identify and respond to COVID.

Assume that you have COVID if you have:

ANY ONE of the following:

- ✓ Fever > 37.7° C and/or chills
- ✓ A cough that's new or worse than usual
- ✓ Trouble breathing
- ✓ Trouble tasting or smelling

OR

ANY TWO of the following:

- ✓ Runny or stuffed-up nose
- ✓ Headache
- ✓ Extreme fatigue
- ✓ Sore throat
- ✓ Muscle aches/joint pain
- ✓ Vomiting or diarrhea

Most people do not need a test.

For more information on testing, visit rebrand.ly/COVID-PCR-test.

If you have symptoms but they do not meet the definition of COVID, self-isolate until your symptoms are getting better for 24 hours (48 hours if you have vomiting or diarrhea).

If you have symptoms of COVID, self-isolate for 5 or 10 days (see details on next page).

People you live with may also need to self-isolate. To learn more about what close contacts should do, visit rebrand.ly/COVID-Close-Contact.

How long do you self-isolate for?

12 years and older
and have **two or
more vaccine doses**

OR

11 years or younger

SELF-ISOLATE FOR
5 DAYS

12 years and older
and have **0 or 1
vaccine dose**

OR

Weakened
immune system*

SELF-ISOLATE FOR
10 DAYS

Your isolation period starts the first day you noticed symptoms. If you did not feel unwell, your isolation period starts the day you had a positive COVID test. That is day 0. You may stop isolating after day 5 or day 10 *if* you have not had a fever for at least 24 hours AND if you have been getting better for at least 24 hours (48 hours if you had vomiting or diarrhea).

What about the people you live with?

Some people you live with may need to isolate while you are isolating. Others need to watch for symptoms for 10 days from the last time they were around you while you could spread COVID.

If anyone you live with starts to feel sick (or has a positive COVID test), they must self-isolate for 5 or 10 days from when they started to feel sick (or tested positive). You do not need to extend your self-isolation if someone you live with gets COVID.

If you:

Are under 18
and have had 2
vaccine doses

OR

Are over 18 and
have had all
recommended
vaccines (initial
doses + booster)

OR

Have tested
positive for
COVID in the
last 90 days

WATCH FOR
SYMPTOMS FOR
10 DAYS

If none of the above apply to you, self-isolate with the person who has COVID (for 5 or 10 days depending on their vaccination and health status).

If possible, stay apart from people you live with to lower the chance of spreading COVID. This is especially important if you live with someone at higher risk of severe COVID.

As a close contact, do I need to self-isolate? For how long?

Isolate immediately if you have symptoms of COVID. For more information on what to do if you have symptoms of COVID, see rebrand.ly/Feeling-Unwell.

If you live with someone who has COVID, you may need to isolate while they are isolating. You do not have to isolate if you feel well AND you:

Are under 18 and have had 2 vaccine doses **OR** Are over 18 and have had all recommended vaccines (initial doses + booster) **OR** Have tested positive for COVID in the last 90 days

If none of the above apply to you and you live with the person who has COVID, self-isolate while the person who has COVID isolates (5 or 10 days).

Day 0 is the last day you had contact with the COVID-positive person. Find out the date of their first symptoms or when they took the test that came back positive. They can spread illness 48 hours prior to, and up to 10 days after, that time.

Self-isolation means staying at home. If possible, the person with COVID should stay apart from others to lower the chance of spreading COVID. This is especially important if someone in the household has a weakened immune system OR is over 12 years old and has had fewer than two doses of a COVID vaccine.

If you do not have symptoms and do not live with the person who has COVID, you do not need to self-isolate. Be very careful for 10 days after your last exposure to the person who has COVID (see next page).

As a close contact, what other steps should I take?

Be very careful for 10 days after your last exposure to the person who has COVID.

- » **Watch closely for any symptoms of COVID** for 10 days. To learn more about what to do if you have COVID symptoms see rebrand.ly/Feeling-Unwell.
- » **Wear a well-fitted mask** in indoor spaces for 10 days.
- » **Do not visit settings where there are vulnerable people or where COVID can easily spread for 10 days.** This includes hospitals, long-term care homes, retirement homes, shelters and group living settings.
- » **Do not visit people at higher risk of serious COVID,** including older people and people with weakened immune systems.
- » **Keep physically distanced from others and wash your hands often in public settings.** Stay away from places with poor air flow.
- » **Let your workplace or school know** that you have been in close contact with someone who has COVID.

Note that this guidance does not apply to people who live, work, volunteer, or are admitted to a hospital, long-term care home, retirement home or other group living situation. It does not apply to healthcare workers who look after people with weakened immune systems. People in these circumstances can find more information here: <https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources/public-health-updates-guidance/algorithm-you-have-been-exposed-and-work-in-highest-risk-setting.pdf>

For more information about what to do if you have been around someone with COVID, visit: <https://covid-19.ontario.ca/self-assessment/>.

For more information on self-isolation, please visit: <https://bit.ly/3q4Eyxh>.

Who is eligible for PCR or rapid point-of-care molecular testing (1/2)

If COVID symptoms and any of the following:

- a patient-facing health care worker
- a patient in an emergency department, at the discretion of the treating clinician
- a staff member, volunteer, resident, inpatient, essential care provider, or visitor in the [highest risk setting](#)
- ➔ • a home and community care worker
- ➔ • a Provincial Demonstration School and hospital school worker
- someone who lives with a patient-facing health care worker and/or a worker in the [highest risk settings](#)
- an outpatient being considered for COVID-19 treatment
- an outpatient who requires a diagnostic test for clinical management
- a temporary foreign worker living in a congregate setting
- underhoused or experiencing homelessness
- pregnant
- a first responder, including firefighters, police and paramedics
- an elementary or secondary student or education staff who has received a PCR self-collection kit, if available through your school
- other individuals as directed by the local public health unit based on outbreak investigations in high risk settings, etc.

Who is eligible for PCR or rapid point-of-care molecular testing (2/2)

With or without COVID symptoms:

- are an individual from a First Nation, Inuit, Métis community, and/or who self-identifies as First Nation, Inuit, and Métis and their household members
- are an individual travelling into First Nation, Inuit, Métis communities for work
- are being admitted or transferred to or from a hospital or congregate living setting
- are a close contact of someone in a confirmed or suspected outbreak in a highest risk setting, or other settings as directed by the local public health unit
- have written prior approval for out-of-country medical services from the General Manager of OHIP or are a caregiver for someone who does
- are in a hospital, long-term care, retirement home or other congregate living setting, as directed by public health units, provincial guidance or other directives

Isolation periods for COVID+ and COVID-symptomatic cases

Table 1: Isolation Period for Test-Positive Cases and Individuals with COVID-19 symptoms

Isolation Period	Population
5 days after the date of specimen collection or symptom onset (whichever is earlier/applicable)	<ul style="list-style-type: none">• Fully vaccinated individuals⁵• Children under the age of 12
10 days after the date of specimen collection or symptom onset (whichever is earlier/applicable)	<ul style="list-style-type: none">• Individuals 12+ who are not fully vaccinated• Immunocompromised⁶• Hospitalized for COVID-19 related illness (or at discretion of hospital IPAC)• Residing in a highest-risk setting
20 days after the date of specimen collection or symptom onset (whichever is earlier/applicable)	<ul style="list-style-type: none">• Severe illness⁷ (requiring ICU level of care or at discretion of hospital IPAC)

- If self-isolation is complete after 5 days, additional precautions are needed due to residual risk of ongoing infectiousness.

“In all scenarios, symptoms need to be improving for 24 hours (or 48 hours if gastrointestinal symptoms) and no fever present prior to ending self-isolation.”

Case and contact management & isolation

Living with and managing COVID – MOH, March 9, 2022

	Current	New Guidance
Isolation requirements for non-household close contacts	<ul style="list-style-type: none">Fully vaccinated individuals do not need to isolateUnvaccinated/immunocompromised individuals need to isolate for 10 days (or 5 days if under 12)Individuals who have tested positive in past 90 days, exempt from isolation	<p>No isolation requirements for any groups. For 10 days after exposure, all close contacts should:</p> <ul style="list-style-type: none"><u>Self-monitor for symptoms</u><u>Wear a mask and avoid activities where mask removal would be necessary</u><u>Not visit anyone who is at higher risk of illness (i.e. seniors)</u><u>Not visit or attend work in highest risk settings (unless they have previously tested positive in past 90 days)</u>
Isolation requirements for household close contacts	<ul style="list-style-type: none">All household members need to self-isolate while the COVID-19 positive case/symptomatic individual is isolating (or for 10 days from last exposure if immunocompromised)	<ul style="list-style-type: none">The following household members do not need to self-isolate but should follow above precautions for 10 days:<ul style="list-style-type: none">Household members that have previously tested positive for COVID-19 in the past 90 daysHousehold members that are 18 + and have received their booster doseHousehold members that are under 18 years old and are <u>fully vaccinated</u>Household members that do not meet the above criteria must <u>self-isolate</u> as per current requirements.

Case and contact management & isolation

Living with and managing COVID – MOH, March 9, 2022

	Current	New Guidance
Highest Risk Setting Definition	<ul style="list-style-type: none">Hospitals (including complex continuing care facilities and paramedic services) and congregate living settings, including Long-Term Care, retirement homes, First Nation elder care lodges, group homes, shelters, hospices, and correctional institutions	<ul style="list-style-type: none">In addition to current eligibility, the following settings are now added to the PCR eligibility list:<ul style="list-style-type: none">Home and community careProvincial Demonstration Schools and hospital schools
Highest Risk Setting Guidance	<ul style="list-style-type: none">Cases and contacts who live in highest risk settings must complete 10 days isolation and quarantine	<ul style="list-style-type: none">Sector specific guidance will be released to allow for shorter self-isolation for residents who are contacts
Recommendations for Cases/ Symptomatic individuals who are Immune Compromised	<ul style="list-style-type: none">Self isolate for 20 days if severely immunocompromised	<ul style="list-style-type: none"><u>All immunocompromised individuals should isolate for 10 days but follow additional precautions (e.g., masking, avoiding highest risk settings and vulnerable individuals) for an additional 10 days (20 days total)</u>

Lifting of COVID Measures in Ontario: Implications for Primary Care

OCFP summary and interpretation

Public measures (key changes)	Community-based practices (considerations)
As of March 9, 2022 Isolation requirements for COVID-positive cases and contacts – changes are the same for all settings <ul style="list-style-type: none"> See summary on slides 7 and 8 here The full Ministry of Health guidance is here 	
As of March 14, 2022 Capacity limits and physical distancing All settings may open at full capacity. The following are lifted in all settings: <ul style="list-style-type: none"> Proof of vaccination Capacity limit Physical distancing 	While not required, distancing where possible is still recommended. Continue scheduling symptomatic patients, where possible, at end of day.
Mandatory vaccination policies End in all settings including hospitals, long-term care homes, schools, and child-care settings.	Although staff vaccination in community-based settings is not mandatory, clinics may retain their own policies.

Public measures (key changes)	Community-based practices (considerations)
As of March 21, 2022 Mask mandates End in most places, including schools and child-care settings.	Directives requiring masking in healthcare settings (including community-based clinics) will remain in place until April 27, 2022. We understand that after April 27, it is likely masks will continue to be required (TBD) in all healthcare settings (by government regulation) – including in community-based clinics. See below as well re: impending PPE guidance for staff.
COVID safety plans and screening Are voluntary and not required for businesses.	Until further notice, we suggest primary care continues screening staff and patients for COVID symptoms to: <ul style="list-style-type: none"> Guide PPE use Help keep sick staff out of the office
As of April 27, 2022 Ontario lifts all public health measures against COVID, and CMOH Directives end	<i>Detailed CMOH guidance and recommendations on IPAC, including use of PPE, are expected in April.</i> For now, until further notice, continue with existing PPE/IPAC protocols: PPE Wear N95 masks and other appropriate PPE when working with symptomatic patients. Reminder: for patients who screen positive, PPE also includes isolation gown, gloves and eye protection (goggles, face shield or safety glasses with side protection). CLEANING For patients who screen <i>negative</i> : use standard cleaning processes. For patients who screen <i>positive</i> : disinfect within 2 metres of patient as soon as possible, and clean and disinfect treatment areas, horizontal surfaces and equipment before another patient is brought into area or used on another patient.

OUR ELECTION OPPORTUNITY

- The Ontario election is set for **June 2, 2022**.
- **Goal:** Our policy solutions are on each party's platform.

86% of members say it's important the OCFP advocates on their behalf.

4% say it's not important and **10%** not sure.

POLICY SOLUTIONS

- 1 • Expand access to comprehensive primary care by ensuring every Ontarian has **a family doctor supported by team-based resources**.
- 2 Improve the accessibility of care by **increasing the time that family doctors can spend providing direct patient care**.
- 3 • Ensure every Ontarian has a family doctor by **recruiting and retaining more family doctors** within the province.

Nearly **90%** of members agree with our election focus.

OUR MAIN MESSAGE

Our public testing revealed when we say “doctor”, people think of their family doctor.



YOUR FAMILY
NO ONE
DOCTOR HAS
THERE TO
HELPED YOU
HELP YOU
GROW UP.
GROW UP.

1.3 MILLION ONTARIANS are living life without a doctor. With more retiring and fewer medical graduates choosing family medicine, it's only going to get worse.

Find out more at LifeWithoutADoctor.ca

LIFE WITHOUT A DOCTOR Ontario College of Family Physicians



YOUR FAMILY
DOCTOR CAN
CAN'T
SEE YOU
SEE YOU
NOW.
ANYMORE.

1.3 MILLION ONTARIANS are living life without a doctor. With more retiring and fewer medical graduates choosing family medicine, it's only going to get worse.

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LIFE WITHOUT A DOCTOR Ontario College of Family Physicians

WHAT'S COMING NEXT?

- **Beginning April 4**
 - Going out to media
 - Active on social media
 - Regular member updates, sharing ways you can get involved

Lend **your voice** – help us carry this message during the campaign



[Read the full details](#)

Proposed Physician Services Agreement

NEW

Voting now open

The ratification vote for the Proposed Physician Services Agreement will be open until the close of voting at the Special Meeting of Members on Sunday, March, 27, 2022.

[Vote now](#)

Get the latest:

[OMA Elections >](#)

[COVID-19, Vaccines and Billing >](#)

[OMA News >](#)

[Negotiations 2021 >](#)

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: **Friday, April 8, 2022**

Contact us: ocfpcme@ocfp.on.ca

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

The COVID-19 Community of Practise 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.