

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

May 1, 2026

**Dr. Daniel Warshafsky
Dr. Olga Bougie**



Infectious Disease & New Guidelines on Endometriosis



Family & Community Medicine
UNIVERSITY OF TORONTO

Ontario College of
Family Physicians



Infectious Disease & New Guidelines on Endometriosis

Moderator:

- **Dr. Eleanor Colledge**, Staff Physician, South East Toronto Family Health Team, Assistant Professor, Department of Family and Community Medicine, Temerty Faculty of Medicine, University of Toronto, Toronto, ON

Panelists:

- **Dr. Daniel Warshafsky**, Associate Chief Medical Officer of Health at the Office of the Chief Medical Officer of Health, Toronto, ON
- **Dr. Olga Bougie**, Gynecologic Surgeon, Mount Sinai Health Systems, Toronto, ON

Host:

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

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

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

Land Acknowledgement

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

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

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

Changing the way we work

A community of practice for family physicians

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

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

Disclosure of Financial Support

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

Potential for conflict(s) of interest:

N/A

Mitigating Potential Bias

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

Planning Committee: Dr. Jobin Varughese (OCFP), Dr. Ali Damji (DFCM), Dr. Eleanor Colledge (DFCM), Dr. Stephanie Zhou (DFCM), Julia Galbraith (OCFP), Pavethra Yogeswaran (OCFP), Angeline Tan (OCFP), Reema Chaudhry (OCFP), Marisa Schwartz (DFCM), Erin Plenert (DFCM)

Previous webinars & related resources:

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

Self-learning program

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

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

To participate in this self-learning:

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

[Complete self-learning activity](#)



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

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

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

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

Session Date(s):

Name:

Email:

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

I have no questions

Question:

Missed a session? Want to earn credits?

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

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



Dr. Daniel Warshafsky – Panelist

Associate Chief Medical Officer of Health at the Office of the
Chief Medical Officer of Health



Dr. Olga Bougie – Panelist

Gynecologic Surgeon, Mount Sinai Health Systems

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. Olga Bougie**
- Relationships with financial sponsors:
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: Abbvie, Knight Pharmaceutical, Pfizer
 - Others: N/A

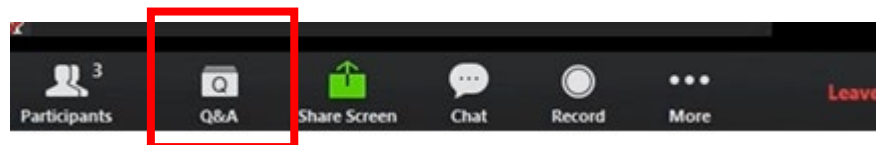
Speaker Disclosure

- 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 (Assistant Dean of Primary Care Education)

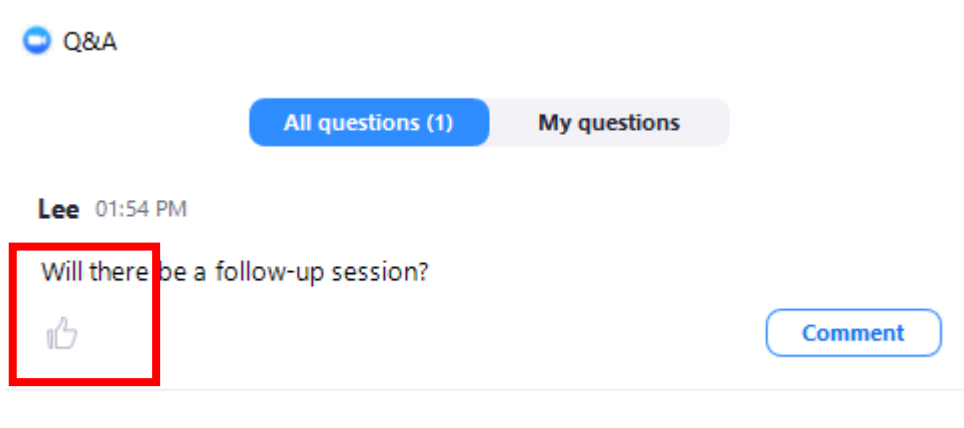
- Faculty Name: **Dr. Eleanor Colledge**
- Relationships with financial sponsors:
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: Ontario College of Family Physicians
 - Others: The Foundation for Medical Practice Education (McMaster University)

How to Participate

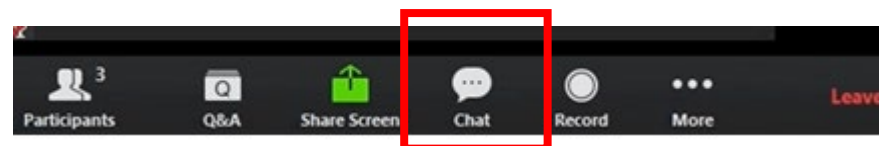
- All questions should be asked using the Q&A function at the bottom of your screen.



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



- Please use the chat box for networking purposes only.





Dr. Daniel Warshafsky – Panelist

Associate Chief Medical Officer of Health at the Office of the
Chief Medical Officer of Health



Dr. Olga Bougie – Panelist

Gynecologic Surgeon, Mount Sinai Health Systems

CTW/WWWW CoP – May 1, 2026

OCFP Community of Practice | April 2026

Today's agenda

- Spring 2026 COVID-19 program — eligibility & products
- RSV in older adults — year-round administration
- Spring reminders — mpox before Pride, MenACWY before Hajj
- Tick-borne disease — Ontario surveillance & clinical pearls
- Legionella — what to look for, where it comes from

Sources: Ontario MOH, PHO, NACI, OMA, Health Quality Ontario, PHAC.

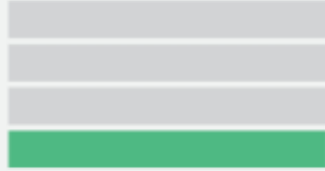
All eligibility refers to Ontario's publicly funded programs unless otherwise stated.

Data current as of April 2026.

COVID-19

Percent positivity:

Low



Weekly indicator
change:

Higher



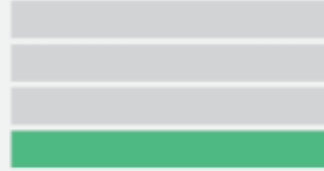
Percent positivity:



Influenza

Percent positivity:

Low



Weekly indicator
change:

Lower



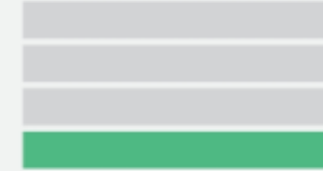
Percent positivity:



RSV

Percent positivity:

Low



Weekly indicator
change:

Lower



Percent positivity:



Percent positivity

in the most recent week

3.0%

Cases

reported in the most recent week

277

Outbreaks

reported in the most recent week

11

Hospital admissions

reported in the most recent week

68

Percent positivity

in the most recent week

4.7%

Cases

reported in the most recent week

446

Outbreaks

reported in the most recent week

1

Hospital admissions

reported in the most recent week

63

Percent positivity

in the most recent week

2.5%

Cases

reported in the most recent week

Not available

Outbreaks

reported in the most recent week

3

Hospital admissions

reported in the most recent week

75

Spring 2026 COVID-19 Vaccine Program

- **Spring 2026 dose: April through end of June (≥3 months from last dose)**
 - Doses may continue **ONLY** for severely immunocompromised until Aug 31, 2026
- **SHOULD receive (high risk; 2 doses/year):**
 - Adults ≥80 years **should**
 - Residents of LTC, retirement homes, congregate seniors' settings
 - Moderately/severely immunocompromised (≥6 months)
 - First Nations, Inuit, Métis adults ≥55 (and household members ≥55)
 - Pregnant individuals (any trimester)
- **MAY receive (clinician–patient discretion):**
 - Adults 65–79 years **may**
 - Healthcare workers in priority settings
- **Products available in Ontario (LP.8.1 / JN.1-lineage):**
 - Pfizer Comirnaty and Moderna Spikevax (Spikevax only product for 6 mo–4 yr)
 - Novavax not available in Ontario this season
- Co-administer with influenza, RSV, Beyfortus — separate limbs preferred

RSV in Older Adults: Year-Round Administration

- **Older adult RSV program continues year-round in Ontario**
 - Single-dose schedule; no booster currently recommended (NACI, April 10, 2026)
 - Multi-year protection (≥ 2 –3 seasons) supports continuous offering
 - **Note: maternal/infant program ended April 17, 2026 — older-adult program does NOT stop**
- **Publicly funded eligibility:**
 - All adults ≥ 75 years (universal)
 - Adults 60–74 if: LTC/RH/Elder Care Lodge resident; ALC/CCC inpatient;
 - on hemo- or peritoneal dialysis; glomerulonephritis with mod-severe IC
 - **Previously vaccinated patients: do NOT need another dose this season**
- **Products:**
 - Arexvy (GSK, RSVPreF3 + AS01E) and Abrysvo (Pfizer, RSVpreF) — publicly funded
 - mRESVIA (Moderna mRNA-1345) — Health Canada approved, NOT yet on Ontario formulary
- Co-administer with influenza and COVID-19 vaccine;
- **Bill fee code G849 (\$8.80)**

Real-world effectiveness

Abrysvo (CDC, 2023–24 season, adults ≥ 60):

- ~79% effective vs RSV-associated ED visits
- ~73% effective vs RSV hospitalization

Arexvy: ~82–83% vs RSV-LRTD season 1, with sustained protection over multi-year follow-up.

Most RSV deaths in Ontario occur in adults ≥ 60 years (PHO/Buchan et al.).

1. EMR-flag patients ≥ 75 not yet RSV- vaccinated; offer at next visit.
2. Screen 60–74 yr cohort for funded eligibility (dialysis, LTC, ALC, IC GN).
3. Outside funded criteria: prescribe and advise patient on private-pay option.
4. Co-administer with flu / COVID — same visit, different limbs.
5. Reassure: mild arm soreness or low fever 1–2 days is expected.

Spring Reminder: Mpox Vaccine Before Pride 2026

- **Why now: Toronto Pride is late June 25-28 2026; other Ontario Pride events run May–Sept**
 - To be fully protected, complete dose 2 \geq 28 days before higher-risk exposures
 - To complete the series before Toronto Pride (late June): start dose 1 by mid-May at the latest
- **Imvamune (MVA-BN):**
 - Two doses, 0.5 mL SC, 28 days apart; protects against both Clade I and Clade II
 - 2 doses reduce mpox risk up to 83%; no routine booster recommended
 - Free, no OHIP card required (PHU clinics, sexual health clinics, primary care)
- **Eligibility (Ontario MOH):**
 - 2SGBMSM with \geq 2 partners/yr, anonymous partners, sex-on-premises, recent STI
 - Sexual partners (any gender) of the above; sex workers; household/sexual contacts of cases
 - Anyone anticipating any of these risk factors (e.g., upcoming Pride travel)

Ontario epidemiology 2025

188 confirmed cases YTD
71.8% aged 20–39
53.8% unvaccinated
91% had \geq 1 known risk factor
First Ontario clade Ib cases (travel- associated):
Toronto, March 2026.

Ontario epidemiology 206

16 cases

Spring Reminder: Meningococcal Vaccine Before Hajj

- **Hajj 2026: ~May 25–30, 2026 (8th–12th/13th Dhul Hijjah)**
- **Quadrivalent meningococcal (MenACWY) is MANDATORY:**
 - Required for all pilgrims ≥1 year of age (Saudi MOH)
 - **Must be received ≥10 days before arrival in Saudi Arabia**
 - Conjugate vaccine: 5-year validity (preferred — reduces nasopharyngeal carriage)
 - Polysaccharide vaccine: 3-year validity (Menomune no longer marketed in Canada)
 - Conjugate options in Canada: Menactra, MENVEO, MenQuadfi, Nimenrix
 - Documentation: International Certificate of Vaccination ("yellow card")
 - **NOT publicly funded in Ontario for travel — patient pays out-of-pocket**
- **Other Hajj-related vaccines to review:**
 - Polio (IPV) booster if from a polio-affected country; Yellow fever per IHR
 - Seasonal influenza, COVID-19, routine updates: Tdap, MMR, varicella, hep A/B

Practical timeline

For arrival May 25, 2026:

- Vaccinate by ~May 14 (ideally earlier)
- Book travel-health visit 6–8 weeks before departure

Refer to a designated Yellow Fever centre if YF is needed (TMVC, PHU travel clinics, Travel.gc.ca for designated YF clinics).

Tick-Borne Disease: Ontario Surveillance 2025–26

- **What's new heading into the 2026 tick season:**
 - Anaplasmosis, babesiosis, Powassan virus reportable in Ontario since July 1, 2023
 - PHO Vector-Borne Disease (VBD) Tool launched June 2025 — weekly PHU-level data
 - **Blacklegged Tick Established Risk Areas continue to expand across southern Ontario**
- **Lyme disease (PHAC, 2024 annual report):**
 - National incidence 14.1 per 100,000 in 2024 (up from 11.9 in 2023)
 - Ontario, Nova Scotia, Quebec accounted for ~95% of cases
 - Ontario reported a 27% increase in cases vs 2023; bimodal age peak (5–9, 60–69)
- **Anaplasmosis & babesiosis (PHO):**
 - Both increasing year-over-year; locally-acquired cases documented in southern Ontario
 - Clinicians should maintain a high index of suspicion in tick-exposure histories
- **Ticks are active any time temperature is consistently above freezing — not just summer**

Established Risk Areas (PHO 2024, current)

North shore Lake Erie:

Long Point, Turkey Point, Rondeau,
Pinery, Wainfleet, Niagara

North shore Lake Ontario

South shore Lake Huron

Eastern Ontario corridor:

Thousand Islands, Kingston,
Prince Edward County, Ottawa Valley

Expanding into central Ontario,

Wellington-Dufferin-Guelph,

Simcoe-Muskoka, Northwestern Ontario

Powassan virus detected in BLT in

Fort Frances area

Register
Now!

é
liquie
ario

Nile Virus

0

Cases - Most Recent Week

0

Cases - YTD



Lyme Disease

4

Cases - Most Recent Week

109

Cases - YTD



Anaplasmosis

0

Cases - Most Recent Week

0

Cases - YTD



Babesiosis

0

Cases - Most Recent Week

0

Cases - YTD



Powassan Virus Disease

0

Cases - Most Recent Week

0

Cases - YTD

[https://www.publichealthontario.ca/en/
Data-and-Analysis/Infectious-
Disease/VBD-Tool](https://www.publichealthontario.ca/en/Data-and-Analysis/Infectious-Disease/VBD-Tool)

Most Recent Week: Week 16 (April 20 - April 26, 2026); YTD: Up to end of Week 16 (January 1 - April 26, 2026)

Overview - Ontario

Overview - PHU

BLT Risk Areas

Mosquito Traps

Mosquito Species

Anaplasmosis

Babesiosis

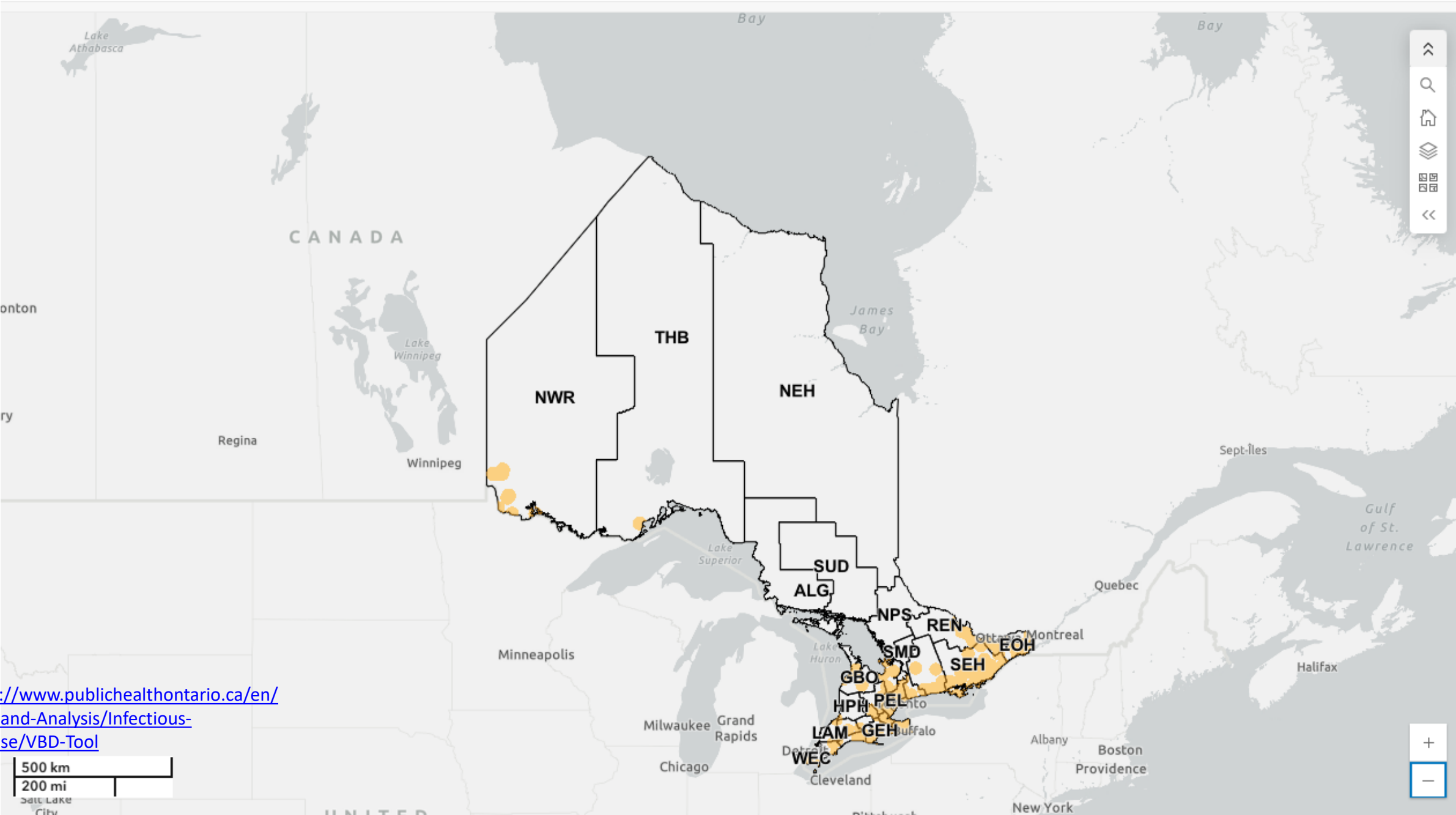
EEEV

LD

Powassan

WNV

Blacklegged Tick (BLT) Established Risk Areas



<https://www.publichealthontario.ca/en/Data-and-Analysis/Infectious-Disease/VBD-Tool>

Tick-Borne Disease

Lyme disease

Presentation:

- EM \geq 5 cm in risk area = clinical Dx; treat without serology
- Disseminated: multiple EM, CN VII palsy, carditis, arthralgia
- Late: arthritis (large joint, esp. knee)

Testing (PHO):

- Two-tier serology — EIA → reflex IgM/IgG immunoblot
- Insensitive in first 4 weeks

Treatment:

- Doxycycline 100 mg PO BID \times 10 d (IDSA 2020 — early Lyme)
- Amoxicillin 500 mg TID or cefuroxime 500 mg BID \times 14 d
- Disseminated: 28 d oral; carditis/neuro: IV ceftriaxone

PEP (single dose doxy 200 mg) — all 4 must apply:

- BLT attached \geq 36 h, in risk area, within 72 h of removal, no contraindication

Anaplasmosis

Presentation (1–2 wk post-bite):

- Fever, severe headache, myalgia, malaise
- Rash uncommon

Useful lab triad:

- Leukopenia + thrombocytopenia + transaminitis

Diagnosis:

- PCR on whole blood (best in first week)
- Smear: morulae in granulocytes; paired IFA serology to confirm

Treatment:

- Doxycycline 100 mg PO BID \times 10–14 d
- **Start empirically — rapid response (<48 h) supports Dx**

Pearl:

- **Fever + headache + cytopenias + transaminitis + tick exposure → think anaplasmosis**

Babesiosis

Presentation (1–9 wk post-bite):

- Fever, chills, sweats, myalgia, fatigue
- **Severe in asplenic, elderly, IC: hemolytic anemia, jaundice, ARDS, MOF**

Diagnosis:

- Thick/thin blood smear: ring forms or "Maltese cross"
- Confirm with PCR; serology supportive

Treatment:

- Mild–mod: atovaquone 750 mg BID + azithromycin 500 mg → 250 mg daily \times 7–10 d
- Severe: IV azithromycin + atovaquone (preferred); clindamycin + quinine (alternative)
- Exchange transfusion if parasitemia \geq 10% or severe end-organ involvement
- **Notify blood services — transfusion-transmissible**

Pearl:

- **Severe febrile hemolysis in asplenic patient with cottage exposure → think babesiosis**

PHO Rounds

Tick-Borne Diseases in Ontario: A 2026 Update



**Register
Now!**

Presented by:

**Caitlin Johnson
Dr. Richard Mather
Dr. Antoine Corbeil**

Tuesday, May 5, 2026
12:00 p.m. - 1:00 p.m. EST

<https://www.publichealthontario.ca/en/Education-and-Events/Events-and-Presentations/2026/05/Tick-Borne-Diseases-in-Ontario-2026-Update>

Take-Aways

Five things to action:

1. Spring COVID booster

Pull a list of patients ≥ 80 , IC, FNIM ≥ 55 , LTC/RH residents, pregnant. Offer booster between April and end of June.

2. RSV in older adults

EMR-flag patients ≥ 75 not yet RSV-vaccinated. Offer at next visit. One dose is enough — no booster needed (yet).

3. Mpox before Pride

Re-engage 2SGBMSM patients with one Invamune dose. Schedule dose 2 by mid-May to be protected by Toronto Pride.

4. Hajj travel review

Offer conjugate MenACWY ≥ 10 days before May 25 arrival. 6–8 wk before departure: review Tdap, MMR, IPV, YF if needed.

5. Tick vigilance

Treat EM clinically; remember anaplasmosis (cytopenias) and babesiosis (asplenia)..

Key references: Ontario MOH (ontario.ca/page/covid-19-vaccines); PHO VBD Tool & Legionellosis surveillance reports; NACI (Spring 2026 COVID, April 2026 RSV); Saudi MOH (Nusuk); Health Quality Ontario Lyme guidance.

The Diagnosis and Management of Endometriosis

Olga Bougie, MD, FRCSC

Associate Professor

Head of Research Endometriosis and Pelvic Pain

Mount Sinai & Women's College Hospital
University of Toronto, Toronto ON, Canada

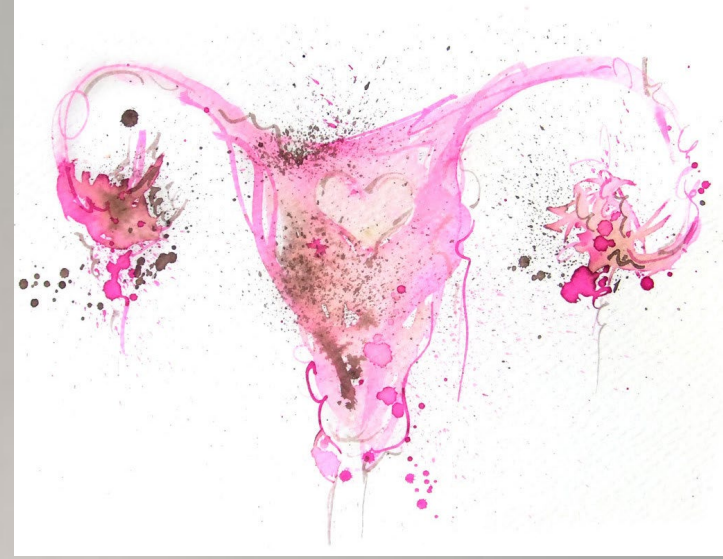




Objectives

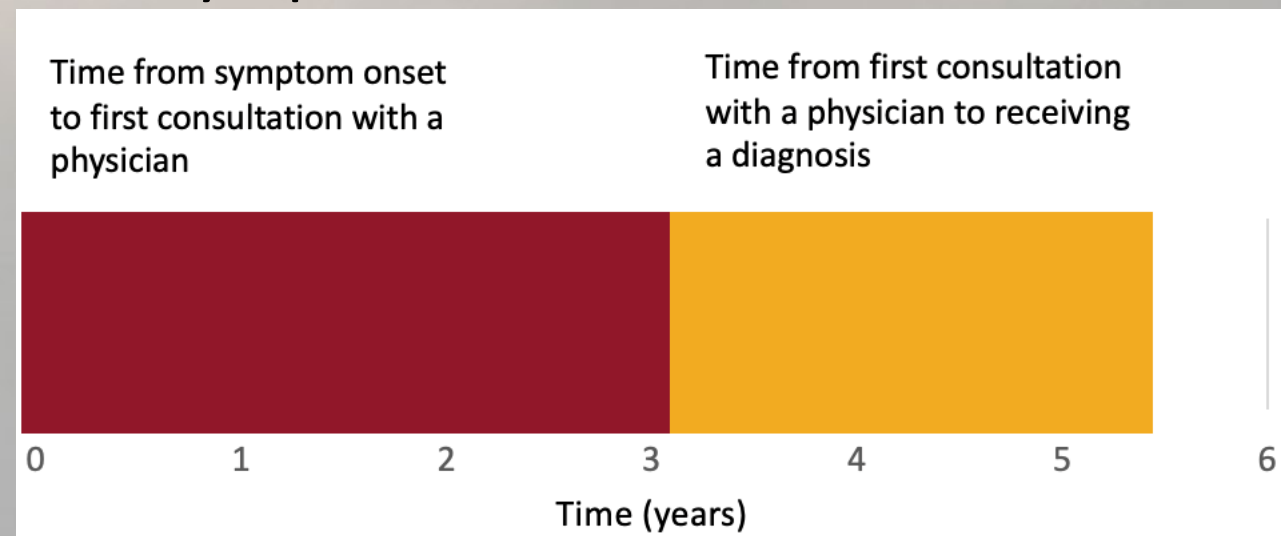
Upon completion, the participant will be able to:

1. Validate the pain that patients with endometriosis experience and recognize its impact
2. Identify patients with endometriosis and choose appropriate tests when endometriosis is suspected
3. Recognize when to refer to gynaecology and understand evidence-based management strategies



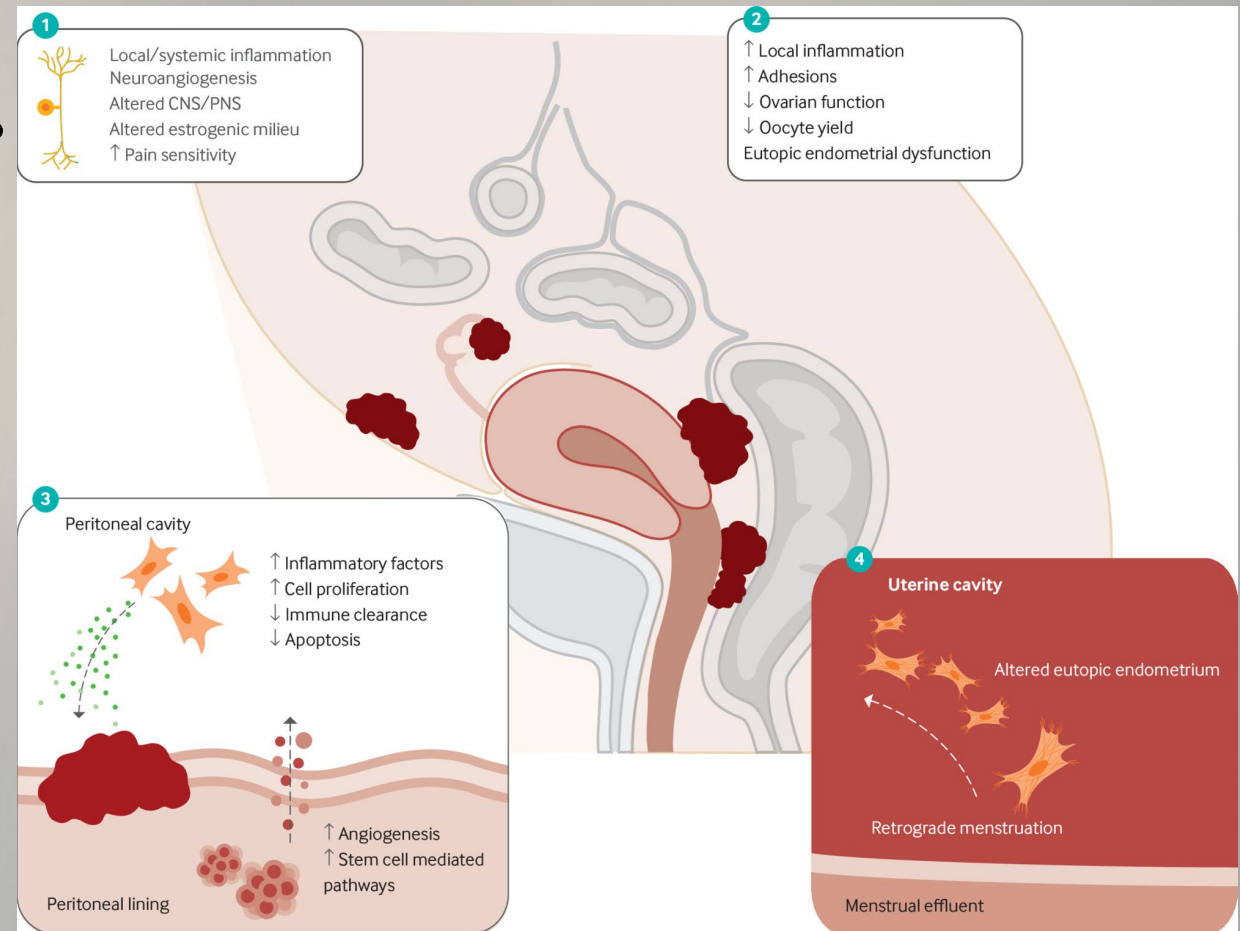
Endometriosis

- Affects 5-10% of the female population
- Unmeasured numbers of ***transgender, gender-diverse, and two-spirit people***.
- Global survey data indicate that 62% of patients with endometriosis are under age 30 at onset of symptoms



Pathophysiology of Endometriosis

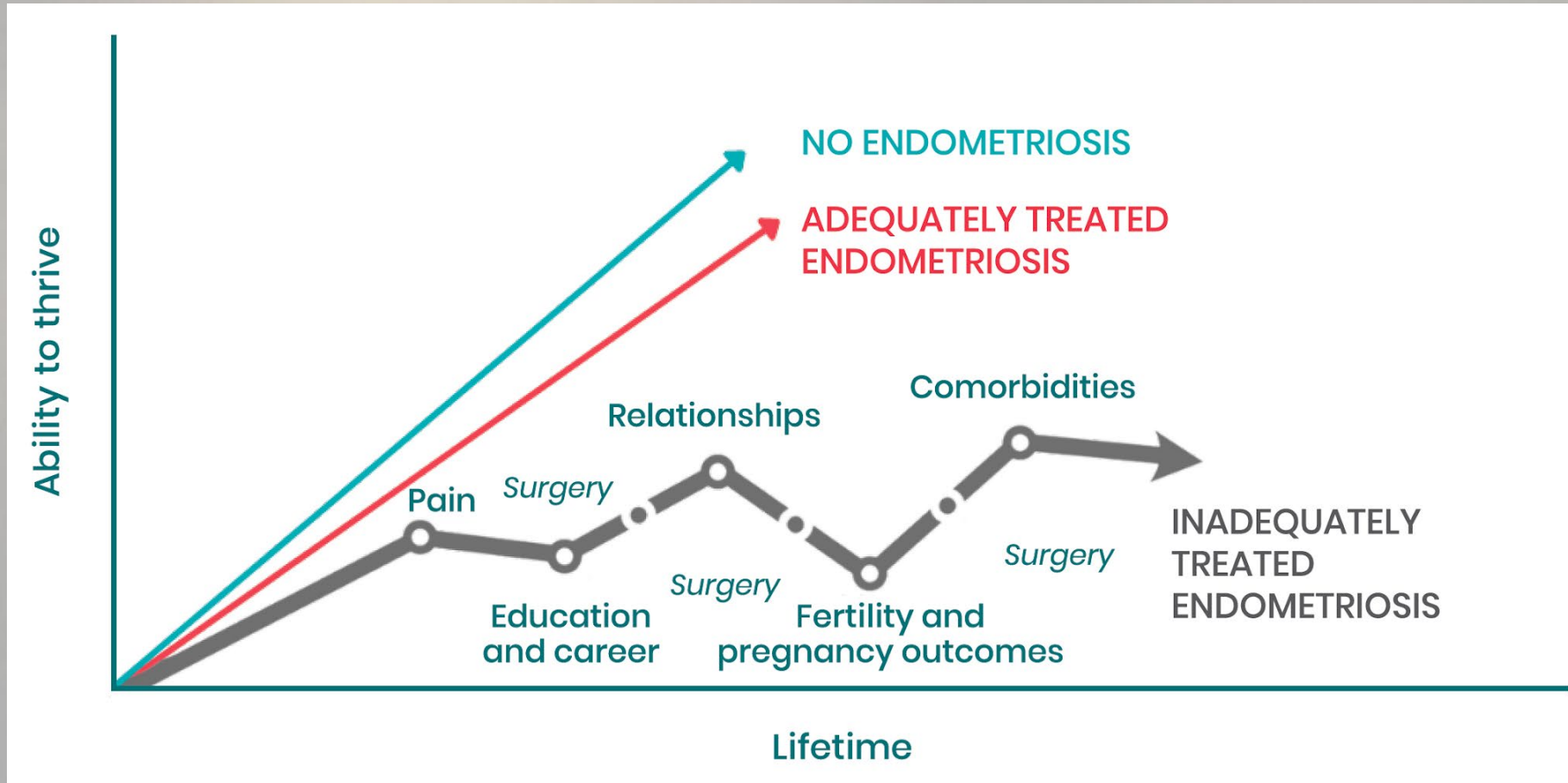
- Complex chronic disease that occurs when **endometrial-like tissue** implants outside of the uterus to form lesions, cysts, and deep nodules
- **Recurrent, multisystemic, inflammatory condition**
- **Estrogen dependent**

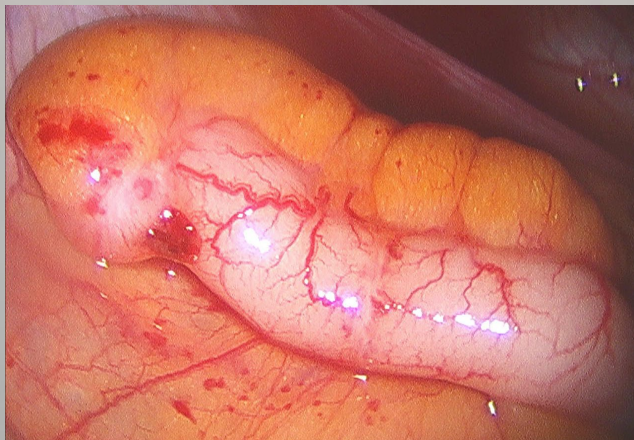
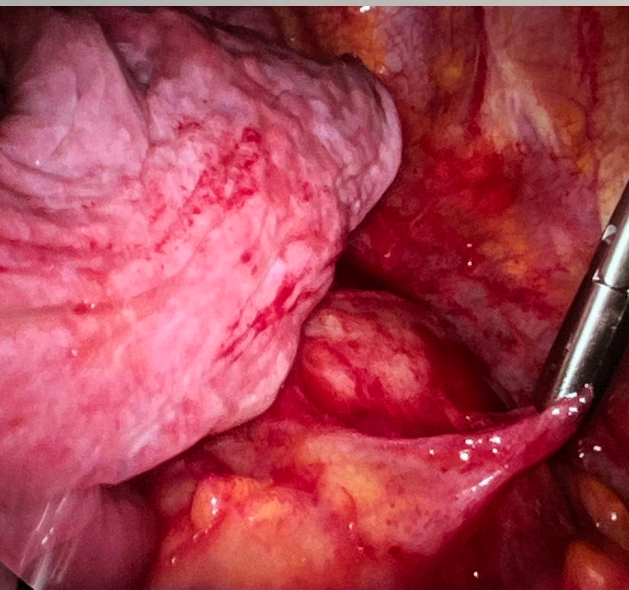
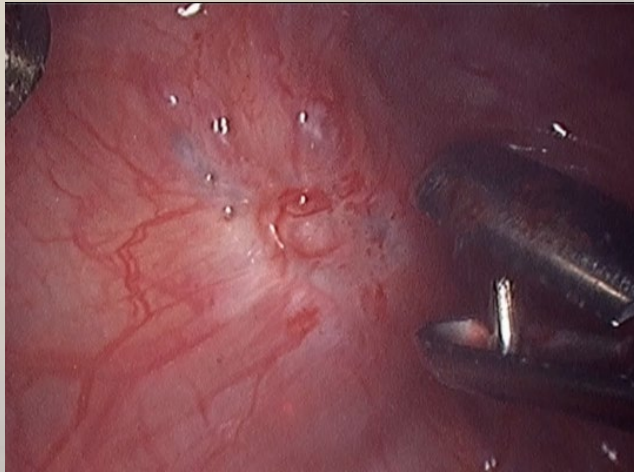
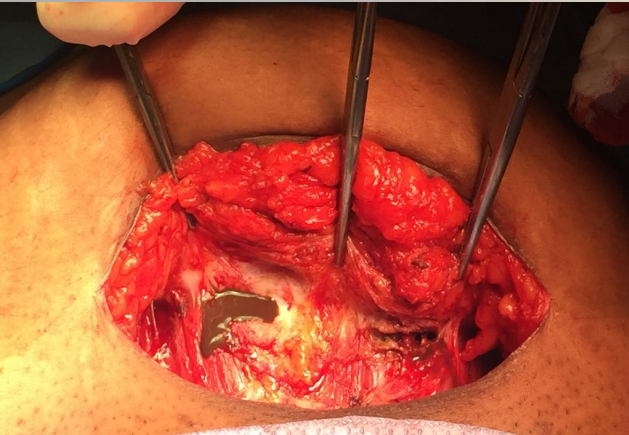
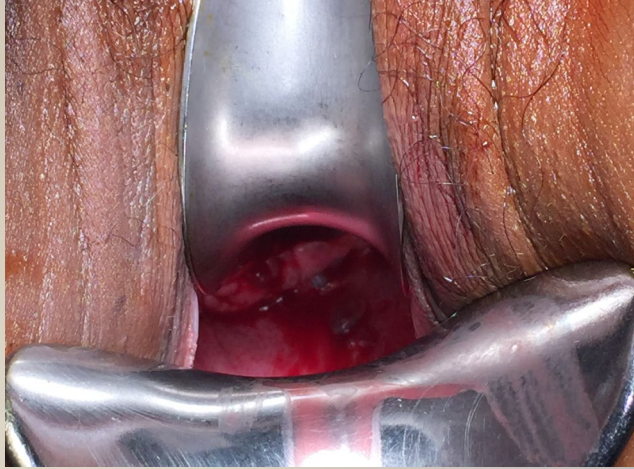
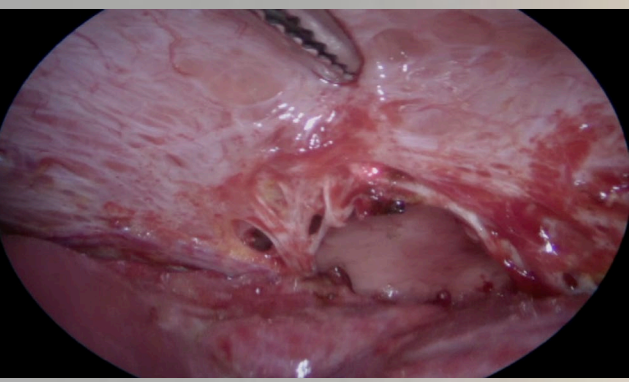


Horne A W, Missmer S

A. *BMJ* 2022; 379 :e070750 doi:10.1136/bmj-2022-070750

Endometriosis Across the Lifespan





Diagnosis of Endometriosis

- Superficial
- Deeply Infiltrating (DIE)
- Ovarian

- Can be almost anywhere!



Presentation

Symptoms

- Dysmenorrhea
- Dyspareunia
- Dysuria
- Dyschezia
- Infertility
- Nausea&emesis
- Fatigue

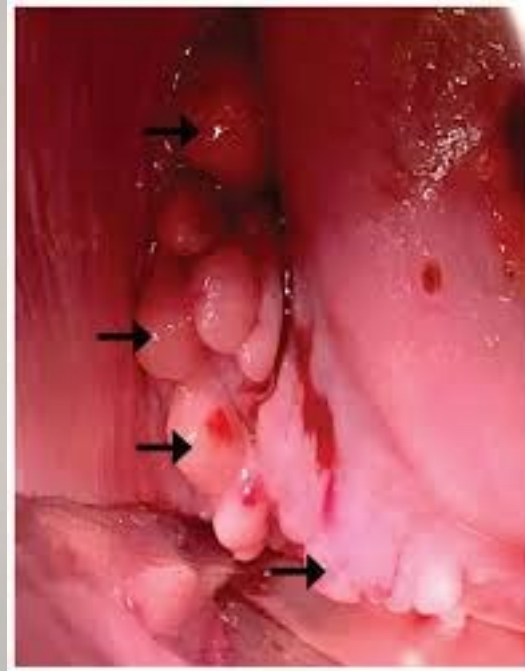


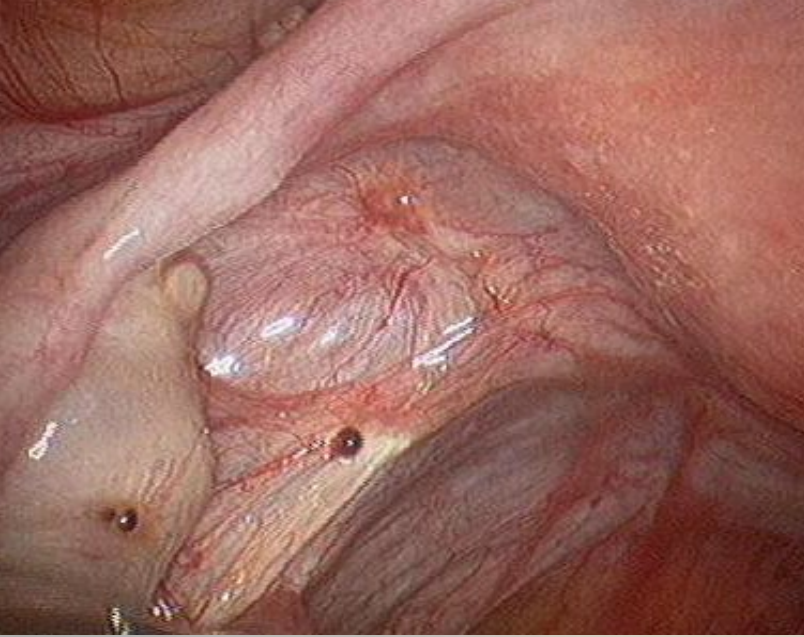
Atypical Presentations

- Cyclic pain at other sites (e.g., leg pain, sciatica)
- Rectal bleeding or hematuria
- Cyclic dyspnea / hemoptysis

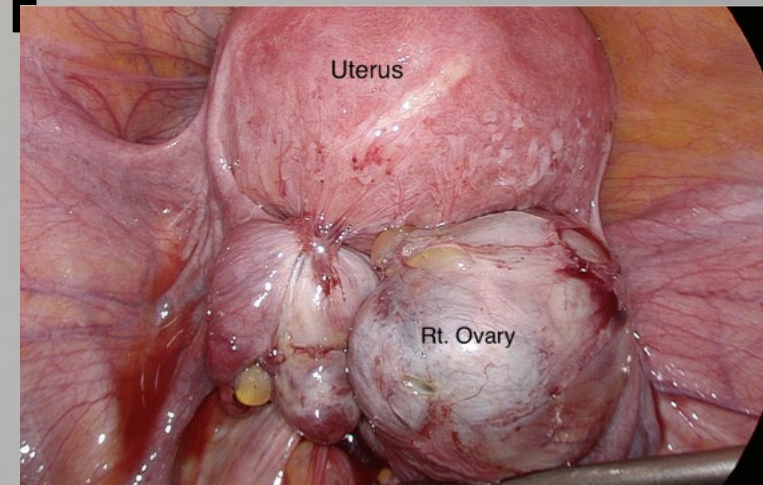
Key Exam Findings in People with Endometriosis

- Uterosacral nodularity
- Fixed RV uterus
- Vaginal lesions
- Ovarian Mass
- Mass in previous scar





Stage of Disease *Does Not* Correlate with Symptoms

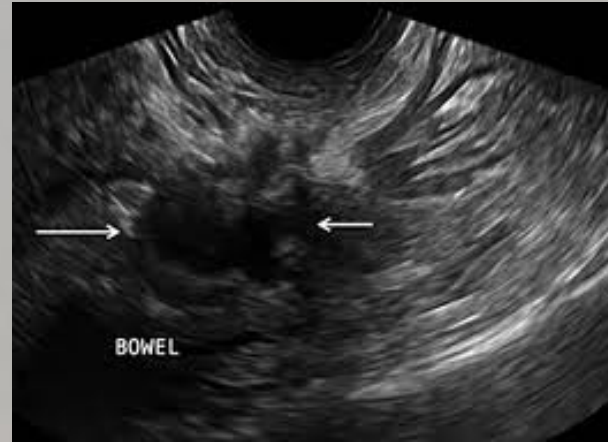


Diagnosis

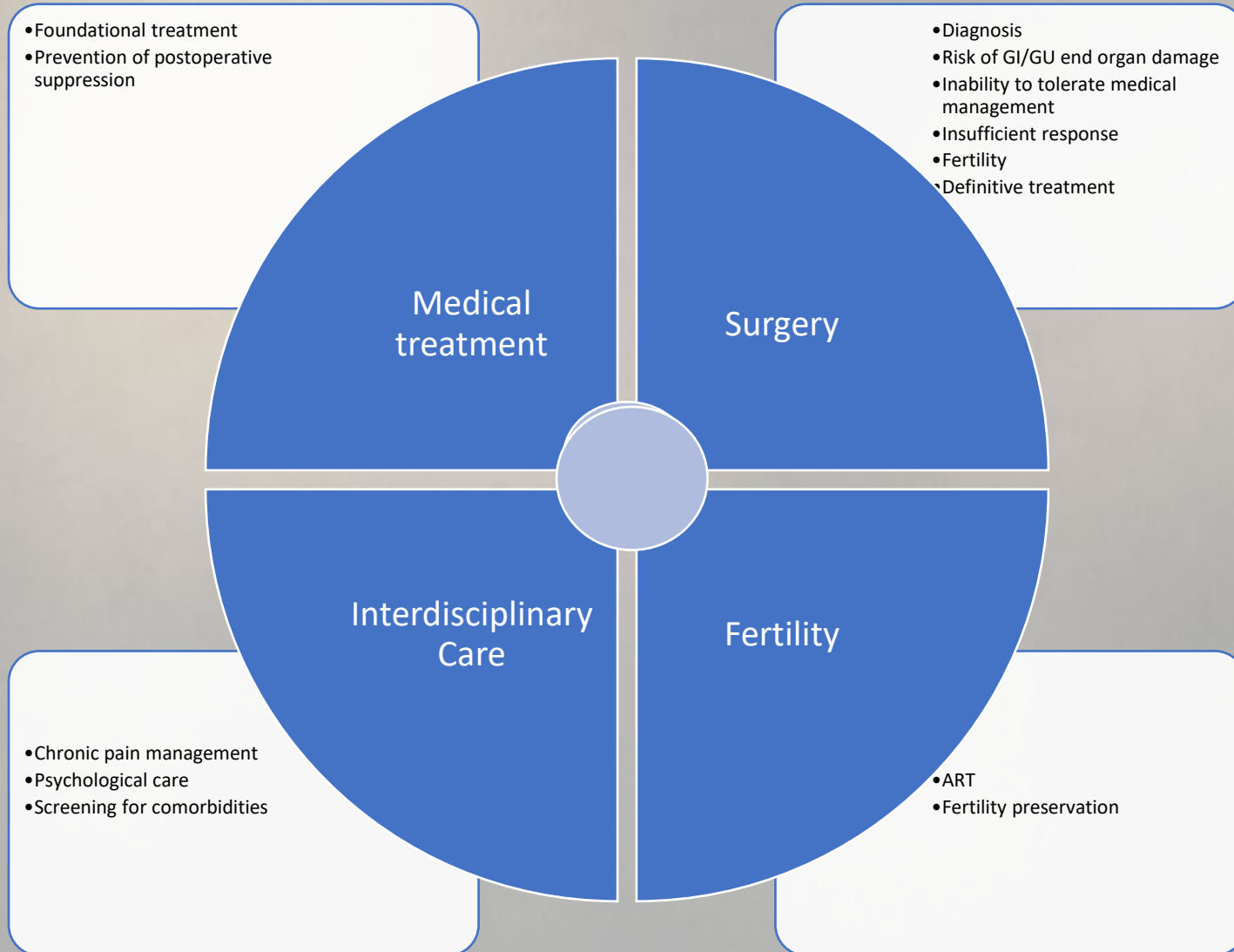
- US will not **RULE OUT** Endometriosis

BUT...

- It can **RULE IN** Endometriosis in setting of endometriomas or deeply infiltrating endometriosis
- **US is very dependent on the operator**
- If suggestion of other organ involvement, consider MRI, colonoscopy or cystoscopy



Treatment Options





Medical Treatment

- Aim to suppress ovulation/menstruation
- Individualized
- Consider side effects, previously tried therapy, patient goals, cost

Options: combined hormonal therapy, progestin only therapy, GnRH antagonist, GnRH agonist



Treatment: PAIN

Medical Treatment Options:


- **CHC: Cyclic vs continuous**
- **Progestins: Dienogest/NETA/drospirinone**
- **Levonorgestrel IUS**
- **GnRH antagonist**
- **GnRH Agonist + add-back**

treatment options can be considered by family MD






Practical Tips for Medical Management

- If CHC does not work because of BTB, can consider 4d pill free interval or changing to higher dose estrogen
 - If pain is not improved with CHC but bleeding is controlled, move on to another treatment category or referral to consider surgery, do not try other CHC preparations
 - Can use LNG-IUS in addition to Elagolix (can also use in addition to CHC or Dienogest off-label, especially useful for adenomyosis)
 - If patients still have pain despite amenorrhea, make a referral to gyne and consider other causes for chronic pelvic pain and appropriate treatments:
- 



When to Refer to a Gynecologist

IF...

- **Medical management is not effective:** *You can try at least one first line treatment (can consider trying additional medical options during the long wait time to see a specialist!)*
 - Any concerning features of Endometriomas on US:
 - Large size (>5cm)
 - solid projections
 - vascularity
 - Infertility (Refer to a Reproductive Endocrinologist and Infertility Specialist)
 - Other organ system complications (i.e. ureteric obstruction or bowel involvement)
- 

Surgical Management

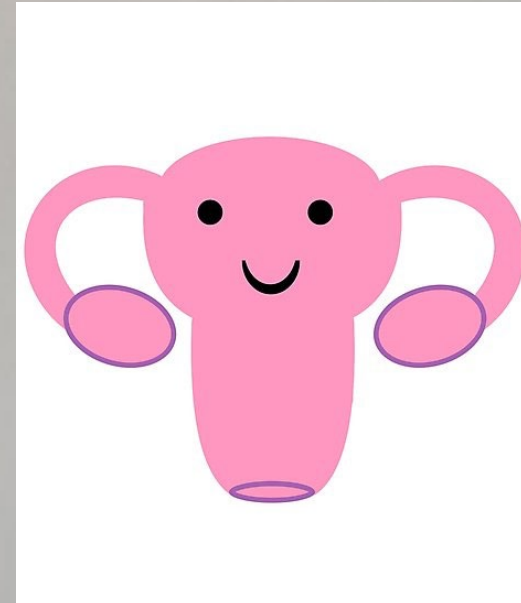
Empower your patients!

- ENDOMETRIOSIS = ADVANCED SURGERY (most of the time)...consider referral to a minimally invasive gynaecologic surgery specialist
- Tertiary centre may be needed
- If DIE, especially if involving organ system, may need earlier referral for surgery
- No cyst is too large for an ovarian cystectomy!
- No case is too difficult for laparoscopy!



Long-term Medical Management

- Pain recurrence is about 50% over 5 years post-op
- 7/10 people experience unresolved pain despite management
- Endometriosis is a LIFELONG chronic condition
- Promote medical management long-term/post-op to help prolong the pain free interval
- Surgery alone cannot “CURE” endometriosis



Take Home Points....

- Please **PUT ENDOMETRIOSIS ON YOUR RADAR!**
- Do not diminish pain with menses
- **NO NEED** for laparoscopy prior to initiating treatment
- Feel confident in trying more than one medical treatment option for treatment of endometriosis if this aligns with patient's preference
- Emphasize the chronic nature of endometriosis and the need for long-term medical management
- Refer to gyne if:
 - 1st line medical treatment was ineffective or not tolerated
 - Infertility (Can consider direct referral to REI if fertility is the main priority especially if patient is over 35)
 - Concerning features on imaging/exam (large endometriomas, suggestion of other organ involvement)





STRENGTHENING ENDOMETRIOSIS CARE THROUGH TAILORED EDUCATION: THE DEVELOPMENT AND LAUNCH OF CANSAGE'S ENDOMETRIOSIS CARE EDUCATION PROGRAM (ECEP)

From Reactive to Proactive: Your Endometriosis Diagnostic & Management Toolkit

Reducing diagnostic delay through early recognition & coordinated care.

Identify and Intervene: Designed to address the critical diagnostic delay in endometriosis care, this toolkit is an actionable, evidence-based resource to empower Primary Care Providers (PCPs) and Emergency Medicine Practitioners (EMPs) to bridge the gap between symptom onset and specialized management through early recognition and empiric therapy.

Navigate Your Toolkit: Access foundational tools and resources to guide the care team through every stage of the endometriosis diagnostic process, including role-specific guidance where applicable. You can print this toolkit for physical reference or download the digital version to use the interactive checklists—simply click the white circles or squares to track your progress as you go.

Support Your Practice: Explore more insights and resources through the CanSAGE Endometriosis Care Education Program (ECEP) with advanced education in imaging interpretation and surgical management pathways.



Explore the toolkit

cansage.org/ecep/ecep-digital-tool-kit/

Tell us what you think

surveymonkey.com/r/9XRZMK6



Burden & Care Gaps

Screening

Action Plan

Escalation & Referral

Diagnostic Checklist

Additional Resources

PCP: Longitudinal Management & Therapy

Goal: Treat symptoms early to prevent the development of central sensitization, chronic pelvic pain, and other long-term sequelae.

- Before initiating treatment, confirm patient does not have immediate fertility goals:**
If patient has immediate fertility goals: Refer for early specialist gynecologic assessment (do not wait 1 year) and avoid hormonal suppression.
If patient does not have immediate fertility goals: Initiate therapy.
- Initiate Therapy:** NSAIDs for symptom relief combined with hormonal suppression. Use shared decision-making to personalize treatment for symptom relief. Options include:
 - Continuous Combined Hormonal Contraceptives (start with lowest dose for amenorrhea; consider increasing estrogen for spotting or switching hormone class for persistent pain).
 - Progestogens.
 - GnRH antagonists, GnRH agonists, and aromatase inhibitors may be considered if initial options are ineffective or contraindicated.
- Monitor & Adjust:** Follow up at 3 months. If pain persists:
 - Trial a different hormonal class (e.g., switch from combined hormonal contraceptives to progestin).
 - Refer to Gynecologist/Minimally Invasive Gynecologic Surgery (MIGS) for surgical assessment.
 - Refer to Pelvic Health Physiotherapy for early and concurrent multidisciplinary management.

Consult [Diagnosis and management of endometriosis](#), published in CMAJ, for a summary of hormonal therapies for endometriosis including their dosage, adverse effects and special considerations, and relative costs.

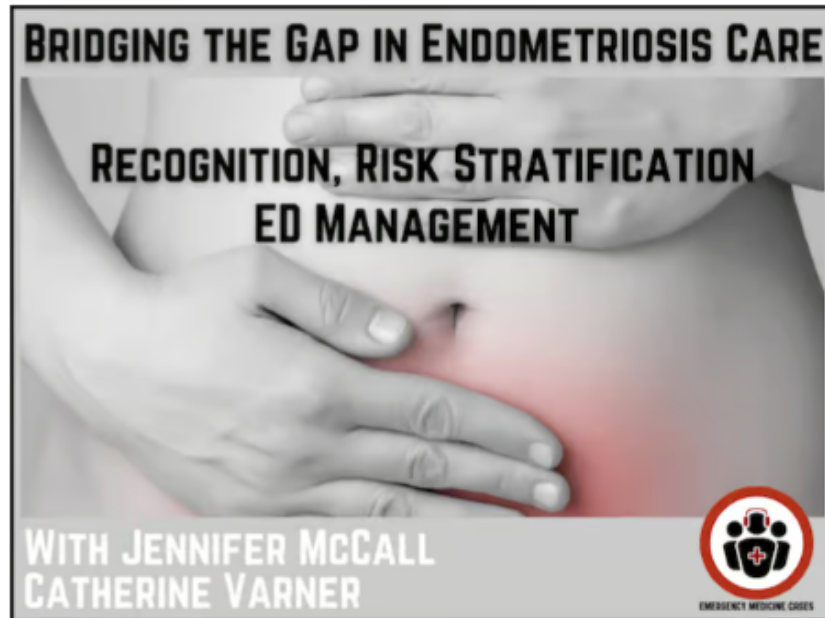
Consult [Pelvic Health Physiotherapy: A Guide for People With Endometriosis](#) for patient-focused information on pelvic health physiotherapy and how it can help manage symptoms of endometriosis and other pelvic conditions.

Proceed to the next page for EMP considerations.

Ep 214 Bridging the Gap in Endometriosis Care: Recognition, Risk Stratification, and ED-Initiated Management



Listen to the
podcast



CEP

Centre
for Effective
Practice

📅 MAR 2026

Endometriosis

This tool is designed to help primary care clinicians assess and diagnose endometriosis, including fertility considerations and long-term management, and to guide navigation of treatment options through shared decision-making and appropriate follow-up care.

Clinical Topic

Pain, Women's Health

Languages

En

Details

Access

Explore the CEP tool:
<https://tools.cep.health/tool/endometriosis/>

Supports for Mental Health, Addictions and Chronic Pain

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

Community of Practice

Scan here to register



[Holding Risk with Care: Form 1
Decision-Making in Family
Medicine \(May 27\)](#)

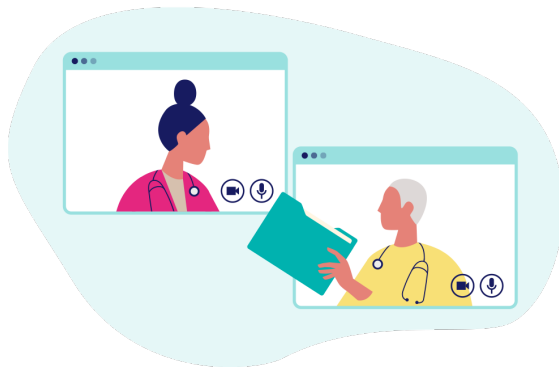


Peer Connect Mentorship

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

Topics Explored by Past Peer Learners:

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



[Sign up to become a Peer Learner](#)





Clinical Application of the Long-Term Care (LTC) Fracture Prevention Recommendations for Frail Older Adults

At the end of this session, participants will be able to:

- Assess fracture risk using Fracture Risk Scale
- Apply evidence-based recommendations for fracture prevention in LTC
- Recognize challenges and barriers to implement the recommendations and use enablers.

May 27, 2026 | 12 PM – 1PM | Zoom

Free to attend. 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 1 Mainpro+ credit.



Scan to
learn more

[Registration now open](#)

Reducing HRM Report Volumes



Health Report Manager (HRM): Information for Family Physicians

April 2024

The HRM[®] platform delivers patient health reports from hospitals and specialty clinics to community clinicians across Ontario. Work is ongoing to enhance the functionality of HRM and reduce the administrative burden on family physicians.

Below are two actions you can take right now to reduce inbox volume and better control how reports are delivered through HRM:

- ❑ Stop eNotifications
- ❑ Stop faxed duplicates of HRM reports

For technical support and to get more information about HRM initiatives: support@ontariomd.com

Practical Things You Can Do Right Now to Reduce Your Report Volumes Through HRM

"Did you know?" The tools below can also be implemented by admin staff on behalf of an individual physician or group of physicians within the clinic.



How to Stop eNotifications



An eNotification is a near real-time alert sent through HRM from participating hospitals to notify you when your patient is admitted, discharged, or seen in the ER, with no clinical data.

To stop receiving eNotifications, follow the steps below:

1. Complete the [Expression of Interest form](#). Your name, license number and email address are required. The email address must be specific to the clinician making the request.
2. Watch for an email from support@ontariomd.com requesting verification of your request. If you do not receive this email within 10 business days, please reach out to support@ontariomd.com.
3. You will receive email confirmation that eNotifications have been stopped once your request has been processed.

Other Initiatives in Development

Broader work is also underway at the hospital level to further reduce report volumes and improve your HRM experience. Among these: eliminating faxes when HRM reports are sent; and reducing the volume of draft/ preliminary reports by implementing delay of several hours for sending certain types of reports (ER notes, discharge summaries, specialist consultation notes).

Learn more about the HRM [Improvement Recommendations](#) and the related work of the HRM [Improvement Recommendations Advisory Committee](#).

Ontario College of
Family Physicians



Practical Steps to Reduce Report Volumes Through Health Report Manager (HRM)

As a member of the [Health Report Manager Improvement Recommendations Advisory Committee](#) (HIRAC), the OCFP is supporting efforts to improve your HRM[®] experience and reduce report volumes.

The OCFP has developed a tool to help you streamline your HRM inbox, including straightforward steps to stop eNotifications and faxed copies of reports you already receive electronically.

Access the OCFP's HRM Tool

Momentum Building for eReferral



More hospitals and specialists are joining [eReferral](#), building on the thousands of clinicians using the system to improve care coordination and streamline referrals. To date, eReferral has processed over four million referrals in Ontario, **with 62% of family physicians and 31% of specialists now on board.** This growing network makes it easier to connect patients to the right care, at the right time.

[Get Started with eReferral](#)



WORLD
**FAMILY
DOCTOR
DAY.**

May 19th, 2026

Family Doctors: Driving Innovation in Health Care

Stay tuned for more.

Coming soon at www.ontariofamilyphysicians.ca

First Five Years Community of Practice

Our next First Five Years Community of Practice session:

From 7 – 8pm:

May 19, 2026: Parental leave & practice management with young children

Register on the First Five Years CoP Website:

Contact us: dfcm.quality@utoronto.ca



Family & Community Medicine
UNIVERSITY OF TORONTO

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

RECENT SESSIONS

February 6	Infectious Disease & Best Practices for MSK Imaging	Dr. Allison McGeer Dr. Daniel Warshafsky
February 20	Infectious Disease & New Hypertension Guidelines Update	Dr. Daniel Warshafsky Dr. Vincent Ki
March 6	Infectious Disease & Supporting Healthy Aging in Women	Dr. Zain Chagla Dr. Margarita Lam Antoniades
March 27	Infectious Disease & Assessment Tools on Conflicting Guidelines	Dr. Daniel Warshafsky Erik Hellsten Dr. Donna L Reynolds
April 17	Infectious Disease & Latest Updates on KidneyWise	Dr. Gerald Evans Dr. Allan Grill

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

UPCOMING SESSIONS

Month	Date
May 2026	May 22
June 2026	June 5
June 2026	June 26

SAVE THE DATE

Registration links will be emailed to you closer to the date



Questions?

The webinar recording will be posted soon.

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

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

Our next Community of Practice: May 22, 2026

Contact us: ocfpcme@ocfp.on.ca

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

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