

COVID-19
Community of
Practice for Ontario
Family Physicians

May 13, 2022

Dr. Kim McIntosh
Ms. Kristen Watt
Dr. Zain Chagla



More on COVID treatment and prevention



Family & Community Medicine
UNIVERSITY OF TORONTO

Ontario College of
Family Physicians



More on COVID treatment and prevention

Moderator: Dr. Tara Kiran

Fidani Chair, Improvement and Innovation

Department of Family and Community Medicine, University of Toronto

Panelists:

- Dr. Kim McIntosh, Orillia, ON
- Ms. Kristen Watt, Southampton, ON
- Dr. Zain Chagla, Hamilton, ON

The COVID-19 Community of Practice for Ontario Family Physicians is a one-credit-per-hour Group Learning program that has been certified for up to a total of 32 credits.

Land Acknowledgement

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

The OCFP and DFCM 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.



Media Advisory – Chiefs of Ontario Host All Candidates Meeting with First Nations Leadership

April 26th, 2022 | Categories: [Communications](#)

Housing, mental health and addictions and community-based services were among the priorities First Nations chiefs shared with leaders of [Ontario's](#) Liberal, New Democrat and Green parties on Wednesday.

"I think the funds would do us better to create exactly what you're trying to create, and we could do it within our territories and with their other First Nation partners," Duckworth said.

Changing the way we work

A community of practice for family physicians during COVID-19

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

- Identify the current best practices for delivery of primary care within the context of COVID-19 and how to incorporate into practice.
- Describe point-of-care resources and tools available to guide decision making and plan of care.
- Connect with a community of family physicians to identify practical solutions for their primary care practice under current conditions.

Disclosure of Financial Support

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

Potential for conflict(s) of interest:

N/A

Mitigating Potential Bias

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

Planning Committee: Dr. Tara Kiran (DFCM), Dr. Elizabeth Muggah (OCFP); Kimberly Moran (OCFP) and Mina Viscardi-Johnson (OCFP)

Previous webinars & related resources:

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



Dr. Kim McIntosh – Panelist

Twitter: @DrKimMcIntosh

Couchiching Ontario Health Team Physician Lead



Ms. Kristen Watt – Panelist

Twitter: @PharmacistMama

Pharmacist, Southampton, ON



Dr. Zain Chagla – Panelist

Twitter: @zchagla

Infectious Disease Physician, St. Joseph's Healthcare Hamilton



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. Kim McIntosh**
- Relationships with financial sponsors:
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: N/A
 - Others: N/A

- Faculty Name: **Ms. Kristen Watt**
- Relationships with financial sponsors: Focused Covid Communications, OCFP, Neighbourhood Pharmacy Association, Ontario Pharmacist Association, Canadian Pharmacist Association
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: N/A
 - Others: Felicity Consulting (advisory panel for pharmaceutical company)

- Faculty Name: **Dr. Zain Chagla**
- Relationships with financial sponsors:
 - Grants/Research Support: Roche (Tocilizumab), Gilead (long COVID)
 - Speakers Bureau/Honoraria: GSK, AstraZeneca, Roche, Merck, Gilead, Ontario College of Family Physicians
 - Others: N/A

Speaker Disclosure

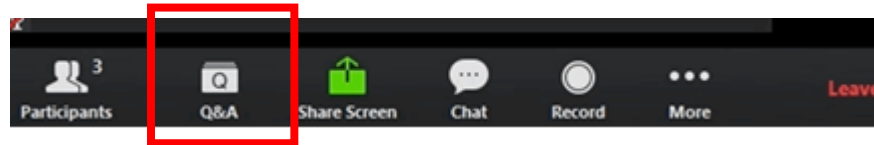
- Faculty Name: **Dr. David Kaplan**
- Relationships with financial sponsors:
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: Ontario College of Family Physicians
 - Others: Ontario Health (employee)
- Faculty Name: **Dr. Liz Muggah**
- Relationships with financial sponsors:
 - Grants/Research 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

Outline for Today today

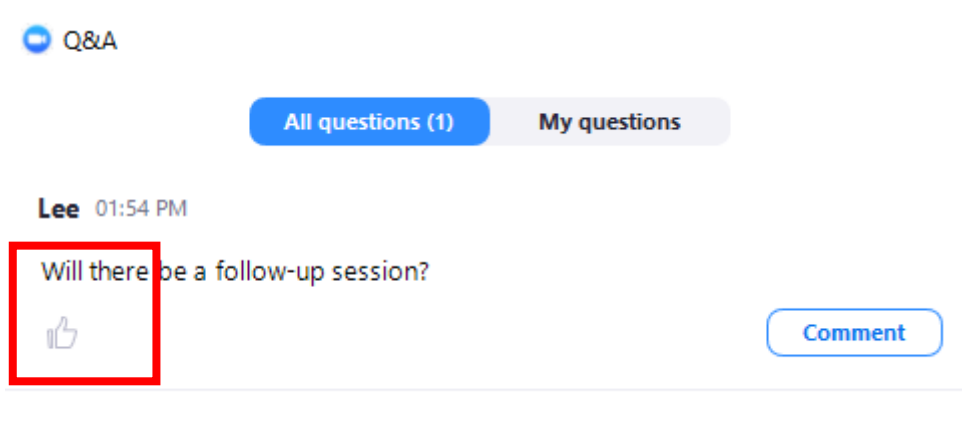
- Family physician perspective on Paxlovid prescribing
- Pharmacist perspective on Paxlovid prescribing/dispensing
- Infectious Disease overview of where we are with COVID and latest on variants, vaccines, and COVID prevention
- Evusheld, boosters
- Lots of Q&A!

How to Participate

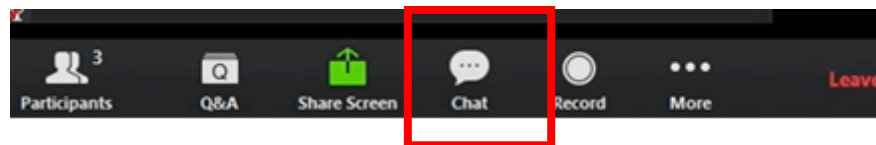
- All questions should be asked using the Q&A function at the bottom of your screen.



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



- Please use the chat box for networking purposes only.





Dr. Kim McIntosh – Panelist

Twitter: @DrKimMcIntosh

Couchiching Ontario Health Team Physician Lead



Ms. Kristen Watt – Panelist

Twitter: @PharmacistMama

Pharmacist, Southampton, ON



Dr. Zain Chagla – Panelist

Twitter: @zchagla

Infectious Disease Physician, St. Joseph's Healthcare Hamilton



*A model of primary care integration in a team, where relationships with trusted partners
show benefit to patients and providers
(even in a pandemic, especially in a pandemic)*

Presented by: Dr. Kim McIntosh
May 2022



Why should I present today?

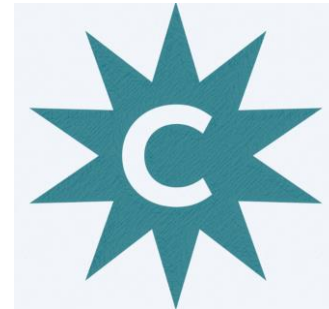


- Shout out to ALL the primary care providers in this province for EVERYTHING they have done to support their patients and communities in this once in a lifetime (hopefully) event of a pandemic
- Pandemic Silver lining – catapulted OHTs into being, galvanized relationships, identified gaps
- Examples exist everywhere (solo docs, groups of docs, PC NPs, formal teams, informal teams, CACs...) of creative ways that dedicated PCPs have shaped care and a pandemic response – this is just one example
- We are more homogeneous than we think; relationships can always be built no matter what your environment; positive take-homes to build us back up when HHR crisis and Covid is all around us

Couchiching Ontario Health Team

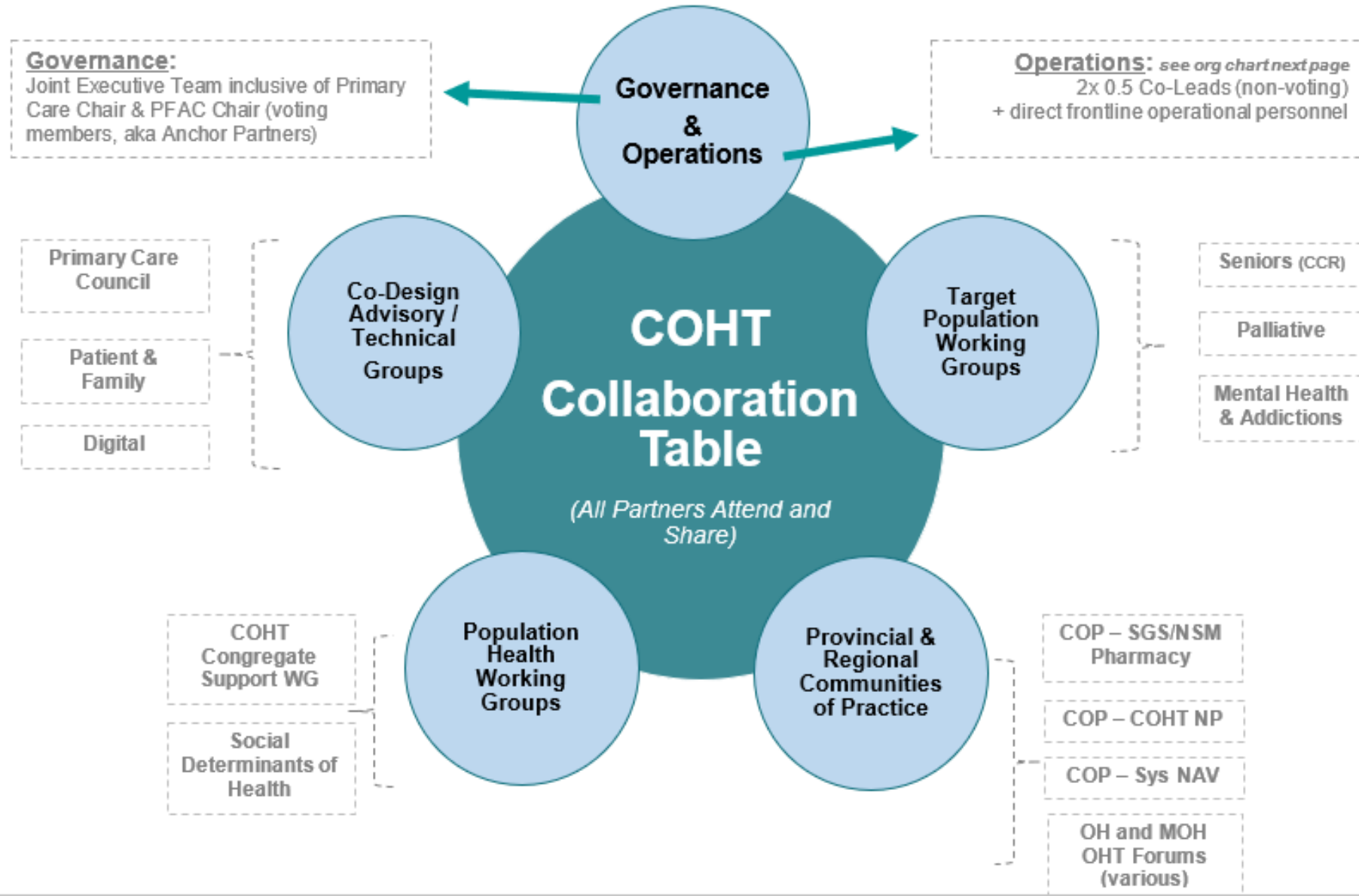


- Already “existed” in relationships developed through sub-region planning prior to the “OHT” rollout
- 85 000 attributable population across City of Orillia, Severn, Oro-Medonte, Ramara (small but scalable...)
- Pandemic specific response and evolution
- Challenge for all of us: 14 LHINs went to 5 OHs – not solidified in relationships in leadership and a pandemic started!
- Appreciate regional and provincial tables and cross region pollination!





COHT Organizational Model



COHT Pandemic Response Evolution



- PCR testing (at the arena then back on the hospital site)– OSMH, RN/RPN contact tracing, patient handouts, regular PH updates, medical directives, SGS seniors' fu program, OUTREACH –Rama and Simcoe Paramedics, on site support to congregate
- Vaccinating – OSMH/SMDHU/COHT
 - Covax enabling over 100 providers (MDs, Nps, RNs, RPNs –across all primary care in Couchiching and others)
 - Homebound program – Simcoe County paramedics; COHT vaccination clinics – shelter, foodbank, congregate, more remote communities
- Primary care Covid response table –met weekly
 - Assessing – two FHO AHCs to one back to two, CASco, lots of communication to all PC in Couchiching to keep everyone supported seeing patients, addressing provider needs
 - Sharing of office policies re vaccination etc., sourcing PPE etc.
- RH table
- LTC table
- Pharmacy community of practice

COHT Stats-at-a-Glance

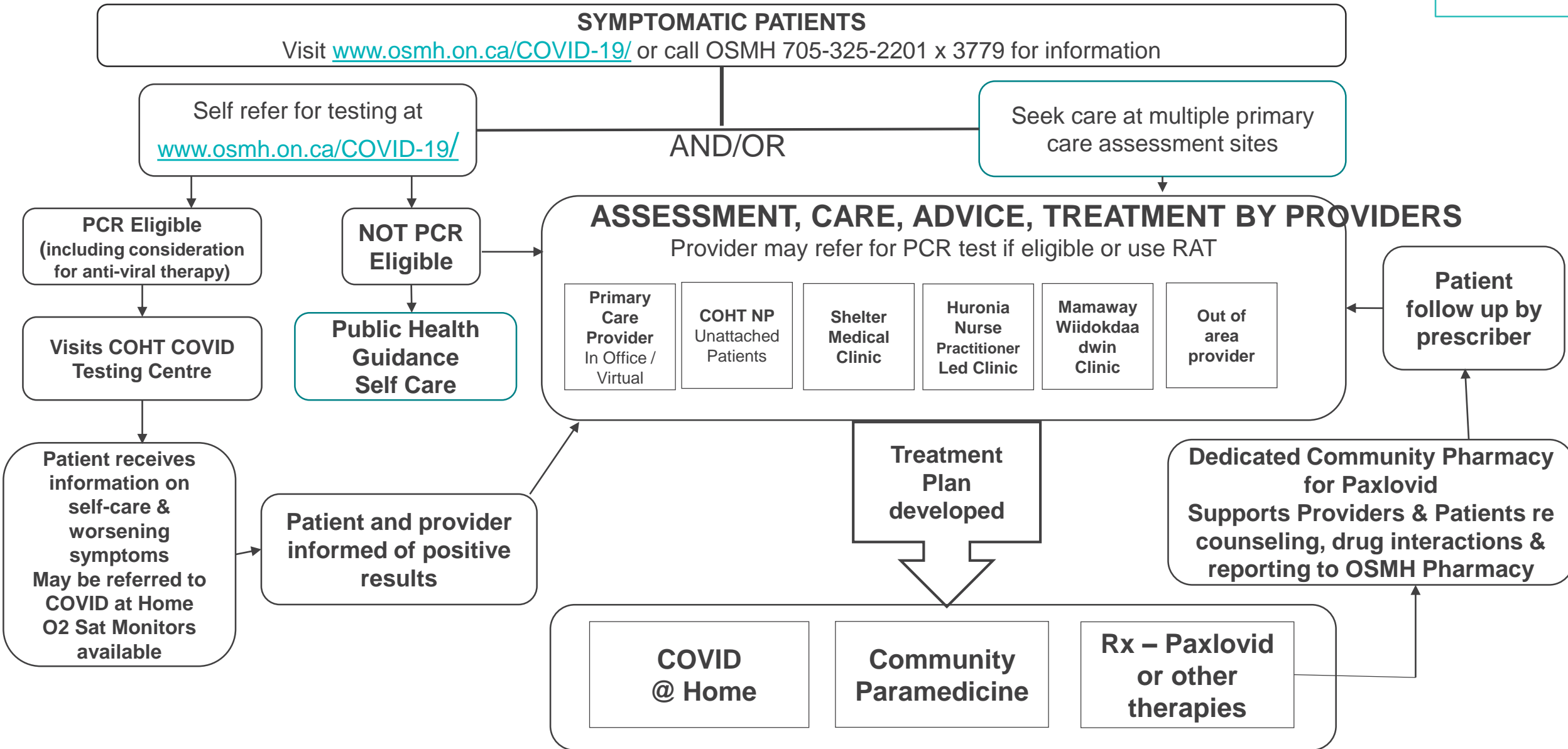


- ❑ COVID **PCR** Tests March 2020 to present: **150K**
- ❑ COVID **Vaccinations: 15K**
- ❑ COVID **@ Home** Patients Serviced, Jan 2022 to present: **110**
- ❑ COVID **Clinical Assessments** Completed, Jan 2022 to present: **6000+**
- ❑ Paxlovid **Prescriptions: 63 (to April 12, 2022)**



Integrated COVID Care Program @ Couchiching OHT

Adapted for OH directed Paxlovid Oral Anti-viral therapy access





**Couchiching Ontario Health Team
COVID-19 Anti-Viral Eligibility- Prescriber/Pharmacist
Communication Form**

PATIENT INFORMATION:

Last name: _____ First name: _____
 Address: _____
 Phone Number: _____
 DOB: _____ Gender: _____ Health Card with Version Code: _____

Height (cm): _____
 Weight (kg): _____
 Creatinine:
 Date: _____
 eGFR:
 Date: _____

PRESCRIBING PHYSICIAN: Please attach a copy of the patient's current medication list prescription, non-prescription, over the counter and herbal medications with this form completed.
 Brief medical history and relevant clinical concerns (where applicable, documentation can be attached)
 I confirm this information is provided in attached documents (if not, provided below)

CONSENT:
 Informed consent obtained
 (product monograph will be provided by the pharmacy)

Note: For patients with mild COVID 19 with confirmed COVID 19. These products are available for use under an interim authorization (Interim order) by Health Canada to prevent the progression of mild to moderate COVID 19 in adult patients 18 and up who are at high risk for progression to severe COVID 19, including hospitalization or death.

Criteria for use: All fields must be completed to be eligible for treatment for Paxlovid (nirmatrelvir/ritonavir)

Be symptomatic. Please specify symptoms: _____
 Date of symptom onset: _____ (treatment must be given within 5 days of symptom onset)
 Date of positive COVID 19 test: _____ Select type: IDNOW RAT PCR
 Pregnant: yes no

AND
at least one criteria below- (please click on the picture below to bring up tool to circle on form which applies)
OR Prescriber Discretion with informed patient consent: (please add rationale)



**Nirmatrelvir/Ritonavir
(Paxlovid) –
Prescriber/Pharmacist
communication tool**

Link:

**chrome-
extension://efaidnbmnnnibpcajpcglclefindmkaj/ht
ps://www.osmh.on.ca/uploads/2022/04/COVID-19-
Anti-Viral-Eligibility.pdf**

**full reference listed at
www.osmh.on.ca/paxlovid/**

A Patient – Provider Story



- 68 year old man, smoker, unvaccinated – has a cough/SOB “since yesterday” presents to ER on Saturday (states was fired historically by his PCP so unattached); lives remotely
- ER doc calls the hospitalist on call to advise of an admission (the patient refused a Covid swab until he finally agreed - positive, he was giving nurses a hard time; had min. desat when he moved about but no baseline known based on presumed copd/smoker)
 - Hospitalist - reassured ER doc she would look after outpt management which pt would prefer – ProResp Covid@home referral advised, ensured all demographics would be available and phone number worked; ensured creatinine drawn in ER



A Patient – Provider Story cont'd...



- Sunday morning - RT from ProResp assesses patient in his home, calls the hospitalist with vitals (day 3 from sx onset) - stable
- Hospitalist calls patient, introduces herself and the possible treatment with Paxlovid –med history, informed discussion, consent to also contact pt's daughter re his understanding being limited
- Monday morning hospitalist back in her office – gives all demographic info to office receptionist, chart made in EMR, communication tool completed (labs OHLIS'ed), Rx written, pharmacy contacted to ensure delivery option to remote location (yes!)
- Patient called by doc and reviewed med again and plan; called patient two more times and he reports successful treatment course/sxs resolve

Pearls



- Improved provider experience can align with improved patient experience – shared purpose, relationship building, shared resources and responsibilities with trusted partners, working full scope, sharing the load
- Primary care providers are **ESSENTIAL** in OHTs from the beginning –for design, implementation and maintenance – as clinicians and as designers
- Burnout can be mitigated with meaningful investment – in your team, community, your “circle” – formal or informal
- Paxlovid is one drug, Covid is one disease – primary care providers know how to manage both and are best positioned to **TALK** to their patients in an informed way while doing it all (in a team)

Next Steps...



- Thank you OCFP, AFHTO, Ontario Science Table, CEP and more
- Thank you OH and Primary Care leaders throughout the province
- Work to be done: Primary care awareness and support, build on what we know to be true about primary care teams....
 - Consider CACs/CCFCs becoming Primary Care Hubs = expand “teams” in whatever way is needed place by place
 - Create a job/work environment in primary care that med students want to join someday
 - Covid therapeutics –expand primary care support in Paxlovid rxing but not in isolation; Remdesivir and HCCSS for home care IV therapy

Thank you!



THE COMMUNITY PHARMACY INVOLVEMENT IN COVID THERAPY

- Kristen Watt, BSc Phm RPh
 - UofT Pharmacy 1T0
 - Practicing Community Pharmacist
 - Community Pharmacy Owner
 - Facilitator: Pallium Canada
 - Clinical Consultant: Residential Hospice of Grey Bruce & palliative care Physicians
 - UWaterloo Faculty of Pharmacy preceptor
 - Guest lecturer at UWaterloo, Western, UofT, CPhA, OPA & more
 - Grey Bruce Vaccine Distribution Task Force
 - Focused Covid Communication
 - Primary & Preventative Care Regional Recovery Working Group
- Kristen's Pharmacy
 - Small independent community Pharmacy
 - 6500+ COVID vaccines administered
 - 1000+ COVID tests administered
 - PCR & RAT
 - 10 Paxlovid Assessments
 - Contributor to Paxlovid guidelines & working on an anticoagulant & Paxlovid supplemental infographic



PATIENT COVID+, RX ARRIVES

- Rx initiated by ED or family MD
- On receipt patient is booked for telephone medication review (MedsCheck)
- Rx assessed for qualification
- Rx and med hx assessed for interactions & dosing
- Interactions managed
 - A) by Pharmacist adaptation
 - B) by Rx request to MD
- Rx dispensed

PRE-EMPTIVE RX ARRIVES

- Rx initiated by family MD following medical appointment as pre-emptive plan for future use
- On receipt patient is booked for telephone or in person medication review (MedsCheck)
- Rx assessed for qualification
- Rx and med hx assessed for interactions & dosing
- Interactions managed
 - A) by Pharmacist adaptation
 - B) by Rx request to MD
- Rx put on hold with entire dispensing plan documented and ready for use
PRN

PATIENT COVID+, CALLS PHARMACY

- Patient tests at home, calls the Pharmacy to enquire about Paxlovid/next steps
- Patient is booked for telephone or in person medication review (MedsCheck)
- Patient assessed for qualification
- Rx and med hx assessed for interactions & dosing
- Interaction plan developed
- Pharmacy faxes MD office with Paxlovid and med management suggestions
- Pharmacy follows up with phone call due to time constraints
- Rx received, dispensed

COMMUNICATION

- Consider adding ways for Pharmacy to contact if needed and time sensitive
- Consider sending Rx to:
 - A) regular Pharmacy
 - B) trusted Pharmacy to manage the med changes

May 11, 2022



PAXLOVID™

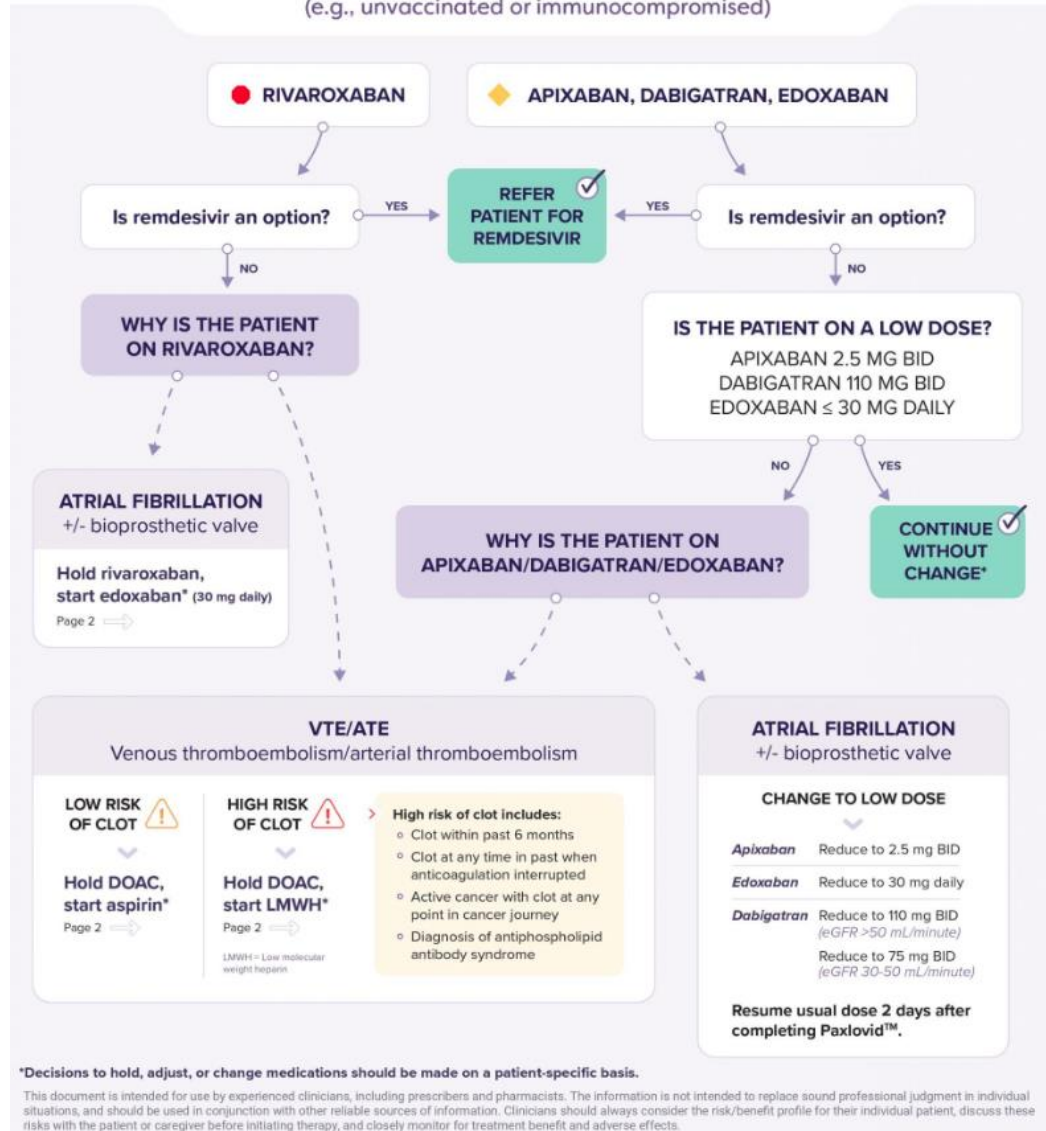
FOR A PATIENT ON A DOAC DIRECT ORAL ANTICOAGULANT

who is also at high risk of hospitalization from COVID-19
(e.g., unvaccinated or immunocompromised)

Paxlovid for a Patient on a DOAC

View the tool online at:

<https://covid19-sciencetable.ca/sciencebrief/paxlovid-for-a-patient-on-a-doac/>

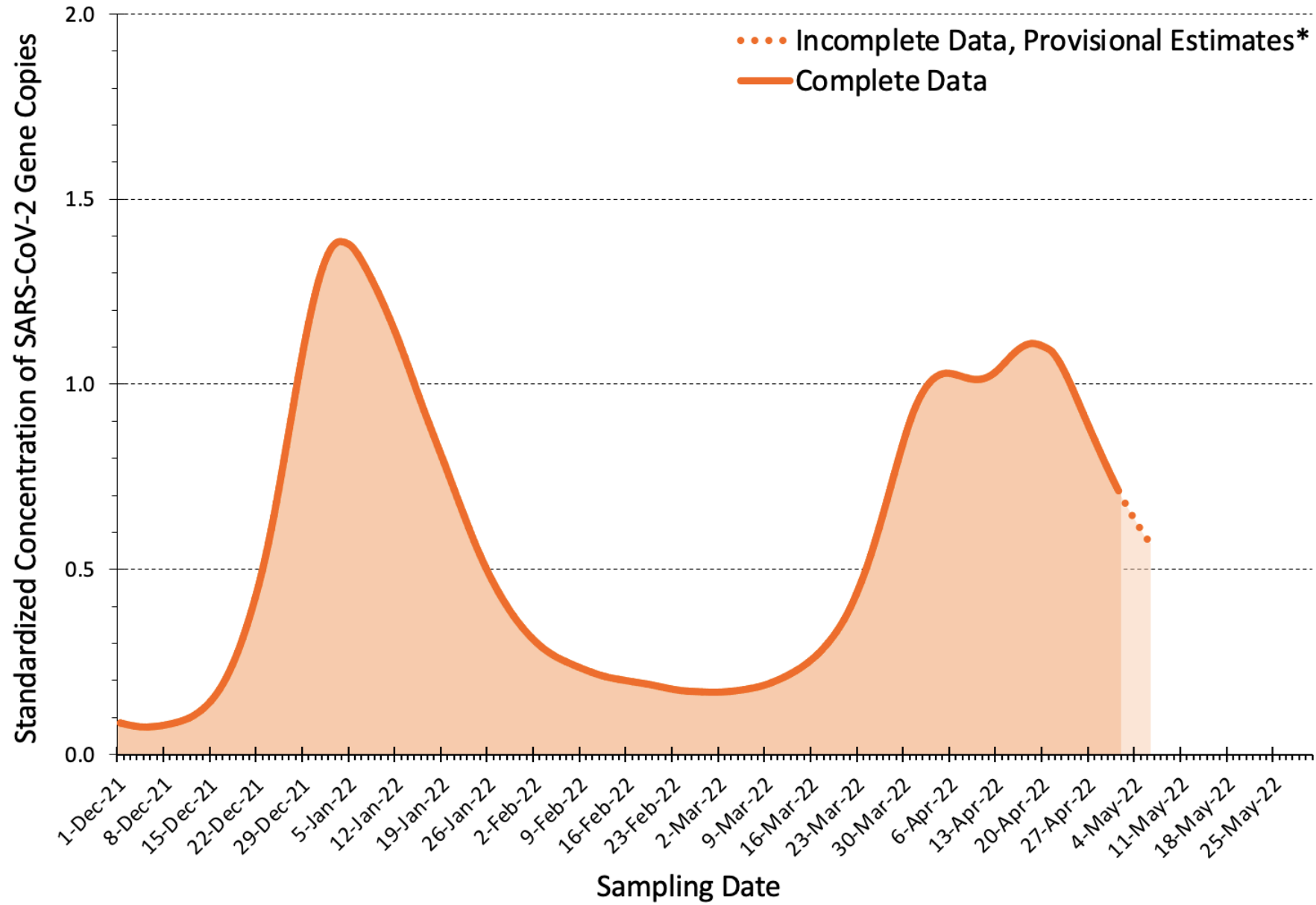


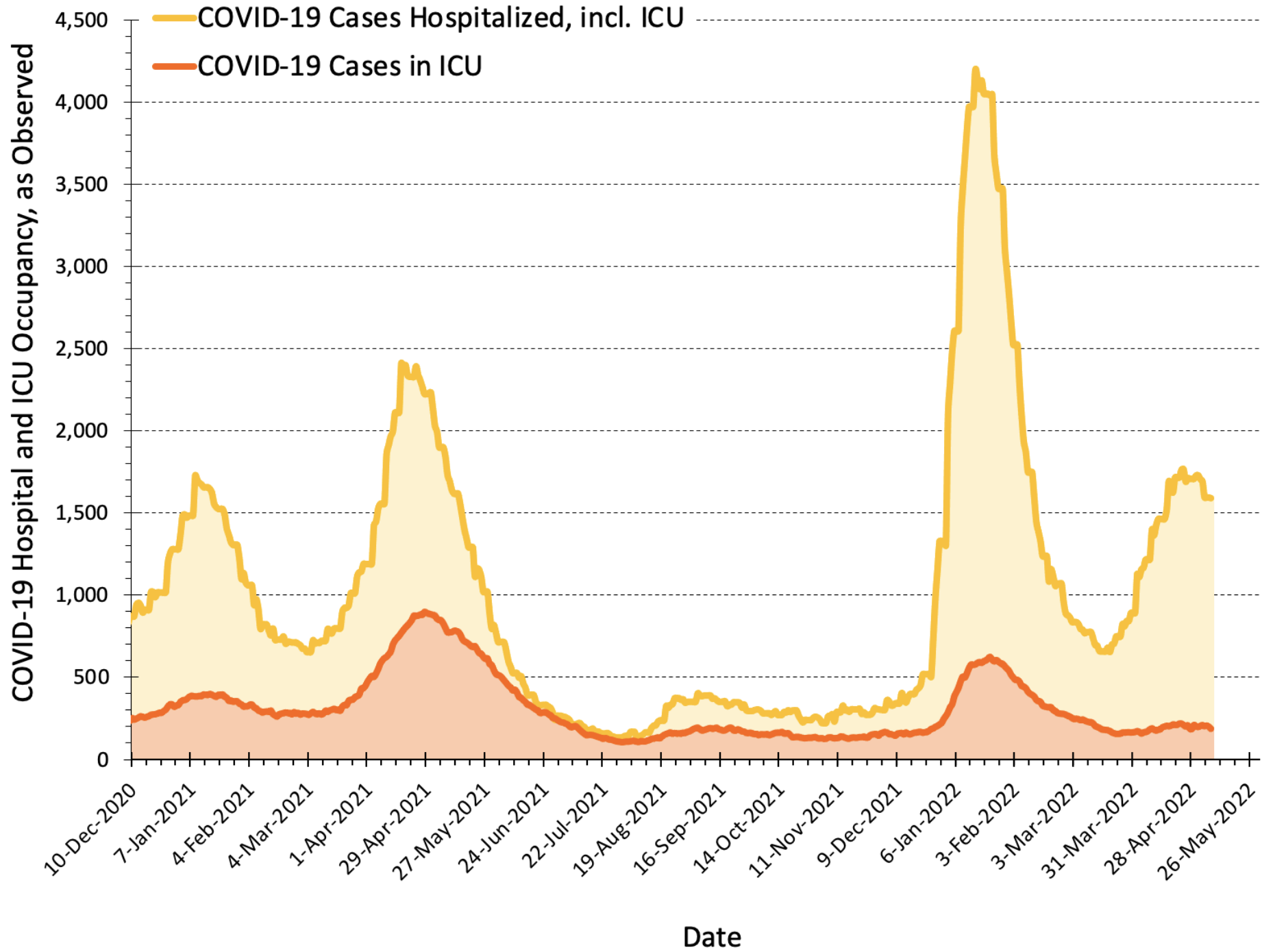
*Decisions to hold, adjust, or change medications should be made on a patient-specific basis.

This document is intended for use by experienced clinicians, including prescribers and pharmacists. The information is not intended to replace sound professional judgment in individual situations, and should be used in conjunction with other reliable sources of information. Clinicians should always consider the risk/benefit profile for their individual patient, discuss these risks with the patient or caregiver before initiating therapy, and closely monitor for treatment benefit and adverse effects.

Current COVID Context

Province-Wide COVID-19 Wastewater Signal





Number of Vaccinated Individuals & Doses Administered

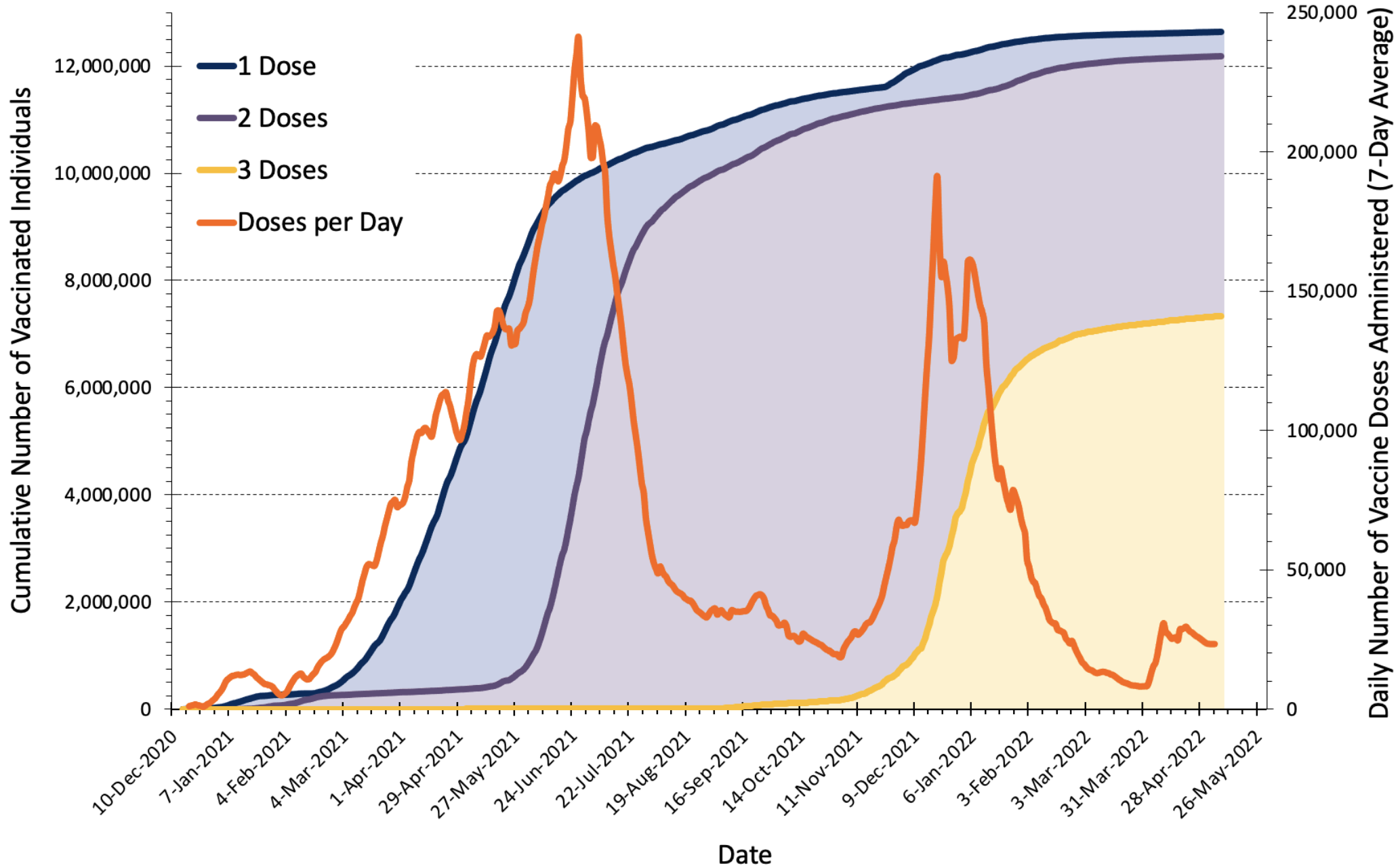
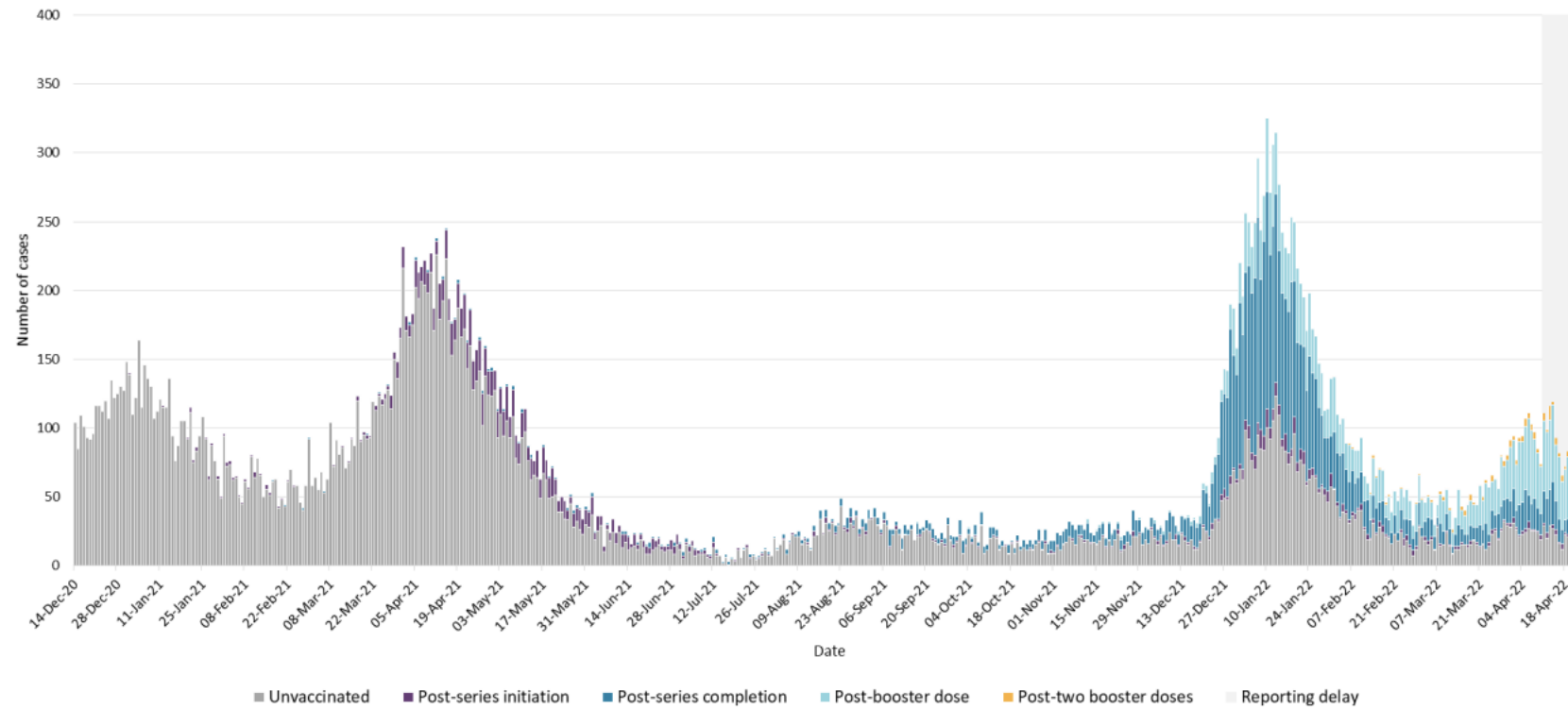
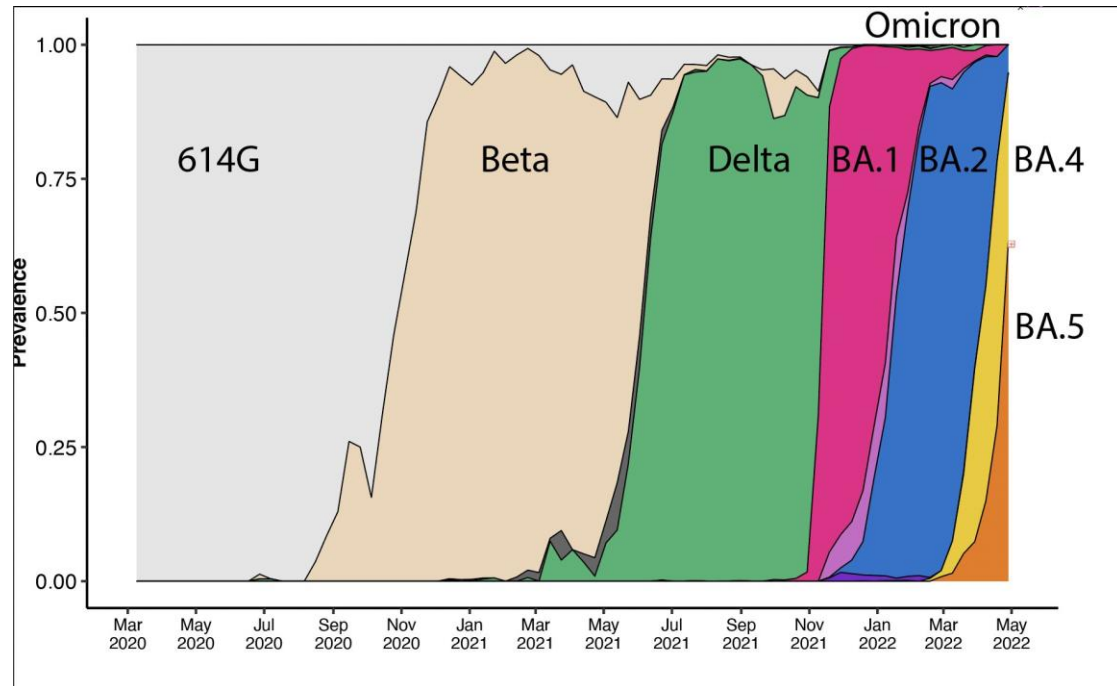


Figure 2. Hospitalized Confirmed Cases of COVID-19 by Symptom Onset Date: Ontario



New Variants

- BA.3
- BA.4
- BA.5
- Recombinant Delta/Omicron,
BA1/BA2



Summary of SARS-CoV-2 cases, COVID-19 admissions and in-hospital deaths

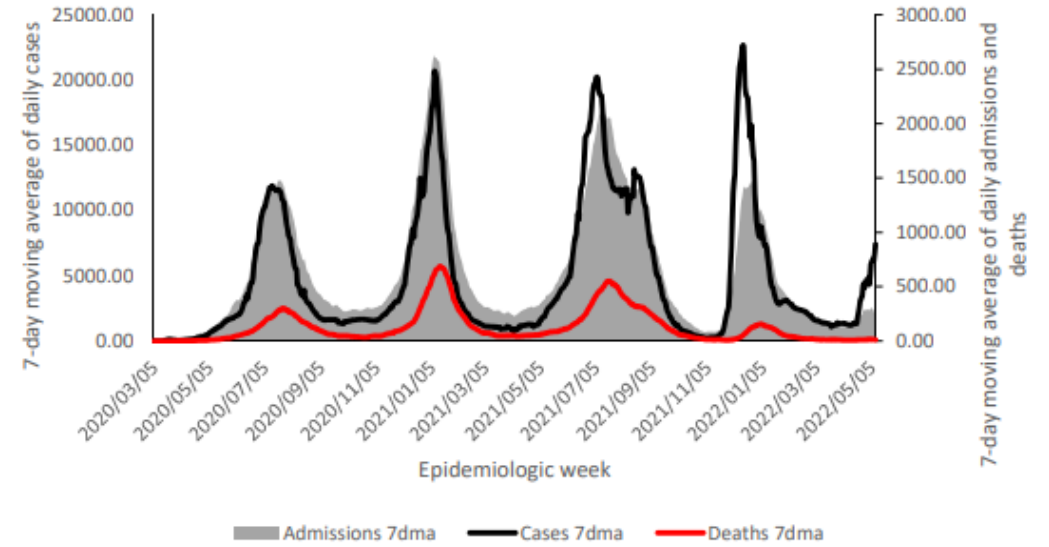
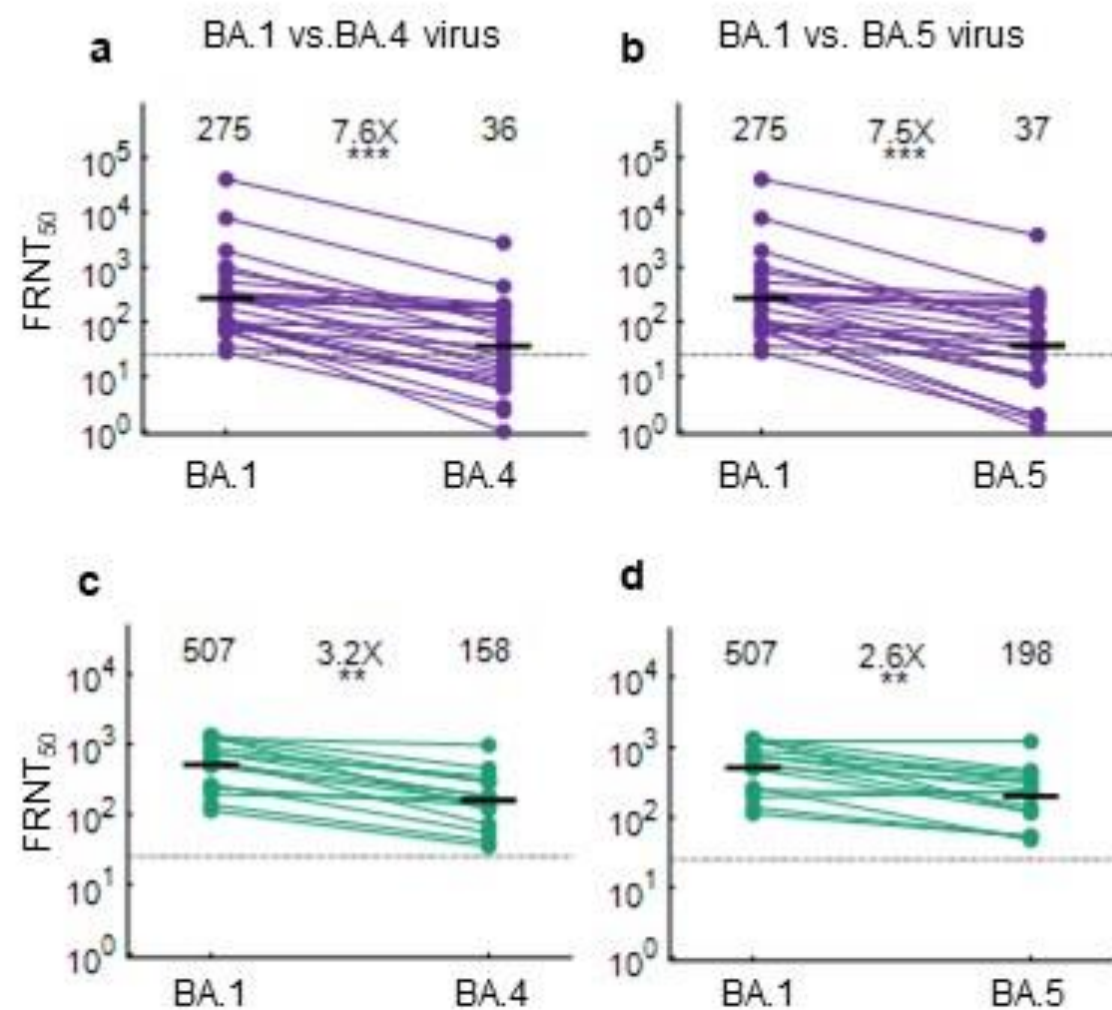


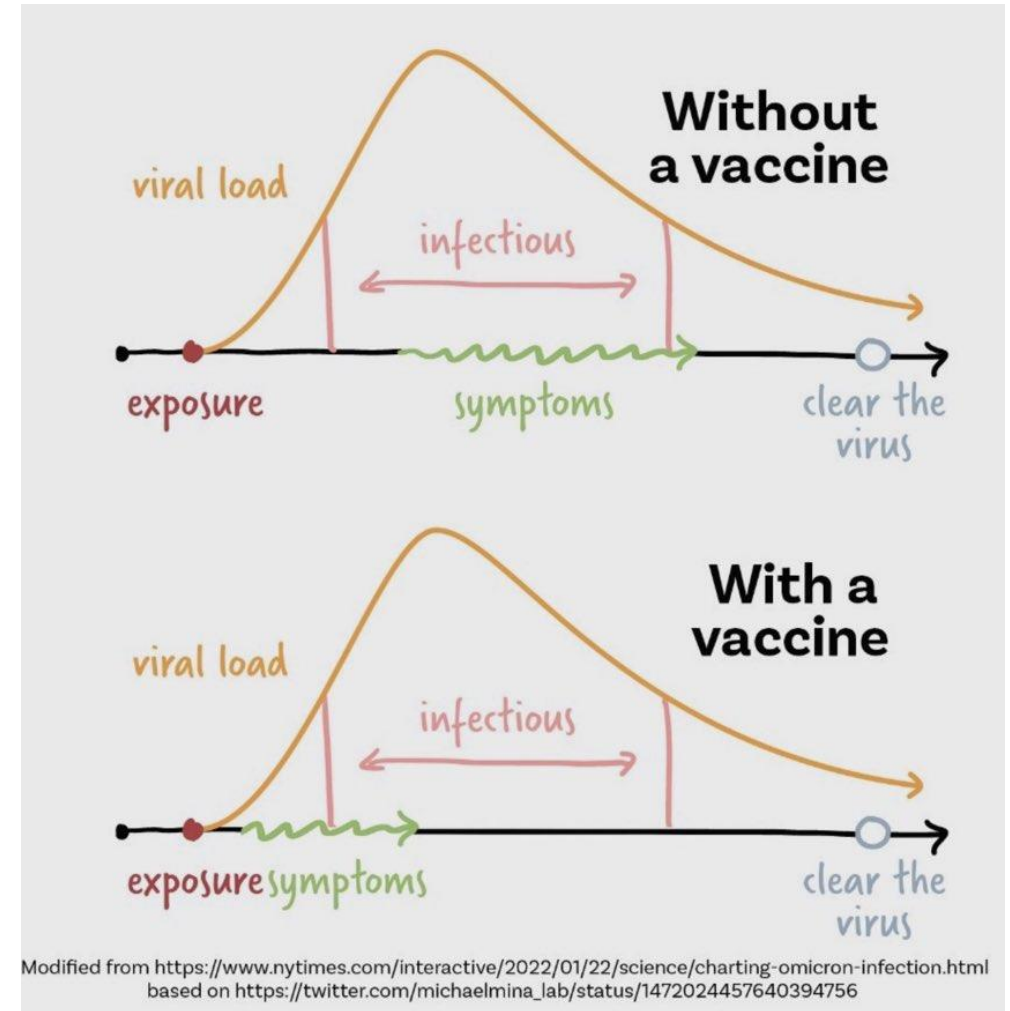
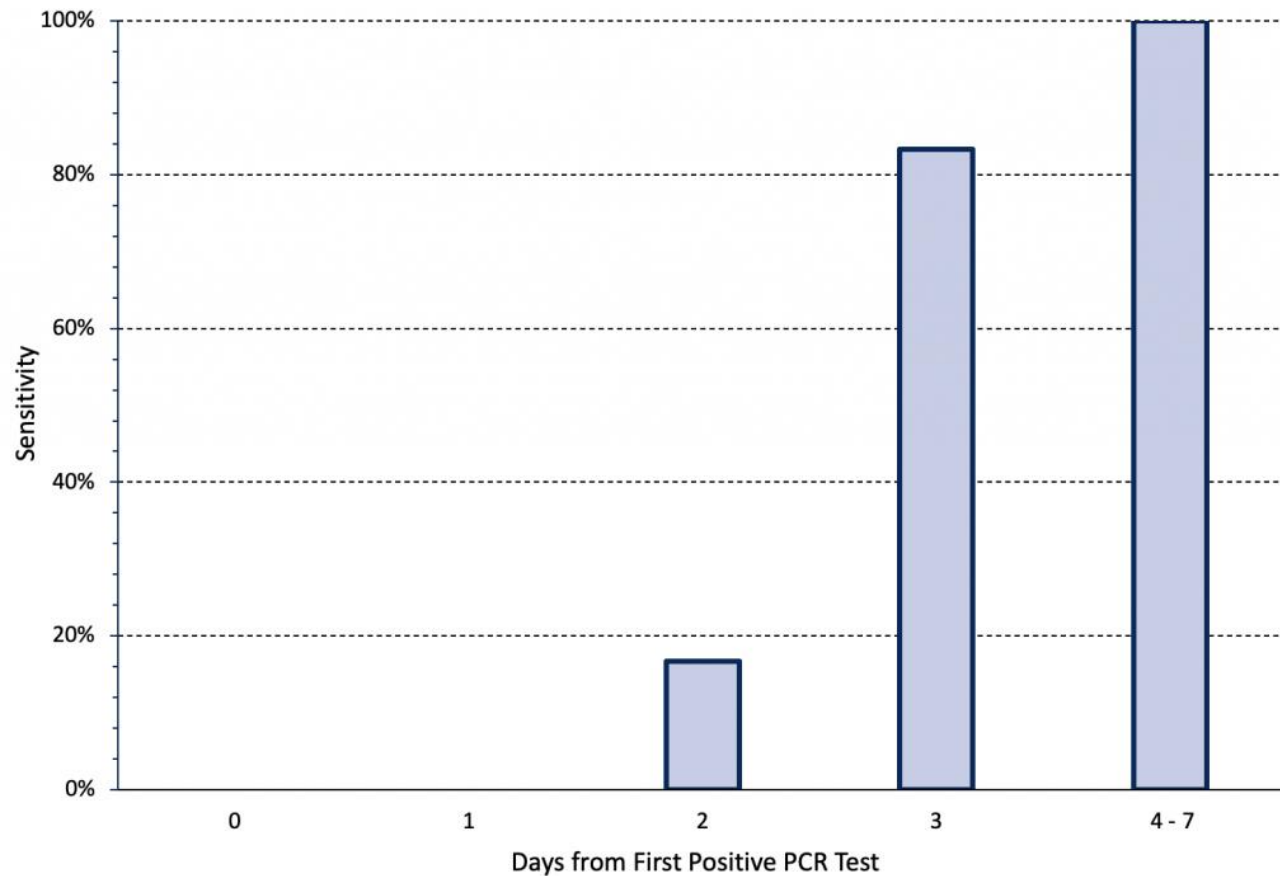
Figure 1: 7-day moving average of SARS-CoV-2 cases, COVID-19 admissions and in-hospital deaths, South Africa, 5 March 2020-7 May 2022.

All participants infected in BA.1 infection wave in South Africa

● Unvaccinated ● Vaccinated



Testing





PANORAMIC

Platform Adaptive trial of NOvel
antiviRals for eArly treatMent of
COVID-19 In the Community

Evusheld

- Pre-emptive MAB
- Given to those with poor vaccine responses
- Targetted rollout in cancer center and transplant centers
- May provide additional protection against infection/severe complications





**Ontario
Health**

Information about Evusheld (Tixagevimab and Cilgavimab)

Reference for health care providers who may be prescribing or administering Evusheld

Last updated: May 9, 2022



**Ontario
Health**

Who is eligible for Evusheld in Ontario

Evusheld is currently available in Ontario only to select immunocompromised patients,⁵ including:

- Solid organ transplant recipients
- Stem cell transplant recipients
- CAR-T cell therapy recipients, and
- Other hematologic cancer patients undergoing treatment

To be eligible for treatment, patients must:

- Be at least 12 years old
- Weigh at least 40 kg
- Not have a current COVID-19 infection
- Not have a recent COVID-19 exposure



What you need to know about Evusheld:

For people 12 years old and up

What is Evusheld and how does it work?

Evusheld is a drug that may help prevent you from getting sick from COVID-19.

Evusheld is a monoclonal antibody drug. Monoclonal antibodies attach themselves to the COVID-19 virus and stop it from entering the cells in your body. This may lower your chance of getting sick from COVID-19.

Protection from Evusheld lasts for at least 6 months.

Who is Evusheld for?

Evusheld is given to people who:

- may not get enough protection from COVID-19 vaccines alone; and
- are at risk of getting very sick from COVID-19

Evusheld may be given to the following groups of people in Ontario.

People who have had recent:

- Solid organ transplants (lung, heart, kidney, etc.)

Evusheld

- Approximately 3,500 doses in the province currently, additional doses can be drawn from national stockpile
- Health care providers may direct eligible patients to contact their specialist to learn more about Evusheld. Care teams at cancer centres and transplant sites will be contacting eligible patients directly to offer Evusheld.
- Ontario is following CADTH guidance on eligibility:

<https://www.cadth.ca/evusheld-tixagevimab-and-cilgavimab-pre-exposure-prophylaxis-covid-19-adults-and-adolescents-12>

- Information for providers:

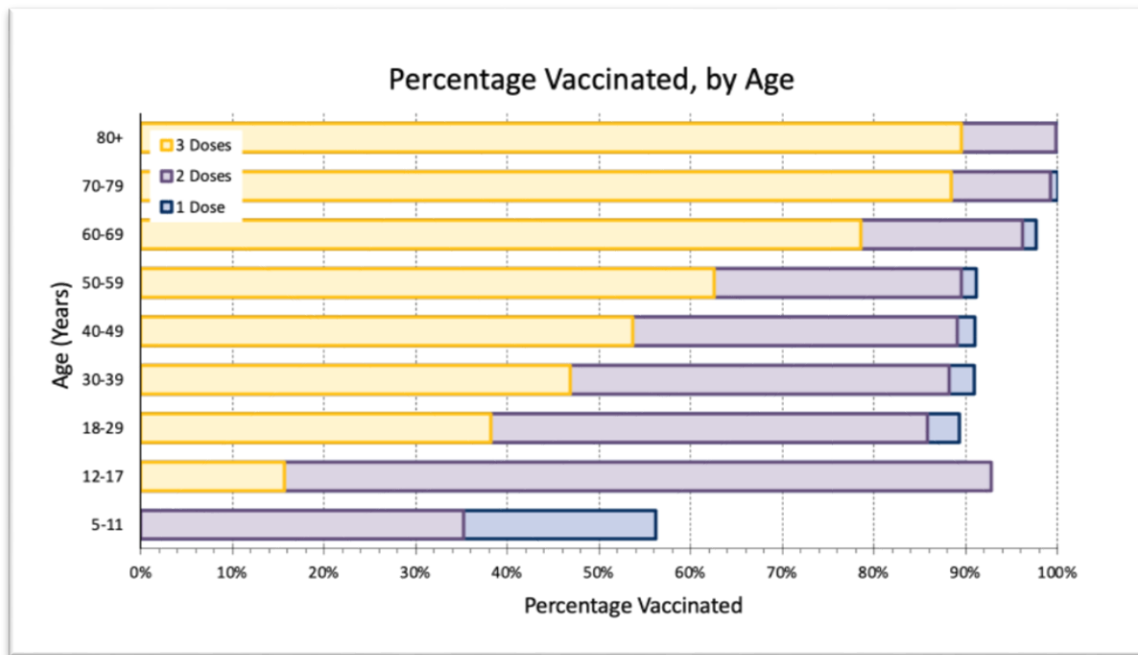
<https://www.ontariohealth.ca/sites/ontariohealth/files/2022-05/Information%20for%20health%20care%20providers%20-%20Evusheld.pdf>

- Patient handout:

<https://www.ontariohealth.ca/sites/ontariohealth/files/2022-05/Patient%20Handout%20-%20Evusheld%20-%20EN.pdf>

COVID-19 Vaccination in Ontario, by Age

at May 9, 2022



Age 18+: 61% with 3 doses

- Age 40-49: <55% with 3 doses
- Age 30-39: <50% with 3 doses
- Age 18-29: <40% with 3 doses
- Age 12-17: <20% with 3 doses
- Age 5-11: <36% with 2 doses



SCARBOROUGH
CENTRE FOR
HEALTHY
COMMUNITIES



LIVE WEBINAR

WHY IT IS STILL IMPORTANT TO GET YOUR COVID-19 BOOSTER DOSE

Join SCHC's live zoom webinar with our guest speaker Dr. Latif Murji, family physician and lecturer at the University of Toronto. He is also the founder of Stand Up for Health and VaxFacts Clinic



Tuesday, May 24th, 2022



5:00 pm – 6:00 pm



Speaker
Dr. Latif Murji, MD

Zoom Meeting Details:

Meeting ID: 899 7599 8617

Passcode: 242623

Zoom link:

[https://us06web.zoom.us/j/89975998617?](https://us06web.zoom.us/j/89975998617?pwd=d1hVWE4yN3QrVFITVDREcGRGTEk4Zz09)

[pwd=d1hVWE4yN3QrVFITVDREcGRGTEk4Zz09](https://us06web.zoom.us/j/89975998617?pwd=d1hVWE4yN3QrVFITVDREcGRGTEk4Zz09)



Scan the code to register
for this session!



Do I need a COVID booster? When should I get it?

How many vaccine doses do I need?

Knowing how many doses of a COVID vaccine to get can be confusing. The number of doses you need depends on your age, whether you have a weakened immune system** and whether you live in a setting where you are at higher risk of getting COVID.

In general, experts recommend:

- » All children 5+ should get at least 2 doses;
- » Teens at higher risk of getting COVID or of getting seriously ill from COVID should get at least 3 doses;
- » All adults 18+ should get at least 3 doses;
- » Adults 80+ and seniors living in congregate settings should get at least 4 doses;
- » People who have a weakened immune system should get an extra dose.

Experts have also said that:

- » 3 doses can be considered for all teens;
- » 4 doses can be considered for First Nations, Inuit and Métis adults;
- » 4 doses can be considered for adults 70–79.

Recommendations change as we learn more. Use the charts on the next page to figure out how many doses you can get in Ontario.



“ **Do I need a COVID booster? When should I get it?** ”

COVID vaccine recommendations for people who do not have a weakened immune system**

Age	Initial doses		First booster	Second booster
	1st dose	2nd dose	3rd dose	4th dose
5 - 11	✓	✓		
12 - 17	✓	✓	✓*	
18+ AND living in a group setting	✓	✓	✓	✓*
18+ and First Nations, Inuit or Métis	✓	✓	✓	✓*
18+ and live with someone who is First Nations, Inuit or Métis	✓	✓	✓	✓*
18 - 59	✓	✓	✓	
60 - 79	✓	✓	✓	✓*
80+	✓	✓	✓	✓

Confused about COVID?

Family doctors answer your questions.



Family & Community Medicine
UNIVERSITY OF TORONTO

Ontario College of
Family Physicians

“ Do I need a COVID booster? When should I get it? ”

COVID vaccine recommendations for people who have a weakened immune system**

	Initial doses			First booster	Second booster
	1st dose	2nd dose	3rd dose	4th dose	5th dose
5 - 11	✓	✓	✓		
12 - 17	✓	✓	✓	✓	
18+ AND living in a group setting	✓	✓	✓	✓	✓*
18+ and First Nations, Inuit or Métis	✓	✓	✓	✓	✓*
18+ and live with someone who is First Nations, Inuit or Métis	✓	✓	✓	✓	✓*
60 - 79	✓	✓	✓	✓	✓*
80+	✓	✓	✓	✓	✓

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 student or staff at a Provincial Demonstration School or a hospital school
- ➔ • someone at [higher-risk](#) for severe COVID-19 who would be eligible for outpatient treatment (treatment outside hospital) following an assessment and positive test
- 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

Online Appointment Booking (OAB)

Why OAB?

- Patients want it
 - Convenient
 - Ability to book, cancel and reschedule
 - Less likely to miss an appointment d/t automatic reminders

For more information, contact your OH regional team:

Central OH-Central_DigitalVirtual@ontariohealth.ca

East OH-East_DigitalVirtual@ontariohealth.ca

North OH-North_DigitalVirtual@ontariohealth.ca

Toronto OH-Toronto_DigitalVirtual@ontariohealth.ca

West OH-West_DigitalVirtual@ontariohealth.ca

Eligibility

- Primary care providers and other community health care providers that have not yet implemented an OAB solution.
- Approved OHTs, in-development OHTs and Primary Care provider or other community health care organizations that are not yet part of an OHT
- Care providers who support or work in primary care can include Primary Care Providers, Nurse Practitioners, Allied Health Professional, and Specialists who work in primary care.

Funding Details

- Funding available for this fiscal April 1, 2022, to March 31, 2023
- Ensure the technology being implemented aligns with Ontario Health's provincial service standard for Online Appointment Booking services is now available online: <https://www.ontariohealth.ca/our-work/digital-standards-in-healthcare/online-appointment-booking>



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Questions?

Webinar recording and curated Q&A will be posted soon

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

Our next Community of Practice: **Friday, May 27, 2022**

Contact us: ocfpcme@ocfp.on.ca

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

The COVID-19 Community of Practice for Ontario Family Physicians is a one-credit-per-hour Group Learning program that has been certified for up to a total of 32 credits..

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