

COVID-19  
Community of  
Practice for Ontario  
Family Physicians

May 17, 2024

Dr. Alon Vaisman  
Dr. Daniel Warshafsky  
Dr. Daniel Pepe  
Dr. Ali Damji



***Infectious Disease Updates,  
Managing Patient Flow & Use of AI Scribes***



Family & Community Medicine  
UNIVERSITY OF TORONTO

Ontario College of  
Family Physicians



# Infectious Disease Update, Managing Patient Flow & Use of AI Scribes

Moderator:

- Dr. Eleanor Colledge, Toronto, ON

Panelists:

- Dr. Alon Vaisman, Toronto, ON
- Dr. Daniel Warshafsky, Toronto, ON
- Dr. Daniel Pepe, London, ON
- Dr. Ali Damji, Mississauga, ON

Host:

- Dr. Mekalai Kumanan, Cambridge, ON

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

# Land Acknowledgement

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

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

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



May 5<sup>th</sup> – Red Dress Day

# 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. Mekalai Kumanan (OCFP), Dr. Ali Damji (DFCM), Dr. Eleanor Colledge (DFCM), Dr. Harry O'Halloran, Julia Galbraith (OCFP), Pavethra Yogeswaran (OCFP), Marisa Schwartz (DFCM), Erin Plenert (DFCM)

Previous webinars & related resources:

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



## **Dr. Alon Vaisman – Panelist**

Infectious Diseases and Infection Control Physician



## **Dr. Daniel Pepe – Panelist**

Clinical Lead, Office of Health System Transformation,  
London Lambeth Medical Clinic



## **Dr. Ali Damji – Panelist**

Division Head, Primary Care, Trillium Health Partners and  
Family Physician, Credit Valley Family Health Team



## **Dr. Daniel Warshafsky – Panelist**

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



## **Dr. Mekalai Kumanan – Host**

**Twitter: @MKumananMD**

President, Ontario College of Family Physicians  
Family Physician, Two Rivers Family Health Team

# Speaker Disclosure

- Faculty Name: **Dr. Alon Vaisman**
- Relationships with financial sponsors:
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: Ontario College of Family Physicians
  - Others: N/A
  
- Faculty Name: **Dr. Daniel Pepe**
- Relationships with financial sponsors:
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: London Health Sciences, Ontario College of Family Physicians
  - Others: N/A
  
- Faculty Name: **Dr. Ali Damji**
- Relationships with financial sponsors:
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: Ontario College of Family Physicians
  - Others: N/A

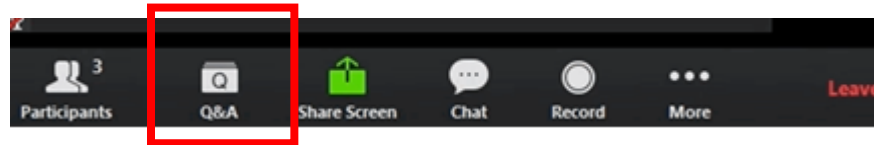


# Speaker Disclosure

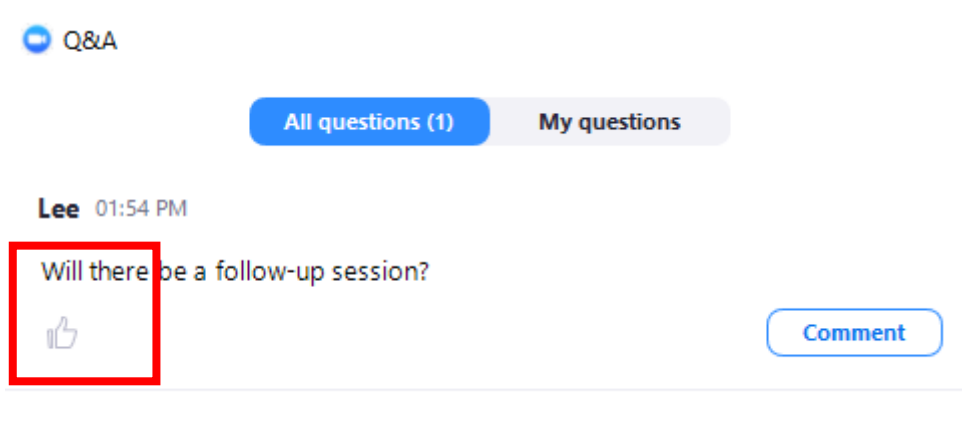
- Faculty Name: **Dr. Mekalai Kumanan**
- Relationships with financial sponsors:
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: Ontario College of Family Physicians
  - Others: N/A
  
- Faculty Name: **Dr. Daniel Warshafsky**
- Relationships with financial sponsors:
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: N/A
  - Others: N/A
  
- Faculty Name: **Dr. 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

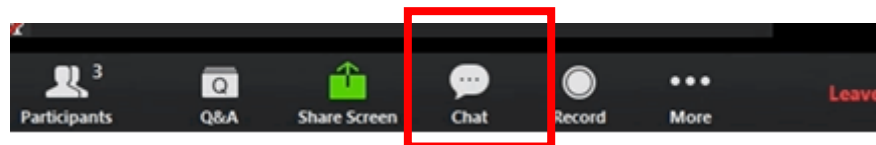
- All questions should be asked using the Q&A function at the bottom of your screen.



- 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. Alon Vaisman – Panelist**

Infectious Diseases and Infection Control Physician



## **Dr. Daniel Warshafsky – Panelist**

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



## **Dr. Daniel Pepe – Panelist**

Clinical Lead, Office of Health System Transformation,  
London Lambeth Medical Clinic



## **Dr. Ali Damji – Panelist**

Division Head, Primary Care, Trillium Health Partners and  
Family Physician, Credit Valley Family Health Team

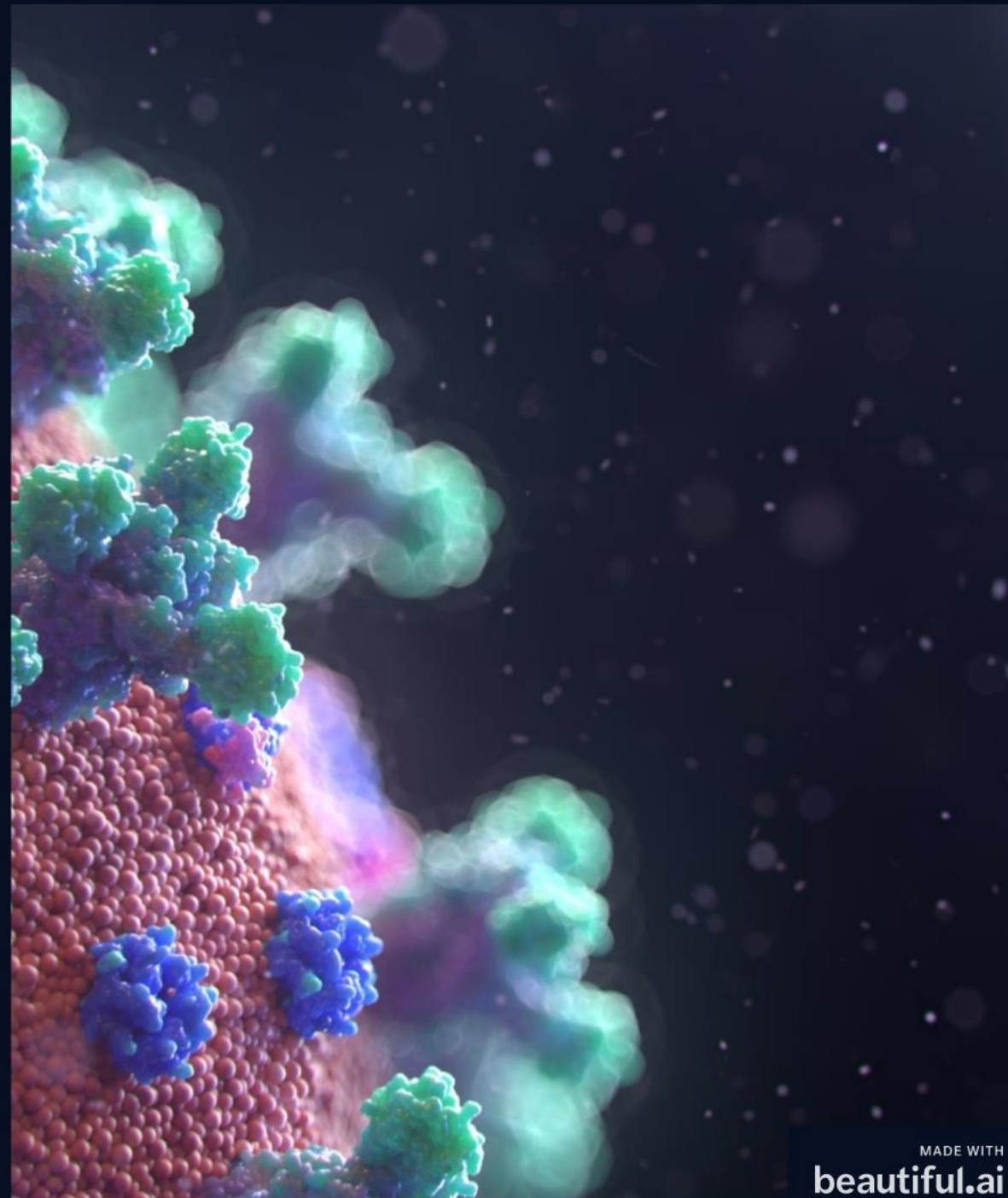
# COVID, iGAS, and Lyme Disease

Alon Vaisman, MD MAS FRCPC

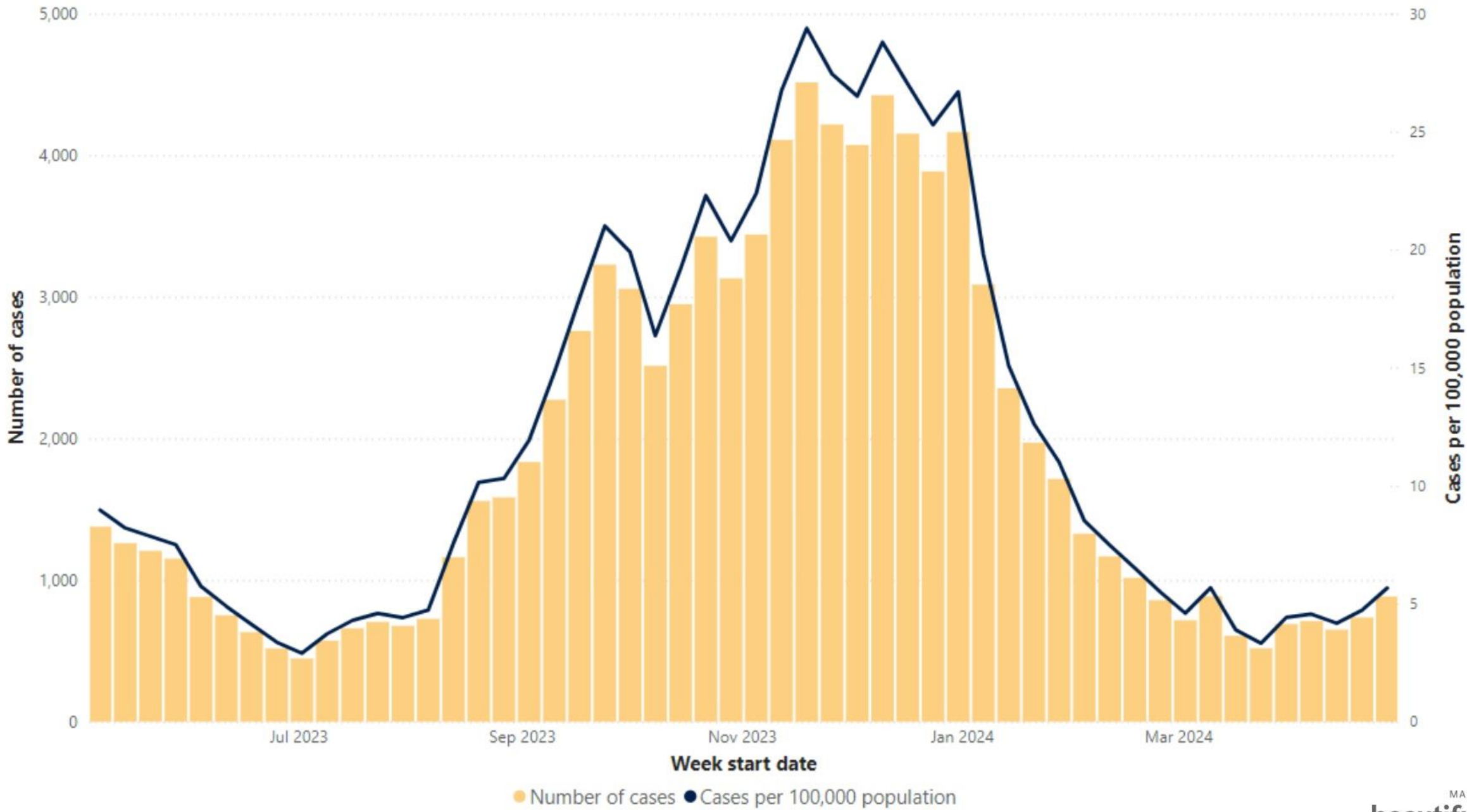
Hospital Epidemiologist, Infection Prevention and Control  
Infectious Disease Specialist  
University Health Network

Assistant Professor  
Department of Medicine, Division of Infectious Diseases  
University of Toronto

# COVID-19



# Laboratory confirmed weekly case counts and rates of COVID-19 in Ontario



NACI recommends that:

- Starting in the spring of 2024, the following individuals who are at increased risk of severe illness from COVID-19 may receive an additional dose of XBB.1.5 COVID-19 vaccine:
  - Adults 65 years of age and older
  - Adult residents of long-term care homes and other congregate living settings for seniors
  - Individuals 6 months of age and older who are moderately to severely immunocompromised (due to underlying conditions or treatment)



**MASKS ARE OPTIONAL  
IN THIS SPACE**



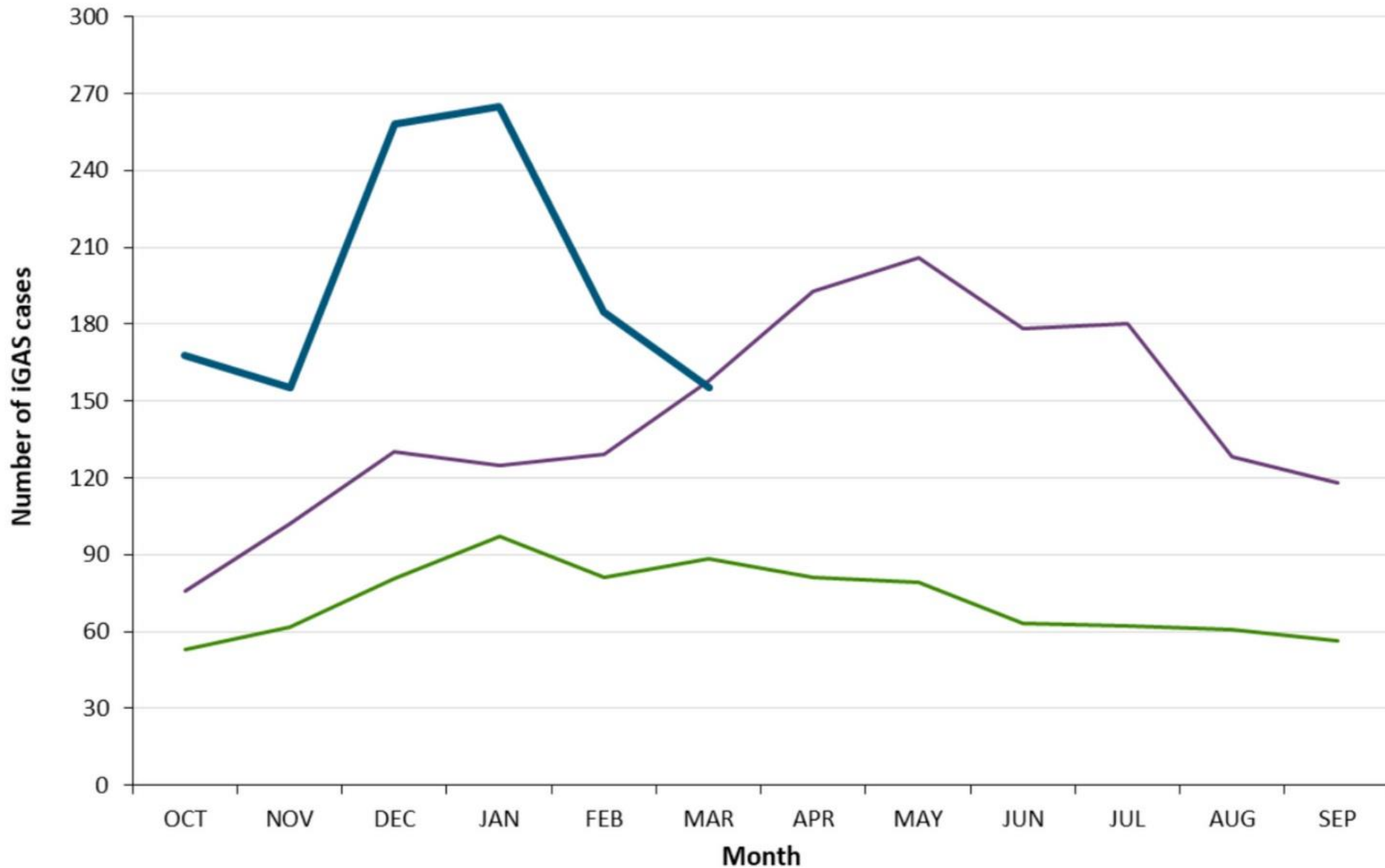
**Masks are welcome and optional  
in common spaces at UHN.**

**Medical masks are still required  
in patient care areas and  
clinic waiting areas.**

# INVASIVE GROUP A STREPTOCOCCUS







— 2014-15 to 2018-19 average — 2022-23 — 2023-24

PERIOD OF  
INFECTIVITY:

7

DAYS BEFORE  
SYMPTOM ONSET

1

DAY AFTER  
TREATMENT

# LYME DISEASE: TOP 6 TIPS







**2. LYME INFECTION  
IS VERY UNLIKELY  
IF THE TICK  
IS ATTACHED  
<24 HOURS**



**3. TREAT  
ERYTHEMA  
MIGRANS,  
DON'T  
WAIT FOR  
SEROLOGY**



**4. ONLY TRUST  
LYME SEROLOGY  
FROM PUBLIC  
HEALTH  
ONTARIO LAB**



**5. IF SUSPICIOUS  
FOR LATE  
DISSEMINATION,  
ORDER SEROLOGY.  
IF IGG POSITIVE  
AND UNCERTAINTY,  
TREAT FOR 21 DAYS**



1. The tick was attached > 24 hours
2. The tick was removed within the past 72 hours
3. The tick was acquired in an area with a prevalence of ticks infected with *Borrelia burgdorferi*
4. Doxycycline is not contraindicated.

## 6. PHARMACIES CAN PROVIDE EXPOSURE PROPHYLAXIS

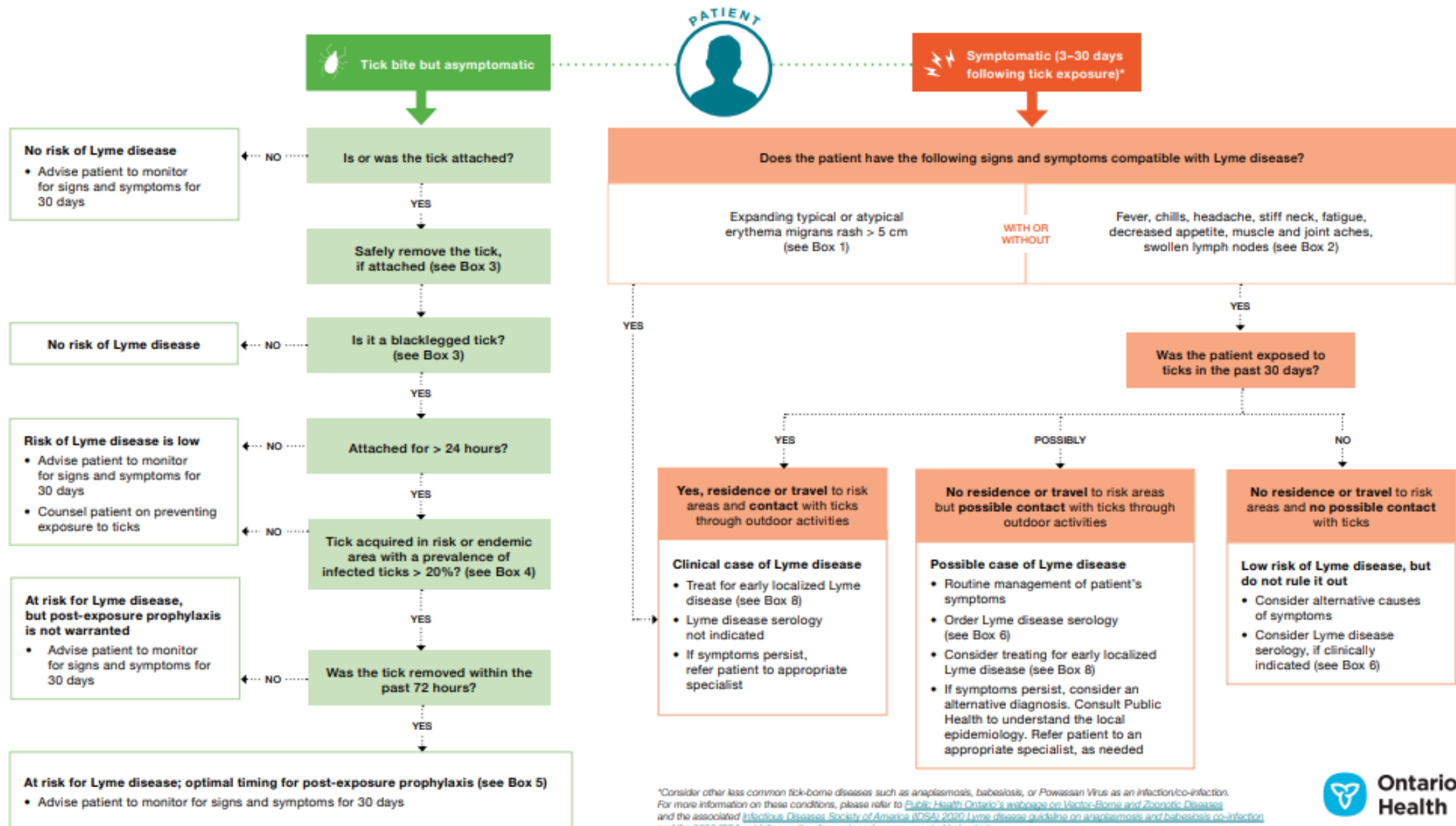
# SUMMARY

- 1 COVID has morbidity and mortality continues to decline
- 2 iGAS levels remain higher than pre-pandemic levels
- 3 Lyme disease continues to spread in Ontario



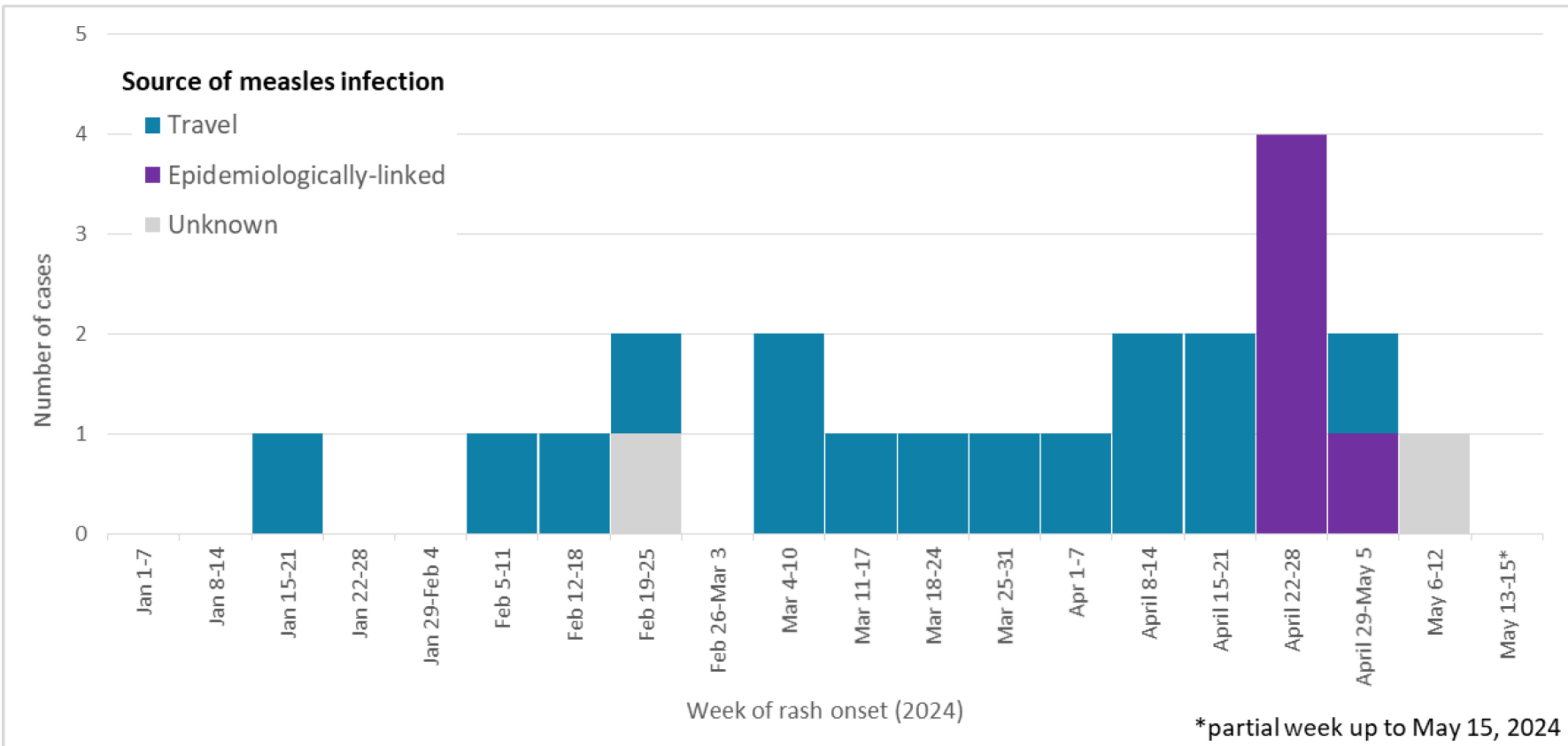
# Management of Tick Bites and Investigation of Early Localized Lyme Disease

Please contact us at [evidence@ontariohealth.ca](mailto:evidence@ontariohealth.ca) or 1-877-280-8538 if you have any questions or feedback about this clinical guidance document.



# Measles

**Figure 1: Number of Measles Cases by Week of Rash Onset and Source of Infection: Ontario, January 1, 2024 – May 15, 2024**



## Age (years)

<1	2 (9.1%)
1-4	7 (31.8%)
5-9	4 (18.2%)
10-19	0 (0.0%)
20-39	7 (31.8%)
40+	2 (9.1%)

<b>Hospitalized</b>	5 (22.7%)
<b>Deaths</b>	1 (4.5%)

## Source of measles infection

Travel	15 (68.2%)
Epidemiologic link to a confirmed case (i.e., secondary case)	5 (22.7%)
Unknown	2 (9.1%)

## Immunization status

Unimmunized	11 (50.0%)
1 dose	0 (0.0%)
2 or more doses	4 (18.2%)
Unknown/no proof of immunization	7 (31.8%)

# EMR searches for Measles Immunizations

In partnership with Ontario Health and Public Health Ontario, we have developed EMR searches for TELUS PS Suite, OSCAR Pro, and Accuro QHR, to help primary care clinicians **quickly and efficiently identify patients due or overdue for Measles immunizations and are on the priority list for vaccination.**



## TELUS PS Suite:

1. Download the package: [Click here](#)
2. Unzip the .zip file to your Desktop
3. Import the search file (.srx file) into PS Suite
4. PDF in package contains information about implementing the search into PS Suite



## OSCAR Pro:

1. Download the package: [Click here](#)
2. Import the search file (.xml file) into OSCAR Pro
3. PDF in package contains information about implementing the search into OSCAR Pro



## Accuro QHR:

1. Download the package: [Click here](#)
2. PDF in package contains information about implementing the search into Accuro QHR

If you have any questions or require any assistance, please contact [EMRtools@ehealthce.ca](mailto:EMRtools@ehealthce.ca).



# Resources to support your practice

# Measles

Current as of March 18, 2024

Ontario College of Family Physicians

## Measles

This resource provides the most up-to-date information on prevention and management of suspected cases in your practice.

### What you need to know:

- See here for Public Health Ontario's new resources; [Measles Information for Health Care Providers](#) and [IPAC Recommendations](#).
- If patients call or attend clinic with febrile and/or respiratory rash illness, expedite evaluation in a private room to minimize patient and health care workers' exposures.
- All health care workers, regardless of immune status, should wear an **N95 mask**. This recommendation from PHO comes in light of recent documented cases of measles transmission to health care workers with presumptive evidence of immunity.
- Order N95 respirators and other PPE through the [Ontario PPE Supply Portal](#).

**All suspected cases should immediately be reported to your local public health unit**, which will facilitate a public health case and contact management.

### Immunization Recommendations

Amidst this rise in measles cases, consider reviewing immunization records during routine appointments, with a particular focus on school-aged children. Counsel parents and caregivers about the importance of vaccination, particularly for children under five who are at the highest risk for severe outcomes.

Everyone in Ontario is recommended to stay up-to-date with measles-containing vaccines according to the [Publicly Funded Immunization Schedules for Ontario](#).

#### Children

- Standard two-dose regimen – the first given at 12 months (MMR vaccine) and the second between ages four to six (MMRV vaccine).
- Some children may have missed a shot due to the COVID-19 pandemic – it is important children are fully vaccinated against measles.

#### Adults born before 1970

- Generally assumed to have natural immunity.
- One dose of MMR vaccine is recommended prior to travel outside of Canada, unless there is lab evidence of immunity or history of lab-confirmed measles.

#### Born in 1970 or later

- Adults born in or after 1970 likely received one dose of a measles-containing vaccine. In 1996, two doses became standard in Ontario.
- Those who have only received one dose of MMR vaccine are eligible to receive a second dose if they meet any of the criteria below or based on the health care provider's clinical judgment.
  - Health care workers
  - Post-secondary students
  - Planning to travel outside of Canada

#### Travelling

- Individuals travelling outside Canada should ensure they're adequately vaccinated against measles prior to travel. This includes infants six to 11 months (note: an additional two doses of measles-containing vaccine are still required after the first birthday for long-term protection).
- See [chart on page 3](#) summarizing recommendations for measles vaccination prior to travel outside of Canada.

#### Unknown immunization history

- There is no harm in giving measles-containing vaccine to an individual who is already immune.
- If a patient's immunization records are unavailable, vaccination is preferable to ordering serology to determine immune status.

### Screen Patient by Asking: Do you have symptoms of measles?

Fever Cough Conjunctivitis Runny Nose Koplik spots Rash

- The infectious period for measles is four days before rash onset until four days after rash onset.
- Measles can resemble other viruses, including Mpox, varicella, and hand, foot and mouth disease.
- Symptoms generally start around 10 days after being exposed but can start anywhere from seven to 21 days after exposure and typically last for one to two weeks.
- The characteristic red **maculopapular rash** typically appears after three to seven days of initial symptoms.
- Rash first appears on the face and spreads downwards over the body, lasting five to six days.

Yes

### Do you have risk factors for measles?

Recent travel No/unknown immunity Links to a known outbreak or case

Yes

### Providing Care for Symptomatic Patients

When patients call for appointments with symptoms of febrile and/or respiratory rash illnesses, consider measles in differential diagnoses, particularly in patients returning from travel.

- Routine practices and airborne precautions are recommended.
- Only health care workers with presumptive immunity should care for a patient suspected of measles (two doses of measles-containing vaccine or lab evidence of immunity).
- All health care workers and staff should wear an N95 mask, regardless of immune status.
- Health care workers should also conduct a personal care risk assessment (PCRA) to determine whether additional PPE is recommended (e.g., gloves, gown, eye protection).

#### Patient flow

- Where possible, schedule symptomatic patients separately from other patients—ideally at the end of the day since no other patients should be placed in the same room for two hours afterwards.
- Require symptomatic patients to wear medical masks.
- Promptly isolate symptomatic patients in a negative pressure room, if available, or single patient room with the door closed.

For more guidance, refer to [PHO's new Interim IPAC Recommendations](#).

#### Testing

**Note: All suspect cases of measles should immediately be reported to your local public health unit. Do not wait for laboratory confirmation.**

#### Collect samples for testing

- To optimize test turnaround time, ensure use of valid (non-expired) collection kits (if you require specimen collection supplies for your clinic, order [through PHO](#)).
  - Collect **PCA**, nasopharyngeal / throat swab **AND** urine as well as diagnostic serology.
- If you cannot collect samples in your office, provide the patient with a requisition and refer to a lab for testing.
- If you are referring a patient for further assessment or diagnostic testing, advise the patient to contact the health care facility prior to arrival (if possible) so appropriate IPAC precautions can be implemented.



# COVID-19 Therapeutics

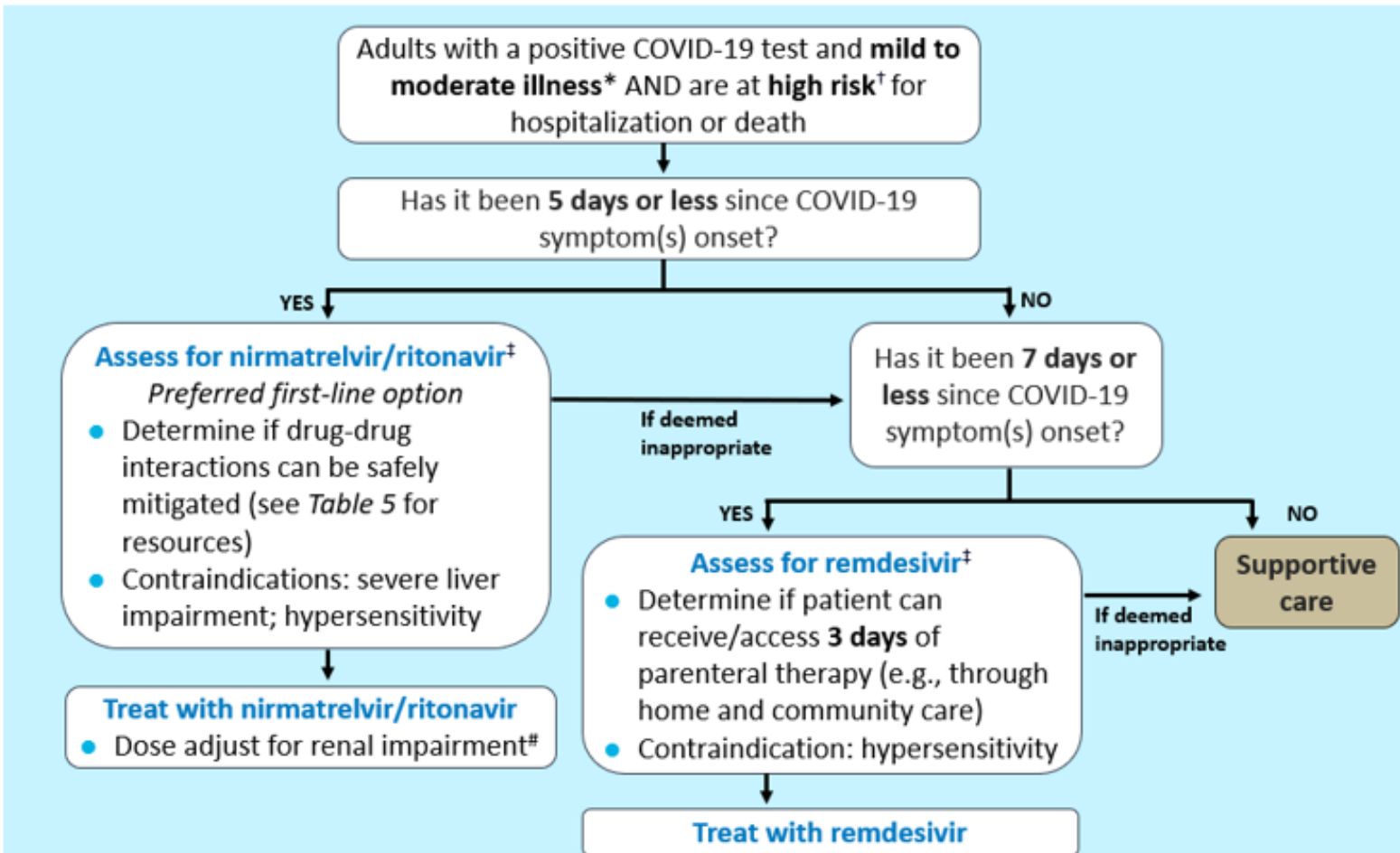
# Updated OH Guidance: Mild to Moderate COVID-19



- **Risk Factors Associated with More Severe COVID-19 Outcomes Where Antiviral Therapy is **RECOMMENDED****
  - Age (65 years and older, regardless of vaccine status, with no other risk factors)
  - Immunocompromised status (18 and older, regardless of vaccine status or prior COVID-19 infections)
- **Risk Factors Associated with More Severe COVID-19 Outcomes Where Antiviral Therapy **MAY BE CONSIDERED****
  - Vaccination status (have never received a COVID-19 vaccine)
  - Certain medical conditions

*Treatment decisions should be individualized based on the prescriber's assessment of patient risk because not all medical or social vulnerabilities carry the same risk. Refer to Ontario Health guidance and resources at: <https://www.ontariohealth.ca/providing-health-care/clinical-resources-education/covid-19/treatment>*

# Mild to Moderate COVID-19 Treatment Algorithm



\* See Ontario Health's description of mild and moderate COVID-19 illness.

† See Ontario Health's description for identifying high-risk patients.

‡ Consult the manufacturer's product monograph for more information.

# For guidance on renal dose adjustments, refer to [Ontario Health's guidance](#) on the use of nirmatrelvir/ritonavir in patients with advanced chronic kidney disease and dialysis and the most recent manufacturer product monographs.

- Paxlovid Drug Interaction information available here: <https://hivclinic.ca/paxlovid-prescribing-drug-interaction-information/>
- Transplant recipients with should always be referred to their transplant centre if they have symptoms and/or test positive for COVID-19.

# Coverage and Access for Paxlovid® in Community

- Effective May 17, 2024, Paxlovid® is listed [Ontario Drug Benefit \(ODB\) Formulary](#) with Limited Use (LU) criteria **for ODB-eligible adults (18 years+) with a positive COVID-19 test (PCR or RAT) and symptoms within the past 5 days who are:**
  - 65 years and older, regardless of risk factors or number of vaccine doses [673]
  - Immunocompromised, regardless of age or number of vaccine doses [674]
  - Have 1 or more risk factors (e.g. medical conditions) for severe COVID-19 [675]

*REMINDER: Prescribers must indicate the appropriate LU code on the prescription.*
- **For non-ODB Program recipients (e.g., individuals with private insurance or who pay out of pocket), Paxlovid® will not be publicly funded and usual and customary process will apply**, once the remaining provincial supply of Paxlovid® expires at end of May.
- If a patient cannot afford the cost of a medication out-of-pocket, they may be eligible for the [Trillium Drug Program \(TDP\)](#). Where applicable, TDP can provide reimbursement retroactive to the enrollment date and process urgent applications.

# Coverage and Access for Remdesivir in Community

---

- Remdesivir will **continue to be available at no cost for individuals with OHIP coverage** who do not require hospitalization, have a positive COVID-19 test and symptom onset within 7 days, and **who cannot take Paxlovid** due to a drug interaction, contraindication, or >5 days since symptom onset.
- Physicians and nurse practitioners in hospitals or in the community can refer a patient to their local Home and Community Care Support Services (HCCSSS) branch for a nurse to administer Remdesivir infusions in an HCCSS clinic or patient's home.
  - Required referral forms and other details for prescribers are available [here](#).
- LTC homes should check with their OH region to determine access pathways for Remdesivir in LTC.
- NOTE: Remdesivir is not listed on ODB formulary at this time.

# Access to Testing



## Rapid antigen tests (RATs)

- Health care providers can continue to order free rapid antigen tests (RATs) to provide to patients. Please order via [PPE Supply Portal](#) (must be registered for the Provincial Antigen Screening program – easy online application).
- RATs may also be available through participating pharmacies and public health units.

## PCR tests

- Authorized providers may order publicly-funded PCR testing for eligible patients using the Public Health Ontario COVID-19 and Respiratory Virus Test Requisition form For help filling out the form use these instructions.
- Some pharmacies also continue to provide PCR testing (not available in all regions), see <https://www.ontario.ca/covidtestinglocations> for participating locations.

# Make a Plan



## **Advanced planning for high-risk patients should include:**

- How to access COVID-19 therapies (i.e., nirmatrelvir/ritonavir, remdesivir) via local pathways so patients can start treatment as quickly as possible, including proactive assessment of drug funding options and applying for drug coverage programs as needed
- Where to obtain COVID-19 rapid antigen tests to have on hand at home or where to access COVID-19 testing at a local COVID-19 testing centre
- Signs and symptoms to prompt COVID-19 testing and when to seek medical attention
- How to contact a health care provider for further evaluation and/or treatment initiation if a test is positive
- Up-to-date renal function tests and other relevant workup as appropriate (e.g., eGFR, ALT)
- A best possible medication history (including prescription, non-prescription, over the counter medications, vitamins, minerals and supplements)
- Proactive assessment for potential drug-drug interactions to determine whether any contraindications to the COVID-19 drug therapies exist, to develop possible mitigation strategies or to assess for therapeutic alternatives  
Patient goals of care
- Physicians and nurse practitioner can continue to log or file a prescription with their local pharmacy in advance, to be filled (dispensed) when a patients gets sick and has confirmed test result. Speak with pharmacy to confirm.



# Team Triage

Dr. Daniel Pepe, Family Physician  
London, Ontario

# Improving Access to Care

One of the most challenging problems I have dealt with as a family doctor.

## What have we tried that *didn't* work?

1. 24/7 asynchronous email portal (Health Myself/ Pomelo)
2. Online booking through ocean - general appointment types
3. Online booking with specific appointment types based on patient cohorts
4. Voicemail 8 hours per day, Voicemail over lunch, No voicemail over lunch, short voicemail, long voicemail
5. Secure paperwork submission online through ocean
6. 6 week advanced access booking access for patients on ocean
7. Emailing results to patients to avoid requests for visits to receive copies of results
8. Printed lab work in advance for patients with chronic diseases, like diabetes
9. Pre-booked vaccine appointment blocks: "Shingrix Day", "Pap smear Day"
10. Nursing visits only for online booking
11. New patient visits only in the evenings or in designated times
12. This list goes on for a while....

# What has worked?

1. Developing a calm culture
2. Being specific and intentional about what we do and do not do
3. Working as a team to ensure the most appropriate person is involved as early as possible to serve a patient
4. Understanding the difference between acknowledgement & triage
5. **Team Triage**

# Traditional Triage

**Triage:** an assessment to determine the urgency of need and the treatment required

## **Typical Approach to Triage:**

- Done by the person “answering the phones”
- Usually does not have deep clinical experience, a position with high turnover, can be isolated from remainder of clinical team.

## **Risk of this Approach**

- Medical office assistant usually only have one tool to discuss patient concerns and as such the usual response to most issues is to “book an appointment” leading to reduced advanced open access.

# Team Triage

## **Team Approach to Triage:**

- Office voicemail is shortened and patients are advised to leave 1 voicemail
- All voicemails are transcribed and available to be read (or listened to) and accessible online through VOIP website
- All staff access common voicemail list throughout day and staff select out and manage messages they can deal with copying voicemail into chart as record.

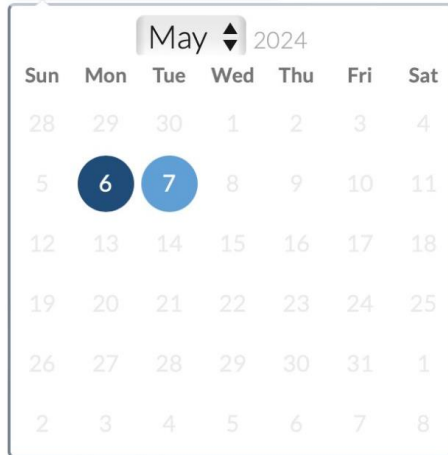
## **Goals:**

1. Manage patient concerns quickly by having most appropriate person respond
2. Optimize patient visits before they attend in person (i.e. order labs/ imaging before)
3. Limit number of pre-booked patients to focus on - antenatals, well baby, procedures, +/- some chronic disease management

# The Results

## Choose Date & Time

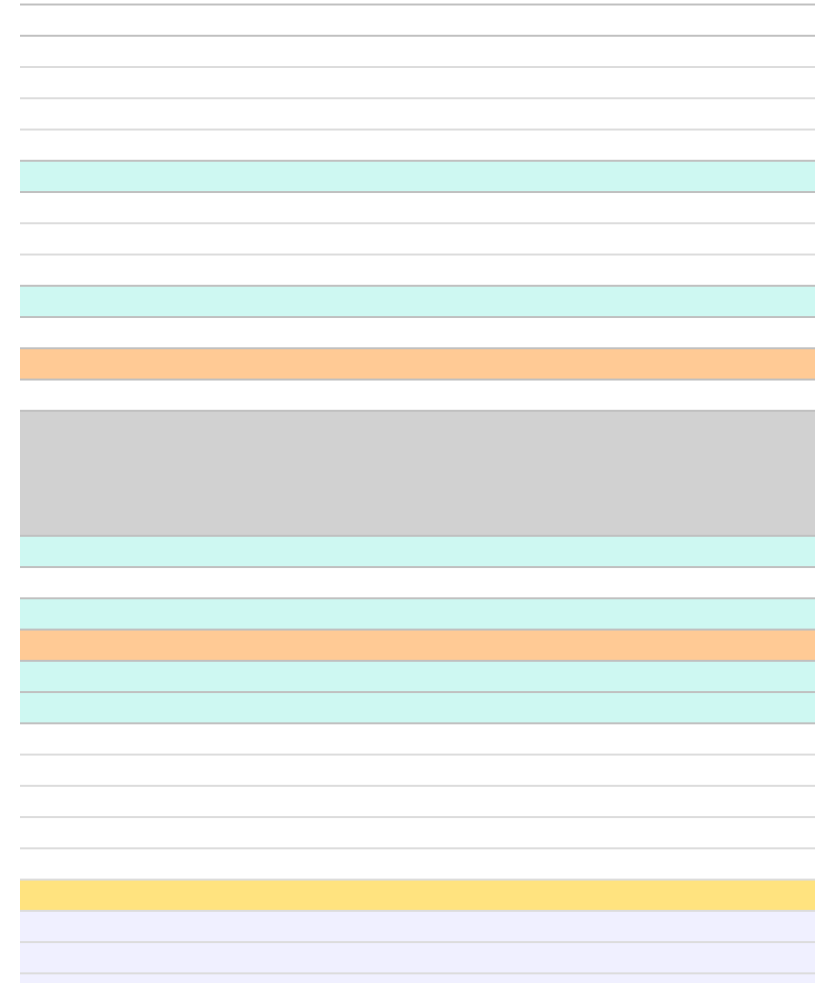
May 6, 2024



## Available time slots:

9:15 AM	11:00 AM	2:15 PM
9:45 AM	11:15 AM	2:30 PM
10:00 AM	11:30 AM	2:45 PM
10:15 AM	1:30 PM	3:00 PM
10:30 AM	1:45 PM	3:15 PM
10:45 AM	2:00 PM	3:30 PM

1. Access that is open
2. Available online 48 hours in advance
3. Consistently open now over 4 weeks
4. A calmer team
5. A happier and less stressed family physician :)



# QI Meets AI

What today, and for the future?



**Ali Damji BHSc MD MSc CCFP**

**Changing the Way We Work Community of Practice**

**May 17 2024**



# What happened?

1

## New Year's Resolution

Resolved to chart less at night, never never on weekends, and explore new new technologies.

2

## Challenges

Struggles with documentation time and burden, heard about new technology at conferences.

3

## Free Trials

Trials were free, leading to decision to explore new technology.



# Adopting AI Scribe Technology

**1**

## **Pilot Period**

Started using 3 different vendors for both in-person and virtual encounters on free trials.

**2**

## **Selection Process**

Eventually selected one vendor after testing, ensuring PHIPA/PIPEDA Compliance.

**3**

## **Colleague Adoption**

2 other MDs also piloted the technology.

# The Vendors

Tali+

autoscribe



# Functionality of AI Scribe

## Consent Process

CA provides consent form, transitioned to verbal consent.

## Usage Process

AI used on iPad, dictating exam findings, and stopping AI to make the note.

## Documentation Process

Reviewed and pasted notes into Accuro Go, followed by wiping AI Scribe.

# My AI buddy

---





# CMPA Advice

The Canadian Medical Protective Association (CMPA) has provided valuable advice to healthcare providers on the use of AI scribes. This guidance covers important considerations around consent, privacy, and storage of patient data.

# Consent Process

## 1 Informed Consent

Informed consent must be provided by the patient prior to the encounter. The consent form can be obtained from the company providing the AI scribe service.

## 2 Learning Purposes

Consent must be obtained if the patient data is used for learning purposes by the AI.

## 3 QI Tip

Have the patient review the consent form while they're waiting to see you. Then have the discussion.

# Privacy Advice from the CMPA

## Review Records

Review all the notes, letters, and outputs before they go into the patient's chart.

## Privacy Assessments

If not sure, can ask the company to provide you with a Privacy Impact assessment.

## Scribe Compliance

Ensure your scribe is compliant with relevant legislation, such as PHIPA and PIPEDA.

## Institutional Review

Review the use of AI scribes with relevant people in your institution.

# Does it Record?

## 1 Recording Capabilities

Many AI scribes do not have recording capabilities.

## 2 Retention Requirements

While the final chart entry is subject to record retention requirements, legislative and regulatory requirements do not generally address whether audio recordings of this nature must also be kept in the patient's chart.





# Retention and Destruction

## Defining Clinical Information

Whether or not the recording using the AI scribe needs to be retained in the clinical record depends on whether it meets the definition of clinical information

## Secure Storage

If the recordings will be maintained, you should store them securely in the patient's chart for the required retention period.

## Destruction Policy

If the recordings will not be maintained, you should have a policy setting out the timing and process for destruction, ensuring the report is accurate on the patient chart before destruction.

# Other Common Questions

## Languages

Many AI scribes can handle languages other than English.

## Costs

Check with your OHT or PCN for discounts or funding opportunities to help offset the costs of using an AI scribe.

## Time Considerations

Using an AI scribe may or may not take longer than traditional methods, depending on the specific system and your familiarity with it.

# CMPA Advice Article

For more detailed information, the CMPA has published an article titled "AI Scribes: Answers to frequently asked questions" that can be found on their website at <https://www.cmpa-acpm.ca/en/advice-publications/browse-articles/2023/ai-scribes-answers-to-frequently-asked-questions>.

# Example SOAP Note

## SOAP Note

### Subjective:

- Patient reports that her periods have become shorter, from a regular cycle of 27-28 days to 24 days.
- Patient attributes the change in her menstrual cycle to a recent stressful move.
- Patient has a family history of fibroids and is concerned about the implications.
- Patient experiences premenstrual symptoms such as aches and pains before her period.
- Patient denies abdominal pain, pelvic pain, urinary problems, vaginal discharge, weight loss, fever, chills, night sweats, vaginal dryness, changes in mood, changes in sleep, lightheadedness, shortness of breath, and chest pains.

### Objective:

- Ultrasound reveals a fibroid uterus, but no thickening of the uterine lining or evidence of endometrial cancer.
- Patient's bleeding is not heavy and does not cause dizziness or weakness.
- Patient's periods last about 5 days and the heaviness of the period is not significantly increased.
- Patient experiences spotting a few days before her period starts.
- No bleeding occurs between periods.

### Assessment:

- Fibroid uterus causing irregular bleeding pattern.
- Symptoms consistent with perimenopause.

### Plan:

- Start patient on an oral contraceptive pill to regulate menstrual cycle and manage symptoms.
- Follow up with patient in three months to assess response to medication.
- Monitor for uncontrolled vaginal bleeding and consider further treatment options if necessary.
- Patient advised to avoid smoking and to maintain a healthy lifestyle.
- Prescription sent to the patient's preferred pharmacy.

# Example Periodic Health Review

## SUBJECTIVE:

- Patient presents with intermittent knee pain in both knees, more on the sides. The pain started about six to seven months ago, possibly due to playing with grandchildren. The patient has been managing the pain with heat and Tylenol.
- Patient has been treating a toenail fungus for about six months with ~~over-the-counter~~ medication, but progress is slow.
- Patient is due for routine blood work this summer.
- Patient's cholesterol level has been steady for several years.
- Patient has been taking Fosamax since 2018, with a break in between, and is considering a drug holiday.
- Patient is ~~up-to-date~~ on COVID-19 vaccines and is due for a booster shot next month.
- Patient is ~~up-to-date~~ on flu shots.
- Patient had a Zostavax shingles vaccine in 2015 and is considering getting the newer Shingrix vaccine.
- Patient is taking a combination of vitamin D and calcium, as well as omega-3.
- Patient is a non-smoker since 1973.
- Patient has pre-diabetes and is managing it with a healthy diet.

## OBJECTIVE:

- Both knees: No swelling or effusion. Ligament strain testing normal. No pain on palpation.
- Toenail: Fungus present.
- Cardiac and lungs: Normal on auscultation.
- Vaccination history: ~~Up-to-date~~ on COVID-19 and flu vaccines. Had Zostavax shingles vaccine in 2015.

## ASSESSMENT:

- Bilateral knee pain: Likely due to strain injury.
- Toenail fungus: Slow response to ~~over-the-counter~~ treatment.
- Pre-diabetes: Patient managing with a healthy diet.
- Cholesterol: Stable for several years.
- Vaccinations: ~~Up-to-date~~ on COVID-19 and flu vaccines. Considering Shingrix shingles vaccine.

## PLAN:

- For knee pain: Recommend physiotherapy and strength training. Continue OTC Pain medication.
- For toenail fungus: Prescribe Jublia, a nail polish medication, to be applied once a day for 48 weeks.
- For cholesterol: Renew prescription for 40mg Rosuvastatin for a year.
- For Fosamax: Patient to finish current prescription of Alendronate and then take a drug holiday. Monitor bone density.
- For COVID-19 vaccine: Patient to get booster shot in the fall unless circumstances change.
- For Shingrix vaccine: Check eligibility and consider getting the vaccine. Pt is happy with having just had Zostavax for now.
- For pre-diabetes: Continue healthy diet and monitor blood sugar levels.
- Routine blood work to be done in the summer.

# Preventative Care / Prenatal

- Patient is a 3.5-month pregnant female presenting for a general check-up.
- Patient reports experiencing eczema flare-ups, particularly on her hands, arms, and breasts.
- Patient states that the flare-ups have been more frequent and itchy recently.
- Patient has used Aquaphor Eczema Relief and previously used a steroid cream (possibly Betaderm) for eczema management.
- Patient denies palpitations but reports feeling tired.
- Reports moist sensation in ears bilaterally.

## Objective:

- Vital signs: Blood pressure 131/89 mmHg, heart rate 113 bpm.
- Skin examination reveals eczema flare-ups on the hands, arms, and breasts. Exam chaperoned by Rose Hashemi RN.
- No significant abnormalities noted during lung auscultation.
- No significant findings on ear examination.

## Assessment:

- Eczema flare-ups on hands, arms, and breasts.
- Increased heart rate likely due to pregnancy.
- No significant abnormalities noted during lung and ear examination.

## Plan:

- Recommend lifestyle modifications for eczema management, including avoiding hot water, frequent hand washing, and wet work.
- Suggest using Aquaphor Eczema Relief for daily moisturization.
- Prescribe Betaderm 0.05% cream for eczema flare-ups as needed, sparingly.
- Advise against using Betaderm on the face, skin folds, or genitals.
- Recommend using 1% hydrocortisone cream for eczema patches on the face.
- Instruct patient to discontinue the use of Q-tips in the ears and avoid inserting any objects into the ears.
- Discuss the possibility of using padding or not wearing a bra to reduce friction on the affected area.
- Encourage patient to continue showering daily and moisturizing the affected areas. Reduce shower temperature.
- Provide patient with a prescription for Betaderm cream and instructions on its use.
- Discuss the need for Tdap vaccination around 27 weeks of pregnancy.
- Advise patient to consider getting a flu shot in the next season.
- Confirm that patient has received three doses of the COVID-19 vaccine and may not need an additional dose at this time.
- Mention the possibility of a new RSV vaccine for pregnant women in the future.
- Remind patient that her Pap test is not due until 2025.
- Confirm that patient is up to date on other vaccinations.
- Recommend patient to follow up as needed for further evaluation and management.

# Mental Health Assessment

## SOAP Note

### Subjective:

- The patient reports experiencing mood swings for the past two years, with episodes of intense anger and irritability.
- The patient describes feeling low mood since adolescence.
- The patient has noticed a decrease in pleasure from activities and a loss of interest in food.
- The patient denies any recent thoughts of self-harm but has a history of self-harm in the past.
- The patient feels tired and lacks energy, struggling to engage in activities beyond basic necessities.
- The patient reports difficulty concentrating and poor sleep.

### Objective:

- The patient appears sad and expresses feelings of hopelessness.
- No signs of active suicidal ideation observed.

PHQ 9 - see chart, severe.

### Assessment:

- Major depressive disorder with severe symptoms.
- History of self-harm.

### Plan:

- Initiate treatment with sertraline, starting at a low dose of 25 mg to minimize side effects.
- Provide crisis line number (905-278-9036) for immediate support during mental health crises.
- Refer the patient to the Ontario Structured Psychotherapy program for psychotherapy.
- Encourage the patient to prioritize good sleep hygiene and provide resources on optimizing sleep.
- Discuss the importance of regular exercise for mental health.
- Schedule a follow-up appointment in one week to monitor progress and adjust treatment if necessary.
- Patient advised that if SI worsens, active plan, or otherwise feeling unwell to proceed to ER.

# Letter to Service Canada

[Your Name] [Your Title/Position] [Your Address] [City, Province, Postal Code] [Date]

Service Canada [Address] [City, Province, Postal Code]

Subject: Medical Certificate - Request for Employment Insurance Sickness Benefits

Dear Sir/Madam,

I am writing to provide medical documentation in support of my patient, [Patient's Name], who is seeking Employment Insurance Sickness Benefits due to a medical condition that has significantly impacted his ability to work.

Patient Information:

•Name: [Patient's Name]

•Age: 33 years

•Date of Surgery:

•Medical Condition: Following the anal surgery on, [Patient's Name] has been experiencing severe pain in the surgical area. This pain has greatly limited his ability to perform various activities, including standing, walking, climbing stairs, and lifting objects weighing more than 5 kg for more than 20-25 minutes at a time.

Work Limitations: As a result of the ongoing pain and functional limitations, [Patient's Name] is unable to perform his regular work duties. After a thorough evaluation on April 30, 2024, I have recommended that he take a leave of absence from work for a minimum of three weeks, with a planned return to modified duties after May 20, 2024.

I believe that the severity of [Patient's Name]'s condition and the associated limitations clearly demonstrate his inability to perform his regular work duties during this period. The medical certificate attached to this letter provides further details regarding his diagnosis, treatment, and expected duration of recovery.

I kindly request that you consider [Patient's Name]'s application for Employment Insurance Sickness Benefits based on the provided medical information. If you require any additional documentation or clarification, please do not hesitate to contact me directly.

Thank you for your attention to this matter. Your prompt assistance in processing this request would be greatly appreciated.

Sincerely,

[Your Name] [Your Title/Position] [Contact Information]



# Example Consent Statement

This note was created by Scribeberry AI and reviewed by the clinician prior to entry into the patient's chart. The patient consented to the use of Scribeberry for their care prior to its use and was informed of all risks and benefits of using AI scribe technology. Risks discussed include but were not limited to potential privacy risks, breaches of security, and errors in transcribing. The patient consented to the use of Scribeberry in their care.

# Patient Interaction

1

## Positive Response

Patients supportive, with some feeling feeling enhanced care through AI Scribe.

3

## Enhanced Care

Notable improvement in joy in work, with better control over inbox and forms.

2

## Privacy Concerns

Addressed patient questions about about data privacy and security.

# Reflections on AI Scribe

1

## Review Process

Became faster over time. Notes are of high quality.

2

## Assistance Comparison

AI Scribe is akin to having a real assistant, with guidance needed.

3

## Time Saved

Substantial time saved in documentation after the clinic, compared to manual process.

# Time Saved Estimate

**4 hrs**

**Weekdays**

**2-3 hrs**

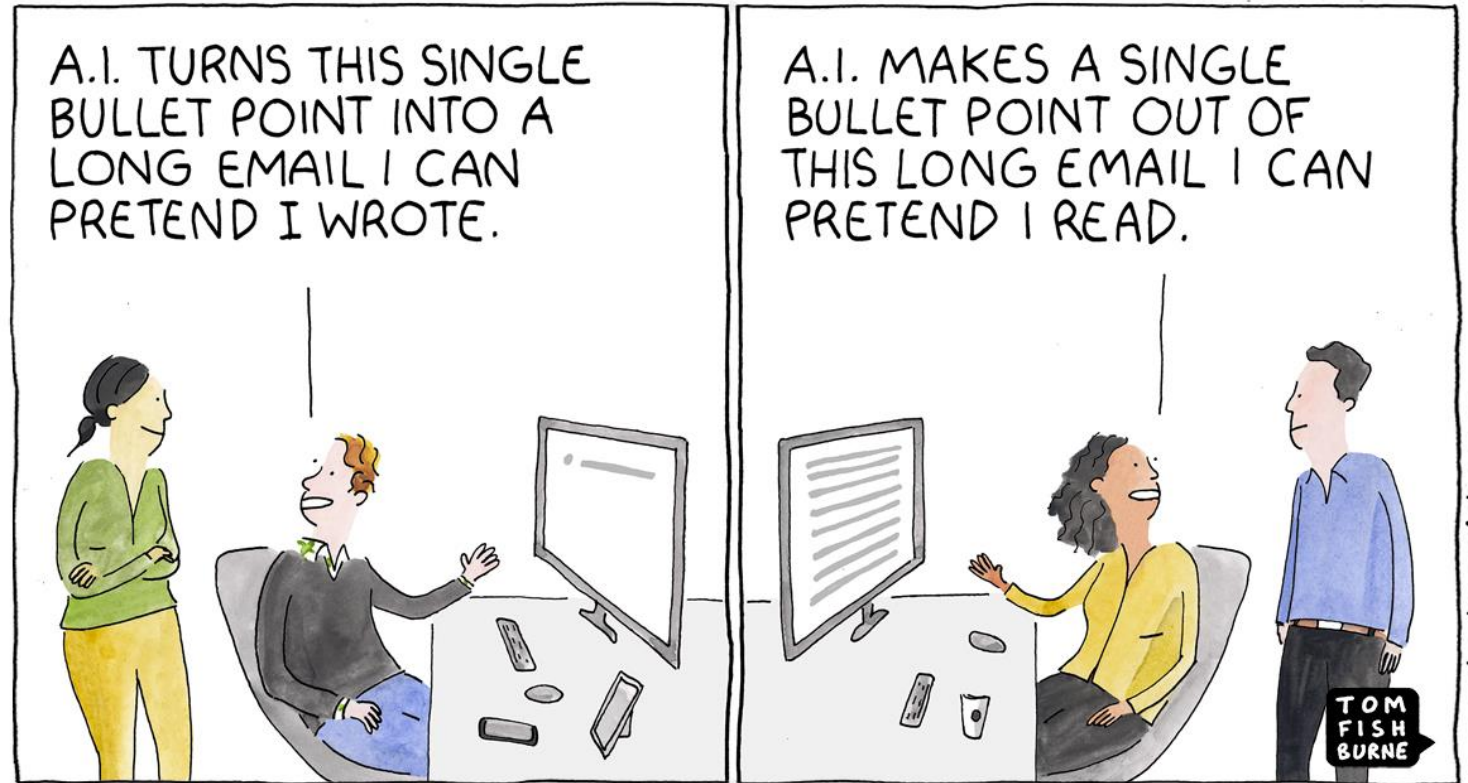
**Weekends**

**1 day**

Impact likened to getting an  
entire day back.

# Thank you for listening!

---





# CanTreatCOVID

Canadian Adaptive Platform Trial of Treatments  
for COVID in Community Settings

## Who can participate?

- Adults who **tested positive for COVID** with symptoms starting within the last 5 days and
- aged 18-49 years with one or more chronic condition(s) **OR** aged 50+ years regardless of health status

Compensation: Healthcare providers - \$40 for referring potentially eligible participants  
Patients - up to \$120 while in the study

## Why participate?

- Close monitoring
- Personalized care
- Contribution to medical research
- Participate online or by phone call

 1-888-888-3308

 [CanTreatCOVID.org](https://CanTreatCOVID.org)

 [info@CanTreatCOVID.org](mailto:info@CanTreatCOVID.org)

CanTreatCOVID is led by Dr. Andrew Pinto and supported by



Santé  
Canada Health  
Canada



Public Health  
Agency of Canada

Agence de la santé  
publique du Canada

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

This program aims to address existing care gaps by illustrating the application of pharmacological and non-pharmacological fracture prevention recommendations with frail older adults in LTC.

After active engagement in this program, participants will be better 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 31, 2024  
12:00 - 1:00 pm

**REGISTER**

# OCFP supports for Mental Health, Addictions and Chronic Pain

Mental health, addictions and chronic pain are challenging conditions. Find information to support the care you give patients – in a way that also considers your wellbeing.



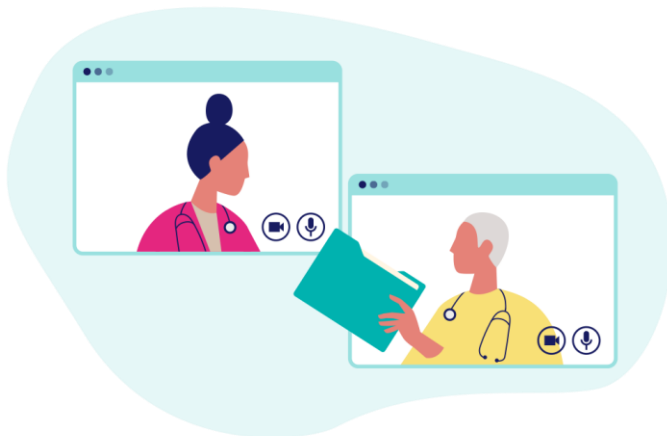
## Community of Practice

Join upcoming sessions:

Emerging therapeutics amidst fat-shaming (May 22)

Gender affirming care (June 26)

Preventing burnout (July 24)



## Peer Connect Mentorship

Receive tailored support to skillfully respond to mental health issues, address substance use disorders, and chronic pain challenges in your practice.

Join



# RECENT SESSIONS

February 9	<b>Long COVID and Lipid Guidelines</b>	Dr. Kieran Quinn Dr. Michael Kolber
February 23	<b>COVID-19 and Measles Updates, and Supporting Primary Care</b>	Dr. Megan Devlin Dr. Elizabeth Muggah
March 22	<b>Infectious Disease Updates and Management of Menopause</b>	Dr. Zain Chagla Dr. Susan Goldstein Dr. Daniel Warshafsky
April 5	<b>Infectious Disease and Updates to Osteoporosis Canada Guidelines</b>	Dr. Gerald Evans Dr. Sid Feldman
April 26	<b>Infectious Disease Updates and Approaching ADHD</b>	Dr. Allison McGeer Dr. Joan Flood

Previous webinars & related resources:

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

# Accessing Previous Sessions and Self Learning

## Previous webinars & related resources

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

The screenshot shows the DFCM website with a navigation menu at the top. The main content area features a sidebar on the left with links to 'About the QI Program', 'QI Courses', 'COVID-19 Community of Practice', 'Past COVID-19 Community of Practice sessions', 'Practical Tools for Practices to Improve Quality', 'Learning Health Systems', and 'Patient Engagement at DFCM'. The main heading is 'Past COVID-19 Community of Practice sessions'. Below the heading, there is a paragraph describing the COVID-19 Community of Practice as a space for family physicians across Ontario to connect and learn from each other. The text mentions that sessions are held approximately once a month, focusing on COVID-related topics like implementing virtual care, organizing community collaborations, and supporting patients with mental health and addiction. It also notes that sessions are interactive, with questions answered in real-time, and that recordings and resources are shared after the event.

- QI Courses >
- COVID-19 Community of Practice >
- Past COVID-19 Community of Practice sessions
- Practical Tools for Practices to Improve Quality >
- Learning Health Systems >
- Patient Engagement at DFCM >

### Self-learning program

The COVID-19 CoP 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](#)

- QI Courses >
- COVID-19 Community of Practice >
- Past COVID-19 Community of Practice sessions
- Practical Tools for Practices to Improve Quality >
- Learning Health Systems >
- Patient Engagement at DFCM >

### Past sessions

Each item below includes session details, the webinar recording and linked resources.

	Expand All
Winter virus season and changes to breast cancer screening in Ontario (Dec 15, 2023)	+
COVID-19 Updates and the New Ontario Structured Psychotherapy Program (Nov 17, 2023)	+
Respiratory and Flu Season: Counselling Kids and Balancing Workload (Oct 27, 2023)	+
Update on COVID-19, influenza and RSV vaccines (Oct 6, 2023)	+
Preparing for the fall (Sept 15, 2023)	+
COVID Updates and Addressing Physician Burnout (July 28, 2023)	+

# 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: June 7, 2024

Contact us: [ocfpcme@ocfp.on.ca](mailto: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.**