

First Five Years Community of Practice

Nov 13, 2024

Speaker:
Dr. Ali Damji

Moderators:
Dr. Ryan Banach
Dr. Eleanor Colledge



AI Scribes – are they worth it?
Tips for tackling the inbox with Dr. Ali Damji



Family & Community Medicine
UNIVERSITY OF TORONTO

Land Acknowledgement

We wish to acknowledge this land on which the University of Toronto operates. For thousands of years, it has been the traditional land of the Huron-Wendat, the Seneca, and the Mississaugas of the Credit. Today, this meeting place is still the home to many Indigenous people from across Turtle Island and we are grateful to have the opportunity to work on this land.

About the First Five Years Community of Practice

- Designed for you!
- Free, fun and full of answers
- Sessions are highly practical
- Tap into the expertise of both speakers and colleagues
- Tonight's snack pairing: Mixed nuts
- Fully Accredited for 1.5 Mainpro credits per session

Moderators:

- **Dr. Eleanor Colledge**, CPD Program Director, University of Toronto and Family Physician, South East Toronto Family Health Team, Toronto, ON
- **Dr. Ryan Banach**, Family Medicine Early Career Supports Lead, Office of Health System Partnership, University of Toronto and Lead Physician, Norfinch FHO, Toronto, ON



First Five Years Community of Practice

Disclosure of Financial Support

Nothing to disclose.

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.



Dr. Ali Damji – Panelist

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

Speaker Disclosure

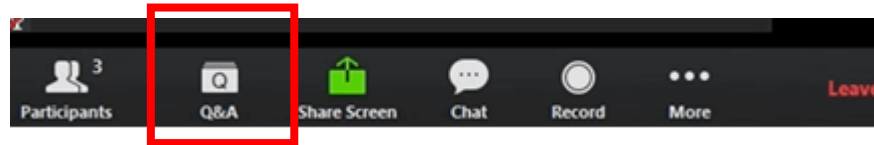
- Name: **Dr. Ali Damji**
- Relationships with financial sponsors:
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: Ontario Medical Association Section of General & Family Practice, Trillium Health Partners, Canadian Mental Health Association Peel Dufferin, Center for Effective Practice, GSK
 - Advisory boards: Medical Post Advisory Board, Foundation for Advancing Family Medicine, Center for Effective Practice
 - Others: N/A

- Faculty Name: **Dr. Ryan Banach**
- Relationships with financial sponsors:
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: OMA – Speaker for Billing and Practice Management
 - Others: DFCM OHSP – Salary, SGFP Tariff Committee

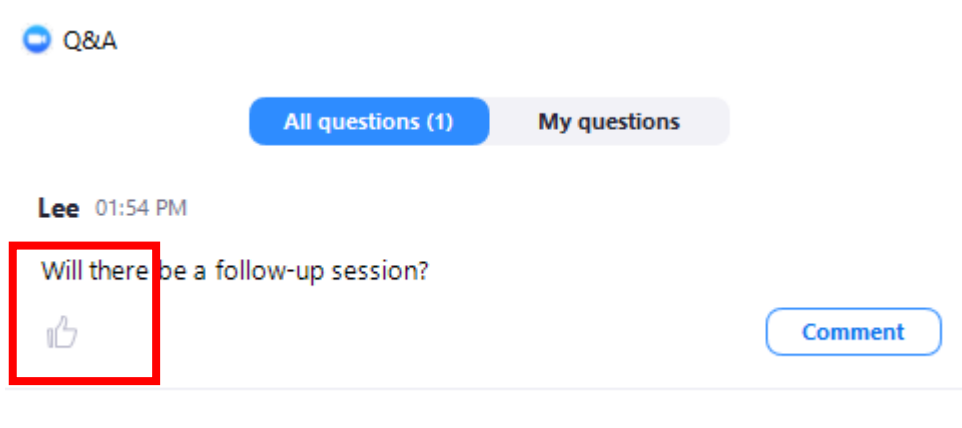
- Faculty Name: **Dr. Eleanor Colledge**
- Relationships with financial sponsors:
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: Ontario College of Family Physicians
 - Others: The Foundation for Medical Practice Education (McMaster University)

How to Participate

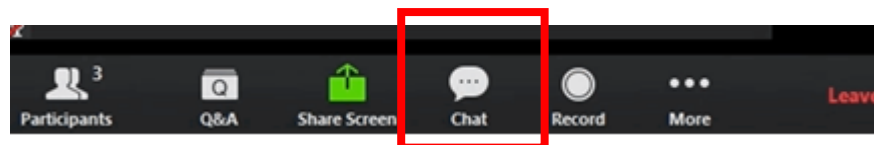
- All questions should be asked using the Q&A function at the bottom of your screen.



- 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.



AI Scribe: Is it worth it? Plus Tips and Tricks for Inbox



Ali Damji BHS Sc MD MSc CCFP

DFCM First Five Years Community of Practice

Nov 13, 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. Now on Vendor 5!

2

Selection Process

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

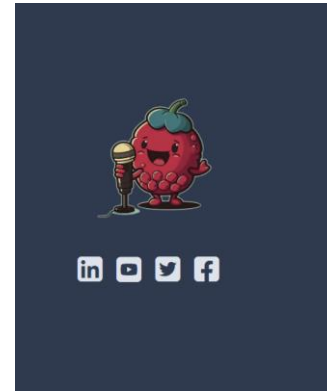
3

Colleague Adoption

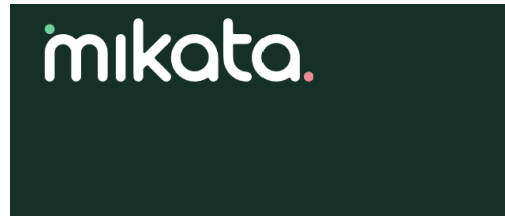
2 other MDs also piloted the technology.



autoSCRIBE



ieidi



The Vendors

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>.

Subjective:

- Reason for visit: Follow-up for respiratory issues and ear discomfort
- Chief complaint: Shortness of breath, coughing, and ear discomfort
- Duration: Ongoing, worsened last week (2024/10/21)
- Progression: Symptoms have been progressing, impacting daily life functions
- Previous episodes: Visited ER on 2024/10/21 for severe breathing difficulties
- Associated symptoms: Coughing, feeling of heart racing, sweating, thirst
- Impact on daily activities: Difficulty with dressing, showering, and daily activities

Past Medical History:

- Recent ER visit on 2024/10/21 for lower respiratory infection
- Prednisone prescribed during ER visit
- Recent cardiology appointment: calcification of coronary artery noted, cleared for endoscopy
- Planned endoscopy, postponed due to respiratory issues

Objective:

- Vitals: Temperature 37°C, O2 saturation 97% on room air
- Physical examination:
- Ears: Left ear shows signs of external ear canal infection, right ear normal with minimal wax
- Throat: No signs of inflammation
- Chest: Normal heart sounds, lung sounds clear

Assessment & Plan:

1. Respiratory distress
 - Assessment: Ongoing respiratory symptoms, possibly exacerbated by ineffective inhaler technique
 - Investigations: None at this time
 - Treatment:
 - Switch from Breo to Advair (metered dose inhaler) with Aerochamber, one puff twice daily
 - Continue using salbutamol inhaler as needed
 - Trial of azithromycin for possible atypical infection
2. External ear canal infection (left ear)
 - Assessment: Otitis externa
 - Treatment: Prescribe Ciprodex ear drops, 4 drops twice daily for one week
3. Medication adjustments
 - Plan:
 - Prescribe gravol for nausea as needed
 - Provide updated medication directives to care facility before 2024/11/03
4. Follow-up
 - Plan:
 - Monitor response to new inhaler and antibiotic
 - Await pulmonology appointment
 - Consider reassessment after clinician returns from conference on 2024/11/11

Patient has provided verbal consent to the use of Heidi Health AI Scribe for documentation of this encounter. Risks, benefits, and data privacy issues were discussed. This note was generated based on the conversation during this encounter, and reviewed by the most responsible clinician prior to being entered into the official patient record.

Example Consent Statement

“Patient has provided verbal consent to the use of AI Scribe for documentation of this encounter. Risks, benefits, and data privacy issues were discussed. This note was generated based on the conversation during this encounter, and reviewed by the most responsible clinician prior to being entered into the official patient record.”

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 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.



Results from Ontario MD AI Study Sept 2024

- 1 Time Savings**

Family doctors report 70-90% less paperwork time. 3-4 hours saved weekly on administrative tasks.
- 2 Positive Reception**

83% would use long-term. 82% would recommend to colleagues. 79% spent more time on patient care.
- 3 Government Support**

Ontario embraces AI scribes to reduce administrative burden on doctors. Aims to free up 95,000 hours annually.
- 4 Addressing Doctor Shortage**

AI scribes could help combat growing family doctor shortage in Ontario.

Artificial Intelligence (AI) Learning Centre

🕒 Last Updated: October 21, 2024

Search Content 🔍

What's new

- 🔗 [AI in CDSS: Challenges and considerations](#)
- 🔗 [Machine Learning](#)
- 🔗 [Emerging evidence: Practical applications](#)

Mastering the Digital Inbox: Tips for New Family Medicine Graduates



So what's in our inboxes?

Results

Lab tests, imaging studies, and other data.

Notes/Messages

Physician notes, consultation reports, internal messages, and patient messages.

And much more!

Forms, Pharmacy refill requests, communications, duplicates of communications, more forms...

Clearing Things Quickly as They Come In

1 Review ASAP

Don't let things pile up.

2 Categorize and act

Prioritize and address urgent tasks. Send off reqs right away.

3 Delegate if possible

Free up your time for other tasks.



Leveraging Longer Prescriptions to Reduce Clutter when you can

Reduce refills

Less frequent refills mean less clutter.

Patient convenience

Fewer trips to the pharmacy for refills.

Remember: you can have alternate mechanisms to remind patients to come in other than Rx !





Recalling Patients to Review Forms Together

1

Form review

Discuss any questions or concerns.

2

Increased efficiency

Reduce unnecessary follow-up calls.

3

Improved patient care

Clearer understanding of medical information.



Reducing Duplicates by Coordinating with Hospitals

If receiving HRM, ask them to stop faxing!

Some other tips

Turn off partial labs

Develop a mechanism for getting stat reports with
your staff

Make sure patients understand your workflows and
timeframes

Dedicating Time to Your Inbox and Sticking to It

1

Schedule blocks

Set aside specific times for inbox management.

2

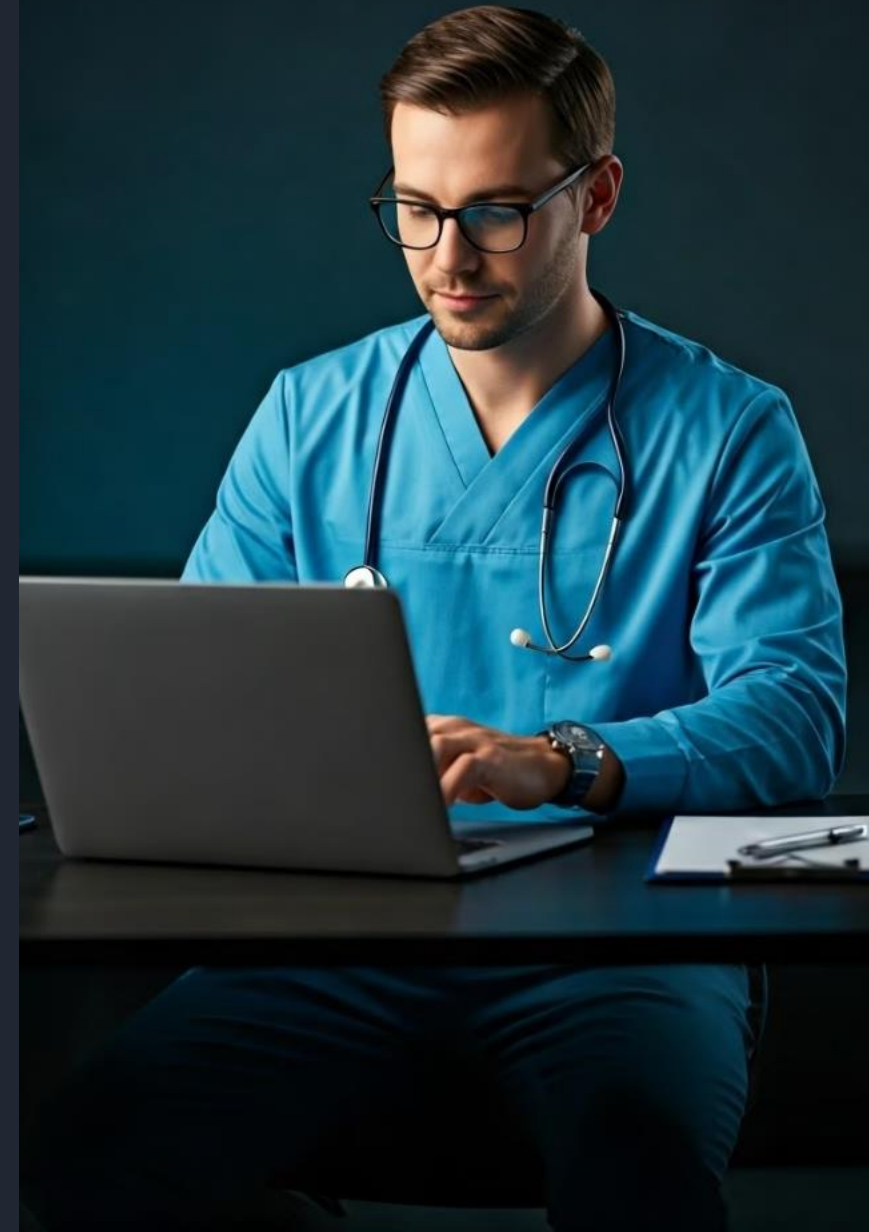
Consistent approach

Maintain a regular routine for inbox clearing.

3

Reduce distractions

Focus on inbox during dedicated time.



Prioritizing Urgent vs. Important Tasks



Urgent tasks

Require immediate attention.



Important tasks

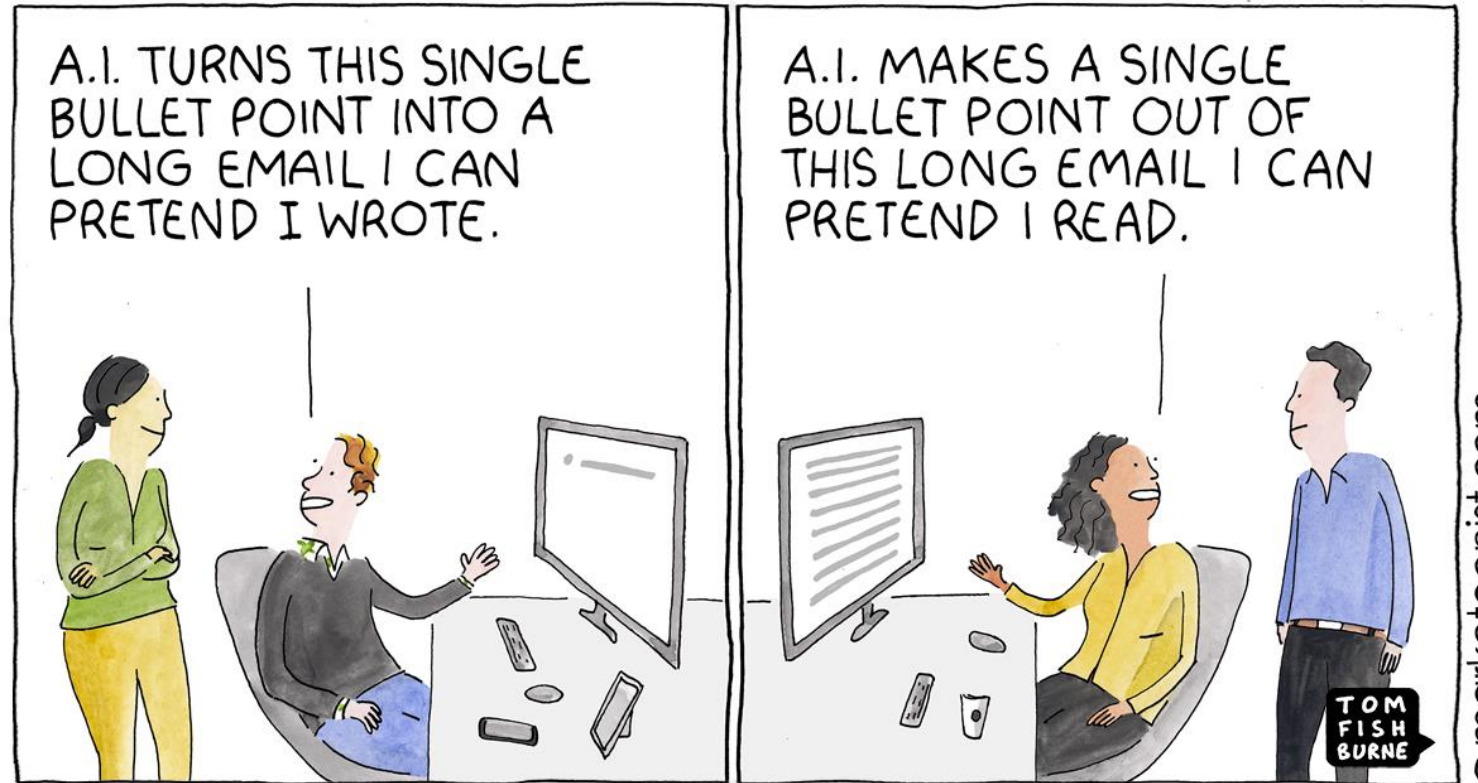
May not be urgent, but require timely action. You can't do it all in one day!



Some final thoughts

- Don't be afraid to try new things out in your practice safely
- Reach out to colleagues!
- Treat this as CME, it pays off!
- Use the time savings you gain from elsewhere to finish that inbox!
- Find what works for you
- You've taken the first step today by committing to change!

Thank you for listening!



Upcoming session

Our next First Five Years Community of Practice session:

Wednesday January 8 from 7:00 – 8:30pm

More information coming soon.

Contact us: dfcm.quality@utoronto.ca

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 13.5 Mainpro+ credits.

Evaluation

Please take a moment to complete the evaluation:



We will also email the link to you directly.

FAMILY MEDICINE LONGITUDINAL LEADERSHIP ENRICHMENT OPPORTUNITY FM CLLEO WINTER 2025

DFCM is looking for faculty members working in underserved areas and equity-deserving communities to host one MD student & one PA student, together in clinic at the same time, for 3 half clinical days, (on any Tuesday) between February & May 2025.

During the placement, students are tasked with supporting high priority clinical areas, specifically immunization recovery and diabetes care using extracted EMR data (EMR data extraction provided courtesy of OntarioMD) and proactive outreach.

****FYI: all students are required to participate in 1 in-person prerequisite training session prior to in clinic sessions.***



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To learn more, please connect with anna.loi@utoronto.ca

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yes!

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YES! No experience required & new teachers welcome!

IN THE COMMUNITY

Preceptors must be in a community-based clinic

GOOD STANDING

Preceptors must be in good standing with both the CPSO and CCFP



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tinyurl.com/DFCMpreceptor

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"Thank you for a memorable and fantastic experience at your clinic! It was easily the highlight of my med school year."

- 2023 B2 Student