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

Oct 31, 2025

Dr. Daniel Warshafsky
Dr. Varun Kapila

Infectious Disease & New Aneurysm Screening Program

Family & Community Medicine
UNIVERSITY OF TORONTO

Ontario College of Family Physicians

Infectious Disease & New Aneurysm Screening Program

Moderator:

- **Dr. Ali Damji**, Family Physician, Credit Valley Family Health Team, Mississauga, ON

Panelists:

- **Dr. Daniel Warshafsky**, Associate Chief Medical Officer of Health at the Office of the Chief Medical Officer of Health, Toronto, ON
- **Dr. Varun Kapila**, Vascular Provincial Lead at Ontario Health, Associate Medical Director at Criticall Ontario, Assistant Professor at University of Toronto, Vascular Surgeon at William Osler Health System, Toronto, ON

Host:

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

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

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

Self-learning program

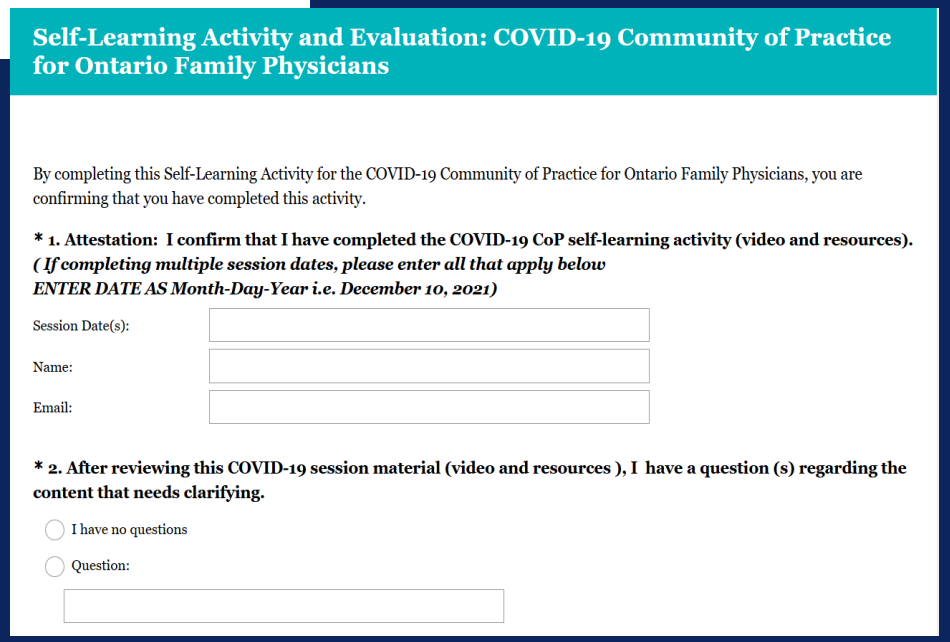
The session materials, including recordings, tools, and resources are available as self-learning modules.

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

To participate in this self-learning:

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

Complete self-learning activity



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

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

*** 1. Attestation: I confirm that I have completed the COVID-19 CoP self-learning activity (video and resources).**
(If completing multiple session dates, please enter all that apply below
ENTER DATE AS Month-Day-Year i.e. December 10, 2021)

Session Date(s):

Name:

Email:

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

I have no questions

Question:

Missed a session and want to earn credits?

The Self-learning Program lets you earn credits for watching past sessions. Just click the link and fill out a 60 second survey!

Land Acknowledgement

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

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

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

Changing the way we work

A community of practice for family physicians

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

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

Disclosure of Financial Support

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

Potential for conflict(s) of interest:
N/A

Mitigating Potential Bias

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

Planning Committee: Dr. Jobin Varughese (OCFP), Dr. Ali Damji (DFCM), Dr. Eleanor Colledge (DFCM), Dr. Harry O'Halloran, Julia Galbraith (OCFP), Pavethra Yogeswaran (OCFP), Marisa Schwartz (DFCM), Erin Plenert (DFCM)

Previous webinars & related resources:

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

Dr. Daniel Warshafsky – Panelist

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

Dr. Varun Kapila – Panelist

Vascular Provincial Lead at Ontario Health,
Associate Medical Director at Criticall Ontario,
Assistant Professor at University of Toronto,
Vascular Surgeon at William Osler Health System

Speaker Disclosure

- Faculty Name: **Dr. Daniel Warshafsky**
- Relationships with financial sponsors:
    - Grants/Research Support: N/A
    - Speakers Bureau/Honoraria: N/A
    - Others: N/A

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

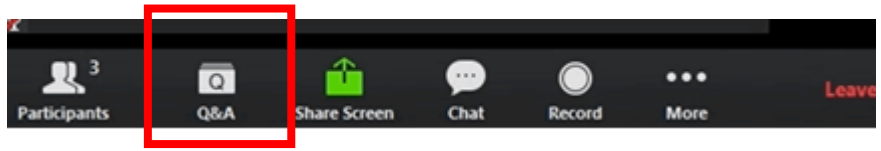
Speaker Disclosure

- Faculty Name: **Dr. Jobin Varughese**
- Relationships with financial sponsors:
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: Ontario College of Family Physicians
  - Others: Toronto Metropolitan University, School of Medicine (Interim Assistant Dean of Primary Care Education)

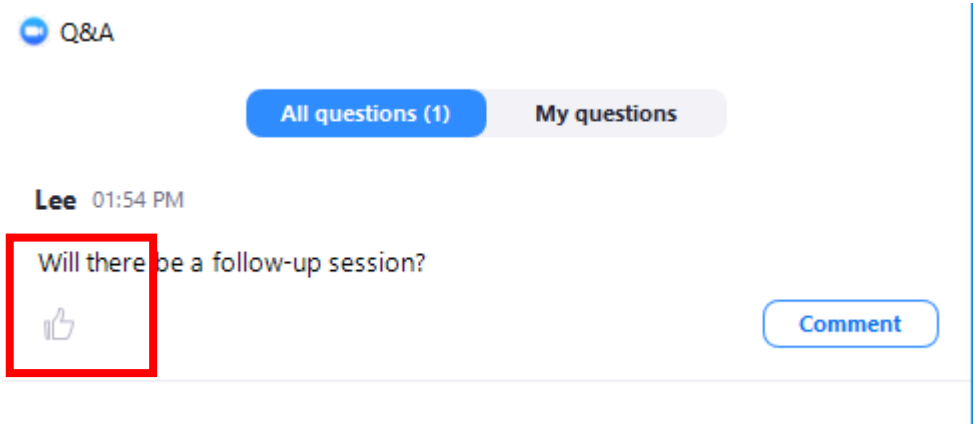
- Faculty Name: **Dr. Ali Damji**
- Relationships with financial sponsors:
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: Ontario College of Family Physicians, Ontario Medical Association Section of General & Family Practice, Trillium Health Partners, Canadian Mental Health Association 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

How to Participate

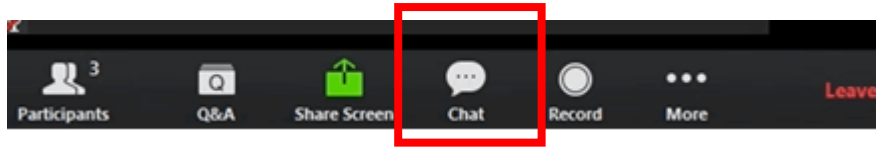
- All questions should be asked using the Q&A function at the bottom of your screen.



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



- Please use the chat box for networking purposes only.



Dr. Daniel Warshafsky – Panelist

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

Dr. Varun Kapila – Panelist

Vascular Provincial Lead at Ontario Health,
Associate Medical Director at Criticall Ontario,
Assistant Professor at University of Toronto,
Vascular Surgeon at William Osler Health System

Summary for data up to October 30, 2025

- Provincially, lab and community trends for:
  - COVID-19 indicators were similar compared to the previous week. This is the fifth straight week of declining positivity since a mid-September peak. Current positivity is considered low. Last season, COVID-19 positivity had a similar decrease from mid-September to early October, but then had a two week surge in mid-October before turning to decreases again throughout November. The October surge has yet to occur in 2025.
    - Positivity for Canada is 7.5%, decreasing 0.5pts vs week ago. All regions had lower positivity vs week ago except for Prairies. Quebec (9.4%) and Atlantic (9.3%) remain the two regions with highest positivity.
  - Influenza (flu) indicators were higher compared to the previous week, the second straight week of increases. Current positivity is considered low. In the most recent week, 75% of cases with subtyping were H1N1.
    - Positivity for Canada for influenza A is 1.7%, increasing 0.7pts vs week ago. All regions had higher positivity vs week ago, with increases ranging between 0.3-1.6pts.
  - Respiratory syncytial virus (RSV) indicators were lower compared to the previous week. Current positivity is considered low. Percent positivity has been increasing in children under the age of five over the past few weeks
    - Positivity for Canada is 0.6%, increasing 0.1pts vs week ago. All regions saw modest increases in positivity vs week ago.
- Provincially, hospital bed occupancy trends for:
  - COVID-19 cases were lower (-20%) versus week ago. Adults 65+ are 79% of all cases, with those aged 65-74 (15% of cases) decreasing 24% and those aged 75+ (64% of all cases) decreasing 16% versus week ago. Compared to same period last year, there are 83% fewer patients in hospital with COVID-19.
  - Flu cases were higher (+75%) versus week ago, Compared to same period last year, there are a similar number of flu patients in hospital and the trend for patient increases from prior week is similar.
  - RSV cases were lower (-36%) versus week ago, although there are still fewer than 10 patients in hospital with RSV and so percentage change is prone to large swings. Roughly 2/3 patients in hospital with RSV are 65+. Compared to same period last year, there are 51% fewer patients in hospital with RSV.

The PHO Ontario Respiratory Virus tool is available to the public and updates weekly on Fridays. Federal date from Canadian respiratory virus surveillance report.

Ontario

COVID-19	Influenza (all types)	RSV
Percent positivity in the most recent week: **5.6%**	**Percent positivity** in the most recent week: **0.5%**	**Percent positivity** in the most recent week: **0.4%**
Cases reported in the most recent week: **427**	**Cases** reported in the most recent week: **34**	**Cases** reported in the most recent week: **Not available**
Outbreaks reported in the most recent week: **25**	**Outbreaks** reported in the most recent week: **0**	**Outbreaks** reported in the most recent week: **1**
Hospital admissions reported in the most recent week: **113**	**Hospital admissions** reported in the most recent week: **11**	**Hospital admissions** reported in the most recent week: **9**
Deaths reported in the most recent week: **2**	**Deaths** reported in the most recent week: **Not available**	**Deaths** reported in the most recent week: **Not available**

Other respiratory virus activity in the most recent week

Virus	Percent positivity (%)
Adenovirus	0.7
Entero/Rhinovirus	12.2
Human metapneumovirus	0.2
Parainfluenza (all types)	2.7
Seasonal human coronavirus	0.4

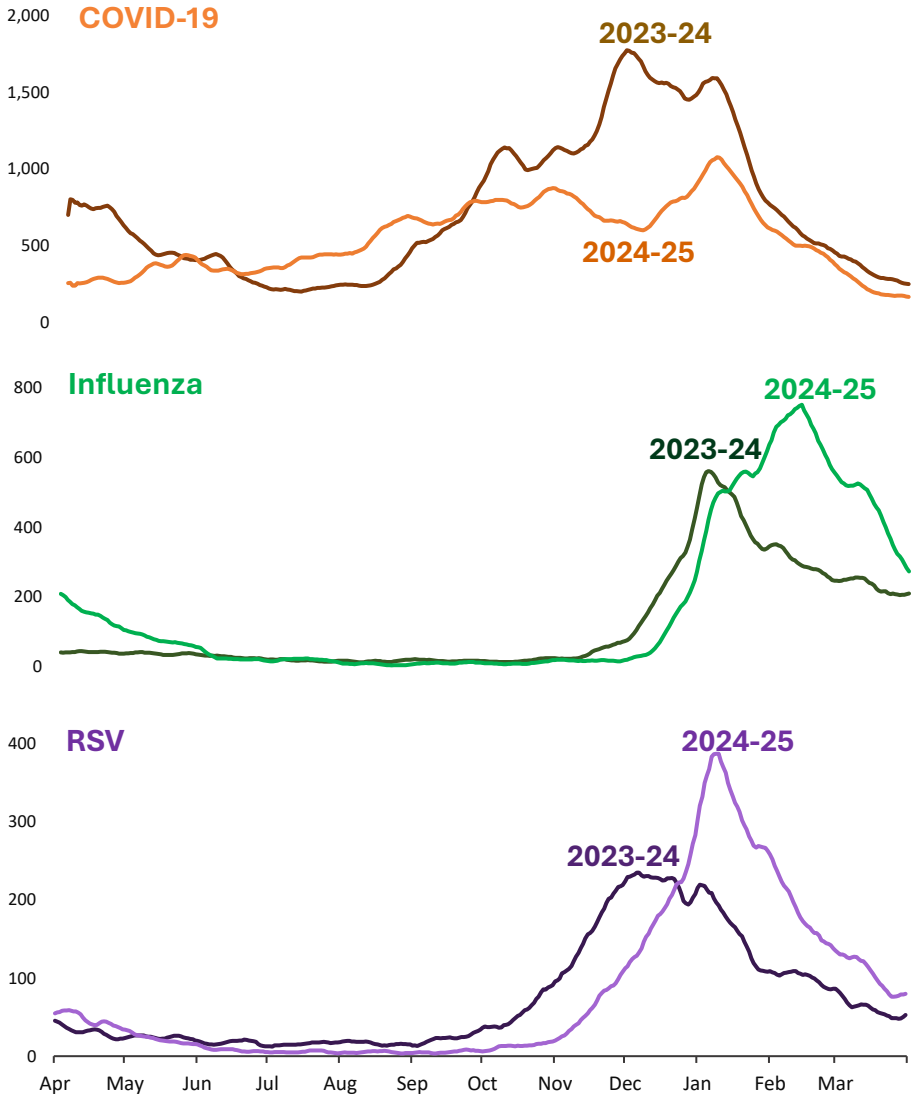
Download data for the previous and current surveillance period

- Cases
- Outcomes
- Lab testing / percent positivity
- Outbreaks
- Historical activity assessment
- PHU positivity/influenza activity

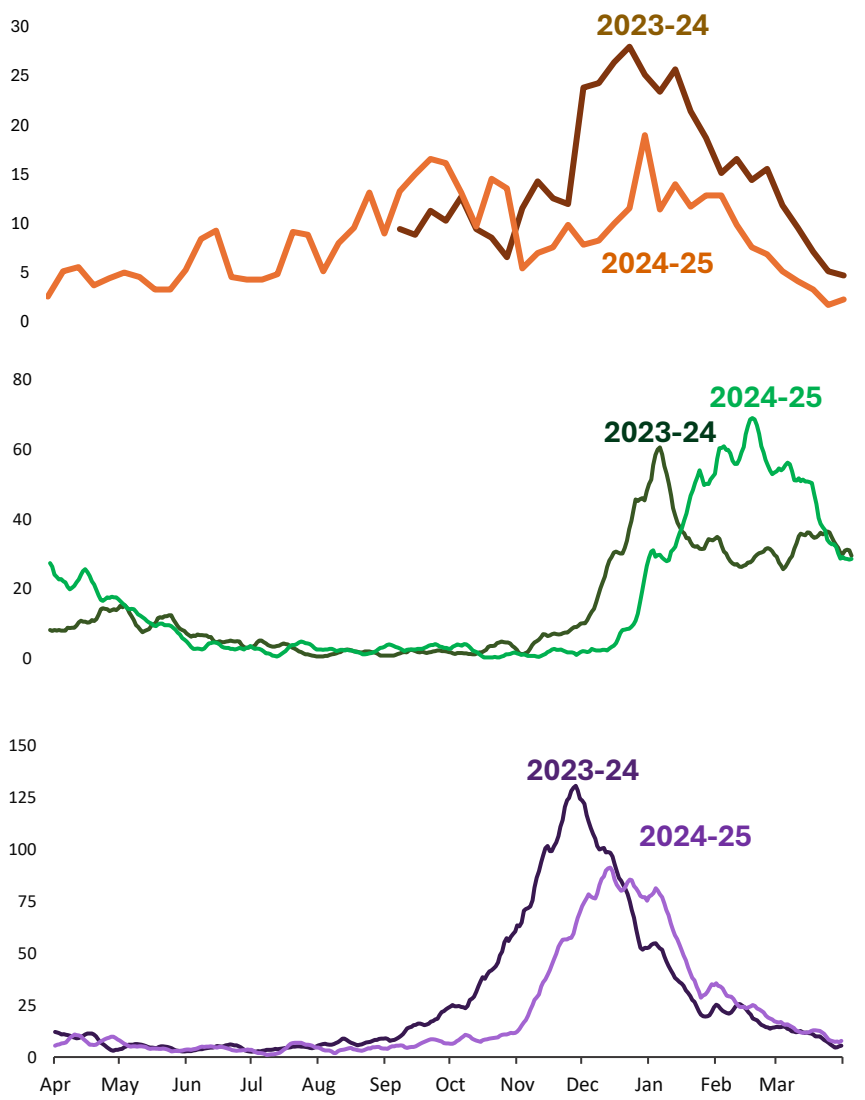
Comparing 2023-24 and 2024-25 viral hospitalizations

COVID-19, RSV and Influenza hospitalizations: Year-over-year comparison

All ages



Under 18s

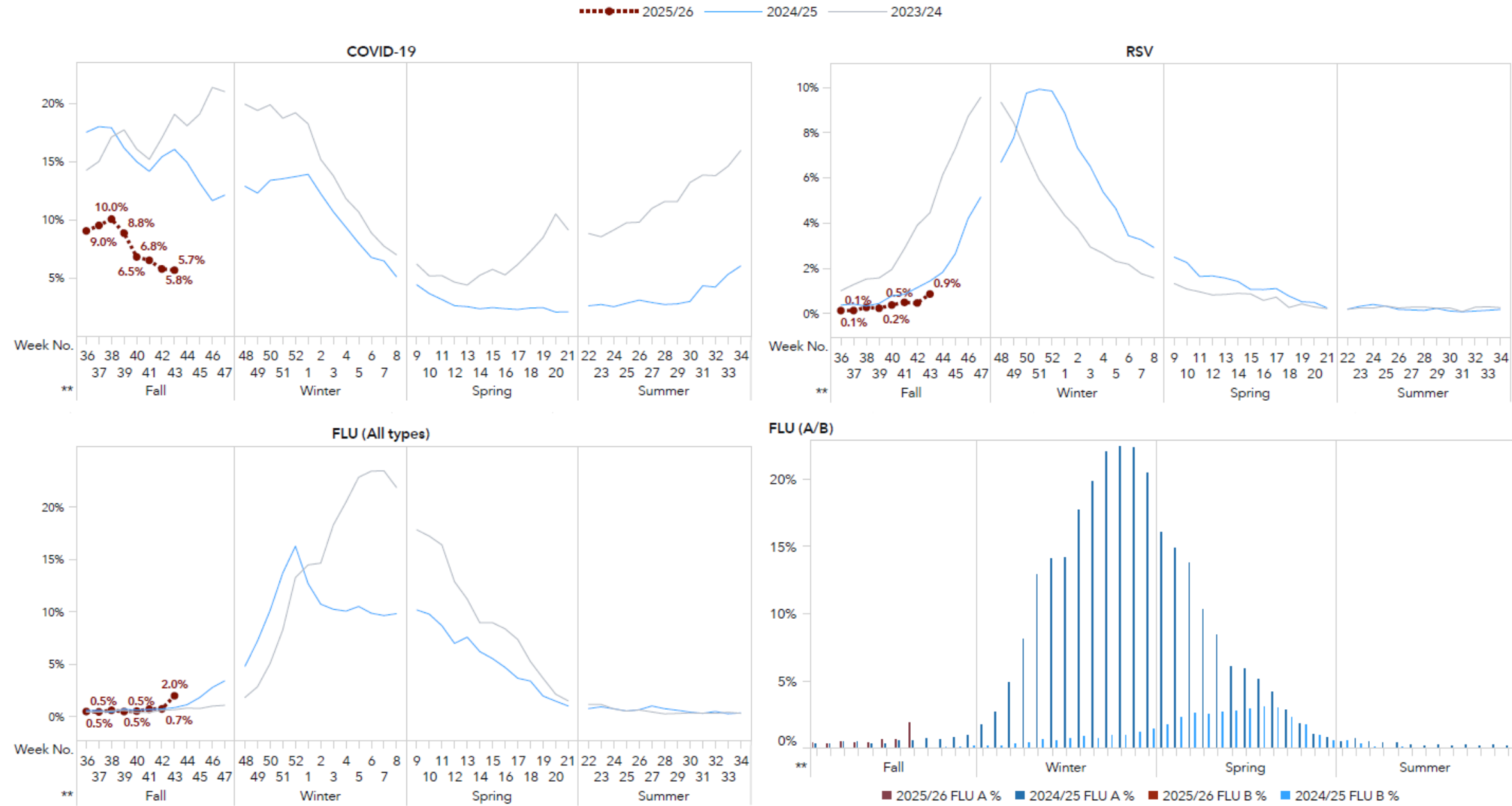


COVID-19 average annual patient census has been trending steadily downward since Omicron

2024/25 flu season was most severe in at least 10 years; 2023/24 was more moderate

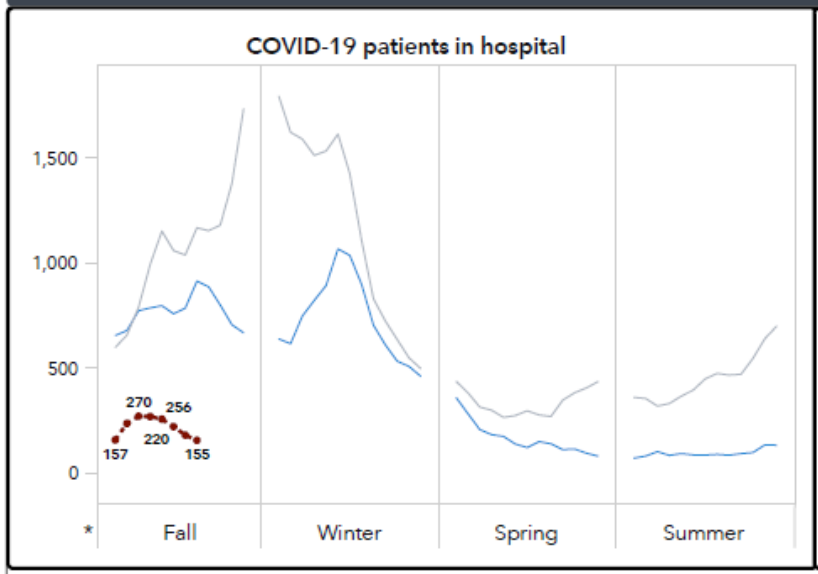
2024/25 overall RSV hospital census higher than 2023/24, driven by surge in seniors, but significantly lower for kids

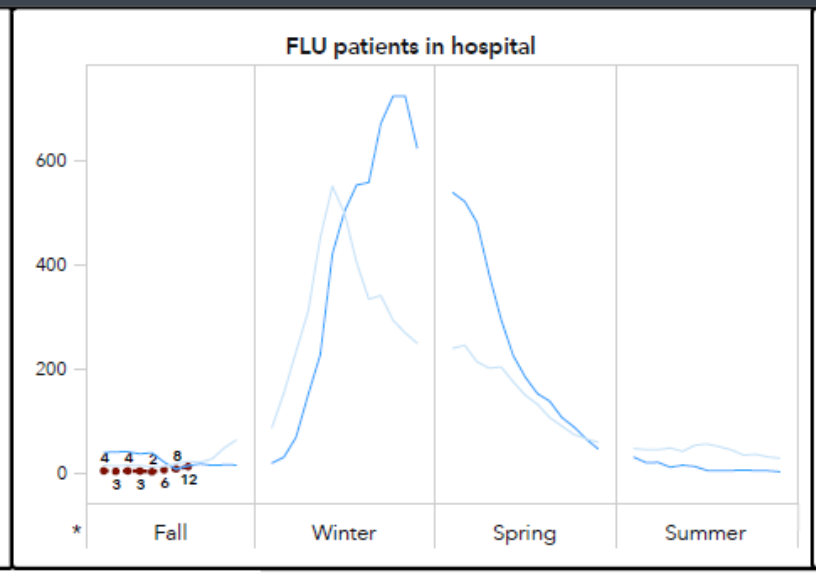
Respiratory Percent Positivity: 2025/26

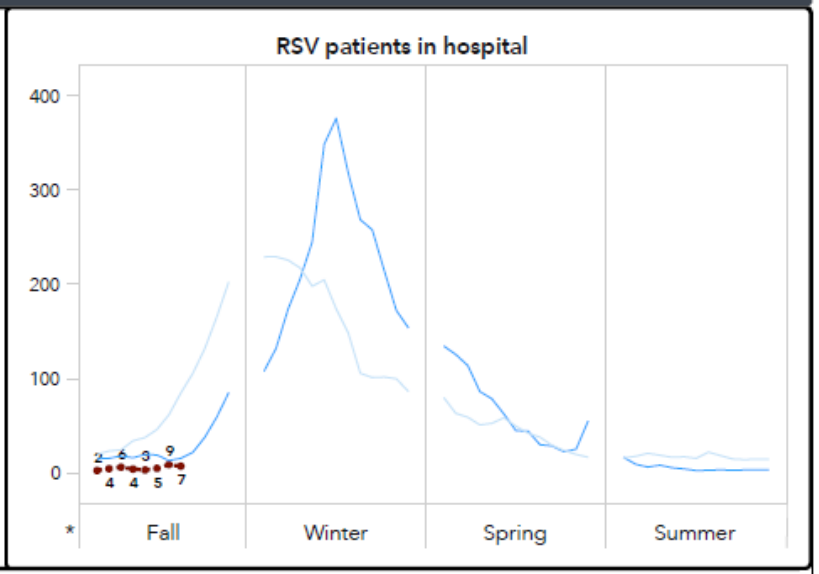


Note: Numbers on the graphs are up to the latest complete week of data (up to Saturday) for seasonal comparsions. As such, they maybe slightly different than the numbers presented on summary table, which are the most recent data available.

Hospital Monitoring: Hospital cases and New Admissions by Virus, 2025/26

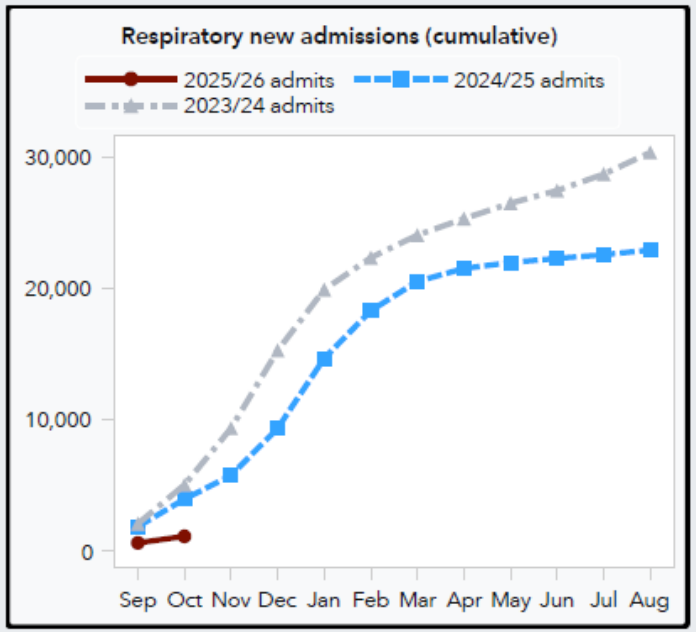


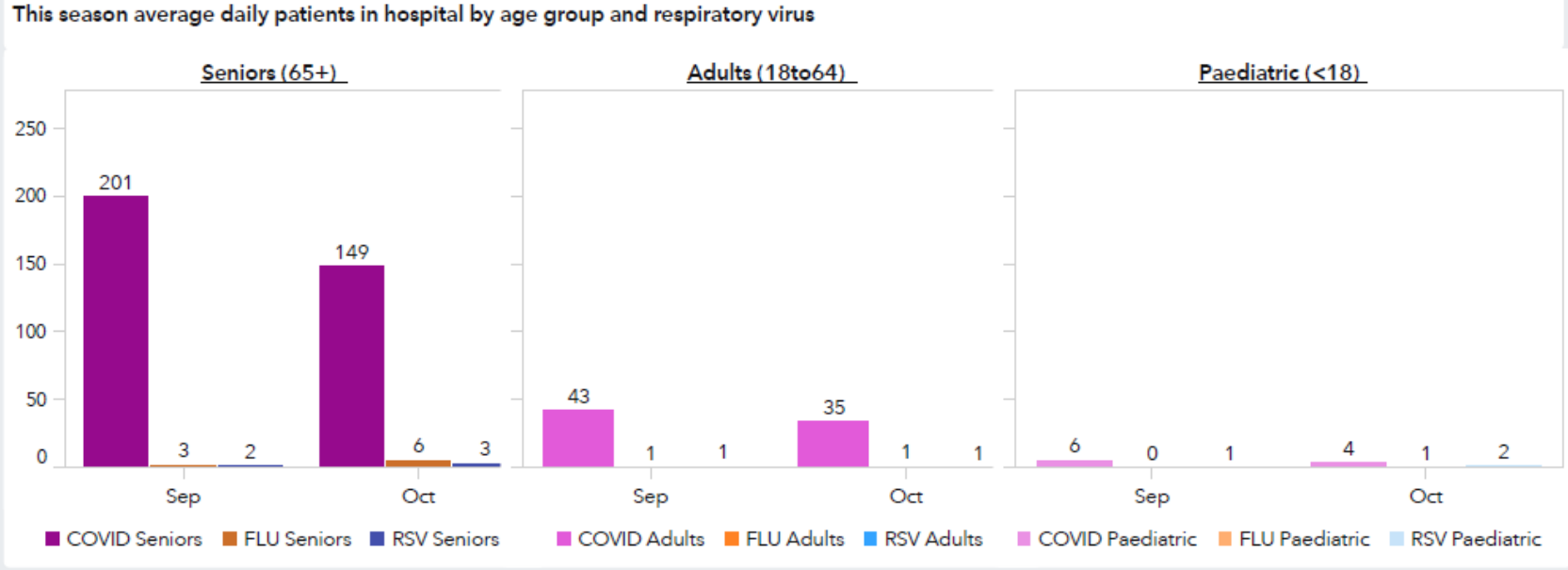




Note: Numbers on the graphs above are up to the latest complete week of data (up to Saturday) for seasonal comparsions. As such, they maybe slightly different than the numbers presented on summary table, which are the most recent data available.

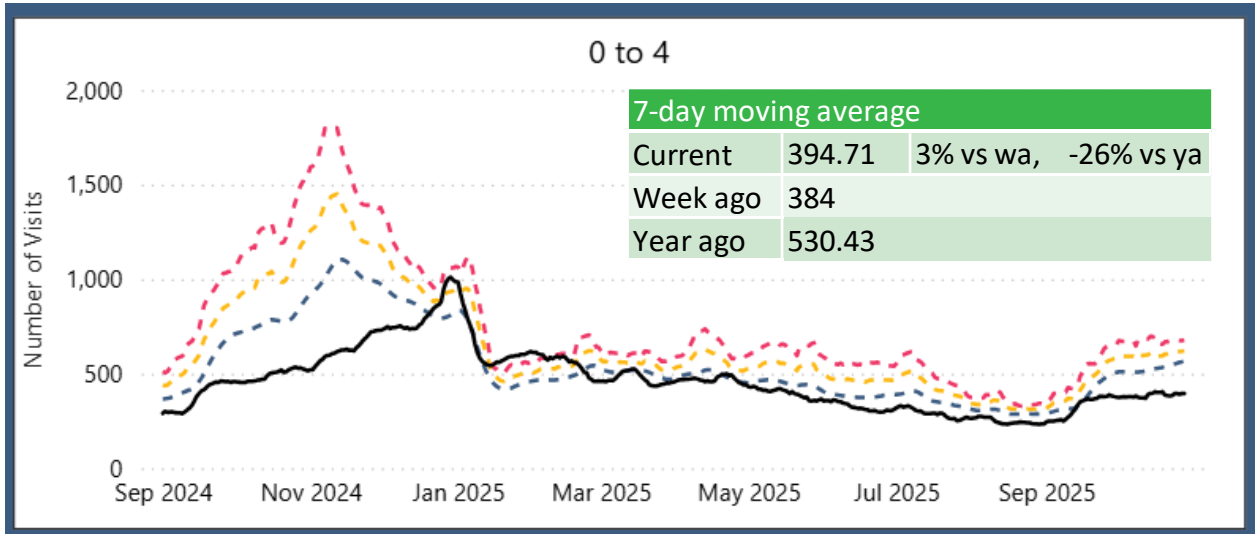
Respiratory season
2025/26 2024/25 2023/24

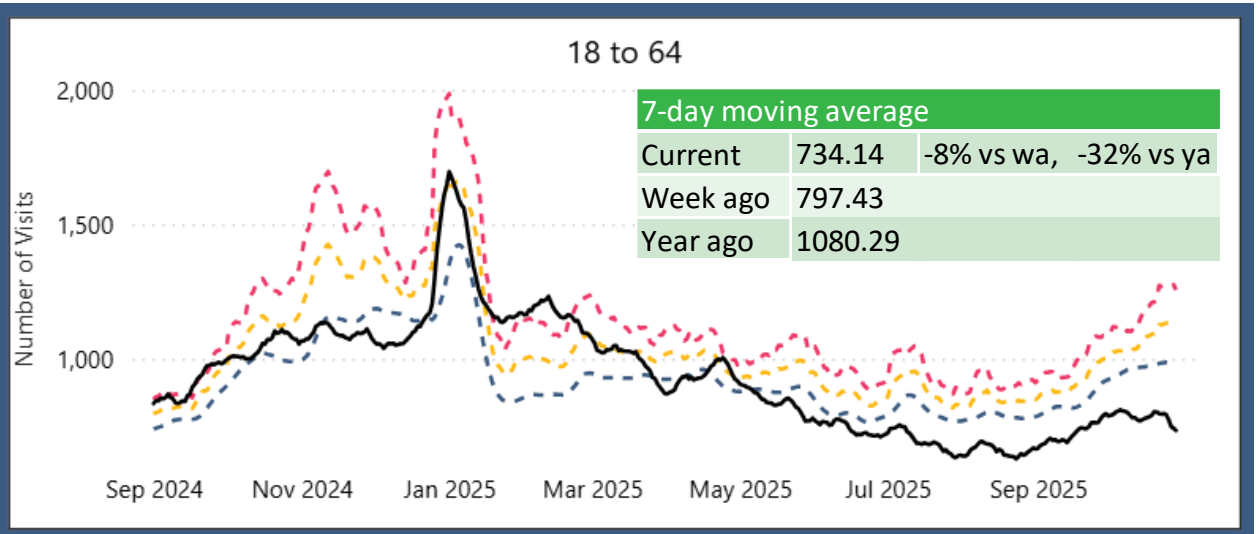


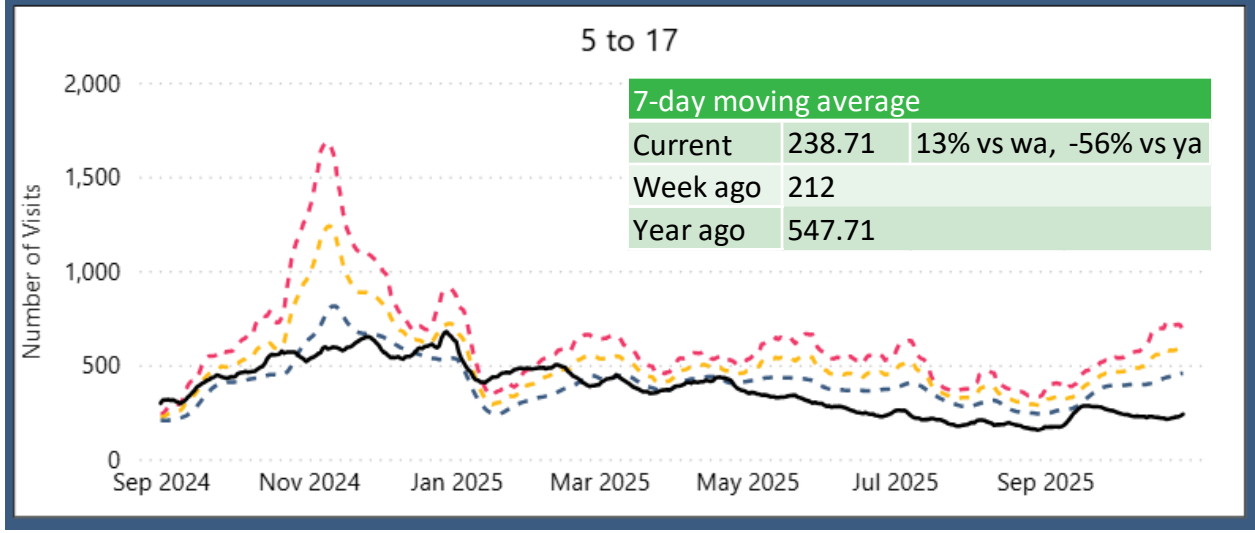


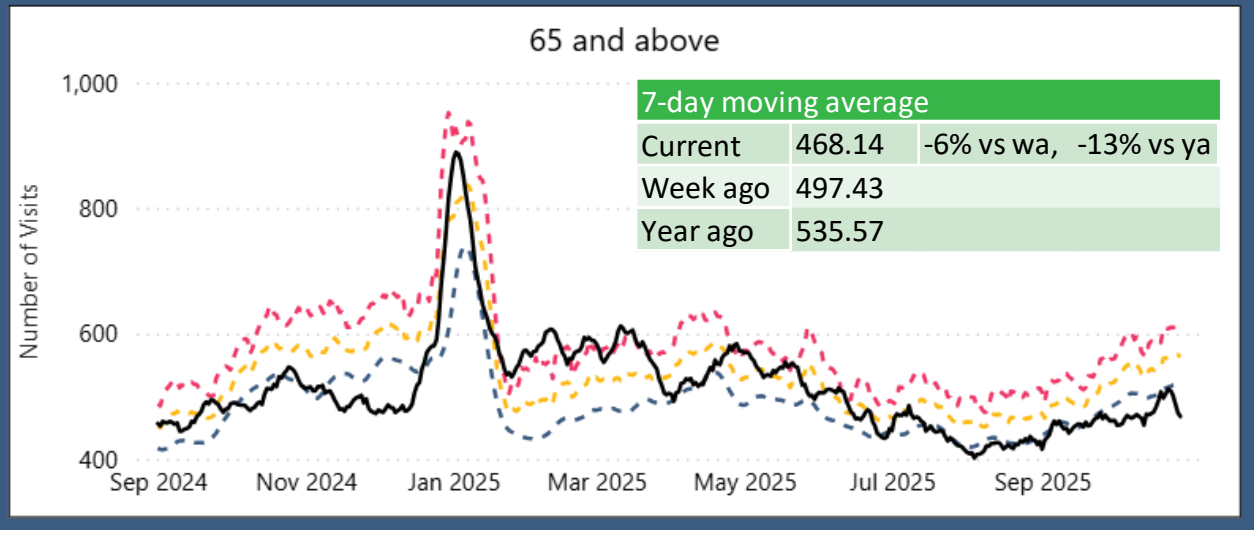
Health System Impacts Indicators:
ACES ED respiratory-related presentations volume data (to October 29)

7-Day Moving Average | Historical 7-Day Moving Average | Historical 7-Day Moving Average + 1 Standard Dev | Historical 7-Day Moving Average + 2 Standard Dev





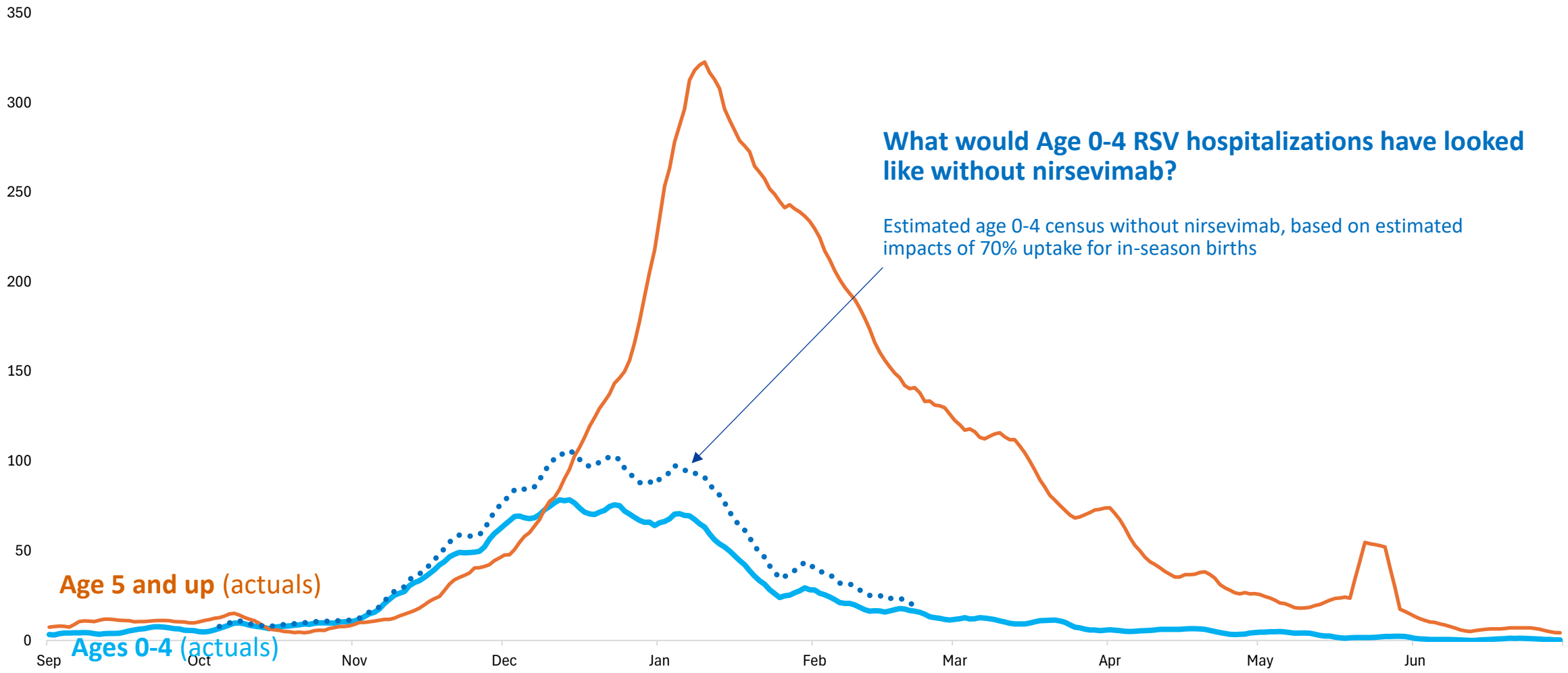




Source: ACES

Ontario

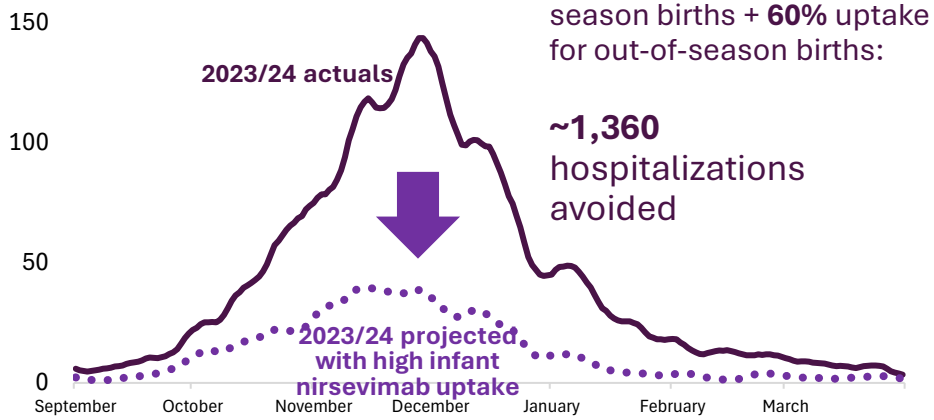
Developing RSV scenarios for 2025/26 forecast:
Estimating impacts of infant nirsevimab roll-out on RSV hospitalizations



Achieving high rates of RSV immunization in both infants and seniors will significantly reduce hospitalizations during winter surge

Nearly 2,000 hospitalizations could be avoided with high uptake and a similar RSV season to 2023/24

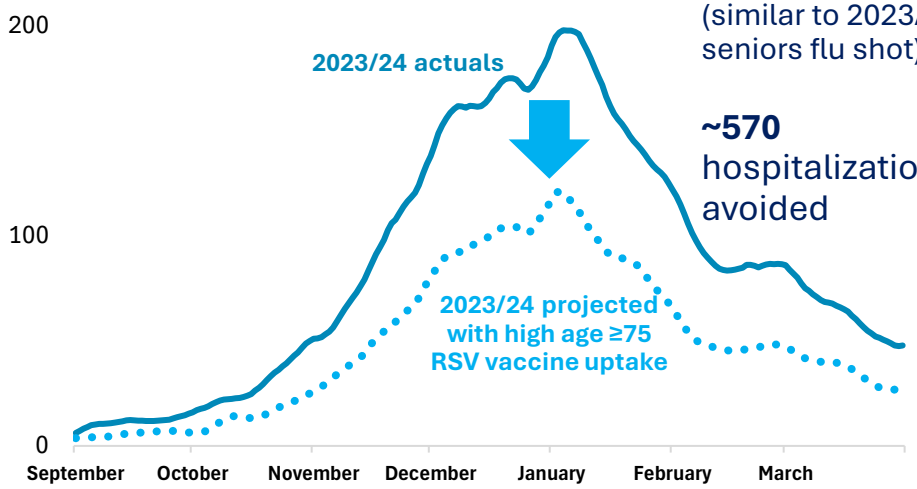
Patients age <1 in hospital with RSV



With **90%** uptake for in-season births + **60%** uptake for out-of-season births:

~1,360 hospitalizations avoided

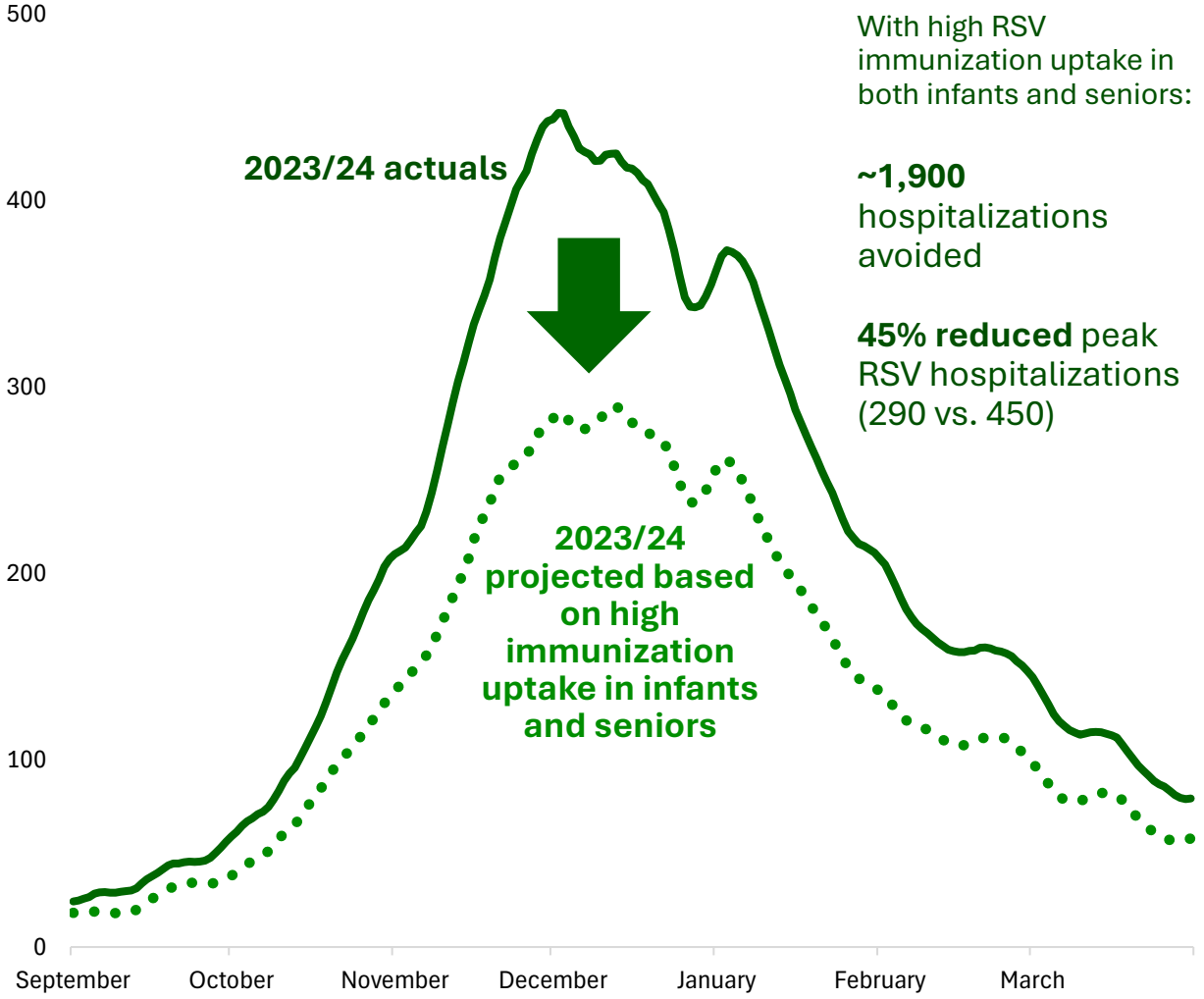
Patients age ≥75 in hospital with RSV



With **70%** uptake (similar to 2023/24 seniors flu shot):

~570 hospitalizations avoided

Patients of all ages in hospital with RSV



With high RSV immunization uptake in both infants and seniors:

~1,900 hospitalizations avoided

45% reduced peak RSV hospitalizations (290 vs. 450)

RSV Immunization Distribution

As of Oct. 26, 2025:

- **RSV (Infant)**
  - Product: Beyfortus (50mg/100mg)
  - **77,405 doses (Δ +3,470 doses)** distributed to Public Health Units (PHU)
    - 50mg: 36,959 doses (Δ +2,116 doses)
    - 100mg: 40,446 doses (Δ +1,354 doses)
  - **50,378 doses (Δ +8,650 doses) distributed to Health Care Providers (HCP)**
    - For distribution by Holding Point Type (HPT) see attached
- **RSV (Maternal)**
  - Product: Abrysvo (1-Pk)
  - **14,176 doses (Δ +3,667 doses)** distributed to PHUs
  - **10,513 7,653 doses (Δ +2,860 doses)** distributed to HCPs
- **RSV (Older Adult)**
  - **227,196 doses (Δ +15,379 doses) distributed to Public Health Units (PHU)**
  - **101,935 doses (Δ +18,658 doses) distributed to Health Care Providers (HCP)**
    - **7,295 doses (Δ +966 doses) distributed to 294 (Δ +41) Long-Term Care Homes (LTCH) via PHUs**
    - **1,745 doses (Δ +607 doses) distributed to 52 (Δ +12) Retirement Homes (RH) via PHUs**
    - Remainder distributed to other holding point types (HPT) (see attached for details)

- Last season, approximately 50% of community primary care providers participated in the infant RSV immunization program
  - The highest participation was 80% in pediatric practices and family health teams
- As of October 20, roughly 15% off community providers have received this season
  - 30% of those highest participation practices have received
- Many provider have remaining product from last season still to use

COVID-19 Vaccination Coverage: 2025/26

Population Coverage

157,638 (+55,428)
People w/ Fall 2025 dose

1.1% (+0.4%)
% of population: **All ages**

4.8% (+1.6%)
% of population: **65+**

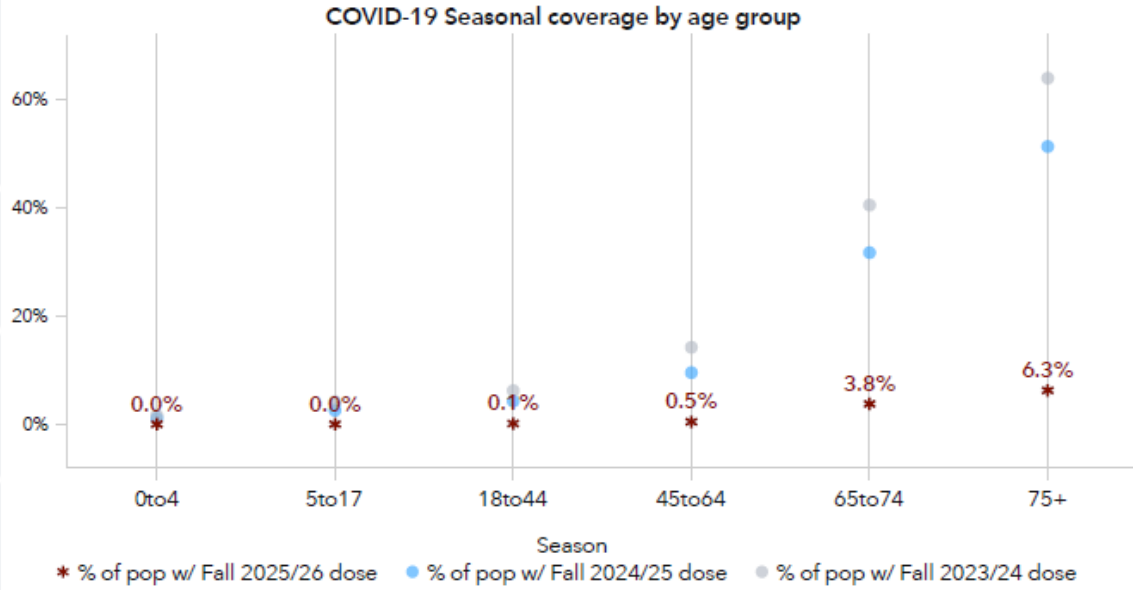
0.3% (+0.1%)
% of population: **18to64**

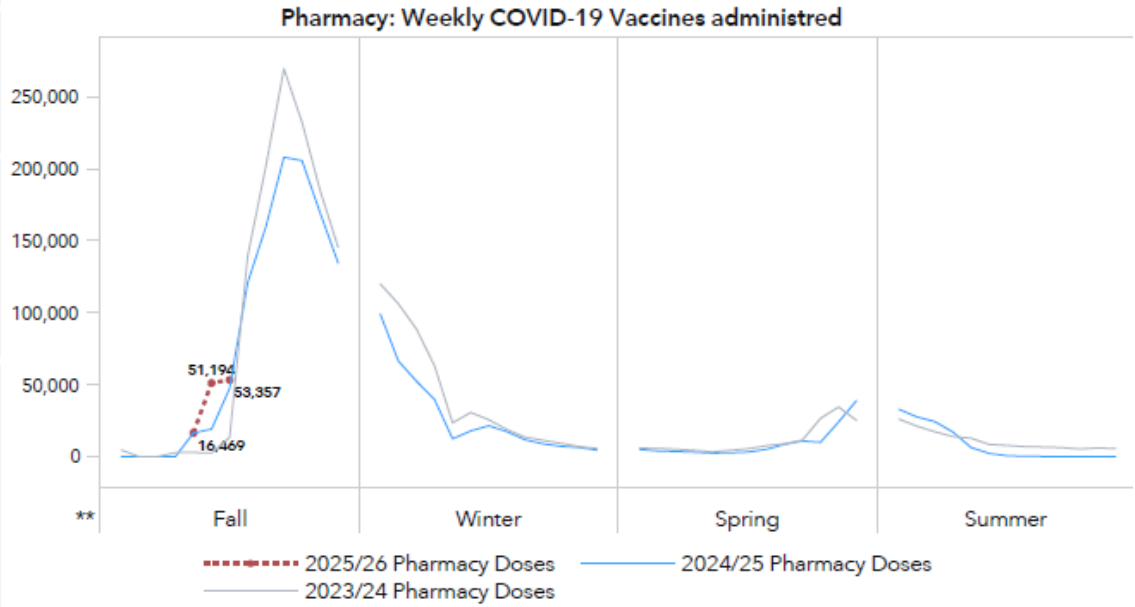
0.0% (+0.0%)
% of population: **<18**

Dose Administration

Total Doses: This Week
57,469

Total Doses: Last Week
51,964





omparsions. As such, they maybe slightly different than the numbers presented on summary table, which are the most recent data available.

Total LTC residents vaccinated with fall dose

9,862

% all LTC residents with fall dose

11.6%

Change from previous report:
5,193 residents
6.1% points

LTC residents who received a Spring 2025 dose

30,759 (41.8%)

% LTC residents with a dose in the last 6 months

38.6%

Total RH residents vaccinated with fall dose

9,823

% all RH residents with fall dose

16.5%

Change from previous report:
4,489 residents
7.5% points

RH residents who received a Spring 2025 dose

12,949 (21.9%)

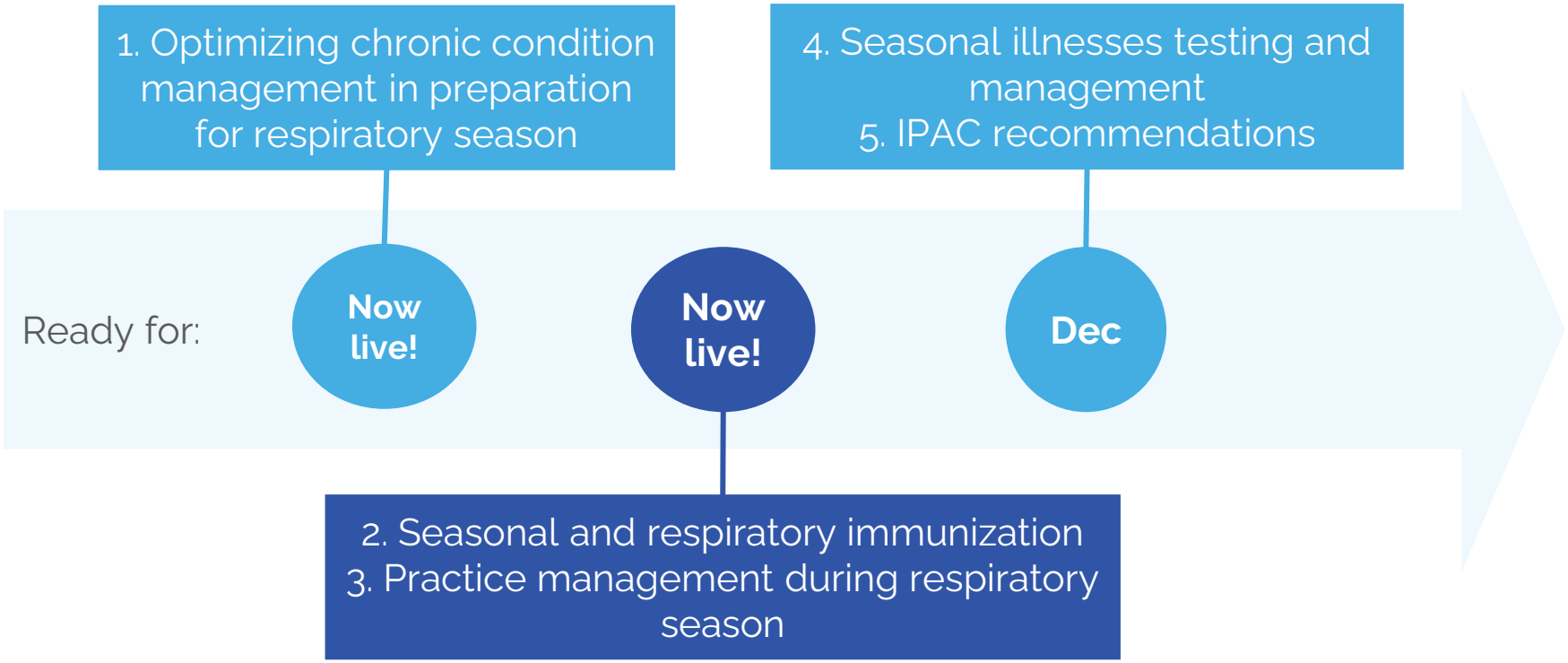
% RH residents with a dose in the last 6 months

31.3%

CEP Seasonal Preparedness Guide

- The CEP has been tasked by the MOH and CMOH to create a guide to support primary care better prepare for respiratory season.

Scope and timelines



cep.health/tool/seasonal-preparedness-guide-for-primary-care

Practice management during respiratory season

Planning and proactive strategies

Proactive patient outreach[12,25]

- Encourage seasonal immunizations for all eligible patients. Use multiple channels to maximize engagement.
  - Clinic website, email campaigns and social media posts that include a booking link or front-desk contact details.
  - Clinic voicemail message with reminders about seasonal immunizations.
  - Signage displayed in waiting room as a seasonal reminder.
  - Recall reminders within EMR to identify eligible patients and prompt outreach activities.
  - Printed letters sent by mail or direct telephone calls to patients without email access, especially older adults.
- Identify high-risk patients for whom seasonal vaccines are recommended, recognizing that eligibility and risk groups vary by vaccine (e.g., age 5 and under, older adults, comorbidities, chronic diseases such as COPD and asthma).
- Reach out to high-risk patients with seasonal vaccine recommendations, information on accessing testing and antiviral options.
  - Ontario Health COVID-19 Clinical Guidelines and Resources
  - For information on COVID-19 testing eligibility in Ontario, see COVID-19 testing and treatment.
- Consider hosting a dedicated 'Vaccine Day' to administer the flu shot and other recommended respiratory illnesses vaccines.
- Direct patients to convenient vaccination sites, including community

Patient communication and education[12]

- Share educational messages and resources to help patients make informed decisions (e.g., when to seek in-person care vs self-manage symptoms).

Patient resources

- Protection from respiratory illnesses (Ontario Ministry of Health)
- Cold weather health tips for families (AboutKidsHealth)
- Tips on caring for children with respiratory symptoms (OCFP)
- Tips on caring for teens and adults with respiratory symptoms (OCFP)

Infection prevention and control (IPAC)[12,25,26]

- Plan and review IPAC procedures for your office.
- Maintain adequate PPE inventory and order via the PPE Supply Portal as needed.
- Consider continuous/universal masking protocols. See OCFP's "Reminder to wear mask" printable sign.
  - If you are not implementing continuous/universal masking, make masks available for symptomatic patients (fever, cough, cold, runny nose) and their caregivers to minimize exposure and reduce the risk of transmission during outbreaks like measles.

Practice management during respiratory season

Effective teamwork and workflow strategies

Teamwork and coordination[12,27-31]

- If feasible, ensure nurses are integrated into vaccination planning and delivery. For example, nurses played a key role in supporting their teams during the COVID-19 pandemic. These same roles are also critical during respiratory illness season. See contributions for ideas.
- Consider implementing instant messaging tools to facilitate communication with staff.
- Hold regular clinical and staff meetings to share learnings from webinars, review workflows and discuss challenges.
  - DFCM/OCFP Changing the Way We Work Community of Practice (register for current webinars and watch past recordings)
- Consider employing the following strategies to involve other team members in vaccination efforts. See table.
- If delegating controlled acts in your practice, consider OMA's delegation checklist to ensure you have met CPSO's standards and confirm that all staff are trained.

Strategy	Practical application
Engage nurses and pharmacists as educators and administrators	Leverage trusted relationships to provide vaccine education, address hesitancy and administer seasonal vaccines.
Target outreach efforts	Assign nurses or allied staff (e.g., social workers) to reach high-risk or underserved populations through reminder calls, community clinics or home visits.
Embed vaccine promotion within care	Incorporate seasonal immunization discussions into routine visits for chronic disease management, wellness checks and follow-ups.
Where possible, integrate team-based planning	Involve social workers, pharmacists, administrative staff and allied health professionals in scheduling, coordinating patient communications and information documentation.

Access to Testing, PPE, and Other Supplies for Primary Care Providers

- Primary care providers can continue to order rapid antigen tests, personal protective equipment (PPEs – e.g., masks, gloves, gowns), cleaning products (e.g. alcohol-based hand sanitizer, disinfectants), and vaccine ancillary supplies (e.g., syringes, needles, alcohol swabs, etc.) through the Supply Ontario Portal at **no cost** to the provider!!

- **PPE Supply Portal:** https://covid-19.ontario.ca/get-free-rapid-tests
- **Apply for Provincial Antigen Testing Program:** https://covid-19.ontario.ca/get-free-rapid-tests
- **PHO PCR test requisition form:** https://www.publichealthontario.ca/-/media/documents/lab/2019-ncov-test-requisition.pdf?la=en
- **COVID-19 testing locations:** https://www.ontario.ca/assessment-centre-locations/

COVID-19 Testing and Treatment in the Community

- As of last year, Ontario has implemented a **Test-to-Treat** approach to respiratory season, which **prioritizes publicly funded COVID-19 testing** for individuals at higher risk of severe illness to **support timely access to antiviral treatments.**
  - Note: As of August 29, 2025, the **COVID-19 Test Results Viewer** has been discontinued for patient use. If you are ordering COVID-19 tests for your patients, please ensure that you follow up with your patient with the result.

Paxlovid® Coverage and Access in the Community

- **Eligibility: Positive COVID-19 test** and within **5 days** or less of symptoms
- Funded by **Ontario Drug Benefit** (ODB) plan for adult recipients who meet Limited Use (LU) criteria: Age 65 or older (LU code: 673))
  - ❑ Immunocompromised – any vaccine status, any age (LU code: 674)
  - ❑ Medical condition(s) with risk of severe COVID-19 (LU code: 675)
- If no ODB coverage, out-of-pocket pay. May be covered by private insurance plan or eligible for Trillium Drug Program
- Prescription may be **logged in advance** at pharmacy and dispensed when/if positive test
- Can be sourced rapidly by pharmacies (usually)
- Prescriptions not under ODB can be filled without confirmation of a positive test

Resources

- Ontario Health guidance: LINK
- MOH – ODB formulary changes, May 17, 2024: LINK
- Trillium Drug Program: LINK

Source: Ministry of Health - COVID-19 Testing and Treatment

COVID-19 Testing and Treatment in the Community

- As of last year, Ontario has implemented a **Test-to-Treat** approach to respiratory season, which **prioritizes publicly funded COVID-19 testing** for individuals at higher risk of severe illness to **support timely access to antiviral treatments.**
  - Note: As of August 29, 2025, the **COVID-19 Test Results Viewer** has been discontinued for patient use. If you are ordering COVID-19 tests for your patients, please ensure that you follow up with your patient with the result.

Remdesivir® Coverage and Access in the Community

- **Eligibility: Positive COVID-19 test** and within **7 days** or less of symptoms
- For anyone receiving professional home and community care services arranged through Ontario Health atHome, **you are automatically covered by the Ontario Drug Benefit** program.
  - **Pay up to $2** for each drug filled or refilled – and you **do not** have to pay a deductible.
  - Individuals aged 24 years or under and are receiving professional home and community care services, **do not** have to pay the $2 for each drug filled or refilled.
- Still need to use the LU code: 673

Resources

- Ontario Health guidance: LINK
- MOH – ODB formulary changes, May 17, 2024: LINK
- Trillium Drug Program: LINK

Source: Ministry of Health - COVID-19 Testing and Treatment

Ontario Health

Ontario Abdominal Aortic Aneurysm Screening Program

Ontario Abdominal Aortic Aneurysm Screening Program (OAAASP)

Led by:

Dr. Varun Kapila, Provincial Clinical Lead, Vascular, Ontario Health;
Vascular Surgeon, William Osler Health System;
Associate Medical Director, CritiCall Ontario

October 31, 2025 (OCFP Presentation)

Patient Story: Vinicio Miccoli

Each year, **approximately 20,000 Canadians** are diagnosed with AAA, many without prior symptoms

An Abdominal Aortic Aneurysm (AAA) is a bulge of the abdominal aorta (>3 cm) that can rupture suddenly, leading to life-threatening internal bleeding

Almost 100% of patients suffering from an AAA were not screened previously

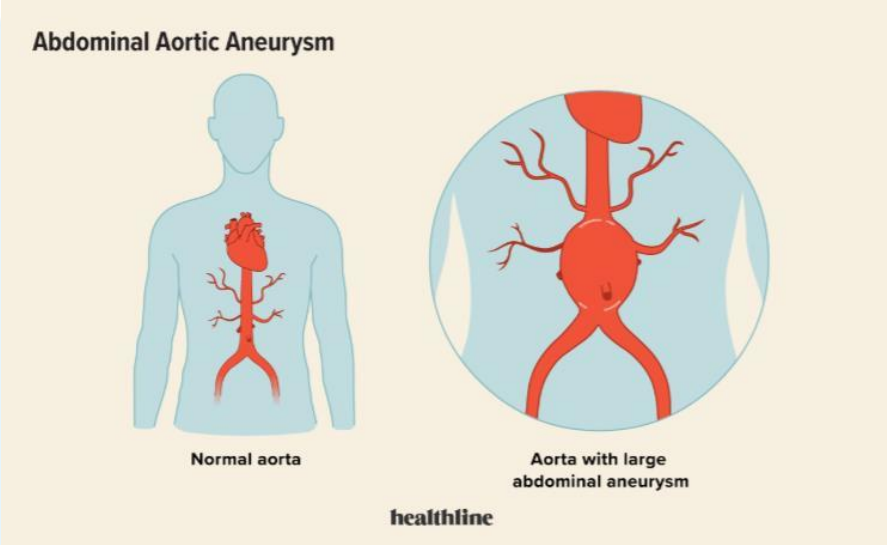


Image taken from Healthline.com

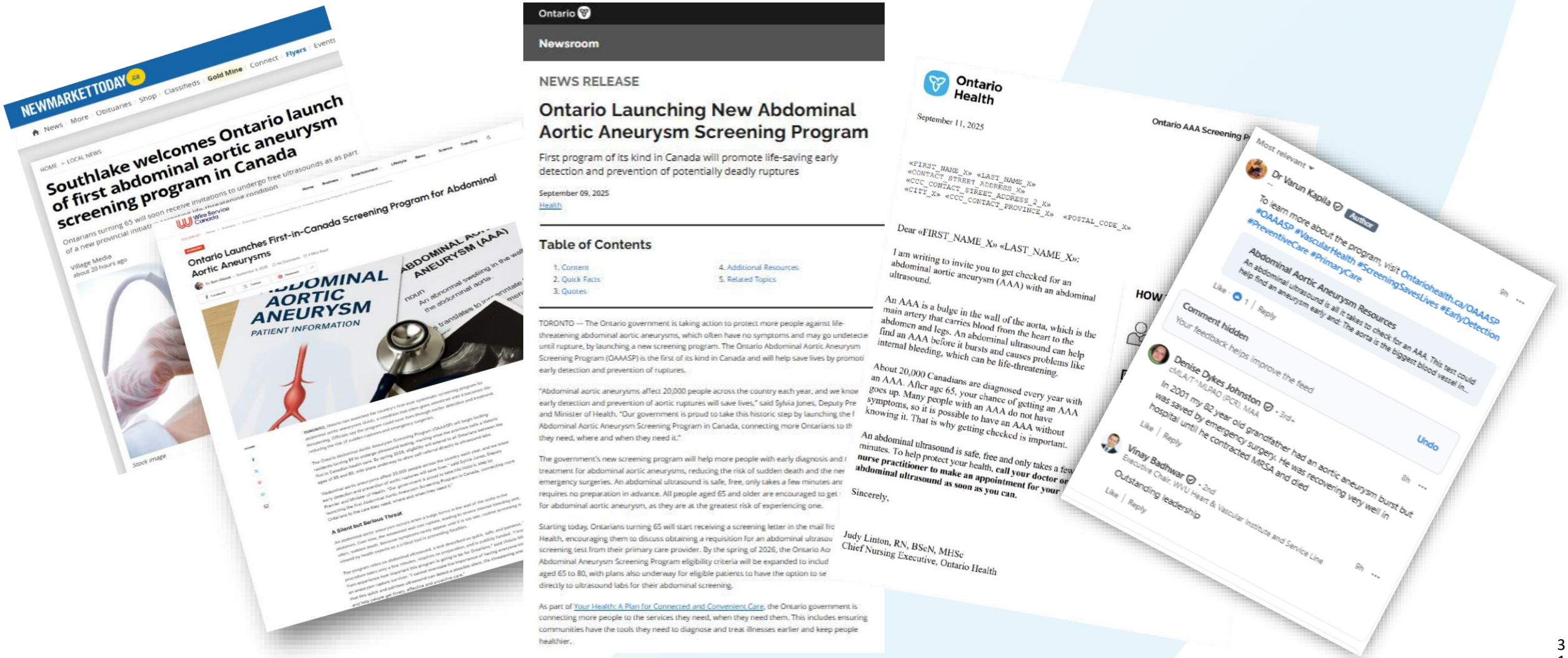
Ontario AAA Screening Program (OAAASP) Purpose

The Ontario Abdominal Aortic Aneurysm Screening Program (OAAASP) is the first of its kind in Canada. The program will offer life-saving screening to Ontarians turning 65 – a critical step toward early detection and prevention of aortic ruptures.

- **Access to AAA Screening:** Timely access to AAA screening helps identify at-risk individuals before symptoms appear, improving early detection and improving outcomes.
- **Early Detection and Prevent Aneurysm Ruptures:** Early detection and intervention will significantly lower the incidence of life-threatening AAA ruptures, ultimately improving patient outcomes and saving lives across the province.
- **Lower Mortality Rates:** Decrease the number of deaths associated with undiagnosed AAA, offering a safer future for aging Ontarians.
- **Alleviate pressure on Emergency Departments (EDs) and Intensive Care Units (ICUs):** By catching aneurysms before they rupture, we reduce emergency surgeries and ICU admissions – easing the burden on our healthcare system and lowering associated costs.

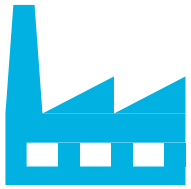
OAAASP Launch

The Ministry of Health announced the launch of the OAAASP Program as of September 9, 2025

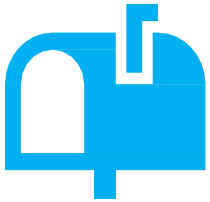


AAA Screening: Phase 1 Approach

1. Identify AAA screening eligible population (**men & women aged 65 years**)



2. **Invite and inform AAA screening eligible population** via print mail



3. Conduct screening test using **limited study ultrasound of the abdomen (J128)**

4. **Notify patients and providers of results** through timely communications and integrated reports (e.g., MyPractice, SAR, Indigenous Community Health Reports).

5. **Track data** to refine the program and improve future outreach and follow-up

Phase 1 Limited Scope

- Phase 1 was intentionally limited to lay the groundwork for scalable and repeatable population-based screening opportunities beyond AAA, and to balance the burden on primary care and the system.
- No changes to existing processes (e.g., referrals, ultrasound) or billing of services.
- Extensive modelling and forecasting completed to understand system impact.
- Included regulation change to establish the registry of chronic diseases.

Greyed out content indicates elements out of scope in Phase 1, being explored in Phase 2.

System and Patient Impact: Ontario 2026*

*January 1, 2026 – December 31, 2026

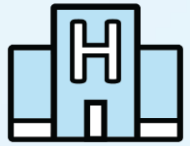
- Men & women turning 65 in their birthday month
- Average of response rates 20%-50%

135,778
Invitation Letters Mailed

71,851
Annual Scans
(41,058-102,645)

4
Visits per Family Physician per Year
(3-6)

103
Scans per Ultrasound Facility per Year
(59-148)



33
Consults per Vascular Centre per Year
(19-48)

$3,005,627
System Cost Savings/Year
($860,359-$5,150,896)

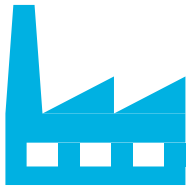
671
Estimated AAAs Found (small/medium, large)
(384-959)

205
Prevented Ruptures
(117-293)

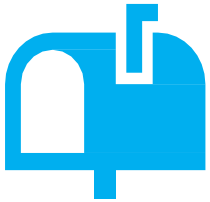
170
AAA Related Deaths Avoided (Lifetime)
(97-243)

AAA Screening: Phase 2 Multi-Year Approach

1. Identify eligible **individuals aged 65–80**, including those in equity-deserving communities.



2. Invite and inform AAA screening eligible population using **digital**, **physician-linked**, and optimized outreach methods, with the **option for self-referral** to improve accessibility.



3. Conduct screening test using **AAA screening ultrasound (new billing code)**

4. **Notify patients and providers of results** through correspondence and integrated reports (e.g., MyPractice, SAR, Indigenous Community Health reports).

5. **Track data** to refine the program and improve future outreach and follow-up

Other Enhancements

- Deployment of **mobile screening units** and targeted screening events to reach remote, **Indigenous, and equity-deserving communities**.
- Implement a **clinical pathway** for those diagnosed with an AAA and a **care coordination** process for **unattached patients**.
- **Public and provider education and awareness.**

Bolded text indicates enhancements being explored in Phase 2

Listening to the Field Pre-and Post-Launch

Partnership & Engagement

- Co-design and comprehensive partner engagement [e.g., Primary Care (OPCLT, PCC), Diagnostic Imaging, and Vascular Programs]
- Partnering with the 20 vascular programs and Ontario Health regions
- Partnering with Ontario Health Indigenous Health Unit to support access for Indigenous populations
- Fostering strong collaboration with the Primary Care community (e.g., ongoing communication and engagement)

Communications & Understanding

- Implementing plain language in all OAAASP-related correspondence to support better understanding and adoption of the Program

Key Topics

- Primary Care/ Diagnostic Imaging Burden
- Patient Confusion and Anxiety
- Resource Capacity
- Equity of Access
- Program Design and Workflows

Program Implementation & Operational Enablement

- Implementing OAAASP in a phased approach
- Extensive modelling and forecasting
- Leveraging the Ontario Health Contact Centre to support public and providers
- Exploring options with current EMRs, physician-linked correspondence
- Determining approach to self referrals and dedicated billing codes

Equity, Access, & Burden Reduction

- Exploring opportunities to decrease burden
- Identifying ways to increase access to equity deserving populations
- Assessing options for public awareness campaigns to improve participation
- Exploring screening solutions for rural areas (e.g., mobile screening programs)

AAA Screening Recommendations for Women

Screening for abdominal aortic aneurysms in Canada: 2020 review and position statement of the Canadian Society for Vascular Surgery

We suggest one-time screening ultrasonography for all women aged 65–80 years with a history of smoking or cardiovascular disease (grade 2c [weak, low-quality] evidence).

Recommendations on screening for abdominal aortic aneurysm in primary care

Canadian Task Force on Preventive Health Care*

We recommend not screening women for AAA (strong recommendation; very low quality of evidence).

SOCIETY FOR VASCULAR SURGERY® DOCUMENT

The Society for Vascular Surgery practice guidelines on the care of patients with an abdominal aortic aneurysm

We recommend a one-time ultrasound screening for AAAs in men or women 65 to 75 years of age with a history of tobacco use.	
Level of recommendation	1 (Strong)
Quality of evidence	A (High)
We suggest a one-time ultrasound screening for AAAs in men or women older than 75 years with a history of tobacco use and in otherwise good health who have not previously received a screening ultrasound.	
Level of recommendation	2 (Weak)
Quality of evidence	C (Low)

Key Takeaways

- Women were excluded from 3 of 4 major RCTs
- Woman make up 20-25% of all treated AAA's in Ontario
- Women more likely to present as a rupture
- AAA is a deadlier disease in women
- Screening women is cost-effective (Vervoot et al, 2024 CMAJ*)

As a matter of patient safety and health equity, women deserve access to abdominal aortic aneurysm (AAA) screening.

For a disease that is both prevalent and life-threatening—and with a cost-effective, non-invasive test readily available—denying women this opportunity is a preventable risk.

*Reference:
One-time screening for abdominal aortic aneurysm in Ontario, Canada: a model-based cost-utility analysis. Dominique Vervoort, Grishma Hirode, Thomas F. Lindsay, Derrick Y. Tam, Varun Kapila, Charles de Mestral CMAJ Feb 2024, 196 (4) E112-E120; DOI: 10.1503/cmaj.230913

More Resources

To learn more, visit

- **General Resources:** ontariohealth.ca/OAAASP
- **Provider Resources:** ontariohealth.ca/clinical/cardiac-stroke-vascular/abdominal-aortic-aneurysm-clinical-guidance

Feedback & Questions

Appendix

Questions from the field to date

Question	Response
Has Ontario Health considered the impacts of OAAASP roll out on the Primary Care and Diagnostic Imaging fields?	Yes, Ontario Health has conducted significant modelling to understand the implications for both primary care and diagnostic imaging sectors. Phase I is intentionally limited in scope to minimize disruption by limiting eligibility to men and women turning 65 in their birthday month. Additionally, the ultrasound exam is a limited field exam and rapid to perform, minimizing impact for US facilities.
What is the phased implementation approach for OAAASP?	In Phase 1, screening invitation and reminder letters will be mailed to people turning 65 in their birthday month. In Phase 2, planning is underway to expand scope of the OAAASP to broaden the age criteria, introduce AAA-specific procedure/billing code (to differentiate from the generic limited study ultrasound) and to include the option for self-referral (similar to OBSP). The timing for these enhancements will be determined as this phase of the program is planned in close collaboration with primary care and diagnostic imaging leadership.
What guidelines or billing codes are available for diagnostic labs and sonographers?	The implementation of the OAAASP will follow a phased approach, with new elements introduced as the program evolves. At this time, the OAAASP does not include an application process and there are no changes to existing practices required for OAAASP purposes. In future, we are working with the Ministry to potentially introduce a AAA-specific procedure/billing code (to differentiate from the generic limited study ultrasound) and to include the option for self-referral (similar to OBSP). As these elements of the program start to take shape, we will be sure to communicate these types of changes to the field well in advance. For best practices, one can access **Common Core Standards for Vascular Ultrasound in Ontario (PDF)** document here: https://www.corhealthontario.ca/resources-for-healthcare-planners-&-providers. These standards form the basis of the program and include the recommended protocol for these limited field ultrasound exams. No additional OAAASP-specific protocol is required at this time. If further program-specific guidance is developed, it will be shared with sites in advance of implementation.

Questions from the field to date

Question	Response
Can someone come and speak to my group on OAAASP?	We're happy to connect and discuss OAAASP at a meeting or group presentation.
Where can I find more information?	We have provided an overview of the OAAASP components, and how patients and providers can navigate the new screening program. • **General Resources:** ontariohealth.ca/OAAASP • **Provider Resources:** ontariohealth.ca/clinical/cardiac-stroke-vascular/abdominal-aortic-aneurysm-clinical-guidance

Modelling Data

Visits per Family Physician per Year

Region	2025*	2026	2027	2028	2029
ONTARIO	**1**	**3**	**8**	**8**	**8**
CENTRAL	1	3	8	8	9
EAST	1	3	8	9	9
NORTH EAST	1	3	9	9	9
NORTH WEST	1	2	6	6	6
TORONTO	1	2	6	6	6
WEST	1	3	9	10	10

Scans per Ultrasound Facility per Year

Region	2025*	2026	2027	2028	2029
ONTARIO	**29**	**59**	**183**	**187**	**190**
CENTRAL	32	66	200	207	210
EAST	35	71	222	226	230
NORTH EAST	30	60	183	185	186
NORTH WEST	23	46	141	146	143
TORONTO	18	37	113	116	118
WEST	34	69	219	223	226

Consults per Vascular Centre per Year

Region	2025*	2026	2027	2028	2029
ONTARIO	**9**	**19**	**58**	**60**	**61**
CENTRAL	9	19	57	59	60
EAST	14	29	89	91	92
NORTH EAST	9	19	58	59	59
NORTH WEST	3	7	21	22	21
TORONTO	6	13	38	39	40
WEST	11	22	69	71	72

Modelled at a 20% response rate

Modelling Data

Visits per Family Physician per Year

Region	2025*	2026	2027	2028	2029
ONTARIO	**2**	**4**	**12**	**12**	**12**
CENTRAL	2	4	12	13	13
EAST	2	4	13	13	13
NORTH EAST	2	4	13	13	13
NORTH WEST	1	3	9	9	9
TORONTO	1	3	8	8	9
WEST	2	4	14	14	14

Scans per Ultrasound Facility per Year

Region	2025*	2026	2027	2028	2029
ONTARIO	**43**	**89**	**275**	**281**	**285**
CENTRAL	48	99	300	310	315
EAST	52	106	333	339	344
NORTH EAST	45	91	274	277	279
NORTH WEST	34	70	212	218	214
TORONTO	28	55	170	174	177
WEST	50	104	328	335	340

Consults per Vascular Centre per Year

Region	2025*	2026	2027	2028	2029
ONTARIO	**14**	**29**	**88**	**90**	**91**
CENTRAL	14	29	86	89	90
EAST	21	43	133	136	137
NORTH EAST	14	29	87	88	88
NORTH WEST	5	10	32	33	32
TORONTO	10	19	58	59	60
WEST	16	33	104	106	107

Modelled at a 30% response rate

Modelling Data

Visits per Family Physician per Year

Region	2025*	2026	2027	2028	2029
ONTARIO	**3**	**6**	**20**	**20**	**20**
CENTRAL	3	7	20	21	22
EAST	3	7	21	22	22
NORTH EAST	4	7	22	22	22
NORTH WEST	2	5	15	15	15
TORONTO	2	4	14	14	14
WEST	4	7	23	24	24

Scans per Ultrasound Facility per Year

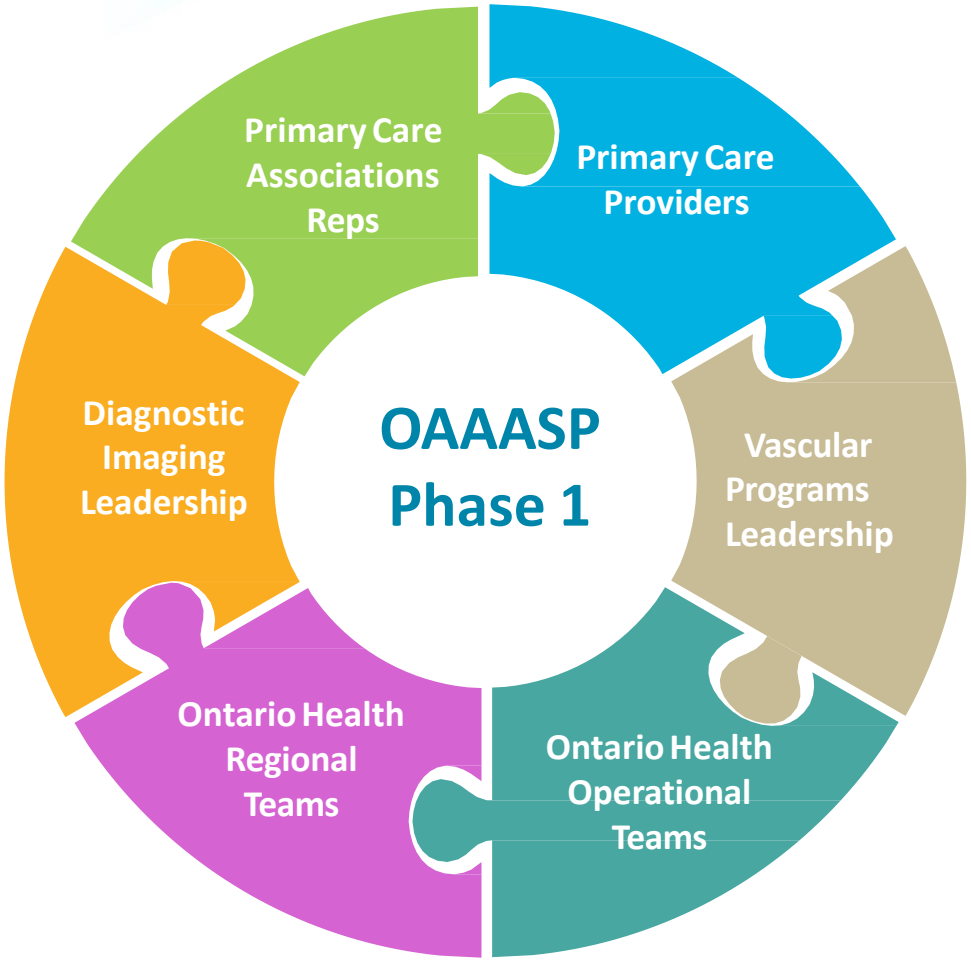
Region	2025*	2026	2027	2028	2029
ONTARIO	**72**	**148**	**458**	**469**	**476**
CENTRAL	80	165	499	517	526
EAST	86	177	555	565	574
NORTH EAST	74	151	456	461	465
NORTH WEST	57	116	353	364	357
TORONTO	46	92	283	290	295
WEST	84	174	547	559	566

Consults per Vascular Centre per Year

Region	2025*	2026	2027	2028	2029
ONTARIO	**23**	**48**	**146**	**150**	**152**
CENTRAL	23	48	143	148	150
EAST	35	72	222	226	229
NORTH EAST	24	48	144	146	146
NORTH WEST	9	17	53	55	53
TORONTO	16	32	96	98	100
WEST	27	56	173	177	179

Modelled at a 50% response rate

Phase 1 Targeted Outreach & Engagement



Activities included:

- Provider briefings, training sessions, and tailored resource materials
- Newsletter and online updates for primary care and Health 811 navigators
- Coordinated **system-facing communications on launch day (Sept 9, 2025)**
- Web resources and social media posts reinforcing MOH news release

Comprehensive, Coordinated System Engagement

- Ontario Health developed a robust engagement plan to ensure **alignment, awareness, and readiness** across the health system.
- Plan reviewed and approved by **MOH (PPB and Communications)** in **January 2025**.

Strategic Focus

- Phase 1 emphasized **provider and system readiness** (no public campaign).
- All activities executed in **close collaboration with MOH PPB and Communications**, ensuring consistency and alignment with provincial priorities.
- This coordinated, multi-channel strategy laid the foundation for **strong program adoption and sustained engagement** across Ontario.

Continued Engagement

We welcome the opportunity to attend upcoming meetings to further discuss the phased approach for OAAASP

We are engaging with the Ontario College of Family Physicians (OCFP) through upcoming education sessions to raise awareness and support clinical readiness.

We will continue to participate in Ontario Health Regional Diagnostic Imaging engagement tables to ensure alignment and further socialize OAAASP

We remain committed to active and ongoing engagement with key system partners, (including Primary Care), diagnostic imaging, and vascular care specialists to co-design solutions to reduce burden and support implementation

OCFP's Virtual Awards Ceremony

Join us as we celebrate this year's award recipients for their outstanding contributions to family medicine!

Register today!

Respiratory Illness Season Update

- Office Screening Tool
- RSV Prevention Summary
- Common Respiratory Illnesses in Children: Tip Sheet for Family Physicians
- Family Doctor Tips on Caring for Children with Respiratory Symptoms (patient tool)
- If you Get Sick: Managing Flu, COVID-19 and RSV (patient tool)

Visit OCFP's Respiratory Illness Season page

Ontario

NEWS RELEASE

Ontario Providing Free Flu and COVID-19 Vaccines Across the Province

Up-to-date immunizations will help protect against respiratory illnesses

October 29, 2025

Ministry of Health

Supports for Mental Health, Addictions and Chronic Pain

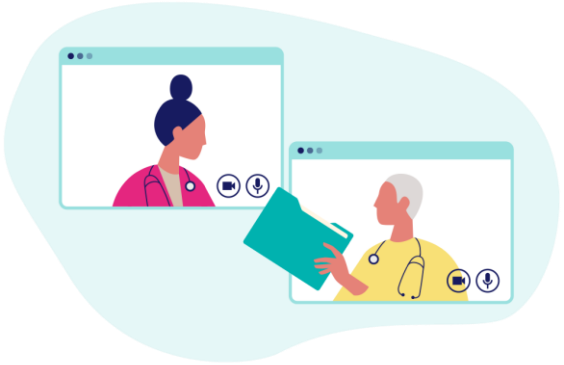
Find information to support the care you give patients – in a way that also considers your wellbeing.

Community of Practice

Register for our upcoming sessions:

Sharing & Healing from Past Experiences of Caring for Patients during the Pandemic (Nov 26)

Psychedelics and the Use in Treatment of Mental Health (Dec 10)



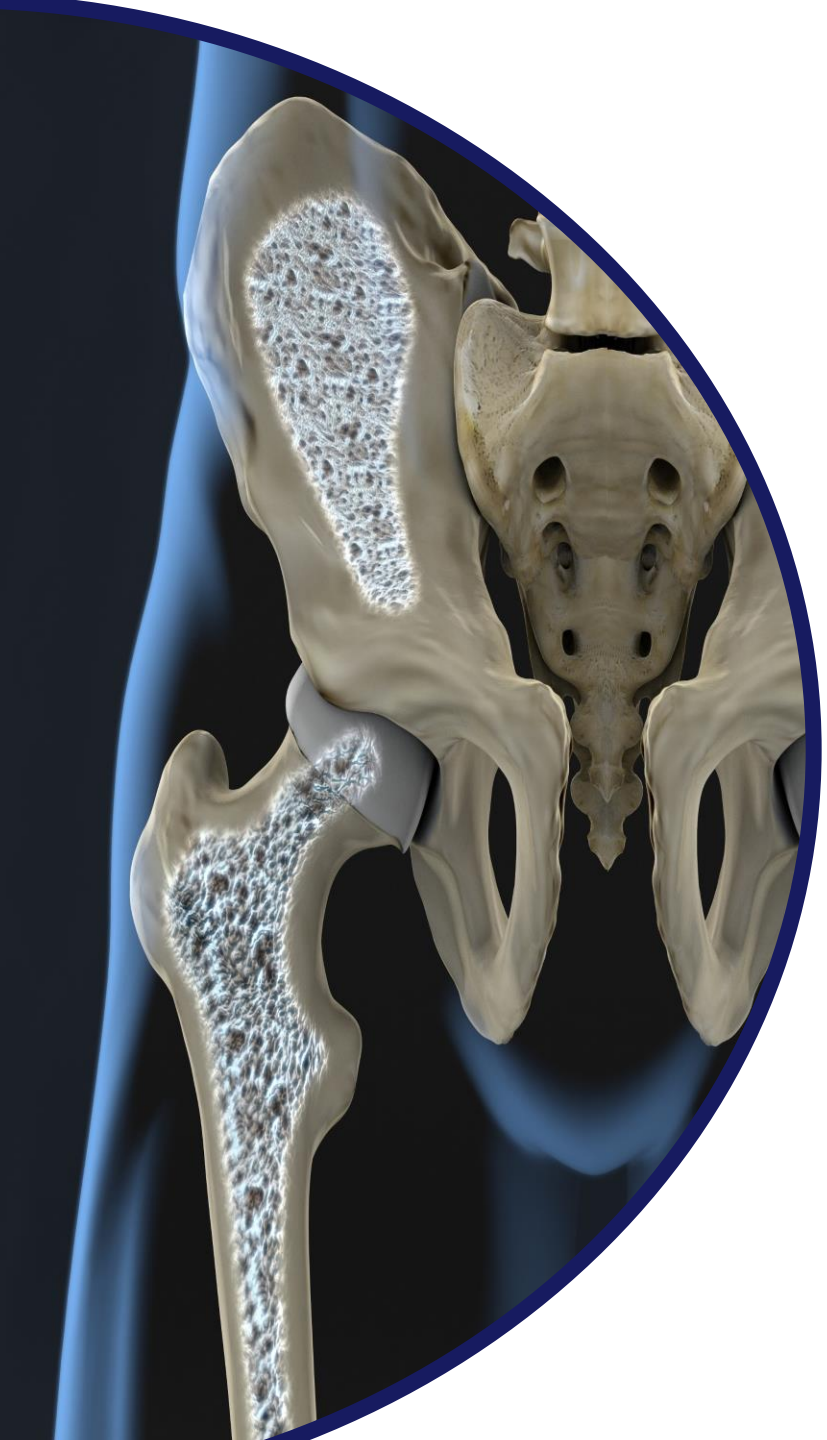
Peer Connect Mentorship

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

Topics Explored by Peer Learners:

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

Sign up to become a Peer Learner



Ontario College of Family Physicians

ONTARIO Osteoporosis Strategy

Osteoporosis and Fracture Prevention Workshop

What you'll gain:

- A **practical toolkit** with resources and video content to support you in your practice.
- **Expert insights** from facilitators sharing the latest updates from the 2023 clinical practice guideline.
- A **collaborative learning experience** designed specifically for family physicians.

December 3, 2025 | 12:00PM-3:00PM

$195 + HST

Take advantage of this opportunity to earn **three Mainpro+ credits per hour**

Registration now open

Scan to learn more

DFCM's First Five Years Community of Practice

Free, fun and full of answers to all those questions you never thought to ask during residency, this monthly online CPD series is about supporting early career physicians as they get started in their family medicine career!

Upcoming session:

November 18, 2025 at 7:00-8:00pm: Common Medical Legal Pitfalls for Early Career Physicians

Sign up at: https://dfcm.utoronto.ca/first-five-years-community-practice

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

RECENT SESSIONS

June 27	**AI Tools for Practice and Managing the Summer Heat**	Dr. Daniel Warshafsky Dr. Mohamed Alarakhia Dr. Samantha Green
July 18	**Infectious Disease and Retirement Planning for Physicians**	Dr. Zain Chagla Dr. Mark Soth
September 5	**Infectious Disease: Preparing for Fall & Important Vaccine Updates**	Dr. Daniel Warshafsky Dr. Allison McGeer
September 26	**Infectious Disease & Metabolic Associated Steatotic Liver Disease**	Dr. Daniel Warshafsky Dr. Hemant Shah
October 17	**Infectious Disease & Managing Nutrition**	Dr. Gerald Evans Dr. Mary Sco

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

UPCOMING SESSIONS

Month	Date
November 2025	November 21
December 2025	December 5
January 2026	January 16

SAVE THE DATE

Registration links will be emailed to you closer to the date

Ontario College of Family Physicians
Thriving Family Physicians in a Healthy Ontario

Family & Community Medicine
UNIVERSITY OF TORONTO

Questions?

Webinar recording and curated Q&A will be posted soon.

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

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

Our next Community of Practice: November 21, 2025

Contact us: ocfpcme@ocfp.on.ca

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

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

Family & Community Medicine
UNIVERSITY OF TORONTO

Ontario College of Family Physicians
Thriving Family Physicians in a Healthy Ontario