COVID-19 Community of Practice for Ontario Family Physicians

Feb 3, 2023

Dr. Allison McGeer  
Dr. Fareen Karachiwalla  
Dr. Mohamed Alarakhia

COVID Vaccinations and digital supports

Family & Community Medicine  
UNIVERSITY OF TORONTO

Ontario College of Family Physicians
COVID Vaccinations and digital supports

Moderator:
• Dr. Tara Kiran, Fidani Chair, Improvement and Innovation, DFCM, Toronto, ON

Panelists:
• Dr. Allison McGeer, Toronto, ON
• Dr. Fareen Karachiwalla, Toronto, ON
• Dr. Mohamed Alarakhia, Kitchener, ON

Co-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.
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 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.

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.

Potential for conflict(s) of interest:

N/A

Previous webinars & related resources:

https://www.dfcm.utoronto.ca/covid-19-community-practice/past-sessions
Dr. Allison McGeer – Panelist
Infectious Disease Specialist, Mount Sinai Hospital

Dr. Fareen Karachiwalla – Panelist
Associate Chief Medical Officer of Health, Office of the Chief Medical Officer of Health, Public Health

Dr. Mohamed Alarakhia – Panelist
Managing Director, eHealth Centre of Excellence
Speaker Disclosure

• Faculty Name: **Dr. Allison McGeer**
  • Relationships with financial sponsors: Novavax, Medicago, Sanofi-Pasteur, GSK, Merck
    • Grants/Research Support: Sanofi-Pasteur, Pfizer
    • Speakers Bureau/Honoraria: Moderna, Pfizer, AstraZeneca, Novavax, Medicago, Sanofi-Pasteur, GSK, Merck
    • Others: N/A

• Faculty Name: **Dr. Fareen Karachiwalla**
  • Relationships with financial sponsors:
    • Grants/Research Support: N/A
    • Speakers Bureau/Honoraria: Associate Chief Medical Officer of Health (Ontario’s Ministry of Health)
    • Others: Inner City Health Associates (Chair of the Board of Directors)

• Faculty Name: **Dr. Mohamed Alarakhia**
  • Relationships with financial sponsors:
    • Grants/Research Support: N/A
    • Speakers Bureau/Honoraria: eHealth Centre for Excellence (a not-for-profit organization)
    • 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: Chief of Family Medicine, Cambridge Memorial Hospital

- Faculty Name: **Dr. Tara Kiran**
- Relationships with financial sponsors:
  - Speakers Bureau/Honoraria: St. Michael’s Hospital, University of Toronto, Health Quality Ontario (HQO), Canadian Institutes for Health Research (CIHR), Ontario College of Family Physicians (OCFP), Ontario Medical Association (OMA), Doctors of BC, Nova Scotia Health Authority, Osgoode Hall Law School, Centre for Quality Improvement and Patient Safety, Vancouver Physician Staff Association, University of Ottawa, Ontario Health, Canadian Medical Association, McMaster University, Queen’s University, North American Primary Care Research Group.
  - Grants/Research Support: Canadian Institute for Health Research, Ministry of Health and Long-Term Care, St. Michael’s Hospital Foundation, St. Michael’s Hospital Medical Services Association, Women’s College Hospital Academic and Medical Services Group Innovation Fund, University of Toronto, Health Quality Ontario, Ontario Ministry of Health, Gilead Sciences Inc., Staples Canada, Max Bell Foundation.
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 panel’s attention.

• Please use the chat box for networking purposes only.
Dr. Allison McGeer – Panelist  
Infectious Disease Specialist, Mount Sinai Hospital

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Associate Chief Medical Officer of Health, Office of the Chief Medical Officer of Health, Public Health

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Managing Director, eHealth Centre of Excellence
Non-COVID respiratory viruses

Reported influenza cases

RSV isolates

COVID-19 Variants

What comes next?

• Worst of viral respiratory season is behind us
  • This was “catch-up” season, next seasons will be getting back to normal

• COVID-19 burden will continue to decrease
  • Increasing immunity from infection and vaccination is steadily reducing the impact of COVID
    • Pandemic start: 15x worse than seasonal influenza
    • Now: 2.6x worse than seasonal influenza
  • When will the decreasing severity of COVID-19 stop?
  • What is the seasonal pattern of COVID-19 going to look like?
Different respiratory viruses have different patterns.
What is the evidence that bivalent boosters work?

1. Effectiveness of the Bivalent mRNA Vaccine in Preventing Severe Covid-19 Outcomes: an observational study, Israel

   81% (95% CI 56-92%)
   Reduction in hospitalization

2. Bivalent booster protection against hospitalization, IVY network, US

<table>
<thead>
<tr>
<th>Relative VE Bivalent booster versus</th>
<th>VE</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;=2 doses monovalent, &gt;=2 months earlier</td>
<td>61 (43-74)</td>
</tr>
<tr>
<td>&gt;=2 doses monovalent, 2-5 months earlier</td>
<td>NE</td>
</tr>
<tr>
<td>&gt;=2 doses monovalent, 6-11 months earlier</td>
<td>63 (42-76)</td>
</tr>
<tr>
<td>&gt;=2 doses monovalent, &gt;11 months earlier</td>
<td>65 (46-77)</td>
</tr>
</tbody>
</table>

What is the evidence that bivalent boosters work?

3. US COVID tracker

![Graph showing death per 100,000 all ages from Week 40 to Week 47, with two lines representing vaccinated with booster and vaccinated without booster.]

4. Prevention of symptomatic COVID-19, US Community access to testing program, Dec 18-Jan 13

<table>
<thead>
<tr>
<th>Age group/vaccine status</th>
<th>VE</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-49 years</td>
<td>51 (42-58)</td>
</tr>
<tr>
<td>with bivalent booster, vs. 2 or 3 doses without booster</td>
<td></td>
</tr>
<tr>
<td>50-64 years</td>
<td>42 (27-53)</td>
</tr>
<tr>
<td>with bivalent booster, vs. 2-4 doses without booster</td>
<td></td>
</tr>
<tr>
<td>65+ years</td>
<td>41 (23-55)</td>
</tr>
<tr>
<td>with bivalent booster, vs. 2-4 doses without booster</td>
<td></td>
</tr>
</tbody>
</table>

Link-Gelles R, MMWR Morb Mortal Wkly Rep. ePub: 25 January 2023. DOI: [http://dx.doi.org/10.15585/mmwr.mm7205e1](http://dx.doi.org/10.15585/mmwr.mm7205e1)
What is the evidence that bivalent boosters work?

5. Laboratory confirmed COVID-19 in residents of US nursing home by vaccination status, Oct 1/22- Jan 13/23

6. Effectiveness of bivalent boosters versus hospitalization or death due to COVID, North Carolina (day 15-99 after dose)

Comparador groups | VE
---|---
Bivalent vs. primary plus 2 boosters | 62 (44-74)
Bivalent vs. primary plus 3 boosters | 56 (12-78)

Dubendris et al. MMWR 2023;72:95–99. DOI: [http://dx.doi.org/10.15585/mmwr.mm7204a3](http://dx.doi.org/10.15585/mmwr.mm7204a3).
Lin et al NEJM Jan 25, 2023; DOI: 10.1056/NEJMc2215471
What is the stroke signal with Pfizer bivalent boosters?

From the Vaccine Safety Data Link

**Vaccinee with outcome in the risk interval and a concurrent comparator**

"bivalent vaccinated individuals only"

On each calendar day that an outcome occurred in a vaccinee (e.g., October 3), we compared vaccinees in their risk interval (day 1–21) with similar vaccinees in their comparison interval (day 22–42).

By similar, we mean that on the same calendar day, they were in the same age group and of the same sex, race/ethnicity, and at the same VSD site.
What is the stroke signal with Pfizer bivalent boosters?

### Bivalent RCA concurrent comparator analyses of ischemic strokes during 1–21-day Risk Interval versus 22–42-day Comparison Interval*

<table>
<thead>
<tr>
<th>Age group (years)</th>
<th>Vaccine</th>
<th>Risk events (N)</th>
<th>Comp events (N)</th>
<th>Adjusted Rate Ratio</th>
<th>95% Confidence Interval</th>
<th>1-sided p-value</th>
<th>Signal? 1-sided p &lt; 0.01</th>
</tr>
</thead>
<tbody>
<tr>
<td>18–64</td>
<td>Pfizer</td>
<td>33</td>
<td>23</td>
<td>1.34</td>
<td>0.77–2.36</td>
<td>0.183</td>
<td>no</td>
</tr>
<tr>
<td></td>
<td>Moderna</td>
<td>11</td>
<td>13</td>
<td>0.65</td>
<td>0.27–1.52</td>
<td>0.89</td>
<td>no</td>
</tr>
<tr>
<td>65+</td>
<td>Pfizer</td>
<td>130</td>
<td>92</td>
<td>1.47</td>
<td>1.11–1.95</td>
<td>0.005</td>
<td>yes</td>
</tr>
<tr>
<td></td>
<td>Moderna</td>
<td>57</td>
<td>49</td>
<td>1.12</td>
<td>0.75–1.67</td>
<td>0.323</td>
<td>no</td>
</tr>
</tbody>
</table>

* Data through Jan 8, 2023
## Vaccine program in ON: Current State

**Goal:** Reduce covid-19 severity (hospitalizations/deaths)

<table>
<thead>
<tr>
<th>Age</th>
<th>Can get</th>
<th>Should get</th>
</tr>
</thead>
</table>
| 6 months - < 5 years | Primary series  
*Immunocompetent: 2 doses of Moderna OR 3 of Pfizer*  
*Immunocompromised: 3 doses Moderna* |                                                                          |
| 5 years and older  | Primary series  
*Immunocompetent: 2 doses Pfizer (if < 30); 2 doses Moderna or Pfizer (if >30)*  
*Immunocompromised: 3 doses Pfizer (if <25); 3 doses Moderna or Pfizer (if >25)*  
Bivalent booster this respiratory season  
Pfizer (if <18); Moderna or Pfizer (if>18) | Primary series  
Anyone 5 and older  
Bivalent booster this resp season  
Anyone 65 +  
Anyone 5-64 at increased risk  
**(everyone 12-17 at high risk and everyone 18+ should have at least one booster)** |
Ontario Fall Booster Coverage Over Time by Age (n = 3,013,992)

As of January 29, 2023

**Key Insights**

- Coverage rate is highest among individuals age 70+

**Sept 26: 18+ eligible for bivalent booster**

**Note**: Vaccinated with Fall Booster: Completed primary series and received a booster on or after September 1, 2022

**Data Source(s)**: {1}
Booster Dose Intervals

• Interval refers to the time period between your next booster dose and your last dose OR last confirmed covid-19 infection
  • Optimal interval: 6 months
  • Minimum interval: 3 months (most appropriate for those high risk of severe covid-19 infection)
    • NACI statement is clear that this was intended to be a one time interval (to catch people up before the fall booster)
  • Evidence supports a 6 month interval
  • VE tends to wane around 4-6 months (though new data on hybrid immunity is reassuring)
What if my patient has already had a booster this respiratory season?

• In Ontario, they are eligible to receive another (haven’t said ‘recommended’, on a broad level)
  • At a minimum interval of 3 months (all eligible to book at this interval)
    • Most appropriate for those at high risk
  • 6 months more optimal
  • Individual decision making

• Factors to consider:
  • Ever had a confirmed covid-19 infection?
  • Very high risk (immunocompromised? Advanced age? +++ comorbidities)
  • Strong personal preference
  • Strong clinician preference
What will the future program be in ON?

• Data/evidence still emerging (e.g. seasonality not clear)
• High risk spring program a possibility; fall program for a broader group also possible
• Intervals very unlikely to remain (especially at 3 months)
• Scenarios:
  • Once a year for the general population
  • 2X a year for select high risk group possible
  • Future years – likely seasonal and once a year (if even)
Couple of points of clarity

• Co-administration
  • Allowed for all age groups (6 months and older)
  • Can co-administer, or give vaccines at any time before/after a covid-19 vaccine

• Paxlovid pre prescribing
  • Physician & NP can pre position a Rx; though need a + test to dispense

• MPX
  • Few cases since the declaration of end of the OB (Dec 10th 2022)
  • Vaccine 2nd dose promotion efforts underway (1/5 of those that have received a 1st dose have received a 2nd)
Mpx (formerly monkeypox) vaccination

• Eligible patients should receive a full two-dose vaccine series
• Remind patients that previous smallpox vaccination may not be protective against MPOX infection – they should receive Imvamune
• Encourage at-risk individuals who are travelling soon to get vaccinated before leaving.

VACCINATION CLINICS

• Clinics in Ontario by region: MPX: What We Know – GMSH: https://gmsh.ca/blog/2022/05/20/mpx/

MORE MPOX QUESTIONS?

• Patient may book one-to-one phone consultation with a VaxFacts clinic doctor: https://www.shn.ca/vaxfacts/
COVID-19: Where to get vaccinated

If you are not vaccinating, remind eligible patients who are six months or older of options for booking a vaccine:

- COVID-19 vaccination portal
- Provincial Vaccine Contact Centre at 1-833-943-3900 (TTY for people who are deaf, hearing-impaired or speech-impaired: 1-866-797-0007)
- Public health units using their own booking system
- Participating pharmacies
- Indigenous-led vaccination clinics
- GO-VAXX bus (for ages five and older)
- Some hospital clinics (for ages 5+) – check with local hospital or public health unit
- Mobile or pop-up clinics (for ages 5+) – visit local public health unit website for details, if available in your region
- Additional options, such as walk-in clinics, may be available locally for children aged six months to four years old – visit local public health unit website
- Canada-wide study evaluating effectiveness of COVID-19 medications
- By primary care providers, for primary care providers
- Eligible: Adults with a positive COVID test, aged 50+ years or 18-49 years with one or more chronic condition(s)
- Enrollment underway – to refer your patients (patients may self-refer):
  - Phone: **1-888-888-3308** (Monday - Friday, 8 am to 6 pm ET)
  - Email: [info@CanTreatCOVID.org](mailto:info@CanTreatCOVID.org)
  - Website: [CanTreatCOVID.org/contact](http://CanTreatCOVID.org/contact)
- More information:
Decreasing Administrative Burden and Reducing the Risk of Clinician Burnout

Dr. Mohamed Alarakhia, BSc(Hons), MD, CCFP, MSc
Managing Director, eHealth Centre of Excellence
Clinician burnout: administrative burden

Family doctors are spending up to **25% of their week on administrative work**, which is one of the main contributing factors to clinician burnout.

One of the recommendations from the OCFP involves streamlining processes so that physician time spent on administrative work is **reduced to a maximum of 10% of their week**, as the NHS in the UK has done. The Nova Scotia government set a target to **reduce the physician administrative burden by 10% by 2024**.

So what do we do to help clinicians?
We’ve created HEAL (Healthcare Experience and Advancement Lab) to enable clinicians to identify problems that are creating increased administrative burden and to help co-design solutions.

The clinician experience lab will explore:

- Clinician burnout and alleviation
- Enhancements needed to ensure workflow efficiency
- Patient engagement and communication tools
  
  And more!

To learn more about opportunities to participate, please visit:

www.ehealthce.ca/HEAL
Supporting Clinicians with Automation

Automation technology has been deployed in 60+ clinics supporting over 400 physicians/nurse practitioners with virtual assistants.

We have observed that the virtual assistants save over 20% of clinician/staff time when transferring data and are 6 times faster than manual labour. Bernie saved a clinic 87 hours of time for documentation of COVID-19 vaccination.

A Family of Virtual Assistants

Bernie
Cody
Sharon
Poppy

a new arrival
Supporting Clinicians with Online Appointment Booking

Supporting Clinicians with Access to Services

**eConsult Workflow**
- Patient Visit
- Physician or Nurse Practitioner
- Follow-up questions, as needed
- Specialist or Specialty Group
- eConsult
- < 7 days
- Email Notification

**eReferral Workflow**
- Patient Visit
- Physician or Nurse Practitioner's EMR/Web Portal
- eReferral
- Email Notification
- Patient confirms appointment electronically
- Central Intake or Direct to Specialist/Service

*eOrdering* for diagnostic imaging is here and for labs is coming...
Our vision is a future where people get the best evidence-based care by supporting clinicians with easy-to-use tools & supports at the point of care.

**Ensure clinicians have access to best practice tools & supports**

Increasing use of practices and pathways that improve health outcomes

**Reduce the effort required by individuals and organizations**

Synthesizing information, translating it into clinical systems, realizing consistencies and economies of scale through implementation at the provincial level

**Improve patient and caregiver experience**

Through supporting the delivery of best practices and consistent quality of care across the province
EMR-integrated Heart Failure toolbar

Available in TELUS PS Suite EMR, with versions for OSCAR and Accuro coming in 2023

Available modules can be accessed from the heart failure toolbar

Features include:

**Increased support for investigations into heart failure diagnosis**
Evidence-based guidance to assist clinicians with identifying, tracking, and supporting at-risk patients

**Increased support for medication plan management**
Easy access to information for clinicians to reference, with picklists to facilitate appropriate medication selection, built-in notification flags to have medication changed if the patient’s condition is worsening, and more

**A modular approach that supports adaptive workflows**
Users can fill out certain parts of the tool to gather information during the patient visit instead of opening an entire form to fill out a specific part
Thank you!

For more information, please visit our website or contact info@ehealthce.ca.

www.ehealthce.ca
As part of the plan released Thursday, Ontario says it will spend $30-million create up to 18 “interprofessional” health teams comprised of nurses, doctors and social workers to help “bridge the gap” in accessing primary care for vulnerable and marginalized patients.
The OurCare study surveyed people across Canada (Sept-Oct 2022) about their care experiences and what's important to them when it comes to family doctor care. Learn more at OurCare.ca.

NEW NATIONAL DATA: More than 6.5 million people in Canada over the age of 18 don’t have a regular family doctor or nurse practitioner (NP) – that’s more than 1 in 5 adults.

<table>
<thead>
<tr>
<th>Population</th>
<th>Ontario and the prairies</th>
<th>Québec, BC &amp; Atlantic provinces</th>
</tr>
</thead>
<tbody>
<tr>
<td>People in Ontario and the prairies</td>
<td>82–86%</td>
<td>69–71%</td>
</tr>
<tr>
<td>People with high incomes (&gt;$150K/year)</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>People with low incomes (&lt;$20K/year)</td>
<td>76%</td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>74%</td>
<td></td>
</tr>
<tr>
<td>People age 65+</td>
<td>86%</td>
<td></td>
</tr>
<tr>
<td>People age 18–29</td>
<td>63%</td>
<td></td>
</tr>
</tbody>
</table>

Explore the data yourself: data.ourcare.ca
Join the COVID-19 Community of Practice Planning Committee

Looking for members of this community to participate in the planning of these sessions who:

- represent different practice models
- practice in different regions within Ontario

ocfpcme@ocfp.on.ca
Questions?

Webinar recording and curated Q&A will be posted soon https://www.dfcm.utoronto.ca/covid-19-community-practice/past-sessions

Our next Community of Practice: February 24, 2023

Contact us: ocfpcme@ocfp.on.ca

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

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