IPAC, boosters and digital tools for practice

COVID-19
Community of Practice for Ontario Family Physicians

March 24, 2023

Dr. Michelle Science
Dr. Chandi Chandrasena
IPAC, boosters and digital tools for practice

Moderator:
• Dr. Ali Damji, Division Head, Primary Care, Trillium Health Partners and Family Physician, Credit Valley Family Health Team, Mississauga, ON

Panelists:
• Dr. Michelle Science, Toronto, ON
• Dr. Chandi Chandrasena, Ottawa, ON

Co-hosts:
• Dr. Mekalai Kumanan, Cambridge, ON
• Dr. Liz Muggah, Ottawa, 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.
‘We have to fix it faster’: 28 First Nations communities still under boil water advisories

Posted March 22 2023 08:06pm

Today is World Water Day, but more than two billion people don't have access to a clean source, and that includes many Canadian Indigenous communities. Marney Blunt spoke with a resident from Hollow Water First Nation, who says she won't drink what comes from her tap.
Changing the way we work

A community of practice for family physicians during COVID-19

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

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

Disclosure of Financial Support

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

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

Mitigating Potential Bias

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

Planning Committee: Dr. Tara Kiran (DFCM), Dr. Mekalai Kumanan (OCFP); Dr. Ali Damji (DFCM), Dr. Liz Muggah (OH), Kimberly Moran (OCFP), Mina Viscardi-Johnson (OCFP), Julia Galbraith (OCFP), Marisa Schwartz (DFCM), Erin Plenert (DFCM)

Previous webinars & related resources:
https://www.dfcm.utoronto.ca/covid-19-community-practice/past-sessions
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- Relationships with financial sponsors:
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: Ontario College of Family Physicians
  - Others: N/A

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  • Relationships with financial sponsors:
    • Grants/Research Support: N/A
    • Speakers Bureau/Honoraria: N/A
    • Others: Ontario Health
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. Michelle Science – Panelist
Medical Advisor, IPAC, The Hospital for Sick Children; IPAC Physician, Health Protection, Public Health Ontario

Dr. Chandi Chandrasena – Panelist
Twitter: @doctorchandi
Chief Medical Officer, OntarioMD
Current Trends in Respiratory Viruses and Implications for Practice

Dr. Michelle Science
Public Health Ontario
March 25, 2023
Outline

• Respiratory Virus Epidemiology
  • Historical Trends
  • 2022 – 2023 Season
  • COVID-19 update

• Implications for practice
  • Adjusting IPAC Measures
  • COVID-19 Booster Recommendations
Historical Respiratory Virus Trends
Usual Trends in Viral Respiratory Tract Infections

Usual Trends In Influenza Activity

Positive Influenza Tests (%) in Canada by Region by Week of Report

Usual Respiratory Virus Trends - Summary

• Incidence of respiratory viruses increases in the fall and winter, when people tend to spend more time indoors.

• The onset of a steadily increasing trajectory of respiratory virus (e.g., Influenza and RSV) activity typically begins in October-November, peaks in January-February and gradually decreases until April-May

• Influenza and RSV circulate concurrently
2022 – 2023 Respiratory Virus Season
Positive RSV tests (%) reported by participating laboratories in Canada compared to average and range from 2014-2015 to 2019-2020 season

- Increase started mid-September
- Above expected levels until mid-November
- Expected levels until Feb
- Now lower than expected levels

RSV-NET: Respiratory Syncytial Virus Hospitalization Surveillance Network, Centers for Disease Control and Prevention

In the 2022-2023 season, the overall rate of RSV-associated hospitalizations was 49.5 per 100,000 people.

Rates presented likely underestimate actual rates of RSV. Hospitalization rates are based only on those who had positive test results for RSV through a test ordered by a healthcare professional; not all people hospitalized with respiratory illness are tested for RSV. Lighter-colored dashed lines for the current season indicate potential reporting delays and interpretation of trends should exclude data from recent weeks.

https://www.cdc.gov/rsv/research/rsv-net/dashboard.html
Positive Influenza tests (%) reported by participating laboratories in Canada compared to average and range from 2014-2015 to 2019-2020 season

- Increase started mid-September
- Predominantly H3N2
- Above expected levels until mid-December
- Peak end-November
- Now lower than expected levels

Positive SARS-CoV-2 tests (%) reported by participating laboratories in Canada

- No established seasonal trends
- Cases and hospitalizations remained relatively stable

Tripledemic - Summary

• Co-circulation of influenza and RSV – no different from usual respiratory seasons

• Influenza:
  • Season started early and was short and intense
  • Abnormally high burden on pediatric population

• RSV:
  • Higher than expected levels until mid-November
  • High burden on pediatric population – especially infants and younger children

• COVID-19 pandemic added to the burden
COVID-19 – Current Situation
Weekly COVID-19 Tests Completed and Percent Positivity

Figure 1. Number of COVID-19 tests completed and percent positivity by surveillance week

# COVID-19 Indicators

Table 1a. Weekly indicator change for COVID-19 in the most recent two weeks: Ontario

<table>
<thead>
<tr>
<th>Indicators</th>
<th>February 26 to March 4, 2023 (Week 9)</th>
<th>March 5 to 11, 2023 (Week 10)</th>
<th>Weekly indicator change (Lower, Similar, Higher)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laboratory-confirmed cases</td>
<td>3,909</td>
<td>3,748</td>
<td>Similar</td>
</tr>
<tr>
<td>Percent positivity</td>
<td>10.6%</td>
<td>10.4%</td>
<td>Similar</td>
</tr>
<tr>
<td>Outbreaks*</td>
<td>81</td>
<td>82</td>
<td>Similar</td>
</tr>
</tbody>
</table>

*Includes long-term care homes, retirement homes, hospitals and congregate living settings (group homes/supportive housing, shelters and correctional facilities).

Data Source: CCM for case and outbreak data, Provincial COVID-19 Diagnostics Network for percent positivity data

Ontario Wastewater

Reference: COVID-19 Wastewater Surveillance in Ontario | Public Health Ontario

(published: March 16, 2023)
Omicron Sub-lineages
SARS-CoV-2 Variants of Concern

• Omicron (B.1.1.529), including descendent lineages, is the predominant circulating variant in Canada

• Omicron was designated a variant of concern November 28, 2021

• Previous variants of concern include:
  • Alpha (B.1.1.7)
  • Beta (B.1.351)
  • Gamma (P.1)
  • Delta (B.1.617.2)

Percentage of COVID-19 Cases by the Most Prevalent Lineages and Week, Representative Surveillance, Ontario, March 6, 2022 to March 4, 2023

Reference: SARS-CoV-2 Genomic Surveillance in Ontario, March 17, 2023 | Public Health Ontario®
Prevalence of XBB.1.5 in Ontario Is Increasing

Finalized number and percentage of cases by Pango lineage and week, representative surveillance, Ontario, February 5 to March 4, 2023

<table>
<thead>
<tr>
<th>WHO label/Pango lineage</th>
<th>Week 6 (February 5 - February 11)</th>
<th>Week 7 (February 12 - February 18)</th>
<th>Week 8 (February 19 - February 25)</th>
<th>Week 9 (February 26 - March 4)</th>
<th>Total (February 5 - March 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Omicron</td>
<td>1,537 (60.7%)</td>
<td>1,337 (54.2%)</td>
<td>1,071 (46.6%)</td>
<td>808 (38.9%)</td>
<td>4,753 (50.7%)</td>
</tr>
<tr>
<td>BQ.1.1</td>
<td>456 (18.0%)</td>
<td>381 (15.5%)</td>
<td>367 (16.0%)</td>
<td>218 (10.5%)</td>
<td>1,422 (15.2%)</td>
</tr>
<tr>
<td>BQ.1</td>
<td>109 (4.3%)</td>
<td>79 (3.2%)</td>
<td>58 (2.5%)</td>
<td>84 (4.0%)</td>
<td>330 (3.5%)</td>
</tr>
<tr>
<td>CH.1.1</td>
<td>82 (3.2%)</td>
<td>91 (3.7%)</td>
<td>59 (2.6%)</td>
<td>50 (2.4%)</td>
<td>282 (3.0%)</td>
</tr>
<tr>
<td>BQ.1.1.65</td>
<td>29 (1.1%)</td>
<td>73 (3.0%)</td>
<td>27 (1.2%)</td>
<td>35 (1.7%)</td>
<td>164 (1.7%)</td>
</tr>
<tr>
<td>BQ.1.2</td>
<td>16 (0.6%)</td>
<td>23 (0.9%)</td>
<td>24 (1.0%)</td>
<td>41 (2.0%)</td>
<td>104 (1.1%)</td>
</tr>
<tr>
<td>BQ.1.1.40</td>
<td>32 (1.3%)</td>
<td>26 (1.1%)</td>
<td>20 (0.9%)</td>
<td>19 (0.9%)</td>
<td>97 (1.0%)</td>
</tr>
<tr>
<td>BQ.1.1.1</td>
<td>26 (1.0%)</td>
<td>49 (2.0%)</td>
<td>8 (0.3%)</td>
<td>13 (0.6%)</td>
<td>96 (1.0%)</td>
</tr>
<tr>
<td>BQ.1.14</td>
<td>31 (1.2%)</td>
<td>26 (1.1%)</td>
<td>13 (0.6%)</td>
<td>26 (1.3%)</td>
<td>96 (1.0%)</td>
</tr>
<tr>
<td>Other BQ lineages</td>
<td>547 (21.6%)</td>
<td>429 (17.4%)</td>
<td>365 (15.9%)</td>
<td>226 (10.9%)</td>
<td>1,567 (16.7%)</td>
</tr>
<tr>
<td>Other BF lineages</td>
<td>37 (1.5%)</td>
<td>20 (0.8%)</td>
<td>14 (0.6%)</td>
<td>5 (0.2%)</td>
<td>76 (0.8%)</td>
</tr>
<tr>
<td>Other BA.5</td>
<td>109 (4.3%)</td>
<td>85 (3.4%)</td>
<td>77 (3.4%)</td>
<td>46 (2.2%)</td>
<td>317 (3.4%)</td>
</tr>
<tr>
<td>Other BA.4</td>
<td>3 (0.1%)</td>
<td>0 (0.0%)</td>
<td>1 (&lt;0.1%)</td>
<td>0 (0.0%)</td>
<td>4 (&lt;0.1%)</td>
</tr>
<tr>
<td>Other BA.2</td>
<td>60 (2.4%)</td>
<td>55 (2.2%)</td>
<td>37 (1.6%)</td>
<td>44 (2.1%)</td>
<td>196 (2.1%)</td>
</tr>
<tr>
<td>Other BA.1</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
<td>1 (&lt;0.1%)</td>
<td>1 (&lt;0.1%)</td>
<td>2 (&lt;0.1%)</td>
</tr>
<tr>
<td>Recombinant</td>
<td>994 (39.3%)</td>
<td>1,129 (45.8%)</td>
<td>1,226 (53.4%)</td>
<td>1,271 (61.1%)</td>
<td>4,620 (49.3%)</td>
</tr>
<tr>
<td>XBB.1.5</td>
<td>887 (35.0%)</td>
<td>1,021 (41.4%)</td>
<td>1,087 (47.3%)</td>
<td>1,132 (54.4%)</td>
<td>4,127 (44.0%)</td>
</tr>
<tr>
<td>XBB.1.5.7</td>
<td>17 (0.7%)</td>
<td>32 (1.3%)</td>
<td>58 (2.5%)</td>
<td>45 (2.2%)</td>
<td>152 (1.6%)</td>
</tr>
<tr>
<td>XBB.1.9.1</td>
<td>11 (0.4%)</td>
<td>10 (0.4%)</td>
<td>15 (0.7%)</td>
<td>16 (0.8%)</td>
<td>52 (0.6%)</td>
</tr>
<tr>
<td>Other recombinant</td>
<td>79 (3.1%)</td>
<td>66 (2.7%)</td>
<td>66 (2.9%)</td>
<td>78 (3.8%)</td>
<td>289 (3.1%)</td>
</tr>
<tr>
<td>Total sequenced</td>
<td>2,531 (100%)</td>
<td>2,466 (100%)</td>
<td>2,297 (100%)</td>
<td>2,079 (100%)</td>
<td>9,373 (100%)</td>
</tr>
</tbody>
</table>

Reference: SARS-CoV-2 Genomic Surveillance in Ontario, March 17, 2023 | Public Health Ontario
Estimated Daily Prevalence(%) by Pango Lineage, using Nowcast Model, Ontario, January 22, 2023 to March 25, 2023

Reference: SARS-CoV-2 Genomic Surveillance in Ontario, March 17, 2023 | Public Health Ontario®
Updated World Health Organization (WHO) XBB.1.5 Risk Assessment

• The **WHO** XBB.1.5 risk assessment (2023/02/24)
  • Based on its genetic characteristics and early growth rate estimates, XBB.1.5 is likely to further contribute to increases in case incidence globally.
  • High strength evidence of increased transmission risk
  • Moderate-strength evidence for immune escape
  • No early signals of changes or increases in severity – also noted that XBB.1.5 does not carry any mutation known to be associated with potential change in severity (such as S:P681R )

https://www.who.int/docs/default-source/coronaviruse/24Feb2023_xbb15_rapid_risk_assessment.pdf
Implications for Practice - Adjusting IPAC Measures
Adjusting IPAC Measures

• Several IPAC measures have been implemented in health care settings in order to minimize infection transmission and preserve operations

• As respiratory virus activity changes, additional IPAC measures can be safely adjusted during periods of increasing or decreasing respiratory virus transmission risk
  • Preventing harm to vulnerable patients
  • Reducing transmission risk within the health care facility
  • Protecting staff
  • Preserving operational capacity

• Routine Practices are required for all clinical interactions
Routine Practices

• Transmission of SARS-CoV-2 from unrecognized cases (e.g., asymptomatic, pre-symptomatic) led to the implementation of extra IPAC measures incorporated into the existing Routine Practices during the COVID-19 pandemic
  • Routine masking
  • Routine eye protection
Transmission Risk Framework

• High Transmission Risk
  • Respiratory virus season onset until stable sustained decline in community incidence
  • Other periods:
    • Outbreaks in health care facilities
    • Hospitalizations and ICU admissions
    • Community transmission – positivity rates, wastewater trends

• Non-High Transmission Risk
Masking

• During all risk periods, masking should be consistent with Ministry Guidance for Primary Care or (if no specific guidance) at a minimum be consistent with community masking guidance for indoor spaces

• Masking Considerations for Primary Care
  • HCW masking for direct patient care
  • HCW and other staff masking in clinical / office space
  • Patient masking during direct patient care
  • Patient masking in waiting areas
Masking

• HCW masking for direct patient care
  • High risk periods: masking recommended (targeted clinical masking)
  • Non-high risk periods: consider masking
    • e.g. when providing direct care to high risk patients (e.g. immunocompromised), especially when prolonged direct care is provided

• HCW and other staff masking in clinical / office space
  • High risk periods: consider based on space, potential for exposure to patients / other staff and risk assessment in the event of a staff exposure
  • Non-high risk periods: consider situationally based on practice risk assessment
Masking

• Patient masking in common areas (e.g. waiting areas)**
  • High risk periods: recommend masking (consistency with staff important to consider)
  • Non-high risk periods: consider masking
    • e.g. where there may be close prolonged exposure to a large number of individuals, unable to distance

• Patient masking during direct patient care
  • High risk periods: consider for prolonged interactions where masking won’t interfere with clinical assessment
  • Non-high risk periods: situational

**Asymptomatic patients. Patients with respiratory symptoms should be provided a mask and placed in a single patient room.
Implications for Practice - COVID-19 Boosters
COVID-19 Vaccine Guidance

Version 5.0 February 28, 2023

Summary of Changes

- Addition of the **bivalent Moderna BA.4/5 product** (page 11, 26-27, and 37-38)
- Health Canada authorization for **bivalent Moderna BA.1 for individuals 6-17 years** (page 11-12, 23, 25-27, and 36-38)
- Addition of **Novavax for primary series in individuals 12 years and older** (page 6, 9, 23, and 40)
- Inclusion of the **OLAC Errors and Deviations resource** (page 21)
- Addition of **Imvamune® and COVID-19 vaccine coadministration recommendation** (page 13)
- **Additional scenarios** for individuals 6 months to 5 years receiving COVID-19 vaccines (page 50-53)

COVID-19 Boosters

• Recommended for high-risk groups:
  • Individuals aged 65 years and older
  • Adult residents of long-term care homes, retirement homes, elder care lodges and other congregate living settings for seniors or those with complex medical care needs
  • Individuals aged 18 years or older with moderate to severe immunocompromising conditions
  • Pregnant Individuals
  • Individuals aged 55 years and older who identify as First Nations, Inuit or Métis and their non-Indigenous household members aged 55 years and older

• Recommended Interval:
  • 6 months since last COVID-19 vaccine dose or a confirmed COVID-19 infection
Key References:


For More Information About This Presentation, Contact:
michelle.science@oahpp.ca

Public Health Ontario keeps Ontarians safe and healthy. Find out more at PublicHealthOntario.ca
FINDING TIME IN YOUR DAY

Dr. Chandi Chandrasena CCFP FCFP
Chief Medical Officer OMD

Covid-19 Community of Practice
Friday, March 24, 2023
What does OMD do?

• **Understanding Physician/Clinic Needs**
  - Experts in all certified EMRs
  - Building tools and flow
  - Practice Advisors and Peer Leaders

• **Education & Knowledge Translation and Communication**
  - Change Management and Practice Advisory specialists
  - Digital health education, webinars, modules, conference

• **Focused Digital Health Advocacy**

• **Vendor Engagement & Certification**
  - EMR Certification
  - EMR advocacy

Approach technology from a “reducing digital burden” lens with the clinician at the centre.
COVID-19

- **COVID-19 Pandemic declared**
  - March 2020

- **Ontario Virtual Care Clinic launched**
  - April 2020

- **Ontario begins administering COVID-19 vaccinations**
  - December 2020

- **HRM began delivering patients’ COVaxON vaccination reports to identified Primary Care Providers**
  - May 2021

- **Enhanced: More PCPs are receiving patients’ vaccination reports due to matching with enrollment data (Advocacy)**
  - July 2021

- **Health Report Manager began delivering notifications of COVID-19 test results in OLIS**
  - April 2020

- **Enhanced: Notifications of positive test results only (Advocacy)**
  - November 2020

- **OMD began delivering COVaxON Training**
  - March 2021

- **OMD published tools and toolkits to help primary care clinicians reconcile vaccination data in Ontario Health’s eReport**
  - June 2021
OBJECTIVES

• Give an overview of what technology I use in my clinic for in-person visits (a day in my life)

• Advocacy for decreasing administrative burden (HRM Task Force etc.)

• What is coming down the pipeline and what projects are underway
Day in the life of an administratively overloaded family doctor desperately trying to find some time.
We are not using our EMRs to their full potential.

- **Identify inefficient processes** that are time-consuming, redundant, or not adding value. This could include unnecessary data entry, repetitive documentation, or manual tasks that can be automated.

- **Customize your EMR** to fit your practice and patient needs: This could include templates, stamps, toolbars, forms and clinical decision support tools that help streamline your workflow.

- **Leverage technology** tools within your EMR and outside your EMR to automate routine tasks, such as appointment reminders, prescription refills, or test result notifications, booking. Consider using voice recognition software to reduce typing time and increase documentation accuracy.

- **Outsource administrative tasks** such as appointment scheduling (OAB), third party billing to a vendor, and others.

- **Train and delegate** to your staff. How to use the EMR efficiently and delegate tasks to team members as appropriate (preventive care, etc.) This can help distribute the workload and increase efficiency. **

- **Regularly review your workflow** identify opportunities for improvement. Solicit feedback from your staff and patients to identify pain points and areas where you can streamline your workflow. **Make this part of your CPSO QI project.**

**Guaranteed this will find you some time! We can help you do this with our Practice Advisory Service and Peer Leaders.**
# TOOLS IN MY PRACTICE to help save time

<table>
<thead>
<tr>
<th>Tool</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Website (Wix.com; free)</td>
</tr>
<tr>
<td>Booking via patient portal (OAB)</td>
</tr>
<tr>
<td>Secure messaging: EMR portal</td>
</tr>
<tr>
<td>E-forms to patients (OCEAN)</td>
</tr>
<tr>
<td>E-forms to patients (OCEAN)</td>
</tr>
<tr>
<td>Video visits (PS Telus, OTN)</td>
</tr>
<tr>
<td>Remote monitoring (Home BP machines)</td>
</tr>
<tr>
<td>Registration Kiosk in waiting</td>
</tr>
<tr>
<td>EMR use and Workflow: increase</td>
</tr>
</tbody>
</table>

Making the Appointment

- Phone
- Online booking
- Email
- Walk-in
- Text
Pre-Appointment: My OFFICE FLOW (Delegation, training and add-on tech)

- Staff makes sure that patient has email in EMR (confirm when booking) and has registered for the patient portal.

- Make sure they are aware to check email/junk mail BEFORE appointment.

- Staff – can take consent for virtual appointment, explain timing, explain private.blocked number, get preferred contact # OR send via portal or email, explain missed appt fee..

- Make sure to get a reason for the appointment. If for depression, send PHQ9, GAD7, MDQE and others. If concussion: send SCAT and symptom and BRAIN INJURY forms. If Opioid visit: then send those forms. There is a form for everything (OCEAN, POMELO).

- Ask patients to send photos if needed and to have vitals ready for the visit (ie Sugars, BP etc).

- Staff will put in templates for the visit (DM, WELL BABY, CHF, etc.

- You can send labs and reqs ahead of appointments if you want it done for the appointment. (POMELO, MEDEO, JUNO, OCEAN)

- At times, I cancel the appointment as not needed or is too soon as I can solve their issue via Portal (this is the privilege of being in a FHO).
Patient with Depression (Before Appointment)

Coming for depression and they are asked to fill out forms prior to the appointment. (OCEAN) PHQ9, GAD7, Suicidal Risk and others

A list of resources can be sent beforehand (staff can do this) for CRISIS LINE and advice to go to ER if acutely suicidal. (HEALTH MYSELF/POMELO)

Handout on free CBT resources on-line and also INKBLOT (great app for psychotherapy) can be sent. (HMS)

Takes time to train staff to send these automatically when patient calls for these types of appointments, but saves time later. ***
At the Visit: Depression

I review patient responses that are in the chart (I add explanations as I take a history and make it part of my note).

I have an encounter assistant/template for depression that prompts my questions and aids in charting.

I am unsure if any medications prescribed by others and patient is on ODB so I can use DHDR to look up their medications.
<table>
<thead>
<tr>
<th>Secure Messaging: I send patient a summary of the plan with necessary resources.</th>
</tr>
</thead>
<tbody>
<tr>
<td>I send them for bloodwork and ECG and requisition is sent via portal (cuts back on lost requisitions)</td>
</tr>
<tr>
<td>I prescribe a medication that is efaxed/prescribeIT to the pharmacy directly</td>
</tr>
<tr>
<td>I send them a Rx psychotherapy if requested with invoice (if applicable) via OCEAN or portal</td>
</tr>
<tr>
<td>When I bill the visit, I also invoice $15 to the patient (if applicable) and send a message to my office staff to manage.</td>
</tr>
<tr>
<td>My office manager sends a template letter to the patient via the portal asking for payment via e-transfer or via Square (online) or can delegate to third party vendor.</td>
</tr>
</tbody>
</table>
What else is on the horizon?

- Automated scribes
- Collaborative care records
- Auto coding
- Data visualization/dashboards
- Data movement to follow the patient
- Patient Summary (national and provincial)
- DHDR (digital health drug repository) improvements
- DHIR (digital health immunization repository)
- Working with OHTs on their digital needs
Decreasing the Administrative Burden

- Hospital Reports via HRM to your EMR and the HRM Task Force
- OMA Forms Committee
- OMA Burnout Task Force
### Current State Assessment - Key Concerns and Root Cause [Step 1]

<table>
<thead>
<tr>
<th>Key Concerns</th>
<th>Root Cause</th>
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<tr>
<td><strong>Volumes of reports received</strong>&lt;br&gt;High volume of reports sent through HRM, not all clinically significant (i.e. Nursing note)</td>
<td>• No policy/standard for hospitals on ‘core set’ of reports to be sent via HRM/fax (particularly from acute care settings – results in high volume of reports in particular during in patient stays)</td>
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<td><strong>Duplication of reports</strong>&lt;br&gt;(a) Inability to suppress faxed results – i.e. 2 copies sent to primary care for every MR and DI report&lt;br&gt;(b) Same report sent electronically multiple times - draft and final copies&lt;br&gt;(c) Duplicate diagnostic reports (PACs system generated duplication)</td>
<td>(a) No proactive lab report distribution mechanism for some HIS vendors (ex. EPIC based hospitals), inconsistent fax suppression operational practices across sending facilities&lt;br&gt;(b) Draft reports not recommended however no mandatory requirement not to send&lt;br&gt;(c) Requires further investigation with Picture Archiving and Communication Systems (PACS) vendor</td>
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<td><strong>PDF reports</strong>&lt;br&gt;Hospital reports sent in PDF format as opposed to text (Increasing trend for HIS vendors to contribute PDFs)</td>
<td>• PDF is an acceptable report type for HRM contribution (per aCDR Input Standard) however not preferred format from data quality perspective in downstream systems</td>
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<td><strong>Specificity &amp; standardization of report categories</strong>&lt;br&gt;• Report types vary by SF (local codes sent)&lt;br&gt;• Propensity for generic report types (ex. Consult report vs. Internal Medicine Consult)&lt;br&gt;• EMR workflow considerations for generic report types</td>
<td>• No policy/guideline for hospitals to align to for report labelling standardization</td>
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<td><strong>Lengthy reports</strong>&lt;br&gt;Reports that are several pages long with inconsistent formatting</td>
<td>• No standard for hospitals on content of reports, structure of reports&lt;br&gt;• Variety of HIS implementations and associated functionality across the province</td>
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<td><strong>Receiving location</strong>&lt;br&gt;Clinicians receive the same report in all EMR instances/locations.</td>
<td>• HRM report delivery based on clinician EMR instance not patient location</td>
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HRM® Task Force

**Background:**

Users of HRM, specifically primary care physicians, have raised a number of issues they have experienced while using HRM. An overview of these issues are below:

- Volume of reports received
- Duplication of reports creating more work
- Timing of the reports and when you receive them
- Categorization of the reports as they come from the sending facility
- Readability of reports
- Receiving location (a barrier for many physicians who work at multiple locations, 15-20% clinicians)

OMD established the **HRM Experience Improvement Task Force** to bring together key stakeholders and health system partners to examine these issues and look for collective solutions to close the gaps. The Task Force is necessary to navigate the complexities around optimal use of HRM, involving stakeholders from multiple entities is fundamental for resolving the issues.

**Initiative Timeline:** March 2022 – November 2022 EXTENDED
Thank You!
Questions and Discussion

Digital Health E-tips: Email info@ontariomd.com to sign up or visit OntarioMD.ca and sign up on the home page
EMR Community of Practice (CoP): Contact communities@ontariomd.com to join

Contact support@ontariomd.com / 416-623-1248 / Toll-free: 1-866-774-8668

ontariomd.ca
ontarioemrs
ontariomd
ontariomd.blog
APPENDIX
Extra Information
OMD ADVISORY SERVICE

We are here for you

- Your main contacts – OMD staff are located across Ontario - work around your schedule
- Discuss your needs virtually, help you select and implement a certified EMR and other digital health tools
- Establish and improve workflows using your EMR
- Advise you about the importance of entering data correctly to ensure data quality, effective searches, etc.
- Enroll you in provincial digital health services
Peer Leaders

- A network of over 60 physicians, nurses and clinic managers who are expert users of OMD-certified EMRs
- They provide consulting services for practices that can lead to more efficient EMR, digital health and virtual care use and better workflows
- Peer Leaders are a complimentary service for physicians
- Request a Peer Leader at peer.leader.program@ontariomd.com
Verified Solutions List for Virtual Visits


- OMD is in the process of validating them currently
How does OMD know so much about EMRs?

We’ve got an EMR Lab!

• Test EMR functionality and solve problems
• Test integrations between EMRs and digital health tools
• Test privacy and security permissions
• Adding more third party tools integrated with EMRs
Quality Improvement Education

- OMD has partnered with the University of Ottawa to offer virtual, interactive quality improvement (QI) courses for family physicians, specialists and their teams.

- Courses advance QI skills and are useful for those who are working on their CPSO QI/QA practice improvement plans.

- Courses are offered in cohorts (3 courses per cohort; 9 hours in total)

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<tr>
<th>2023 Cohorts</th>
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<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<td>January 20</td>
<td>March 10</td>
<td>April 28</td>
<td>October 20</td>
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<td>February 10</td>
<td>April 14</td>
<td>May 26</td>
<td>November 17</td>
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<td>March 3</td>
<td>May 12</td>
<td>June 23</td>
<td>December 8</td>
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More information and to register: https://uottawacpd.eventsair.com/cmspreview/qi2023/
Drug information in your EMR

Patient Benefits

• Don’t have to tell their physicians which drugs they’re taking
• Better outcomes and decreased risk of adverse drug events
• Consolidated medication history to better inform all physicians

Practice Benefits:

You can securely view:

• All dispensed monitored drugs (narcotics, controlled substances, opioids)
• COVID-19 vaccination data
• Publicly-funded/ODB drugs dispensed in Ontario securely
• Publicly-funded pharmacy services (e.g., MedsCheck Program medication reviews, pharmacist-administered flu vaccines)
Register for OntarioMD.ca

Your gateway to useful information and education

• Privacy & Security Training Modules
• EMR Progress Assessment (survey to assess how well you’re using your EMR)
• Store your digital health user agreements (eAreements)
• Use the Health Card Validation app
• Sponsor staff to use some of these tools
• More features coming!
Sign up for the Digital Health eTips Newsletter

• Monthly eNewsletter full of news, tips and advice
• Find out when our complimentary webinars are happening
• ≈23,000 recipients
• Email info@ontariomd.com to sign up or visit OntarioMD.ca and sign up on the home page
Join an EMR Community of Practice (CoP)

• Meet your colleagues, EMR vendors and OMD Advisors once a quarter
• Discuss workflow issues, vendor features, new OMD initiatives, and more!

1. P&P Data Systems CIS
2. QHR Accuro® (On Hold)
3. TELUS PS Suite & CHR
4. WELL OSCAR

Contact communities@ontariomd.com to join
Call for reviewers:

- **General review of the curriculum** – You will be provided with a survey link to complete after reviewing the modules. This will take approximately 30 minutes and there will be no reimbursement for your time.

- **MainPro review** – You will be provided with a survey link to complete and you will be asked to track how much time it took you to move through each module. This will take approximately 5-7 hours and you will receive a small honorarium ($250) for your time.

If interested please contact Erin Plenert at erin.plenert@utoronto.ca

https://dfcm.utoronto.ca/primary-care-clinician-educational-series
Celebrate the vital contributions family doctors make to keep their patients and communities healthy.

Nominate a colleague, or yourself, for a 2023 OCFP Award.

Deadline for nominations: March 26, 2023

For more information or to make a nomination: ontariofamilyphysicians.ca/ocfp-awards

Questions? awards@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: April 14, 2023

Contact us:  ocfpcme@ocfp.on.ca

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

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

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