



South West Primary Care Alliance

Wednesday June 27, 2018

6:00 – 8:00 pm

Location: South West LHIN, 201 Queens Ave., 7th Floor Boardroom, London

In attendance

√	Gord Schacter	√	Laura Neumann	√	Mia Segal	√	Alexa Attard
√	Andrea Mok	√	Brooke Clark	√	David Cavanaugh	x	Elaine Thurgood
√	Frank Rubini	x	Jeff Price	√	John Jordan	√	John McClelland
√	Helen Robinson	√	Natalie Lovesey	x	Pearl Langer	√	Phil Vandewalle
x	Sangeeta Vaideswaran	√	Soofia Kazi	√	Stephen Wetmore		

Presenters:	Brenna Velker	Chris Mackie	Janel Gracey	Robert Gratton
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Minutes

Topic or Subject	Presenter	Minutes/Actions
Welcome and Introductions	Co-Chairs; Dr. Gord Schacter/ Dr. Laura Neumann	<ul style="list-style-type: none"> Gord welcomed everyone and then asked for roundtable introductions With the new government at this time, catering for meetings are no longer available and there is currently a hiring freeze within the LHIN Currently the new government has extended an olive branch to the OMA
Update on the London Sub-region	Dr. Gord Schacter	<ul style="list-style-type: none"> Psychotherapy in the Province <ul style="list-style-type: none"> Big White Wall, BounceBack and Increasing Access to Structured Psychotherapy Ontario (not being launched in the South West LHIN) BWW is a community of members, it is like Facebook and participants are anonymous. For any provider to be familiar, we have a shared user login/password for showing BWW to your patients without using one of the 13,000 licenses, we are not to post to any of the boards BounceBack you refer your patient with a PHQ9 and then when the patient has proceeded through the steps BounceBack will complete another PHQ9 and send to referring physician ACTION: Gord & Laura to follow up on the patient side of BounceBack ACTION: Provide the user name and password login in details to Primary care providers (MD, ?SW) CPSO Draft Policy for Primary Care providers <ul style="list-style-type: none"> Manage coverage Manage tests and confirm receipt of your referral ACTION: provide link for feedback to CPSO Draft Policy <ul style="list-style-type: none"> What is urgent care clinic? Bradley is a urgent care in the community, and St. Joe's is also urgent care but in hospital Emergency Departments. has access to ClinicalConnect but some walk in clinics do not have access to ClinicalConnect This is a six month feedback process, it would be more powerful by a group of providers to give feedback Kellie Scott in Elgin has started a feedback process and she will share with the other sub-region PCAs

		<ul style="list-style-type: none"> • MyChart <ul style="list-style-type: none"> ○ patient portal is being designed for Southwestern Ontario patients ○ the project will allow patients and families to access some of their health information utilizing the ClinicalConnect platform ○ HRM with EMR if you don't have HRM reports will be sent by paper rather than electronically • Ontario Privacy and Security Training Module <ul style="list-style-type: none"> ○ module through OntarioMD, access by you as physician or by your staff ○ how many of our staff have had privacy training (we have cyber insurance), what is the evidence to show your staff is trained ○ it is an accredited course and takes about 45 minutes
Middlesex-London Public Health Update	Dr. Chris Mackie	<p>Supervised Consumption Sites:</p> <ul style="list-style-type: none"> • we are in the midst of a drug crisis, we have an average of 40 deaths per year • we have another 30 dying of unsafe injections, hydromorph brings infection through the injection site • HIV; Group A invasive strep and only half are unsafe injections, but not all are in this higher population • 40 new HIV cases diagnosed last year • 4 pillars drug strategy include harm reduction, prevention, enhanced prevention treatment and enforcement • safe/supervised injection site will not solve all but will help provide support in the community • temporary site has been open since May in conjunction with HIV services • we have security so there is no loitering around the area outside the facility and we are in constant contact with police and businesses in the area and there has been no criminal increase around the site • at the site there is the intake process, the consumption room (4 booths) and after care rooms • we are proposing 4 sites, 3 fixed and 1 mobile <p>Update on Vaccination Reporting requirements:</p> <ul style="list-style-type: none"> • there was to be a piece of legislation for all physicians to report vaccinations however, the new government felt the process is not ready yet • I was approached by BORN Ontario (http://www.bornontario.ca) looking for childhood obesity and pulling from EMRs - what is the portal through the back end? <ul style="list-style-type: none"> ○ BORN collects data from pregnancy/birth to adulthood (18 yrs. of age) • I would like to connect with this person <p>ACTION: Laura Neumann to share the BORN Ontario contact with Chris Mackie</p>
Chronic Non Malignant Pain and the use of Medical Marijuana	Dr. Janel Gracey	<ul style="list-style-type: none"> • what can we use instead of opioids and how to reduce opioids - tramadol in the middle east is a huge overly used opioid • pain is the CBD factor, the more CBD you have it reduces the THC high, it is an addictive substance and it is abuse able • in 10 years they may be scaling back the medical cannabis

		<ul style="list-style-type: none"> • it will be legal in October so the police are not enforcing as strongly as they did in the past • there are cannabis dispensaries - the one good thing they are not pushing smoking marijuana • if prescribed marijuana you can restrict to CBD oils rather than dry • there is not much evidence to support medical marijuana in the clinical world • I have had some patients in my clinic reduce their opioid with CBD oil, very low or no THC (patients are not to drive for 12 hours), it decreases motivation, be cautious • Edible products, the results are not absorbed for a while and, start with a low dose • Naltrexone will have a DIN on June 29th, <ul style="list-style-type: none"> ○ Will there be legislation on the THC/CBD levels? • the THC/CBD levels will be identified but what a person buys is up to them; an informed public is asking for CBD • recreational will be taxed highly but medical will be less expensive • Suboxone is for the chronic pain patient, it erases their tolerance levels for their prescription pain medication • as Primary Care providers there is a need to be more aware that the opioid volumes are growing very fast and • there is online suboxone training https://www.suboxonetrainingprogram.ca/en/
<p>Postnatal health and wellness: implementing the PCMCH and ACOG standards of care for all patients.</p>	<p>Dr. Brenna Velker/ Dr. Robert Gratton</p>	<p>The new Postnatal Clinical Guidelines:</p> <ul style="list-style-type: none"> • Location - Thompson Medical Clinic; Admin Services; Physician services; Allied Health; partnerships • working on getting an IBCLC or Public Health Nurse on site; peds ER direct referrals; group programming; patient education material • This clinic would be for the first month maximum <p>Provide feedback on a possible new Postnatal Wellness Clinic:</p> <ul style="list-style-type: none"> • the OB clinic is giving the patients without a Primary Care provider a list of potential Primary Care providers <ul style="list-style-type: none"> ○ what you are proposing is a great start for the patients that do not have a family physician ○ I would refer because most of my patients are not connected to Primary Care ○ Newborns are not rostered - in FHTs if you create a barrier then we need to send to Brenna but we need to build this capacity ○ Team based care and what programs you decide to run in your practice, depends on your team structure ○ exercise a note of caution, a clinic for patients not attached to Primary Care, I worry about us setting up clinics and interrupting the patient/physician relationship, it is about the education ○ the deconstruction of focused Primary Care, the best home based care within your team based care, you may have colleagues you can work with ○ how do we get the guidelines to Primary Care and how does a physician get educated, starting with unattached patients is a perfect model to study to the next stage ○ there is a real need for unattached patients, 20 years ago this was identified as a problem, public health was to visit within 48 hours of

		<p>birth, is starting to come back, what happened and why did it stop, is it funding, it is training, we can't all become breastfeeding experts.</p> <ul style="list-style-type: none"> ▪ the HBHC program is still function in 2009 the Ministry changed the funding, 48 hours the mom gets a call and only high risk socio-economic gets a home visit, at the time when it was universal, enhanced our breastfeeding clinics, we did an evaluation on drop ins, they need that in home visit for breastfeeding. We did launch an in home visit in June, it is a voluntary program. ○ what is the capacity for the home visit program, <ul style="list-style-type: none"> ▪ we have a large team for that, 4 lactating specialists, the nurses are all trained in breastfeeding ▪ moms at the bedside are told about the HBHC and breastfeeding and they try to get the breastfeeding done at 3 to 4 days of birth <p>ACTION: To get a couple of interested parties connected with Brenna</p>
	Co-Chairs	<p>Closing Remarks:</p> <ul style="list-style-type: none"> • Thank you to this evenings presenters and being aware of the time the meeting is adjourned. 8:20 pm
Upcoming LM PCA meetings		<ul style="list-style-type: none"> • Wednesday, September 19, 2018; Location: TBD • Wednesday, November 21, 2018; Location: TBD • Cancer FIT program