

Practising Well: Your Community of Practice

January 26, 2022

Panelists:

Dr. Larisa Eibisch

Dr. Jonny Grek

Dr. Lori Regenstreif

With Drs. Javed Alloo, Melissa Holowaty and
Peter Selby



Working with patient social losses through the pandemic



Ontario College of
Family Physicians

**Practising
Well**
Teaching.
Learning.
Connecting.



Family & Community Medicine
UNIVERSITY OF TORONTO

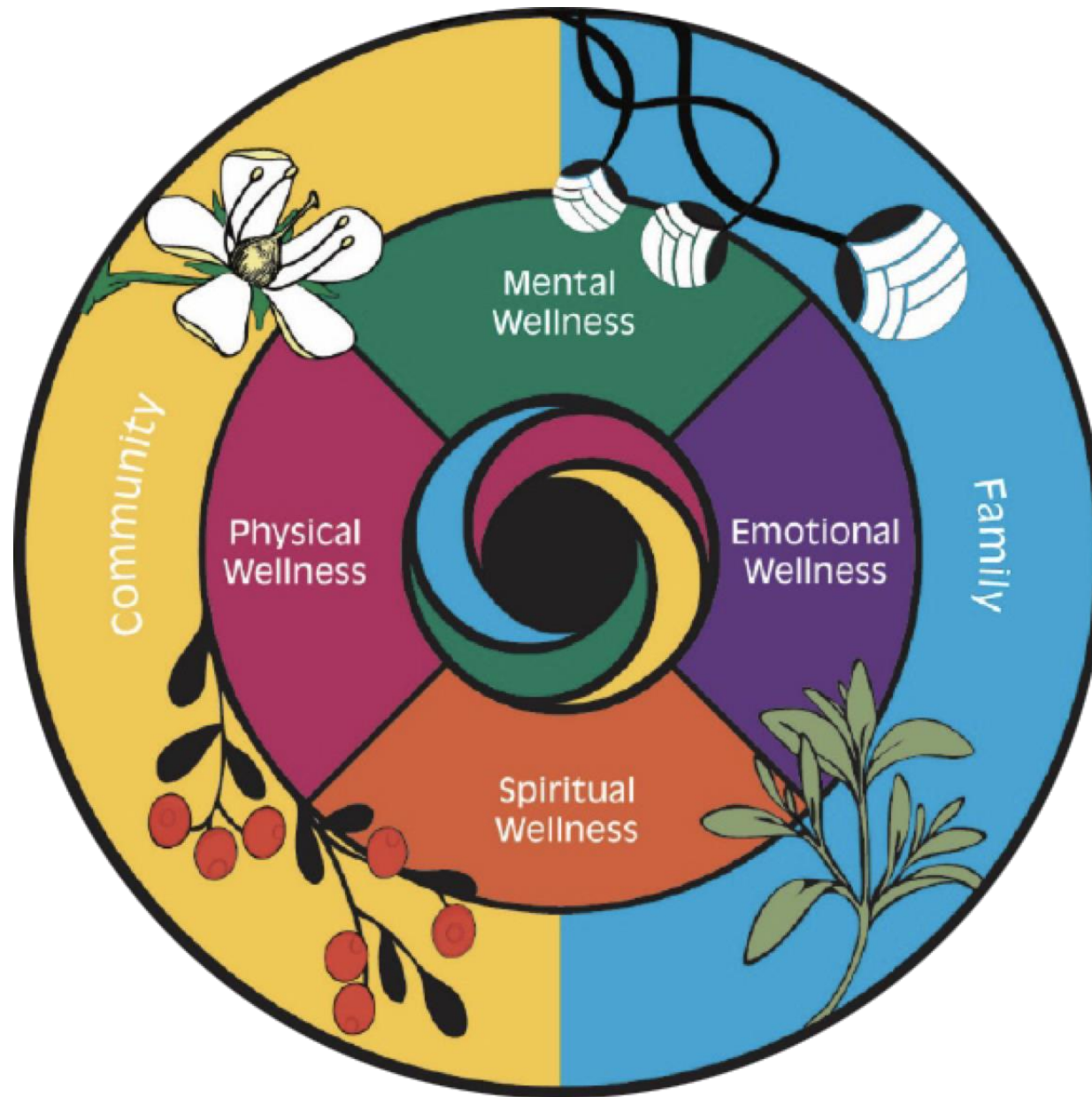


We acknowledge that the lands on which we are hosting this meeting include the traditional territories of many nations.

The OCFP and DFCM recognize that the many injustices experienced by the Indigenous Peoples of what we now call Canada continue to affect their health and well-being. Even today, as we meet in this virtual space for reasons of improving wellness, many Indigenous communities face barriers of access to the internet and the opportunities it brings.

The OCFP and DFCM respect that Indigenous people have rich cultural and traditional practices that have been known to improve health outcomes.

I invite all of us to stay mindful and reflect on this from the territories where you sit or stand today, as we commit ourselves to gaining knowledge, forging a new, culturally safe relationship, and contributing to reconciliation.



Medicine Wheel

First Nations, Inuit and
Metis Wellness ECHO
at CAMH

Your Panelists: Disclosures



Dr. Larisa Eibisch

Relationships with financial sponsors (including honoraria):

- Ontario College of Family Physicians – Practising Well CoP Speaker
- Indivior Canada – Consultant and Speaker Bureau
- Master Clinician Alliance – National Advisory Board



Dr. Lori Regenstreif

Relationship with financial sponsors (including honoraria):

- Ontario College of Family Physicians – Practising Well CoP Speaker
- Indivior – Speaker and Injection Skills Training; Advisory Board for Sublocade and Suboxone Film
- Drug Intelligence



Dr. Jonny Grek

Relationships with financial sponsors (including honoraria):

- Ontario College of Family Physicians – Practising Well CoP Speaker

Disclosures

Dr. Melissa Holowaty @MnHolowaty

Relationships with financial sponsors (including honoraria):

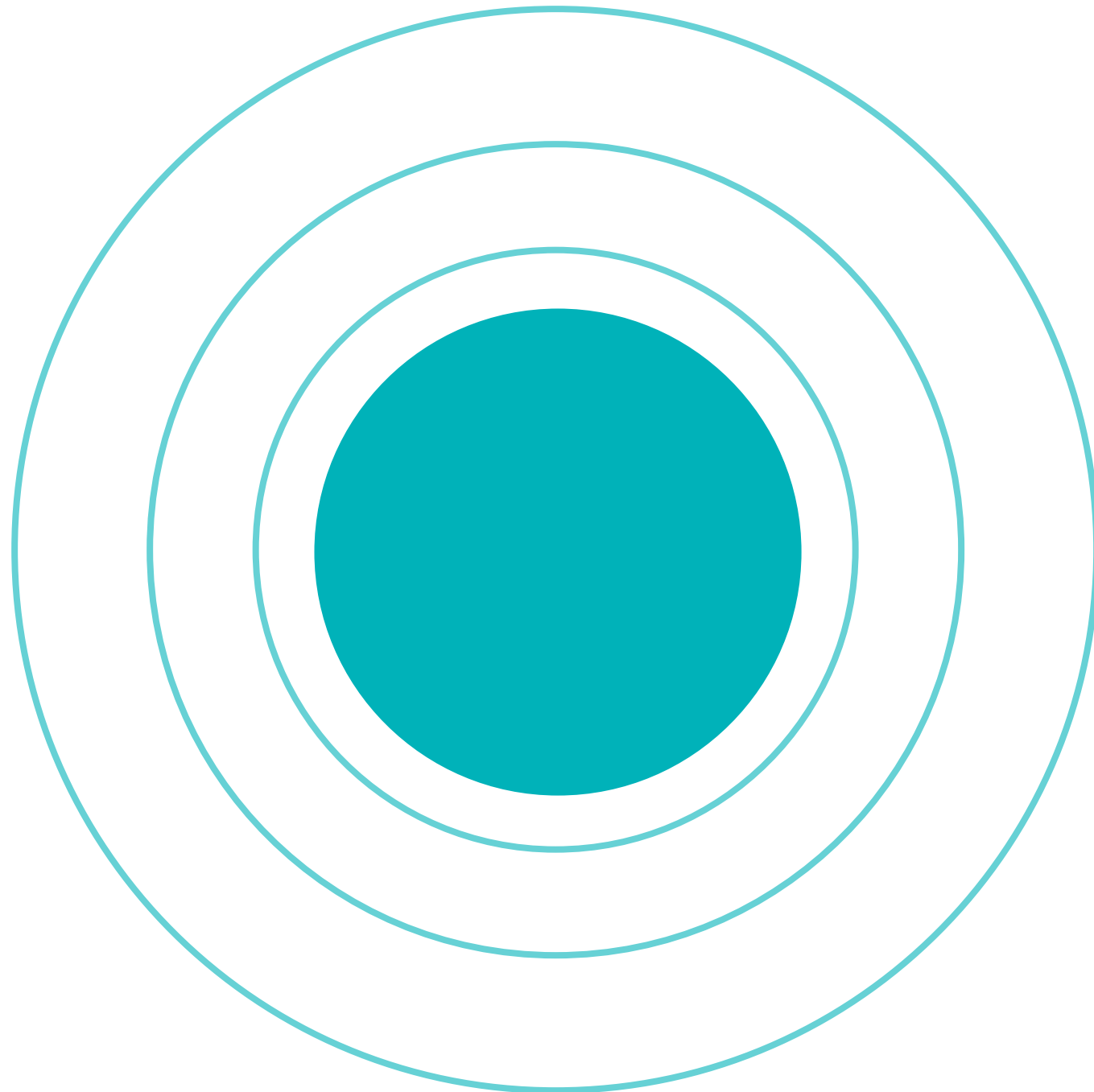
- Ontario Medical Association - Board Director, VP HPE Medical Society, Society of Rural Physicians of Canada – Board Member (ended May 2020), College of Family Physicians of Canada – Chair, MIG on Addiction Medicine, ECHO Liver – Advisory Board Member, META:PHI – Advisory Board Member, Ontario College of Family Physicians – CMNs (ended 2019) and Practising Well SPC
- Grants/Research Support: Canadian Institute of Health Research (2019)
- Speakers Bureau/Honoraria: Allergan – Botox Injection Instruction (2019)

Dr. Peter Selby @drpselby

- Relationships with financial sponsors (including honoraria): York Region, CAMH, ECHO, ASAM, FAME, Local CHC, Veteran's Affairs Canada
- Advisory Board/Speaker's Bureau: Canadian Centre on Substance Use and Addiction, CCO, ECHO Ontario, MOHLTC, CAMH – Medical Advisory Committee, Dalla Lana (U of T) – Youth Vaping Cessation
- Other: Pfizer Inc., Johnson & Johnson, Novartis

Moderator Disclosures: **Dr. Javed Alloo** @javedaloo

- Relationships with financial sponsors (including honoraria): College of Family Physicians of Canada, Centre for Effective Practice, Ontario Medical Association, Section on General and Family Practice, Centre for Addiction and Mental Health, Trillium Hospitals, Memotext, Ontario College of Family Physicians – Practising Well SPC
- Grants/Research Support: Canadian Institute of Health Research, U of T
- Speakers Bureau/Honoraria: Novo Nordisk Canada, Boehringer Ingelheim, Lupin, Astra Zeneca, Roche, Novopharm, Eli Lilly



Working with patient social losses during the pandemic

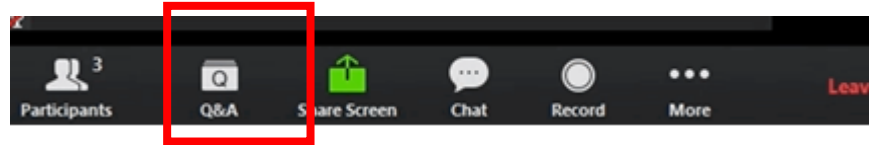
You raised important questions we'll try work through together today:

- What resources are there for isolated seniors living alone?
- How to support those struggling with online formats of care?
- How can we help patients impacted socially and economically by the pandemic?

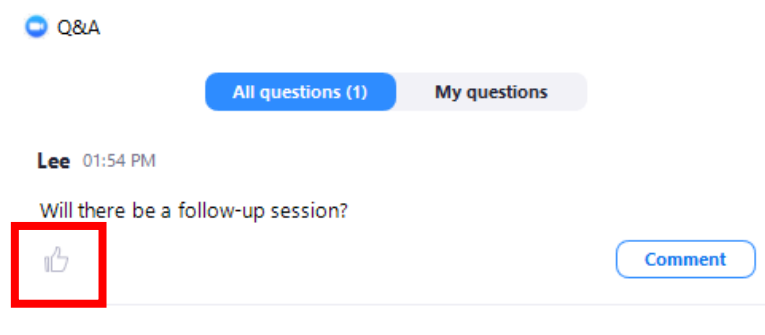
And other questions you add in the Q&A box...



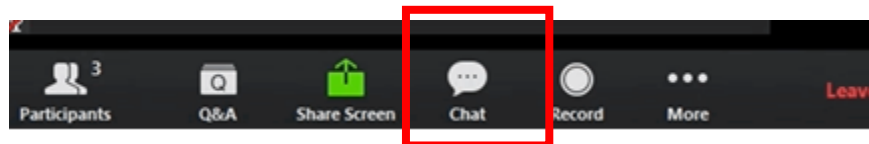
How to Participate



Use the Q&A window to ask questions to the panelists; some questions will be answered verbally and some answers will be written directly in the Q&A window.



Click “thumbs up” to up-vote questions you see on the list, to make sure they’re answered



Use the chat to share reflections or resources.

Please introduce yourself in the chat!



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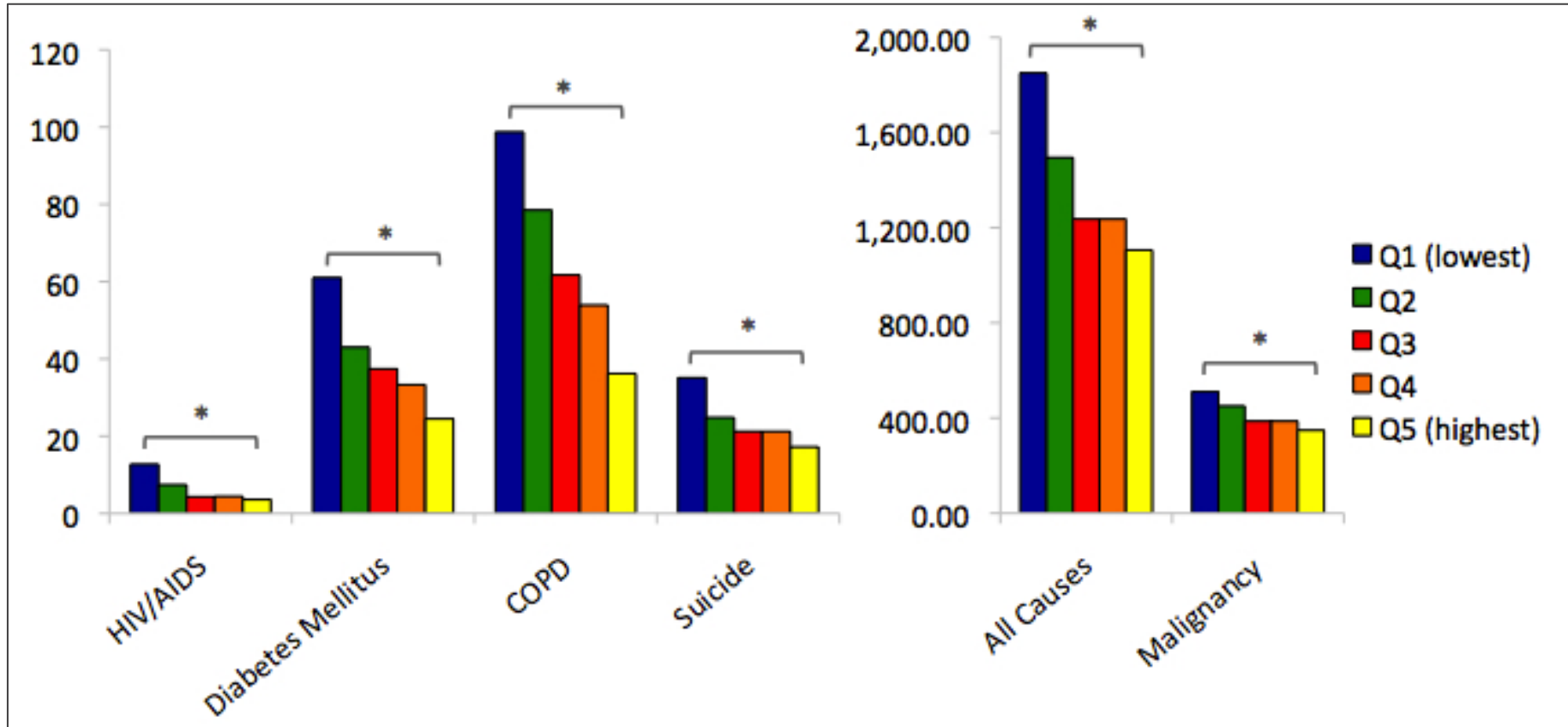


@OntarioCollege

#PractisingWell

Every day, family doctors
work to improve our patients'
biopsychosocial health.

Health Across the Income Spectrum



Age-Standardized Mortality Rates For Selected Causes By Income Quintile Q1-Q5
Male cohort, age > 25. Significant interquintile rate differences (Q1-Q5) indicated by *

Tjepkema2013

Canadians Living in Poverty



1 in 7 people in Canada live in poverty.

That's 14.4% or 4.9 million people.

2015

1 in 10 (10.1% = 3.7 million people)

2019

Pandemic effects?

2020, 2021

Acknowledgement: Treating Poverty Workshop OCFP module 1, 2018

<https://www.canada.ca/en/employment-social-development/programs/poverty-reduction/national-advisory-council/reports/2021-annual.html>

<https://www.thestar.com/politics/federal/2021/03/23/poverty-has-been-declining-in-canada-for-5-years-covid-19-could-change-that-economist-warns.html>

We are Black and Indigenous front line workers. Our own parents died of COVID-19 in Canada's inequitable health system

We are used to the stories of community members being unable to access medical care when they need it, they write.

By **Dr. Suzanne Shoush** Contributor
Cherylee Bourgeois Contributor
Tue., Jan. 18, 2022 | 5 min. read



<https://www.thestar.com/opinion/contributors/2022/01/18/we-are-black-and-indigenous-front-line-workers-our-own-parents-died-of-covid-19-in-canadas-inequitable-health-system.html>

[nature](#) > [humanities and social sciences communications](#) > [articles](#) > [article](#)

Article | [Open Access](#) | [Published: 27 January 2021](#)

The effects of social isolation on well-being and life satisfaction during pandemic

[Ruta Clair](#) , [Maya Gordon](#), [Matthew Kroon](#) & [Carolyn Reilly](#)

[Humanities and Social Sciences Communications](#) **8**, Article number: 28 (2021) | [Cite this article](#)

“Perceived social isolation was associated with poor life satisfaction across all domains, as well as work-related stress, and lower trust of institutions.

Higher levels of substance use as a coping strategy was also related to higher perceived social isolation.

Respondents reporting higher levels of subjective personal risk for COVID-19 also reported higher perceived social isolation.”

<https://www.nature.com/articles/s41599-021-00710-3>

One country, two pandemics: what COVID-19 reveals about inequality in Canada



We're learning some uncomfortable facts about how we share the risks. Will we remember them?



Aaron Wherry · CBC News · Posted: Jun 13, 2020 4:00 AM ET | Last Updated: June 13, 2020



<https://www.cbc.ca/news/politics/pandemic-covid-coronavirus-cerb-unemployment-1.5610404>

Public Health Ontario May 14, 2020:

<https://www.publichealthontario.ca/-/media/documents/ncov/epi/2020/06/covid-19-epi-diversity.pdf?la=en>

After adjusting for age, COVID-19 infection was 3x more common in more vs less diverse neighbourhoods.

In hardest hit communities:

4x hospitalizations

2x deaths

Statistics Canada 2020: COVID-19 impacts on visible minorities:

<https://www150.statcan.gc.ca/n1/en/pub/11-631-x/2020004/pdf/s6-eng.pdf?st=QWgBZOR8>

Jobs with greater exposure (including health care), or or risk of job loss in economically impacted industries (accommodation, food).

Isolation and stigma related to pandemic-fueled racism



Working with patient social losses through the pandemic

Your Panelists:



Dr. Larisa Eibisch

Toronto, ON

North Spirit Lake, First Nations



Dr. Lori Regenstreif

Hamilton, ON

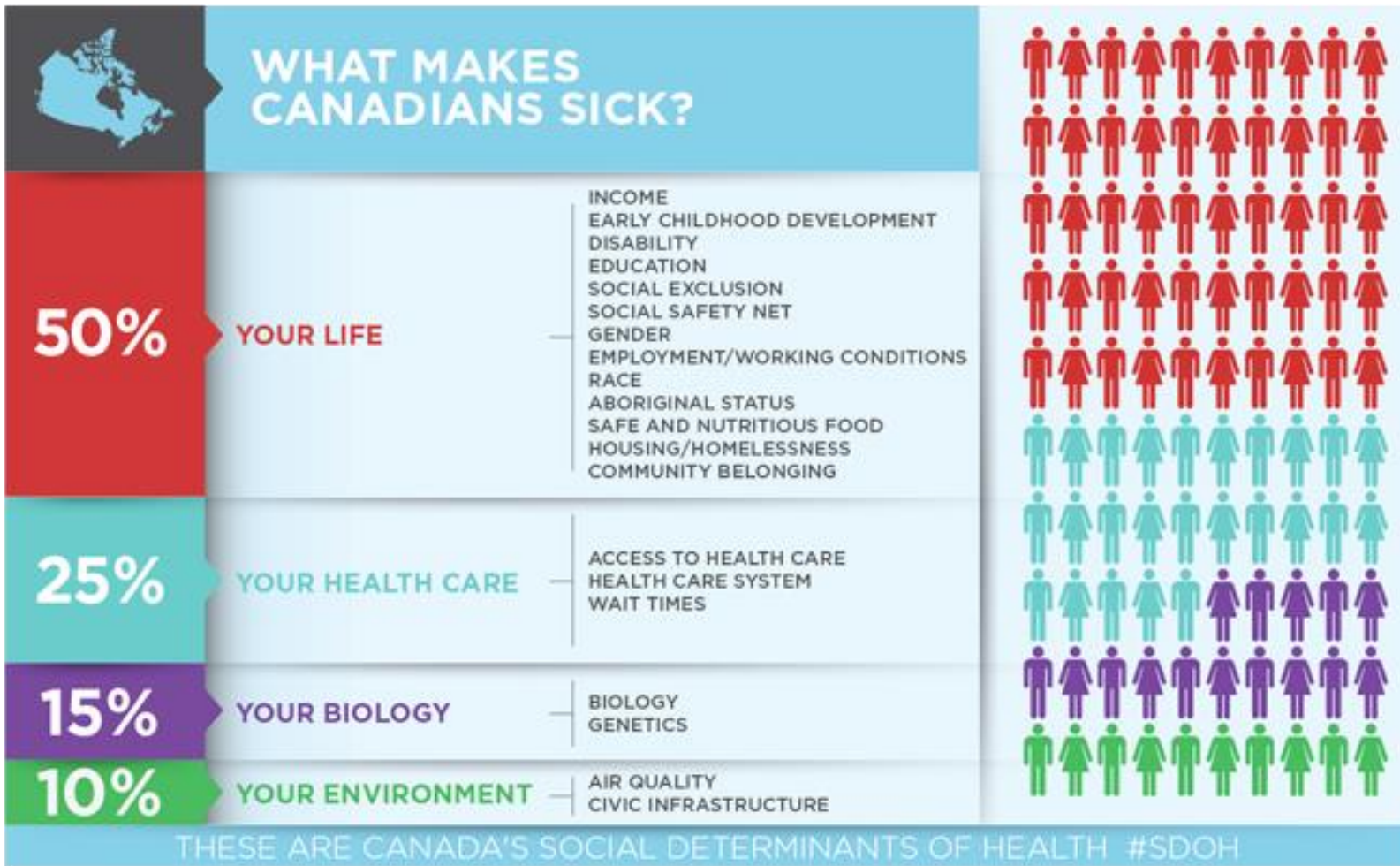
[@drgypsy](#)



Dr. Jonny Grek

Kenora, ON

What *really* makes people sick or healthier?



My patient

- 67M successful real estate agent
- Alcohol Use Disorder, Cannabis Use Disorder, Tobacco
- PTSD, Major Depressive Disorder, Stimulant Use Disorder, Homelessness
- Has worked to “overcome these obstacles” with resulting career and personal success
- Further experience of losses during the pandemic → relapse to alcohol
 - Loss of self in terms of career, youth, sense of identity
 - Lost freedom/mobility
 - Lost income and income potential
 - Loss of intimacy with partner

The effects of social loss & poverty on health & addiction

- Opioid crisis disproportionately impacts¹ low-income people and those who are unemployed; people with disabilities; Indigenous communities
- **Underlying driver is the suffering caused by social inequality and disadvantage³**
 - Pain is more than physical: it is a “condition that includes economic and social disadvantage”⁴
 - Opioids numb physical and psychological pain, trauma and suffering
- Stress (including early trauma) increases the risk of substance use and addiction⁵
 - **Poverty contributes to stress**
 - Further impacts education, housing, nutrition, employment, access to health care
 - Without resources and effective coping strategies, drugs and alcohol may be used to cope
- Childhood trauma linked to SUDs
 - Adults reporting 5+ types of abuse are:
 - 3x more likely to misuse prescription pain meds
 - 5x more likely to engage in IVDU
 - High rates of SUDs in LGBTQ2S youth linked to stigma and homophobia
 - ACEs linked to chronic pain in adulthood

¹ CMHA 2018 Care not Corrections

² First Nations Health Authority, *Overdose Data and First Nations in BC: Preliminary Findings*

³ Smye et al 2011

⁴ Dasgupta et al 2018

⁵ Nora Volkow, *National Institute on Drug Abuse* (2017)

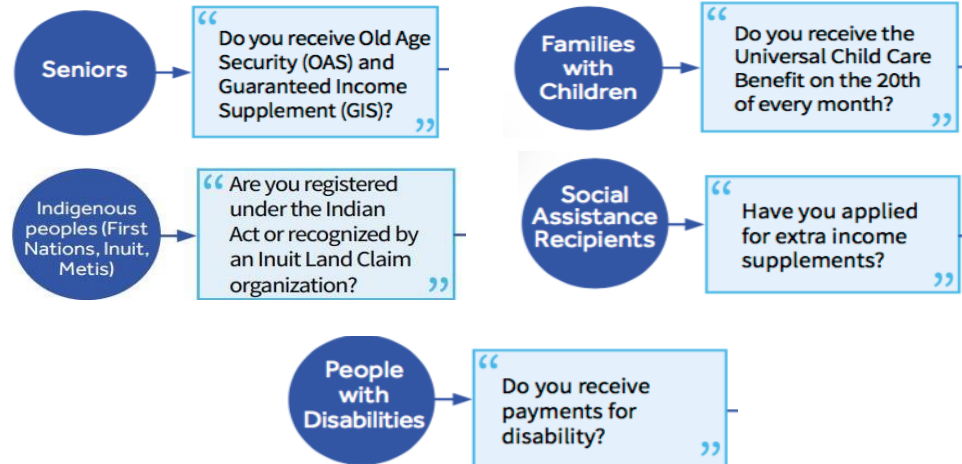
The Poverty Tool

- Ask everyone 1-question screen:

“Do you ever have difficulty making ends meet at the end of the month?”

Sensitivity: 98%

- Adjusting Risk
- Intervene to make a difference:
 - a few questions can have a big impact
 - Ask everyone if they’ve done their taxes:



https://cep.health/media/uploaded/CEP_Poverty_Tool_ON_2016.pdf

Centre for Effective Practice **Poverty: A Clinical Tool for Primary Care Providers**
 Poverty is not always apparent: In Ontario 20% of families live in poverty.¹

1 Screen Everyone
 “Do you ever have difficulty making ends meet at the end of the month?”
(Sensitivity 98%, specificity 40% for living below the poverty line)²

2 Poverty is a Risk Factor
 Consider: New immigrants, Women, Aboriginals, and LGBTQ are among the highest risk groups.
 Example 1: If an otherwise healthy 35 year old comes to your office, without risk factors for diabetes other than living in poverty, you consider ordering a screening test for diabetes.
 Example 2: If an otherwise low risk patient who lives in poverty presents with chest pain, this elevates the pre-test probability of a cardiac source and helps determine how aggressive you are in ordering investigations.

3 Intervene
 Ask Everyone: “Have you filled out and sent in your tax forms?”

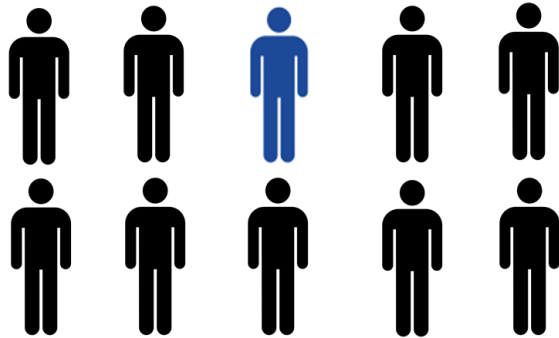
- Ask questions to find out more about your patient, their employment, living situation, social supports and the benefits they receive. Tax returns are required to access many income security benefits: e.g. GST / HST credits, Child Benefits, working income tax benefits, and property tax credits. Connect your patients to [Free Community Tax Clinics](#).
- Even people without official residency status can file returns.
- Drug Coverage: up to date tax filing required to access Trillium plan for those without Ontario Drug Benefits. Visit [drugcoverage.ca](#) for more options.

Ask questions to find out more about your patient, their living situation and...
 Educate: Ensure you and your team are aware of resources available to patients and their families.
 Intervene & Connect: Intervene by connecting your patients and their families to benefits, resources

How can your intervention can help patients living in poverty?

Assessing the impact:

In 2019, 10.1% of Canadians lived in Poverty (Statistics Canada)



Equalizing impact of Completing Taxes (CRA Child and Family Benefits Calculator)

| Wages | Income after Tax Benefits | Income after Child Benefits |
|----------|---------------------------|-----------------------------|
| \$12,500 | \$14,020.37 | \$20,234.80 |
| \$15,000 | \$16,382.87 | \$22,734.80 |
| \$17,500 | \$18,759.33 | \$22,115.92 |
| \$20,000 | \$21,159.96 | \$27,482.42 |
| \$22,500 | \$23,653.12 | \$29,572.92 |
| \$25,000 | \$26,003.12 | \$31,685.38 |
| \$27,500 | \$28,353.12 | \$33,617.60 |
| \$30,000 | \$30,716.68 | \$35,438.44 |
| \$32,500 | \$33,166.64 | \$37,283.24 |
| \$35,000 | \$35,616.72 | \$39,128.52 |
| \$37,500 | \$37,987.96 | \$40,926.76 |

| | | | | | |
|----------------------------------------|--------|--------|--------|--------|--------|
| Ontario, rural | 41,840 | 41,685 | 41,382 | 41,347 | 41,515 |
| Ontario, population under 30,000 | 42,528 | 42,371 | 42,069 | 42,034 | 42,202 |
| Ontario, population 30,000 to 99,999 | 41,988 | 41,862 | 41,545 | 41,544 | 41,748 |
| Ontario, population 100,000 to 499,999 | 44,182 | 44,056 | 43,733 | 43,749 | 43,968 |
| Ontario, population 500,000 and over | 46,133 | 46,005 | 45,684 | 45,703 | 45,921 |

Losses: through the lens of alcohol

Job loss/lay-offs/EI

Boredom, financial stress

Loss of childcare

Isolation from older family members

Reduced access to supports e.g. AA, therapy, counselling

No coverage or money for medications


Patterns:

People started drinking or drank more

Drinking as consequence rather than cause of underlying stressors

GTA

Doctors are noticing patients are drinking more,

E MY LOCAL **GTA** CANADA POLITICS WORLD OPINION LIFE SPORTS ENTERTAINMENT BUSINESS INVESTIGATIONS 

Statistics are latest evidence of how COVID has changed Canadians' drinking habits.



By **Nadine Yousif** Mental Health Reporter
Sat., Jan. 15, 2022 | 4 min. read



Toronto Star (GTA)
January 16, 2022

COVID and drinking - scope

Among adults in their 30s: 4,300 additional hospital stays for chronic medical conditions related to alcohol, like liver disease or alcohol-induced pancreatitis, in the first 16 months of the pandemic in Canada.

An additional 8,000 hospitalizations for mental and behavioural disorders because of alcohol use.

The age group seeing the largest surge is 30-39; their hospitalizations increased 22 per cent from pre-pandemic levels.

Whereas previously, ER visits were the result of consequences of binge-drinking in younger patients.

COVID and drinking – the pattern

“The hypothesis is if you already had a problem, the pandemic wasn’t great for you,” ...men from lower-income neighbourhoods have been admitted to hospital or the emergency department for alcohol use at much higher rates than the rest of the population...

...An analysis of Statistics Canada data by James MacKillop, a McMaster University researcher focused on psychiatry and behavioural sciences, found **national alcohol sales between March 2020 and June 2021 increased by 5.5 per cent** — equalling an extra \$1.86 billion spent on alcohol than projected.

–Toronto Star January 16, 2022

Making a difference by starting the conversation:

- What is a typical day like for you now?
- How do you manage boredom/financial stress / confinement / isolation?
- What do you do with your time?
- How has this affected your relationships with closest family?
- Do you drink any alcohol*? Do you think you have been drinking more often or more drinks than before? Do you feel it has had any negative impact?

*alcohol or other substances

Key questions to finding a path forward together:

- What would help you cope with these losses?
- What would you need to do to find that help?
- What single thing do you think you are able to plan today? this week?



Working with patient social losses through the pandemic

Your Panelists:



Dr. Larisa Eibisch

Toronto, ON

North Spirit Lake, First Nations



Dr. Lori Regenstreif

Hamilton, ON

[@drgypsy](#)



Dr. Jonny Grek

Kenora, ON

Links to resources shared today will be sent to participants following the session.

Resources

Tools



Resources: Tools

Social Care Guidance in the COVID-19 Context – CEP

<https://tools.cep.health/tool/covid-19-social-care-guidance/>

Local Services – CEP

<https://tools.cep.health/tool/local-services/>

Poverty – CEP

<https://cep.health/clinical-products/poverty-a-clinical-tool-for-primary-care-providers/>

Caring for patients with lived experience of homelessness – CFP

<https://www.cfp.ca/content/66/8/563>

Community Advocacy & Legal Centre

<https://communitylegalcentre.ca/>

COVID-19 Social Care Guidance

This guide is for health and social care providers supporting people exposed to social risks that impact health, caused or exacerbated by COVID-19. It is intended as guidance and should not replace clinical judgement.



ASK YOUR PATIENTS/CLIENTS

Suggested script: COVID-19 is impacting some people more than others. We are checking in on many of our patients/clients about issues that are important for health and well-being, so we can help people get the assistance they need.

1. Will you or your household **find it hard to pay for basic expenses** in the next 4 weeks?
2. Is there a risk you or your household **won't have food or be able to pay for food** in the next 4 weeks?



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Our services >

Resources: Tools

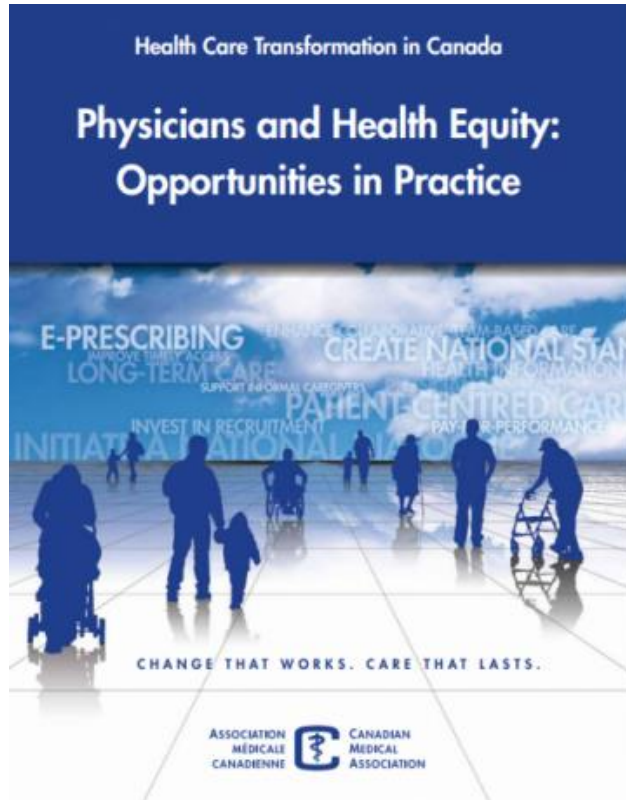
| | Potential Opening Statements or Questions | Potential Interventions |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I | IDENTITY | |
| | <ul style="list-style-type: none"> • Tell me about yourself. • Where were you born? Where did you grow up? What is your ethnic background? • Do you have any aboriginal or indigenous heritage? • What language are you most comfortable speaking in? • Is faith or spirituality a big part of your life? • How do you identify in terms of sexual orientation? • What gender pronouns do you prefer (he/she/they, her/him/them)? | <ul style="list-style-type: none"> • ID clinics • Professional interpretation • ESL classes and settlement services • Indigenous services • Culturally-specific services • LGBTQ services • Youth services • Seniors services |
| F | FAMILY AND FRIENDS | |
| | <ul style="list-style-type: none"> • Are there people in your life you can count on for support? • Who lives with you at home? • Do you have children? Who helps you with child care? • What is your relationship like with your family? Your parents? Your siblings? Your children? • Are you currently in a relationship? • Tell me about your past relationships. • Do you have a case manager or worker? | <ul style="list-style-type: none"> • Case management referral or connecting with existing case manager • Early years or parenting centre drop-ins • Community drop-in centres • Seniors groups • Parenting groups • Potential identification of trauma or safety issues (see below) |
| I | INCOME | |
| | <ul style="list-style-type: none"> • Do you ever have difficulty making ends meet at the end of the month? • What are your current sources of income? • Do you ever run out of money to buy food? • Do you have trouble paying for public transportation? • Do you have access to a phone or a place to leave messages? | <ul style="list-style-type: none"> • Using the Poverty Tool to find benefits • Assistance with income benefits forms • Suggesting filing income taxes • Referral to food banks or meal programs • Completing transportation forms/letter |
| T | TRAUMA | |
| | Consider leaving the most sensitive topics to emerge naturally in conversation or for when there is good rapport. | |
| | <ul style="list-style-type: none"> • Have you had any significant negative experiences in your life that have left a lasting emotional impact on you? • Have you ever experienced or witnessed violence of any kind? • Did you ever feel unsafe during your childhood, or in any of your relationships? | <ul style="list-style-type: none"> • Using a trauma-informed approach - communicating safety • Counselling or trauma therapy • Assessing mental health and safety • Understanding a patient's health risks based on Adverse Childhood Experiences |

“IF IT HELPS” mnemonic to

1. Understand Social losses related to: Identity, Family and Friends, Income and Trauma
2. Consider specific interventions that could help

<https://cep.health/download-file/1542915867.061284-96/>

Resources: Tools



Physicians and health equity: opportunities in practice
<https://nccdh.ca/resources/entry/physicians-and-health-equity>

Links to resources shared today will be sent to participants following the session.

Resources

Education





Ontario College of
Family Physicians

FMS 2022

FAMILY MEDICINE SUMMIT

Knowledge for the Now

January 28 and 29, 2022

Featured speakers



Dr. Will Flanary
(aka Dr. Glaucomflecken)



Dr. Jillian Horton

Opening and closing keynotes:

- January 28: Standing Up for Members
- January 29: Powerful Purpose: Leaders for a Healthy Ontario

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- Retired members

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Register and learn more at [OCFPSummit.ca](https://ocfpsummit.ca)



FMS 2022

FAMILY MEDICINE SUMMIT

Knowledge for the Now

January 28 and 29, 2022

I invite you to check out the [full conference agenda](#) and [register today](#).

Here is a sample of the **presenters** and **timely topics** you'll find at FMS 2022.

- Drs. Angela Cheung and Ashley Verduyn with practical information on long COVID and **managing COVID-19's lingering effects on patients**
- Guidance to help **avoid the serious consequences of professional burnout**, from Drs. Marcia Kostenuik, Patricia Uniac, Chase Everett McMurren and Ajmal Razmy
- Drs. Louisa Marion-Bellemare, Julie Samson, Naheed Dosani and Alex Anawati on **social accountability and addictions care**, and innovative approaches to saving lives
- **Standing Up for Members** – an opening session introducing the OCFP's upcoming advocacy campaign
- **Powerful Purpose: Leaders for a Healthy Ontario** – a closing discussion with Drs. Jonny Grek, Nili Kaplan-Myrth, Onye Nnorom, and Sarah Newbery.

Register and learn more at [OCFPSummit.ca](https://ocfpsummit.ca)

Links to resources shared today will be sent to participants following the session.

Resources

Supports





Support for you and those you care about.

OMA Physician Health Program
<https://php.oma.org/>

Centre for Addiction and Mental Health Health Care Provider (HCP) Resource Site
<http://www.camh.ca/covid19hcw>

OMA
Physician Health Program

Search

About PHP | Who We Serve | What We Do | Well-Being | News and Events | Need Help?

New 24/7 services available for you and your family.
Call the Wellness Support Line.

camh

Home | About Us | Services & Research | Education | Get Involved | Strong Change

Mental Health and COVID-19

The help you need is here

Self-referral for mental health care

Your Mental Health and Self-Care

Resources: Supports



- PARO 24/7 Helpline for Residents, Family Members, Medical Students
- 1-866-HELP-DOC



- <https://www.ontario.ca/#support-health-care-worker>
 - Self-led / With peers / Talk to a clinician
- [Ontario Shores Centre for Mental Health Sciences, Whitby](#)
- [St. Joseph's Healthcare, Hamilton](#)
- [The Royal Ottawa Mental Health Centre, Ottawa](#)
- [Waypoint Centre for Mental Health Care, Penetanguishene](#)
- [Centre for Addictions and Mental Health \(CAMH\), Toronto](#)

ECHO·ONMH

Project ECHO® Ontario Mental Health
at CAMH & The University of Toronto

- ECHO Coping with COVID
 - for health providers (educational credits)
 - Fridays 2-3pm EST

<https://camh.echoontario.ca/echo-coping-with-covid/>



Chat

**One thing you might do...
when working with patient
social losses?**



Please help us make these sessions better by filling out the evaluation you'll receive by email shortly!



Direct Credit Entry

Do you want the OCFP to submit your earned Mainpro+ credit directly into your Mainpro+ account?

Please email practisingwell@ocfp.on.ca with your 6-digit CFPC number (Hint: Your CFPC # begins with a “6”).

Join us on
Wednesday, February 23

Helping manage “undifferentiated distress”
during the pandemic

with Drs. Chase McMurren, Michael Roberts and Joanna Shapiro

https://us02web.zoom.us/webinar/register/WN_Hdf7FaFyRGaY0yXzwrNmcg

PractisingWell@ocfp.on.ca

