Caring for Adults with Intellectual and Developmental Disabilities

PANELIST
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WITH
Dr. Doug Gruner

Ontario College of Family Physicians

Family & Community Medicine
UNIVERSITY OF TORONTO

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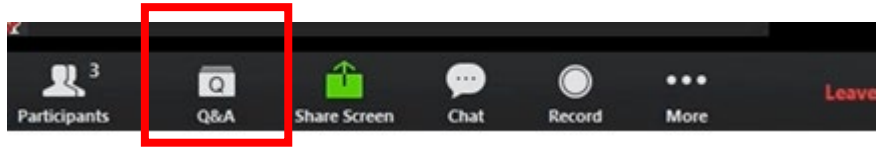
- All questions should be asked using the Q&A function at the bottom of your screen.



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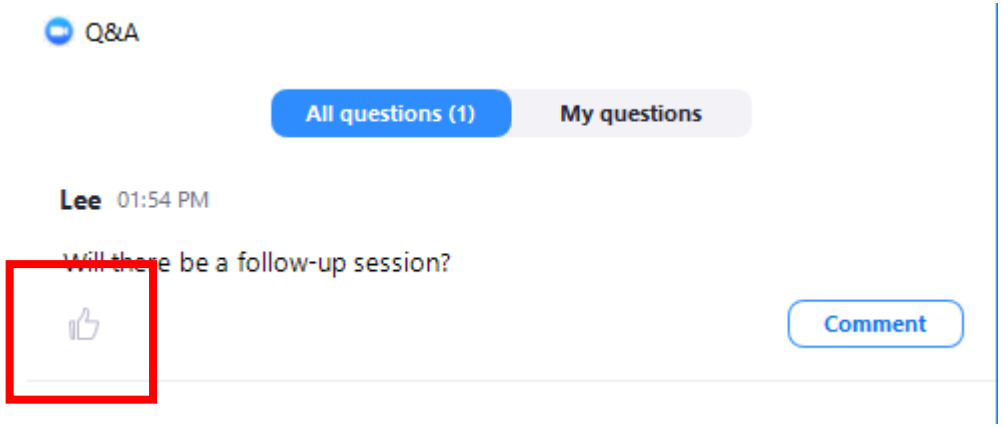

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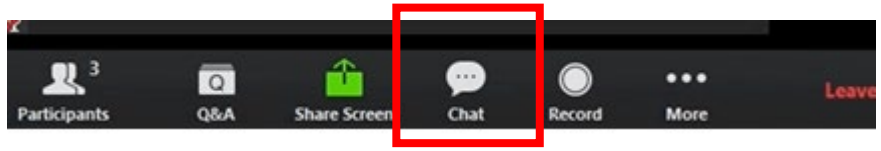

Your Panelist: Disclosures

Dr. Haniah Shaikh

- Relationships with financial sponsors:
  - Speakers Bureau/Honoraria: Ontario College of Family Physicians
  - Potential for conflict(s) of interest: There are NO conflicts of interest for the speaker

Dr. Ivona Berger

- Relationships with financial sponsors:
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Dr. Doug Gruner

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Disclosure of Financial Support

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

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

Mitigating Potential Bias

- The Program Advisors have control over the choice of topics and speakers.
- Content has been developed according to the standards and expectations of the Mainpro+ certification program.
- The program content was reviewed by program advisors.

Land Acknowledgement

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

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

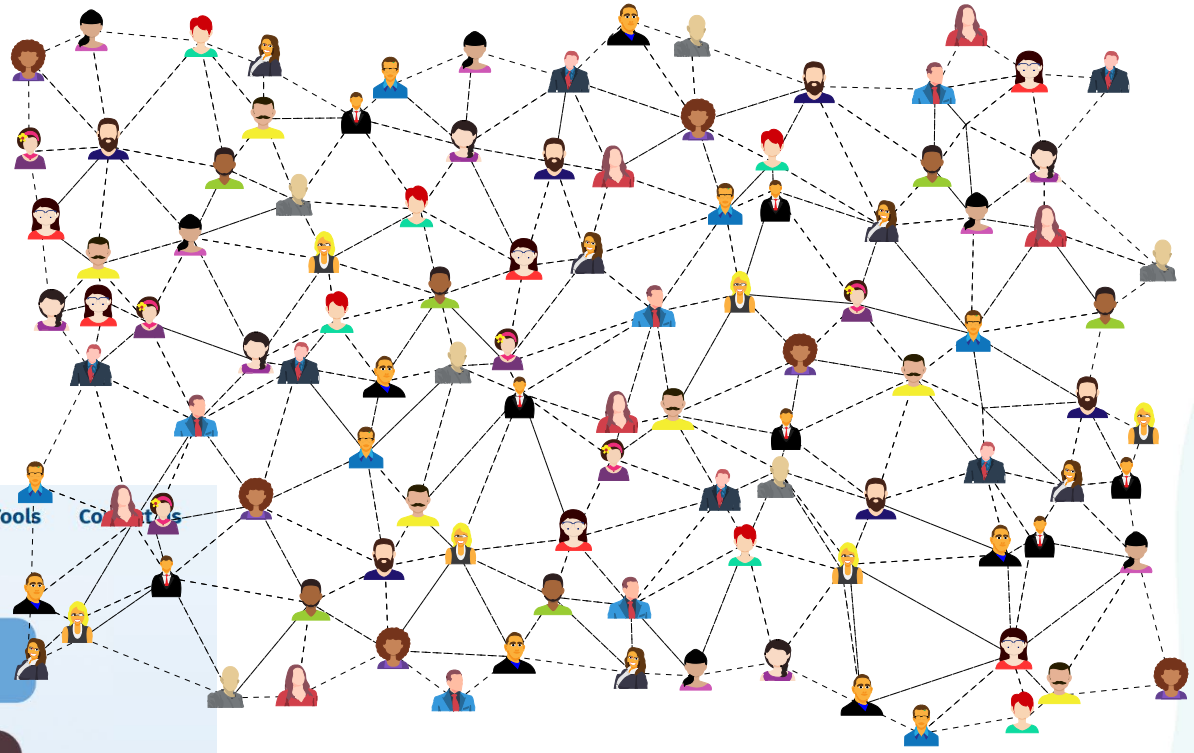
I invite all of us to reflect on the territories you are calling in from as we commit ourselves to gaining knowledge; forging a new, culturally safe relationship; and contributing to reconciliation.

CARING FOR ADULTS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

Haniah Shaikh, MD & Ivona Berger, MD

Presentation to OCFP Health Equity CoP, April 30, 2026

ddprimarycare.surreyplace.ca



Clinicians (CFPC DD MIG)
Researchers
People with lived experience
Caregivers

Objectives

1. Understand the health gaps experienced by adults with IDD
2. Know the basics of good primary care for people with IDD
3. Use practical tools, including the IDD Health Check, to support preventive care
4. Apply practical communication and accommodation strategies to improve care

What are Intellectual and Developmental Disabilities (IDD)?

- **Definition** (Ontario, 2008 Act): A broad group of conditions with significant limitations in cognitive and adaptive functioning (thinking, learning, and everyday life skills)
- **Key features**: Onset < age 18-20; Lifelong; Affect daily activities (e.g., communication, self-care, learning, independence)
- **Examples**: Intellectual disability, autism, Down syndrome, fetal alcohol spectrum disorder
- **Causes**: May be genetic, due to prenatal exposure, illness/injury, or unknown
- **Support needs**: Vary by person; many need support with problem-solving and independent living

Curriculum of Caring, McMaster University – How do you want to be treated https://vimeo.com/94974107?fl=pl&fe=sh

Health disparities in IDD

More likely to

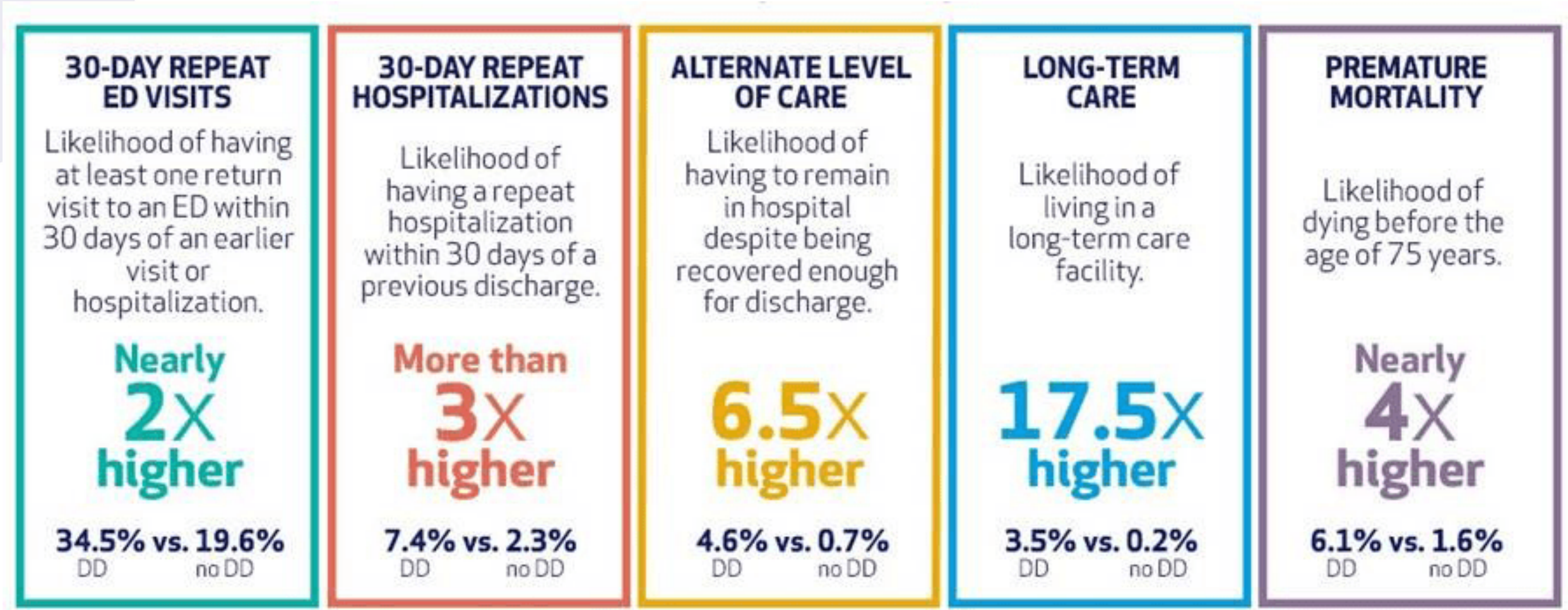
- Live in poorer neighbourhoods
- Have higher rates of chronic disease & (co-)morbidity
- Present to the ED
- Have avoidable hospitalization
- Have higher rates of polypharmacy

Less likely to

- Have a comprehensive health exam
- Be screened for breast, colon & cervical cancer
- Receive guideline recommended interprofessional care

Lunsky Y et al., Atlas on the Primary Care of Adults with Developmental Disabilities in Ontario. Toronto, ON: ICES and CAMH; 2013.

IDD Healthcare Utilization



Lin E et al. ICES, 2019

Reflect on these guidelines and earn Mainpro+ credits!

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CFP MFC

CANADIAN FAMILY PHYSICIAN • LE MÉDECIN DE FAMILLE CANADIEN

The official journal of the College of Family Physicians of Canada

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Primary care of adults with intellectual and developmental disabilities

2018 Canadian consensus guidelines

William F. Sullivan, Heidi Diepstra, John Heng, Shara Ally, Elspeth Bradley, Ian Casson, Brian Hennen, Maureen Kelly, Marika Korossy, Karen McNeil, Dara Abells, Khush Amaria, Kerry Boyd, Meg Gemmill, Elizabeth Grier, Natalie Kennie-Kaulbach, Mackenzie Ketchell, Jessica Ladouceur, Amanda Lepp, Yona Lunsky, Shirley McMillan, Ullanda Niel, Samantha Sacks, Sarah Shea, Katherine Stringer, Kyle Sue and Sandra Witherbee

Canadian Family Physician April 2018; 64 (4) 254-279;

"The Annual Health Check is probably the single most important investment in the primary health care of people with ID of the twenty-first century."

Walmsley, J. (2011). Journal of Intellectual Disabilities., 15(3), 157–166.

1.

WHAT IS AN IDD HEALTH CHECK?

IDD Health Check

- Regular (e.g., annual), proactive medical assessment
- Tailored for adults with IDD
- Includes physical, mental, and preventive health
- Utilizes standardized tools
- Promotes better outcomes through person-centred care

> *It would be nice to be at a visit where you can speak up about issues. It would make me feel seen and comfortable with the health care provider if I had a health check."*
>
> - Self-advocate with IDD

Focus on preventative health

Health Check-Ups: When you need them—and when you don't

Choosing Wisely Canada

Like many people, you may schedule a yearly checkup or "annual physical" with your health care provider. It usually includes a health history, physical exam and tests.

It is important to have a regular family health care provider who helps make sure you receive the medical care that is best for your individual needs. But healthy people often don't necessarily need annual physicals, and those check-ups can do more harm than good. Here's why:

Annual physicals usually don't make you healthier.

There have been many studies of the effects of annual checkups. In general, they probably won't help you stay well and live longer.

Tests and screenings can cause problems.

Most people should only have a test or exam if they have symptoms or risks factors.

One problem is getting a false-positive result. These false alarms can cause anxiety, and unnecessary follow-up tests and treatments. For example, a false-positive blood test can result in a biopsy.

An electrocardiogram (ECG) that is not interpreted correctly may lead to another test that exposes you to radiation. Or you might get a procedure to show arteries in the heart that has a risk of heart attack or death in two patients for every 100 who get the test.

Set a schedule with your family health care provider.

Your health care provider best knows your health history. You can discuss with him/her the best time for any exams or tests which you may need.
If your health care provider wants to schedule an annual physical, you can ask if it is necessary. Or ask if you can wait until you have a problem or are due for a test (such as a Pap smear or blood pressure test).

So when do adults need a checkup?

You may need a checkup:

- When you are sick.
- When you have a symptom that could mean illness.
- To manage chronic or ongoing conditions.
- To check on the effects of a new medicine.

Commentary

Periodic preventive health visits: a more appropriate approach to delivering preventive services

From the Canadian Task Force on Preventive Health Care

Richard Birtwhistle MD MSc FCFP Neil R. Bell MD SM MSc FCFP Brett D. Thombs PhD
Roland Grad MD CM MSc CCFP FCFP James A. Dickinson MB BS PhD CCFP FRACGP

The annual checkup is a long-established tradition in North America. Typically this visit entails a review of the patient's health history, medications, allergies, and organ systems, as well as a "complete" physical examination that is sometimes followed by laboratory testing and discussion of health risks, lifestyle behaviour, and social situation. These visits consume substantial

Several trials reported that general health checks increased the number of people identified as having cardiovascular risk factors (eg, hypertension, elevated cholesterol) and total diagnoses compared with usual care. Other outcomes, such as hospitalization, visit frequency, specialist referrals, number of diagnostic procedures, medication prescriptions, and self-reported health and

2.

WHY SHOULD FAMILY PHYSICIANS PERFORM IDD HEALTH CHECKS?

Why an IDD Health Check?

- **Increase preventive care** and health promotion activities (Byrne et al., 2016; Ware et al., 2024)
- **Increase detection** of previously unrecognized disease and unmet health needs (Robertson et al., 2014)
- **Identify commonly missed conditions** (e.g., constipation, reflux, epilepsy, aspiration risk, dehydration, infections)
- **Improve follow-up care**, including investigations, treatment, referrals, and ongoing monitoring

IDD Health Checks Aim to be Proactive

The IDD Health Check enables physicians to:

- develop rapport and familiarity
- better understand the patient's baseline
- ease patients' worries about the clinic environment and desensitize them to physical exam maneuvers

> *"Health Checks are important because it is good to know what is going on in your body and it gives you time to make changes."*
>
> -Self-advocate with IDD

IDD Health Checks Aim to Improve Care

Examples:

- Identify **chronic joint pain** ➔ provide treatment for spasticity and arthritis
- Notice early stages of **pressure sores** ➔ involve occupational therapy or wheelchair/seating specialist
- Support person reports **coughing after meals** ➔ arrange a swallowing assessment or trial therapy for GERD
- Recognize **caregiver stress** ➔ help them access community resources for mental health supports and respite care

3.

HOW TO COMPLETE AN IDD HEALTH CHECK

Components of a Health Check

1. Initial encounter/ Preparing for the encounter
2. IDD-specific Cumulative Patient Profile (CPP)
3. Chronic Disease Management
4. Systems Review / Risk Assessment
5. Physical exam
6. Assessment and Plan

Health Check for Adults with Intellectual and Developmental Disabilities - brief form

SURREY PLACE

See the IDD Health Check full form for practice tips available at ddprimarycare.surreyplace.ca

Steps	Details, practice tips and resources	Done?
1. Initial encounter	Ask for the patient's current concerns (e.g., physical, mental health, social, financial) and address urgent issues.	☐
	Explain the Health Check to the patient.	☐
	Together with the patient, identify someone who knows the patient well who will attend health care appointments, help to coordinate care, and monitor ongoing health and social needs.	☐
	Introduce questionnaire(s) for patients/caregivers that will help communication for the subsequent visits: e.g., About My Health and My Health Care Visit. Practice staff or caregivers at home may be able to help patients complete these forms.	☐
2. IDD-specific Cumulative Patient Profile (CPP)	Update the CPP with information important to know for adults with IDD. See the notes attached to the full Health Check form for details of what to consider in these categories. Review information provided by patient or caregiver in About My Health, if available.	☐
	Key information:	
	• abilities in communication and daily living	☐
	• cause/associated condition for intellectual disability	☐
	• community and social supports	☐
	• accommodations needed in office to help encounters go well (ask advice from patient/caregiver)	☐
	• health decision-making capacity and supports for decision-making	☐
	• other health workers involved in care	☐
3. Chronic disease management	Update the regular CPP/problem list.	☐
4. Systems review / risk assessment	Assess risks that are common or important for adults with IDD. If available, review "Preparing for My Health Care Visit", the first part of My Health Care Visit, and do a medical review of systems or functional enquiry.	☐
At a minimum, review:	• usual daytime activities, physical activity, screen time, sleep	☐
	• nutrition, vitamine D, calcium, diet excesses/aversions	☐
	• mental health; environments, life events/trauma, and triggers for mental distress	☐
	• substance use	☐
	• sexual health, sexuality, intimacy and relationships	☐
	• safety, including abuse, self-abuse, bullying and exploitation	☐
	• caregiver stress	☐
	• preparation for life stage transitions	☐
	• immunizations	☐
	• cancer screening	☐
	• medication review: if possible, contact the patient's pharmacist for a medication reconciliation	☐
5. Physical exam	• vital signs	☐
At a minimum, examine:	• BMI/abdominal circumference	☐
	• hearing/wax and vision screening	☐
	• dentition	☐
	• heart sounds	☐
	• neuromuscular limitations and mobility	☐
	• for cancer screening	☐
6. Assessment and plan	• List the identified health issues and make a health action plan.	☐
	• Identify who is responsible for the actions and a timeline for follow-up.	☐
	• Copy the plan for the patient or complete the second and third parts of the My Health Care Visit form ("During My Health Care Visit" and "After My Health Care Visit") for the patient to keep.	☐
	• For suggestions about what elements should be included in a plan and referrals, see the notes to the full Health Check form.	☐

Preparing for the encounter

Dedicate multiple visits to complete IDD Health Check (NEW! Billing code K125; K133)

- Can be akin to annual physical and accomplished over a few visits OR part of regular visit that is reviewed every 2-3 months.

Engage a team to complete IDD Health Check

- family/support people/administrative assistants/interprofessional team members to gather pertinent history before the visit and to complete parts of the visit. Be sure all members of the team are aware of the time required.

Use tools to complete IDD Health Check

- Developmental Disabilities Primary Care Program (DDPCP) tools, Surrey Place: ddprimarycare.surreyplace.ca

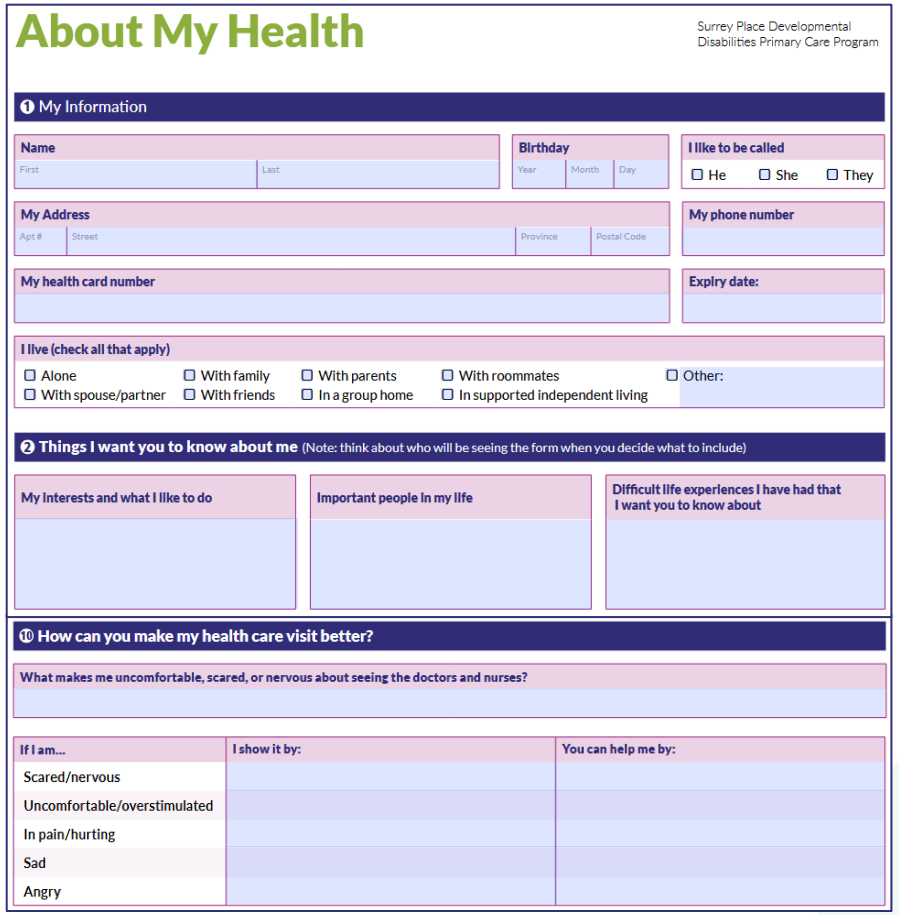
Decide whether **phone/video, in-person or home visit** is ideal or a combination

Consider anxiety and mental health conditions, as well as location factors, accessibility factors (e.g. equipment, environment) and **who should attend appointment**

Get to Know Your Patient

About My Health Tool

- Important people
- Health facts
- Team members
- Interests and fears
- Important accommodations



About My Health

Surrey Place Developmental Disabilities Primary Care Program

❶ My Information

Name: First | Last

Birthday: Year | Month | Day

I like to be called: ☐ He ☐ She ☐ They

My Address: Apt # | Street | Province | Postal Code

My phone number

My health card number

Expiry date:

I live (check all that apply)

☐ Alone ☐ With family ☐ With parents ☐ With roommates ☐ Other:
☐ With spouse/partner ☐ With friends ☐ In a group home ☐ In supported independent living

❷ Things I want you to know about me (Note: think about who will be seeing the form when you decide what to include)

My interests and what I like to do

Important people in my life

Difficult life experiences I have had that I want you to know about

⑩ How can you make my health care visit better?

What makes me uncomfortable, scared, or nervous about seeing the doctors and nurses?

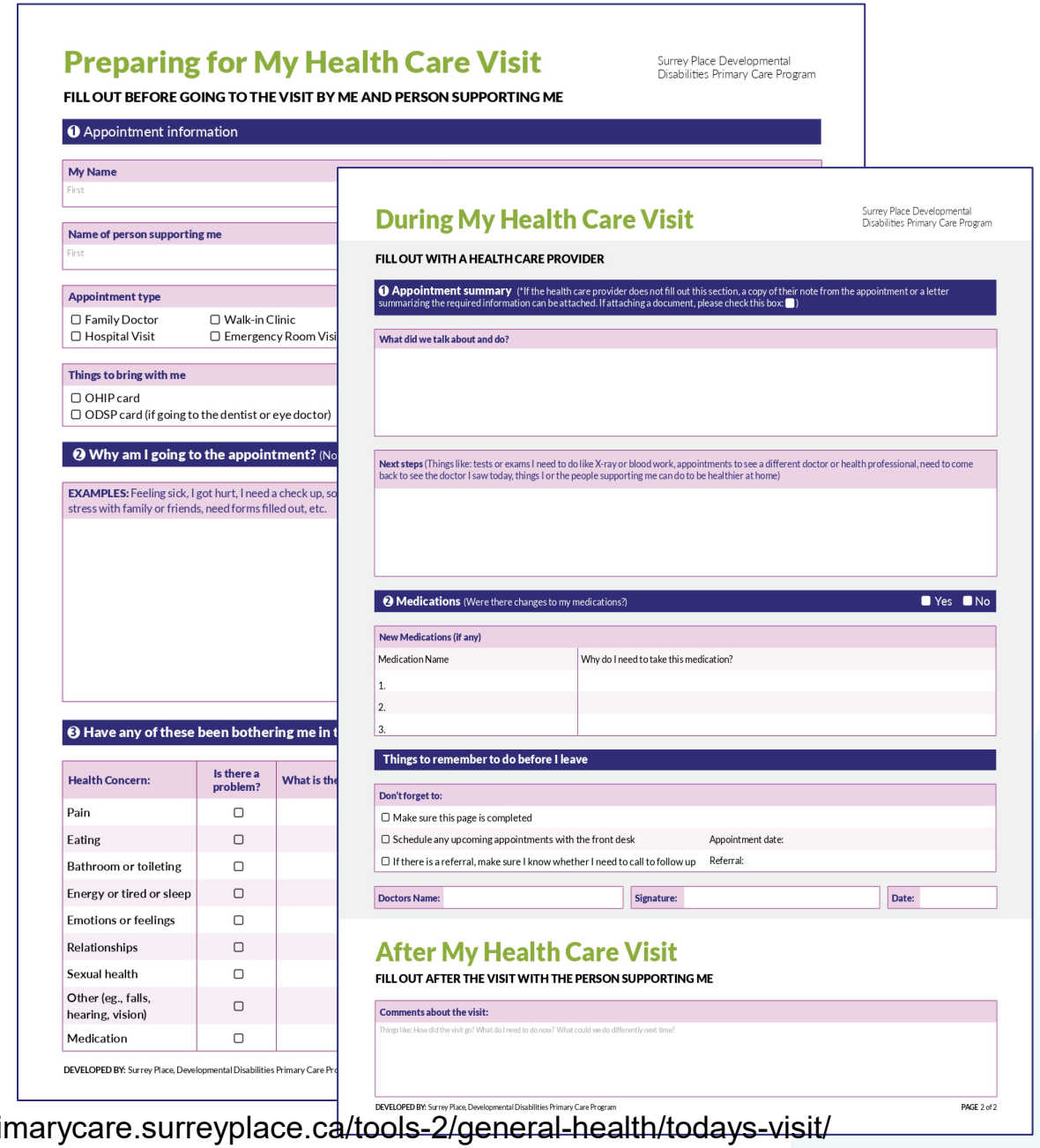
If I am...	I show it by:	You can help me by:
Scared/nervous		
Uncomfortable/overstimulated		
In pain/hurting		
Sad		
Angry		

https://ddprimarycare.surreyplace.ca/tools-2/general-health/about-my-health/

Before & During the Visit

My Health Care Visit Tool

- Goals/purpose of appointment
- Review of systems
- Medication review, including changes
- Next steps



Preparing for My Health Care Visit

Surrey Place Developmental Disabilities Primary Care Program

FILL OUT BEFORE GOING TO THE VISIT BY ME AND PERSON SUPPORTING ME

❶ Appointment information

My Name

First

Name of person supporting me

First

Appointment type

☐ Family Doctor ☐ Walk-in Clinic

☐ Hospital Visit ☐ Emergency Room Visi

Things to bring with me

☐ OHIP card

☐ ODSP card (if going to the dentist or eye doctor)

❷ Why am I going to the appointment? (No

EXAMPLES: Feeling sick, I got hurt, I need a check up, so
stress with family or friends, need forms filled out, etc.

❸ Have any of these been bothering me in t

Health Concern:	Is there a problem?	What is the
Pain	☐	
Eating	☐	
Bathroom or toileting	☐	
Energy or tired or sleep	☐	
Emotions or feelings	☐	
Relationships	☐	
Sexual health	☐	
Other (eg., falls, hearing, vision)	☐	
Medication	☐	

DEVELOPED BY: Surrey Place, Developmental Disabilities Primary Care Pro

During My Health Care Visit

Surrey Place Developmental Disabilities Primary Care Program

FILL OUT WITH A HEALTH CARE PROVIDER

❶ Appointment summary (*If the health care provider does not fill out this section, a copy of their note from the appointment or a letter summarizing the required information can be attached. If attaching a document, please check this box: ☐)

What did we talk about and do?

Next steps (Things like: tests or exams I need to do like X-ray or blood work, appointments to see a different doctor or health professional, need to come back to see the doctor I saw today, things I or the people supporting me can do to be healthier at home)

❷ Medications (Were there changes to my medications?) ☐ Yes ☐ No

New Medications (if any)

Medication Name	Why do I need to take this medication?
1.	
2.	
3.	

Things to remember to do before I leave

Don't forget to:

☐ Make sure this page is completed

☐ Schedule any upcoming appointments with the front desk — Appointment date:

☐ If there is a referral, make sure I know whether I need to call to follow up — Referral:

Doctors Name: Signature: Date:

After My Health Care Visit

FILL OUT AFTER THE VISIT WITH THE PERSON SUPPORTING ME

Comments about the visit:

Things like: How did the visit go? What do I need to do now? What could we do differently next time?

DEVELOPED BY: Surrey Place, Developmental Disabilities Primary Care Program PAGE 2 of 2

https://ddprimarycare.surreyplace.ca/tools-2/general-health/todays-visit/

Communication Tips

- Ask about communication preference (words, sentences, written, pictogram, etc.)
- Speak directly to patient, not only to accompanying support person
- Allow comforting behaviours
- Use concrete language / plain language
- Admit if you do not understand what the patient is saying
- If the patient does not understand, rephrase rather than repeat

Update the Cumulative Patient Profile (CPP) with IDD information

- Decision making capacity: Important persons who may help in decision making (guardian, POA, Office of Public Guardian and Trustee, home agency
- Special needs and communication: communication methods and devices, receptive communication, triggers, response to medical exam and pain, cautions (PICA, aggression, aspiration risks)
- Accommodations for visit
- Etiology of IDD and association conditions
- Funding/Income (DTC, ODSP, RDSP, DSO passport funding)
- Social programming
- Available case management and crisis plans

Chronic Disease Management

Review Medications:

- Work together with caregivers, nurse, or pharmacy to obtain a medication list.
- Review adherence, ability to take medications and supports needed.
- For patients with G-tubes consider choosing medications in liquid formulations to avoid damaging tubes with crushed pills.

Tools:

- Psychotropic medication review

Chronic Disease Management

- Discuss self-monitoring to identify potential signs of disease progression
  - Establish baseline, objective signs and observations using monitoring charts (e.g., pain, mood, menstrual cycle, weight, bowel movements, blood pressure, sleep).
- Discuss supports in managing these conditions ("Who helps you with…?“)
  - Adapt communication approach to improve understanding (e.g., plain language handouts, visual pain scale and diagram, social stories).

Wong-Baker FACES Pain Rating Scale. From Hockenberry MJ, Wilson D: *Wong's essentials of pediatric nursing*, ed. 8, St. Louis, 2009, Mosby. Used with permission. Copyright Mosby.

Systems Review and Risk Assessment

Why systems review?

- Common to present at advanced stages of illness
- Presentations may be atypical
- Behaviour change may be the only presenting symptom of pain or distress
- Use a trauma-informed approach

CASE: BARRIERS TO CARE

53 y/o female with cerebral palsy who uses a wheelchair comes to clinic today for a physical exam.

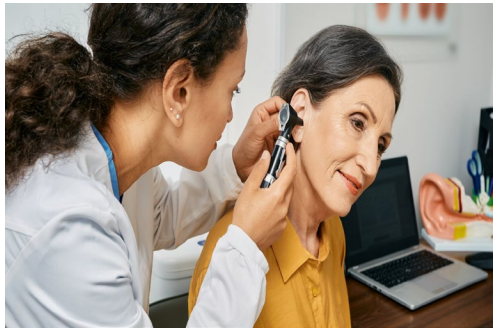
What preventative health recommendations can we consider?
What barriers might she face getting to clinic and in her appointment today?
What if she also had an intellectual disability?

Physical Exam

- Comprehensive exam (with flexible approach/order of exam maneuvers)
- Baseline vital signs – consider wrist BP monitor and holding patient hand
- Strategies:
  - "Tell, Show, Do" Approach
  - Ask patient/caregivers for tips
  - Try to allow for extra time
  - Use visuals/symbols
  - Offer/Review "About My Health" tool (strategies to help with exams/tests, communication)

FIRST: ON ME

Show the otoscope being used on yourself or a model first. This helps the patient sees there's nothing to fear



THEN: ON YOU

Now use the otoscope on the patient. Sequential steps build trust and set clear expectations.

Commonly Missed Diagnoses: Head-to-Toe Assessment

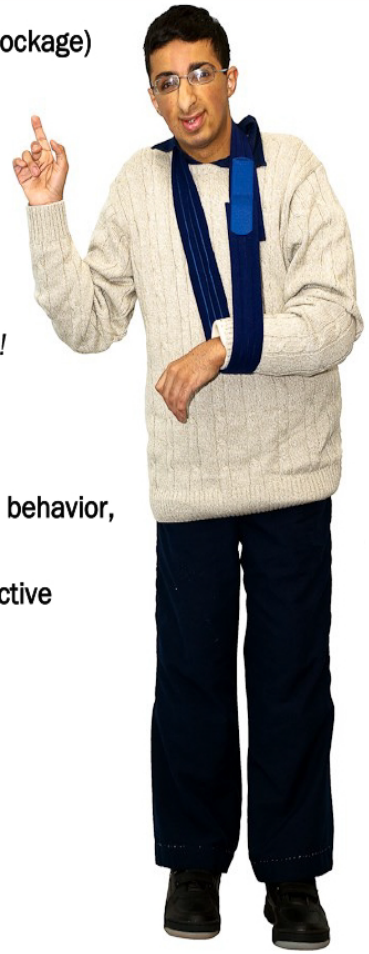
H Headache and other pain, or Hydrocephalus related issue (ex. Shunt blockage)

E Epilepsy

A Aspiration pneumonia or dysphagia

D Drugs! Patients are at high risk for adverse effects or polypharmacy.

Have a follow up plan if prescribing psychotropics!



T Teeth! Dental abscesses or impacted teeth can cause pain, aggressive behavior, food refusal

O Ocular or Otolaryngology issue – Vision problem, Hearing issue, Obstructive Sleep Apnea (up to 80%)

T Tummy – GERD, Constipation, Bowel obstruction and volvulus

O Osteoporosis and atypical fractures, pressure sores

E Etiology or cause of IDD - is it known? – some genetic syndromes have important acute presentations (ex. Calcium disturbance in William's Syndrome)

S Serious illness can present atypically – ask caregivers how this patient expresses pain. Is there a subtle sign that they are very ill?

S Screen for abuse

Physical Exam

- **Eyes:**
  - Screen vision regularly & if behaviour change
  - Refer every 2 years after age 40 to check for glaucoma and cataracts

- **Ears:**
  - Screen for cerumen impaction
  - Screen hearing if behaviour change
  - Refer to audiology every 5 years after age 45 for age-related hearing loss
- **Teeth:**
  - Dental abscesses, erosions, caries
  - Arrange treatment with sedation if needed

Physical Exam

- **Cardio/Respiratory:**
  - Adapted examination for mobility devices
  - Observe swallowing/consider aspiration risk
- **Abdomen:**
  - Assess for distension, masses, observe closely for subtle signs of pain
  - Educate patient/caregiver about “normal” vs. signs that may indicate a bowel obstruction
- **Genitourinary / Gynaecological:**
  - Trauma informed approach
  - Consider easy-read handout on HPV
  - Considerations for breast screening
- **Musculoskeletal:**
  - Assess for scoliosis, OA, other MSK-related acute or chronic pain (particularly in CP and older adults)

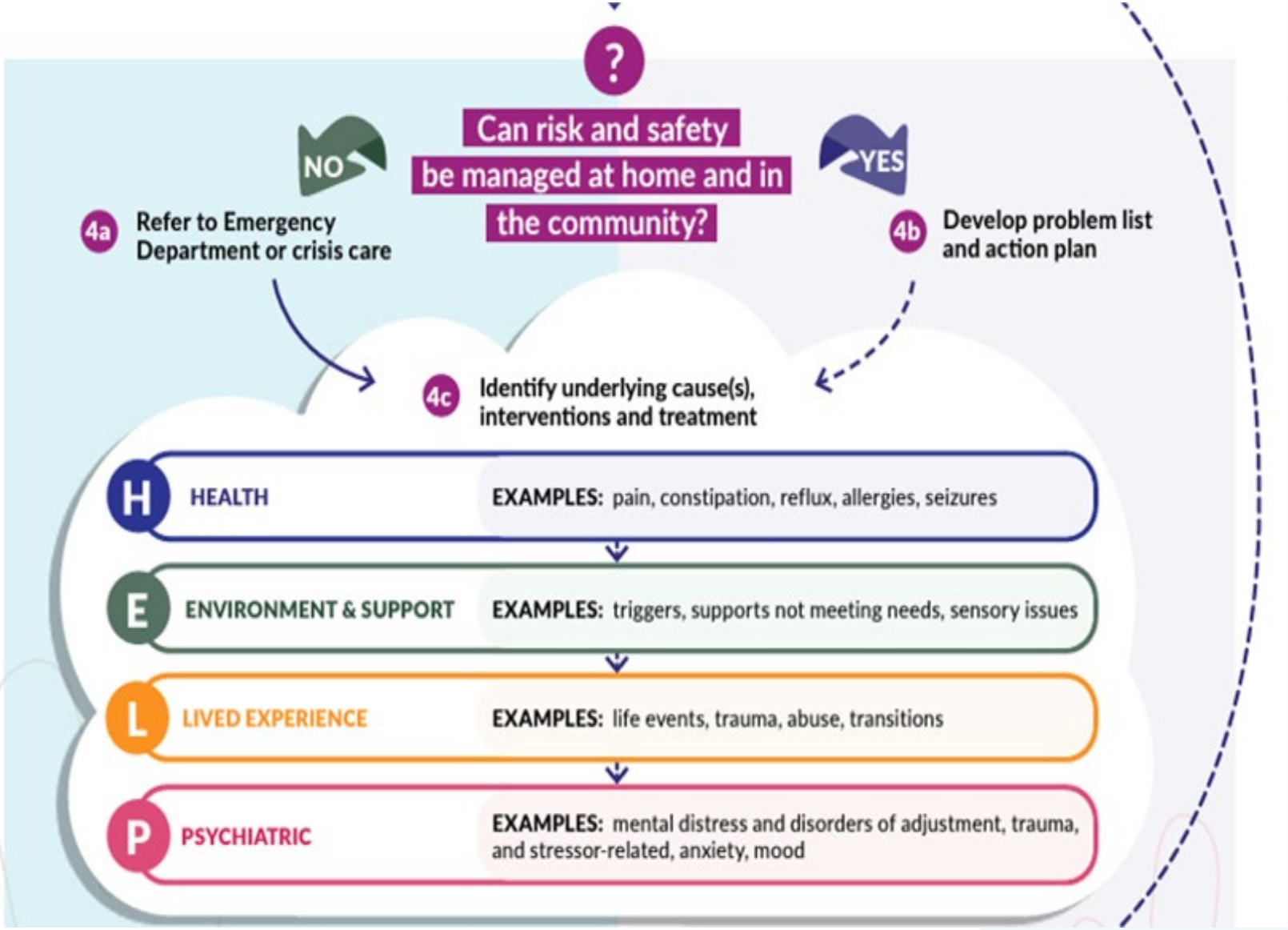
Physical Exam

- **Skin:**
  - Look for pressure injuries
  - Check for ingrown nails, tinea infection in skin folds
- **Mental Status:**
  - Use direct, plain language to ask about mood-related symptoms (e.g. how have you been feeling? Do you sleep well? Do you have worries?)
- **Neurological:**
  - Assess for changes to indicate new CNS injury/degenerative condition (e.g. cervical myelopathy 8x more likely in CP vs. general population, increased risk of stroke in CP)
  - Earlier dementia
  - Atypical seizures

Behaviours that Challenge

- Behavioural Crisis

If needed, use Surrey Place DDPCP Mental Health practice tools to assess behaviours that challenge

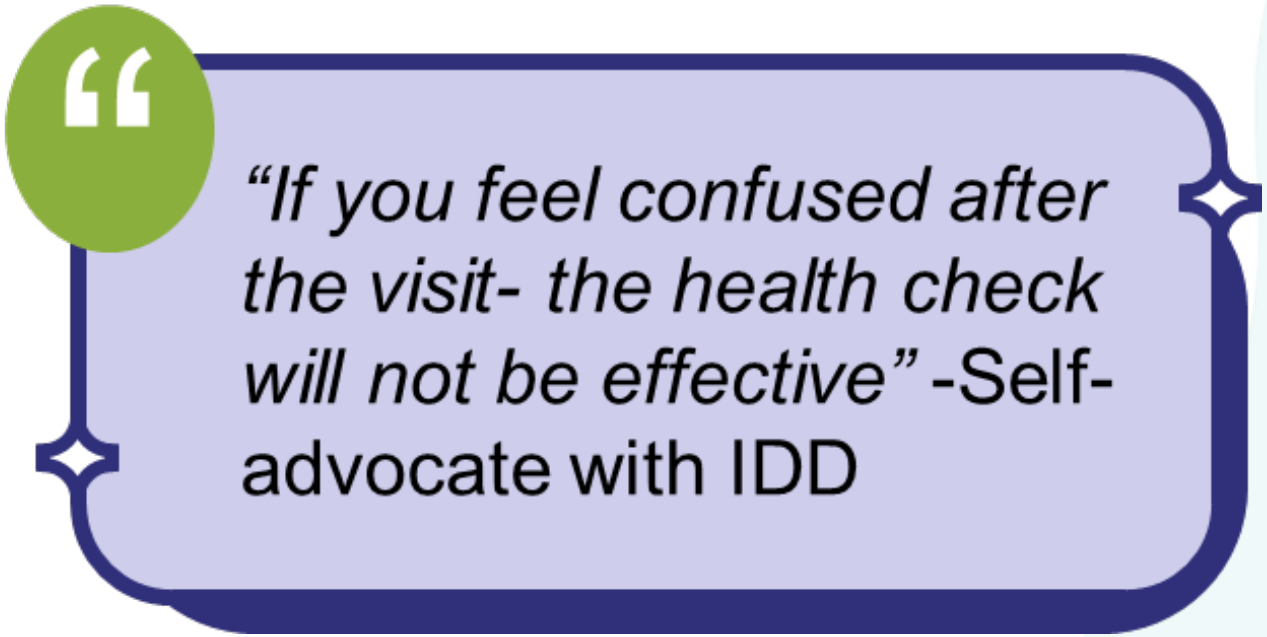


Assessment and plan

- List the **main health issues** and make a clear plan (who will do what and by when)
- Watch for unusual medication side effects, especially if hard to report
- Try medications for a set time and review

Assessment and plan

- Use simple monitoring **tools to track symptoms and progress**
- Note any supports needed for tests (e.g., support person, equipment)
- Use simple language, pictures, and repeat-back to check understanding
- Share education materials and consider financial/support needs



Assessment and Plan

Creating **consultation requests t**o other clinicians:

- Include more detailed information than usual:
  - Subjective history (if difficult to obtain)
  - Communication needs.
- Attach all relevant investigations (patients may not reliably report all results)
- Include substitute decision maker contact information

Ordering **investigations**:

- Add needed accommodations to the requisition (ie. Needs mechanical lift,

Support person needed in the room to explain the procedure)

Thank You

@SurreyPlaceON

https://ddprimarycare.surreyplace.ca/

SURREY PLACE

Next Health Equity CoP: Coming soon

- **Topic and Date:** TBD

Attendees will receive an email notification once registration launches. Stay tuned for more details!

Upcoming Changing the Way We Work Community of Practice

Infectious Disease & New Guidelines on Endometriosis
with Drs. Daniel Warshafsky & Olga Bougie

May 1, 2026
8:00am – 9:00am

Register Now

The Changing the Way We Work 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.

Supports for Mental Health, Addictions and Chronic Pain

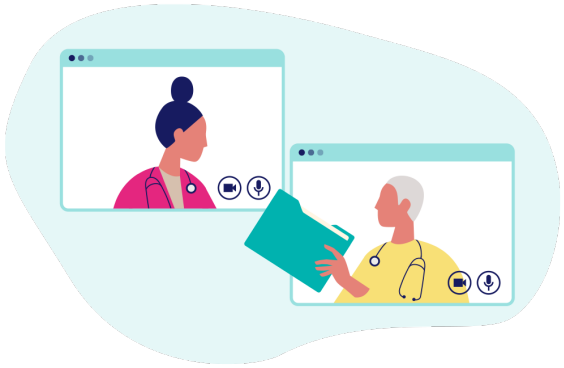
Find information to support the care you give patients – in a way that also considers your wellbeing.

Community of Practice

Scan here to register

May 27: Holding Risk with Care: Form 1 Decision-Making in Family Medicine

Peer Connect Mentorship



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

Topics Explored by Past Peer Learners:

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

Sign up to become a Peer Learner

Ontario College of Family Physicians

ONTARIO Osteoporosis Strategy

Clinical Application of the Long-Term Care (LTC) Fracture Prevention Recommendations for Frail Older Adults

At the end of this session, participants will be able to:

- Assess fracture risk using Fracture Risk Scale
- Apply evidence-based recommendations for fracture prevention in LTC
- Recognize challenges and barriers to implement the recommendations and use enablers.

May 27, 2026 | 12 PM – 1PM | Zoom

Free to attend. This one-credit-per-hour Group Learning program has been certified by the College of Family Physicians of Canada and the Ontario Chapter for up to 1 Mainpro+ credit.

Scan to learn more

Registration now open

WORLD FAMILY DOCTOR DAY.

May 19th, 2026

Family Doctors: Driving Innovation in Health Care

Stay tuned for more.
Coming soon at www.ontariofamilyphysicians.ca

Reducing HRM Report Volumes

Health Report Manager (HRM): Information for Family Physicians

April 2026

The HRM® platform delivers patient health reports from hospitals and specialty clinics to community clinicians across Ontario. Work is ongoing to enhance the functionality of HRM and reduce the administrative burden on family physicians.

Below are two actions you can take right now to reduce inbox volume and better control how reports are delivered through HRM:

- ❑ Stop eNotifications
- ❑ Stop faxed duplicates of HRM reports

For technical support and to get more information about HRM initiatives: support@ontariomd.com

Practical Things You Can Do Right Now to Reduce Your Report Volumes Through HRM

"Did you know?" The tasks below can also be implemented by admin staff on behalf of an individual physician or group of physicians within the clinic.

How to Stop eNotifications

An eNotification is a near real-time alert sent through HRM from participating hospitals to notify you when your patient is admitted, discharged, or seen in the ER, with no clinical data.

To stop receiving eNotifications, follow the steps below:

1. Complete the Expression of Interest form. Your name, license number and email address are required. The email address must be specific to the clinician making the request.
2. Watch for an email from support@ontariomd.com requesting verification of your request. If you do not receive this email within 10 business days, please reach out to support@ontariomd.com.
3. You will receive email confirmation that eNotifications have been stopped once your request has been processed.

Other Initiatives in Development

Broader work is also underway at the hospital level to further reduce report volumes and improve your HRM experience. Among them: eliminating faxes when HRM reports are sent; and reducing the volume of draft/preliminary reports by implementing delay of several hours for sending certain types of reports (ER notes, discharge summaries, specialist consultation notes).

Learn more about the HRM Improvement Recommendations and the related work of the HRM Improvement Recommendations Advisory Committee.

Ontario College of Family Physicians

Practical Steps to Reduce Report Volumes Through Health Report Manager (HRM)

As a member of the *Health Report Manager Improvement Recommendations Advisory Committee* (HIRAC), the OCFP is supporting efforts to improve your HRM® experience and reduce report volumes.

The OCFP has developed a tool to help you streamline your HRM inbox, including straightforward steps to stop eNotifications and faxed copies of reports you already receive electronically.

Access the OCFP's HRM Tool

Momentum Building for eReferral

More hospitals and specialists are joining *eReferral*, building on the thousands of clinicians using the system to improve care coordination and streamline referrals. To date, eReferral has processed over four million referrals in Ontario, **with 62% of family physicians and 31% of specialists now on board.** This growing network makes it easier to connect patients to the right care, at the right time.

Get Started with eReferral