NEWSLETTER

FEB 2025

BURLINGTON

PRIMARY CARE LINKS

The Burlington PCN is excited to offer new and returning support for three digital tools available to Burlington primary care providers at no cost - Hypercare, OAB, and AI Scribe. We are also shining a spotlight on our Support House partners and their amazing work through the mobile community health centre. We announce the re-opening of JBH Heart Function Clinic and introduce Burlington Bone Health Clinic. We finish off with educational opportunities for providers through the ECHO program and patient education on cancer screening through BFHT and BPL.

Primary Care Network

Being part of the Burlington Primary Care Network (PCN) means gaining access to support and tools that enhance practice and the care you provide to your patients. Burlington's PCN has identified improving access to primary care, system navigation, and reducing administrative burden as some of the key local priorities to our providers and their patients. To support how you get there, we've made accessing digital tools easier.

HYPERCARE

What

Hypercare is a secure communication platform for healthcare professionals, streamlining scheduling and real-time communication. It helps improve patient care, reduce delays, and integrate with existing systems while ensuring HIPAA compliance.

Why

Hypercare is a platform shared by JBH and community physicians that allows you to communicate with colleagues in community or hospital securely, improving how you navigate patient care effectively.

How

The Burlington PCN has a limited number of Hypercare licenses for our community physicians. Providers currently without access can email **primarycare@burlingtonoht.ca** to request access to Hypercare.

AI Scribe

What

AI Scribes streamline documentation by transcribing patient encounters, organizing key information, and much more. Burlington PCN is offering a one-year pilot to support primary care providers new to AI Scribe or those seeking support with adoption.

Why

AI Scribes can reduce admin burden, a key PCN priority. With so many options available, this pilot makes getting started easier by offering **funding** and **1:1 technical support** from local experts to assist with Scribe selection, adoption, and optimization—ensuring your AI Scribe complements your practice.

How

Providers can email **primarycare@burlingtonoht.ca** to learn how to apply for AI Scribe Pilot and/or learn more about the program features.

OAB

What

Online appointment booking (OAB) is a digital tool that allows patients to book appointments with their primary care provider and clinic staff. There are many platforms that offer online appointment booking that you can apply to your practice.

Why

OAB plays an important role in improving how patients access their primary care provider and for this reason the PCN is keen to help providers implement and sustain their OAB platforms.

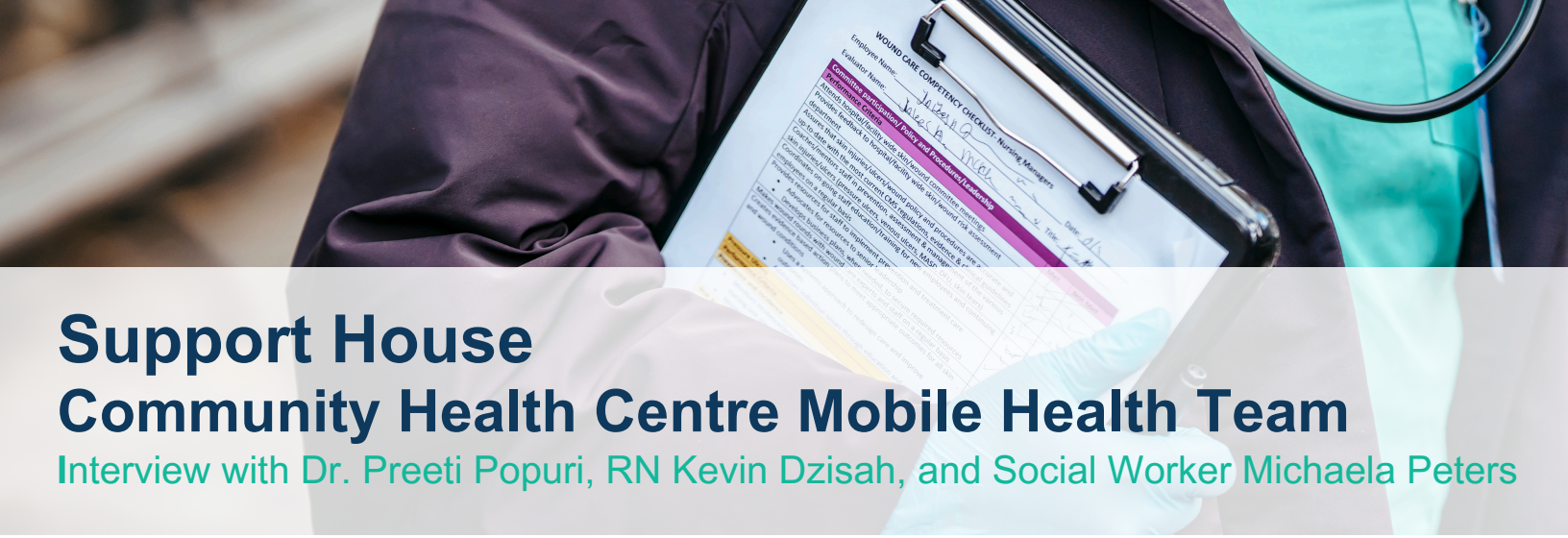
How

Interested providers can email **primarycare@burlingtonoht.ca** to learn how to access funding for their OAB.

If you are interested in accessing any of these digital tools or learning more

email primarycare@burlingtonoht.ca before March 10, 2025

Funding is time limited! Don't miss out on these fantastic tools to help enhance practice.



Support House
Community Health Centre Mobile Health Team
Interview with Dr. Preeti Popuri, RN Kevin Dzisah, and Social Worker Michaela Peters

Four months ago, Support House launched its Community Health Centre Mobile Health Team (CHCMHT) in Halton. This mobile primary care team delivers essential, community-based health and social services to individuals who are unhoused, precariously housed, or facing complex health challenges, including mental health issues and addiction.

Committed to a ‘no-wrong-door’ approach, the team accepts referrals from a wide range of sources, including primary care providers, community partners, specialists, Emergency Departments, and other acute care services. Using a fully equipped mobile response van, the CHCMHT brings healthcare directly to individuals with scheduled stops across Halton every week.

The team consists of a family physician, registered nurses, nurse practitioners, peer support, and a social worker. Dr. Popuri is the team’s primary care physician and brings valuable experience as a primary care physician with a focus in addictions medicine. Through the CHCMHT, Dr. Popuri primarily works with individuals who are precariously housed, but also provides vital support to those who are homebound due to mobility restrictions, cognitive impairments, or other challenges.

Support House

While the majority of CHCMHT patients are unattached, Dr. Popuri and the team have also served as a bridge for those attached to primary care but faced with barriers to accessing care—such as lack of mobile phones, limited informal support required to navigate the system with chronic conditions.

“We have been seeing these attached patients while emphasizing to them that we are not here to replace their family doctor. We are trying to cut down some of those barriers,” she said. “Our goal is reconnect with the family doctors or lower the barriers that are stopping them from accessing their existing primary care.”

The CHCMHT takes a patient-centered approach to care, focusing on understanding each individual’s unique needs. This can range from addressing housing-related concerns with no immediate health issues to helping patients with chronic conditions, such as hypertension and diabetes, by renewing their prescriptions.

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The CHCMHT works closely with Support House's Response Team who primarily work in shelters and encampments to support people with mental health and or substance use concerns to get their holistic needs met.

"What drives us is what they need," Dr. Popuri says.

When an attached patient is seen by the CHCMHT, their primary care provider is kept informed about the patient's care, with the patient's consent. In some cases, a Support House team member may accompany the patient to their primary care appointment, and this is especially useful if the patient struggles to have effective communication with their provider.

"The response team workers are bridging that communication gap for us," Dr. Popuri said. "We are making sure that the family doctors are aware when we are in touch with their patient."

A significant part of CHCMHT's work is effectively attaching patients to a primary care provider when they're medically ready. Whether a patient is ready for referral depends on the level of care the team is providing, recognizing that durable attachment to primary care requires time. If a patient has more complex care needs, the CHCMHT will assist finding a family physician that is right for them after their conditions have stabilized.

For patients who are ready for a primary care provider, the team relies on an active list of Halton physicians accepting new patients to help attach them to the right provider.

"The last thing we want to do is jump and run," Dr. Popuri said. "When we do give these patients to the family doctor for continuous care in the future, we want to make it a medium or low care burden."

Dr. Popuri emphasized that even after helping a patient attach to primary care, Support House is still there to assist in scenarios such as addiction care or with other social factors. The primary care physicians would not be negated should they seek support for their patients through Support House.

Throughout her career Dr. Popuri has been drawn to working with marginalized populations with complex health care needs.

"I find it very rewarding and I find that the patients appreciate it very much, you can actually see their lives turning around," she said.

The ability to help others is also what drew Social Worker Michaela Peters and Registered Nurse Kevin Dzisah to become part of the CHCMHT.

"We have the 'no wrong door' approach so even if I'm not the person or the expert in this area, I'm going to stay with you and I'm going to help figure out who is the expert. It really aligns with my values and morals," Michaela said.

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Michaela's role is to support her clients and the team in understanding the social determinants of health and how factors, such as a person's living situation, can impact their health.

The support Michaela provides is dependent on the needs of the individual client and begins where the patient is.

Support House Community Health Centre Mobile Health Team

"I think about where the patient is, and not just physically where they are, but also psychologically, emotionally. We believe that people are the experts in their own life and our job is to highlight or show a menu of options given where they're at, for example, in substance use," she said.

Having access to team-based care through the CHCMHT helps with continuity of care, keeping people connected instead of falling through the cracks of an increasingly complex system, Kevin said.

"The biggest benefits I find patients experience when dealing with team-based care is the integrated and coordinated efforts of multidisciplinary professionals working together," he said. "The team is full of different professions. The clients I support benefit from an organized delivery of care so that they don't have to worry about staying connected with different services, because we offer everything in one."

As a Registered Nurse, Kevin sees himself as a support walking alongside his patients through the CHCMHT in their journey to recovery. He joined the Support House team to help the most vulnerable populations in Halton Region—those who are unhoused and struggling with concurrent disorders.

"This population is only increasing, and I believe they too deserve the supports needed to be able to reconnect themselves back to the healthcare system and get connected with other supports that address the other social determinants of health that affect our lives," he said.

To date, Support House CHCMHT has reached over 300 vulnerable community members with complex health care needs. Over 60% of these patients are seen multiple times by the team to take the time required to meet their needs.

Support House

Community Health Centre

Mobile Health Team

Start a Referral

If you are a primary care physician accepting new patients and would like to know more about how you can support a patient through Support House, email chc@supporthouse.ca to get in touch with the team.

Clinical Services Update

Re-opening of Heart Function Clinic

JOSEPH BRANT HOSPITAL

JBH is pleased to announce the re-opening of the Heart Function Clinic. This provides care to adults with a new diagnosis of heart failure and/or recurrent symptomatic heart failure. Patients must have an established Heart Failure diagnosis to be eligible for the program.

Heart Function Clinic services include:

- General education about heart failure.
- Self-monitoring strategies to reduce the risk of symptoms reoccurring.
- Medication adjustments
- Investigations
- Assessment by a nurse practitioner and a cardiologist.
- Assessment by a pharmacist, social worker or dietician, when requested.

Ambulatory Care Referral Form

Referrals must be completed by a physician.

Heart Function Clinic

P: 905-336-4110
F: 905-681-4808

Bone Health Clinic Opens in Burlington

BURLINGTON BONE CARE CLINIC

Referral through fax or OceanMD

Referrals must be completed by a physician.

Bone Health Clinic
P: 905-635-5606
F: 289-635 -2026

The Burlington Bone Health Clinic is pleased to announce its opening in Burlington. This clinic is designed to support patients with management and prevention of osteoporosis.

Services of the Bone Health Clinic Include:

- Bone mineral density (BMD) testing
- Pain management
- Disease and lifestyle education
- Access to experts in endocrinology, orthopedics, physiotherapy, and geriatrics

Burlington Primary Care Links

Have a question or something to add to the newsletter?
Contact primary care support at primarycare@burlingtonoht.ca

A collaboration with our BURLINGTON ONTARIO HEALTH TEAM

The Burlington OHT is supported by funding from the Government of Ontario.

Project ECHO

Extension of Community Healthcare Outcomes

What is ECHO?

ECHO is a **virtual learning community** for primary care providers to enhance their skills and confidence by sharing of best practices and practical advice for real patient cases.

Project ECHO programs include:

- Liver
- Concussion
- Rheumatology
- Chronic Pain & Opioid Stewardship
- Pain in Blood Disorders
- and more!

How does ECHO work?

ECHO links expert interprofessional "hub" teams with primary care providers via weekly videoconferencing sessions.

ECHO's Mission

"To build capacity through a virtual community of practice for health care providers in Ontario that will increase access to specialist healthcare, improve patient outcomes, and create health equity."

ECHO Schedule

ECHO Programs

CANCER PREVENTION
Patient Education Sessions

Cancer Prevention 101: Understanding Your Screening Options

Join Burlington Family Health Team's Registered Nurse for one of our education sessions to learn the importance of early cancer detection, the latest screening guidelines, how these options can help reduce the risk of various cancers, and how you can get screened for colorectal, breast, and cervical cancer.

Patients can register through the Burlington Public Library website!

BURLINGTON PUBLIC LIBRARY

Central Branch, 2331 New St.

WEDNESDAY MARCH 5 — **7PM**

AGENDA

7:00PM - 7:20PM	Colorectal Cancer
7:20PM - 7:40PM	Breast Cancer
7:40PM - 8:00PM	Cervical Cancer

THURSDAY MARCH 20 — **2PM**

AGENDA

2:00PM - 2:20PM	Colorectal Cancer
2:20PM - 2:40PM	Breast Cancer
2:40PM - 3:00PM	Cervical Cancer

CCO Cancer Care Ontario

Burlington Family Health Team

Burlington Public Library

Burlington Ontario Health Team