



Telemedicine IMPACT Plus

Interprofessional Complex Care Clinic

What is TIP?*

Telemedicine IMPACT Plus offers one-time inter-professional consultations to **complex patients** and their **family physician** to coordinate care planning and derive new solutions for addressing the patient's chronic conditions.

The physician, patient, and caregivers also benefit from the support of a dedicated nurse who coordinates the patient's circle of care.

Across the TC LHIN, each TIP consulting team has a core membership (as required) of a:

- **Psychiatrist**
- **Internist**
- Pharmacist
- Social worker
- CCAC Coordinator
- Dietician

Some of our teams offer specialty consults in:

- Geriatrics
- Geriatric psychiatry
- Diabetes
- Endocrinology

**TIP is an OHIP-billable service.*

Which patients do I refer?

- Medically complex patients with multiple chronic conditions and medications
- Frequently hospitalized patients in need of access to psychiatric, mental health, or social supports
- Patients who could benefit from coordinated care planning

Why should I refer to TIP?

- Access psychiatric and internist consultation within weeks or sooner
- Develop a Coordinated Care Plan
- Navigate health and community resources with a dedicated nurse
- Gain the necessary supports to help manage the complex patients who "keep you up at night"

To refer a patient, please complete the attached referral form

TIP Clinic Referral Form

Telemedicine IMPACT Plus interprofessional case conference for complex patients



Date of referral: MM/DD/YY

Source of referral (if other than primary care physician/nurse): _____

If applicable, please specify your preferred TIP clinic location/team: _____

Does the patient's family physician or nurse practitioner consent to participating in TIP? Yes ___ No ___

Name of referring primary care provider (i.e. GP or NP): _____

Primary practice street address only: _____ OHIP Billing No.: _____

Phone: _____ Fax: _____ Email: _____

Patient last name: _____ Patient first name: _____

OHIP#: _____ DOB: MM/DD/YY Age: _____ Sex: _____

Street address: _____ Phone: _____ Can we leave messages

if a family member will be participating as the patient's substitute decision maker: _____ at this number? Y / N

Caregiver name: _____ Relationship to patient: _____ Phone: _____

Referral checklist:

- | | |
|--|----------------|
| 1) Does the patient (pt) consent to participating in a TIP clinic? | Yes ___ No ___ |
| 2) Does the pt or caregiver speak English? | Yes ___ No ___ |
| 3) Is the pt currently on 5 or more medications? | Yes ___ No ___ |
| 4) Does the pt have 2 or more chronic conditions? | Yes ___ No ___ |
| 5) Is this pt's care difficult to manage due to complications of co-existing conditions? | Yes ___ No ___ |
| 6) Does the pt suffer from mental health or substance use issues? | Yes ___ No ___ |
| 7) In your medical opinion, does the patient visit the hospital/ED often? | Yes ___ No ___ |
| 8) Is the pt currently in hospital? | Yes ___ No ___ |
| 9) Will the pt be transferred to ALC or is long-term care imminent? | Yes ___ No ___ |
| 10) Does the pt have diabetes? | Yes ___ No ___ |
| 11) Is the pt considered geriatric? | Yes ___ No ___ |
| 12) Is the pt a CCAC client? | Yes ___ No ___ |
| 13) Is the pt considered palliative? | Yes ___ No ___ |

Priority issues—identify the top 3 questions you would like addressed during this 1-hr consult:

Please fax completed referral form to 1(888) 401-6675