



Telemedicine IMPACT Plus (TIP)

Interprofessional Clinic for Patients with Complex Care Needs

What is TIP?*

Telemedicine IMPACT Plus offers one-time interprofessional consultations to **patients with complex care needs** and their **Primary Care Provider** to coordinate care planning and derive new solutions for addressing the patient's chronic conditions.

The Primary Care Provider, patient, and caregivers benefit from the support of a dedicated nurse who coordinates the patient's circle of care. The TIP consultation clinic empowers the patient and their caregivers to manage complex health conditions.

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

- Psychiatrist
- Internist
- Pharmacist
- Dietician
- Social Worker
- Home and Community Care Coordinator

Some of our teams offer specialty consults in:

- Geriatrics
- Geriatric psychiatry
- Diabetes
- Endocrinology

**TIP is an OHIP-billable service.*

Which patients do I refer?

- 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
- Build and foster resiliency by enhancing access to local resources
- 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 Clinic for Patients with Complex Care Needs

Date of Referral: (mm/dd/year) _____

Referral Source Name: _____ Phone: _____

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

Primary Care Provider Name: _____

Street address: _____

Postal Code: _____ Email: _____

Phone: _____ Fax: _____ OHIP Billing #: _____

Patient Last Name: _____ Patient First Name: _____

OHIP#: _____ VC: _____ DOB: (mm/dd/year) _____ Gender: _____

Street Address: _____

Postal Code: _____ Phone: _____ Can we leave messages at this

Major Intersection: _____ number? Yes No

Substitute Decision Maker (SDM) Name: (if applicable) _____

SDM Relationship: _____ Phone: _____

Referral checklist:

1. Yes No Unknown Patient consents to participate in TIP
2. Yes No Unknown Interpreter required. Language: _____
3. Yes No Unknown Five or more medications prescribed
4. Yes No Unknown Two or more chronic conditions present
5. Yes No Unknown Care is difficult to manage due to complications of co-existing conditions
6. Yes No Unknown Cognitive impairment concerns
7. Yes No Unknown Mental health or substance use issues
8. Yes No Unknown Frequent hospital/emergency department visits
9. Yes No Unknown Patient has been diagnosed with diabetes
10. Yes No Unknown Patient receives services from Home and Community Care
11. Yes No Unknown Patient receives end of life care
12. Yes No Unknown Patient has been a TIP client before

Are you aware of any precautions staff should take when visiting the patient's home: Yes No

If yes, please describe: _____

Priority issues—List concerns you would like addressed during this 1-hour consult: _____

