



What is TIP?

TIP (Telemedicine IMPACT Plus) provides rapid access to a virtual team of professionals to enable proactive health and social care for patients with complex conditions, and their family caregivers.

Telemedicine IMPACT Plus is an OHIP-Billable Service that supports coordinated care planning and derives new solutions for addressing the patient's chronic conditions.

The Primary Care Provider, patient, and their family 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.

TIP consulting teams have a core membership (as required) of a:

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

Some of our teams offer specialty consults in:

- Diabetes
- Endocrinology
- Geriatric Medicine
- Geriatric Psychiatry
- Intellectual and Developmental Disabilities
- Nutrition
- Pain Management

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 supports to help manage the patients who "keep you up at night".

For more information, please contact:

Phone: 416-603-5800 x 4015

Email: TIPteam@uhn.ca

To refer a patient, please complete the attached referral form



Telemedicine IMPACT Plus (TIP) Referral Form

Interprofessional Clinic for Patients with Complex Care Needs

Referral Source:

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

Referral Source Name: _____

Phone No: _____

Name of Primary Care Provider: _____

SCOPE PCP Yes No

Address: _____

Postal Code: _____ Phone No: _____ Fax No: _____

OHIP Billing No: _____ Email: _____

Patient Demographics:

Patient Last Name: _____ Patient First Name: _____

OHIP No: _____ VC: _____ DOB (mm/dd/yy): _____

Gender: _____ Telephone No: _____

Address: _____

Postal Code: _____ Major Intersection: _____

Can we leave messages at this number? Yes No

If applicable, name of Substitute Decision Maker (SDM): _____

SDM Relationship: _____ Telephone No: _____

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

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

if yes, please describe: _____

Priority issues — List concerns you would like addressed and attach any relevant documents (if available)

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