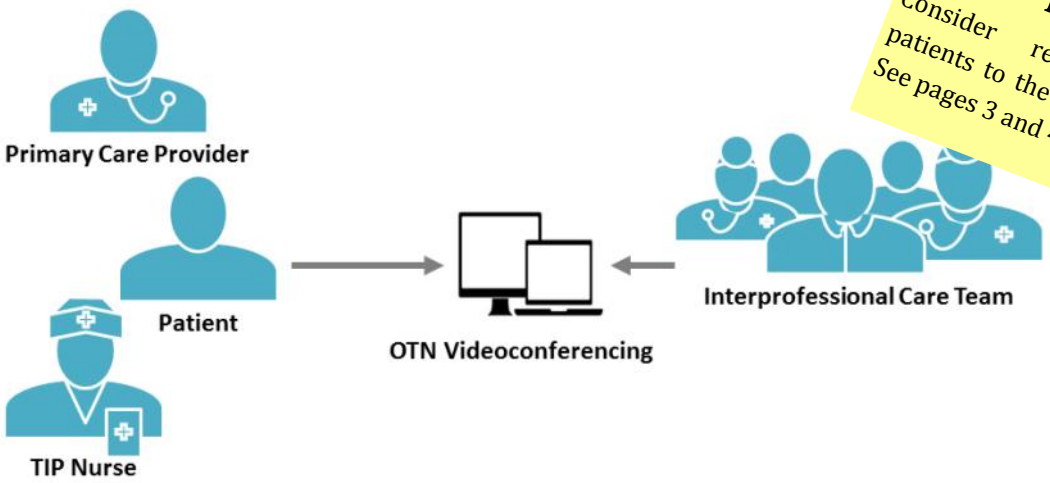
Randomized Controlled Trial
NOW RECRUITING
Consider referring TIP-eligible patients to the TIP research study.
See pages 3 and 4 for information.



Telemedicine IMPACT Plus

Interprofessional Complex Care Clinic

What is TIP?*

Telemedicine IMPACT Plus offers one-time inter-professional case 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 benefit from the support of a dedicated nurse who coordinates the patient's circle of care pre-, during, and post-clinic.

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

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

Some teams offer specialty consults in:

- Geriatrics
- Geriatric psychiatry
- Diabetes
- Endocrinology

**TIP is an OHIP-billable case conference*

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 for a TIP clinic, please complete the referral form on p. 2

TIP Clinic Referral Form

Telemedicine IMPACT Plus interprofessional case conference for complex patients

TIP
Telemedicine IMPACT Plus
HealthLink

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 at this number? Y / N

If a family member will be participating as the patient's substitute decision maker:

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:*

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

Schulich MEDICINE & DENTISTRY

Western UNIVERSITY · CANADA

UNIVERSITÉ DE SHERBROOK

IRSC CIHR

How to recommend a patient to the study

1. Identify eligible patient(s) through normal clinical practice or TIP can help with an EMR search to identify patients for your consideration. Overall, there is minimal time commitment (~1hr) as a TIP Registered Nurse fully supports the process and intervention. TIP is an OHIP billable service.

Inclusion Criteria	Exclusion Criteria
18-80 years of age	Unable to reasonably respond to questionnaires or provide informed consent (ie. cognitive impairment or language barrier)
At least 3 chronic health conditions	Health status deemed too fragile by health care provider for study participation
Eligible for TIP/IMPACT Plus	

2. Below is the suggested script for you to use with your patient(s) in seeking consent to give their information to the Western University research team.

I have agreed to participate in a study being run by researchers at Western University looking at programs that aim to provide the best possible care for people like you with several health problems. Based on your health profile, you are eligible to participate in this new study measuring the value of such programs.

Participants of the study will be interviewed by research staff on the phone 3 times and will either receive enhanced care through an information sheet about care options or through participating in a clinic appointment with a group of health care providers. Measuring the value of these programs helps to ensure appropriate funding to continue and spread these models of enhanced care to more patients.

If you are interested in participating, I will need to send your name, phone number and mailing address to the research team at Western. They will then send you a package containing more information about the study, a consent form to read at your convenience, and a questionnaire. They will follow up with a phone call once you have received the package to answer any questions you may have and to go through the consent form and questionnaire with you. Do I have your permission to put your name and contact information forward to the research team for them to contact you with further information about participating?"

3. After the patient gives verbal consent for their information to be shared, please document it on the attached form and fax it along with the normal TIP referral form to 1.888.401.6675

4. The research team will explain the study to your patient and be in touch with you once your patient(s) have been enrolled and randomized so you know who will participate in the TIP clinic. Each consenting patient has an equal probability of getting the TIP clinic or being in the control group where they will continue usual care without TIP. If you suggest more than one patient and all consent, half will receive a TIP clinic.

Questions and Further Information

519.661.2111 ext. 22123 or Nicola.Geoghegan-Morphet@schulich.uwo.ca

http://www.paceinmm.recherche.usherbrooke.ca

Please fax all completed forms to 1.888.401.6675

Principal Investigators

Moira Stewart, PhD
Distinguished University Professor
Dr. Brian W. Gilbert Canada Research Chair in Primary Health Care Research

Martin Fortin, MD MSc, CMFC (F)
Professor and Director of Clinical Scholars Program
Research Chair on Chronic Diseases in Primary Care
Department of

Permission for PACE in MM Research Staff to Contact You

Patient Name (Print): _____

Phone Number: _____

Address: _____

_____

_____

Patient Signature: _____
(or documentation of time/date/circumstance of oral consent)

Date (MM/DD/YY): _____

HCP Recruiter Name (Print):_____

Site & Fax #: _____

Signature: _____

Please fax all completed forms to 1.888.401.6675

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Centre for Studies in Family Medicine
Schulich School of Medicine & Dentistry. Western University

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