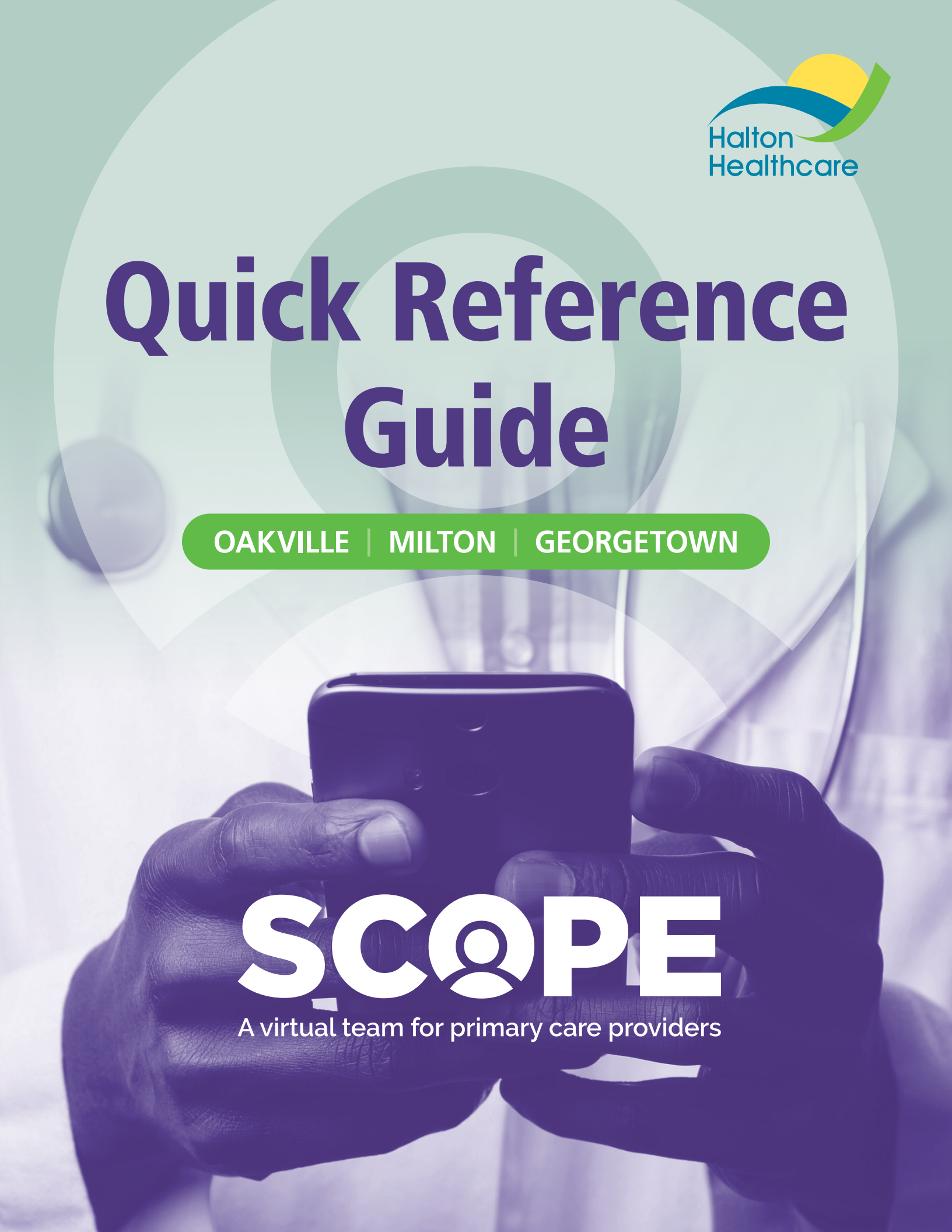
Halton Healthcare

Quick Reference Guide

OAKVILLE | MILTON | GEORGETOWN



SCOPE

A virtual team for primary care providers

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What is SCOPE?

SCOPE (Seamless Care Optimizing the Patient Experience) is a collaborative program designed to streamline complex patient care by connecting **primary care providers, hospital services**, and **community health partners**. *Please note, the SCOPE Navigator does not provide emergency medical advice.*

An experienced SCOPE Navigator serves as the single point of contact to connect primary care with navigation support, specialists, outpatient services, home and community care and additional hospital and community resources. SCOPE programs are active across several jurisdictions in Ontario. **Halton SCOPE** is recognized as one of the most successful implementations of this model.

Frequently Asked Questions

Q: Who can call SCOPE?

A: **Registered SCOPE primary care physicians, nurse practitioners, midwives** and their **clinical staff** are authorized to contact SCOPE. Please note, the SCOPE phone and fax numbers and email are not for patients to use.

Q: What communication options are available?

A: You may contact the SCOPE Navigator using any of the following methods. You can call SCOPE with a question or you can refer a patient to one of the many SCOPE pathways. If you are referring a patient to a specialty service through SCOPE, please be prepared to fax a referral letter or the appropriate referral form/requisition as well:

- **Phone:** 289-952-2457
- **Fax:** 905-815-5142
- **Email:** SCOPE@haltonhealthcare.com
  (Please note: Personal health and confidential information should only be sent from a secure server.)

Q: Some queries will require a referral package. What should be included?

A: A complete referral package should include following and be **faxed to 905-815-5142**:

- Up-to-date patient information
- Relevant health history, recent bloodwork and other pertinent investigations
- Reason for referral
- Patient's primary language
- Family contact information, if applicable

Q: Can SCOPE assist patients outside the Halton Region?

A: Yes. The SCOPE Navigator assists patients based on the **catchment of the referring physician** and ensures residents of Halton receive the care they require even when their physician has a practice outside of Halton Region. If you are a physician registered with SCOPE and your patient is comfortable coming to Oakville, Milton or Georgetown for their appointment, SCOPE can assist patients outside the Halton Region. Otherwise, the SCOPE Navigator can help determine services closer to home. If the patient requires *Ontario Health atHome* (formerly *Home and Community Care Support Services*), the Navigator will coordinate with the appropriate regional provider.

Q: Can I bill when using SCOPE services?

A: Yes! The appropriate billing codes are at the end of this booklet.

SCOPE Navigator

The SCOPE Navigator supports primary care by facilitating communication between primary and hospital physicians, providing general guidance, and assisting primary care teams in navigating hospital systems and community resources.

Examples of when to call the SCOPE Navigator:

- Searching for appropriate hospital or Ontario Health Team (OHT)-based resources
- Facilitating communication between primary care and hospital physicians
- Advocating for faster access to patient care services if patient status changes
- Assistance in finding a specialist or expediting an appointment due to a change in a patient's condition
- Ensuring timely access to outpatient services, such as General Internal Medicine, Paediatric Care, Cardiology service, Wound Care and Diagnostic Imaging
- Support with the referral process for external community resources

When you call, please have ready:

- Reason for your call
- Patient information: name, date of birth (DOB), health card number including version code (HC#), and address
- Physician call-back contact information e.g. direct contact or clinic backline
- *Note: be prepared to fax a referral letter if required*

What to expect:

Depending on the urgency and nature of your question, the SCOPE Navigator will either:

- Draw on their own expertise to answer your question immediately
- Triage your request and connect you with the most appropriate service
- Request you to fax a referral for seamless communication
- Process your referral to get a patient booked in an outpatient clinic

General Internal Medicine

The General Internal Medicine (GIM) Pathway provides primary care providers with real-time phone consultation and support from the internist on-call. Internists can also determine if a patient needs to be seen in person in the rapid access clinic.

Examples of when to use the SCOPE GIM Pathway:

- IV iron infusions
  - Patients requiring an internist consult for management of complex anemia or other disorders indicating IV iron infusion
- Complex care guidance
  - Diagnostic dilemmas requiring a generalist's advice to determine next steps
  - Patients requiring additional work-up for suspected malignancy
- Medical conditions not clearly fitting another specialty pathway or may require navigation prior to referring:
  - Cardiology-related: nonspecific chest pain, palpitations, new arrhythmia where urgency is unclear *(if clearly cardiac, refer to the Cardiology Pathway)*
  - Infectious concerns: fevers of unknown origin, complicated infections with unclear source *(if clearly wound/skin/diabetic foot, refer to the Wound Care Pathway)*
  - Respiratory issues: shortness of breath (SOB) not yet diagnosed, persistent symptoms after infection, or unclear etiology
- Thromboembolic disease
  - Work-up and initial management of suspected DVT/PE, especially where coordination with imaging/anticoagulation is needed

Depending on the nature and urgency of the referral, the SCOPE Navigator will either:

- Organize a call between you and the internist for that day or that week.
  - *Please indicate a direct call-back number.*
- Book your patient to be seen by an internist. We will inform your office of the patient's appointment.

Referral Process: Please complete a letter with the following and fax to 905-815-5142

- Patient's information (name, date of birth, Ontario health card number)
- Patient and family contact information
- Referring physician's name, contact information and billing number
- Reason for referral
- Relevant health history, recent bloodwork and other pertinent investigations

Home and Community Care

The SCOPE Navigator can help the primary care provider connect their patients to *Ontario Health atHome* (*Home & Community Care Services*) resources. Navigator support is available for both new referrals and patients already linked with *Home & Community Care*.

Examples of when to use the SCOPE Home and Community Care Pathway:

- Frailty and safety concerns
  - Elderly, homebound, or socially isolated patients
  - Failure to cope or concerns about patient/caregiver safety at home
  - Dementia, cognitive decline, or functional impairment
- Caregiver and social needs
  - Caregiver stress/burnout
  - Housing insecurity/support needs
- Medical support in the community
  - Chronic disease management requiring ongoing community services
  - Wound care or drain care *(if complex or requiring ongoing nursing follow-up; otherwise consider Wound Care Pathway)*
  - Post-acute support including IV medications, symptom monitoring, or short-term stabilization
- System navigation
  - Patients requiring assessment and planning for Long-Term Care, or Medical Assistance in Dying (MAiD)
  - Linking patients to appropriate health system and community resources

***Ontario Health atHome* services available include:**

- Care Coordinator (assessment, planning, navigation, long-term applications)
- Nursing (clinic-based or in-home, including IV medications and wound care)
- Rapid Response Nursing
- Nurse Practitioners
- Rehabilitation Professionals: Physiotherapists, Occupational Therapists, Speech-Language Pathologists
- Allied Health: Dietitians, Social Workers
- Personal Support Workers (PSWs)

Diagnostic Imaging

The Diagnostic Imaging Pathway supports primary care providers by addressing questions related to imaging tests and results, facilitating urgent imaging requests, and coordinating referrals directly to the on-call radiologist. When you call, the SCOPE Navigator will triage your inquiry and direct it appropriately.

Examples of when to use the SCOPE Diagnostic Imaging Pathway:

- Guidance in selecting the most appropriate imaging test
- Access to subspecialty radiology consultations (e.g., second opinions on external imaging or report interpretations)
- Coordination of urgent imaging (triage and expedited scheduling for time-sensitive cases)
- Expedited reporting for urgent cases
- General navigation and information support throughout the imaging process
- Same-day imaging services (e.g. doppler ultrasound to rule out deep vein thrombosis, etc.)

Depending on your clinical question or scenario, the SCOPE Navigator will:

- Connect you with the on-site or on-call radiologist for consultation
- Provide information regarding available radiologist services
- Refer you to the Radiology Navigator for assistance with navigating imaging requests

Referral Process:

When contacting SCOPE, please include the appropriate requisition form. Forms can be faxed to SCOPE at 905-815-5142.

Note: certain tests will require physical images to be dropped at the hospital for protocolling

Palliative Care

The Palliative Care Pathway offers real-time phone consultation and support, along with access to home and community care resources for patients with serious or life-limiting illnesses. When you call, the SCOPE Navigator will guide you to the most appropriate health system and community resources to support your patient at home. This may include:

Examples of when to use the SCOPE Palliative Care Pathway:

- Connect with a Palliative Care specialist for guidance on medical management of palliative patients
- Support for caregivers managing end-stage illness and symptom burden
- Navigation to end-of-life resources in both hospital and community settings
- Assistance with completing referrals to ensure timely and appropriate access to palliative care services
- Get information on community-based palliative care supports, including:
  - Home and Community Care programs (e.g., support from palliative care nurse practitioners, personal support workers, respite care)
  - Community Palliative Care Physician Groups
  - Hospices
  - Palliative Care Units

Referral Process: Please complete a letter with the following and fax to 905-815-5142

- Patient's information (name, date of birth, Ontario health card number)
- Patient and family contact information
- Referring physician's name, contact information and billing number
- Reason for referral
- Relevant health history, recent bloodwork and other pertinent investigations

Long-Term Care

The Long-Term Care (LTC) Pathway supports primary care physicians in triaging and connecting LTC residents to hospital or community services, often bypassing the Emergency Department.

Examples of when to use the SCOPE LTC Pathway:

- LTC resident with acute medical issues requiring expedited hospital care
- LTC Resident needing urgent diagnostic or procedural services
- LTC requiring rapid access to hospital-based services to avoid a hospital transfer:
  - Urgent eye care (e.g., shingles around the eye)
  - Blood transfusions (Internal Medicine)
  - G-tube re-insertions (GI Suite)
  - Fracture assessment and Orthopaedic follow-up
  - Palliative procedures (e.g., paracentesis)
  - Urgent imaging (Doppler US, X-ray)
  - Wound care clinic appointments

SCOPE Navigator will:

- Identify the appropriate pathway upon triage and direct your concern accordingly
- Liaise with necessary teams to ensure patient can get appropriate and timely care
- Expedite hospital services
- Attempt to consolidate multiple clinic/diagnostic visits on the same day, where possible

Referral Process: Please complete a letter with the following and fax to 905-815-5142

- Patient's information (name, date of birth, Ontario health card number)
- Patient and family contact information
- Referring physician's name, contact information and billing number
- Reason for referral
- Relevant health history, recent bloodwork and other pertinent investigations
- Relevant Diagnostic Imaging or Interventional Radiology requisition
- Imaging reports
- Relevant referral form(s) (e.g., Complex Wound Care Clinic) in lieu of a referral letter

Paediatrics

Through the Paediatric Pathway, the SCOPE Navigator is able to provide real-time phone consultation with a paediatrician on-call and refer to rapid access outpatient services.

Examples of when to use the SCOPE Pediatric Pathway:

- Neonatal growth and development concerns:
  - Failure to thrive, having trouble feeding, concerns apart from jaundice
- Neonatal Jaundice:
  - Baby less than 1 week old presenting with jaundice, poor feeding, and 10% weight loss
- Paediatric Infection:
  - Well child under 2 years old with possible urinary tract infection (UTI), but who is not septic or hemodynamically unstable
  - Child with prolonged fever or respiratory concerns not yet diagnosed (NYD) but no significant work of breathing
  - Child with abdominal pain and/or vomiting, but unlikely to require surgery or IV fluids
- Clinical uncertainty or questions about local paediatric resources

Depending on the nature and urgency of your question, the SCOPE Navigator will connect you with:

- Community paediatric urgent care clinics
- Consulting paediatricians
- On-call paediatrician for review and direct booking into Post Emergency Paediatric Clinic (PEPC)

Referral Process: Please complete a letter with the following and fax to 905-815-5142

- Patient's information (name, date of birth, Ontario health card number)
- Patient and family contact information
- Referring physician's name, contact information and billing number
- Reason for referral
- Relevant health history, recent bloodwork and other pertinent investigations

Cardiology

SCOPE Cardiology Pathway collaborates with the Heart Function Clinic, Cardiology Oakville, and Halton Cardiologists to support physicians in referring patients to cardiology services.

Examples of when to use the SCOPE Cardiology Pathway:

- Undifferentiated cardiac diagnoses (e.g., suspected heart failure not yet confirmed)
- Newly diagnosed patients with congestive heart failure (CHF)
- Patients needing advice on anticoagulant or rate control medications
- Patients who would benefit from remote monitoring until they can be seen by Cardiology or the Heart Function Clinic
- Patients requiring rapid access to cardiac investigations

The following scenarios are NOT appropriate for Cardiology Pathway:

- Patients with **NYHA Class IV heart failure symptoms will be directed to the Emergency Department**.
- Patients already connected to an existing Heart Function Clinic will be directed to their home clinic, where a robust process for urgent visits is already in place.
- Patients already attached to a non-HHS cardiologist will be redirected to that physician.

Referral Process: Please complete a letter with the following and fax to 905-815-5142

- Patient's information (name, date of birth, Ontario health card number)
- Patient and family contact information
- Referring physician's name, contact information and billing number
- Reason for referral
- Relevant health history, recent bloodwork and other pertinent investigations

Remote Care Management

The Remote Care Management (RCM) Pathway provides virtual in-home care and vital signs monitoring for patients diagnosed with CHF, COPD and acute respiratory illnesses. The goal is to help the patient recover safely at home and prevent Emergency Department presentations and rehospitalizations.

Examples of when to use the SCOPE RCM Pathway:

- Remote monitoring of eligible patients with CHF, COPD, Acute Respiratory Illness or on a palliative care journey
- Virtual care and monitoring of patients in their home
  - *Halton Healthcare's Remote Care Management team will arrange the necessary technology for eligible patients and will monitor them at appropriate intervals.*
- Timely connection to the RCM Clinical Coordinator to assess patient suitability for the RCM program
- Prioritized access to care for patients with select acute and chronic diagnoses
- Support for primary care providers to manage complex patients safely at home

Eligibility:

- Patient lives in Halton Region
- Patient is 18 years old or older
- Diagnosis of CHF, COPD, acute viral respiratory illness or on a palliative care journey (prognosis 2-12 months)
- Cognitively able to participate in the program or lives with someone able to assist them
- NOT living in Long-Term Care
- Valid OHIP number

Referral Process: Please complete the RCM referral form, and fax to 905-815-5142, including:

- Relevant health history, recent bloodwork and other pertinent investigations

Fracture Clinic

Through the Fracture Clinic Pathway, the SCOPE Navigator can provide direct access to Orthopaedic Fracture Clinics to avoid unnecessary Emergency Department visits. SCOPE will connect your patients to Fracture Clinic appointments at OTMH, MDH, and GH pending eligibility.

Examples of when to use the SCOPE Fracture Clinic Pathway:

- The following acute fractures (within last 4 weeks) in the adult or paediatric population:
  - Upper extremity: clavicle, humerus, radius, ulna
  - Lower extremity: pelvis, femur, ankle, foot, knee, hip

The following scenarios are NOT appropriate for the Fracture Clinic Pathway:

- Hand fractures (metacarpals, phalanges) → please refer to Plastic Surgery or the Emergency Department
- Open and or displaced fractures → please send to the Emergency Department
- Complex paediatric fractures → please send to the Emergency Department

Referral Process: Please complete a letter with the following and fax to 905-815-5142

- Patient's information (name, date of birth, Ontario health card number)
- Patient contact information
- Referring physician's name, contact information and billing number
- Reason for referral
- Type of fracture and recent x-ray report confirming the fracture

Mental Health (PsychCHAT)

PsychCHAT is a non-urgent telephone consultation for physicians with psychiatrists via *one-Link*.

SCOPE Navigator can connect you to:

- Psychiatrists for brief telephone advice regarding assessment, management, or treatment of mental health and addiction needs
- Medication, dosing and drug interactions, resources to manage functional decline or physical impairment, or screening for diagnosis
- Educational opportunities and practical advice

Examples of questions *PsychCHAT* covers:

- A 24-year-old patient with MDD/GAD is taking Sertraline 200 mg q am and has a partial response. What can I do next?
- 62-year-old woman with MDD who is demonstrating a decline in her ability to care for herself (reduced nutritional intake/hydration, stopped showering) and her family is concerned. She is not suicidal according to family. She won't come in to see me. What can I do to help?
- 42-year-old man with history of anxiety/depression partially treated on Effexor XR. Recently disclosed paranoid thoughts and auditory hallucinations. Unable to tolerate Olanzapine. I referred to *one-Link*, but are there any other medications I can try in the interim?
- 38-year-old woman with suspected ASD – how do I confirm this?

Notes / Limitations:

- Does NOT complete referrals, book appointments, arrange hospital transfers or beds
- Does NOT provide fast-track referrals or patient-specific consultations
- Does NOT provide assessment results or ongoing case follow-up
- Does NOT provide urgent consultation for a patient requiring emergent/urgent care

The SCOPE Navigator will require the following information when submitting the form to *PsychCHAT*:

- Name of PCP, Contact: email + direct contact
- Availability
- Reason for contact

Wound Care

The Wound Care Pathway integrates hospital and community resources to provide timely, specialized care for patients with complex wounds. It helps divert patients from the Emergency Department and expedites access to Vascular Surgeons and wound care specialists for assessment, diagnostics, and ongoing management.

The SCOPE Navigator supports primary care providers by coordinating referrals, facilitating clinic appointments, and navigating both hospital and community-based services.

Examples of when to use the SCOPE Wound Care Pathway:

- Patients with non-healing lower limb wounds
- Complex wound management requiring referral to a vascular surgeon
- Patients needing outpatient or ongoing nursing care
- Delayed wound healing despite initial treatment
- Cases requiring diagnostic testing or surgical assessment
- Situations where early intervention could prevent complications or amputation

Referral Process: Please complete the Complex Wound Care Clinic Referral Form and fax to 905-815-5142, including:

- Wound photos
- Recent bloodwork and other pertinent investigations
- Completed *Ontario Health atHome* referral for nursing wound care (if not already referred)

Bone Health & Osteoporosis

The Bone Health & Osteoporosis Pathway provides a standardized approach for primary care providers to refer patients requiring assessment, management, or guidance related to bone health for adult or pediatric patients at risk of or with a diagnosis of osteoporosis. Through Halton SCOPE, referrals are directed to the most appropriate specialist clinic, with coordination of booking, investigations, and follow-up managed collaboratively.

Examples of when to use the Bone Health & Osteoporosis Pathway:

- Refer patients with recent or major osteoporotic fractures (e.g., hip, spine) or vertebral fractures with significant back pain
- Refer patients with atypical femoral fractures
- Support patients with suspected or confirmed osteopenia or osteoporosis
- Refer patients with complex osteoporosis or additional secondary causes of osteoporosis
- Obtain guidance on medication management related to bone health
- Refer peri-menopausal women requiring multidisciplinary bone health support
- Refer patients with male osteoporosis
- Refer patients with juvenile osteoporosis
- Get information on bone health services and supports, including:
  - Community-based specialist clinics
  - Specialist-directed investigations (labs, imaging)
  - Coordinated outpatient care and follow-up

Referral Process:

- Primary Care Provider initiates referral to Halton SCOPE
- Submit the SCOPE Bone Health referral form to Halton SCOPE Fax at (905)-815-5142 or email it to scope@haltonhealthcare.com

Billing Codes

Telephone consultation:

- K730 – Referring Family Physician
- K731 – Consulting Physician

E-consultation (i.e., via secure email):

- K738 – Referring Family Physician
- K739 – Consulting Physician

For definitions, payment rules, and documentation, see OHIP Schedule of Benefits pages A37 and A43.