About the London InterCommunity Health Centre

London InterCommunity Health Centre has been a part of your community for more than 30 years. We provide health and social services in a welcoming setting to individuals and families living across the city of London.

Our team includes doctors, nurse practitioners, nurses, social workers, dietitians, mental health specialists, health promoters and community health workers. We also offer the services of a foot care specialist, physiotherapist, diabetes educator, and respiratory therapist. Services available vary at each location.

The Health Centre also offers many programs that address the factors in our personal lives that affect our health. These include income, education, housing, food security, recreation, and social supports.

Our vision is building opportunities for healthy and inclusive communities. Our values reflect our commitment to:

Social Justice. Equity. Caring. Respect. Inclusion.

Physicians can register for the Team Care program at: lihc.on.ca/programs/teamcare

SYSTEMS NAVIGATOR

Renée Primeau Tel: 519-660-0874 ext 2100 Fax: 519-642-1532 or rprimeau@lihc.on.ca

DUNDAS SITE

659 Dundas Street London, Ontario N5W 2Z1 Tel: 519-660-0874

HURON SITE

Unit 7 – 1355 Huron Street London, Ontario N5V 1R9 Tel: 519-659-6399

ARGYLE SITE

Unit 1 - 1700 Dundas Street London, Ontario N5W 3C9 Tel: 519-660-5853



www.lihc.on.ca









Team Care - East London -



Equitable Health & Social Services

What is Team Care?

Team Care (formerly known as PINOT) provides health supports to the patients of physicians not affiliated with an interprofessional team.

Systems Navigator

At your first appointment (intake), a systems navigator will assess your circumstances and then will connect you to the London InterCommunity Health Centre's internal programs and services, at no cost, and to external resources.



Services Offered:

- Counseling
- Respiratory therapy
- Dietitian/nutrition
- Diabetes education
- Foot care
- Physiotherapy
- Children, youth, family, and seniors support
- LGBTQ2+ support
- Housing support
- Hepatitis C care
- Immigrant/newcomer supports

The Referral Process:

- 1. You (the patient) is identified as candidate for Team Care.
- 2. The physician faxes the Team Care referral form to the London InterCommunity Health Centre.
- 3. An appointment is scheduled with you and the systems navigator.
- 4. You are seen by a systems navigator for an orientation. This is an opportunity for the systems navigator to get to know you and for you to learn about the Health Centre.
- 5. You are scheduled with a service provider and booked an appointment.

Information for Physicians

Patient Eligibility

After physicians register for Team Care (lihc.on.ca/programs/teamcare), the physician can determine if the patient is eligible by reviewing the following considerations:

- Is part of the lowest income quintile
- Lives in East London
- Has no private health insurance or has exhausted all EAP/benefits services
- Experiences barriers in accessing services due to the social determinants of health

Communication

Physicians are able to request as little or as much information about the progress of their patients, in the program, as they require. All physicians will receive the following:

- 1. Notification at the first appointment
- 2. Progress notes (when necessary)
- 3. Summary of services provided

Collaboration

The Team Care model is an interprofessional, collaborative approach. The more involved the physician and patient are in developing care plans, the better the patient outcomes are. Participation will not affect medical billing.

^{*}Interpretation services are available