NORTH YORK TORONTO HEALTH PARTNERS
COMPASSIONATE NORTH YORK
CDM COMMUNITY HUB
CHRONIC DISEASE MANAGEMENT HUB

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Now Accepting New Referrals!
CDM Hub Referral Form Guide for COPD and CHF

Welcome to the CDM Hub

We are a low-barrier clinic in North York for people living with or at risk of **CHF and/or COPD**. Think of it as the start of a care journey; one that offers timely, **integrated services** close to home and in the community.

Our Team:

- Medical Admin
- Registered Nurse (RN)
- Nurse Practitioner (NP)
- Care Navigator (Social Worker)

1. Eligibility Criteria

We are accepting referrals for:	Our clinic is not intended solely for the management of:
1. **CHF (Congestive Heart Failure)** 2. **COPD (Chronic Obstructive Pulmonary Disease)** ***(Focus on unmanaged disease & system navigation needs)***	- Cancer (breast, lung, etc.) - Diabetes - Chronic Kidney Disease (CKD) - Dementia & Complex Cognitive Impairments - Chronic Liver Disease (hepatitis, cirrhosis) - Autoimmune/Inflammatory (RA, lupus, etc.) - Musculoskeletal (osteoarthritis, osteoporosis) - Chronic Pain Syndromes

Unsure? If you're uncertain if a patient fits our scope/is eligible, please call **437-562-3847** or email CDMHub@nygh.on.ca to confirm.

2. Who Can Refer & When to Use This Form

- **Primary Care Providers**
- **Allied Health Professionals** (RNs, Social Workers, OTs, Settlement Workers, etc.)
- **Other Healthcare Professionals** concerned about CHF and/or COPD.

Why Refer?

- For clients who need **a primary care team-based approach**, **extra time, education, coaching, and system navigation with community resources** related to CHF and/or COPD.

3. Mobility & Accessibility

- Note any **mobility aids** (e.g., walker, wheelchair).
- Indicate if a **virtual visit** is preferred or required in the 'Additional Notes' section.

4. What to Expect Next

1. **Referral Intake & Triage**
   - The medical admin will contact the client to confirm demographics within 3 days after receiving a referral.
   - **Eligible:** Scheduled for a phone call with the RN and initial appointment.
   - **Ineligible:** You'll receive a fax/email indicating why the client is ineligible.
   - The RN will call the client to collect additional relevant medical information.
   - If you haven't heard from us after **7 business days**, call 437-562-3847, fax 1-833-665-5140, or email CDMHub@nygh.on.ca.
2. **CDM Hub Initial Appointment & Follow-Up Appointments**
   - Consult and clinical assessment (in-person or virtual) with the RN, NP, and Social Worker.
   - The client will receive a review of their diagnosis and medications, education, and referrals to appropriate community supports or programs.
   - Social Worker and NP follow up at **~2 weeks** and **~4 weeks** to address barriers or new needs.
   - After each consult, we fax/email a summary note outlining progress, any additional referrals, and next steps.
   - The client will be sent a **coordinated care/self-management plan**.
3. **Longer-Term Transition**
   - We reconnect the client to their **MRP** or connect them to a primary care provider if they are unattached.
   - We stay connected until the client is stabilized or no longer needs system navigation.

5. Questions or Urgent Cases?

- Call **437-562-3847** or email CDMHub@nygh.on.ca if you have any questions.
- **Emergencies:** For urgent medical attention, refer to hospital services or call **911**.

We will contact you within 3 business days to confirm we've received the referral.
We will reach out to the client directly with their appointment date and time.