



Lifestyle Choices	<input type="checkbox"/> Alcohol Use	<input type="checkbox"/> Stress	
Economics	<input type="checkbox"/> Pharmacare	<input type="checkbox"/> Third Party Insurance	<input type="checkbox"/> No Insurance
End of Life Care Discussion	<input type="checkbox"/>		

Date CDM Incentive Code Billed: \_\_\_\_\_

**SELECTED CHRONIC DISEASE MANAGEMENT GUIDELINE INDICATORS**

<u>Common CDM Indicators</u>	<u>Target</u>	<u>Comments</u>
Blood Pressure	If diabetic or CKD <130/80 mmHg No diabetes or CKD <140/90 mmHg In children: <95th %ile for age, gender and height	
Lipids	LDL-C: < 2.0 >50% reduction	Test every 1-3 years as clinically indicated
Weight/Waist circumference/ Nutrition counseling	BMI: <25 kg/m <sup>2</sup> or In children: <85th %ile for age Waist circumference: M: <102 cm, F: <88 cm	
Smoking Cessation		

<u>Diabetes Indicators</u>	<u>Target</u>	<u>Comments</u>
HbA1C	< 7%	Measure every 6 mos in stable, well managed adults. If not achieved, can measure every 3 mos
Renal Function	ACR: <2.0 for males; <2.8 for females eGFR: >60 mL/min	In presence of CKD, at least every 6 months. Referral to nephrologist/internist if eGFR <30 mL/min
Routine foot examination		Test with monofilament or 128hz tuning fork
Routine dilated eye examination		By optometrist or ophthalmologist

<u>IHD Indicators</u>	<u>Duration</u>	<u>Comments</u>
Beta-blocker	STEMI: Indefinitely Non-STEMI: Indefinitely unless low risk	
ACEI/ARB	Indefinitely unless low risk	ACEI: Titrate to target dose. Consider ARB if contraindication or intolerance to ACEI
ASA/Anti-platelet therapy: ASA 81 to 325 mg OD  Clopidogrel 75 mg OD	ASA indefinitely -STEMI and Non-STEMI  Clopidogrel: STEMI - Only if had PCI Minimum 1 mo. post bare metal stent Min. 12 mo. post drug-eluting stent  Clopidogrel: Non-STEMI No PCI: Low risk - 3 mo; Inc. risk - 12 mo.; Very high risk - >12 mo. PCI: Low risk & bare metal stent - 3 mo.; Increased risk regardless of stent or ≥1 drug-eluting stent - 12 mo.; very high risk regardless of stent or ≥3 drug-eluting stents or complex PCI - >12 mo	Clopidogrel: STEMI Dependent on type of stent and risk profile  Clopidogrel: Non-STEMI Depends on risk of recurrent event & stent type
Discuss Nitroglycerin		
Consider further cardiac investigations		

## CHRONIC DISEASE MANAGEMENT (CDM) INCENTIVE FEE BILLING RULES

1. The CDM Incentive fee for 2012/13 can be claimed by family physicians starting April 1, 2012.
2. The base incentive fee may be claimed once per fiscal year for each patient managed for one qualifying chronic disease condition. An additional incentive amount per patient may be claimed once per fiscal year as part of the fee if the patient has an additional qualifying condition.
3. The family physician is expected to act as case manager to ensure care based on key guidelines is provided for patients with selected chronic diseases. The physician may or may not provide this care directly and will not be held responsible if patients do not follow through on recommendations or referrals.
4. Patients must be seen a minimum of two times per year by a licensed health care provider (includes physicians) in relation to their chronic disease(s), including at least one visit with the family physician claiming the CDM incentive fee.
5. Every required CDM indicator does not necessarily have to be addressed at each visit but indicators should be addressed at the frequency required for claiming the annual CDM incentive.
6. Providing all eligibility requirements are met, the CDM incentive fee can be billed once per patient per fiscal year by March 31 of that year.
7. The qualifying chronic diseases eligible for the CDM incentive payment in 2012/13 are **Type 1 and Type 2 Diabetes** (FPG <sup>3</sup>7.0 mmol/L **or** Casual PG <sup>3</sup>11.1 mmol/L + symptoms **or** 2hPG in a 75-g OGTT <sup>3</sup>11.1 mmol/L) and/or **Ischaemic Heart Disease (IHD)** characterized by reduced blood supply to the myocardium, most often due to coronary atherosclerosis, and as evidenced by: a failed stress test; abnormal EKG compatible with IHD; wall motion study; abnormal sMIBI; abnormal myocardial perfusion scan; abnormal cardiac catheterization; and/or abnormal stress echocardiogram (includes post-MI ≤5 yr).
8. For the period April 1, 2012 to March 31, 2013, the CDM incentive can be claimed if the following conditions are met:
  - the patient is seen by the family physician in relation to their chronic disease(s) at least once in the 2012/13 fiscal year;
  - the patient has had at least one other appointment with the physician or another licensed health care provider in relation to their chronic disease(s) in the previous 12 months; and,
  - the CDM indicators required for the CDM incentive payment have been addressed at the required frequency (see front of flow sheet) and documented in the clinical record or optional flow sheet at or before the time of billing.

