Chronic Disease Management Quality Improvement Program Information for Providers

WHAT IS CDM-QIP?

Launched in summer 2013, the Chronic Disease Management – Quality Improvement Program (CDM-QIP) is a program focused on the on-going continuous improvement of chronic disease management in Saskatchewan.

The Saskatchewan Medical Association, Ministry of Health and eHealth Saskatchewan are partnering to develop the program with assistance from clinical leaders.

PROGRAM GOALS

- Improve the continuity and quality of care for people living with chronic conditions
- Encourage and support physicians and other health care providers to implement best practices (e.g. flow sheets and clinical practice guidelines)
- Leverage Saskatchewan's health information system to better meet the needs of residents and providers (e.g. EMRs and the eHR Viewer)

The CDM-QIP will provide tools to enable enhanced follow-up and quality of care for patients living with chronic diseases. Ultimately, it will advance efforts to transform primary health care services and achieve more effective patient care in Saskatchewan.

Initially, the CDM-QIP will focus on diabetes and coronary artery disease. In 2014, the program will be expanded to include congestive heart failure and chronic obstructive pulmonary disease. Specific clinical information (chronic disease indicators) will be collected for each chronic condition. These indicators will be submitted to a web-based program within the Saskatchewan eHR Viewer by participating health care providers.

HOW WILL THIS PROGRAM MAKE MY PRACTICE MORE EFFICIENT?

There will be a learning curve but, within a few weeks, most physicians report that the new CDM flow sheets make ongoing care more efficient. Flow sheets were designed by physicians for physicians to incorporate clinical practice guidelines and provide optimal care within a busy clinical setting. Some aspects of chronic disease care should be implemented at every visit, while others are required only annually; this is noted in the new CDM flow sheets and there are additional useful prompts regarding goals/targets.

HOW ARE PHYSICIANS PAID FOR PARTICIPATING?

A supplementary payment will be made based on collection and submission of indicator data. This payment is in addition to the current CDM fee codes included in the Physician Payment Schedule. More details on the payment policy can be found online at: www.health.gov.sk.ca/cdm-qip

FOR MORE INFORMATION

CDM-QIP:
1-888-316-7446 (eHealth Service Desk)
servicedesk@ehealthsask.ca
www.health.gov.sk.ca/cdm-qip

CDM-QIP and Patient Privacy:
1-855-EHS-LINK (347-5465)
privacyandaccess@ehealthsask.ca
www.eHealthSask.ca

eHealth Saskatchewan SMA Government of Saskatchewan Ministry of Health

WHAT INFORMATION IS BEING COLLECTED?

Initially, data is being collected from patients with diabetes or coronary artery disease. For both conditions we will track blood pressure, smoking status, and lifestyle observations such as height and weight. Additionally, for diabetes, information collected will include HbA1c, nephropathy screening, eye and foot exams and lipid screening. For Coronary Artery Disease (CAD), data will be gathered on glucose, lipid screening and monitoring. In future, the program will expand to include additional chronic diseases.

HOW DOES THIS PROGRAM BENEFIT MY PRACTICE?

It will allow healthcare providers to:

- access electronic and paper CDM visit flow sheets that are standardized, evidence-based and are regularly updated to reflect current best practices
- generate clinical and administrative reports to support optimal chronic disease care
- track patients due and overdue for follow-up and disease specific investigations
- access electronic links to clinical support tools (e.g. clinical practice guidelines, resources for patients)
- graph and view historic chronic disease indicator observations related to specific patients or groups of patients within your clinical setting
- view chronic disease indicator observations of a patient submitted to the eHR Viewer by other clinicians
- graph and view reports comparing practice patterns and patients' progress to those of other practices and patient groups across Saskatchewan (longer term goal of this program)

WHO'S ELIGIBLE TO PARTICIPATE?

The program is available to any family physician with a Medical Services Branch billing number, regardless of payment mode and location of practice. This includes fee-for-service physicians, alternative payment physicians, itinerant physicians and locums.

Physicians with an EMR will be able to submit indicators for patients seen at chronic disease visits through their newly-developed EMR CDM visit flow sheets. Non-EMR physicians can use the new Saskatchewan paper CDM flow sheets and enter indicator data online through the eHR Viewer.

HOW WERE THE NEW FLOWSHEETS DEVELOPED? CAN I USE MY EXISTING ONES?

The new electronic and paper flow sheets reflect best practice guidelines and were developed by Saskatchewan clinical experts. They also include best practice chronic disease indicators that align with those developed by CIHI (Canadian Institute for Health Information). Participation in this program is voluntary; however, the new standardized Saskatchewan CDM EMR or paper flow sheets must be utilized and cannot be altered.

WHO IS ALLOWED TO VIEW THE CHRONIC DISEASE INDICATOR DATA IN THE eHR VIEWER?

Patient privacy will be protected. Only authorized users (such as physicians, pharmacists, nurse practitioners and designated staff members) can access information in the eHR Viewer. Measures are in place to protect patient privacy, including optional masking or blocking of patient data and auditing of all viewed records.