MINISTRY OF HEALTH AND LONG-TERM CARE
Primary Health Care Team

FACT SHEET

Title: DIABETES MANAGEMENT INCENTIVE

Date: April 2006

<u>Eligible</u> Patient Enrolment Models (PEMs):

- ☑ Family Health Networks (FHNs)
- ☑ Family Health Groups (FHGs)
- ☑ Comprehensive Care Models (CCMs)
- ☑ Group Health Centre (GHC)
- ☑ St. Joseph's Health Centre
- ☑ Primary Care Networks (PCNs)
- ☑ Health Service Organizations (HSOs)
- ☑ Rural and Northern Physician Group Agreement (RNPGA)
- ☑ South Eastern Ontario Academic Medical Organization (SEAMO)

Appendix E, Section 3.1 of the Memorandum of Agreement (MOA) between the Ministry of Health and Long-Term Care and the Ontario Medical Association (OMA) includes provisions for a Diabetes Management Incentive effective April 1st, 2006. Information and guidelines on how to submit for the Diabetes Management Incentive are provided below.

- The Diabetes Management Incentive is a sixty dollar ($60) annual payment available to physicians in the Patient Enrolment Models (PEMs) listed above for coordinating, providing, and documenting all required elements of care for enrolled diabetic patients. This requires completion of a flow sheet to be maintained in the patient's record and that includes the required elements of diabetes management and complication risk assessment consistent with the Canadian Diabetes Association (CDA) 2003 Clinical Practice Guidelines (Overview of CDA guidelines attached).

- Physicians may choose to use the attached Diabetes Patient Care Flow Sheet or one similar to track a patient's diabetic care. All the required elements must be recorded. It is intended that the flow sheet be completed over the course of the year to support a planned care approach to diabetes management.

Flow Sheet Requirements:

The flow sheet must track the following:

- Lipids, cholesterol, HgbA1C, blood pressure, weight and body mass index (BMI), and medication dosage (included in K030 Diabetic Management Assessment (DMA) code)
- Discussion and offer of preventive measures including vascular protection, influenza and pneumococcal vaccination
- Documentation of health promotion counselling and patient self-management support
- ACR (albumin to creatinine ratio)
- Discussion and offer of referral for dilated eye examination
- Documentation regarding foot examination and neurologic examination as per CDA guidelines.

Physicians will be required to coordinate care and ensure that all elements are documented in the flow sheet. Other interdisciplinary providers may assist in providing some elements of care and completing and maintaining the integrity of the flow sheet.

- To claim the Diabetes Management Incentive, a physician may submit a Q040A fee code for an enrolled diabetic patient once per 365 day period. The Q040A may be submitted separately or in combination with other fee schedule codes once all elements of the flow sheet are completed.

- The Diabetes Management Incentive (Q040A) is payable for patients enrolled with the billing physician. **Note**: In models that have group enrolment, a physician is eligible to submit and receive payment for the Q040A for patients affiliated to him/her by virtue of the physician's acknowledgement on the *Patient Enrolment and Consent to Release Personal Health Information* (E/C) form.

For more information, please contact your local Ministry office or your Ministry site team contact at 1-866-766-0266.

DIABETES PATIENT CARE FLOW SHEET

Patient Name: ____________________________

Date of Birth: ____________________________

Diabetes Diagnosis: □ Type I □ Type II

Date of Diagnosis: ____________________

Pneumococcal Vaccine: ______________________

N.B. One-time re-vaccination recommended for individuals aged >65 years if original vaccine was administered when they were <65 years and >5 years earlier.

Required Elements of Diabetes Care			Date:	Date:	Date:
3 TO 6 MONTHS	Glycemic Control*	A1C target < 7% *Indicate value →*			
		Hypoglycemic Episodes *Indicate yes / no →*			
		List medications / start date *Indicate changes→*			
	Blood Pressure Control / Vascular Protection*	BP target ≤ 130/80 mmHg *Indicate value →*			
		List medications / start date *Indicate changes→*			
		Consider ASA / ACE Inhibitors for vascular protection *Indicate use→*	□ ASA □ ACE Inhibitor	□ ASA □ ACE Inhibitor	□ ASA □ ACE Inhibitor
	Other*	BMI (Target ≤25 kg/m^2) [1]Waist-to-Hip Ratio: <0.9 ♂ / <0.85 ♀ [1]Waist circumference: ≤40” (102cm) ♂ / ≤35” (88 cm) ♀ *Indicate value →*			
	Self Management*	Motivational Counselling *Indicate lifestyle / behavioural factors →*	□ Nutrition □ Exercise □ Smoking Cessation □ Other	□ Nutrition □ Exercise □ Smoking Cessation □ Other	□ Nutrition □ Exercise □ Smoking Cessation □ Other
		Collaborative Goal Setting *Indicate goal →*			
		Self Management Challenges *Indicate challenge →*			
ANNUALLY AND / OR AS INDICATED	Lipid Control*	LDL < 2.5 mmol/L *Indicate LDL value →*			
		TC:HDL Ratio <4.0 *Indicate ratio →*			
		List medications / start date *Indicate changes→*			
	Complication Risk Assessment*	Dilated Eye Exam *Completed yes / no →*			
		ACR Target <2 ♂ <2.8 ♀ *Indicate value →* [1]eGFR (consider referral if eGFR <60 ml/min/1.73m^2 or >60 and increased ACR) *Indicate value →*			
		Additional Urine Testing *Indicate value →*			
		Foot Examination *Indicate normal/abnormal →*			
		Neurologic Examination 10-g Monofilament or 128-Hz tuning fork *Indicate normal/abnormal →*			
	Self Management*	Annual Influenza Immunization *Indicate Date →*			
		Fasting glucose meter / lab comparison *Callibrated yes/ no→*			
		Education / self-management training *Referred yes/no →*			
		Fee Code Billed	□ K030 (limit 3/yr) Other:	□ K030 (limit 3/yr) Other:	□ K030 (limit 3/yr) Other:

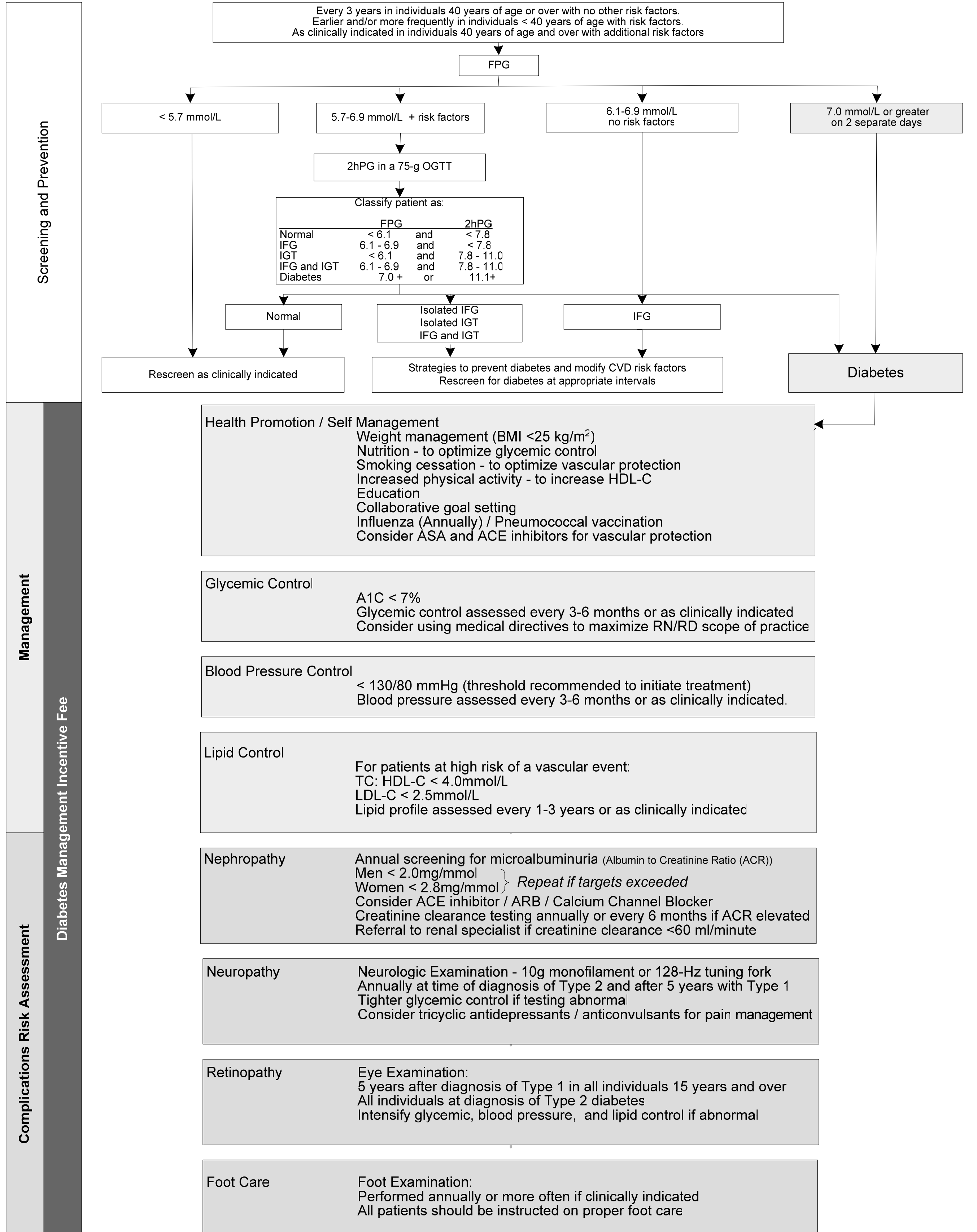
[1] Not included in 2003 CDA Guidelines

*** Required for Diabetes Management Incentive**

Prevention and Management of Diabetes

Overview of Canadian Diabetes Association *Clinical Practice Guidelines (2003)**

*Refer to Guidelines for detailed information



ACE = Angiotensin converting enzyme
FPG (or FBG) = fasting plasma (blood) glucose
mmol/L = millimoles per Litre
ARB = Angiotensin II receptor antagonist
IFG = impaired fasting glucose
OGTT = oral glucose tolerance
2hPG = 2-hour plasma glucose
IGT = impaired glucose tolerance
PG = plasma glucose
CVD = cardiovascular disease
LDL = low density lipoprotein
TC:HDL = Total cholesterol to high density lipoprotein ratio