



Chronic Disease Management Quality Improvement Program (CDM-QIP) Payment Policy - 2024 update.

Purpose:

The Chronic Disease Management – Quality Improvement Program (CDM-QIP) focuses on improvement of the primary care management of four chronic diseases (diabetes, coronary artery disease, heart failure and chronic obstructive pulmonary disease) in Saskatchewan. The program allows health care providers to:

- Utilize electronic and paper CDM visit flowsheets that are standardized, evidence-based, and updated to reflect current best practices.
- Access online resources and clinical decision support tools (e.g., clinical practice guidelines, educational resources for patients).
- Run reports to track patients due and overdue for follow-up and disease specific investigations.
- View chronic disease indicator observations of a patient submitted to the eHR Viewer by other clinicians.
- Generate clinical and administrative reports utilizing data exported from the CDM flowsheets; these will be available in 2024 with the development of the updated MicroStrategy reporting system.

Program Features:

- Saskatchewan family physicians are eligible to participate in this voluntary program and receive an annual QI payment.
- Payment is available to physicians providing CDM-QIP care to patients who are residents of Saskatchewan and who are 18 years or older (or will reach that age during the 12-month data collection period) at the time of the first CDM visit for which CDM QIP Indicator observations are submitted.
- Funding for this program is negotiated as part of the Ministry of Health's agreement with the Saskatchewan Medical Association.
- Family physicians using an approved Electronic Medical Record (EMR) and CDM QIP flowsheets will submit/export QIP indicator data electronically to eHealth through their EMR, while physicians using paper flowsheets will submit indicator data online through the CDM section of the eHR Viewer.

Compensation:

CDM-QIP annual quality improvement payments are in addition to payments included in the Physician Payment Schedule (e.g. 64B- 68B). **All family physicians, regardless of payment modality, are eligible to receive the QIP payments, except for FFS family physicians participating in the Transitional Payment Model (TPM).**

The QI payment compensates physicians for utilization of the Saskatchewan CDM QIP flowsheets and submission of all the chronic disease-specific indicators over a 12-month period.

- Physicians will be paid \$75.00 per patient per year for each chronic condition in which all the required indicator data elements have been submitted.
- Indicator data must be submitted within 180 days of the chronic condition clinic visit (consistent with current billing legislation).
- Physicians must have billed at least two Chronic Disease Management base fee code (64B) for the patient within the 12-month period.
- Shadow billing is a necessary pre-requisite for non-fee-for-service physicians in Primary Health Care clinic settings.
- Payments will be issued on a quarterly basis at the end of each patient's 12-month "assessment period" (i.e., one year after the first submission of indicator information), when all indicators have been met for that condition.
- Payments may be allowed across multiple physicians or across multiple clinic sites.
 - For physicians sharing patients within the same clinic, payments will be split among physicians and the amount is based on the number of visits for which indicators have been submitted by each physician, as long as each physician in the clinic has a minimum of one visit with a patient per year.
 - For physicians who see their patients in multiple clinic sites, a minimum of two visits per patient per year must be submitted by a physician, and the payment amount is based on the number of visits for which indicators have been submitted by the physician.

Physicians participating in TPM are expected to adhere to best practices in chronic disease management as part of their commitment to longitudinal community-based medicine. Completion and submission of CDM-QIP flowsheets is required and compensation for this care is reflected in their TPM payment. Fee-for-service payments (e.g. 64B-68B) will continue; however, CDM-QIP payments will no longer occur beginning the quarter the physician joins TPM.

Payment Process:

- CDM-QIP quality improvement payments are calculated at the end of each quarter (Q1 - March 31, Q2 - June 30, Q3 - September 30, and Q4 - December 31).
- At the end of each quarter, every CDM patient's assessment period (the previous 12 months) is evaluated for each of the four chronic conditions and for each physician. If ALL indicators for a condition have been met, full payment is issued. There is no payment if any indicators are missing or not submitted at the required frequency.
- Payments will be issued in the month following the fiscal quarter end (for example, in January for Q4); payments will be issued to physicians in the next bi-weekly payment following processing.
- Payments will appear as a separate line item on the physician's payment list with a fee code of 996Y.
- Payments will be direct deposited if physicians have submitted a direct deposit form.

Family physicians who are interested in participating in the program or who would like more information, please send an email to:

FFS Physicians: emr@sma.sk.ca

PHC Physicians: ehssagphc@ehealthsask.ca

Or eHealth Saskatchewan Service Desk at ServiceDesk@eHealthsask.ca or call 1-888-316-7446 or Local 1-306-337-0600.