

Chronic Disease Management – Quality Improvement Program Payment Policy

Purpose:

The Chronic Disease Management – Quality Improvement Program (CDM-QIP) is focused on continuous improvement of chronic disease management in Saskatchewan. The program will allow health care 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; and
- 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).

Program Features:

- All family physicians, regardless of their payment modality, will be eligible to participate in this voluntary program.
- Payment under the program is currently only available on behalf of patients who are residents of Saskatchewan and who are at least 17 years of age at the time of the first visit in which observations are submitted under the program.
- Family physicians providing continuity of care to their patients with chronic conditions will be recognized under this program. 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) are able to submit chronic disease indicator data electronically through their EMR, while paper-based physicians participating in the CDM-QIP will submit indicator data online through the eHR Viewer.

Program Implementation:

- The CDM-QIP payments began April 1, 2013.

Compensation:

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

The annual quality improvement payment is the ongoing payment for the submission of all 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 of the required indicator data has been submitted.
- Observation data must be submitted within a six month time period of the chronic condition visit (consistent with current legislation).
- Physicians must have billed at least one Chronic Disease Management base fee code (64B) for the patient within the 12 month period. Shadow billing is a necessary pre-requisite for physicians in Primary Health Care.
- 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 indicators have been met for that condition.
- Payments will be pro-rated for care teams consisting of more than one physician based on the number of visits for which indicators have been entered by each physician. In order to qualify for a payment, a minimum of two visits must be entered for physicians not practicing in the same clinic.

Payment Process:

- CDM-QIP quality improvement payments are automatically calculated at the end of each fiscal quarter (March, June, September, and December).
- Eligibility for payment and payment amount will be determined for all physicians participating in the care of a patient whose 12 month assessment period for a particular chronic condition ended in the fiscal quarter.
- Payments will be processed the month following the fiscal quarter end (for example, April for Q4); payments will be issued to physicians in the next bi-weekly provider payment following processing.
- Payments will appear as a separate line item on the physician's return file and payment list, with a fee code of 996Y.
- Payments will be deposited (or cheques mailed) the Monday following the MSB payment run.

Family physicians who are interested in participating in the program or who would like more information, please send an e-mail to the eHealth Saskatchewan Service Desk at ServiceDesk@eHealthSask.ca or call 1-888-316-7446, select option 7.