

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

**FACT SHEET**

**Title:           DIABETES MANAGEMENT INCENTIVE**

**Date:           April 2006**

---

**Eligible Patient Enrolment Models (PEMs):**

- |                                                                         |                                                                                                 |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Family Health Networks (FHNs)       | <input checked="" type="checkbox"/> Rural and Northern Physician Group Agreement (RNPGA)        |
| <input checked="" type="checkbox"/> Family Health Groups (FHGs)         | <input checked="" type="checkbox"/> South Eastern Ontario Academic Medical Organization (SEAMO) |
| <input checked="" type="checkbox"/> Comprehensive Care Models (CCMs)    |                                                                                                 |
| <input checked="" type="checkbox"/> Group Health Centre (GHC)           |                                                                                                 |
| <input checked="" type="checkbox"/> St. Joseph's Health Centre          |                                                                                                 |
| <input checked="" type="checkbox"/> Primary Care Networks (PCNs)        |                                                                                                 |
| <input checked="" type="checkbox"/> Health Service Organizations (HSOs) |                                                                                                 |
- 

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 1<sup>st</sup>, 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

|                                                               |                                                                                                                                    |                                                                                                                                                                                                                       |
|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Patient Name:</b> _____<br><br><b>Date of Birth:</b> _____ | <b>Diabetes Diagnosis:</b> <input type="checkbox"/> Type I <input type="checkbox"/> Type II<br><br><b>Date of Diagnosis:</b> _____ | <b>Pneumococcal Vaccine:</b> _____<br><br><i>N.B. One-time re-vaccination recommended for individuals aged &gt;65 years if original vaccine was administered when they were &lt;65 years and &gt;5 years earlier.</i> |
|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

<sup>1</sup> Not included in 2003 CDA Guidelines

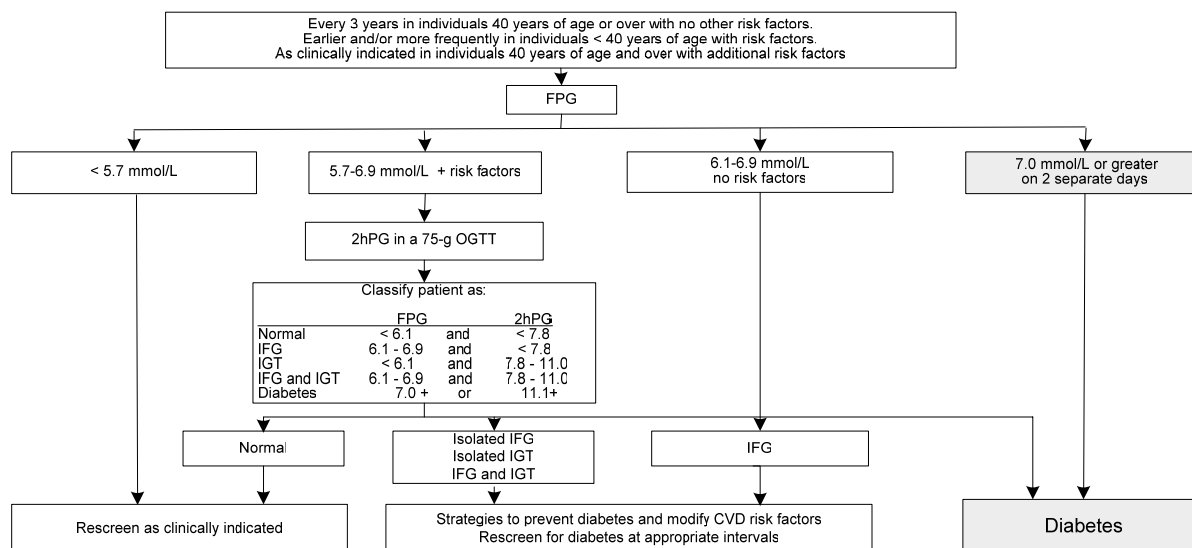
\* Required for Diabetes Management Incentive

# Prevention and Management of Diabetes

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

\*Refer to Guidelines for detailed information

### Screening and Prevention



### Management

#### Diabetes Management Incentive Fee

#### Health Promotion / Self Management

Weight management (BMI <25 kg/m<sup>2</sup>)  
Nutrition - to optimize glycemic control  
Smoking cessation - to optimize vascular protection  
Increased physical activity - to increase HDL-C  
Education  
Collaborative goal setting  
Influenza (Annually) / Pneumococcal vaccination  
Consider ASA and ACE inhibitors for vascular protection

#### Glycemic Control

A1C < 7%  
Glycemic control assessed every 3-6 months or as clinically indicated  
Consider using medical directives to maximize RN/RD scope of practice

#### Blood Pressure Control

< 130/80 mmHg (threshold recommended to initiate treatment)  
Blood pressure assessed every 3-6 months or as clinically indicated.

#### Lipid Control

For patients at high risk of a vascular event:  
TC: HDL-C < 4.0mmol/L  
LDL-C < 2.5mmol/L  
Lipid profile assessed every 1-3 years or as clinically indicated

#### Nephropathy

Annual screening for microalbuminuria (Albumin to Creatinine Ratio (ACR))  
Men < 2.0mg/mmol } Repeat if targets exceeded  
Women < 2.8mg/mmol }  
Consider ACE inhibitor / ARB / Calcium Channel Blocker  
Creatinine clearance testing annually or every 6 months if ACR elevated  
Referral to renal specialist if creatinine clearance <60 ml/minute

#### Neuropathy

Neurologic Examination - 10g monofilament or 128-Hz tuning fork  
Annually at time of diagnosis of Type 2 and after 5 years with Type 1  
Tighter glycemic control if testing abnormal  
Consider tricyclic antidepressants / anticonvulsants for pain management

#### Retinopathy

Eye Examination:  
5 years after diagnosis of Type 1 in all individuals 15 years and over  
All individuals at diagnosis of Type 2 diabetes  
Intensify glycemic, blood pressure, and lipid control if abnormal

#### Foot Care

Foot Examination:  
Performed annually or more often if clinically indicated  
All patients should be instructed on proper foot care

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