





New Brunswick Family Physician Diabetes Flow Sheet

Patient Name: _____	Medicare #: _____
Date of Birth: _____	Diabetes: <input type="checkbox"/> Type I <input type="checkbox"/> Type II
Date(s) of Diagnosis: _____	
Comorbidities: <input type="checkbox"/> HTN <input type="checkbox"/> Dyslipidemia <input type="checkbox"/> PAD <input type="checkbox"/> Renal Disease <input type="checkbox"/> A Fib <input type="checkbox"/> TIA/CVA <input type="checkbox"/> Angina <input type="checkbox"/> Mental Health Diagnosis	
Current Medication: _____ _____	

REQUIRED COMMON INDICATORS	Date / /	Date / /	Date / /	Date / /	
2/YR	Blood Pressure				
	HbgA1C				
Annually	Smoker <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Weight/Nutrition Counseling				
	Lipids Discuss statins LDL-C (mmol/L) TC/HDL-C				
	Renal Function				
	Foot Exam <small>Check for lesions. Use 10-g monofilament or 128Hz tuning fork</small>				
Eye Exam <small>Date referred: Referred to:</small>					

Optional Items				
Reminders	1. Self Management Referrals	<input type="checkbox"/> Diabetic Clinic	<input type="checkbox"/> Cardiac Rehab	<input type="checkbox"/> Other: _____
	2. Screen for	<input type="checkbox"/> Depression	<input type="checkbox"/> Erectile Dysfunction	
	3. Vaccinations	<input type="checkbox"/> Influenza Date:		<input type="checkbox"/> Pneumovax Date:
	4. Exercise/Activity	<input type="checkbox"/> Discussion		
	5. Lifestyle Choices	<input type="checkbox"/> Alcohol use	<input type="checkbox"/> Stress	
	6. Economics	<input type="checkbox"/> PDP	<input type="checkbox"/> Third Party Insurance	<input type="checkbox"/> No insurance

CDM Guidelines Indicators Diabetes Indicators	Target	Comments
HbA1C	≤ 7%	Measure every 6 mos in stable, well managed adults. If not achieved, can measure every 3 mos
Renal Function	ACR: <2.0 for males; <2.8 for females eGFR: >60mL/min	In presence of CKD, at least every 6 months. Referral to nephrologist/internist if eGFR <30mL/min
Routine foot examination		Test with monofilament or 128hz tuning fork
Routine eye examination		Routine dilated eye exam
Blood Pressure	≤ 130/80	
Lipids	LDL – C ≤ 2.0 or 50% reduction TC: HDL – C < 4.0	

Chronic Disease Management (CDM) Fee Billing Rules

1. The CDM incentive fee can be claimed annually by family physicians beginning (April 1, 2010)
2. The CDM incentive fee can be claimed once per fiscal year for each patient managed for diabetes.
3. The physician is expected to ensure care based on guidelines is provided to diabetic patients. The physician may or may not provide the care directly and will not be held responsible if patients do not follow through on recommendations or referrals.
4. Patients must be seen a minimum of (2) two times per year by a licensed health care provider in relation to their chronic disease, including at least (1) one visit with the family physician claiming the CDM fee.
5. Every CDM indicator does not necessarily have to be addressed at each visit, but indicators should be addressed at the frequency required for claiming the incentive.