Dementia Bipolar Disorder

Chronic Disease Management Programme

2011

Handbook for Healthcare Professionals

Includes instructions on use of Medisave for CDMP

CONTENTS

CHAPTER ONE:
THE CHRONIC DISEASE MANAGEMENT PROGRAMME (CDMP)

1 Overview-Update

1.1 "**Disease management** is a system of coordinated health care interventions and communications for populations with conditions in which patient self-care efforts are significant." (Definition from Disease Management Association of America).

1.2 The Medisave for Chronic Disease Management Programme was introduced at the end of 2006 and involves: (a) evidence-based, structured Disease Management Programmes (DMPs) and (b) option for patients to draw on their Medisave to help reduce out-of-pocket payments for outpatient treatment required in the management of their chronic diseases.

1.3 On 1 Oct 2006, CDMP was implemented for Diabetes. This was extended to three additional diseases in Jan 2007, namely Hypertension, Lipid Disorders and Stroke. Asthma and Chronic Obstructive Pulmonary Disease (COPD) were added in Apr 2008. Since 2009, CDMP has also been extended to cover common psychiatric conditions, like Schizophrenia and Major Depression from 1 Oct 2009.

1.4 Starting with just over 7000 patients in Oct 2006, the CDMP has grown and as of Dec 2010, there are about 112,000 patients in this Programme, with an annual Medisave withdrawal of about S$27 million in 2010.

1.5 Submission of clinical data is an essential component of the Programme. Participating clinics are required to monitor the quality of care that patients receive and submit clinical data to the Ministry of Health (MOH).

1.6 To facilitate quality improvement, the clinical data submitted had been routinely fed back to the clinic via the online CDMP outcome reports through the Mediclaim system since 2008.

2 Inclusion of Dementia and Bipolar Disorder into the CDMP

2.1 From 1 Nov 2011, Dementia and Bipolar Disorder will be included into the CDMP. This is expected to bring about better health outcomes for patients who will have better control of their conditions with close supervision from their doctors.

2.2 It is recognised that the treatment of chronic diseases is costly when administered collectively over a long period. However, this Programme will help reduce out-of-pocket payments and also reduce the barriers for patients to seek medical treatment.

2.3 With the implementation of the CDMP, GPs will be able to take on a greater role in the management of chronic diseases of their patients.

2.4 With effect from 1 Nov 2011, the use of Medisave for CDMP will apply to the ten conditions listed below:

a) Diabetes Mellitus (DM)
b) Hypertension (HPT)
c) Lipid Disorders
d) Stroke
e) Asthma
f) COPD
g) Schizophrenia
h) Major Depression
i) Dementia
j) Bipolar Disorder

2.5 This Handbook presents the essential components of the use of Medisave for CDMP for dementia and bipolar disorder. It covers the following details:

Chapter Two	• The clinical aspects of the Programme, including how to enrol patients into the appropriate DMP • The essential components of the DMPs • Clinical guidelines for referrals between primary and tertiary care
Chapter Three	• The registration process for clinics and doctors who have yet to participate and are interested in the Programme • Guidelines for use of Medisave for chronic disease outpatient treatment
Chapter Four	• The data submission requirements for participation in the Programme • The plan for clinical quality improvement
Chapter Five	• User Manual for e-Service Clinical Data Submission • Guide on how to use the Clinical Indicators Data Collection (CIDC) e-Service for the submission of data to MOH
Chapter Six	• Frequently asked questions for healthcare professionals

CHAPTER TWO:
THE CLINICAL PROGRAMME

1 Enrolling Patients in the Programme

1.1 Clinics enrolled under the Medisave for CDMP are required to provide all the essential care components detailed in the DMP. The basis for diagnosis and management of dementia and bipolar disorder should conform to the prevailing MOH Clinical Practice Guidelines. Shared Care Programmes or GP partnership programme with an RH must provide the essential care components for the continuing evaluation and management of dementia and bipolar disorder as set out in the Tables 2.1, 2.2 and 2.3.

1.2 Existing patients with dementia and bipolar disorder in the RHs or IMH are recommended to be assessed by geriatricians/psychiatrists/their primary care physician to be suitable for follow-up in the community by GP clinics or polyclinics, which are participating in Shared Care or GP Partnership Programmes.

1.3 For new diagnosis of dementia or suspected cognitive impairment, when in doubt, it is advisable to consult or refer to a geriatrician/ psychiatrist/ neurologist for confirmation as these diagnoses carry long term medical and legal implication.

1.4 For new diagnosis of bipolar disorder, it is advisable to refer to a psychiatrist as this diagnosis carry long term medical, social and legal implications.

1.5 Patients who are already enrolled under the existing DMPs (i.e. Diabetes Mellitus, Hypertension, Lipid Disorders, Stroke, Asthma or COPD, Schizophrenia and/or Major Depression) but who also suffer from dementia or bipolar disorder, they should, in addition, be enrolled into the dementia or bipolar disorder DMP. (For enrolment of patients with multiple chronic diseases, please refer to Annex 2-A, page 10).

1.6 Patients who are assessed to be suitable for community follow-up will be able to use Medisave to pay for management of all these chronic diseases (existing rules and regulations for Medisave claims apply). Clinical outcomes will be tracked for all the DMPs that the patient has been enrolled into.

2 Disease Management Programmes (DMPs)

2.1 The care components in each DMP are recommended by the Clinical Advisory Committee appointed by MOH. These care components are recommended based on current available medical evidence.

2.2 Some clinics have found it administratively easier to package their services for their patients. Packages should contain the care components detailed in the DMPs. Additional components, if any, can only be offered as add-ons.

2.3 **Figure 2.1** and **2.2** show the treatment algorithm for dementia and bipolar disorder respectively. Details regarding each of the essential care components can also be found in the MOH Clinical Practice Guidelines, available at **http://www.moh.gov.sg/mohcorp/publications.aspx?id=16266**.

Table 2.1. Essential care components for Dementia follow-up management in Dementia Disease Management Programme

	Essential Component*	Minimum Recommended Frequency (per year)	Remarks
A1	Assessment of memory (if on cognitive enhancers to document MMSE/CMMSE scores)	At least once yearly or as clinically indicated	Enquiring about memory and/or performing cognitive screening test
A2	Assessment of mood and behaviour	At least once yearly or as clinically indicated	Enquiring about mood and behaviour and initiating appropriate non-pharmacological and/or pharmacological treatment where appropriate
A3	Assessment of social difficulties and caregiver stress	At least once yearly or as clinically indicated	Assessment and referral to care co-ordinator or medical social worker or appropriate community services
A4	Functional needs assessment	As indicated	To initiate if there are concerns with regards home safety, driving safety, reports of recurrent falls, functional decline, swallowing difficulties

*** The diagnosis of dementia needs to be already established**

In addition, components A5 to A9 are recommended for patients who are on particular drugs due to higher risk of adverse drug effects in these frail elderly patients.

	Essential Component	Minimum Recommended Frequency (per year)	Remarks
A5	Clinical parameters (HR/BP)	At least once yearly or as clinically indicated	Especially patients on cholinesterase inhibitors and antidepressants or antipsychotics which might affect cardiac rhythm
A6	Blood test for sodium and liver function tests	At least once yearly or as clinically indicated	Only for patients on SSRIs
A7	Full Blood count	At least once yearly or as clinically indicated	For patients on mood stabilisers or antiplatelet
A8	Physical examination for extra-pyramidal side-effects	At least once yearly or as clinically indicated	Only for patients on antipsychotics
A9	Electrocardiogram	As indicated	Especially patients who are being considered for cholinesterase inhibitor and/ or on cholinesterase inhibitor but concerns regarding heart rhythm and patients on antipsychotics

Table 2.2: Additional care components for patient with Dementia and Stroke

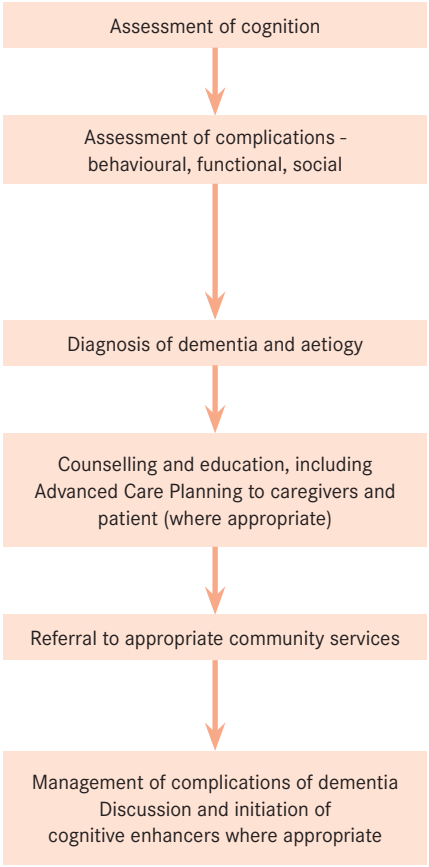
	Essential Component	Minimum Recommended Frequency (per year)	Remarks
S1	Thomboembolism Risk Assessment	Annually	Clinical evaluation including atrial Fibrillation, cardiac Mumurs and need for anti-thombotic therapy
S2	Rehabilitation need assessment	As clinically indicated	

Table 2.3. Essential care components for bipolar disorder follow-up management in Bipolar Disorder Disease Management Programme

	Essential Component	Minimum Recommended Frequency (per year)	Remarks
A1	Clinical Global Impression (CGI) a. Severity b. Improvement	At least once yearly or as clinically indicated	Provider-administered
A2	Patient attendance	At least twice a year or as clinically indicated	Provider-administered
A3	Blood test for fasting glucose and lipids (only for patients on atypical antipsychotics)	At least once yearly	Provider-administered

Notes: Medisave can also be used for doctor follow-up, nurse follow-up evaluation, physiotherapy, occupational therapy, speech therapy, home visit evaluation as clinically indicated and ordered by the attending doctor but not for home meal delivery, transport or other non-medical aspects of care.

Figure 2.1: Treatment Algorithm for Dementia



Clear documentation on evaluation of cognition, mood and behaviour using subjective and objective approach."

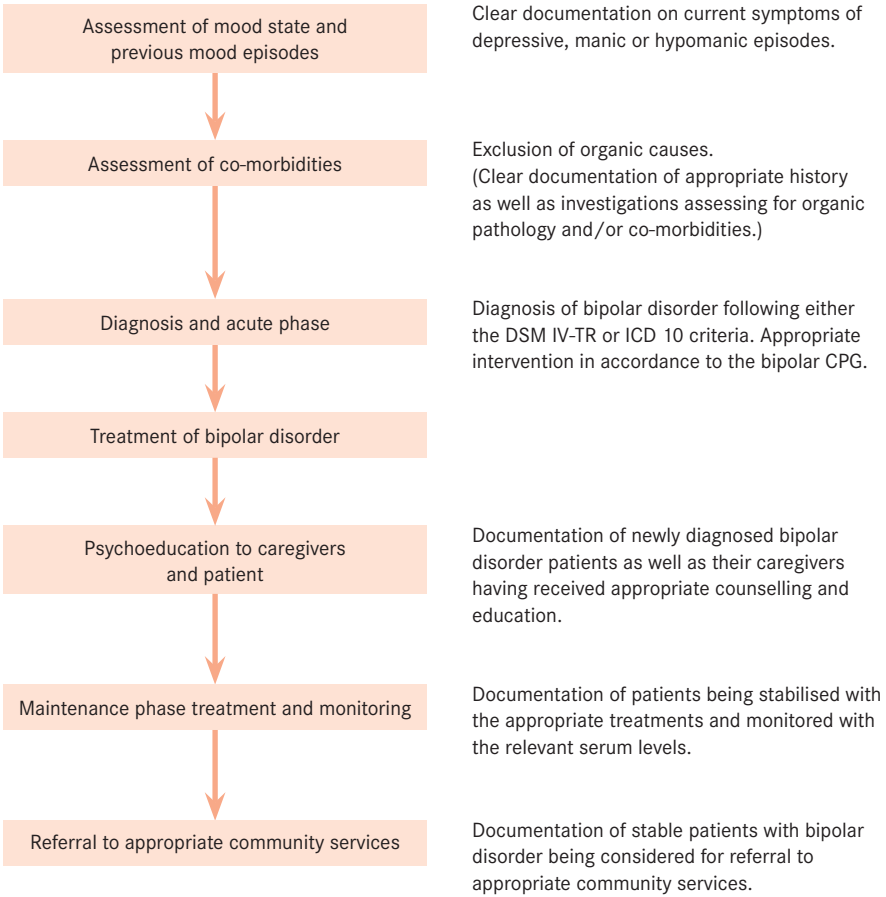
Documentation of advice on non-pharmacological intervention prior to institution of pharmacologic agents. Clear documentation in those started on pharmaco-logical agents after careful consideration of benefits, adverse effects and co-morbidities.

Documentation of newly diagnosed dementia patients having received appropriate counselling and education.

Documentation of newly diagnosed dementia patients with care needs being considered for referral to appropriate community services.

Documentation of discussion with patient and/or caregivers before starting on cognitive enhancers after careful consideration of expected magnitude of benefit, side effects, co-morbidities and costs of treatment.

Figure 2.2: Treatment Algorithm for Bipolar Disorder



3 Patient Education and Monitoring

3.1 As part of the national effort under this Programme, the Health Promotion Board has prepared Patient Education Booklets for dementia and bipolar disorder.

3.2 These materials will be distributed to all CDMP clinics for the doctors to use in patient education. Specialist Outpatient Clinics (SOCs) and Polyclinics will also use the same materials to facilitate integration of care across the various care settings.

3.3 It will be useful to explain the contents of the patient education booklet to the caregiver and patient (if appropriate) as this will help enhance the doctor-patient relationship.

4 Guidelines for Continuing Care

4.1 To facilitate integration of care across the various levels so that patients are able to continue and receive the appropriate management of their conditions, MOH has developed the following guidelines:

a) Referral from Specialist to Primary Care

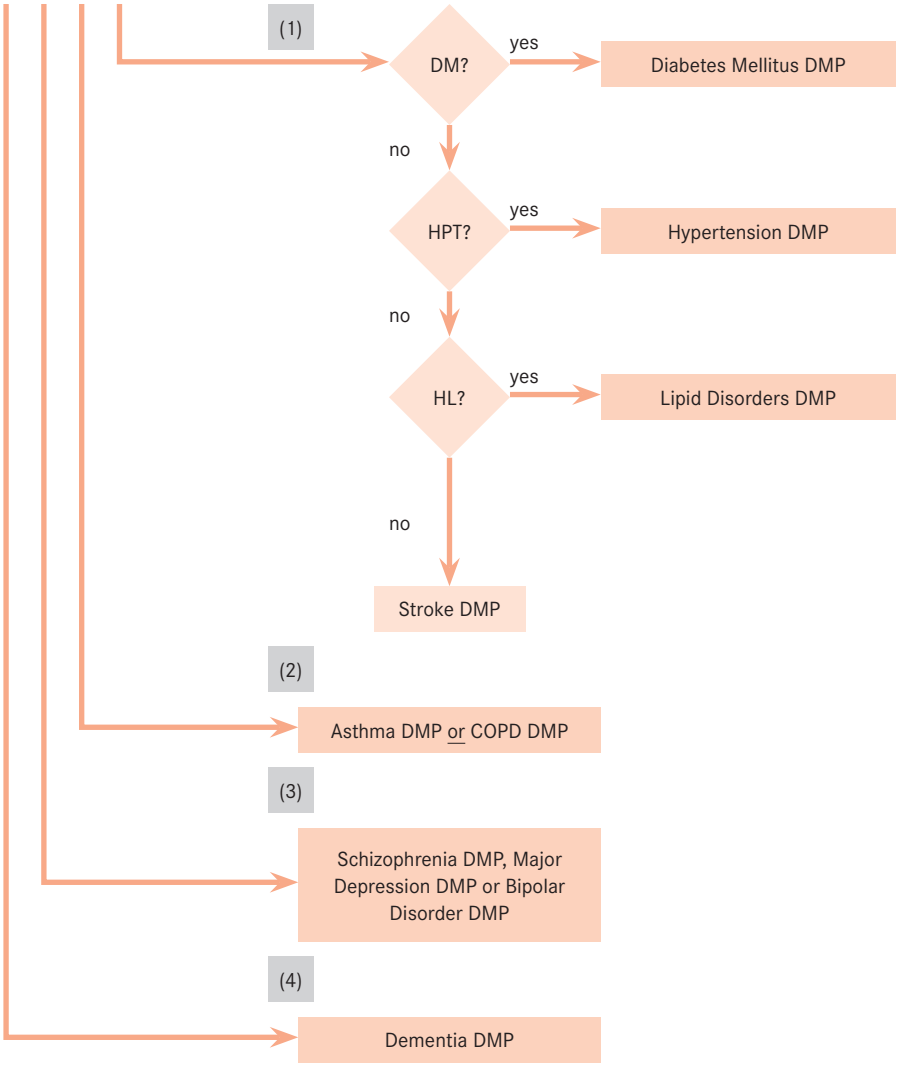
i. Suitable patients must be assessed by specialist to be stable and suitable for community follow-up.
ii. They should have a clear diagnosis of dementia or bipolar disorder.
iii. For dementia, their caregivers should have been counselled on their condition, natural history and progression of illness. For bipolar disorder, their caregivers should have been counselled on their condition and the need for continual treatment.
iv. For dementia, they should not have significant behavioural issues or significant caregiver stress. If they have behavioural issues, these should be stable before transfer to their primary care physician. For bipolar disorder, their last mood episode should have been more than three months ago.
v. For dementia, if prescribed antidepressant and/or antipsychotic agents, they should be on stable doses of these medications for at least 3 months. Similarly, for bipolar disorder, they should be on stable doses of medications.

b) Referral from Primary Care to Specialist

i. GPs should refer for specialist's review, patients in whom diagnosis of dementia is uncertain. GPs should also refer for specialist's review, complicated cases of bipolar disorder such as co-morbidities, pregnancy, patients 18 years or younger or other complications which in the family physician's opinion would require specialist opinion.
ii. Patients who, under special circumstances, require specialist opinion for medication titration for their condition (i.e. side effects or complications from conventional medication).
iii. For bipolar disorder, patients who are relapsing.

Enrolling patients with multiple chronic diseases

Patient with multiple chronic diseases may be enrolled **into** (1) **and/or** (2) **and/or** (3) **and/or** (4)



1 Clinical Indicators for Dementia

1.1 Participating medical institutions must monitor the quality of care that patients receive. The following are for management of dementia patients after establishing diagnosis:

a) Documentation in follow-up of dementia patients
   - Documentation of assessment of memory
   - Documentation of assessment of mood and behaviour
   - Documentation of assessment of functional and social difficulties (if any)
   - Documentation of assessment of rehabilitation needs

b) Consultation for CDMP Dementia

c) For patients on cognitive enhancers, objective documentation of memory assessment must be performed, by way of a bedside cognitive screening instrument (such as the Mini-Mental State Examination (MMSE) or Chinese Mini Mental State Examination (CMMSE).

d) Blood test for sodium and liver function tests (only for patients on SSRIs or mood stabilisers)

e) Full blood count (for patients on mood stabilisers or considered anti-platelet therapy)

f) Clinical parameters (HR/BP) (especially for patients on cholinesterase inhibitors and antidepressants or antipsychotic medication)

g) Physical examination of extrapyramidal side effects (for patients on antipsychotics)

h) Electrocardiogram (especially for patients being considered for or on cholinesterase inhibitor. Also for patients on antipsychotics)

For those patients with stroke and dementia:

a) Documentation of thromboembolism risk assessment
   - Clinical evaluation including atrial fibrillation, cardiac mumurs and need for anti-thrombotic therapy

b) Documentation of rehabilitation need assessment

1.2 The Clinical Practice Guidelines details the good clinical practices required in dementia evaluation and management. The documentation of the important care component process in dementia evaluation and dementia management is captured in the first two clinical parameters to indicate good clinical dementia care.

1.3 As following up patients to detect complications early and prevent the morbidity and mortality associated with complications is an important aspect of care for dementia patients, the Consultation for CDMP Dementia (at least twice per year) is a key care compliance indicator for the Programme.

1.4 For dementia patients who are prescribed antidepressants or antipsychotic medications, biochemical tests should be performed at least once yearly.

1.5 For dementia patients who are prescribed cholinesterase inhibitors and antipsychotic agents, they should have clinical parameters taken during consultation visits and if there are concerns, electrocardiogram should be done. Recent evidence has shown association of cardiac rhythm abnormalities with cholinesterase inhibitor use.

Note: Indicators 1.1(c) to 1.1(h) are applicable only if patients are on these drugs.

Table 2.4 summarises the clinical indicators for patients with Dementia required for submission via electronic channels to MOH:

Clinical Indicator	Frequency
Documentation of: i. assessment of memory ii. assessment of mood and behaviour iii. assessment of functional and social difficulties (if any) iv. assessment of rehabilitation needs	At least once yearly or as clinically indicated
Consultation for CDMP Dementia	Twice yearly
For patients on cognitive enhancers, documentation of objective assessment of memory (MMSE or CMMSE testing or other validated instruments)	At least once yearly or as clinically indicated

2 Clinical Indicators for Bipolar Disorder

2.1 Participating medical institutions must monitor the quality of care that patients receive. The following are for management of bipolar disorder patients after establishing diagnosis:

a) Clinical Global Impression (CGI) Scale
b) Consultation for CDMP Mental Health
c) Blood test for fasting lipid (only for patients on atypical antipsychotic medication)
d) Blood test for fasting glucose (only for patients on atypical antipsychotic medication)

2.2 The Clinical Practice Guidelines details the good clinical practices required in bipolar disorder evaluation and management. The documentation of the important care component process in bipolar disorder evaluation and management is captured in the first two clinical parameters to indicate good clinical bipolar disorder care.

2.3 The Clinical Global Impression (CGI) Scale is a simple, easy to administer 2-item scale (each item has 7 points) scale to indicate the severity and improvement of the mental condition. It is chosen as it can be applied to reflect severity and improvement in other mental conditions.

2.4 As patient compliance to follow-up is an important aspect of care for patients suffering from mental illness, the Consultation for CDMP Mental Health (at least twice per year) is a key care compliance indicator for the Programme.

2.5 For patients with bipolar disorder, who are prescribed atypical antipsychotic medications, a blood test for fasting lipid and fasting glucose should be performed at least once yearly to alert doctors to possible development of metabolic syndrome, a known complication of treatment with atypical antipsychotics.

Table 2.5 summarises the clinical indicators required for patients with Bipolar Disorder required for submission via electronic channels to MOH:

Clinical Indicator	Frequency
Clinical Global Impression (CGI) Scale	At least once yearly or as clinically indicated
Consultation for CDMP Bipolar Disorder	Twice yearly or as clinically indicated

Table 2.6 – Dosing Information for Dementia Patients*

DRUG CLASS	DRUG NAME	EXAMPLES OF BRAND NAMES	USUAL ADULT STARTING DOSE	USUAL ADULT DOSE RANGE (PER DAY)	MAX. ADULT RECOMM. DOSE (PER DAY)
SSRI	Escitalopram	Lexapro®	5 – 10 mg/day	10 – 20 mg	20 mg
	Fluoxetine	Prozac®	10 - 20 mg OM	20 – 60 mg	80 mg
	Fluvoxamine	Faverin®	25– 50 mg/day	50 – 300 mg	300 mg
	Paroxetine	Seroxat CR®	10 - 12.5 mg/day	12.5 – 50 mg	75 mg
	Sertraline	Zoloft®	25 – 50 mg/day	25 – 200 mg	200 mg
SNRI	Duloxetine	Cymbalta®	30 - 60 mg/day	30 – 60 mg	120 mg
	Venlafaxine	Efexor XR®	75 mg/day	75 – 225 mg	225 mg
NASSA	Mirtazapine	Remeron Soltab®	15 – 30 mg/day	15 – 45 mg	45 mg
RIMA	Moclobemide	Aurorix®	150 mg/day	150 – 600 mg	600 mg
Cholinesterase Inhibitors	Donepezil	Aricept®	2.5 – 5 mg once daily {Tablet (5 mg, 10 mg)}	5 – 10 mg	10 mg
	Rivastigmine	Exelon®	1.5 mg bd after meals {Capsule (1.5mg, 3mg, 4.5mg, 6 mg) Transdermal patch (4.6mg/24 hours, 9.5mg/24 hour)}	6 – 12 mg 4.6 mg – 9.5 mg (Transdermal patch)	12 mg
	Galantamine	Reminyl®	8 mg once daily after meals {PR Capsule (8mg, 16 mg and24 mg)[2] Solution (4mg/ml; 100 ml bottle)[3]}	16 – 24 mg	24 mg
NMDA Antagonists	Memantine	Ebixa®	5 mg once daily {Tablet: 10 mg, Solution: 10 mg/g oral drops (10 drops = 5 mg)}	20 mg/day (CCT[4]>60) 10 mg/day (CCT 40 - 60)	20 mg
Others	Bupropion	Wellbutrin SR®	150 mg OM, increase to 150 mg BD on day 4 if well tolerated	150 – 300 mg	300 mg
	Tianeptine	Stablon®	25 – 50 mg/day in 2 – 4 divided doses	25 – 37.5 mg	50 mg
	Trazodone	Trittico®	25 – 150 mg/day in divided doses	50 – 300 mg	600 mg

* **NB: - Dosing information for bipolar disorder is similar to schizophrenia and major depression.**

2 PR: prolonged release once-a-day formulation. The immediate-release formulation has been phased out.
3 Solution can be mixed with non-alcoholic beverage, but must be consumed immediately.
4 Creatinine clearance

Abbreviations

- SSRI: Selective Serotonin Reuptake Inhibitor
- SNRI: Serotonin and Noradrenaline Reuptake Inhibitor
- NASSA: Noradrenaline and Specific Serotonin Antidepressant
- RIMA: Reversible Inhibitor of Monoamine Oxidase

Important Notes:

- For details, please consult the manufacturers most current product literature or other standard references.
- Lowest effective doses should be used. Elderly patients should be carefully initiated at lower doses of a suitable antidepressant. Individualized dosing for any antidepressant should be based on an in-depth evaluation of the individual patient's therapy requirement with considerations to issues such as contraindications, warnings, precautions, adverse reactions and interactions with other drugs.
- There are many adverse drug interactions with antidepressant drug use, please refer to drug literature for details. Some examples of potential clinically significant interactions with general medicines when initiating/increasing an antidepressant dose can be:
  - Triptans (e.g. Sumatriptan), St. John's Wort: Risks of serotonin syndrome with SSRIs and related antidepressants.
  - Insulins, oral hypoglycaemic agents: Risks of hypoglycaemia with some antidepressants (e.g. Fluoxetine)
  - Theophylline, Clozapine: Risks of toxicity with Fluvoxamine
  - Digoxin: Risks of toxicity with Fluoxetine
  - Anticonvulsants: Levels affected by many antidepressants. Seizure threshold reduced by TCAs, bupropion.
  - Warfarin: Risks of bleeding with many antidepressants (e.g. Fluvoxamine)
- Precautions when switching antidepressants: Other antidepressants should not be started until at least 2 weeks after Moclobemide has been stopped. Moclobemide should not be started until at least 1 week after a TCA or SSRI or related antidepressant has been stopped (2 weeks in the case of Sertraline, and at least 5 weeks in the case of Fluoxetine). Combinations of SSRIs and related antidepressants may cause serotonin syndrome, hypotension and drowsiness.

References:

British National Formulary Vol. 57 (Mar 2009) & Geriatric Dosage Handbook (11th Ed)
MICROMEDEX (DRUGDEX) Healthcare Series Vol. 140 (2009)
American Hospital Formulary System (2009 Edition)
Manufacturers' Product Information

CHAPTER THREE:
REGISTRATION AND MEDISAVE USE

1 Policy on Medisave Use

1.1 The primary purpose of Medisave is to help Singaporeans afford costly hospitalisations. For chronic diseases, early detection and good management help patients avoid subsequent costly hospitalisation. To bring about better health outcomes, MOH has decided to allow Medisave to cover selected chronic diseases.

1.2 Nonetheless, to prevent over-consumption and over-servicing, three safeguards have been put in place under the Medisave for Chronic Disease Management Programme:

a) **Deductible:** A deductible of $30 will be set on each outpatient bill, i.e. bills below $30 will not be eligible for Medisave claims.

b) **Co-payment:** A co-payment of 15 percent on each outpatient bill will be set, in excess of the deductible, and

c) **Annual withdrawal limit:** An annual outpatient withdrawal limit of $300 per Medisave account for all treatments received before 1 Jan 2012, and an annual withdrawal limit of $400 per Medisave account for all treatments received on or after 1 Jan 2012."

Example:

For a bill of $130, a patient will need to pay $45 out-of-pocket. This is because the patient pays the first $30 of the bill and 15 percent of the remainder ($100, in this case). The remaining $85 can be claimed from Medisave.

2 Clinics Currently Participating in the Programme

2.1 For clinics already registered on the Programme and participating in a shared care or GP partnership programme with a Restructured Hospital, there is no need to register for the new conditions. These clinics will be able to help patients who are suffering from dementia and bipolar disorder to claim Medisave for their outpatient treatments with effect from 1 Nov 2011.

2.2 The Medisave withdrawal limits for patients under the Programme remains as $300 per Medisave account per calendar year for treatments received before 1 Jan 2012, and $400 per Medisave account per calendar year for treatments received on or after 1 Jan 2012, regardless of the number of chronic disease that they are currently being treated for. The annual withdrawal limit is reset on 1 Jan each year.

2.3 The transaction cost for each Medisave claim has been brought down to $2.91[5] (exclude GST) with $2.44 charged by CPF Board for every Medisave account processed and the remaining $0.47 charged by NCS[6] for MediClaim system usage.

2.4 The guidelines on the use of Medisave for the new conditions are updated in Section 4 of this Chapter.

2.5 The claim submission process detailed in Section 5 of this Chapter remains unchanged.

2.6 Similar to the earlier approved conditions, Medisave claims for dementia and bipolar disorder will be audited. Please note that in case the Medisave claim includes treatment for complication(s) due to the chronic disease, the doctor would need to document clearly the causal relationship between the approved chronic condition and the complication(s) which arose from it.

3 Registration Process for Medisave for Chronic Disease Management Programme

3.1 Clinics That Wish to Participate on the Programme

3.1.1 To be on the Programme, both the clinic / medical institution and its doctors have to register with and be accredited by MOH. Upon accreditation, the doctors can then make Medisave claims for their patients.

3.1.2 An outline of the registration and accreditation process is provided in Table 3.4 (page 28).

3.2 Registration of Clinic / Medical Institution with MOH

3.2.1 To join the Programme, you will need to fulfil the following criteria:

a) Be able to make Medisave claims for patients through the online MediClaim system[7]
b) Sign a Deed of Indemnity with CPF Board
c) Be able to submit Clinical Quality data to MOH

5 The transaction cost of $2.91 assumes 1 Medisave account is used. Figures exclude 7% GST charges. With GST, the transaction cost is $3.11.

6 National Computer Systems (NCS) is the company appointed by MOH to maintain the MediClaim system. The MediClaim system is an online e-service for clinics/medical institutions to submit Medisave claims to CPF Board for processing.

7 Clinics which are not ready to make claims online can approach Service Bureaus to help them with their paper claims in the interim. The details of these Service Bureaus can be found on the MOH website.

3.2.2 To make claims for patients through the online MediClaim system, clinics / medical institutions need:

a) MediClaim User account
b) Security Token Card (non-refundable cost of $171.20 (inclusive of 7% GST))
c) A Personal Computer / Laptop with the following configuration
   i. CPU Pentium III and above
   ii. Memory (RAM) Minimum of 256MB
   iii. Operating System Windows XP
   iv. Browser Internet Explorer 6.0
   v. Internet connection
d) GIRO arrangement with CPF Board for Medisave payments to be credited into the clinic / medical institution's bank account
e) GIRO arrangement with CPF Board for the payment of Medisave claims handling charges
f) GIRO arrangement with NCS for the payment of MediClaim usage charges
g) Training to process Medisave claims

3.2.3 **Forms to Complete**

a) Clinics / Medical institutions interested in joining the Programme will need to submit the following forms to MOH:
   i. E-Application for Clinics to Participate in the Medisave for Chronic Disease Management Programme (by MOH)
   ii. Direct Authorisation Credit Form (by CPF Board)
   iii. GIRO Form (MediClaim charges by NCS)
   iv. GIRO Form (Medisave charges by CPF Board)

The E-Application website can be accessed via **http://www.moh.gov.sg/mmae/overview.aspx**

3.2.4 Clinic / Institution staff who will be making Medisave claims are required to attend a free half-day training session on Medisave claims process, Medisave use guidelines and use of the MediClaim system. Clinics / Institutions are also required to sign the Deed of Indemnity with CPF Board.

3.2.5 Clinics / Medical institutions participating in the Programme will be subjected to:

a) Clinical quality checks conducted by MOH on patients who make Medisave claims through the clinics/institutions
b) Professional medical audits conducted by MOH on Medisave claims
c) Operational audits conducted by CPF Board on Medisave claims

3.3 Registration of Doctor with MOH

3.3.1 Doctors practising at accredited clinics / medical institutions need to register with MOH to participate in the Medisave for CDMP before they can make Medisave claims for their patients.

3.3.2 Interested doctors can submit an E-Application to participate in the Medisave for Chronic Disease Management Programme. The website is: **http://www.moh.gov.sg/mmae/DoctorApplication.aspx**. Registration of doctors in the Programme needs to be renewed every 2 years.

3.3.3 Registered doctors will be audited by MOH and CPF Board on the clinical outcomes and Medisave claims of their patients.

4 Guidelines on Medisave Use for Chronic Disease Outpatient Treatments

4.1 Participating clinics / medical institutions and doctors have to comply with these guidelines on Medisave use for chronic disease outpatient treatments:

4.2 Medisave use is allowed only for the outpatient treatments of the following chronic diseases and / or its associated complications:

	ICD9 Diagnosis Codes (bef 1 Jan 2012)	ICD10AM Diagnosis codes (on or after 1 Jan 2012)
Diabetes	250.00 or 250.01	E10, E11 , E13, E14
Hypertension	401.9	I10 to I13
Lipid Disorders	272.4	E780 to E785
Stroke	436	I60* to I64
Asthma	493	J45* to J46
COPD	491, 492, or 496	J41* to J44, J47
Schizophrenia	295 or 297	F20 to F22
Major Depression	296.1, 292.2 or 292.3	F322, F323, F332, F333, F34*, F38*, F39
Dementia	290, 291.2, 294.1, 331.0 or 331.1	F00* to F03, F051, F107, G310, G311
Bipolar Disorder	296.0, 296.4 to 296.8	F310 to F319

4.3 Medisave claims will be accepted only if

a) The patient is diagnosed to have one or more of the chronic diseases listed above.
b) The patient has been enrolled into their respective DMP (see chapter 2 for details).
c) The claim must be related to the essential care components in the management of that specific DMP or for the treatment of the disease and its complications. The doctor in-charge must clearly document this causal relationship or link between the disease and its treatment.
d) In this regard, Medisave claims will generally not be allowed for sleeping pills, slimming pills or erectile dysfunction drugs used for lifestyle purposes.
e) Under certain equivocal circumstances, the auditors will seek further clarification with the prescribing doctor.

4.4 Only doctors and clinics / medical institutions which are Medisave accredited and participating in Programme can make Medisave claims for patients. For dementia and bipolar disorder, doctors also need to be participating in a Shared Care or GP Partnership Programme with a Restructured Hospital to make Medisave claims for patients receiving outpatient treatment.

4.5 Doctors must certify (on the Medisave Authorisation Form) that patients they make Medisave claims for are suffering from one or more of the approved chronic diseases and treatment is related to that chronic condition.

4.6 The table below provides a guideline on what can be used for Medisave claims. The doctor is expected to exercise clinical judgment and discretion when making claims.

MEDISAVE MAY BE USED FOR
• Management of the patient based on the care components in the respective Disease Management Programme (DMP)
• Medical consultations primarily for the approved chronic conditions under the Programme.
• Relevant investigations (including laboratory and radiological) for the evaluation of the disease or its complications.
• Prescribed drugs and nursing care for the management of the approved conditions or their complications.
• Physiotherapy, occupational and speech therapy for the rehabilitation of the patient.

4.7 Tables 3.1 to 3.3 lists the investigations, drugs and therapies for the evaluation and management of dementia and bipolar disorder for which Medisave use can be allowed.

Table 3.1: Recommended investigations for patients receiving selected pharmacotherapy

S/N	Investigation	Indication
BIPOLAR DISORDER		
1	Full Blood Count	Patients on most mood stabilisers at baseline and yearly for carbamazepine
2	Renal Panel (U/E/Cr)	Patients on all antidepressants, carbamazepine and lithium
3	Liver Function Test	Patients on antidepressants, atypical antipsychotics, mood stabilisers
4	Thyroid function (TFTs)	Patients on lithium
5	Fasting lipids and glucose	Patients on atypical antipsychotics and those at risk of metabolic syndrome.
6	Serum levels	Patients on Lithium, Carbamazepine and Sodium Valproate
DEMENTIA		
1	Full Blood Count	Patients on mood stabilisers. Patients for consideration or on antiplatelet agent
2	Renal Panel (U/E/Cr)	Patients on antidepressants or mood stabilisers
3	Liver Function Test	Patients on antidepressants, atypical antipsychotics, mood stabilisers
4	Electrocardiogram	Patients for consideration or on cholinesterase inhibitors and antipsychotics (both typical and atypical) and in whom there is concern with regards to cardiac rhythm abnormalities

Table 3.2: List of Medisave Claimable Drugs for Treatment of Psychiatric Conditions

This list includes any new medications (excluding benzodiazepines) approved by the Health Sciences Authority (HSA) for the treatment of psychiatric conditions which are included in the CDMP programme.

S/N	Drug	S/N	Drug
1	Amisulpride	24	Lithium*
2	Amitriptyline	25	Maprotiline
3	Aripiprazole	26	Memantine#
4	Benzhexol	27	Mirtazepine
5	Benztropine	28	Moclobemide
6	Bupropion	29	Nortriptyline
7	Carbamazepine*	30	Olanzepine
8	Chlorpromazine	31	Paliperidone
9	Clomipramine	32	Paroxetine
10	Clozapine	33	Perphenazine
11	Donepezil#	34	Quetiapine
12	Dothiepin	35	Risperidone
13	Doxepin	36	Rivastigmine#
14	Duloxetine	37	Sertraline
15	Escitalopram	38	Sodium Valproate*
16	Fluoxetine	39	Sulpiride
17	Flupenthixol	40	Tianeptine
18	Fluphenazine	41	Trazodone
19	Fluvoxamine	42	Trifluoperazine
20	Galantamine#	43	Trimipramine
21	Haloperidol	44	Venlafaxine
22	Imipramine	45	Ziprasidone
23	Lamotrigine	46	Zuclopenthixol

* Mood stabilizers

\# Drugs which are specific for the treatment of dementia

Table 3.3: List of Allowable Therapies for Treatment of Psychiatric Conditions

1. Psychological therapy in specific cases
2. Electro-convulsive therapy (ECT)
3. Occupational Therapy
4. Physiotherapy
5. Speech therapy

4.8 Anything that is not listed in the above Tables is not claimable by Medisave under this Programme. Some examples are (list is not exhaustive):

a) Conditions not related to the approved chronic diseases (e.g. cancer).
b) Tests prior to diagnosis of disease (e.g. OGTT, CT brain, drug screen), or unrelated to the conditions (e.g. Pap smear, fertility treatments).
c) Purchase or rental of nebulisers, wheelchair, prosthesis or other home nursing equipment.
d) Employment of caregiver or nursing aides.
e) Co-morbid conditions such as treatment for drug and alcohol abuse
f) Alternative medicine (e.g. acupuncture)
g) Novel treatments (e.g. rTMS)
h) Drugs and therapies not explicitly listed as Medisave-approved for treatment of dementia (or combination of stroke and dementia) and bipolar disorder, including sleeping pills, erectile dysfunction pills and other drugs for lifestyle purposes.

4.9 Eligible patients can use their own and immediate family members' Medisave for payment of their outpatient treatments. Immediate family members refer to the spouse, parent or child of the patient. Grandparents, who are Singapore citizens or PRs, can also use their grandchildren's Medisave. Siblings are not considered immediate family members.

4.10 The amount of Medisave that can be used is subject to the 3 conditions mentioned in paragraph 1.2 of this Chapter:

a) **Deductible:** A deductible of $30 apply for each outpatient bill, i.e. bills below $30 will not be eligible for Medisave claims.
b) **Co-payment:** A co-payment of 15 percent on each outpatient bill also apply, in excess of the deductible, and
c) **Annual withdrawal limit:** An annual outpatient withdrawal limit of $300 per Medisave account for all treatments received before 1 Jan 2012, and an annual withdrawal limit of $400 per Medisave account for all treatments received on or after 1 Jan 2012.".

Scenario 1

Mr Lim is a retiree with 2 working children. He is suffering from COPD and has Medisave from his earlier years of working. Mr Lim can make use of a maximum of $900 of Medisave from his and his children's Medisave accounts (total of 3 accounts) every year before 1 Jan 2012 and a maximum of $1,200 per year on or after 1 Jan 2012 to pay for his outpatient treatments.

Scenario 2

The grandmother and parents of Ms Tan Hao Sun are suffering from Diabetes Mellitus. However they have no Medisave. Ms Tan can make use of a total of$300 (annual withdrawal limit) of her own Medisave every year before 1 Jan 2012 and a maximum of $400 per year on or after 1 Jan 2012 to pay to pay for the outpatient treatments of all 3 of her elders.

Scenario 3

Mdm Haslina is a working adult and has no children. She has Hypertension and Asthma and can use up to $300 (annual withdrawal limit) before 1 Jan 2012 and a maximum of $400 per year on or after 1 Jan 2012 to pay from her Medisave.

4.11 Patients may have employer benefits and outpatient insurance. Employer benefits and outpatient insurance can be used for pay for outpatient treatments under the Scheme. Medisave can come in to help pay the balance after employer benefits and / or outpatient insurance.

4.12 In cases where only part of the chronic disease outpatient treatment bill is payable by employer companies and the patient chooses to use Medisave for the balance of the bill, clinics would:

a) Follow the current arrangements it has with the employer to seek payment and
b) Help patients submit the Medisave claim.

4.13 Bills should be paid using employers' benefits and any relevant insurance that the patient may have first, before claiming from Medisave.

4.14 A patient who wishes to use multiple Medisave accounts to pay for his / her outpatient treatment expenses in 1 claim may use up to a maximum of 10 Medisave accounts. However the costs for the processing of such claims are higher:

No. of Payers	Transaction Cost[8] (exclude GST)	No. of Payers	Transaction Cost[8]
1 payer	$2.91	6 payers	$15.11
2 payers	$5.35	7 payers	$17.55
3 payers	$7.79	8 payers	$19.99
4 payers	$10.23	9 payers	$22.43
5 payers	$12.67	10 payers	$24.87

8 Transaction cost is computed based on the following formula: $0.47 + ($2.44 * (No. of Medisave payers)). These figures exclude 7% GST.

5 Process of Making a Medisave Claim

5.1 A typical process of making a Medisave claim for a patient is described below:

5.1.1 What to convey to patient or immediate family members who wish to use Medisave

a) The treatment components
b) The cost of treatment
c) Estimated amount that can be claimed from Medisave
d) Out-of-pocket cash payment that the patient needs to make
e) Clinic's policy on transaction costs

5.1.2 Administrative Procedure

a) Each Medisave account holder will need to sign a Medisave Authorisation Form (MAF) to authorise the CPF Board to deduct his / her Medisave savings for the treatment of the patient. The authorisation can be made on a per treatment basis or over a period of time[9]. The authorisation will stand until revoked in writing.
b) Clinic / Medical institution staff should witness the identity and the signature by the account holder. Clinic/ Institution staff should also verify relationships stated in the MAF, where possible.
c) Clinics / Medical institutions are to submit the Medisave claims electronically to CPF Board for processing via the MediClaim System.

5.1.3 The MAF is a legal document. As such, CPF Board is unable to accept the authorisation from a person of unsound mind. Such a person either

a) has a medical report from a psychiatrist declaring that the patient is permanently mentally incapacitated; or
b) is determined by a doctor, at the material time, to be unable to make a decision for himself. An inability to make a decision is when a patient is unable to:
   i. Understand the information relevant to the decision;
   ii. Retain that information relevant to the decision;
   iii. Use or weigh that information as part of the decision making process; and
   iv. Communicate his decision (by any means).

[9] Authorisation can be for a period of 3, 6 or 12 months, or for an open-ended length of time subject to revocation in writing.

5.1.4 If the patient is deemed to be mentally incapacitated, his immediate family members, or his appointed donee/deputy under the Mental Capacity Act, may authorise the use of the patient's own Medisave for his treatment using the MAF for Mentally Incapacitation/Unconscious patients on the patient's behalf. The doctor in charge would need to certify on Part V of the MAF that the patient is mentally incapacitated at the point.

5.1.5 Claim Process

a) Payment will be made daily to Medisave-accredited medical institutions via InterBank Giro (IBG) on the 3rd working day after the approval date of the Medisave claims.

b) Currently, the transaction cost for each Medisave claim is $2.91 (exclude GST)[10] - $2.44 is charged by CPF Board for every Medisave account processed and the remaining $0.47 is charged by NCS[11] for MediClaim system usage. The transaction charges will be collected on a monthly basis via InterBank Giro (IBG). Patient's Medisave cannot be used to cover the processing fees. Should medical institutions decide to pass on this cost to the patient, the description of this item in a patient's bill should be "Medisave processing fee". Should medical institutions decide to charge out additional administrative fees on top of what MOH/CPFB charged out to them, they are required to separately attribute it to their own business administrative charges, instead of lumping it as "Medisave processing fee".

5.1.6 Where a clinic / institution has made an overclaim or unauthorised deduction from Medisave, it will have to refund the amount deducted to the Medisave account. The clinic / institution will have to pay the interest lost by individuals if it is the clinic's / institution's error. The interest will be computed at the prevailing CPF interest at the time of the adjustment.

5.1.7 For clinics which are unable to make claims electronically via the MediClaim system, they could, in the interim, approach Service Bureaus to help them with their paper submissions. Contact details of these Service Bureaus are available on the MOH website (www.moh.gov.sg).

[10] The transaction cost of $2.91 assumes 1 Medisave account is used. Figures exclude 7% GST charges. With GST, the transaction cost is $3.11.

[11] National Computer Systems (NCS) is the company appointed by MOH to maintain the MediClaim system. The MediClaim system is an online e-service for clinics/medical institutions to submit Medisave claims to CPF Board for processing.

5.2 **Audit**

5.2.1 The CPF Board may carry out regular audits of the participating clinic's / medical institution's records for Medisave claims. There are 2 types of audits for the Medisave claims:

a) Operational audit: This audit looks at the operational aspect of making Medisave claims such as completion of Medisave Authorisation Forms, etc
b) Professional audit: This audit looks at treatments administered for each claimed treatment to determine if it is related to the proclaimed diagnosis

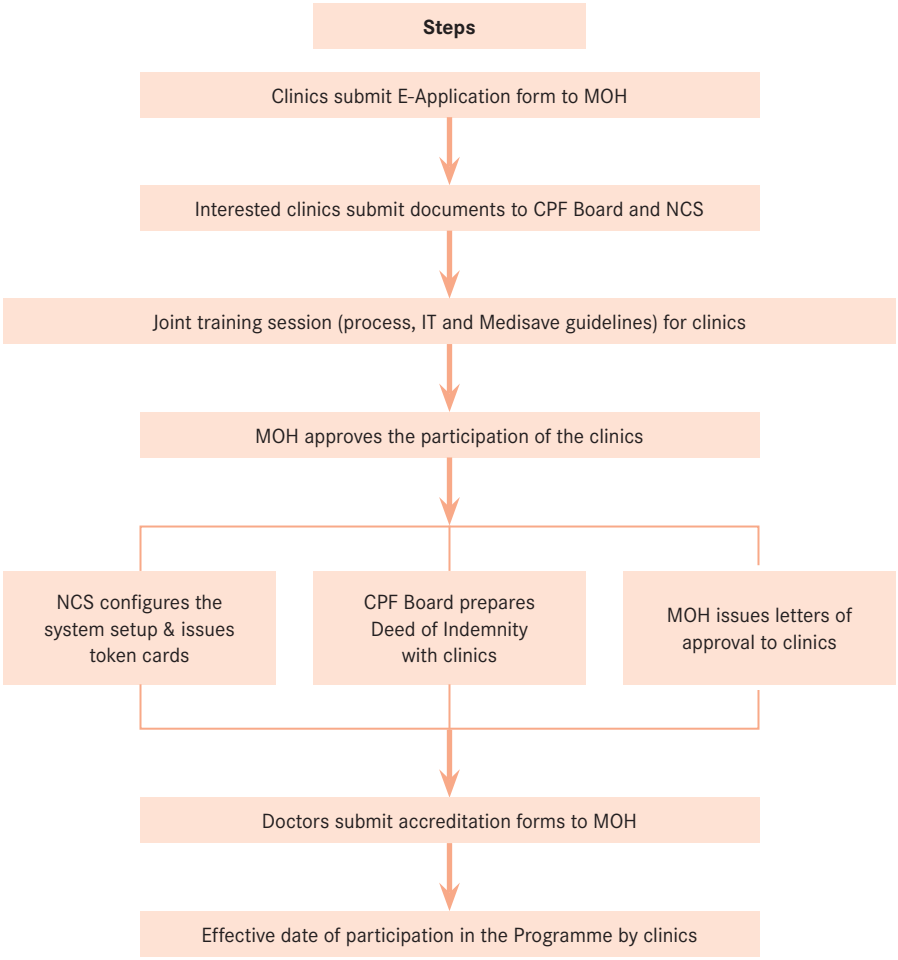
5.2.2 Prior notice will be given to identify the cases to be audited. The following documents are required for the audit:

a) Hard copies of Claim Forms submitted electronically
b) Medisave Authorisation Forms
c) Itemised bills/ Payment records (detailing consultation charges, individual drug charges, DRP , nursing charges, other services)
d) Photocopies of identification papers (where necessary)
e) Case records of the patient for the visits which were claimed. For claims on the complications of the approved chronic diseases, doctors have to document the causal relationship. For packages, please indicate dates of visits which are claimed.
f) Investigation/ Test reports where available e.g. HbA1c results , lipid results
g) Prescription records

5.2.3 Evidence supporting diagnosis e.g. documentation in case records or laboratory reports.

5.2.4 Clinics / medical institutions or doctors found guilty of wrong claims may be required to refund the amount to the affected Medisave accounts. Each time the doctor is found making wrong claims for his patients, he / she will be issued warning letters. His / Her Medisave privilege may be suspended upon repeated infringements.

Table 3.4: Registration and Accreditation Process (Medisave for Chronic Disease Management Programme)



CHAPTER FOUR:
CAPTURE AND SUBMISSION OF CLINICAL DATA

1 Commencement of Clinical Data Collection

1.1 For patients who have been enrolled in the Dementia or Bipolar Disorder Chronic Disease Management Programme (CDMP), data collection will commence at the patient's first visit to the doctor for the chronic condition.

1.2 The clinical data fields required for the new chronic disease condition, (A) Dementia and (B) Bipolar Disorder, are shown below :

(A) Dementia

<table>
<tr><th colspan="3">DATA TO BE ENTERED ONCE ONLY (EXCLUDING UPDATES)</th></tr>
<tr><td colspan="3">NRIC/FIN:</td></tr>
<tr><td colspan="3">DOB (DD/MM/YYYY):</td></tr>
<tr><td colspan="3">Gender: Male ( ), Female ( )</td></tr>
<tr><th colspan="2">DATA TO BE ENTERED AT LEAST ONCE YEARLY</th><th>DATA TO BE ENTERED ONCE EVERY 6 MONTHS</th></tr>
<tr><td>Documentation of:
i. assessment of memory
ii. assessment of mood and behaviour
iii. assessment of functional and social difficulties (if any)
iv. assessment of rehabilitation needs</td><td>Yes (if assessment done)
OR
No (if assessment not done)</td><td rowspan="2">Consultation for CDMP Dementia</td></tr>
<tr><td>For patients on cognitive enhancers, documentation of objective assessment of memory (MMSE or CMMSE testing or other validated instruments)</td><td>As above</td></tr>
</table>

(B) Bipolar disorder

<table>
<tr><th colspan="3">DATA TO BE ENTERED ONCE ONLY (EXCLUDING UPDATES)</th></tr>
<tr><td colspan="3">NRIC/FIN:</td></tr>
<tr><td colspan="3">DOB (DD/MM/YYYY):</td></tr>
<tr><td colspan="3">Gender: Male ( ), Female ( )</td></tr>
<tr><th colspan="2">DATA TO BE ENTERED ONCE YEARLY</th><th>DATA TO BE ENTERED ONCE EVERY 6 MONTHS</th></tr>
<tr><td>Clinical Global Impression (CGI) Scale:
a) Severity</td><td>Numerical value from 1-7</td><td rowspan="2">Consultation for CDMP Mental Health</td></tr>
<tr><td>b) Improvement</td><td>Numerical value from 0-7</td></tr>
</table>

1.3 The clinical data fields required for all the chronic conditions in CDMP are summarised in the template, please see Annex 4-B (Page 41).

1.4 The quality of patient care for all the chronic conditions will be evaluated according to whether the relevant process and care components have been met as listed on the following page:

[12] per year' refers to 12 months from the first visit of the patient for the chronic condition(s).
[13] This is only applicable for patients aged 4 years and above. For patients aged 4 to < 12 years, please use the Childhood ACT, and for those aged 12 years and above, the ACT.
[14] Only for patients with schizophrenia on atypical antipsychotic medications.

Chronic Condition(s)	Care Components Per Year[12]
Diabetes Mellitus	• Two blood pressure measurements • Two bodyweight measurements • Two hemoglobin A1c (HbA1c) tests • One serum cholesterol level (LDL-C) test • One smoking habit assessment • One eye assessment • One foot assessment • One nephropathy screening test
Hypertension	• Two blood pressure measurements • One bodyweight measurement • One smoking habit assessment
Lipid Disorders	• One serum cholesterol level (LDL-C) test • One smoking habit assessment
Stroke	• Two blood pressure measurements • One serum cholesterol level (LDL-C) test • One smoking habit assessment • One clinical thromboembolism risk assessment
Asthma	• One inhaler technique assessment • One smoking habit assessment • Two Asthma Control Test (ACT)[13] scores
COPD	• One inhaler technique assessment • One smoking habit assessment • One bodyweight measurement • One influenza vaccination
Schizophrenia	• One Clinical Global Impression (CGI) Scale for each item (severity, improvement) • Two consultations for CDMP Mental Health • One blood test for fasting lipids[14] • One blood test for fasting glucose[14]
Major Depression	• One Clinical Global Impression (CGI) Scale for each item (severity, improvement) • Two consultations for CDMP Mental Health
Bipolar disorder	• One Clinical Global Impression (CGI) Scale for each item (severity, improvement) • Two consultations for CDMP Mental Health
Dementia	• Documentation of: i. assessment of memory ii. assessment of mood and behaviour iii. assessment of functional and social difficulties (if any) iv. assessment of rehabilitation needs • Two consultations for CDMP Dementia • For patients on cognitive enhancers, documentation of objective assessment of memory (MMSE or CMMSE testing or other validated instruments)

2 Collection and Submission of Clinical Data

2.1 The collection of clinical data can be carried out by:

2.1.1 Manually recording the clinical data on a hardcopy template (Annex 4-B, page 41). Please note that for submission purposes the data will subsequently have to be keyed in via the online e-Service, which was introduced by MOH in Jan 2007.

2.1.2 Recording the clinical data directly onto electronic records through the Clinic Management System installed for electronic submission of clinical data for Medisave enrolled patients.

3 Deadlines for Submission of Clinical Data to MOH

3.1 Submission of clinical data is an essential component of the Programme.

3.2 We encourage clinics to submit clinical data as soon as possible, during or immediately after the patient's clinic visit. Doing this would reduce the backlogs in submitting clinical data.

3.3 As per current practice, MOH would continue to provide each clinic, via the e-Service, daily online updates on the list of patients for whom data submission remains outstanding (see Section 10, Page 61). MOH would also send reminder letters, on a quarterly basis, to clinics which have outstanding list of patients with no clinical data submission for their data submission compliance.

3.4 Clinics are allowed to accumulate patient records for submission in batches. However for batch submissions, regular (e.g. weekly or monthly) submissions should be carried out to avoid backlogs in clinical data submission.

3.5 When using the electronic Clinic Management System to capture data during the consultation, the system may allow submission of data automatically at the end of each patient consultation.

CLINICAL GLOBAL IMPRESSION (CGI) SCALE

Considering your total clinical experience with this particular population, how would you rate this patient's mental condition at this time?

1) Severity of Illness

1 = Normal (not at all mentally ill)
2 = Borderline mentally ill
3 = Mildly mentally ill
4 = Moderately mentally ill
5 = Markedly mentally ill
6 = Severely mentally ill
7 = Extremely mentally ill

2) Global Improvement

0 = Not assessed
1 = Very much improved
2 = Much improved
3 = Minimally improved
4 = No change
5 = Minimally worse
6 = Much worse
7 = Very much worse

SLAS ☐ 1 ☐ 2 **Date:** _____

SUBJECT NO: ☐☐☐☐ **Name:** _____

MINI MENTAL STATE EXAM
迷你精神状况测试
PEPERIKSAAN KEADAAN ROHANI MINI

Instructions: Read the instructions for each item to the participant **word for word** as provided. Due to colloquial differences between the Chinese dialects, some minor deviations from verbatim instructions is acceptable only for Hokkien and Cantonese. However, examiners are recommended not to deviate overly from the provided instructions to avoid giving too much or too little information to the participants and potentially biasing their performance. For each of the 30 items, check the appropriate box (correct or incorrect) and record the subject's verbatim response in the spaces provided.

Orientation/Orientasi

Correct	Incorrect	
☐	☐	1. What is the year? 现在是哪一年? Sekarang tahun apa? _____
☐	☐	2. What is the month? (OK to accept Chinese calendar equivalents, but ask if subject knows Western calendar equivalent) 现在是几月? Sekarang bulan apa? _____
☐	☐	3. What is the date today? 今天几号? Apakah tarikh hari ini? _____
☐	☐	4. What day is today? 今天是星期几? Hari ini hari apa? _____
☐	☐	5. Without looking at your watch, what time is it? 不要看表，现在几点钟? Jangan melihat jam; sekarang pukul berapa? Subject's response _____ Current time _____
☐	☐	6. What area are we in? 我们在哪一个地区? Kita berada di kawasan mana? _____
☐	☐	7 What building are we in now? If necessary, ask for name or block number of building. 我们现在在哪一个建筑物? If necessary, 这个建筑物叫什么名/ 是什么号码? Sekarang kita berada di bangunan apa? If necessary, tanyakan nama bangunan atau nombor blok. _____
☐	☐	8. What floor are we on? 我们现在在几楼? Sekarang kita berada di tingkat berapa? _____
☐	☐	9. What country are we in? 我们现在在哪个国家? Kita berada di negara apa? _____
☐	☐	10. Which part of Singapore is this place (North, South, East, West or Central)? 这个地方在新加坡的那个方向，东，南，西，北或中? Di manakah kedudukan tempat ini di Singapura? (Utara, selatan, timur, barat atau pertengahan) _____

Immediate Recall / 即时回忆 / Pengingatan Kembali Segera

"I'm going to name three objects. When I am through, I want you to repeat them."
"我要说三样东西的名称。当我讲完后，我要你再重复一遍，
"Saya akan sebutkan tiga benda. Selepas ini, saya ingin anda ulanginya lagi."

The first repetition determines his/her score (0-3), but keep saying them until he/she can repeat all three, up to six trials.

Correct	Incorrect				
☐	☐	11.	Ball	Bola	柠檬
☐	☐	12.	Flag	Bendera	锁匙
☐	☐	13.	Tree	Pokok	气球
_____		13a.	Number of trials (Range = 1-6)		

"Please remember them as I will ask you to repeat them again later on."
"请把他们记住因为过后我会要你重复一次。"
"Cuba mengingatinya kerana saya akan menyuruh anda sebutkan benda-benda itu sebentar lagi."

Attention / 注意力/ Perhatian

"Subtract 7 from 100 and keep on subtracting 7 from each answer until I tell you to stop. Tell me your answer for each subtraction".
"请从一百减去七，然后从所得到的数目再减七，一直这样的计算下去。把每个答案都告诉我，直到我叫你停为止"。
"Sila tolak 7 dari 100 dan terus menolak 7 dari setiap jawapan yang didapati sampai saya berhenti. Berikan jawapan setelah setiap tolakan."

Each answer must be independently compared to the prior answer to ensure that a single mistake is not unduly penalised.

Correct	Incorrect			
☐	☐	14.	93	_____
☐	☐	15.	86	_____
☐	☐	16.	79	_____
☐	☐	17.	72	_____
☐	☐	18.	65	_____

Delayed Recall / 延缓回忆 / Peringatan Kembali Perlambatan

"Can you tell me the three objects that I asked you to remember earlier?"
"现在请告诉我，刚才我叫你记住的三样东西是什么？"
"Cuba namakan tiga benda yang saya suruh ingatkan tadi."

Correct	Incorrect				
☐	☐	19.	Ball	Bola	柠檬
☐	☐	20.	Flag	Bendera	锁匙
☐	☐	21.	Tree	Pokok	气球

Language / 语文 / Bahasa

Correct	Incorrect	
☐	☐	22. Show the subject a wrist watch and ask "**What is this**?" If subject gives a function say, "**Yes, but what is this called**?" or "**What is its name**?" **"这是什么？"，"是的，但是它叫什么？"** 或 **"它的名字是什么？"** **"Apakah ini?", "Ya, tetapi ia dipanggil apa?"** or **"Apakah nama nya?"**
☐	☐	23. Repeat for pencil / 铅笔 / pensil.
☐	☐	24. Say: "**I will say this once only, please listen carefully and repeat after me: <u>An apple a day keeps the doctor away</u>."** **"现在我要说一句话，请听清楚后跟我重复一遍。 我只能说一遍，所以好好地听这句话是： <u>家家有本难念的经</u>."** **"Saya akan menyatakan sekali sahaja, sila dengar baik-baik dan ikut apa yang saya cakap: <u>marah,merah,murah</u>."**

Hold a piece of paper in front of subject, do not allow him/her to take it until all three commands are given and say **"Listen carefully, take the paper in your right hand, fold it into half and put it on the floor."**
"请听清楚，用你的右手拿着张纸，把它折成一半后放在地板上。"
"Dengar baik-baik, ambil kertas dengan tangan kanan anda, lipatnya setengah dan letak di lantai."

Correct	Incorrect	
☐	☐	25. Takes paper in right hand.
☐	☐	26. Folds paper in half.
☐	☐	27. Puts paper on floor

Correct	Incorrect	
☐	☐	28. Present the piece of paper which reads 'Close your eyes' and say: **"Read this and do what it says"** "读这个，并按上面说的去做" **"Baca ini dan patuhi/lakukan apa yang tertulis"** *Score correct only if the subject actually closes his/her eyes.*
☐	☐	29. Say: **"Say a complete sentence"** The sentence must have a noun, a verb, and be meaningful.If needed, prompt the subject: **"For example, say something about the weather"** Write down the sentence provided. **"请讲一个完整的句子。"**，"比如，讲一个关于天气的句子。" **"Sebutkan sebuah ayat lengkap"** , **"Misalnya, bina sebuah ayat berkenaan cuaca."**

Note down the sentence _____

Construction / 图案构画 / Pembangunan

30. Present the subject with the Construction Stimulus page.
Say, **"Copy this design" / "照着纸上的图案来画" / "Cuba lukis gambar ini".**

Do not allow erasure. The subject may request a second attempt. (Clearly label the first and second attempts.)

☐ **Correct** ☐ **Incorrect**

Languages/Dialects used _____

Remarks: _____

The subject is having the following problem(s) at the time of interview:

- ☐ 0. Mute
- ☐ 1. Cannot see
- ☐ 2. Paralysed
- ☐ 3. Illiterate
- ☐ 4. Tired
- ☐ 5. Cannot hear

Total Score:

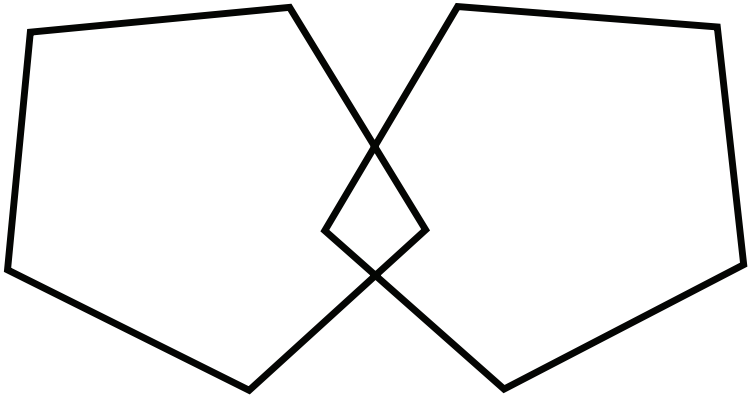
Assessor: _____

Close your eyes

关/闭上眼睛

關/閉上眼睛

Tutup Mata



CMMSE scoring sheet

Attention (forward digit span): 4719 582036
(1) Intact
(2) Impaired

[ ]

ITEMS	(61) CMMSE
What day of the week is it?	(1)
What is the date today?	(1)
What is the month?	(1)
What is the year?	(1)
Where are we now?	(1)
What floor are we now?	(1)
In which estate are we?	(1)
In which country are we?	(1)
★ Repeat the following words: "Lemon, Key, Balloon"*	(3)
Subtract $7 from $100 and make 5 subtractions	(5)
★ Can you recall the three words?	(3)
What is this? (show a pencil)	(1)
What is this? (show a watch)	(1)
Repeat the following: a) "No ifs, ands or buts" (English) b) "Forty-four stone lions" (Chinese)	(1)
Follow a 3-stage command: "Take this piece of paper, fold it in half, and put it on the floor."	(3)
Say a sentence of your choice	(1)
Read & obey what is written on this piece of paper. "Raise your hands"	(1)
Copy this drawing on a piece of paper	(1)
TOTAL SCORE	(28)

Data Fields required for Clinical Data Submission

Patient Details	
Patient Name	
NRIC/FIN	
DOB (dd/mm/yy)	
Gender	Male ( ), Female ( )
Race	Chinese ( ), Malay ( ), Indian ( ), Others ( )
Height (m)	
Current Smoker	Yes ( ), No ( )
Year Started Smoking (yyyy)	

Medical History	**Yes (✓)**	**Year of Diagnosis (yyyy)**
Hypertension		
Hyperlipidemia		
Cerebrovascular Accident (CVA)		
Coronary Heart Disease (CHD)		
Diabetes (DM)		
DM Retinopathy		
DM Nephropthy		
DM Foot Complications		
Asthma		
Chronic Obstructive Pulmonary Disease (COPD)		
Major Depression		
Schizophrenia		
Bipolar Disorder		
Dementia		

Diabetes Treatment	**Yes (✓)**	**Year of Diagnosis (yyyy)**
Oral Medications		
Insulin		
Hypertension Treatment	**Yes (✓)**	**Year of Diagnosis (yyyy)**
Oral Medications		
Hyperlipidemia Treatment	**Yes (✓)**	**Year of Diagnosis (yyyy)**
Oral Medications		
Asthma Treatment	**Yes (✓)**	**Year of Diagnosis (yyyy)**
Requires Controller		
Schizophrenia Treatment	**Yes (✓)**	**Year of Diagnosis (yyyy)**
Atypical Anti-psychotic Prescribed		
Bipolar Disorder Treatment		
Atypical Anti-psychotic Prescribed		
Dementia Treatment		
Atypical Anti-psychotic Prescribed		

A) Diabetes, Hypertension, Lipids and Stroke DMP[15]

	For Diabetes, Hypertension, Lipids, Stroke				
Date of Visit (dd/mm/yy)	LDL-C (mg/dL) / (mmol/L)	Systolic BP (mmHg)	Diastolic BP (mmHg)	Weight (kg)	Avg. no. cigs/ day

	For Diabetes Only				For Stroke Only
Date of Visit (dd/mm/yy)	Glucose HbA1c (%)	Eye (✓)	Foot (✓)	Nephropathy (✓)	Thromboembolism (✓)

B) Asthma and Chronic Obstructive Pulmonary Disease DMP[15]

	For Asthma, COPD			For Asthma Only	For COPD Only
Date of Visit (dd/mm/yy)	Inhaler Technique Assessment (√)	Smoking Assessment (√)	Avg. no. cigs/day	Asthma Control Test (ACT) Score	Influenza Vaccination (√)

C) Major Depression and Schizophrenia DMP

	For Schizophrenia, Major Depression		
Date of Visit (dd/mm/yy)	Consultation for Mental Health	Clinical Global Impression (CGI) Scale	
		Severity	Improvement

	For Schizophrenia (on atypical antipsychotics) Only	
Date of Visit (dd/mm/yy)	Blood Test for Fasting Lipids	Blood Test for Fasting Glucose

[15] For the annual recommended frequency of the clinical indicators please refer to the table on pg 31.

D) Bipolar Disorder and Dementia

	For Bipolar Disorder, Dementia	For Bipolar Disorder Only	
Date of Visit (dd/mm/yy)	Consultation for Mental Health	Clinical Global Impression (CGI) Scale	
		Severity	Improvement

For Dementia Only				
Assessment of Memory	Assessment of mood and behaviour	Assessment of functional and social difficulties (if any)	Assessment of rehabilitation needs	Objective assessment of memory (MMSE or CMMSE testing or other validated instruments)

CHAPTER FIVE:
USER MANUAL FOR E-SERVICE CLINICAL DATA SUBMISSION

1 Introduction

1.1 Purpose

a) The manual serves as a guide on how to use the Clinical Indicators Data Collection (CIDC) e-Service for the submission of data to MOH as part of CDMP.

b) The manual is intended for the hospital/clinic staff who are doing clinical data and indicators submission. The staff should already be familiar with web browsing and the MediClaim e-Service.

1.2 System Requirements

In order to use the e-Service, an Internet-enabled computer with the followings is required:

a) Hardware Requirements

The minimum recommended hardware configuration is:

- Pentium III MHz Processor with 256MB RAM
- At least 200 MB free hard disk space

b) System Software Requirements

- Windows XP
- Internet Explorer 6.0 and above
- Broadband Internet Connection

c) Other Requirements

- RSA token card
- MediClaim user account

2 Getting Started

2.1 User Account

2.1.1 You will be using your MediClaim system user account to access the e-Service. The MediClaim account is the same one used for the submission of claims.

2.1.2 If you do not have an account for the claims submission, you will need to approach MOH for the creation of a new account.

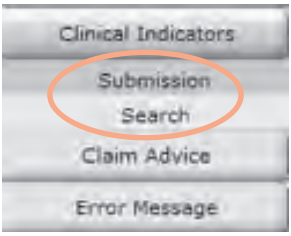
2.2 Accessing the e-Service.

2.2.1 The web URL to access the MediClaim system is: https://access.medinet.gov.sg. Refer to the MediClaim user manual for details on login procedures.

Screen 1 – MediClaim login screen

2.2.2 Upon successful login to the MediClaim system, you will be able to see the Clinical Indicators data collection e-Service in the left hand menu as shown on Screen 2 below. All users with access to the Chronic Disease Claim Form e-Service will have access to the Clinical Indicators Data Collection e-Service.

2.2.3 Click on the menu to display the functions available:



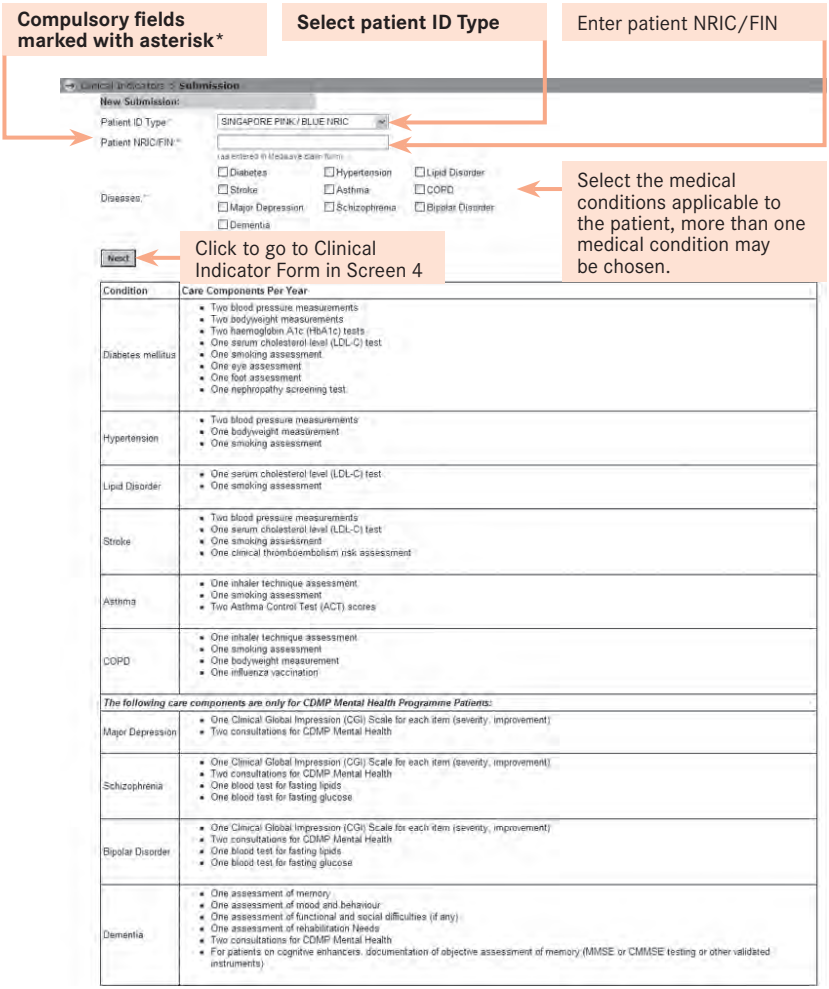
Screen 2 – Menu

a) Submission is used to submit a new report.
b) Search is used to retrieve submitted reports.

3 Clinical Indicators Report Submission

3.1 This function is used to submit clinical data on patients who have used their Medisave under the CDMP. A new submission can be made each time there is additional indicator information for the patient either on a per visit basis or consolidated over a few visits. All submissions are distinct and will be used for analysis by MOH on a cumulative basis.

3.2 To submit a new set of clinical data for a patient to MOH, click on the "Submission" sub-menu. The following screen will appear.



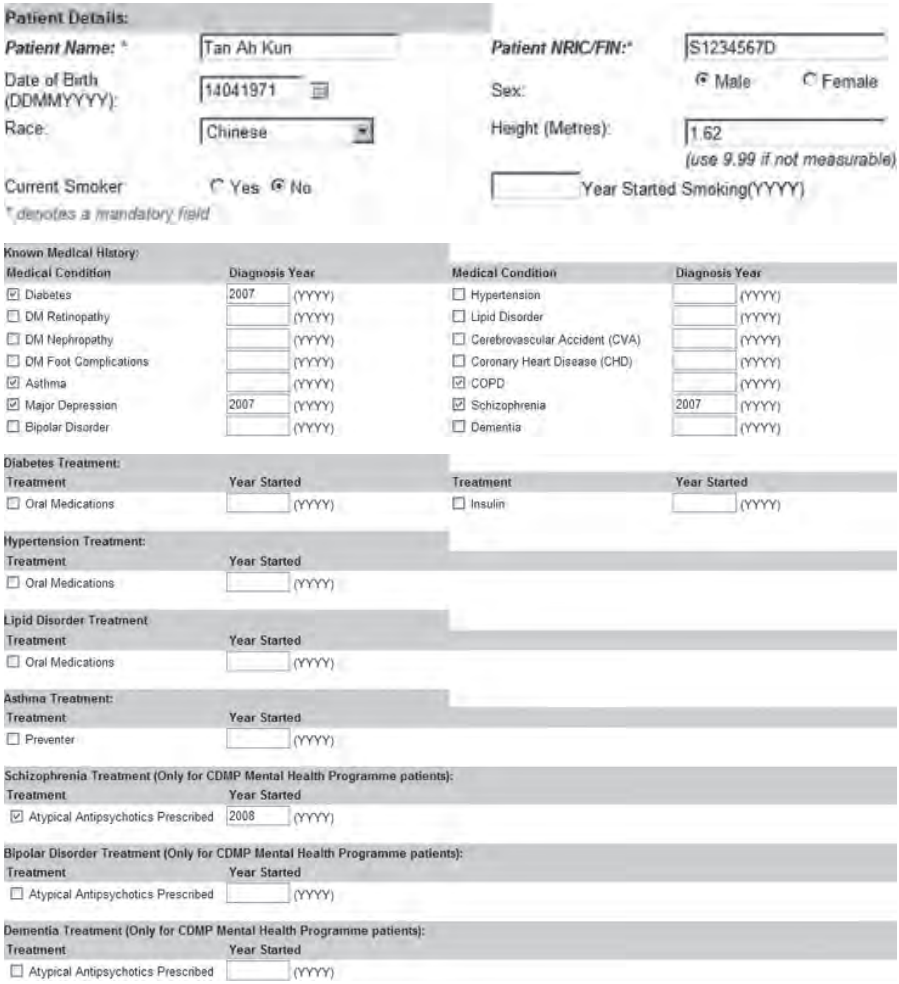
Condition	Care Components Per Year
Diabetes mellitus	• Two blood pressure measurements • Two bodyweight measurements • Two haemoglobin A1c (HbA1c) tests • One serum cholesterol level (LDL-C) test • One smoking assessment • One eye assessment • One foot assessment • One nephropathy screening test
Hypertension	• Two blood pressure measurements • One bodyweight measurement • One smoking assessment
Lipid Disorder	• One serum cholesterol level (LDL-C) test • One smoking assessment
Stroke	• Two blood pressure measurements • One serum cholesterol level (LDL-C) test • One smoking assessment • One clinical thromboembolism risk assessment
Asthma	• One inhaler technique assessment • One smoking assessment • Two Asthma Control Test (ACT) scores
COPD	• One inhaler technique assessment • One smoking assessment • One bodyweight measurement • One influenza vaccination
The following care components are only for CDMP Mental Health Programme Patients:	
Major Depression	• One Clinical Global Impression (CGI) Scale for each item (severity, improvement) • Two consultations for CDMP Mental Health
Schizophrenia	• One Clinical Global Impression (CGI) Scale for each item (severity, improvement) • Two consultations for CDMP Mental Health • One blood test for fasting lipids • One blood test for fasting glucose
Bipolar Disorder	• One Clinical Global Impression (CGI) Scale for each item (severity, improvement) • Two consultations for CDMP Mental Health • One blood test for fasting lipids • One blood test for fasting glucose
Dementia	• One assessment of memory • One assessment of mood and behaviour • One assessment of functional and social difficulties (if any) • One assessment of rehabilitation Needs • Two consultations for CDMP Mental Health • For patients on cognitive enhancers, documentation of objective assessment of memory (MMSE or CMMSE testing or other validated instruments)

Screen 3 – New Submission

3.2.1 Select the Identification Type and enter the Patient NRIC/FIN.

3.2.2 Select the chronic disease applicable to this patient. You can select one or more diseases, as applicable.

3.2.3 Click on [Next] to proceed to the Clinical Indicator Form.



Patient Details:

Patient Name: *	Tan Ah Kun	*Patient NRIC/FIN:**	S1234567D
Date of Birth (DDMMYYYY):	14041971	Sex:	◉ Male ○ Female
Race:	Chinese	Height (Metres):	1.62 *(use 9.99 if not measurable)*
Current Smoker	○ Yes ◉ No		Year Started Smoking(YYYY)

** denotes a mandatory field*

Known Medical History:

Medical Condition	Diagnosis Year	Medical Condition	Diagnosis Year
☑ Diabetes	2007 (YYYY)	☐ Hypertension	(YYYY)
☐ DM Retinopathy	(YYYY)	☐ Lipid Disorder	(YYYY)
☐ DM Nephropathy	(YYYY)	☐ Cerebrovascular Accident (CVA)	(YYYY)
☐ DM Foot Complications	(YYYY)	☐ Coronary Heart Disease (CHD)	(YYYY)
☑ Asthma	(YYYY)	☑ COPD	(YYYY)
☑ Major Depression	2007 (YYYY)	☑ Schizophrenia	2007 (YYYY)
☐ Bipolar Disorder	(YYYY)	☐ Dementia	(YYYY)

Diabetes Treatment:

Treatment	Year Started	Treatment	Year Started
☐ Oral Medications	(YYYY)	☐ Insulin	(YYYY)

Hypertension Treatment:

Treatment	Year Started
☐ Oral Medications	(YYYY)

Lipid Disorder Treatment

Treatment	Year Started
☐ Oral Medications	(YYYY)

Asthma Treatment:

Treatment	Year Started
☐ Preventer	(YYYY)

Schizophrenia Treatment (Only for CDMP Mental Health Programme patients):

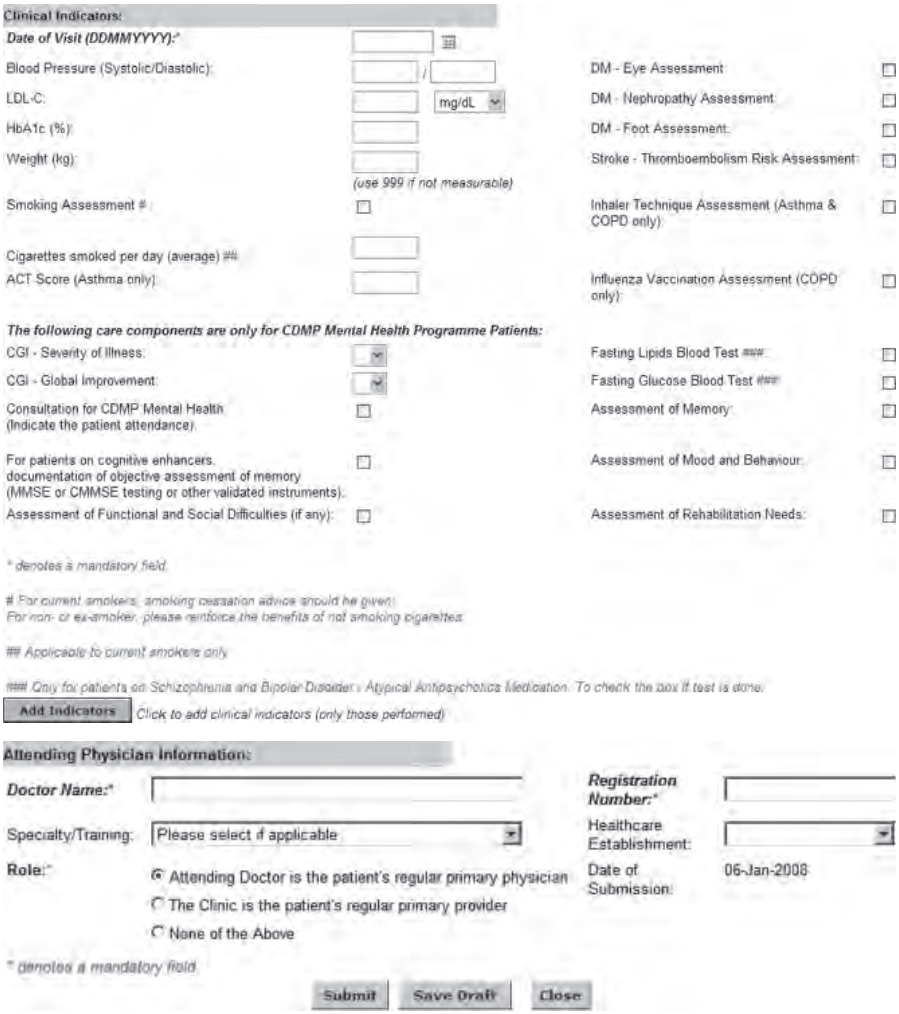
Treatment	Year Started
☑ Atypical Antipsychotics Prescribed	2008 (YYYY)

Bipolar Disorder Treatment (Only for CDMP Mental Health Programme patients):

Treatment	Year Started
☐ Atypical Antipsychotics Prescribed	(YYYY)

Dementia Treatment (Only for CDMP Mental Health Programme patients):

Treatment	Year Started
☐ Atypical Antipsychotics Prescribed	(YYYY)



Screen 4 – Clinical Indicator Form

3.3 The Clinical Indicator Form consists of 4 sections:

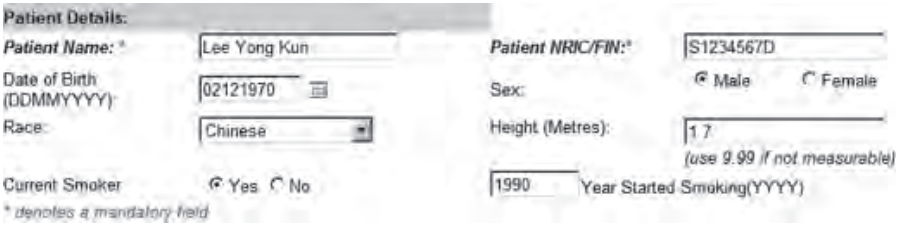
3.3.1 Patient Details
3.3.2 Known Medical History
3.3.3 Clinical and Assessment Indicators
3.3.4 Attending Physician Information

4 Patient Details

4.1 This section details the patient's basic bio-data. If it is your first submission for the patient, only Patient NRIC, Name, Date of Birth, Sex, Race, and Current Smoker is required.

4.2 For subsequent submissions, only the Patient NRIC and Name are mandatory.

4.3 In the event of differences between two submissions, the data from the latest submission will be considered as the up-to-date information.



Screen 5 – Patient Details

	Data Item	Remarks
1	Patient Name	Patient's name as in NRIC
2	Patient NRIC/FIN	Will be copied from previous screen
3	Date of Birth	Patient's date of birth (enter in DDMMYYYY format)
4	Sex	Gender of patient
5	Race	Ethnic group of patient
6	Height (m)	Patient 's height in metres (e.g. 1.75) and must be between 0.10 and 2.50 (inclusive) or 9.99 if not measurable
7	Current Smoker	Whether patient is a current smoker
8	Year Started Smoking	Year that patient started smoking (enter in YYYY format)

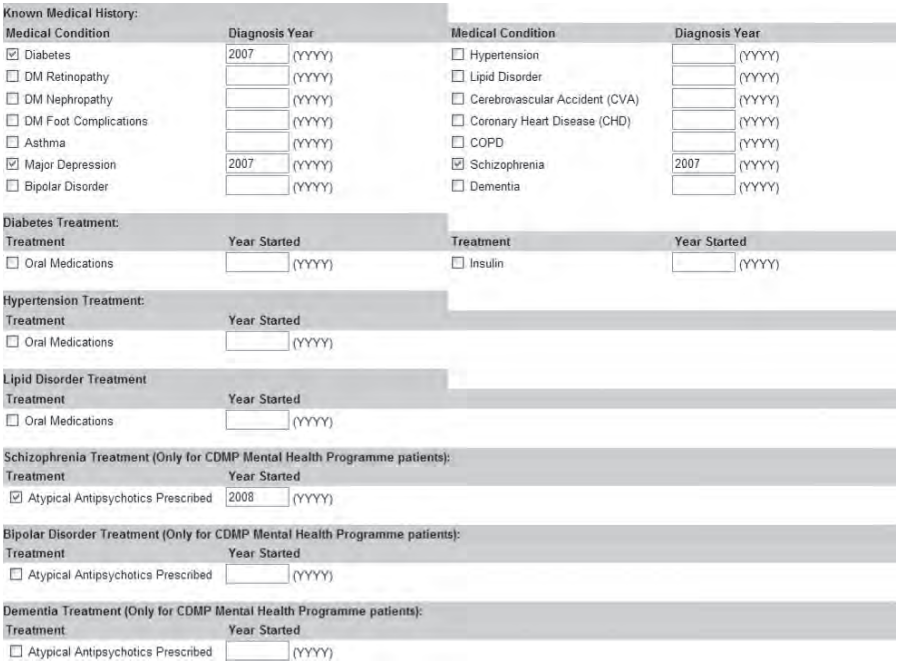
5 Known Medical History

5.1 This section details the patient's medical history.

5.2 If it is your first submission for the patient, please enter all the details.

5.3 For subsequent submissions, you can omit the details if there are no changes.

5.4 If you are unsure whether you have submitted the information, it is recommended you fill in the details.



Known Medical History:

Medical Condition	Diagnosis Year	Medical Condition	Diagnosis Year
☑ Diabetes	2007 (YYYY)	☐ Hypertension	(YYYY)
☐ DM Retinopathy	(YYYY)	☐ Lipid Disorder	(YYYY)
☐ DM Nephropathy	(YYYY)	☐ Cerebrovascular Accident (CVA)	(YYYY)
☐ DM Foot Complications	(YYYY)	☐ Coronary Heart Disease (CHD)	(YYYY)
☐ Asthma	(YYYY)	☐ COPD	(YYYY)
☑ Major Depression	2007 (YYYY)	☑ Schizophrenia	2007 (YYYY)
☐ Bipolar Disorder	(YYYY)	☐ Dementia	(YYYY)

Diabetes Treatment:

Treatment	Year Started	Treatment	Year Started
☐ Oral Medications	(YYYY)	☐ Insulin	(YYYY)

Hypertension Treatment:

Treatment	Year Started
☐ Oral Medications	(YYYY)

Lipid Disorder Treatment

Treatment	Year Started
☐ Oral Medications	(YYYY)

Schizophrenia Treatment (Only for CDMP Mental Health Programme patients):

Treatment	Year Started
☑ Atypical Antipsychotics Prescribed	2008 (YYYY)

Bipolar Disorder Treatment (Only for CDMP Mental Health Programme patients):

Treatment	Year Started
☐ Atypical Antipsychotics Prescribed	(YYYY)

Dementia Treatment (Only for CDMP Mental Health Programme patients):

Treatment	Year Started
☐ Atypical Antipsychotics Prescribed	(YYYY)

Screen 6 – Known Medical History and Treatment Sections

5.5 Enter the relevant medical conditions for the patient. If a particular condition is selected, then the year of diagnosis is mandatory. You only need to fill in medical conditions that apply to the patient.

5.6 Depending on the medical condition indicated, different treatment sections will be available for input (see following page):

Medical Condition	Diabetes Treatment	Hypertension Treatment	Lipid Disorder Treatment	Asthma Treatment	COPD Treatment
Diabetes	Available	Available	Available	X	X
Hypertension	X	Available	Available	X	X
Lipid Disorders	X	X	Available	X	X
Asthma	X	X	X	Available	X
COPD	X	X	X	X	Available
Major Depression	X	X	X	X	X
Schizophrenia	X	X	X	X	X
Bipolar Disorder	X	X	X	X	X
Dementia	X	X	X	X	X
None of the above	X	X	X	X	X

Medical Condition	Depression Treatment	Schizophrenia Treatment	Bipolar Disorder Treatment	Dementia Treatment
Diabetes	X	X	X	X
Hypertension	X	X	X	X
Lipid Disorders	X	X	X	X
Asthma	X	X	X	X
COPD	X	X	X	X
Major Depression	Available	X	X	X
Schizophrenia	X	Available	X	X
Bipolar Disorder	X	X	Available	X
Dementia	X	X	X	Available
None of the above	X	X	X	X

6 Clinical Indicators and Assessment

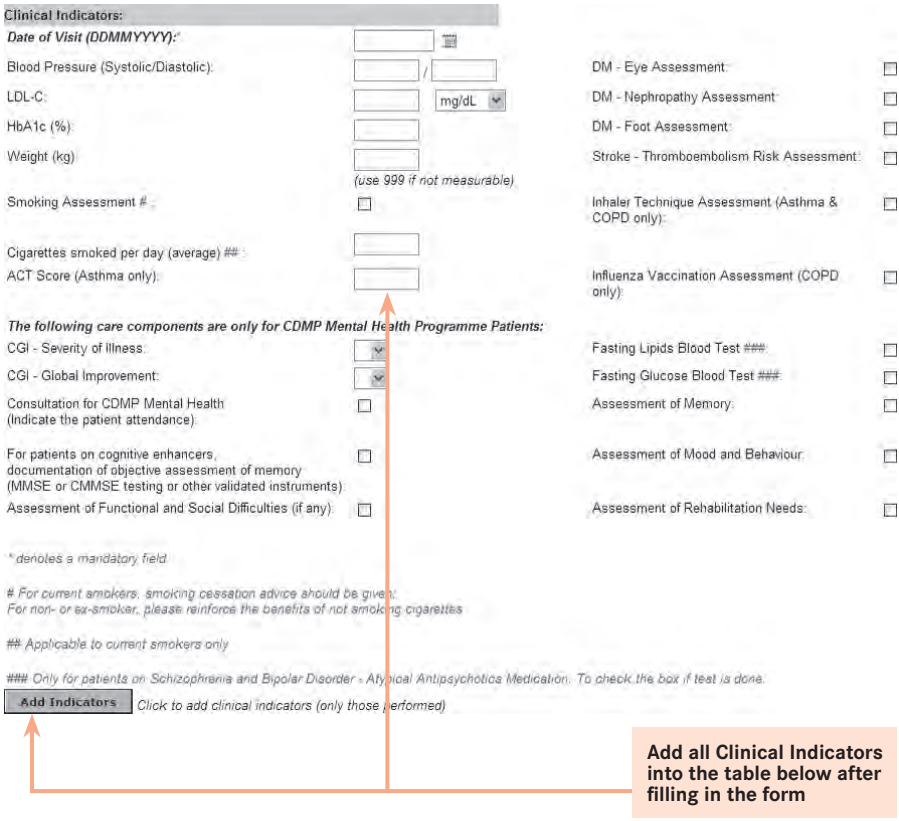
6.1 This section enables you to enter the indicator measurement and assessment done on the patient over any period.

6.2 Only measurements and assessments not reported previously need to be entered in this section.

6.3 Initially there will be no clinical indicators added to the report.

6.4 Fill in all the clinical indicators and use the [Add Indicators] button to save them (as shown in Screen 7).

6.5 There must not be any unsaved data left in the Clinical Indicators Section before submitting the form.



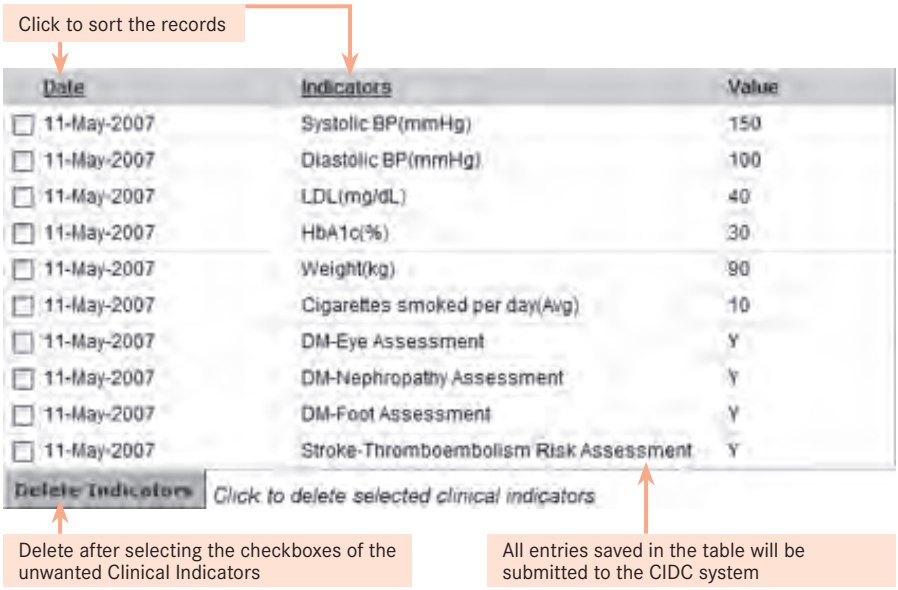
Date	Indicators	Value
11-May-2007	Systolic BP(mmHg)	150
11-May-2007	Diastolic BP(mmHg)	100
11-May-2007	LDL(mg/dL)	40
11-May-2007	HbA1c(%)	30
11-May-2007	Weight(kg)	90
11-May-2007	Cigarettes smoked per day(Avg)	10
11-May-2007	DM-Eye Assessment	Y
11-May-2007	DM-Nephropathy Assessment	Y
11-May-2007	DM-Foot Assessment	Y
11-May-2007	Stroke-Thromboembolism Risk Assessment	Y

Screen 7 – Filling in the Clinical Indicators

6.6 The list of Clinical Indicators and Assessments applicable are:

Clinical Indicators	Remarks
Glucose - HbA1c (%)	Value must be between 0.1 and 40.0 (inclusive)
Blood Pressure - Diastolic BP	Value (in mmHg) must be between 20 and 200 (inclusive) and must be smaller than Systolic BP reading
Blood Pressure - Systolic BP	Value (in mmHg) must be between 30 to 300 (inclusive)
Lipids – LDL-C	• Value (in mg/dL) must be between 1 and 999 (inclusive) • Value (in mmol/L) must be between 0.1 and 30.0 (inclusive) • If measurement is attempted but not measurable due to high Triglyceride (TG) value, a reading of 999 (mg/dL) should be entered
Lifestyle - Weight (kg)	Value (in kg) must be between 1.0 and 300.0 (inclusive) or 999 if not measurable
Smoking - Cigarettes smoked per day (average)	Value must be between 0 to 1000
Asthma - ACT Score	• Value must be between 5 and 25 (inclusive) for patients who are aged 12 years and above • Value must be between 0 and 27 (inclusive) for patients who are aged between 4 to below 12 years old • Value must not be entered for patients who are aged below 4 years old
CGI – Severity of Illness	• Only for CDMP Mental Health Programme patients • Value must be between 1 and 7 (inclusive)
CGI – Global Improvement	• Only for CDMP Mental Health Programme patients • Value must be between 0 and 7 (inclusive)

Assessments/Screening	Remarks
DM - Eye Screening	Select and enter date of assessment if done. If assessment is not done during the reporting period, you need not enter anything. If the exact date of assessment is not known, please key in the date as 0101(for DDMM). e.g. for an assessment done in 2006 you can key in 01012006. If the known date is March 2006, you can enter as 01032006.
DM - Foot Screening	
DM - Nephropathy Screening	
Stroke - Thromboembolism Risk Assessment	
Inhaler Technique Assessment (Asthma & COPD only)	
Influenza Vaccination Assessment (COPD only)	
• Fasting Lipids Blood Test • Fasting Glucose Blood Test (Only for CDMP Mental Health Programme – Schizophrenia Patients on Atypical Antipsychotics)	
Consultation for CDMP Mental Health (Only for CDMP Mental Health Programme Patients)	
• Assessment of memory • Assessment of mood and behaviour • Assessment of functional and social difficulties • Assessment of rehabilitation needs • For patients on cognitive enhancers, documentation of objective assessment of memory (MMSE or CMMSE testing or other validated instruments)	



Screen 8 – Clinical and Assessment Indicators

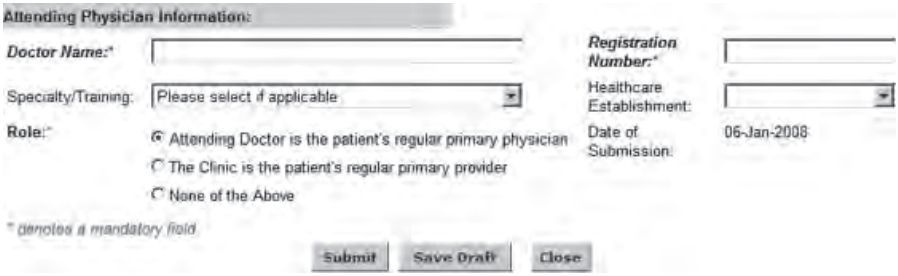
6.7 After saving the data, you can use the delete button to remove any mistakes.

6.8 By default, the data displayed is sorted by date of visit and indicators. You can also click on the “Indicators” and “Date” headers to sort the data according to your preference.

7 Attending Physician Information

7.1 This section details the physician attending to the patient. It is required for each submission.

7.2 If there is more than one physician attending to the patient, the main physician information should be entered here.



Screen 9 – Physical Information

	Data Item	Remarks
1	Doctor Name	Full Name of Doctor
2	Registration Number	The Doctor's MCR Number
3	Speciality/Training	Select the appropriate value from the drop down list if applicable.
4	Healthcare Establishment	The Healthcare Establishment which is making the submission. It is tied to the user ID of the person making the submission and is defaulted based on the user's ID establishment.
5	Role	Indicate the role applicable
6	Name of Primary Physician	Only applicable when "None of the Above" is selected

8 Report Submission

8.1 Once you have completed the data entry, you can submit the report to MOH by clicking on the [Submit] button.

8.2 If you are not yet ready to submit, you can click on the [Save Draft] button and retrieve the report later from the search function for submission.

The Table below describes the function for each button:

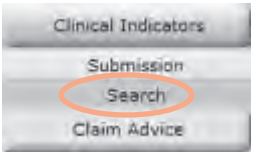
Button	Function Description
Submit	Submits the form after completion. Deletes any existing drafts saved previously.
Save Draft	Saves the unfinished form inputs as a draft for completion in the future.
Close	Closes the current form and returns to the main menu.

9 Search Clinical Indicator Reports

9.1 After you have submitted a report or created a draft, you can retrieve the reports at a later stage using the search function. This function allows you to specify search criteria and retrieve all reports matching the criteria.

9.2 After retrieving the report, you can also proceed to "Amend" it if there was any mistake in the previous submission, or delete it altogether.

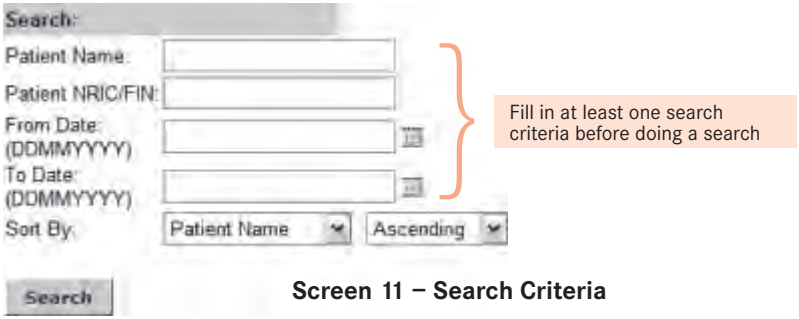
9.3 To access this function, click on the "Search" sub-menu under the "Clinical Indicators" main menu as shown on Screen 10.



Screen 10 – Search Menu

9.4 The Search page will be shown. Enter your search criteria and click on the [Search] button. The search is case insensitive.

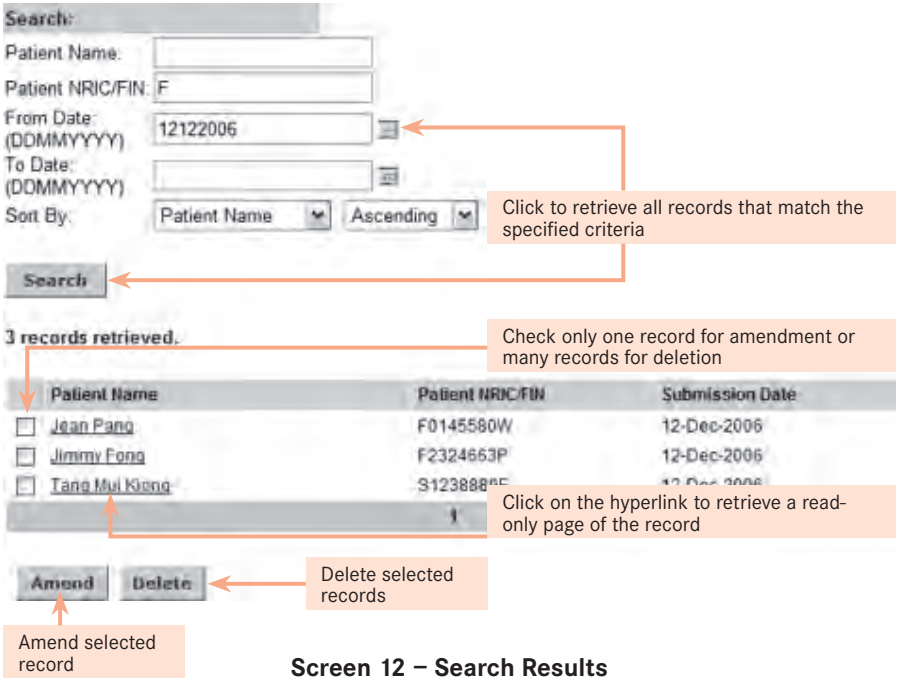
9.5 At least one of the search criteria must be entered before you can proceed with the search.



Screen 11 – Search Criteria

	Criteria	Remarks
1	Patient Name	All reports where the patient name matches are retrieved A partial name is allowed, e.g. if Mark is entered, reports for all patients with Mark in their names are retrieved.
2	Patient NRIC/FIN	All reports where the patient NRIC matches are retrieved
3	From Date	All reports submitted from this date (inclusive) are retrieved
4	To Date	All reports submitted up to this date (inclusive) are retrieved
5	Sort By	Specifies the sorting sequence for the results

9.6 All submissions made by your clinic which matches the criteria will be displayed as shown on Screen 12.



Screen 12 – Search Results

9.7 If the number of search results is too large, you can either specify more restrictive search criteria or use the page number to navigate through the results.

9.8 Click on the Patient Name hyperlink to view the report submitted.

9.9 When the [Amend] button is clicked, the selected record will be displayed in editable mode as shown on Screen 13.

Patient Details:

Patient Name: *	Tan Ah Kun	***Patient NRIC/FIN:****	S1234567D
Date of Birth (DDMMYYYY):	14041971	Sex:	◉ Male ○ Female
Race:	Chinese	Height (Metres):	1.62 *(use 9.99 if not measurable)*
Current Smoker	○ Yes ◉ No		Year Started Smoking(YYYY)

** denotes a mandatory field*

Known Medical History:

Medical Condition	Diagnosis Year	Medical Condition	Diagnosis Year
☑ Diabetes	2007 (YYYY)	☐ Hypertension	(YYYY)
☐ DM Retinopathy	(YYYY)	☐ Lipid Disorder	(YYYY)
☐ DM Nephropathy	(YYYY)	☐ Cerebrovascular Accident (CVA)	(YYYY)
☐ DM Foot Complications	(YYYY)	☐ Coronary Heart Disease (CHD)	(YYYY)
☑ Asthma	(YYYY)	☑ COPD	(YYYY)
☑ Major Depression	2007 (YYYY)	☑ Schizophrenia	2007 (YYYY)
☐ Bipolar Disorder	(YYYY)	☐ Dementia	(YYYY)

Diabetes Treatment:

Treatment	Year Started	Treatment	Year Started
☐ Oral Medications	(YYYY)	☐ Insulin	(YYYY)

Hypertension Treatment:

Treatment	Year Started
☐ Oral Medications	(YYYY)

Lipid Disorder Treatment

Treatment	Year Started
☐ Oral Medications	(YYYY)

Asthma Treatment:

Treatment	Year Started
☐ Preventer	(YYYY)

Schizophrenia Treatment (Only for CDMP Mental Health Programme patients):

Treatment	Year Started
☑ Atypical Antipsychotics Prescribed	2008 (YYYY)

Bipolar Disorder Treatment (Only for CDMP Mental Health Programme patients):

Treatment	Year Started
☐ Atypical Antipsychotics Prescribed	(YYYY)

Dementia Treatment (Only for CDMP Mental Health Programme patients):

Treatment	Year Started
☐ Atypical Antipsychotics Prescribed	(YYYY)

Clinical Indicators:

Date of Visit (DDMMYYYY):*			
Blood Pressure (Systolic/Diastolic):	/	DM - Eye Assessment	☐
LDL-C:	mg/dL	DM - Nephropathy Assessment	☐
HbA1c (%):		DM - Foot Assessment:	☐
Weight (kg):	*(use 999 if not measurable)*	Stroke - Thromboembolism Risk Assessment:	☐
Smoking Assessment #:	☐	Inhaler Technique Assessment (Asthma & COPD only):	☐
Cigarettes smoked per day (average) ##:			
ACT Score (Asthma only):		Influenza Vaccination Assessment (COPD only):	☐

The following care components are only for CDMP Mental Health Programme Patients:

CGI - Severity of Illness:		Fasting Lipids Blood Test ###:	☐
CGI - Global Improvement:		Fasting Glucose Blood Test ###:	☐
Consultation for CDMP Mental Health (Indicate the patient attendance):	☐	Assessment of Memory:	☐
For patients on cognitive enhancers, documentation of objective assessment of memory (MMSE or CMMSE testing or other validated instruments).	☐	Assessment of Mood and Behaviour:	☐
Assessment of Functional and Social Difficulties (if any):	☐	Assessment of Rehabilitation Needs:	☐

** denotes a mandatory field.*

 # For current smokers, smoking cessation advice should be given.
For non- or ex-smoker, please reinforce the benefits of not smoking cigarettes.

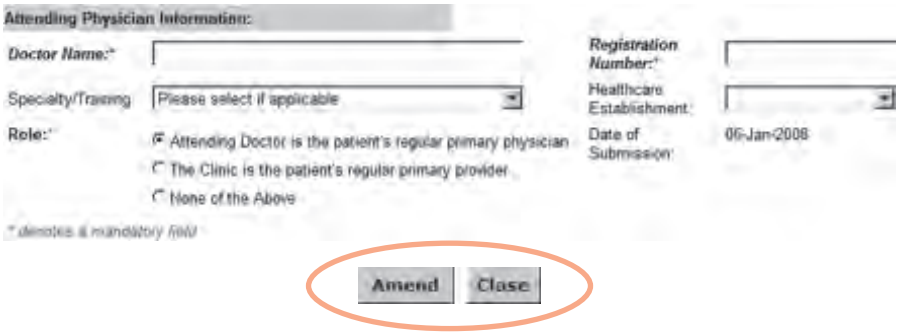
Applicable to current smokers only.

Only for patients on Schizophrenia and Bipolar Disorder - Atypical Antipsychotics Medication. To check the box if test is done.

Add Indicators *Click to add clinical indicators (only those performed)*

	Date	Indicators	Value
☐	11-May-2007	Systolic BP(mmHg)	150
☐	11-May-2007	Diastolic BP(mmHg)	100
☐	11-May-2007	LDL(mg/dL)	40
☐	11-May-2007	HbA1c(%)	30
☐	11-May-2007	Weight(kg)	90
☐	11-May-2007	Cigarettes smoked per day(Avg)	10
☐	11-May-2007	DM-Eye Assessment	Y
☐	11-May-2007	DM-Nephropathy Assessment	Y
☐	11-May-2007	DM-Foot Assessment	Y
☐	11-May-2007	Stroke-Thromboembolism Risk Assessment	Y

Delete Indicators *Click to delete selected clinical indicators*



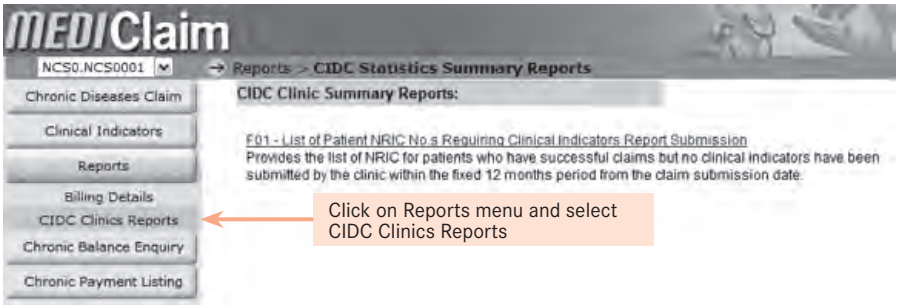
Screen 13 – Editable Page of Patient Record

Button	Function Description
Amend	Re-submits all the data in the report
Close	Closes the form

10 CIDC Clinic Reports

10.1 This function provides standard report(s) for use by clinics. One report is currently available and additional reports may be added in future releases.

10.2 To access this function, click on the CIDC Clinics Reports under the Reports menu button. A page displaying all the available reports and their description will be loaded.

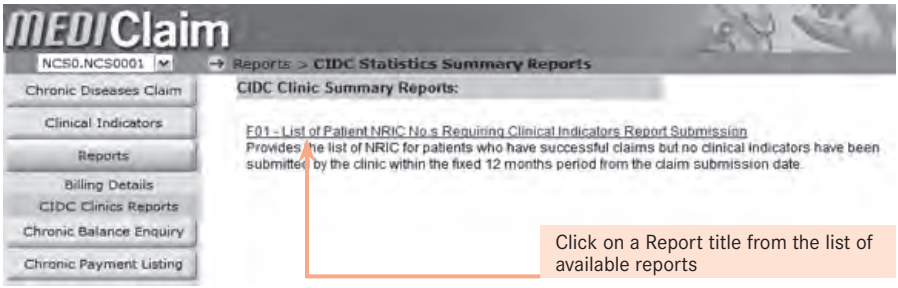


Screen 14 – CIDC Clinics Reports

10.3 List of NRICs for patients for whom Clinical Indicators have not been submitted

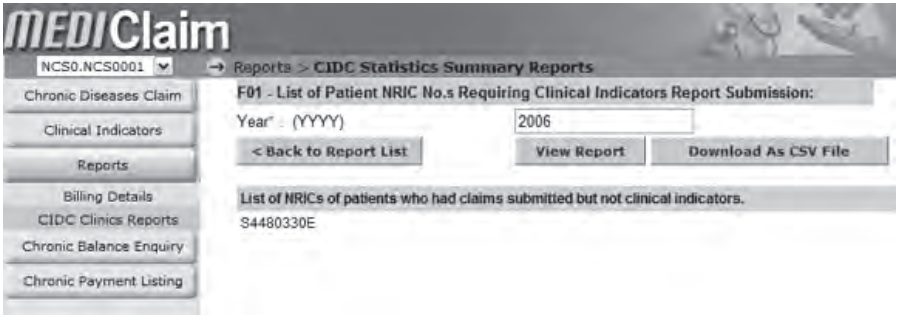
10.3.1 This report enables the clinics to have a listing of all the patients' NRICs for whom the clinics had made claims in the specified year but no clinical indicator reports were submitted within a fixed period of 12 months from the claim submission date of each patient. This report is built in to assist doctors and clinics to keep track of the outstanding clinical indicator reports they would require to submit with each claim.

10.3.2 Click on the report title from the list of available reports as shown on Screen 15. A report page with a textbox would appear for the user to key in the year of the requested report, as shown below.



Screen 15 – Selecting a Report

10.3.3 Upon entering a valid year, a list of patient NRIC numbers will be generated. The report generated below shows the record of a patient who had a claim submitted but with no submission of any clinical indicator.



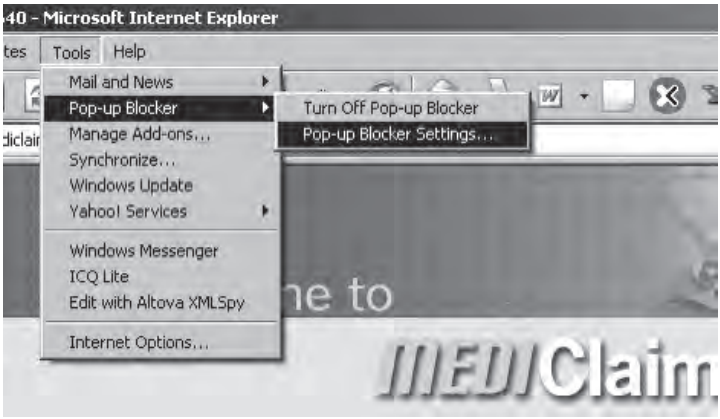
Screen 16 – Viewing a Report

11 Troubleshooting

11.1 Enabling of Pop Ups

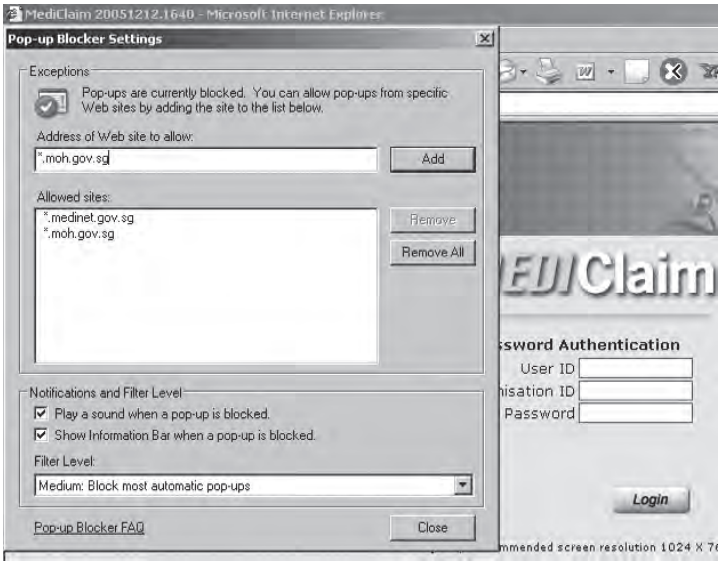
11.1.1 Certain screens within the application will be displayed as pop up windows. In order to access the full system functionality, you need to enable pop up windows for the MediClaim website. To enable this feature, follow the steps below:

i. Select Tools>Pop-up Blocker> Pop-up Blocker Settings...



Screen 17 – Internet Explorer Menu

ii. Enter "*.medinet.gov.sg" and "*.moh.gov.sg", then click on Add.



Screen 18 – Configuring Pop-up Blocker

12 Fallback Procedures

12.1 In the event that the submission cannot be done online immediately, you can keep a record of the information and submit it at a later date.

13 Contact Information for Queries Related to Clinical Data Collection and Submission

13.1 For online e-service related technical queries, please e-mail to mediclaim@ncs.com.sg, or contact NCS at: 6776 9330 (Mon - Fri, excluding public holidays, 8:30 am to 6:00 pm).

13.2 For clinical data collection and submission issues related feedback, please email to moh_cds@moh.gov.sg (preferred method), or contact at: 6325 1757 (Mon - Fri, excluding public holidays, 8:30 am to 6:00 pm).

CHAPTER SIX:
FREQUENTLY ASKED QUESTIONS

A. CLINICAL MATTERS:
For Doctors who have already registered into the Programme

Q1. Which chronic diseases are currently included under this Programme?
Diabetes Mellitus, Hypertension, Lipid disorders, Stroke, Asthma, COPD, Schizophrenia, Major Depression, dementia and bipolar disorder are currently included under this Programme.

Q2. I have a patient with Diabetes, Hyperlipidaemia and Asthma, which DMPs should I enrol him into?
Enrol him into both Diabetes **AND** Asthma DMPs. He will then be able to use Medisave to co-pay for the total bill for the treatment prescribed for all 3 conditions. However, the doctor will also need to submit outcome data based on the essential care components of diabetes and asthma. (Please refer to Chapter 3 for details.)

Q3. My patient has DM, however, he also has symptoms and signs of Hypothyroidism. Can I use his Medisave to co-pay the thyroid function test?
No. In this instance, thyroid function test was done to screen for an associated disease and not for monitoring of the primary condition or its complication. Hence, it is suggested that his bill be itemised so that the patient can use cash to pay for the thyroid function test and Medisave to co-pay the rest of the bill which is related to DM care components. (Please refer to Chapter 3)

Q4. Who decides on the stipulated clinical care component?
The clinical care components were drawn from the Clinical Practice Guidelines, with inputs from professional bodies, which include leading specialists in the respective fields and respected primary care physicians. They were also endorsed by the Clinical Advisory Committee.

Q5. What if the patient has symptoms suggestive of both COPD and Asthma? Which DMP should I enrol him into?

For patients whose signs and symptoms are not so distinct between the two conditions, spirometry or/and bronchodilator reversibility testing may be performed to help classify the patient into one of the two diagnoses or to differentiate these conditions from other diseases that may mimic its presentation.

It is important to try to classify the patient into the correct DMP as this will help to determine the management of the patient and also prevent any issues with respect to the Medisave claims.

(Please refer to the Clinical Practice Guidelines for more information on diagnosis and management of Asthma and COPD).

Q6. Can the patient use Medisave to pay for pulmonary rehabilitation?

Yes, if and only if

a) the patient has been diagnosed to have COPD, AND
b) It is clinically deemed to be beneficial for the patient.

B. REGISTRATION MATTERS

For Doctors & Clinics which wish to be registered into the Programme:

Q1. What are the requirements to be on the Programme?-

Clinics that wish to participate in the Programme must agree to:

a) Participate in a shared care or GP partnership programme with a Restructured Hospital
b) Provide treatment to chronic disease patients through evidence-based DMPs. These DMPs will include MOH-recommended key treatment components.
c) Treat patient medical information with confidentiality.
d) Submit to MOH, with the informed consent of patient, data on patient care delivery on an annual basis or as specified by MOH, for the purpose of medical audits. Relevant aggregated performance data will be published to assist patients in making informed choices.
e) Be accredited under the Medisave for CDMP.
f) Be periodically reviewed and audited, both clinically and administratively. Any clinic/hospital that fails to satisfy the minimum standards of clinical performance set by MOH, will be asked to withdraw from the Programme. (see Chapter Two: Clinical Programme).

Q2. How do I register for the CDMP Programme?

Clinics who are already in the CDMP Programme need not re-register for the Programme.

For clinics who are not in the Programme, they must submit the following forms for registration:

a) E-Application for Clinics to Participate in the Medisave for Chronic Disease Management Programme (by MOH)
b) Direct Authorisation Credit Form (by CPF Board)
c) GIRO Form (MediClaim charges by NCS)
d) GIRO Form (Medisave charges by CPF Board)

The E-Application website can be accessed via **http://www.moh.gov.sg/mmae/overview.aspx**

Clinics participating in the Programme will also have to sign a Deed of Indemnity with the CPF Board.

Doctors need to be individually registered under the Programme in order to process Medisave claims for their patients. Doctors can do so by submitting the Application Form for Medical Professionals.

Q3. My clinic is already participating in CDMP. Can I make Medisave claims for my patient who is suffering from schizophrenia, major depression, dementia or bipolar disorder?

In addition to participating in CDMP, your clinic will also need to be participating in a shared care or GP partnership programme with a restructured hospital before Medisave claims for patients with psychiatric illnesses can be made. This is part of an additional quality assurance framework in place to ensure quality of care for patients.

Q4. How do I register for a shared care or partnership programme with a restructured hospital?

You may register via MOH's MMAE website (http://www.moh.gov.sg/mmae/overview.aspx) by selecting the "Chronic Disease Management Programme (CDMP) – Shared Care Programmes".

Q5. What will be the cost of registration and start-up?

Apart from computer hardware and Internet access subscription (which may already be in place), there is a one-time non-refundable cost of $171.20 for the security token to access the Medisave claims system. This security token is required only when using the MediClaim e-service.

You or your staff will need to attend a half-day training session on Medisave claims process, guidelines on Medisave use and the use of the MediClaim system. This training session is free-of-charge.

Q6. How do patients sign up for the Programme?

To qualify, patients need to be certified by a doctor to suffer from at least one of the approved chronic diseases. The certification is made by the doctor when the patient fills out the Medisave Authorisation Form that allows the doctor to make Medisave claims on the patient's behalf.

C. MEDISAVE CLAIMS, REIMBURSEMENT, BILLING

For Doctors & Clinics that wish to be registered into the Programme:

Q1. In total, how much can patients claim from Medisave for chronic disease treatments?

Patients can claim up to $300 per Medisave account per year for outpatient treatments received before 1 Jan 2012, and $400 per Medisave account per calendar year for treatments received on or after 1 Jan 2012, of the approved chronic diseases, regardless of the number of diseases they might have.

Q2. Whose Medisave account(s) can a patient make use of, other than his own?

Patients can use their own Medisave account(s) and the account(s) of their immediate family members (i.e. parents, children, spouse). In addition, patients who are Singapore citizens or PRs can also use the Medisave accounts of their grandchildren. Claims can be made once the family member has signed the relevant Medisave Authorisation Form.

Q3. What will be the exact level of deductible and co-payment? Are the levels different for packages and individual visits?

There is a $30 deductible and 15% co-payment of the bill balance for each claim that the patient has to pay in cash, regardless if the claim is for an individual visit or packaged treatment.

Q4. Who should submit Medisave claims?

Any of the permanent staff of a Medisave-accredited clinic who has attended the training sessions, i.e. doctors, nurses, counter staff, clinic managers etc, can submit the Medisave claims.

Q5. If the patient sees me for both a chronic disease and an acute illness at the same time, can the entire bill be claimed?
Medisave can only be used for treatment related to the chronic diseases listed, subject to a cap of $300 for all treatments received before 1 Jan 2012, and an annual withdrawal limit of $400 per Medisave account for all treatments received on or after 1 Jan 2012. If patient attendance is purely for an acute or unrelated condition, Medisave deduction is not allowed even though the patient may have a chronic condition. Checks will be made during audits to ensure that claims are related to approved chronic conditions.

Q6. How does the annual cycle of the limit apply? Is it calculated based on the time that the patient first seeks treatment under the scheme?
The annual limit is reset at the start of each calendar year i.e. 1 Jan to 31 Dec.

Q7. Will Medisave use be allowed for purchasing equipment (e.g. blood pressure monitoring equipment, glucometer or strips, etc.)?
No. In line with existing Medisave guidelines, Medisave use does not cover equipment purchase, whether for chronic disease treatment or other uses.

Q8. How will I know if the patient has sufficient balance left for claims?
An enquiry function to check the withdrawal limit and overall account balance is available via the MediClaim e-service. Clinics may use this function to check the remaining balance of the Medisave account holder with his/ her consent.

Alternatively, you can request for the Medisave holders to show you a print-out or electronic statement of their current Medisave balance. They can obtain their current Medisave balance from the CPF Board's website (www.cpf.gov.sg) under My CPF Online Services - My Statement, by logging in with their SingPass. You may wish to ask your patients to bring along a copy of the Medisave balance of the Medisave payers if you do not have a computer terminal at your clinic.

Q9. If the Medisave balance is insufficient to cover the costs, can the patient top up the difference in cash?
Yes.

Q10. Can the bill be split among two or more accounts according to a given percentage?
Yes, a claim can be shared by a maximum of 10 Medisave accounts.

Q11. What is the cost of making Medisave claims?
The current cost is $2.91 (exclude GST) per transaction and has to be paid in cash. The cost is levied on the clinics and not the patients. However, some clinics may decide to pass on this cost to their patients.

Q12. Why is there a transaction cost of $2.91?
The transaction cost consists of a $2.44 charge from CPF Board for processing each Medisave account and a $0.47 charge from NCS for use of the MediClaim system.

Q13. Can I transfer the cost per transaction ($3.11 with GST) to the patient?
You may choose to do so. However, medical institutions deciding to charge out the operational transaction cost should list this item in the bill as "Medisave processing fee". This fee has to be paid in cash. Should medical institutions decide to charge out additional administrative fees on top of what MOH/ CPFB charged out to them, they are required to separately attribute it to their own business administrative charges, instead of lumping it as "Medisave processing fee".

Q14. Will patients have to pay the full amount upfront and then be reimbursed or can they make partial payment based on estimated Medisave payout?
This decision will lie upon the individual clinics. However, clinics should explain to their patients on the mode of payment clearly so as to avoid any confusion or unhappiness.

Q15. Can I accumulate several bills to be submitted in a single claim for the whole year so as to decrease the cost per transaction?
Yes. The deductible and co-payment is based on a per claim basis. You will need to enter the visit date and bill details for each visit within the single claim.

Q16. How will refunds for Medisave withdrawals be handled (e.g. if a patient opts out of a package)?
The clinic will have to amend the approved Medisave claim through the MediClaim system to return the money back to the relevant Medisave accounts. CPF Board will liaise with the clinics to debit and credit the amounts accordingly. Medisave will have first claim on any refunds. As for the amount of cash co-payment collected previously ($30 deductible and 15% co-payment on the bill balance), the clinic can refund the amount to the patient in cash.

Q17. If patients have signed up for the Programme, can they opt out of it at a later date? Do I need to refund the amount that he had paid up for a package?

Patients can opt out at a later date by informing the clinic from which he/she is receiving care. Any unused Medisave monies for unused treatments have to be refunded to patient's Medisave accounts upon request by patient.

Q18. Is Medisave withdrawal dependent on the patient having only one specific primary care provider?

No. Patients are encouraged to have continuity of care with one family physician but they are free to choose and switch providers. Hence, they can make Medisave claims at any Medisave-accredited clinic.

Q19. How will claims be made if a patient is referred to an unaccredited provider?

Medisave claims will not be allowed at an unaccredited clinic. However, the referring party can make arrangements to bill on behalf of his unaccredited partners. The referring party is expected to bear full responsibility for any such arrangements made.

Q20. How will the scheme apply to Permanent Residents and Foreigners?

Current Medisave rules apply. Patients can be Permanent Residents or Foreigners. As long as they have Medisave accounts or their immediate family members with Medisave accounts, they are eligible for the scheme.

Q21. How will the scheme apply to those who have employer medical benefits or an existing comprehensive insurance plan?

Claims can be made under employer plans. This also applies to pensioners. Employer medical benefits or an existing comprehensive insurance plan can be used to cover the cost of the deductible and co-payment. Any amount in excess of the employer medical benefits or the insurance plan can be paid using Medisave. Clinics will have to liaise directly with their partnering employers for payment under employer plans as per their current arrangements.

Q22. What is the process of making Medisave claims like? Will it involve a huge change in my clinic operations?

The process is as follows:

1) The clinic/doctor should explain the following to patients suffering from any of the approved chronic diseases and their immediate family member(s) whose Medisave account(s) is/are being used (if any):
   - the treatment components
   - the cost of treatment
   - estimated amount that can be claimed from Medisave
   - the out-of-pocket cash payment that the patient will need to make
   - the charging of transaction fees

2) When the patient and/or his/her immediate family member(s) have decided to use Medisave for the bill, each Medisave account holder who wishes to make use of his/her Medisave account need to sign a Medisave Authorisation Form (MAF) to authorise the CPF Board to deduct his/her Medisave savings for the treatment of the patient. The authorisation can be made on a per treatment basis or over a period of months. It then stands until revoked in writing. Clinic/Medical institution staff should witness the signing and verify the relationship(s) to the patient as stated in the MAF.
3) Clinics/Medical institutions can then submit the Medisave claims electronically to the CPF Board for processing via the MediClaim System.
4) Payment will be made daily to Medisave-accredited medical institutions via InterBank Giro (IBG) on the 3rd working day after the approval date of the Medisave claims.

Q23. Can GPs who are contracted by nursing homes to provide outpatient care for their residents help the ones suffering from one of the six listed chronic diseases make Medisave claims?

Yes, if the GP and his/her clinic are on the Programme. He/She can help the nursing home patients to make a Medisave claim for their outpatient chronic disease treatment(s) through his/her clinic.

D. DATA SUBMISSION, CLINICAL IMPROVEMENT AND AUDITS

Q1. Why is the patient's medical and treatment history required?

The data collected will provide a better profile of patients on CDMP. This information will be useful for fine-tuning for programme planning and management purposes.

Q2. Must the medical history be captured at each visit?
The items in the medical history data will only need to be captured once but should be updated as and when there are changes.

Q3. How do I record the actual year of diagnosis of patients with long standing chronic diseases?
The estimated year of diagnosis for the patient's chronic condition can be recorded if the exact year is not known.

Q4. Will data on all clinical parameters be required at every visit?
No. Only data on assessments or tests performed during the visit need to be captured.

Q5. Would I need to repeat HbA1c or LDL cholesterol if my patient is able to produce the results of a test done elsewhere?
You can submit the relevant details of your patient's test results that have been performed elsewhere instead of repeating the test. If you do so, please keep a copy of the record of the test results.

Q6. What if the patient is lost to follow up?
Please note it down in your clinical documentation. Alternatively, if you are using the web-based e-Service for data submission, you may also document the information using the textbox available under the Patient Participation Module present on the navigation bar. If you are using CMS for data submission, please contact your CMS provider for more details on capturing of this type of information electronically.

Q7. What if the patient refuses certain tests?
Tests are performed, when indicated, as part of the proper management of the chronic disease. As such, the physician should inform the patient as to the rationale and provide other key information regarding these tests. If the patient refuses the tests, please note this response in the patient's clinic notes.

Q8. If I missed the previous deadline for submission of clinical data, do I still need to submit the data for that period?
Yes, you should still submit the relevant data for that period as well as the current data.

Q9. Which healthcare provider should submit clinical data if the patient makes Medisave claims at three different healthcare providers during one year?

It would be appropriate for each provider to collect relevant data for the care that has been provided, and to submit the data. If they are not able to make the submission, they should forward the data to the primary physician who is coordinating the care of the patient's chronic condition so that he/she may be updated and make the submission.

Q10. If a patient starts making Medisave claims from June onwards, must I submit clinical information captured before June?

You can capture the relevant clinical data of the patient. However, for the purpose of assessing the care process and outcome of the chronic condition, the period of one year (taken from the date when the patient first enrolled into the CDMP for the chronic condition) will be used.

Q11. My patient claimed Medisave for treatment of a chronic condition when he first consulted me on 5 Jan 2009, but paid cash for three subsequent visits (in Mar, Jul, Oct 2009) for the same chronic condition. Would I still need to submit clinical data for the latter three visits?

Yes, you should continue to submit the patient's clinical data on this chronic condition for one year from 5 Jan 09.

Q12. Can the clinical data submitted be shared by different healthcare providers within the same clinic / institution / cluster?

This will depend on the electronic Clinic Management System (if any) that is used by the healthcare institution.

Q13. If I have already fulfilled the number of care components for the chronic condition, do I still need to submit clinical data subsequently?

The care components are the essential aspects of medical care that are recommended for management of the chronic diseases. The data submission system allows you to submit more than the recommended number of care components.

Q14. Will clinical data submitted be shared with the providers?

The clinical data received will be used to monitor the success of the CDMP, and also to give feedback routinely to the registered clinics for quality improvement. The release of data back to the clinics had been effected in phases. Clinical data submitted have been routinely fed back to the clinic as the online CDMP outcome reports via the Mediclaim system from the first

quarter 2008 onwards. In these reports, a clinic will be able to compare its performance against the aggregated local and national performance. Over time, each clinic will also be able to track its own performance trends.

Q15. What will the clinical quality improvement process be like?

The clinical data that is monitored is useful for clinical quality improvement in the care of chronic conditions. When meaningfully used, it will empower patients to take charge of managing their chronic condition as guided and supervised by their family physician. This can improve compliance with the recommended care of the chronic condition(s) with better longer term outcomes.

Q16. What will the clinical audit process be like?

Periodic audits will be carried out to ensure accuracy of clinical data submission and to ensure that minimum standards of performance are met. Due consideration will be given so that such audits do not disrupt clinic operations and patient care processes.

Summary of Use of Medisave for CDMP

Patient has one or more of the chronic diseases with DMPs.
(Chapter 1)

Visits a clinic/doctor who is registered with "Medisave for CDMP"
(Chapter 3)

Patient is counselled on:
(i) Benefits of being on a DMP
(Chapter 1)
(ii) How he/she can draw on his/her Medisave to help pay for management of these chronic disease(s).
(Chapter 3)

Patient consents and signs the Medisave Authorisation Form.

Patient is enrolled into the relevant DMPs or Shared Care Programme (SCP) / GP Partnership Programme (GPP) (Chapter 2)

DM DMP	AND / OR	COPD DMP
HPT DMP		Schizophrenia SCP/GPP
Lipid Disorders DMP		MD SCP/GPP
Stroke DMP		Dementia SCP/GPP
Asthma DMP		Bipolar Disorder SCP/GPP

Submit Clinical Data of Patient.
(See Chapters 4 & 5)

(i) Data submitted reflects essential clinical care components in management of the chronic disease(s).
(ii) Feedback on aggregated data to clinic allows comparison & self-assessment of clinic's performance and identify areas in need of quality improvement.

Submit Medisave Claim for Patient.
(See Chapter 3)

(i) Allows patient to draw from his/her own or his/her family member's Medisave account(s) for outpatient treatment.
(ii) Leads to reduction in "out-of-pocket" payment upfront.

Health Promotion Board