

Family Physician Chronic Disease Management (CDM) Flow Sheet

Patient Name: Sample, Patient Beta	Diabetes: Type 1 <input type="checkbox"/>	Type 2 <input type="checkbox"/>	IHD <input type="checkbox"/>	COPD <input checked="" type="checkbox"/>
Date of birth: 14/03/1982 <small>dd/mm/yy</small>	Date(s) of Diagnosis: DM	IHD	COPD	05/14 <small>mm/yy</small>
Co morbidities: <input type="checkbox"/> HTN <input type="checkbox"/> Dyslipidemia <input type="checkbox"/> PAD <input type="checkbox"/> Renal Disease <input type="checkbox"/> A Fib <input type="checkbox"/> TIA/Stroke <input type="checkbox"/> Mental Health Diagnosis <input checked="" type="checkbox"/> CHF Other: _____				
Interventions/Investigations: PCI/Stent <input type="checkbox"/> Bare metal <input type="checkbox"/> Drug-eluting <input type="checkbox"/> Spirometry/PFT CABG Phasellus in accu. Cardiac Cath. Current Medication: Agenerase, Yasmin				

REQUIRED COMMON INDICATORS FOR DIABETES, IHD, AND COPD		Date 2014/06/10	Date //	Date //	Date //
ANNUALLY	Smoker <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, discuss smoking cessation	<i>Maecenas diam mauris, fringilla vitae leo quis, feugiat condimentum nulla.</i>			
	Immunizations Discussed and/or given	<i>Duis venenatis tellus nibh, sed imperdiet metus sodales non.</i>			
	Exercise/Activity	<i>Sed eget laoreet ipsum.</i>			
REQUIRED COMMON INDICATORS FOR DIABETES AND IHD		Date //	Date //	Date //	Date //
2/YR	Blood pressure				
ANNUALLY	Weight/Nutrition Counseling				
	Lipids Discuss statins LDL-C (mmo/L) TC/HDL-C				
REQUIRED INDICATORS FOR DIABETES ONLY					
2/YR	HbA1C				
ANNUALLY	Renal Function ACR or eGFR				
	Foot Exam Use 10-g monofilament				
	Eye Exam Discuss and/or refer				
REQUIRED INDICATORS FOR IHD ONLY					
ANNUALLY	ASA/Anti-platelet Therapy Review				
	Beta-blocker Review				
	ACEI/ARB Review				
	Discuss Nitroglycerin				
	Consider further cardiac investigations				
REQUIRED INDICATORS FOR COPD ONLY					
2/YR	COPD Action Plan Develop. Review and complete annually	<i>Msan felis. Sed lectus odio, pretium quis rutrum non, adipiscing at leo. Donec vitae elit velit.</i>			

Family Physician Chronic Disease Management (CDM) Flow Sheet

Patient Name: Sample, Patient Beta		Diabetes: Type 1 <input type="checkbox"/>		Type 2 <input type="checkbox"/>	IHD <input type="checkbox"/>	COPD <input checked="" type="checkbox"/>
Date of birth: 14/03/1982 <small>dd/mm/yy</small>	Date(s) of Diagnosis: DM		IHD	COPD	05/14 <small>mm/yy</small>	
<i>RECOMMENDED ITEMS (Optional for CDM Incentive payment)</i>						
Self Management Referrals <input type="checkbox"/> Diabetes Centre <input type="checkbox"/> Cardiac Rehab <input checked="" type="checkbox"/> Your Way to Wellness <input checked="" type="checkbox"/> Pulmonary Rehabilitation						
Screen For Lifestyle: <input type="checkbox"/> Depression/Anxiety <input type="checkbox"/> Erectile Dysfunction						
Economics <input checked="" type="checkbox"/> Alcohol Use <input type="checkbox"/> Psychosocial Issues						
End of Life: <input type="checkbox"/> Care Discussion <input checked="" type="checkbox"/> Pharmacare <input checked="" type="checkbox"/> Third Party Insurance <input type="checkbox"/> No Insurance <input type="checkbox"/> Financial Issues						
2014/06/10						

DR. FAMILY PHYSICIAN



SELECTED CHRONIC DISEASE MANGEMENT GUIDELINE INDICATORS

Common Indicators: DM, IHD & COPD	Target	Comments
Smoking Cessation	Non-smoker	<i>Ut commodo iaculis condimentum. Pellentesque purus velit, sagittis ac nisi ac, commodo molestie metus.</i>
Immunizations	Influenza annually. Pneumococcal once, then for DM & IHD repeat at 65 yr.; for COPD repeat every 5-10 years.	<i>Vestibulum non mattis purus. Quisque ullamcorper, metus egestas ultricies sollicitudin, erat nulla congue quam, sed vulputate leo leo sagittis mauris.</i>
Exercise/Activity	Discuss appropriate exercise/activity and possible referrals	For DM & IHD: 30 mins/day 5x/wk plus resistance exercise 3 x/wk. For COPD: pulmonary rehab program
Common Indicators: DM & IHD	Target	Comments
Blood Pressure	IHD without DM or CKD: <140/90 DM: <140/80* DM and CKD: <130/80** In children: <95th %ile for age, gender and height	*In DM with no end organ damage ** Where this can be achieved safely without undue burden
Lipids	For IHD or IHD plus DM LDL-C: < 2.0 >50% reduction For DM only LDL-C: < 2.6	Test every 1-3 years OR as clinically indicated
Weight/Waist circumference/ Nutrition counseling	BMI: <25 kg/m2 or In children: <85th %ile for age Waist circumference: M: <102 cm, F: <88 cm	
Diabetes Indicators	Target	Comments
HbA1C	< 7%	-q 6 mo. In stable DM -q 3 mo. For all others Individualize HbA1C based on age, DM duration & co-morbidity
Renal Function	ACR: <2.0 for males; <2.8 for females eGFR: >60 mL/min	In presence of CKD, at least every 6 months. Referral to nephrologist/internist if eGFR <30 mL/min
Routine foot examination	Annually	Q3-6 mo. In moderate to high risk foot. Assess skin, neuropathy (10 –g monofilament) and perfusion.
Routine dilated eye examination	At diagnosis, then every 1-2 years based on degree of retinopathy.	By optometrist or ophthalmologist

Family Physician Chronic Disease Management (CDM) Flow Sheet

Patient Name: Sample, Patient Beta	Diabetes: Type 1 <input type="checkbox"/>	Type 2 <input type="checkbox"/>	IHD <input type="checkbox"/>	COPD <input checked="" type="checkbox"/>
Date of birth: 14/03/1982 <small>dd/mm/yy</small>	Date(s) of Diagnosis: DM	IHD	COPD	05/14 <small>mm/yy</small>

IHD Indicators	Duration	Comments
Beta blocker	STEMI: Indefinitely Non-STEMI: Indefinitely unless low risk	
ACEI/ARB	Indefinitely unless low risk	ACEI: Titrate to target dose. Consider ARB if contraindication or intolerance to ACEI
<u>Antiplatelet Therapy</u> ASA 81 to 325 mg OD Clopidogrel 75 mg OD Ticagrelor 90 mg BID	ASA indefinitely –STEMI, Non-STEMI and Stable Coronary Artery Disease Clopidogrel: STEMI - Only if had PCI Minimum 1 mo. post bare metal stent Min. 12 mo. post drug-eluting stent Clopidogrel: Non-STEMI <u>No PCI</u> : Low risk - 3 mo.; Inc. risk - 12 mo.; Very high risk - >12 mo. <u>PCI</u> : Low risk & bare metal stent - 3 mo.; Increased risk regardless of stent or >=1 drug-eluting stent - 12 mo.; very high risk regardless of stent or >=3 drug-eluting stents or complex PCI - >12 mo. Ticagrelor Prescribed to high risk Acute Coronary Syndrome patients, 12 months of therapy recommended.	ASA maximum dose 75-100 mg if on Ticagrelor Clopidogrel: STEMI Dependent on type of stent and risk profile Clopidogrel: Non-STEMI Depends on risk of recurrent event & stent type Ticagrelor : Reduce ASA to 75-100 mg. Transient dyspnea can be early side effect. Usually mild and resolves with continued therapy.
Discuss Nitroglycerin		
Consider further cardiac investigations		

COPD Indicators	Target	Comments
COPD Action Plan	Include medications and emergency instructions for patient.	Copy given to patient.

PHARMACOTHERAPY IN COPD

INCREASING DISABILITY AND LUNG FUNCTION IMPAIRMENT

MILD	MODERATE	VERY SEVERE
↓ SABD prn ↓ Persistent dyspnea ↓ LAAC + SABA prn or LABA + SABD prn	Infrequent AECOPD (average of <1 per year) ↓ LAAC or LABA + SABD prn ↓ Persistent dyspnea ↓ LAAC + LABA + SABD prn ↓ Persistent dyspnea ↓ LAAC + ICS/LABA* + SABD prn	Frequent AECOPD (>=1 per year) ↓ LAAC + ICS/LABA + SABD prn ↓ Persistent dyspnea ↓ LAAC + ICS/LABA + SABD prn + Theophylline

*refers to lower dose ICS/LABA

SABD = Short-acting bronchodilator (e.g. ipatropium or SABA)

LAAC = Long acting anticholinergic (e.g. tiotropium)

LABA = Long acting beta agonist (e.g. salmeterol; formoterol)

SABA = Short-acting beta agonist (e.g. salbutamol; terbutaline)

ICS/LABA = inhaled corticosteroid/LABA (e.g. fluticasone/salmeterol; budesonide/formoterol)