

**(I) DIABETES DISEASE MANAGEMENT PROGRAMME****Table 2.1: Essential Components of Diabetes Disease Management Programme**

	<b>Essential components</b>	<b>Recommended frequency*</b>	<b>Remarks</b>
D1	Glycated haemoglobin (HbA1c)	At risk: 6 monthly High risk: 3-4 monthly	
D2	Blood pressure measurement	At risk: 3-4 monthly High risk: as clinically indicated	
D3	BMI and Weight assessment	At risk: 3-4 monthly High risk: as clinically indicated	
D4	Lipid profile	At risk: annual High risk: as clinically indicated	
D5	Eye assessment	At risk: annual High risk: as clinically indicated	Assess for visual acuity AND Assess for retinopathy
D6	Nephropathy assessment	At risk: annual High risk: as clinically indicated	Assess for urine albumin : creatinine ratio AND Serum creatinine
D7	Foot assessment	At risk: annual High risk: as clinically indicated	Assess for peripheral neuropathy, peripheral arterial disease, bone, joint, skin and nail abnormalities
D8	Cardiac assessment	At risk: as clinically indicated High risk: as clinically indicated	Evaluate risk factors and management ECG for adults – at baseline and subsequently when clinically indicated
D9	Self-management education	At risk: annual High risk: as clinically indicated	Provide patient with a patient monitoring booklet and explain its use. Self-management education should include nutrition counselling, weight management, exercise, smoking cessation, medication compliance, foot care, self- blood glucose monitoring for insulin treated and high risk non-insulin treated patients

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D10	Medical consultation and follow-up of abnormalities detected	As clinically indicated	
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\* include a baseline assessment for all components.

**Notes**

- An “at risk” individual may be defined as one who is stable and meeting targets of control as defined in MOH issued CPG.
- A “high risk” individual may be defined as:
  1. one whose control has been unstable and failing to meet targets in the past 12 months
  2. one already with established diabetic complications
  3. one with psychosocial problems (including alcohol or substance abuse) that complicate management
- Medisave cannot be used for purchase of glucometer, glucometer strips, blood pressure monitoring equipment, wheelchair, prosthesis or other home nursing equipment.
- For D5 to D8, patients who are already suffering from respective organ complications may be assessed differently. For example, patients with retinopathy on regular eye follow-up would be assessed by the ophthalmologist. Primary physician need only to ensure that patients are compliant to eye follow-up. Patients who already have early nephropathy may require other forms of assessment (e.g. 24 hour urinary protein) as detailed in diabetes mellitus CPG.

In the event that a patient has diabetes and stroke, include the following assessments S1 and S2 (Table 2.2). However, this section is NOT INCLUDED for the October 2006 launch. It will apply upon implementation of the rest of the DMPs in January 2007.

**Table 2.2: Additional Care Components for Patient with Diabetes and Stroke**

	Essential components	Recommended frequency*	Remarks
S1	Thromboembolism risk assessment	Annually	Clinical evaluation including atrial fibrillation, cardiac murmurs and need for anti-thrombotic therapy
S2	Rehabilitation need assessment	As clinically indicated	

\* include a baseline assessment for all components.

Notes

- Medisave can be use for physiotherapy, occupational therapy, speech therapy or day rehabilitation as clinically indicated and ordered by the doctor but not for home meal delivery, transport or other non-medical aspects of care for stroke patients.

**(II) HYPERTENSION DISEASE MANAGEMENT PROGRAMME**

**Table 2.3: Essential Components of Hypertension Disease Management Programme**

	Key components	Recommended frequency*	Remarks
H1	Blood pressure measurement	Every 3-6 monthly or as clinically indicated.	
H2	BMI and Weight assessment	Annually or as clinically indicated	
H3	Fasting lipid profile, fasting blood glucose, serum electrolyte, urea and creatinine, urinalysis and ECG	At or soon after diagnosis and as clinically indicated.	
H4	ECG	At or soon after diagnosis** and subsequently as clinically indicated	
H5	Self-management education	At diagnosis and regular intervals	Provide patient with a patient monitoring booklet and explain its use Self-management education should include nutrition counselling, weight management, exercise, smoking cessation and medication compliance
H6	Medical consultation and follow-up of abnormalities detected	As clinically indicated	

\* include a baseline assessment for all components.

\*\* Copy of ECG (e.g. done at hospital on discharge) is acceptable

Notes

- Medisave cannot be used for purchase of blood pressure monitoring equipment, wheelchair or other home nursing equipment.

In the event that a patient has hypertension and stroke, include the following assessments S1 and S2.

**Table 2.4: Additional Care Components for Patient with Hypertension and Stroke**

	Essential components	Recommended frequency*	Remarks
S1	Thromboembolism risk assessment	Annually	Clinical evaluation including atrial fibrillation, cardiac murmurs and need for anti-thrombotic therapy
S2	Rehabilitation need assessment	As clinically indicated	

\* include a baseline assessment for all components.

Notes

- Medisave can be use for physiotherapy, occupational therapy, speech therapy or day rehabilitation as clinically indicated and ordered by the doctor but not for home meal delivery, transport or other non-medical aspects of care for stroke patients.

**(III) LIPID DISORDERS DISEASE MANAGEMENT PROGRAMME**

**Table 2.5: Essential Components of Lipid Disorders Disease Management Programme**

	Essential components	Recommended frequency*	Remarks
L1	Lipids check	<p><u>For those on drug therapy, Every 6-12 monthly or as indicated.</u></p> <p><u>For those not on drug therapy and who have achieved the LDL goals, lipids check can be done every 1 to 3 years</u></p>	Fasting lipids
L2	Self-management education	At diagnosis and regular intervals according to risk level.	<p>All patients must be risk stratified as recommended in Lipids CPG</p> <p>Provide patient with a patient monitoring booklet and explain its use</p> <p>Self-management education should include nutrition counselling, weight management,</p>

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			exercise, smoking cessation and medication compliance
L3	Medical consultation and follow-up of abnormalities detected	As clinically indicated	

\* include a baseline assessment for all components.

**Notes**

- Medisave cannot be used for purchase of wheelchair or other home nursing equipment.

In the event that a patient has lipid disorders and stroke, include the following assessments S1 and S2.

**Table 2.6: Additional Care Components for Patient with Lipid Disorders and Stroke**

	Essential components	Recommended frequency*	Remarks
S1	Thromboembolism risk assessment	Annually	Clinical evaluation including atrial fibrillation, cardiac murmurs and need for anti-thrombotic therapy
S2	Rehabilitation need assessment	As clinically indicated	

\* include a baseline assessment for all components.

**Notes**

- Medisave can be use for physiotherapy, occupational therapy, speech therapy or day rehabilitation as clinically indicated and ordered by the doctor but not for home meal delivery, transport or other non-medical aspects of care for stroke patients.

**(IV) STROKE DISEASE MANAGEMENT PROGRAMME**

**Table 2.7: Essential Components of Stroke Disease Management Programme**

This programme is for patients who are not concurrently on other disease management programmes.

	Essential components	Recommended frequency*	Remarks
S1	Clinical Thromboembolism Risk Assessment	Annually	Clinical evaluation including atrial fibrillation, cardiac murmurs, fasting glucose and need for antithrombotic

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			therapy
S2	Rehabilitation need assessment	Baseline and as clinically indicated	
S3	Blood pressure measurement	Baseline and 6 monthly	
S4	Lipid Profile	Baseline At least 6-12 monthly	Fasting lipids
S5	Self-management education	Annually or as clinically indicated	Provide patient with a patient monitoring booklet and explain its use. Self-management education should include nutrition counselling, weight management, exercise, smoking cessation and medication compliance
S6	Medical consultation and follow-up of abnormalities detected	As clinically indicated	

\* include a baseline assessment for all components.

**Notes**

- Medisave cannot be used for purchase of blood pressure monitoring equipment, wheelchair or other home nursing equipment.
- Medisave can be use for physiotherapy, occupational therapy, speech therapy or day rehabilitation as clinically indicated and ordered by the doctor but not for home meal delivery, transport or other non-medical aspects of care for stroke patients.

In the event that a patient has stroke and other diseases like diabetes mellitus, hypertension or lipid disorders, please revert to the corresponding DMP.

**(V) ASTHMA DISEASE MANAGEMENT PROGRAMME**

**Table 2.8: Essential Components of Asthma Disease Management Programme**

	<b>Essential Components</b>	<b>Minimum Recommended Frequency (per year)</b>	<b>Remarks</b>
A1	ACT Score (see Annexes 2F and 2-G)	3-4monthly	
A2	Self Management Education (Written	3-4 monthly	Provide/ review patient's Written Asthma Action Plan and educate patient on what

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	<b>Essential Components</b>	<b>Minimum Recommended Frequency (per year)</b>	<b>Remarks</b>
	Asthma Action Plan)		to do when Asthma symptoms develop
A3	Inhaler Technique	6 monthly	Assessment and review on correct inhaler technique
A4	Smoking Assessment	6 monthly	Assessment on smoking habits and provide counselling for current smokers to quit

**(VI) COPD DISEASE MANAGEMENT PROGRAMME**

**Table 2.9: Essential Components of COPD Disease Management Programme**

	<b>Essential Components</b>	<b>Minimum Recommended Frequency (per year)</b>	<b>Remarks</b>
C1	Weight or BMI	Annual	Annually or as clinically indicated
C2	Influenza Vaccination	Annual	
C3	Inhaler Technique	Annual	Assessment and review on correct inhaler technique
C4	Smoking Assessment	Annual	Assessment on smoking habits and provide counselling for current smokers to quit
C5	Spirometry*	At or soon after diagnosis and subsequently as clinically indicated	

\*Copy of Spirometry test result (e.g. done at hospital) is acceptable

**Notes**

- Medisave cannot be used for purchase of oxygen tanks, nebulisers or other home nursing equipment.
- For COPD patients who rent devices for Long Term Oxygen Therapy, they would be subject to a separate scheme with a withdrawal limit of \$75 per month. These claims would have to be submitted separately by the clinic, not with the claims for the chronic outpatient treatment..
- Medisave can be used for physiotherapy, occupational therapy and speech therapy or day rehabilitation as clinically indicated and ordered by the doctor but not for home meal delivery, transport or other non-medical aspects of care.

**(VII) SCHIZOPHRENIA DISEASE MANAGEMENT PROGRAMME****Table 2.10: Essential Components of Schizophrenia Disease Management Programme**

	<b>Essential Components</b>	<b>Minimum Recommended Frequency (per year)</b>	<b>Remarks</b>
1	Clinical Global Impression (CGI) Scale: a. Severity, b. Improvement	At least once yearly	Provider-administered
2	Consultation for CDMP Mental Health	At least twice per year	Provider-administered
3	Blood test for fasting glucose	At least once yearly	Provider-administered; Only for patients on atypical anti-psychotics
4	Blood test for fasting lipid	At least once yearly	Provider-administered; Only for patients on atypical anti-psychotics

**(VIII) MAJOR DEPRESSION DISEASE MANAGEMENT PROGRAMME****Table 2.11: Essential Components of Major Depression Disease Management Programme**

	<b>Essential Components</b>	<b>Minimum Recommended Frequency (per year)</b>	<b>Remarks</b>
1	Clinical Global Impression (CGI) Scale: a. Severity, b. Improvement	At least once yearly	Provider-administered
2	Consultation for CDMP Mental Health	At least twice per year	Provider-administered