

Chronic Disease Management

Last Modified on 09/03/2023 2:04 pm AEDT

Check a patient's eligibility for a chronic disease management plan and use a template to initiate that plan. Eligibility may be determined by age, ATSI status, and by adding a diagnosis to the **Problems module**. For example, adding a diagnosis of anxiety will make the patient eligible for a mental health care plan. CDM plans are covered by Medicare and Zedmed can schedule reminders each time a patient is eligible.

Note: Patient eligibility is relevant to the clinic only. That is, if a patient has accessed any care plan at a different clinic, it will not be indicated in the CDM, so PRODA may need to be checked for confirmation.

To initiate a CDM plan:

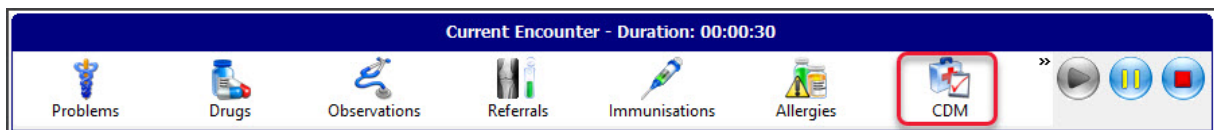
1. Start an encounter with the patient.

For a detailed explanation of how to do this, see the [Start an encounter article](#).

When the encounter starts, the **Current Encounter** section will open and display the clinical modules.

The Pregnancy module will only appear if the patient's gender is set to female in the patient record.

2. Select **CDM** from the **Current Encounter** menu.



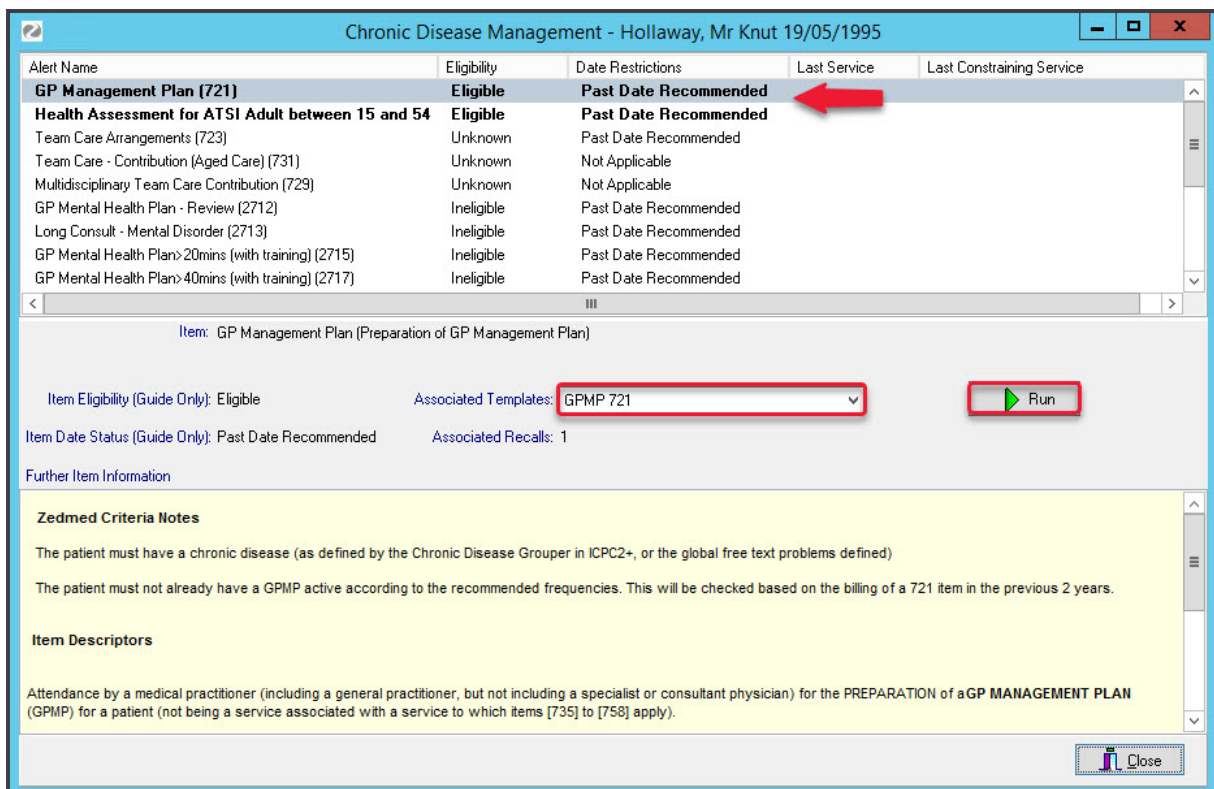
The **Chronic Disease Management** screen will open.

All the CDM items are listed, whether or not the patient is eligible for them. The **Eligibility** column provides a guide as to whether the patient meets the criteria defined for that particular item. The **Date Restrictions** column shows whether the patient has already been billed for this item within the time frames prescribed by Medicare Australia. The Last Service column shows the last date that item was billed.

3. Use the **Associated Templates** field to select the template you would like to use for a plan.

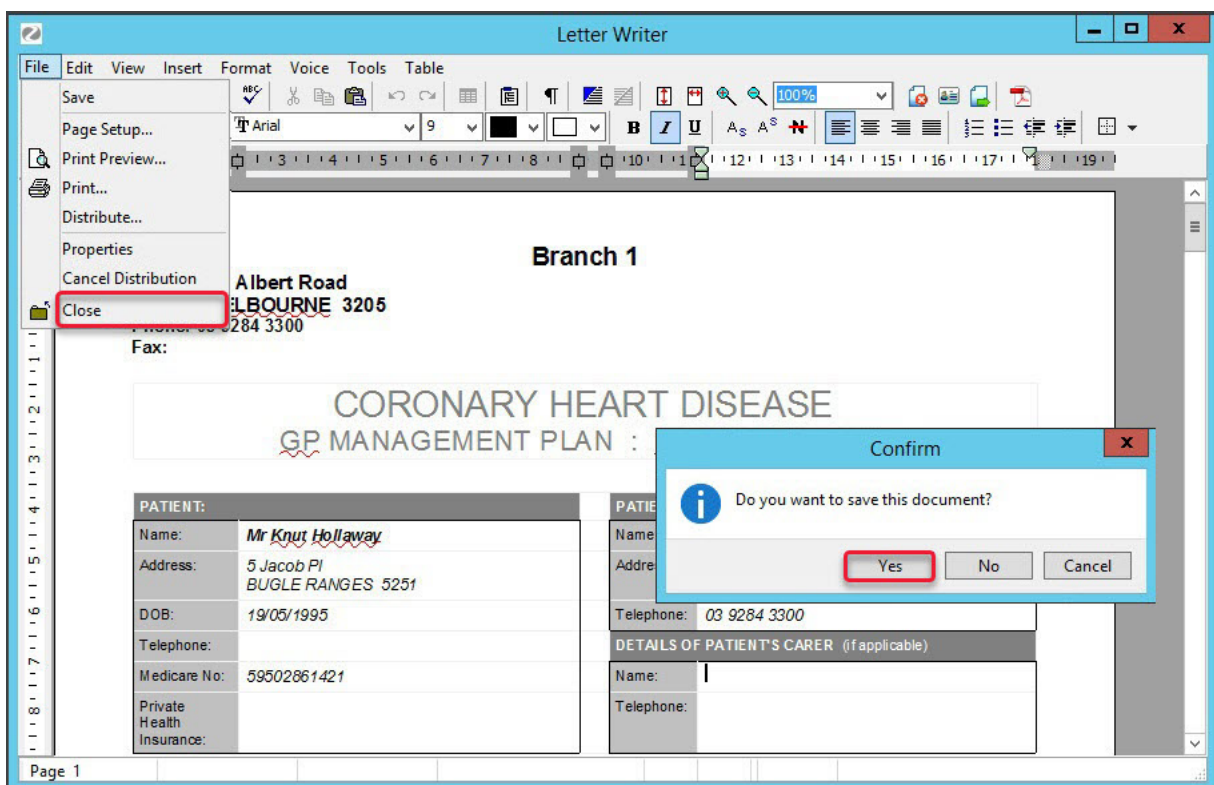
These are the templates associated by the practice with selected item. This makes it easy to access the relevant template without searching through all of the templates used by the practice.

4. Select **Run**.



The template will open pre-filled with the patient data

5. Fill in the care plan template.
6. Once the template has been filled in, select **File > Close**.
7. Select **Yes** to save the document when prompted.



When the template is saved:

- The **Associated Recalls** screen opens.

- A note is added to the **Current Encounter** stating the item has been used in the consultation.
8. Use the **Associated Recalls** screen **Add** button to add a recall for the patient when they are eligible for the plan again.
 9. Select **Close** to save and exit.

Once the temple has been saved, the care plan can be carried out, for example, a **specialist**, **pathology** or **radiology** referral.

CDM is linked to billing and adds the care plan to the encounter's billing. You can see this if you open a patient from the waiting room.

The screenshot shows a window titled "Associated Recalls" with a close button (X) in the top right corner. The window is divided into two main sections:

- Recalls Associated With - GP Management Plan**: This section contains a table with two columns: "Recall" and "Maturity Date". There is one row with a checked checkbox, "GP Management Plan - Review*", and a maturity date of "28/01/2022". To the right of the table are two buttons: "Add & Close" and "Add".
- Current Recalls for this Patient**: This section contains a table with two columns: "Recall" and "Maturity Date". There are three rows:
 - GP Management Plan - Review* with maturity date 25/01/2022
 - GP Management Plan - Review* with maturity date 28/01/2022
 - Mental Health Plan - Review* with maturity date 14/12/2021To the right of the table are two buttons: "Edit" (with a pencil icon) and "Close" (with a window icon).