

User Guide

Chronic Disease Management Tariffs e-Form

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Computer Requirements

- Adobe Reader and Internet Explorer

The Chronic Disease Management Tariff e-Form must be opened in an Internet browser in order to submit a completed form.

Note: When accessing the e-Form from Manitoba Health's website, the e-Form automatically opens in an Internet browser window.

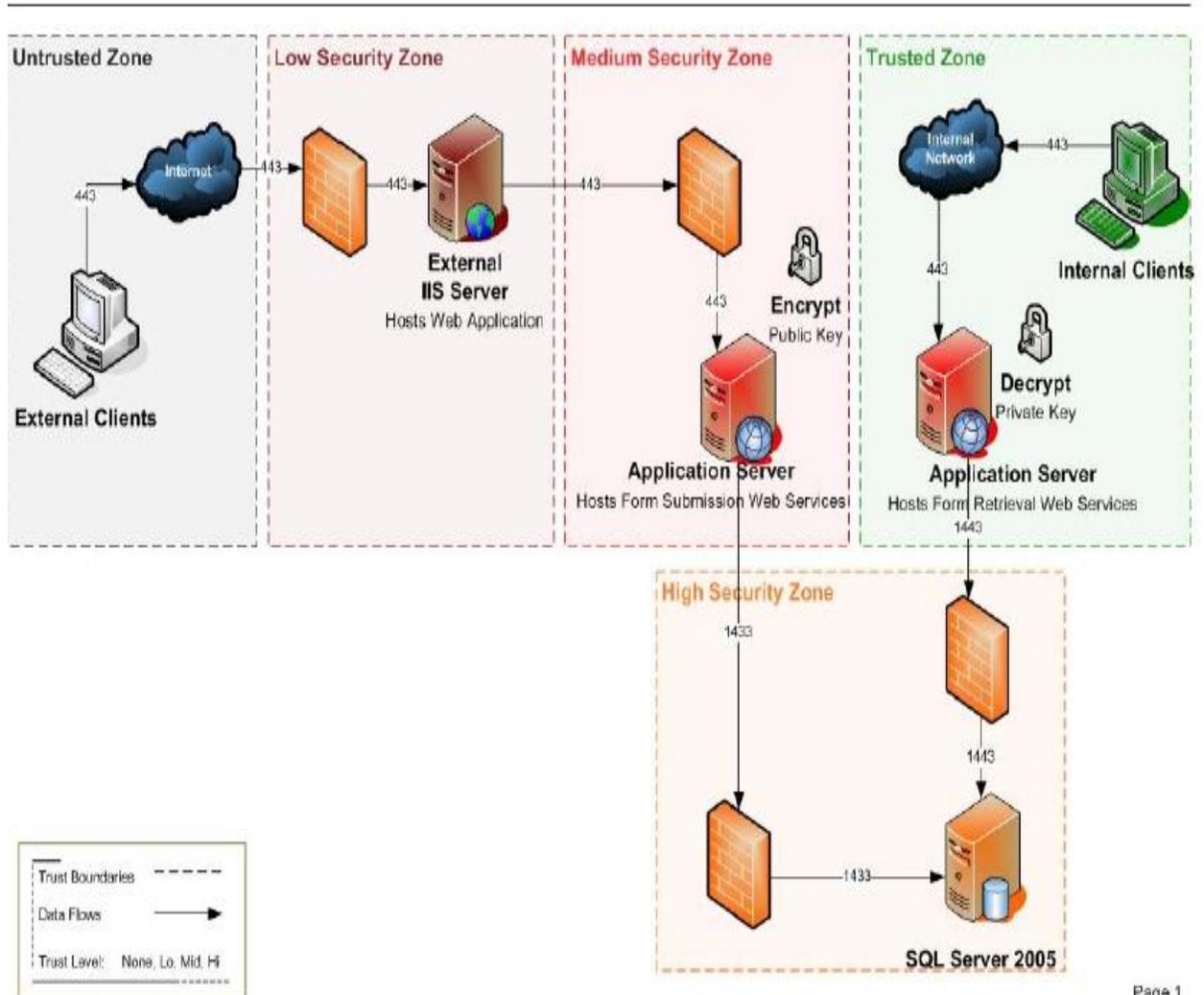
Accessing the e-Form

1. To access the e-Form, go to the following web address:
<http://www.gov.mb.ca/health/primarycare/chronicdisease/cdmtariffs.html>
2. Click on the icon titled "Patient Care Treatment Forms – eForm Version "
3. The eForm will open and be ready for use when you click the icon.
4. No password is required.
5. Once the e-Form is opened you can proceed to enter client data.

Are eForms Secure?

The Government of Manitoba Information Communication and Technology Services have developed a secure environment to collect information submitted through the internet. Data is encrypted and flows through secure firewalls to the government repository. Data is then retrieved by staff (within the Department of Health) and integrated into the database designed to house the CDM Patient Care Treatment data.

Network Architecture for Electronic Form Application Component Deployment



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Completing the Chronic Disease Management Tariff e-Form

Fillable/Non-Fillable Sections

1. When you open the eForm, select all the patient care treatment forms you wish to complete on an individual. For example, if you wish to complete Diabetes and Hypertension click both of these options. The information specific to each form will appear on the computer screen. Use the scroll bar on the right to move up and down in the eForm.

Forms may be unselected if selected in error.

2. All fields outlined in red are required and must be completed in order to submit the eForm.
3. Areas shaded in “blue” indicate where information can be entered. If “n/a” or not applicable is selected as a value the fillable or blue-shaded area changes to white and becomes inactive because the information is no longer required.
4. Items shaded in “grey” specify section headings and/or target information for reference.

Field Rules

The following “field rules” are embedded in the e-Form to protect data integrity:

1. Information common to all forms need only be entered once ex. demographics, blood pressure measurement.
2. Date Completed – various measurements require the user to enter a date to reflect when the test or measurement was performed. The first date you enter will automatically populate the other required dates. If you need to change the dates simply do so by clicking in the field to insert an alternate date.

A calendar is provided for all date fields.

The screenshot displays a web browser window with the URL <http://www.gov.mb.ca/health/primarycare/chronicdisease/docs/patientcaretre>. The page title is "Chronic Disease Management" and the domain is "gov.mb.ca". The browser's address bar shows the URL, and the page content includes a navigation menu with "File", "Edit", "Go to", "Favorites", and "Help". Below the browser window, there is a toolbar with icons for "Sign" and "Comment". A purple banner at the top of the form area contains the text: "Please fill out the following form. You cannot save data typed into this form. Please print your completed form if you would like a copy for your records." and a "Highlight Existing Fields" button.

The form itself is divided into several sections:

- Form Selection:** Four checkboxes are present: "Coronary Artery Disease Patient Care Treatment Form", "Diabetes Patient Care Treatment Form" (checked), "Congestive Heart Failure Patient Care Treatment Form", and "Hypertension Patient Care Treatment Form" (checked).
- Physician Information:** Fields for "Physician Surname", "Physician Given Name", and "Billing Number".
- Patient Information:** Fields for "Patient Surname", "Patient Given Name", "Sex", "Date of Birth: To select year, click on year in header bar when calendar is opened.", and "Date of birth". Below these are fields for "Registration # (6 digits)" and "Personal health ID# (9 digits)".
- Weight and Height:** Radio buttons for "Imperial" and "Metric" (selected). Fields for "Weight (Kg)", "Height (cm)", and "Date completed:" (populated with "2014-02-26").
- Blood Pressure Measurement:** Fields for "Date completed:" (populated with "2014-02-26") and "Target <140/90 or <130/80 with renal disease and/or diabetes". A checkbox for "N/A - Patient Age < 18" is also present.
- Fasting Lipid Profile (patients age from 18 to 74 years):** Fields for "LDL", "TC/HDL", and "Date completed:" (populated with "2014-02-26"). Targets are "<2.0 mmol/L" for LDL and "<4.0" for TC/HDL.
- Diabetes Patient Care Treatment Form:** A section titled "Choose one of the following:" with radio buttons for "Foot examination" (selected), "Management of document peripheral neuropathy", and "N/A - Bilateral Amputation". A "Date completed:" field is populated with "2014-02-26".
- HGB A1C test:** Fields for "Date completed:" (populated with "2014-02-26") and "Target ≤ 7%". A checkbox for "N/A - Patient Age < 13" is also present.

Arrows in the screenshot point to the "Date completed:" fields, highlighting the date "2014-02-26" which is populated in multiple locations.

Error Messages

1. If an error is made when entering data, the e-Form will prompt you to fix the error. See example below.

The screenshot shows a web browser window displaying the Chronic Disease Management e-Form. The browser address bar shows the URL: <http://www.gov.mb.ca/health/primarycare/chronicdisease/docs/patientcaretre>. The page title is "Chronic Disease Management ... gov.mb.ca".

The form contains several sections:

- Coronary Artery Disease Patient Care Treatment Form** (checkbox)
- Diabetes Patient Care Treatment Form** (checkbox, checked)
- Congestive Heart Failure Patient Care Treatment Form** (checkbox)
- Hypertension Patient Care Treatment Form** (checkbox, checked)

Physician Information

Physician Surname:	Physician Given Name:	Billing Number:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Patient Information

Patient Surname:	Registration # (6 digits):	Per	Birth: To select year, year in header bar calendar is opened.	Date of birth:
<input type="text"/>	<input type="text"/>			<input type="text"/>
<input type="radio"/> Imperial <input checked="" type="radio"/> Metric	Well			

Blood Pressure Measurement

<input type="text"/>	2014-02-26	<140/90 or <130/80 with renal disease and/or diabetes	<input type="checkbox"/> N/A - Patient Age < 18
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Fasting Lipid Profile (patients age from 18 to 74 years):

LDL	TC/HDL	Date completed:
<input type="text"/>	<input type="text"/>	2014-02-26
Target <2.0 mmol/L	Target <4.0	

Diabetes Patient Care Treatment Form

Choose one of the following:

<input checked="" type="radio"/> Foot examination	Date completed:	<input type="checkbox"/> N/A - Bilateral Amputation
<input type="radio"/> Management of document peripheral neuropathy	2014-02-26	

HGB A1C test

Date completed:	Target	<input type="checkbox"/> N/A - Patient Age < 13
2014-02-26	≤ 7%	

An error message dialog box is displayed over the form, titled "Adobe Reader". The message reads: "Registration # (6 digits): cannot be left blank." with an "OK" button.

The Windows taskbar at the bottom shows the system clock as 1:11 PM on 2014-03-28.

Yes/No Responses

Note: both yes and no cannot be selected as a response to the same question.

1. Additional information may be required when yes or no is selected in response to a question.

See example below related to Congestive Heart Failure. When “yes” is selected in response the question “Has the patient been tested with ACE or ARB?” the user is required to specify whether it was ACE or ARB and provide a date completed.

The screenshot displays a web browser window with the URL <http://www.gov.mb.ca/health/primarycare/chronicdisease/docs/patientcaretre>. The page title is "Chronic Disease Management ... gov.mb.ca". The browser's address bar shows the URL, and the page content includes a navigation menu with "File", "Edit", "Go to", "Favorites", and "Help". Below the navigation menu is a toolbar with various icons for printing, saving, and navigating. A purple banner at the top of the form area contains the text: "Please fill out the following form. You cannot save data typed into this form. Please print your completed form if you would like a copy for your records." and a "Highlight Existing Fields" button.

The form itself is titled "Chronic Disease Management Tariffs eForm" and contains several sections. The "Physician Information" section includes fields for "Physician Surname:", "Physician Given Name:", and "Billing Number:". The "Patient Information" section includes fields for "Patient Surname:", "Patient Given Name:", "Sex:", "Date of Birth: To select year, click on year in header bar when calendar is opened.", and "Date of birth:". Below these are fields for "Registration # (6 digits):" and "Personal health ID # (9 digits):". The "Vital Signs" section includes fields for "Weight (Kg):", "Height (cm):", and "Date completed:", with radio buttons for "Imperial" and "Metric". The "Blood Pressure Measurement" section includes a "Date completed:" field, a "Target" field with the value "<140/90 or <130/80 with renal disease and/or diabetes", and a checked checkbox for "N/A - Patient Age < 18". The "Fasting Lipid Profile (patients age from 18 to 74 years):" section includes fields for "LDL", "TC/HDL", and "Date completed:", with target values of "<2.0 mmol/L" and "Target <4.0".

The "Congestive Heart Failure Patient Care Treatment Form:" section is the focus of the example. It contains the question "Has the patient been treated with ACE or ARB?" and a "Please specify:" label. Below the question are radio buttons for "Yes" and "No". The "Yes" radio button is selected. Below the "Yes" radio button are radio buttons for "ACE" and "ARB". The "ACE" radio button is selected. To the right of these radio buttons is a "Date completed:" field. A black arrow points to this field, indicating that the user must provide a date when "Yes" is selected. Below the "Date completed:" field is a "Target" field.

The screen shot below illustrates the additional information that must be provided if “no” is selected in response to the same question i.e. whether the patient has been tested with ACE or ARB.

Please fill out the following form. You cannot save data typed into this form.
Please print your completed form if you would like a copy for your records.

Coronary Artery Disease Patient Care Treatment Form Diabetes Patient Care Treatment Form
 Congestive Heart Failure Patient Care Treatment Form Hypertension Patient Care Treatment Form

Physician Information

Physician Surname: Physician Given Name: Billing Number:

Patient Information

Patient Surname: Patient Given Name: Sex: Date of Birth: To select year, click on year in header bar when calendar is opened. Date of birth:

Registration # (6 digits): Personal health ID# (9 digits):

Imperial Metric Weight (Kg): Height (cm): Date completed:

Blood Pressure Measurement Date completed: Target <140/90 or <130/80 with renal disease and/or diabetes N/A - Patient Age < 18

Fasting Lipid Profile (patients age from 18 to 74 years):

LDL: TC/HDL: Date completed:

Target <2.0 mmol/L Target <4.0

Congestive Heart Failure Patient Care Treatment Form:

Has the patient been treated with ACE or ARB? If no, select the reason(s):

Yes No CI NT \$ PR

CI - contraindicated NT - not tolerated \$ - financial barrier PR - patient refused

Auto-filled Fields

1. The eForm has been programmed to complete or automatically fill certain fields based on information entered by the user.

For example, as per screen shot below when patients have diabetes a fasting blood sugar test (fasting glucose) is no longer required for patients who also have congestive heart failure. The response will be automatically prefilled for the user based on the guideline and programmed rule.

The screenshot displays a web browser window with the URL <http://www.gov.mb.ca/health/primarycare/chronicdisease/docs/patientcaretre>. The browser's address bar shows the page title "Chronic Disease Management ...". The browser's menu bar includes "File", "Edit", "Go to", "Favorites", and "Help". The browser's toolbar shows various icons for navigation and printing. The browser's status bar shows the page number "1 / 2", the zoom level "100%", and the page title "Sign Comment".

The eForm itself is titled "Please fill out the following form. You cannot save data typed into this form. Please print your completed form if you would like a copy for your records." and includes a "Highlight Existing Fields" button. The form is divided into several sections:

- Treatment Forms:** Includes checkboxes for "Coronary Artery Disease Patient Care Treatment Form", "Diabetes Patient Care Treatment Form" (checked), "Congestive Heart Failure Patient Care Treatment Form" (checked), and "Hypertension Patient Care Treatment Form".
- Physician Information:** Includes fields for "Physician Surname:", "Physician Given Name:", and "Billing Number:", all of which are auto-filled with light blue text.
- Patient Information:** Includes fields for "Patient Surname:", "Patient Given Name:", "Sex:", "Date of Birth:", "Registration # (6 digits):", and "Personal health ID# (9 digits):", all of which are auto-filled with light blue text.
- Weight and Height:** Includes fields for "Weight (Kg):", "Height (cm):", and "Date completed:", all of which are auto-filled with light blue text.
- Blood Pressure Measurement:** Includes fields for "Blood Pressure Measurement:", "Date completed:", and "Target <140/90 or <130/80 with renal disease and/or diabetes", all of which are auto-filled with light blue text.
- Fasting Lipid Profile:** Includes fields for "LDL:", "TC/HDL:", and "Date completed:", all of which are auto-filled with light blue text.
- Congestive Heart Failure Patient Care Treatment Form:** Includes a question "Has the patient been treated with ACE or ARB?" with radio buttons for "Yes" (checked) and "No".
- Fasting blood sugar test (fasting glucose):** Includes a checkbox for "Not tested, patient has diabetes" (checked) and a "Target <7.0 mmol/L" field.

Arrows in the screenshot point to the "Diabetes Patient Care Treatment Form" checkbox, the "Not tested, patient has diabetes" checkbox, and the "Yes" radio button, indicating that these fields are auto-filled based on the user's input.

Not Applicable or N/A Responses

Certain questions become not applicable under certain conditions. For example, a blood pressure measurement is not applicable if a patient is less than 18 years old. When n/a or not applicable is selected the previously available space becomes inactive.

See screen shot below where space is now white and no longer outlined in red.

Please fill out the following form. You cannot save data typed into this form.
Please print your completed form if you would like a copy for your records.

Patient Information

Patient Surname: _____ Patient Given Name: _____ Sex: [v] Date of Birth: To select year, click on year in header bar when calendar is opened. _____ Date of birth: _____

Registration # (6 digits): _____ Personal health ID # (9 digits): _____

Imperial Metric Weight (Kg): _____ Height (cm): _____ Date completed: _____

Blood Pressure Measurement Date completed: _____ Target <140/90 or <130/80 with renal disease and/or diabetes N/A - Patient Age < 18 ←

Fasting Lipid Profile (patients age from 18 to 74 years):

LDL Target <2.0 mmol/L _____ TC/HDL Target <4.0 _____ Date completed: _____

Congestive Heart Failure Patient Care Treatment Form:

Has the patient been treated with ACE or ARB? If no, select the reason(s):

Yes No CI NT \$ PR
CI - contraindicated NT - not tolerated \$ - financial barrier PR - patient refused

Fasting blood sugar test (fasting glucose) (for patients who do not have diabetes) Not tested, patient has diabetes Target <7.0 mmol/L

Diabetes Patient Care Treatment Form

Choose one of the following:

Foot examination _____ Date completed: _____ N/A - Bilateral Amputation

Management of document peripheral neuropathy _____

HCR A1C test Date completed: _____

In cases where age makes a question not applicable n/a will be selected as soon as the date of birth is completed. See example below - patient is less than 18 years old and therefore, blood pressure measurement and use of beta blocking medication on the coronary artery disease patient care treatment form become not applicable.

Please fill out the following form. You cannot save data typed into this form.
Please print your completed form if you would like a copy for your records.

Physician Information

Physician Surname: Physician Given Name: Billing Number:

Patient Information

Patient Surname: Patient Given Name: Sex: Date of Birth: To select year, click on year in header bar when calendar is opened. Date of birth:

Registration # (6 digits): Personal health ID # (9 digits):

Imperial Metric Weight (Kg): Height (cm): Date completed:

Blood Pressure Measurement Date completed: Target <140/90 or <130/80 with renal disease and/or diabetes N/A - Patient Age < 18

Fasting Lipid Profile (patients age from 18 to 74 years):

LDL TC/HDL Date completed:

Target <2.0 mmol/L Target <4.0

Coronary Artery Disease Patient Care Treatment Form:

Management of beta-blocking medication (patients aged 18 to 74 years of age who have had an acute myocardial infarction, do not have asthma and have been prescribed with a beta blocking medication)

Has the beta-blocking medication been reviewed?

Yes N/A No M.I. No

Has lipid reduction counseling

Chronic Disease Management Tariff e-Form Functions

“Print” Form

This function allows you to print a hard copy of the e-Form.

NOTE: *If you would like a completed copy for your records please complete the form and print before submitting. You cannot save a completed copy of this form on your computer.*

“Reset” Form

This function clears the form of the previously entered information so you can enter and submit an eForm for another patient.

“Submit” Form

Once the e-Form is complete, click ‘Submit’. A prompt will appear which directs the user to enter the verification code on the page prior to submission. The verification code is not case sensitive.

Once the e-Form has been successfully submitted, you will see the following message, “thank you for submitting your information” along with a confirmation number for future reference. Record your confirmation number for future reference.

Helpful Tips

- When entering "Date of Birth" select the calendar and double click on the year. Double clicking on the year will display yearly ranges for you to choose from. After selecting the year you may select the specific month and day from the calendar provided.

Please fill out the following form. You cannot save data typed into this form. Please print your completed form if you would like a copy for your records.

Please select the form(s) you would like to complete :

Coronary Artery Disease Patient Care Treatment Form Diabetes Patient Care Treatment Form

Congestive Heart Failure Patient Care Treatment Form Hypertension Patient Care Treatment Form

Physician Information

Physician Surname: _____ Physician Given Name: _____ Billing Number: _____

Patient Information

Patient Surname: _____ Patient Given Name: _____ Sex: _____ Date of Birth: To select year, click on year in calendar when calendar is open. Date of birth: _____

Registration # (6 digits): _____ Personal health ID # (9 digits): _____

Imperial Metric Weight (Kg): _____ Height (cm): _____ Date completed: _____

Blood Pressure Measurement Date completed: _____ Target <140/90 or <130/80 with renal disease and/or diabetes N/A - Patient Age < 18

Fasting Lipid Profile (patients age from 18 to 74 years):

LDL TC/HDL Date completed: _____

Target <2.0 mmol/L Target <4.0

Calendar showing yearly ranges: 2000-2099, 1990-1999, 2000-2009, 2010-2019, 2020-2029, 2030-2039, 2040-2049, 2050-2059, 2060-2069, 2070-2079, 2080-2089, 2090-2099, 2100-2109. Today: 2014-03-28

Manitoba Help Desk

- If you encounter technical issues with the e-Form, please contact the Manitoba Help Desk at:

Manitoba Help Desk

Phone: 204-786-7200

Email: HLTHD@gov.mb.ca

Hours of Operation:

Monday to Friday 8:30 a.m. – 4:30 p.m.