

## CHAPTER ONE: THE CHRONIC DISEASE MANAGEMENT PROGRAMME (CDMP) AND COMMUNITY HEALTH ASSIST SCHEME (CHAS)

### 1 Overview

#### 1.1 MediSave for Chronic Disease Management Programme (CDMP)

1.1.1 The CDMP was introduced at the end of 2006, and involves: (a) evidence-based structured Disease Management Programmes (DMPs<sup>1</sup>), where applicable and (b) the 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.

#### 1.2 Community Health Assist Scheme (CHAS)

1.2.1 CHAS, formerly known as the Primary Care Partnership Scheme (PCPS), was introduced in Jan 2012 to enable lower- to middle-income Singapore Citizens to receive subsidies for medical and dental care at CHAS General Practitioner (GP) and dental clinics.

1.2.2 Since its introduction, chronic conditions under CHAS and CDMP have been kept the same, allowing CHAS to complement CDMP. Eligible patients with selected chronic conditions are thus able to enjoy CHAS subsidies, as well as tap on their MediSave for the outpatient treatment of their chronic conditions.

1.2.3 The Pioneer Generation Package (PGP) was introduced in Sep 2014 to allow all Pioneers to receive special subsidies under CHAS. This would also help CHAS GPs provide holistic care for Health Assist (HA)/Pioneer Generation (PG) cardholders under their care, in line with the vision of “One Family Physician for every Singaporean”.

#### 1.3 Covered Conditions

1.3.1 It is recognised that the treatment of chronic diseases is costly when administered collectively over a long period. However, CDMP/CHAS will help reduce out-of-pocket payments and also reduce the barriers for patients to seek medical treatment. With the inclusion of more chronic conditions under CDMP/CHAS, GPs will be able to take on a greater role in the management of their patients’ chronic diseases.

1.3.2 The use of CDMP/CHAS will apply to the conditions listed below:

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<sup>1</sup> Components of disease management include: (a) population identification process; (b) evidence-based practice guidelines; collaborative practice models to include physician and support-service providers; (d) patient self-management education; (e) process and outcome management, evaluation, and management; and (f) routine reporting/feedback loop.

**Table 1.1: Chronic Conditions under CDMP/CHAS**

	<b>Conditions under CDMP/CHAS</b>
<b>Chronic Conditions with Established DMPs</b> (Requiring the reporting of clinical indicators)	1) Diabetes Mellitus and Pre-Diabetes 2) Hypertension 3) Lipid Disorders 4) Asthma 5) Chronic Obstructive Pulmonary Disease (COPD) 6) Chronic Kidney Disease (Nephritis/Nephrosis)
<b>CDMP-Mental Illnesses</b> (Requiring participation of clinic/doctor in a Shared Care Programme)	7) Schizophrenia 8) Major Depression 9) Bipolar Disorder 10) Anxiety
<b>Other Chronic Conditions</b>	11) Stroke 12) Dementia 13) Osteoarthritis 14) Parkinson’s Disease 15) Benign Prostatic Hyperplasia (BPH) 16) Epilepsy 17) Osteoporosis 18) Psoriasis 19) Rheumatoid Arthritis (RA) 20) Ischaemic Heart Disease (IHD)

## 2 Clinical Guidelines and Clinical Data Submission

- 2.1 Participating clinics/medical institutions are expected to provide care to patients in line with the latest MOH Clinical Practice Guidelines (CPGs) and/or best available evidence-based practice, as well as to track clinical data at patient and clinic/medical institution level to monitor patient outcome. While participating clinics/medical institutions will still be required to submit relevant clinical indicators, clinical data submission is needed for only six of the conditions under CDMP/CHAS. For the other conditions, essential care components are expected to be documented and may be subjected to periodic audits.
- 2.2 Please refer to Chapter Two: The Clinical Guidelines for further details on the essential care components, indications for referral and specific examples of claimable/non-claimable items. These are recommended by Subject-Matter-Experts based on best available medical evidence. The list of clinical indicators to be submitted is detailed in Chapter Four: Capture and Submission of Clinical Data.