

CHAPTER FIVE: USER MANUAL FOR CLINICAL DATA SUBMISSION VIA CIDC E-SERVICE

1 Introduction

1.1 Purpose

1.1.1 The manual serves as a guide on how to use the Clinical Indicators Data Collection (CIDC) e-Service for the submission of data to MOH as part of CDMP.

1.1.2 The manual is intended for the hospital/clinic staff who are doing clinical data and indicators submission. The staff should already be familiar with web browsing and the MediClaim e-Service.

1.2 System Requirements

1.2.1 In order to use the CIDC e-Service, an Internet-enabled computer with the following is required:

a) **Hardware Requirements**

The minimum recommended hardware configuration is:

- Pentium III MHz Processor with 256MB RAM
- At least 200 MB free hard disk space

b) **System Software Requirements**

- Windows XP
- Internet Explorer 6.0 and above
- Broadband Internet Connection

c) **Other Requirements**

- RSA token card
- MediClaim user account

2 Getting Started


2.1 User Account

2.1.1 You will be using your MediClaim system user account to access the CIDC e-Service. The MediClaim account is the same one used for the submission of claims.

2.1.2 If you do not have an account for the claims submission, you will need to approach MOH for the creation of a new account.

2.2 Accessing the CIDC e-Service

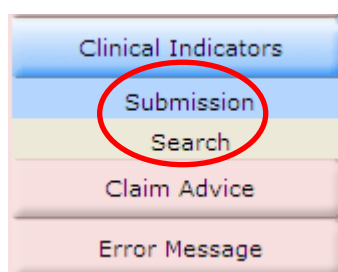
2.2.1 The web URL to access the MediClaim system is: <https://access.medinet.gov.sg>. Refer to the MediClaim user manual for details on login procedures.



Screen 1: MediClaim Login Screen

2.2.2 Upon successful login to the MediClaim system, you will be able to see the CIDC e-Service in the left hand menu as shown on Screen 2 below. All users with access to the Chronic Disease Claim Form e-Service will have access to the CIDC e-Service.

2.2.3 Click on the menu to display the functions available:



Screen 2: Menu

- a) *Submission* is used to submit a new report.
- b) *Search* is used to retrieve submitted reports.

3 **Clinical Indicators Report Submission**

3.1 This function is used to submit clinical data on patients who have used their MediSave under the CDMP. A new submission can be made each time there is additional indicator information for the patient either on a per visit basis or consolidated over a few visits. All submissions are distinct and will be used for analysis by MOH on a cumulative basis.

3.2 To submit a new set of clinical data for a patient to MOH, click on the “Submission” sub-menu. The following screen will appear.

→ Clinical Indicators > **Submit**

New Submission:

Patient ID Type: **Select patient ID Type**

Patient NRIC/FIN:* **Enter patient NRIC/FIN**

(as entered in Medisave claim form)

Diseases:*

Diabetes Hypertension Lipid Disorder
 Stroke Asthma COPD
 Major Depression Schizophrenia Bipolar Disorder

Select the medical conditions applicable to the patient, more than one medical condition may be chosen.

Compulsory fields marked with asterisk *

Click to go to Clinical Indicator Form in Screen 4

Condition	Care Components Per Year
Diabetes mellitus	<ul style="list-style-type: none"> Two blood pressure measurements Two bodyweight measurements Two haemoglobin A1c (HbA1c) tests One serum cholesterol level (LDL-C) test One smoking assessment One eye assessment One foot assessment One nephropathy screening test
Hypertension	<ul style="list-style-type: none"> Two blood pressure measurements One bodyweight measurement One smoking assessment
Lipid Disorder	<ul style="list-style-type: none"> One serum cholesterol level (LDL-C) test One smoking assessment
Stroke	<ul style="list-style-type: none"> Two blood pressure measurements One serum cholesterol level (LDL-C) test One smoking assessment One clinical thromboembolism risk assessment
Asthma	<ul style="list-style-type: none"> One inhaler technique assessment One smoking assessment Two Asthma Control Test (ACT) scores
COPD	<ul style="list-style-type: none"> One inhaler technique assessment One smoking assessment One bodyweight measurement One influenza vaccination
<i>The following care components are only for CDMP Mental Health Programme Patients:</i>	
Major Depression	<ul style="list-style-type: none"> One Clinical Global Impression (CGI) Scale for each item (severity, improvement) Two consultations for CDMP Mental Health
Schizophrenia	<ul style="list-style-type: none"> One Clinical Global Impression (CGI) Scale for each item (severity, improvement) Two consultations for CDMP Mental Health One blood test for fasting lipids One blood test for fasting glucose
Bipolar Disorder	<ul style="list-style-type: none"> One Clinical Global Impression (CGI) Scale for each item (severity, improvement) Two consultations for CDMP Mental Health One blood test for fasting lipids One blood test for fasting glucose
Dementia	<ul style="list-style-type: none"> One assessment of memory One assessment of mood and behaviour One assessment of functional and social difficulties (if any) One assessment of rehabilitation Needs Two consultations for CDMP Mental Health For patients on cognitive enhancers, documentation of objective assessment of memory (MMSE or CMMSE testing or other validated instruments)

Screen 3: New Submission

- 3.2.1 Select the Identification Type and enter the Patient NRIC/FIN.
- 3.2.2 Select the chronic condition applicable to this patient. You can select one or more conditions, as applicable.
- 3.2.3 Click on [Next] to proceed to the Clinical Indicator Form.

Patient Details:

Patient Name: *	<input type="text" value="Tan Ah Kun"/>	Patient NRIC/FIN: *	<input type="text" value="S1234567D"/>
Date of Birth (DDMMYYYY):	<input type="text" value="14041971"/>	Sex:	<input checked="" type="radio"/> Male <input type="radio"/> Female
Race:	<input type="text" value="Chinese"/>	Height (Metres):	<input type="text" value="1.62"/> <i>(use 9.99 if not measurable)</i>
Current Smoker	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>	Year Started Smoking(YYYY)

* denotes a mandatory field

Known Medical History:

Medical Condition	Diagnosis Year	Medical Condition	Diagnosis Year
<input checked="" type="checkbox"/> Diabetes	<input type="text" value="2007"/> (YYYY)	<input type="checkbox"/> Hypertension	<input type="text"/> (YYYY)
<input type="checkbox"/> DM Retinopathy	<input type="text"/> (YYYY)	<input type="checkbox"/> Lipid Disorder	<input type="text"/> (YYYY)
<input type="checkbox"/> DM Nephropathy	<input type="text"/> (YYYY)	<input type="checkbox"/> Cerebrovascular Accident (CVA)	<input type="text"/> (YYYY)
<input type="checkbox"/> DM Foot Complications	<input type="text"/> (YYYY)	<input type="checkbox"/> Coronary Heart Disease (CHD)	<input type="text"/> (YYYY)
<input checked="" type="checkbox"/> Asthma	<input type="text"/> (YYYY)	<input checked="" type="checkbox"/> COPD	<input type="text"/> (YYYY)
<input checked="" type="checkbox"/> Major Depression	<input type="text" value="2007"/> (YYYY)	<input checked="" type="checkbox"/> Schizophrenia	<input type="text" value="2007"/> (YYYY)
<input type="checkbox"/> Bipolar Disorder	<input type="text"/> (YYYY)	<input type="checkbox"/> Dementia	<input type="text"/> (YYYY)

Diabetes Treatment:

Treatment	Year Started	Treatment	Year Started
<input type="checkbox"/> Oral Medications	<input type="text"/> (YYYY)	<input type="checkbox"/> Insulin	<input type="text"/> (YYYY)

Hypertension Treatment:

Treatment	Year Started
<input type="checkbox"/> Oral Medications	<input type="text"/> (YYYY)

Lipid Disorder Treatment

Treatment	Year Started
<input type="checkbox"/> Oral Medications	<input type="text"/> (YYYY)

Asthma Treatment:

Treatment	Year Started
<input type="checkbox"/> Preventer	<input type="text"/> (YYYY)

Schizophrenia Treatment (Only for CDMP Mental Health Programme patients):

Treatment	Year Started
<input checked="" type="checkbox"/> Atypical Antipsychotics Prescribed	<input type="text" value="2008"/> (YYYY)

Bipolar Disorder Treatment (Only for CDMP Mental Health Programme patients):

Treatment	Year Started
<input type="checkbox"/> Atypical Antipsychotics Prescribed	<input type="text"/> (YYYY)

Dementia Treatment (Only for CDMP Mental Health Programme patients):

Treatment	Year Started
<input type="checkbox"/> Atypical Antipsychotics Prescribed	<input type="text"/> (YYYY)

Clinical Indicators:

Date of Visit (DDMMYYYY):*	<input type="text"/>			
Blood Pressure (Systolic/Diastolic):	<input type="text"/>	/	<input type="text"/>	DM - Eye Assessment: <input type="checkbox"/>
LDL-C:	<input type="text"/>	mg/dL	<input type="text"/>	DM - Nephropathy Assessment: <input type="checkbox"/>
HbA1c (%):	<input type="text"/>			DM - Foot Assessment: <input type="checkbox"/>
Weight (kg):	<input type="text"/>			Stroke - Thromboembolism Risk Assessment: <input type="checkbox"/>
	(use 999 if not measurable)			
Smoking Assessment # :	<input type="checkbox"/>			Inhaler Technique Assessment (Asthma & COPD only): <input type="checkbox"/>
Cigarettes smoked per day (average) ## :	<input type="text"/>			Influenza Vaccination Assessment (COPD only): <input type="checkbox"/>
ACT Score (Asthma only):	<input type="text"/>			
The following care components are only for CDMP Mental Health Programme Patients:				
CGI - Severity of Illness:	<input type="text"/>			Fasting Lipids Blood Test ###: <input type="checkbox"/>
CGI - Global Improvement:	<input type="text"/>			Fasting Glucose Blood Test ###: <input type="checkbox"/>
Consultation for CDMP Mental Health (Indicate the patient attendance):	<input type="checkbox"/>			Assessment of Memory: <input type="checkbox"/>
For patients on cognitive enhancers, documentation of objective assessment of memory (MMSE or CMMSE testing or other validated instruments):	<input type="checkbox"/>			Assessment of Mood and Behaviour: <input type="checkbox"/>
Assessment of Functional and Social Difficulties (if any):	<input type="checkbox"/>			Assessment of Rehabilitation Needs: <input type="checkbox"/>
<i>* denotes a mandatory field</i>				
<i># For current smokers, smoking cessation advice should be given; For non- or ex-smoker, please reinforce the benefits of not smoking cigarettes</i>				
<i>## Applicable to current smokers only</i>				
<i>### Only for patients on Schizophrenia and Bipolar Disorder - Atypical Antipsychotics Medication. To check the box if test is done.</i>				
Add Indicators Click to add clinical indicators (only those performed)				

Attending Physician Information:

Doctor Name:*	<input type="text"/>	Registration Number:*	<input type="text"/>
Specialty/Training:	Please select if applicable	Healthcare Establishment:	<input type="text"/>
Role:*	<input checked="" type="radio"/> Attending Doctor is the patient's regular primary physician <input type="radio"/> The Clinic is the patient's regular primary provider <input type="radio"/> None of the Above	Date of Submission:	06-Jan-2008
<i>* denotes a mandatory field</i>			
<input type="button" value="Submit"/> <input type="button" value="Save Draft"/> <input type="button" value="Close"/>			

Screen 4: Clinical Indicator Form

3.3 The Clinical Indicator Form consists of 4 sections:

- Patient Details,
- Known Medical History,
- Clinical and Assessment Indicators, and
- Attending Physician Information.

4 Patient Details

4.1 This section details the patient's basic bio-data. If it is your first submission for the patient, only Patient NRIC, Name, Date of Birth, Sex, Race, and Current Smoker is required. For subsequent submissions, only the Patient NRIC and Name are mandatory.

4.2 In the event of differences between two submissions, the data from the latest submission will be considered as the up-to-date information.

Patient Details:

Patient Name: * Lee Yong Kun **Patient NRIC/FIN:*** S1234567D

Date of Birth (DDMMYYYY): 02121970 Sex: Male Female

Race: Chinese Height (Metres): 1.7
(use 9.99 if not measurable)

Current Smoker Yes No 1990 Year Started Smoking(YYYY)

** denotes a mandatory field*

Screen 5: Patient Details

5 Known Medical History

5.1 This section details the patient’s medical history. If it is your first submission for the patient, please enter all the details. For subsequent submissions, you can omit the details if there are no changes.

5.2 If you are unsure whether you have submitted the information, it is recommended you fill in the details.

Known Medical History:

Medical Condition	Diagnosis Year	Medical Condition	Diagnosis Year
<input checked="" type="checkbox"/> Diabetes	2007 (YYYY)	<input type="checkbox"/> Hypertension	(YYYY)
<input type="checkbox"/> DM Retinopathy	(YYYY)	<input type="checkbox"/> Lipid Disorder	(YYYY)
<input type="checkbox"/> DM Nephropathy	(YYYY)	<input type="checkbox"/> Cerebrovascular Accident (CVA)	(YYYY)
<input type="checkbox"/> DM Foot Complications	(YYYY)	<input type="checkbox"/> Coronary Heart Disease (CHD)	(YYYY)
<input type="checkbox"/> Asthma	(YYYY)	<input type="checkbox"/> COPD	(YYYY)
<input checked="" type="checkbox"/> Major Depression	(YYYY)	<input checked="" type="checkbox"/> Schiz	(YYYY)
<input type="checkbox"/> Bipolar Disorder	(YYYY)	<input type="checkbox"/> Dementia	(YYYY)

Diabetes Treatment:

Treatment	Year Started	Treatment	Year Started
<input type="checkbox"/> Oral Medications	(YYYY)	<input type="checkbox"/> Insulin	(YYYY)

Hypertension Treatment:

Treatment	Year Started
<input type="checkbox"/> Oral Medications	(YYYY)

Lipid Disorder Treatment

Treatment	Year Started
<input type="checkbox"/> Oral Medications	(YYYY)

Schizophrenia Treatment (Only for CDMP Mental Health Programme patients):

Treatment	Year Started
<input checked="" type="checkbox"/> Atypical Antipsychotics Prescribed	2008 (YYYY)

Bipolar Disorder Treatment (Only for CDMP Mental Health Programme patients):

Treatment	Year Started
<input type="checkbox"/> Atypical Antipsychotics Prescribed	(YYYY)

Dementia Treatment (Only for CDMP Mental Health Programme patients):

Treatment	Year Started
<input type="checkbox"/> Atypical Antipsychotics Prescribed	(YYYY)

Screen 6: Known Medical History and Treatment Sections

5.3 Enter the relevant medical conditions for the patient. If a particular condition is selected, then the year of diagnosis is mandatory. You only need to fill in medical conditions that apply to the patient.

6 Clinical Indicators and Assessment


6.1 This section enables you to enter the indicator measurement and assessment done on the patient over any period. Only measurements and assessments not reported previously need to be entered in this section.

6.2 Initially there will be no clinical indicators added to the report.

6.3 Fill in all the clinical indicators and use the [Add Indicators] button to save them (as shown in Screen 7).

6.4 There must not be any unsaved data left in the Clinical Indicators Section before submitting the form.

Clinical Indicators:

*Date of Visit (DDMMYYYY):** 

Blood Pressure (Systolic/Diastolic): /

LDL-C: mg/dL

HbA1c (%):

Weight (kg):
(use 999 if not measurable)

Smoking Assessment #:

Cigarettes smoked per day (average) ##:

ACT Score (Asthma only):

The following care components are only for CDMP Mental Health Programme Patients:

CGI - Severity of Illness:

CGI - Global Improvement:

Consultation for CDMP Mental Health (Indicate the patient attendance):

For patients on cognitive enhancers, documentation of objective assessment of memory (MMSE or CMMSE testing or other validated instruments):

Assessment of Functional and Social Difficulties (if any):

DM - Eye Assessment:

DM - Nephropathy Assessment:

DM - Foot Assessment:

Stroke - Thromboembolism Risk Assessment:

Inhaler Technique Assessment (Asthma & COPD only):

Influenza Vaccination Assessment (COPD only):

Fasting Lipids Blood Test ###:

Fasting Glucose Blood Test ###:

Assessment of Memory:

Assessment of Mood and Behaviour:

Assessment of :

** denotes a mandatory field*

For current smokers, smoking cessation advice should be given; For non- or ex-smoker, please reinforce the benefits of not smoking cigarettes

Applicable to current smokers only

Only for patients on Schizophrenia and Bipolar Disorder - Atypical Antipsychotics Medication. To check the box if test is done.

Click to add clinical indicators (only those performed)

Add all Clinical Indicators into the table below after filling in the form above

Date	Indicators	Value
<input type="checkbox"/> 11-May-2007	Systolic BP(mmHg)	150
<input type="checkbox"/> 11-May-2007	Diastolic BP(mmHg)	100
<input type="checkbox"/> 11-May-2007	LDL(mg/dL)	40
<input type="checkbox"/> 11-May-2007	HbA1c(%)	30
<input type="checkbox"/> 11-May-2007	Weight(kg)	90
<input type="checkbox"/> 11-May-2007	Cigarettes smoked per day(Avg)	10
<input type="checkbox"/> 11-May-2007	DM-Eye Assessment	Y
<input type="checkbox"/> 11-May-2007	DM-Nephropathy Assessment	Y
<input type="checkbox"/> 11-May-2007	DM-Foot Assessment	Y
<input type="checkbox"/> 11-May-2007	Stroke-Thromboembolism Risk Assessment	Y

Delete Indicators *Click to delete selected clinical indicators*

Screen 7: Filling in the Clinical Indicators

Date	Indicators	Value
<input type="checkbox"/> 11-May-2007	Systolic BP(mmHg)	150
<input type="checkbox"/> 11-May-2007	Diastolic BP(mmHg)	100
<input type="checkbox"/> 11-May-2007	LDL(mg/dL)	40
<input type="checkbox"/> 11-May-2007	HbA1c(%)	30
<input type="checkbox"/> 11-May-2007	Weight(kg)	90
<input type="checkbox"/> 11-May-2007	Cigarettes smoked per day(Avg)	10
<input type="checkbox"/> 11-May-2007	DM-Eye Assessment	Y
<input type="checkbox"/> 11-May-2007	DM-Nephropathy Assessment	Y
<input type="checkbox"/> 11-May-2007	DM-Foot Assessment	Y
<input type="checkbox"/> 11-May-2007	Stroke-Thromboembolism Risk Assessment	Y

Delete Indicators *Click to delete selected clinical indicators*

Delete after selecting the checkboxes of the unwanted Clinical Indicators

All entries saved in the table will be submitted to the CIDC system

Screen 8: Clinical and Assessment Indicators

6.5 After saving the data, you can use the delete button to remove any mistakes.

6.6 By default, the data displayed is sorted by date of visit and indicators. You can also click on the “Indicators” and “Date” headers to sort the data according to your preference.

6.7 After saving the data, you can use the delete button to remove any mistakes.

6.8 By default, the data displayed is sorted by date of visit and indicators. You can also click on the “Indicators” and “Date” headers to sort the data according to your preference.

7 Attending Physician Information

7.1 This section details the physician attending to the patient. It is required for each submission.

7.2 If there is more than one physician attending to the patient, the main physician information should be entered here.

Attending Physician Information:

Doctor Name:*
Registration Number:*

Specialty/Training:
Healthcare Establishment:

Role:*
 Attending Doctor is the patient's regular primary physician
 The Clinic is the patient's regular primary provider
 None of the Above

Date of Submission: 06-Jan-2008

** denotes a mandatory field*

Screen 9: Physician Information

8 Report Submission

8.1 Once you have completed the data entry, you can submit the report to MOH by clicking on the [Submit] button.

8.2 If you are not yet ready to submit, you can click on the [Save Draft] button and retrieve the report later from the search function for submission.



The Table below describes the function for each button:

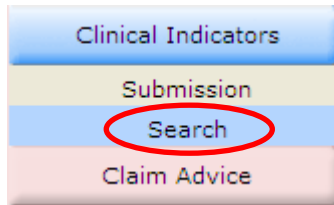
Button	Function Description
Submit	Submits the form after completion. Deletes any existing drafts saved previously.
Save Draft	Saves the inputs in the unfinished form as a draft for completion in the future.
Close	Closes the current form and returns to the main menu.

9 Search Clinical Indicator Reports

9.1 After you have submitted a report or created a draft, you can retrieve the reports at a later stage using the search function. This function allows you to specify search criteria and retrieve all reports matching the criteria.

9.2 After retrieving the report, you can also proceed to “Amend” it if there was any mistake in the previous submission, or delete it altogether.

9.3 To access this function, click on the “Search” sub-menu under the “Clinical Indicators” main menu as shown on Screen 10.



Screen 10: Search Menu


9.4 The Search page will be shown. Enter your search criteria and click on the [Search] button. The search is case insensitive.


9.5 At least one of the search criteria must be entered before you can proceed with the search.

Search:

Patient Name:

Patient NRIC/FIN:

From Date: 
(DDMMYYYY)

To Date: 
(DDMMYYYY)

Sort By: Patient Name Ascending

Fill in at least one search criteria before doing a search

Screen 11: Search Criteria

9.6 All submissions made by your clinic which matches the criteria will be displayed as shown on Screen 12.

Search:

Patient Name:

Patient NRIC/FIN:

From Date:

(DDMMYYYY)

To Date:

(DDMMYYYY)

Sort By: Patient Name Ascending

Click to retrieve all records that match the specified criteria

3 records retrieved.

Patient Name	Patient NRIC/FIN	Submission Date
<input type="checkbox"/> Jean Pang		12-Dec-2006
<input type="checkbox"/> Jimmy Fong		12-Dec-2006
<input type="checkbox"/> Tang Mui Kiong		12-Dec-2006
1		

Check only one record for amendment or many records for deletion

Click on the hyperlink to retrieve a read-only page of the record

Amend selected record

Delete selected records

Screen 12: Search Results

9.7 If the number of search results is too large, you can either specify more restrictive search criteria or use the page number to navigate through the results.

9.8 Click on the Patient Name hyperlink to view the report submitted.

9.9 When the [Amend] button is clicked, the selected record will be displayed in editable mode as shown on Screen 13.

Patient Details:

Patient Name: **Patient NRIC/FIN:**

Date of Birth (DDMMYYYY): **Sex:** Male Female

Race: **Height (Metres):**
(use 9.99 if not measurable)

Current Smoker Yes No Year Started Smoking(YYYYY)

** denotes a mandatory field*

Known Medical History:

Medical Condition	Diagnosis Year	Medical Condition	Diagnosis Year
<input checked="" type="checkbox"/> Diabetes	<input type="text" value="2007"/> (YYYY)	<input type="checkbox"/> Hypertension	<input type="text"/> (YYYY)
<input type="checkbox"/> DM Retinopathy	<input type="text"/> (YYYY)	<input type="checkbox"/> Lipid Disorder	<input type="text"/> (YYYY)
<input type="checkbox"/> DM Nephropathy	<input type="text"/> (YYYY)	<input type="checkbox"/> Cerebrovascular Accident (CVA)	<input type="text"/> (YYYY)
<input type="checkbox"/> DM Foot Complications	<input type="text"/> (YYYY)	<input type="checkbox"/> Coronary Heart Disease (CHD)	<input type="text"/> (YYYY)
<input checked="" type="checkbox"/> Asthma	<input type="text"/> (YYYY)	<input checked="" type="checkbox"/> COPD	<input type="text"/> (YYYY)
<input checked="" type="checkbox"/> Major Depression	<input type="text" value="2007"/> (YYYY)	<input checked="" type="checkbox"/> Schizophrenia	<input type="text" value="2007"/> (YYYY)
<input type="checkbox"/> Bipolar Disorder	<input type="text"/> (YYYY)	<input type="checkbox"/> Dementia	<input type="text"/> (YYYY)

Diabetes Treatment:

Treatment	Year Started	Treatment	Year Started
<input type="checkbox"/> Oral Medications	<input type="text"/> (YYYY)	<input type="checkbox"/> Insulin	<input type="text"/> (YYYY)

Hypertension Treatment:

Treatment	Year Started
<input type="checkbox"/> Oral Medications	<input type="text"/> (YYYY)

Lipid Disorder Treatment:

Treatment	Year Started
<input type="checkbox"/> Oral Medications	<input type="text"/> (YYYY)

Asthma Treatment:

Treatment	Year Started
<input type="checkbox"/> Preventer	<input type="text"/> (YYYY)

Schizophrenia Treatment (Only for CDMP Mental Health Programme patients):

Treatment	Year Started
<input checked="" type="checkbox"/> Atypical Antipsychotics Prescribed	<input type="text" value="2008"/> (YYYY)

Bipolar Disorder Treatment (Only for CDMP Mental Health Programme patients):

Treatment	Year Started
<input type="checkbox"/> Atypical Antipsychotics Prescribed	<input type="text"/> (YYYY)

Dementia Treatment (Only for CDMP Mental Health Programme patients):

Treatment	Year Started
<input type="checkbox"/> Atypical Antipsychotics Prescribed	<input type="text"/> (YYYY)

Clinical Indicators:

Date of Visit (DDMMYYYY):*

Blood Pressure (Systolic/Diastolic): /

LDL-C:

HbA1c (%):

Weight (kg):
(use 999 if not measurable)

Smoking Assessment # :

Cigarettes smoked per day (average) ## :

ACT Score (Asthma only):

The following care components are only for CDMP Mental Health Programme Patients:

CGI - Severity of Illness:

CGI - Global Improvement:

Consultation for CDMP Mental Health (Indicate the patient attendance):

For patients on cognitive enhancers, documentation of objective assessment of memory (MMSE or CMMSE testing or other validated instruments):

Assessment of Functional and Social Difficulties (if any):

DM - Eye Assessment:

DM - Nephropathy Assessment:

DM - Foot Assessment:

Stroke - Thromboembolism Risk Assessment:

Inhaler Technique Assessment (Asthma & COPD only):

Influenza Vaccination Assessment (COPD only):

Fasting Lipids Blood Test ###:

Fasting Glucose Blood Test ###:

Assessment of Memory:

Assessment of Mood and Behaviour:

Assessment of Rehabilitation Needs:

** denotes a mandatory field*

For current smokers, smoking cessation advice should be given; For non- or ex-smoker, please reinforce the benefits of not smoking cigarettes

Applicable to current smokers only

Only for patients on Schizophrenia and Bipolar Disorder - Atypical Antipsychotics Medication. To check the box if test is done.

Add Indicators [Click to add clinical indicators \(only those performed\)](#)

Date	Indicators	Value
<input type="checkbox"/> 11-May-2007	Systolic BP(mmHg)	150
<input type="checkbox"/> 11-May-2007	Diastolic BP(mmHg)	100
<input type="checkbox"/> 11-May-2007	LDL(mg/dL)	40
<input type="checkbox"/> 11-May-2007	HbA1c(%)	30
<input type="checkbox"/> 11-May-2007	Weight(kg)	90
<input type="checkbox"/> 11-May-2007	Cigarettes smoked per day(Avg)	10
<input type="checkbox"/> 11-May-2007	DM-Eye Assessment	Y
<input type="checkbox"/> 11-May-2007	DM-Nephropathy Assessment	Y
<input type="checkbox"/> 11-May-2007	DM-Foot Assessment	Y
<input type="checkbox"/> 11-May-2007	Stroke-Thromboembolism Risk Assessment	Y

Delete Indicators *Click to delete selected clinical indicators*

Attending Physician Information:

Doctor Name:* **Registration Number:***

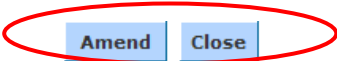
Specialty/Training: **Healthcare Establishment:**

Role:*

- Attending Doctor is the patient's regular primary physician
- The Clinic is the patient's regular primary provider
- None of the Above

Date of Submission: 06-Jan-2008

** denotes a mandatory field*



Screen 13: Editable Page of Patient Record

10 CIDC Clinic Reports

10.1 This function provides standard report(s) for use by clinics. One report is currently available and additional reports may be added in future releases.

10.2 To access this function, click on the CIDC Clinic Reports under the Reports menu button. A page displaying all the available reports and their description will be loaded.

MEDIClaim

NCS0.NCS0001 → Reports > **CIDC Statistics Summary Reports**

CIDC Clinic Summary Reports:

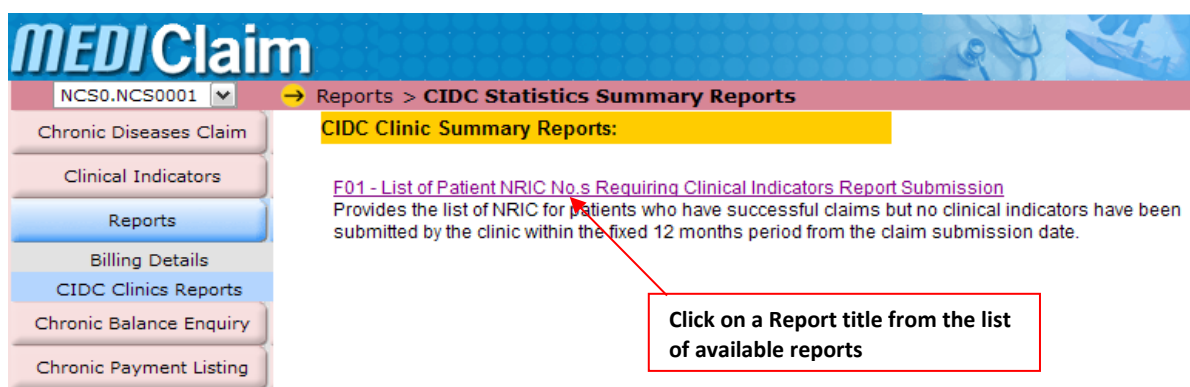
[F01 - List of Patient NRIC No.s Requiring Clinical Indicators Report Submission](#)
Provides the list of NRIC for patients who have successful claims but no clinical indicators have been submitted by the clinic within the fixed 12 months period from the claim submission date.

Click on Reports menu and select CIDC Clinics Reports

Screen 14: CIDC Clinic Reports

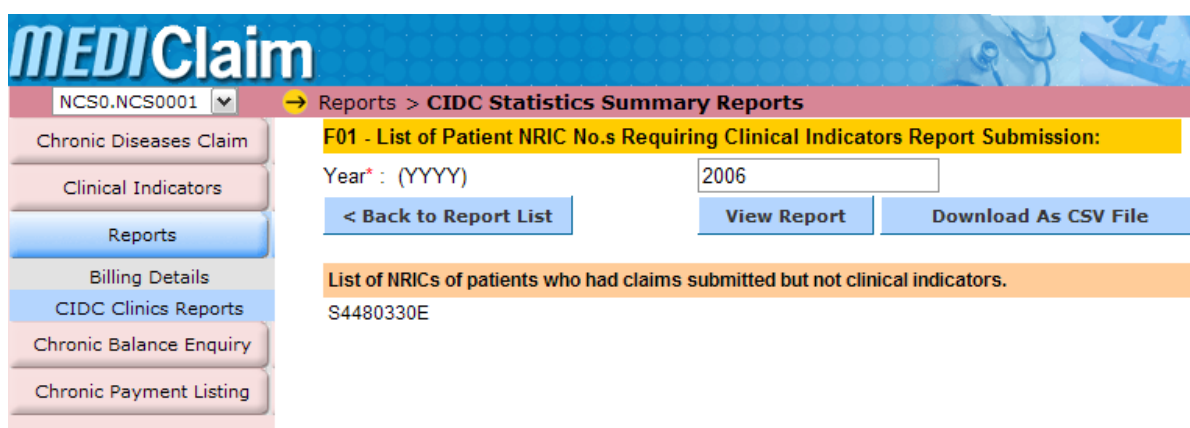
10.3 List of NRICs for patients for whom Clinical Indicators have not been submitted:

- a) This report enables the clinics to have a listing of all the patients' NRICs for whom the clinics had made claims in the specified year but no clinical indicator reports were submitted within a fixed period of 12 months from the claim submission date of each patient. This report is built in to assist doctors and clinics to keep track of the outstanding clinical indicator reports they would require to submit with each claim.
- b) Click on the report title from the list of available reports as shown on Screen 15. A report page with a textbox would appear for the user to key in the year of the requested report, as shown below.



Screen 15: Selecting a Report

- c) Upon entering a valid year, a list of patient NRIC numbers will be generated. The report generated below shows the record of a patient who had a claim submitted but with no submission of any clinical indicator.

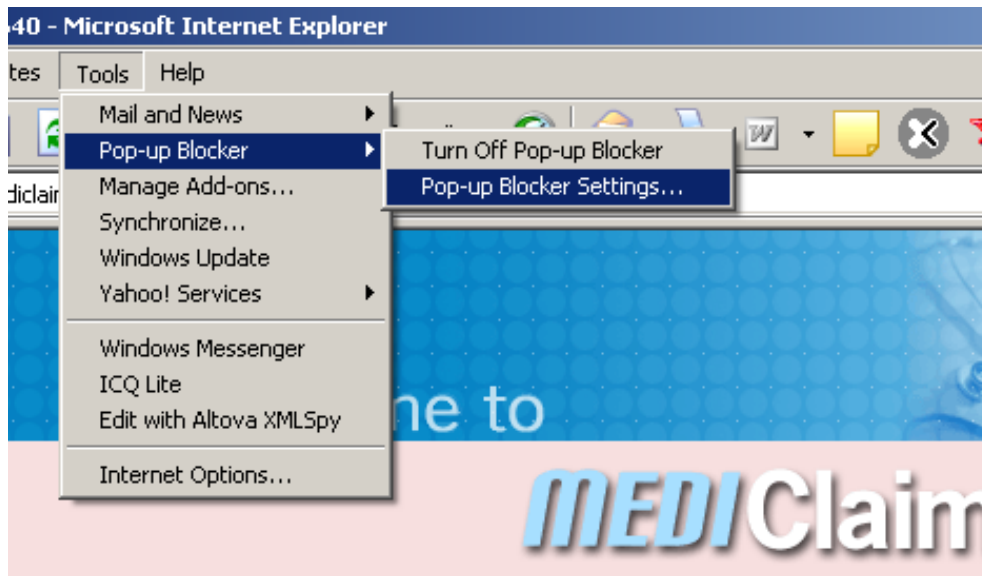


Screen 16: Viewing a Report

11 Troubleshooting

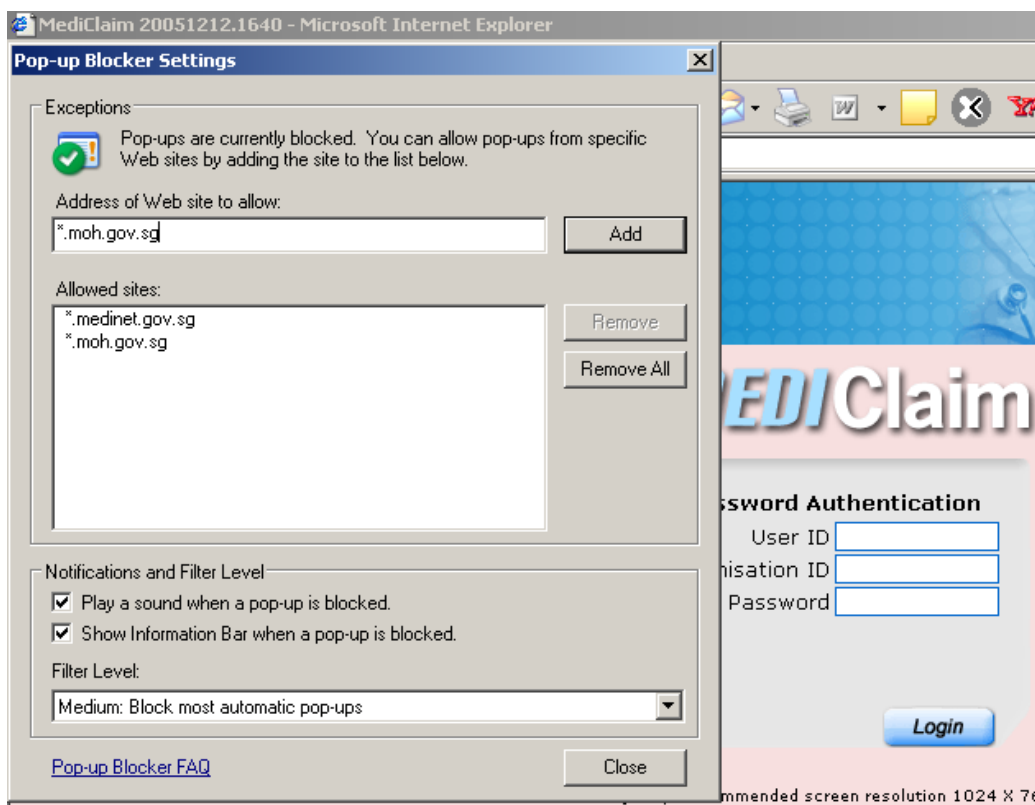
11.1 Enabling of Pop Ups: Certain screens within the application will be displayed as pop-up windows. In order to access the full system functionality, you need to enable pop-up windows for the MediClaim website. To enable this feature, follow the steps below:

a) Select Tools>Pop-up Blocker> Pop-up Blocker Settings...



Screen 17: Internet Explorer Menu

b) Enter "*.medinet.gov.sg" and "*.moh.gov.sg", then click on Add.



Screen 18: Configuring Pop-up Blocker

12 Fall-Back Procedures

12.1 In the event that the submission cannot be done online immediately, you can keep a record of the information and submit it at a later date.

13 Contact Information for Queries Related to Clinical Data Collection and Submission

13.1 For online e-service related technical queries, please e-mail to medicclaim@ncs.com.sg, or contact NCS at: 6776 9330 (Mon - Fri, excluding public holidays, 8:30 am to 6:00 pm).

13.2 For clinical data collection and submission issues related feedback, please email to moh_cds@moh.gov.sg (preferred method), or contact at: 6325 1757 (Mon - Fri, excluding public holidays, 8:30 am to 6:00 pm).