

## cdmNet: Transforming the Management of Chronic Disease

cdmNet is an online service that assists healthcare providers to optimise treatments for chronically ill patients. Unlike other software support for chronic disease management, cdmNet automates the entire process of care from end to end.

cdmNet is based on world best practice for the treatment of chronic disease. It allows a provider to take a systematic, evidence-based approach to the management of their entire population of chronically ill patients without the heavy overheads this usually involves.

For a GP, cdmNet radically simplifies care management, eliminates the paperwork and increases practice revenues. cdmNet halves the time needed for chronic disease management, more than doubles MBS CDM Item revenues, and improves the safety and quality of care.

For allied health, cdmNet increases team care arrangements, shares patient information across the care team, and facilitates collaboration. For the patient, cdmNet helps them stay on plan and enables them to participate fully in the management of their own care

### **Best Practice Care**

cdmNet supports all the key elements of the Chronic Care Model, including

- creating a registry of patients with chronic disease
- creating a shared health record for these patients
- creating best practice, personalised care plans and distributing these to the patient's care team and to the patient
- monitoring continuously the care plan, medication renewals, and appointments
- ensuring timely follow up and simplifying review of the care plan
- facilitating collaboration by sharing the health record, care plan, and progress against the care plan among the care team and with the patient
- supporting patient self-management by sending alerts, reminders, and notifications to assist with adherence to care plans and the achievement of wellness goals,
- seamlessly navigating through the complex processes of CCM, and
- removing the administrative burden associated with care planning and management by automating the administrative processes and documentation necessary to meet Medicare and best-practice guidelines.

These elements have been identified as core elements essential to the management of chronic disease and are recommended by the RACGP.<sup>1</sup> They also address what the evidence suggests are the key deficiencies in current practice:

"Those deficiencies include:

- Rushed practitioners not following **established practice guidelines**
- Lack of **care coordination**
- Lack of **active follow-up** to ensure the best outcomes
- Patients inadequately trained to **manage their illnesses.**"<sup>2</sup>

<sup>1</sup> For example, see "The team approach to diabetes in general practice: A guide for practice nurses." RACGP. Feb, 2010.

<sup>2</sup> The Chronic Care Model. Improving Chronic Illness Care.

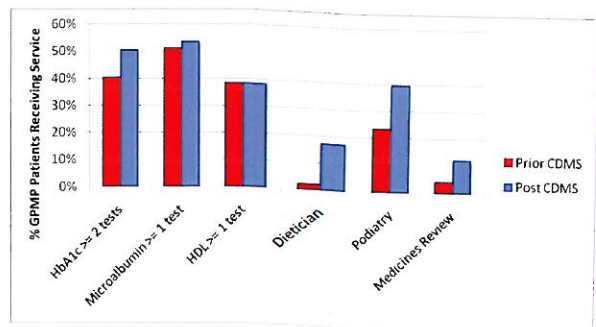
[http://www.improvingchroniccare.org/index.php?p=The\\_Chronic\\_Care\\_Model&s=2](http://www.improvingchroniccare.org/index.php?p=The_Chronic_Care_Model&s=2)

### cdmNet Trials

Trials of cdmNet in the Barwon South Western Region (BSWR) of Victoria and the Eastern Goldfields Region (EGR) of Western Australia have indicated higher quality care, enhanced productivity of the GP practice, increased practice revenues and expanded participation of allied health and other care providers. In particular, the trials showed increases of:

- 88-205% in GP Management Plans
- 80-201% in Team Care Arrangements
- 310-595% in GPMP Reviews
- 220-358% in TCA Reviews

Quality of care was also greatly improved. In addition to better sharing of data, best practice service use, such as Home Medicines Reviews, podiatry and dietician services increased from between 150% to over 1500%. Patients received automatic reminders of the need to make appointments by SMS and email, driving referrals and better adherence to best practice guidelines.



### National Rollout

From July 2011, RACGP Oxygen, the business enterprise of the Royal Australian College of General Practitioners (RACGP), is rolling out cdmNet nationally. Delivered through PrimaryCare Sidebar®, cdmNet is easily accessible to GPs and integrated with a suite of applications that assist in the enhancement of patient outcomes and practitioner workflows.

The Commonwealth's Digital Regions Initiative and the Victorian Science Agenda program are also supporting the national rollout of cdmNet. These projects, totaling \$25 million in investment, will leverage the potential of the National Broadband Network (NBN) to provide high-quality, high-speed CDM health services reliably, securely, and equally to metropolitan, regional, rural, remote, and indigenous communities.

Precedence Health Care is collaborating with government, businesses, healthcare organisations, and leading research institutes to bring together key initiatives in e-Health. Its partners include General Practice Victoria, RACGP, Royal District Nursing Service, Monash and Deakin Universities, CSIRO, Diabetes Australia Victoria, the Australian Institute of Health and Welfare, Barwon Health and Southern Health, Fred Health, Bupa, Cisco, IBM, state health departments and numerous Divisions of General Practice across Australia.

### Further Information

Precedence Health Care Pty Ltd. Level 6, 520 Collins Street,  
Melbourne, Victoria, 3000, Australia. Telephone +61 3 9023 0800  
Email: [info@precedencehealthcare.com](mailto:info@precedencehealthcare.com) [www.precedencehealthcare.com](http://www.precedencehealthcare.com)  
ACN 115 940 120