

## Using cdmNet after the DCP trial concludes

### Special offer on the use of cdmNet

McKinsey is pleased to announce that it has secured a favorable arrangement for regular users of cdmNet post the trial period.

In particular, all practices that reach an average of 40 cdmNet patients (DCP or non-DCP) per GP<sup>1</sup> during the DCP trial and continue with regular reviews of these patients will be able to receive **50% discount on all cdmNet fees** until 30 June 2015.

Precedence Health Care will personally work with practices interested in taking up this offer to help them maximise their revenues from Medicare for their chronically ill population and to further improve patient outcomes. In addition, GPs will be able to automatically convert any DCP care plans into standard GPMPs and TCAs at the completion of the trial.

[As previously advised, upon completion of the trial, all practices will have continued access to their existing patient records in cdmNet indefinitely. Those practices that do not qualify for the special offer will be able to use cdmNet on the existing terms up until 30<sup>th</sup> June 2014, after which cdmNet use will revert to standard terms.]

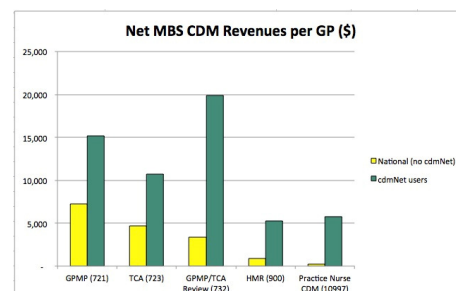
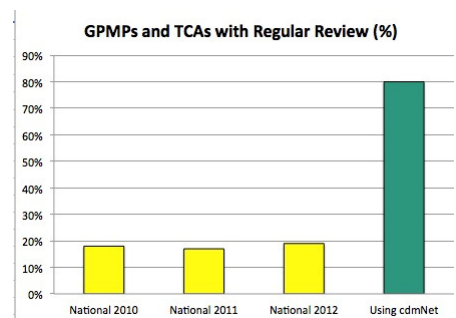
### Why continue to use cdmNet?

- **Improves quality of care and clinical outcomes:** greater adherence to best practice guidelines and better health outcomes for all chronically ill patients
- **Increases net revenues:** regular users increase annual MBS CDM revenues by over \$45,000 per GP<sup>2</sup>
- **Reduces risk:** tracks patient care and facilitates Medicare compliance
- **Saves time:** increases productivity by 250%<sup>2</sup>
- **Eliminates paperwork:** automates all documentation
- **Simplifies collaboration:** removes the administrative overhead of telephone- and fax-based collaboration with the care team

### What is the clinical evidence?

Independent University trials<sup>3</sup> show:

- **80% of GPMPs/TCAs regularly reviewed** compared with less than 20% nationally
- **85% compliance** to best practice care vs 59% otherwise (p < 0.001)
- **Lower HbA1c** (mean 8.4% to 7.4%, p < 0.001)
- **Lower total cholesterol** (4.6 to 4.3 mmol/L, p < 0.01)
- **Lower LDL** (2.6 to 2.3 mmol/L, p < 0.01)



<sup>1</sup> Based only on those GPs in the practice using cdmNet

<sup>2</sup> Digital Regions Initiative: cdmNet Australia, Final Report, Precedence Health Care, Sep 2012

<sup>3</sup> Wickramasinghe, L., et al, "Impact on diabetes management of General Practice Management Plans, Team Care Arrangements and reviews", Medical Journal of Australia, Aug 2013

### Who uses cdmNet?

Current users registered with cdmNet

- Over 1,800 GPs
- 500 practice nurses
- 6,000 allied health professionals
- 20,000 patients

MBS CDM Item	721 (GPMP)	723 (TCA)	732 (GPMP/TCA Review)	SIP (Diabetes)	900 (HMR)
<b>MBS Rebate</b>	\$141.40	\$112.05	\$70.65	\$40.00	\$151.75
<b>cdmNet Standard Fee</b>	\$17.50	\$17.50	\$10.00	\$5.00	\$5.00
<b>Net Revenue to GP</b>	\$123.90	\$94.55	\$60.65	\$35.00	\$146.75
<b>Net Revenue to GP with discount</b>	<b>\$132.65</b>	<b>\$103.30</b>	<b>\$65.65</b>	<b>\$37.50</b>	<b>\$149.25</b>

MBS incentive payments and rebates may change from time to time in accordance with Government published rates. Precedence Health Care reserves the right to change the chargeable cdmNet transactions and fees from time to time. Members will be notified at login to cdmNet of any such changes in fees 30 days prior to the new fees taking effect.