Family & Community Medicine
UNIVERSITY OF TORONTO

First Five Years Community of Practice – September 16, 2025

Resource List - *Essential Billing Tips for Your First 5 Years in Practice*

*Resources are current as of September 16, 2025 – subject to change due to frequently updated guidance.

The OHIP Schedule of Benefits: https://www.ontario.ca/files/2025-03/moh-schedule-benefit-2025-03-19.pdf

Video on billing from the OMA: https://learn.oma.org/mod/page/view.php?id=77

Flowsheets:

Diabetes, Smoking Cessation, and Congestive Heart Failure flowsheets are below

DIABETES OUTPATIENT CARE FLOW SHEET

Patient Name: _____ **Diabetes Diagnosis:** □ Type I □ Type II **Vaccinations (Pneumococcal and COVID-19):** _____

Date of Birth: _____ **Date of Diagnosis:** _____

NB:.One-time re-vaccination of Pneumovax23 recommended for individuals >65yo if original vaccine was administered when they were <65yo and >5 years earlier.

* **Required for Diabetes Management Incentive (K030 and Q040 (if criteria met))**

		Required Elements of Diabetes Care	Date:
3 TO 6 MONTHS	Glycemic Control	**Laboratory values** (FBG, random glucose, HbA1c) **Home readings** (capillary blood glucose (CBG), intermittently scanned/real-time continuous glucose monitoring (time in range)) (Targets (or individualize): A1C ≤ 7%; FBG 4-7; 2hr post-prandial BG 5-10) *Indicate values/dates* ➔	Lab: FBG: Random BG: HbA1c: Home:
		Hypoglycemic Episodes (CBG <4) (frequency/pattern/driving risk) *Indicate yes / no* ➔	
		***List antihyperglycemic medications** / start date* *Indicate changes* ➔	
	Blood Pressure Control / Vascular	**BP target** ≤ 130/80 mmHg *Indicate value* ➔	BP: HR:
		***List antihypertensive medications** / start date* *Indicate changes* ➔	
		***Consider ASA** (if CVD) and **ACE inhibitor/ARB** (if CVD, age≥55 with additional CV risk factor(s), or diabetes complications)*	□ ASA □ ACE Inhibitor/ARB
	Other	BMI (Target 18.5-24.9 kg/m^2) Waist circumference: ≤40" (102cm) ♂ / ≤35" (88 cm) ♀ *(Consider Ethnic-specific numbers)* *Indicate values* ➔	Wt (kg): Ht (cm): BMI (kg/m^2): WC (cm):
	Self-Management	Motivational Counselling (Nutrition: healthy dietary pattern (ex. Mediterranean diet, low glycemic index) (Exercise: aerobic 150 mins/week, resistance 2-3x/week) (Mental Health screen: ex. Diabetes Distress Scale (DDS), PHQ-9, or GAD-7) *Indicate lifestyle / behavioural factors* ➔	□ Nutrition □ Exercise □ Smoking cessation □ Mental health/Memory
		Collaborative Goal Setting *Indicate goal* ➔	
		Self-Management Challenges *Indicate challenge* ➔	
ANNUALLY AND / OR AS INDICATED	Lipid Control	**LDL** < 2.0 mmol/L (or >50% reduction from baseline) *(statin indicated (regardless of baseline LDL) for: age ≥40; age ≥30 and DM >15 years; microvascular or macrovascular complications, if warranted based on 2021 CCS Lipid Guidelines)* *Indicate LDL value/dates* ➔	LDL: HDL: Non-HDL: TG:
		***List lipid-lowering medications** / start date* *Indicate changes* ➔	
	◁	**Change in Clinical Status?** -Cardiorenal disease (ASCVD, CKD, HF) or age >60 years with ≥2 CV risk factors? *(consider SGLT2i and/or GLP1RA as indicated)* -Reassess (glycemic targets, med dosing, de-prescribing, side effects, etc)	
	Complication Risk Assessment	**Dilated Eye Exam** (DM1 (q1yr); DM2 (q1-2yr); as per eyecare provider) *Completed yes / no* ➔	Date:
		Renal Urine ACR <2 mg/mmol *Indicate value* ➔ Serum Cr, eGFR *Indicate value* ➔	Urine ACR: Serum Cr: eGFR (or CrCl):
		Foot Exam *Indicate normal/abnormal* ➔	
		Neurologic Exam (10-g monofilament or 128-Hz tuning fork) *Indicate normal/abnormal* ➔	
		Erectile Dysfunction *Indicate normal/abnormal/N/A* ➔	
		Electrocardiogram (consider q3-5yrs if age >40 or DM complications) *Indicate Date* ➔	
		Annual Influenza Immunization *Indicate Date* ➔	
		Education / self-management training (ex. Diabetes Education Centre, Driving, Pregnancy, Sick-Day management., Hypoglycemia, etc). Referred yes/no ➔	
PLAN		-Medication Adjustment(s) -Education/Self-Management/Referrals -Follow-up Plan (bloodwork req for next visit)	

Smoking Cessation Flow Sheet

Initial assessment (E079A)

Patient:			Date:	
ASK	☐ No ☐ Yes (if yes->)	Years Smoking:	# Cigarettes/Day:	Previous quit attempt? ☐ Yes ☐ No
ADVISE	"As your physician, I am concerned about your health and advise you to stop smoking. I can help you." (Make link to relevant medical history)			
ASSIST	Motivational interviewing: **On a scale of 1-10 how would you rate your motivation to quit smoking at this time?**			
	1 2 3 4 5		6 7 8 9 10	
	Not Ready to Change	Unsure	Getting Ready to Change	Trying to Change
	NOT READY TO QUIT Pre-contemplative/Contemplative Stage • Ask patient if they would be willing to cut down • Focus on motivating patient • Offer help when patient is ready		READY TO QUIT Preparation/Action Stage • Set a quit date (try to arrange first counselling session within one week of quit date) • Discuss pharmacotherapy if ready • Offer patient educational material	
Patient's reasons to quit: (Check all that apply)	☐ Health ☐ Children/Spouse ☐ Financial ☐ Social ☐ Other			
Patient's concerns about quitting: (Check all that apply)	☐ Weight ☐ Withdrawal ☐ Social ☐ Stress ☐ Relapse ☐ Other			

Counselling Visit #1 (Q042A)

PATTERN OF SMOKING			Date:	
Age started to smoke:			Notes/Comments:	
Time of first cigarette after awakening (e.g. 30 min):				
Date of last quit attempt:				
Duration of quit attempt:				
Reason for relapse (or N/A):				
PREVIOUS MEDICATION USE:	Nicotine Gum / Nicotine Patch / Nicotine Inhaler / Buproprion / Varenicline			
Comments:				
QUIT PLAN:	Already quit? ☐ Yes ☐ No	Ready to set a quit date? ☐ Yes ☐ No ☐ Uncertain	Quit Date (if applicable):	
Consider Pharmacotherapy	Nicotine Gum / Nicotine Patch / Nicotine Inhaler / Buproprion / Varenicline			
Follow-up – Relapse Prevention	☐ Reinforcement	☐ Intensive Intervention	☐ Withdrawal Symptoms	☐ Not Required
Referral to Community Smoking Cessation Program	☐ Yes ☐ No			

Counselling Visit #2 (Q042A)

PATTERN OF SMOKING:			Date:	
Current smoking status:			Notes/Comments:	
Time of first cigarette after awakening (e.g. 30 min):				
Date of last quit attempt:				
Duration of quit attempt:				
Reason for relapse (or N/A):				
MEDICATION USE DURING QUIT ATTEMPT:	Nicotine Gum / Nicotine Patch / Nicotine Inhaler / Buproprion / Varenicline			
Comments:				
QUIT PLAN:	Already quit? ☐ Yes ☐ No	Ready to set a quit date? ☐ Yes ☐ No ☐ Uncertain	Quit Date (if applicable):	
Consider/Reinforce Pharmacotherapy	Nicotine Gum / Nicotine Patch / Nicotine Inhaler / Buproprion / Varenicline			
Ongoing Follow-up – Relapse prevention	☐ Reinforcement	☐ Intensive Intervention	☐ Withdrawal Symptoms	☐ Not Required
Referral to Community Smoking Cessation Program	☐ Yes ☐ No			

Congestive Heart Failure Flow Sheet

Patient Name:	Date of Birth:
Comorbid Conditions:	PHIN:
	Date of Diagnosis::
Criteria for Diagnosis (Ejection fraction by echocardiogram recommended)	

ASSESSMENT

			DATE (YY/MM/DD)						
PHYSIOLOGY		**REVIEW EACH VISIT**	**GOALS**	**INITIAL REVIEW (BASELINE)**					
		Blood pressure							
		Weight (diary)							
		NYHA class							
		Sodium intake							
		Fluid intake							
		Activity level							
MEDICATIONS/EFFECTS (+/-)	**Target dose**	ACE-inhibitor							
		B-blocker							
		ARB							
	Other								
LABORATORY	**On-going**	Na							
		K							
		Creatinine							

EDUCATION REMINDERS	
☐ Explain what heart failure is and what causes it	☐ Side effects and adverse effects
☐ Set goals with patient	☐ Prognosis
☐ How to recognize and deal with symptoms	☐ Pneumococcal vaccination
☐ Self-weighing	☐ Avoid excessive alcohol
☐ Rationale of treatments and importance of adherence	☐ Stop smoking
☐ Flu vaccination (annual) Date:	

CLINICAL EVALUATION	VISIT 1
	VISIT 2
	VISIT 3
	VISIT 4
	NOTES