

TEMPLATE FOR TRANSFORMATION PROJECT SUGGESTIONS

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Project Title	<i>Diabetes Prevention Program</i>
Rationale for the Project	
<p>Include:</p> <ul style="list-style-type: none"> • The Spokane Regional Health District reports that in 2013, 9% of all adults in Spokane County have been diagnosed with Type II Diabetes; which is higher than the state average of 8.5%. Type II Diabetes is a chronic disease that can be debilitating if not properly managed, resulting in serious medical complications. The Henry J. Kaiser Family Foundation reported that Type II Diabetes complications totaled \$116 billion in 2007. As the Role of Medicaid for People with Diabetes report states, Medicaid plays a key role in financing care for diabetes: Adults with diabetes are disproportionately covered by Medicaid, and the program covered 15% of all individuals with a Diabetes diagnosis in 2003. Those statistics do not account for the newly acquired Medicaid recipients. Medicaid now supports a much larger adult population (41% are non-disabled adults). As age increases, so does risk for Type II Diabetes. A key issue is that this aging Medicaid population could develop costly chronic diseases, such as Type II Diabetes, and disrupt Medicaid's ability to serve vulnerable populations. Type II Diabetes, though, can be prevented, or at a minimum delayed. • INHS will implement the Center for Disease Control's Diabetes Prevention Program (DPP). DPP is designed to work with individuals who have been diagnosed with Pre-Diabetes (have a higher than average fasting glucose level as well as other Type II Diabetes risk factors such as obesity, heart disease, a family history of Type II Diabetes, or being in a high-risk population). INHS will link Pre-Diabetic patients with trained healthcare providers who can help delay or divert the onset of Type II Diabetes. The program implementation consists of 16 meetings, either in person or virtually attended, over the course of 6 months. After the initial 6 months, there are 6 additional sessions that meet over the course of the next six months. In all, the year-long program, teaches pre-diabetic patients how to make healthy lifestyle choices and reduce their risk for developing Type II Diabetes with diet and exercise. The DPP has been proven to be successful in reducing the number of individuals with pre-diabetes from developing Type II Diabetes. The CDC reports that among pre-diabetic individuals, there was a 58 percent reduction in the number of new cases of diabetes overall and a 71 percent reduction in new cases for people over age 60. • Through the DPP, Medicaid beneficiaries will be able to delay or divert the onset of Type II Diabetes. This will allow them to maintain their health, as well as potentially increase it. The DPP encourages healthy lifestyle choices, which could impact overall health and decrease not only the onset of Type II Diabetes but other chronic health conditions as well. In this vein, INHS will be working to improve health outcomes for those who utilize the Medicaid system. 	
Project Description	

Which Medicaid Transformation Goalsⁱ are supported by this project/intervention? Check box(es)

- Reduce avoidable use of intensive services
- Improve population health, focused on prevention
- Accelerate transition to value-based payment
- Ensure Medicaid per-capita growth is below national trends

Which Transformation Project Domain(s) are involved? Check box(es)

- Health Systems Capacity Building
- Care Delivery Redesign
- Population Health Improvement – prevention activities

Describe:

- The Diabetes Prevention Program (DPP) will target individuals who have been diagnosed as pre-diabetic. This program is available both in-person and through a webinar format. The webinar format allows participants throughout Eastern Washington, in both urban and rural areas, to be reached. Rural Eastern Washington areas have committed to actively marketing DPP. In order to reach more people in their own communities, INHS is working with Spokane area libraries and SNAP housing to set up computer kiosks where participants can access the webinar presentations. We hope to expand the availability of these kiosks to surrounding counties within the next 12 – 18 months.
- The goal of Diabetes Prevention Program (DPP) is to delay or divert the onset of Type II Diabetes in a Pre-Diabetic population. DPP teaches people how to improve their health through healthy lifestyle choices. Mismanagement of Type II Diabetes can result in poor circulation, amputation of limbs, blindness, heart disease, and other serious health complications. Many of these complications require individuals to utilize long term care services. By delaying or diverting the onset of Type II Diabetes, patients will not be as likely to need these services to assist them in managing their disease and it's complications.
- In years 1-4 of the waiver period, INHS will hold 12 sessions of the DPP per year. Since the DPP is a year long program, in year 5, INHS will wrap up the Year 4 sessions and hold 1 initial session. This will allow all DPP sessions to be completed by the end of the 5 year waiver period.
- DPP will allow patients to improve their overall health, while at the same time delaying or diverting the onset of Type II Diabetes. By encouraging healthy lifestyle changes – and maintaining those changes long term – DPP will increase the ability for individuals to remain at home and care for themselves. This aligns with Initiative #2 of the Medicaid Transformation. Type II Diabetics are more likely to miss work, particularly if their disease is not managed properly. Modeling studies based on the DPP research study results showed treating 100 high-risk adults with this lifestyle intervention results in the prevention of 162 missed work days. This increases an individual's ability to get and maintain employment, which allows them to get or maintain shelter. This aligns with Medicaid Transformation Initiative #3.
- Potential partners include the healthcare community, particularly those that serve Medicaid patients. Providence Health and Services (PHS) sees Type II Diabetes patients in their Emergency Departments (ED) when patients have poorly managed Diabetes. Their goal is to prevent the onset of Type II Diabetes and the complications from mismanaged diabetes that send patients to their ED. PHS is committed to partnering with INHS to promote DPP with their patients. Spokane County libraries and SNAP housing are also partners in that they are working with INHS to provide on-site computer kiosks to access the webinar version of DPP.

Core Investment Components
<p><i>Describe:</i></p> <ul style="list-style-type: none"> • INHS will implement the Diabetes Prevention Program (DPP) in accordance with the course outline designated by the Centers for Disease Control. DPP is a year long program that focuses on healthy lifestyle changes. For the first six months, patients will be for a total of 16 sessions. After the initial six months, patients meet once a month for an additional six months. During the year long program, participants learn how to reduce fat and calories, begin and maintain an activity program, navigating special events and holidays, and how to manage stress. The full program curriculum can be found here. In total, the program is estimated to cost \$285 per person for the year. Individual patients become fully engaged in their health, and learn to take ownership over their lifestyle choices in order to increase their health. • INHS will begin monthly DPP classes in January 2016 to the general public. We can begin seeing Medicaid patients as soon as the demonstration project is underway in 2017, or sooner if requested. We anticipate serving 12-15 patients per class. The cost per person is \$285 per year. • INHS has 5 staff members trained in DPP, and will begin serving the general community in January 2016. INHS is eager to serve Medicaid patients, as this population is disproportionately affected by both Pre-Diabetes and Type II Diabetes. • One of CDC’s partners in the National Diabetes Prevention Program, UnitedHealth Group estimates a cumulative three-year ROI ratio of 3 to 1. Modeling studies based on the DPP research study results showed treating 100 high-risk adults with this lifestyle intervention results in: Prevention of 15 new cases of Type II Diabetes, Prevention of 162 missed work days, avoidance of the need of blood pressure/cholesterol medications in 11 people, and avoided \$91,400 in healthcare costs.
Project Metrics
<p><i>Wherever possible describe:</i></p> <ul style="list-style-type: none"> • In order to be recognized through the CDC Diabetes Prevention Recognition Program, the CDC has reporting mandates. These mandates show the success of the DPP as a whole, and the organization implementing it. <ul style="list-style-type: none"> ○ The average number of classes attended for the first 6 months must be 9 classes (minimum participation of 4 classes) ○ The average weight loss for patients who attend at least 4 classes will be least 5% of starting body weight at both the 6 month and 12 month intervals. ○ Body weight must have been recorded at 80% of classes or more. From the initial and final body weight, INHS will measure body mass index levels. ○ Physical activity minutes must have been recorded at 60% of classes or more. ○ In months 7 – 12, attendance average must be a minimum of 3 classes attended. • In January 2016, INHS will begin implementing the DPP in the general population in Eastern Washington. INHS can use data from the 2016 general population DPP sessions to compare to the Medicaid specific class sessions. These two groups can be compared to each other, and benchmarks specific to Eastern Washington class participants can be assessed. INHS will also look at national data from DPP and compare it to local and regional data.