

TEMPLATE FOR TRANSFORMATION PROJECT SUGGESTIONS

For projects to be considered for inclusion in the Medicaid Transformation Project List, please provide the information requested in the template. We are looking for summarized information – **2-3 pages maximum per project**. Please email completed templates by **January 15, 2016**, to MedicaidTransformation@hca.wa.gov with the subject **Medicaid Waiver Project**. Thank you for your interest and support.

Contact Information	<p><i>Carol Hawk: 360-854-7170 or carol.hawk@unitedgeneral.org</i></p> <p><i>Which organizations were involved in developing this project suggestion?</i></p> <p>United General District 304; Community Action of Skagit County; Sea Mar Community Health Center/Concrete Medical Clinic; Skagit County WSU Extension; Skagit Valley Farmers Market Association; WA Department of Health</p>
Project Title	<p><i>Title of the project/intervention:</i> Fruit and Vegetable Prescription Program (FVRxP)</p>
Rationale for the Project	
<p><i>Include:</i></p> <ul style="list-style-type: none"> • <i>Problem statement – why this project is needed.</i> <p>Overweight, obesity, and diet-related chronic diseases such as diabetes and heart disease are becoming more prevalent throughout the United States. Low-income residents show disparate rates of these conditions which paradoxically are often accompanied by hunger, food insecurity, and nutrient deficiencies. In Skagit County <i>and</i> in WA State, 64% of adults are overweight or obese. In Skagit County, 41% and 20% of adults report very low fruit and vegetable intake, respectively, compared to 37% and 18% at the State level (BRFSS 2011-2013 combined). A FVRx program can address these issues simultaneously by building healthier nutrition education systems and providing free access to healthy foods, creating nutrition environments that better serve targeted low-income patients and their families.</p> <ul style="list-style-type: none"> • <i>Supporting research (evidence-based and promising practices) for the value of the proposed project.ⁱ</i> <p>This project will follow the Wholesome Wave model of Fruit and Vegetable Prescription® (FVRx®) Program. FVRx is an innovative solution to preventing and treating chronic diet-related disease, which promotes affordable access to fruits and vegetables and healthy eating in underserved communities through partnerships with healthcare providers, community organizations and fresh produce retailers. According to Wholesome Wave, FVRx is a proven evidence-based model of preventative health care with a demonstrated impact, resulting in healthier communities, food systems, and local economies: https://www.wholesomewave.org/our-initiatives/fruit-and-vegetable-prescription-program/). Their 2014 impact data shows that:</p> <ul style="list-style-type: none"> ○ 69% of patients increased their f/v consumption; 47% decreased their BMI ○ 91% agreed or strongly agreed that they were happier with their healthy weight or diabetes care because of their participation in FVRx ○ 45% of patient households reported an increase in food security over the program period ○ 92% reported that the FVRx voucher was important or very important in their family's decision to shop at the participating farmers market or grocery store <ul style="list-style-type: none"> • <i>Relationship to federal objectives for Medicaidⁱⁱ with particular attention to how this project benefits Medicaid beneficiaries.</i> <p>This project benefits targeted Medicaid beneficiaries by providing nutrition education and chronic disease prevention management tools including nutrition incentives vouchers that enable them to purchase fresh fruits and vegetables from farmers markets and other healthy retail locations.</p>	
Project Description	
<p><i>Which Medicaid Transformation Goalsⁱⁱⁱ are supported by this project/intervention? Check box(es)</i></p> <ul style="list-style-type: none"> • Reduce avoidable use of intensive services X Improve population health, focused on prevention • Accelerate transition to value-based payment • Ensure Medicaid per-capita growth is below national trends <p><i>Which Transformation Project Domain(s) are involved? Check box(es)</i></p> <ul style="list-style-type: none"> • Health Systems Capacity Building • Care Delivery Redesign X Population Health Improvement – prevention activities <p><i>Describe:</i></p> <ul style="list-style-type: none"> • <i>Region(s) and sub-population(s) impacted by the project. Include a description of the target population (e.g., persons discharged from local jail facilities with serious mental illness and or substance use disorders).</i> <p>This project will impact North Sound ACH region residents of Skagit County who are low-income, food insecure, and diagnosed with pediatric</p>	

obesity and/or diet-related chronic disease(s).

- ***Relationship to Washington’s Medicaid Transformation goals.***

The FVRx project will provide targeted nutrition education and access to fresh fruits and vegetables for low-income patients with diet-related chronic diseases. This strategy focuses on changing systems and environments to better prevent and manage pediatric obesity and/or diabetes. It aligns with the WA Medicaid Transformation goal to ‘Improve population health, with a focus on prevention and management of pediatric obesity, diabetes, cardiovascular disease, smoking, mental illness, substance use disorders and oral health; that is coordinated and whole-person centered.’

- ***Project goals, interventions and outcomes expected during the waiver period, including relationship to improving health equity /reducing health disparities.***

1. Collaborate with Federally subsidized health care clinics to develop, implement, and evaluate a FVRx program (modeled after the Wholesome Wave FVRx Program).
2. Work with social services, schools, and health care providers to refer low-income families who have overweight or obese family members to clinics where medical staff will ‘prescribe’ fresh fruits and vegetables.
3. Coordinate monthly nutrition counseling and Rx vouchers for fresh fruits and vegetables, redeemable at farmers markets, food banks, and other retail locations, for targeted clients.

The FVRx program will increase household food security, engage the entire family, and provide an incentive for behavior change to increase fruit and vegetable intake. This program will provide more equitable access to healthy foods, especially fresh fruits and vegetables, for low-income households who often lack access due to income, transportation issues, and/or residence in food deserts.

By reducing known barriers, the FVRx program will address food access disparities and impact nutrition-related health conditions.

- ***Links to complementary transformation initiatives - those funded through other local, state or federal authorities (such as the health home program and Early Adopter/Behavioral Health Organization regional purchasing) and/or Medicaid Transformation initiatives # 2 and 3.***

This project links to the U.S. Department of Agriculture (USDA) National Institute of Food and Agriculture (NIFA) [Food Insecurity Nutrition Incentive \(FINI\) program](#), a grant program that provides fruit and vegetable incentives to low-income participants in the Supplemental Nutrition Assistance Program (SNAP). Wholesome Wave, whose FVRx program will be replicated in this proposed project, was a 2015 recipient of the large scale multi-year [USDA FINI grant](#), which supports the expansion of their national network of nutrition incentive programs, increasing affordable access of fruits and vegetables for more than 110,000 SNAP consumers in 17 states and DC, establishing a minimum of 177 new incentive programs at direct-to-consumer outlets, while simultaneously benefiting more than 3,400 small and mid-sized farm businesses. Complementary initiatives in the North Sound ACH region include two projects in Skagit County: a pending USDA Community Food Project Implementation grant, and a FINI grant that increases food security through incentives that allow low-income consumers to purchase produce at Skagit Valley farmers markets and other healthy retail outlets.

- ***Potential partners, systems, and organizations (e.g., health and social service providers, ACH participants) needed to be engaged to achieve the results of the proposed project.***

Sea Mar Community Health Centers/Concrete Medical Clinic; Community Action of Skagit County; Skagit County WSU Extension; Skagit Valley Farmers Market Association; Skagit County Health and Community Services Department; WA Department of Health; North Sound ACH regional partners including PeaceHealth/United General Medical Center; WA Department of Health

Core Investment Components

Describe:

- ***Proposed activities and cost estimates (“order of magnitude”) for the project.***

Year 1: Fruit and Vegetable Prescription Program

- Attend project meetings and develop specific FVRx strategy and timeline
- Develop FVRx marketing materials; conduct outreach to and recruit Health Care Providers
- Work with Health Care Providers to establish client eligibility criteria, develop a voucher system for prescriptions, develop project evaluation tools, and define data-sharing protocols (two providers per county each year).
- Pilot FVRx with 10 selected clients per county who will receive monthly nutrition counseling and \$15 in vouchers each week
- Conduct outreach to inform and engage retail participation
- Publicize FVRx pilot program through media releases
- Review program; solicit feedback from providers, patients and retailers; adapt as needed for year two
- Evaluate program process and impact; share results with partners and stakeholders

Year 2: Add two new providers and 10 new clients

- Conduct outreach, publicize program, review program, evaluate program, share results

Year 3: Add two new providers and 10 new clients

- Conduct outreach, publicize program, review program, evaluate program, share results

Year 4: Add two new providers and 10 new clients

- Conduct outreach, publicize program, review program, evaluate program, share results

- ***Best estimate (or ballpark if unknown) for:***

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- How many people you expect to serve, on a monthly or annual basis, when fully implemented.

At least 40 clients and their families will be served each year when fully implemented.

- How much you expect the program to cost per person served, on a monthly or annual basis.

The program will cost an estimated \$75,000 per county annually for the first four years—mostly for coordination and capacity-building. As clinics change their policies, systems and environments to fully implement the program, it will become self-sustaining except for the cost of the f/v vouchers.

- *How long it will take to fully implement the project within a region where you expect it will have to be phased in.*
The project will be fully implemented in four years.

- *The financial return on investment (ROI) opportunity, including estimated amounts and associated ROI timeline.*
While ROI opportunities specific to FVRx are not available in the literature, Virginia Cooperative Extension has applied a Cost Benefit Analysis to their nutrition education programs. Their findings include, “Diet plays a role in health conditions such as obesity, hypertension, osteoporosis, and problem pregnancy. Together, these health conditions cost our nation an estimated \$250 billion each year (1996 dollars) in medical charges and lost productivity. The extent to which these costs might be delayed, avoided, or reduced by an improved diet cannot be calculated precisely, but some researchers estimate that proper diet might forestall at least 20% of the annual deaths from heart disease, cancer, stroke, and diabetes.”

Project Metrics

The state will monitor implementation of transformation projects at regional and statewide levels through process and outcome measures. Each project will require clearly defined outcomes that relate to the goals and specific process steps.

Wherever possible describe:

- *Key process and outcome measures (and specific benchmark performance data if known) against which the performance of the project would be measured. Include priority measures sets described in the Waiver application <http://www.hca.wa.gov/hw/Documents/waiverappl.pdf> pages 46-47^{iv}.*

Outcomes and measures of the FVRx Program will be:

- **Knowledge:** 75% of participating families will report being told about the importance of dietary fruits and vegetables by their health care provider at every visit (tracked by Health Care Provider)
- **Actions:** 75% of participants will redeem their Rx vouchers for fresh produce at least five times (tracked by retailer). 50% of participants will report an increase in fruit and vegetable consumption and food security (tracked by questionnaire)
- **Conditions:** 30% of participants will have a decrease in BMI after a FVRx Program season (tracked by Health Care Provider)
- *If no specific benchmark performance data are currently available, what efforts will be undertaken to establish benchmark performance ahead of any proposed project implementation?*

DOH and BRFSS chronic disease and nutrition behaviors data (respectively), and USDA food access data are currently available for benchmark data.

ⁱThe Washington State Institute for Public Policy, <http://www.wsipp.gov>, has identified “evidence-based” policies that can lead to better outcomes; Behavioral health research reports developed by the Research and Data Administration are available at: <https://www.dshs.wa.gov/bhsia/division-behavioral-health-and-recovery/decision-support-and-evaluation>

ⁱⁱ Medicaid objectives as stated in GAO report 15-239, April 2015, <http://www.gao.gov/products/GAO-15-239>:

- Increase and strengthen coverage of low income individuals.
- Increase access to, stabilize, and strengthen provider networks available to serve Medicaid and low-income populations.
- Improve health outcomes for Medicaid and low-income populations.
- Increase the efficiency and quality of care for Medicaid and other low-income populations through initiatives to transform service delivery networks.
- Criteria established for specific demonstrations described through an informational bulletin or State Medicaid Director’s Letter – available at: <http://www.medicaid.gov/federal-policy-guidance/federal-policy-guidance.html>.

ⁱⁱⁱ Transformation goals as stated in Washington’s Medicaid Transformation waiver, <http://www.hca.wa.gov/hw/Documents/waiverappl.pdf>:

- Reduce avoidable use of intensive services and settings such as acute care hospitals, nursing facilities, psychiatric hospitals, traditional LTSS and jails.
- Improve population health, with a focus on prevention and management of diabetes, cardiovascular disease, pediatric obesity, smoking, mental illness, substance use disorders and oral health; that is coordinated and whole-person centered.
- Accelerate the transition to value-based payment, while ensuring that access to specialty and community services outside the Indian Health system are maintained for Washington’s tribal members.

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- Ensure that Medicaid per-capita cost growth is two percentage points below national trends.

^{iv} This includes the statewide common measure set for tracking health care quality and cost across multi-payer public and private health delivery systems: http://www.hca.wa.gov/hw/Documents/pmcc_final_core_measure_set_approved_121714.pdf and the subset of 2016 Medicaid contract common performance metrics. It also includes priority measures for critical behavioral health and community support services recommended by the 5732/1519 Steering Committee and reported to the Legislature in “*Service Coordination Organizations – Accountability Measures Implementation Status*”, (page 36) at: http://www.hca.wa.gov/documents_legislative/ServiceCoordinationOrgAccountability.pdf.