Attachment A: **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	Marguerite Ro Director of Chronic Disease & Injury Prevention, Public Health- Seattle & King County Tel: 206-263-8811 Email: marguerite.ro@kingcounty.gov
Project Title	*Expanding the Diabetes Prevention Program (DPP) for Medicaid and low-income populations in community-based settings*

Rationale for the Project

Diabetes is one of the top ten leading causes of death in the United States. Recent data from the Centers for Disease Control and Prevention (CDC) estimates that over 29 million people in the US have diabetes and more than 1.5 million new cases are diagnosed every year. Diabetes is the leading cause of kidney failure, blindness, and amputation, as well as a major cause of heart disease and stroke[i]. "In the United States in 2012, the total medical cost of diagnosed diabetes was estimated at $176 billion, and the cost of productivity loss due to diabetes was another $69 billion[ii]. Type 2 diabetes accounts for 90% to 95% of all cases of diagnosed diabetes. Common risk factors for type 2 diabetes include obesity, family history of diabetes, physical inactivity, hypertension, hypercholesterolemia, and elevated glucose level. In addition, approximately 37% of the U.S. population aged 20 years or older and 51% of those aged 65 years or older had prediabetes in 2012, meaning that they were at increased risk for type 2 diabetes[2]. However, only about 10% of at-risk persons knew their risk status[iii iv]."
According to 2012 WA Department of Health data, an estimated 425,000 Washington residents had diagnosed diabetes, 172,000 had undiagnosed diabetes, and 1.8 million had prediabetes. In King County 7% of people surveyed indicated that they were told by a doctor that they have diabetes (time period 2008-2013)

Supporting research (evidence-based and promising practices) for the value of the proposed project.[v]
The Centers for Disease Control and Prevention Diabetes Prevention Program (DPP)* is based on the National Diabetes Prevention study that showed that making modest behavior changes, such as improving food choices and increasing physical activity to at least 150 minutes per week, helped participants lose 5 to 7 percent of their body weight. These lifestyle changes reduced the risk of developing type 2 diabetes by 58 percent in people at high risk for diabetes. People with prediabetes are more likely to develop heart disease and stroke[vi]. Diabetes is one of the health conditions that is targeted under the CDC's new 6/18 Initiative (six common and costly health conditions; 18 proven interventions). Expanding access to the DPP in community settings where populations that are at most risk live is one of the 18 proven interventions that is recommended. The DPP is an intervention that purchasers, payers, and providers can use to improve their ability to meet and report on health plan performance measures that are linked to payment. The 6/18 initiative notes that a systematic review by the Community Guide of DPP cost-effectiveness (from the health system perspective) demonstrated that overall diabetes prevention programs have a median $13,761/QALY, group-based programs yield a median $1,819/QALY (5 studies), whereas individual-based programs yielded a median $15,846/QALY (5 studies).

A recent review in the Annals of Internal Medicine found that diet and physical activity combined programs are effective in reducing diabetes incidence among people who are at risk for diabetes. (*Balk et al, 2015)*

- ***Relationship to federal objectives for Medicaid[vii] with particular attention to how this project benefits Medicaid beneficiaries.***

This project aims to improve health outcomes for Medicaid and low-income populations by providing , in a community setting evidenced based diabetes prevention classes that are culturally and linguistically appropriate for the priority populations.

Project Description

Which Medicaid Transformation Goals[viii] *are supported by this project/intervention? Check box(es)*

X Reduce avoidable use of intensive services

X Improve population health, focused on prevention

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

X Population Health Improvement – prevention activities

Region(s) : The regions that this project will impact are South East Seattle and South King County. This project will focus on low-income and in communities of color who have been diagnosed with prediabetes or are at risk for diabetes (BMI >25 and other risk factors*).* Medicaid and low-income people in King County with risk factors or have been identified with prediabetes will be recruited to participate. Also, the project could have applicability in regions of the state other than King County given the extent of the diabetes challenge statewide.

Relationship to Washington's Medicaid Transformation goals. This project would directly impact Washington's Medicaid waiver goal that calls for "improving population health, with a focus on the prevention and management of type 2 diabetes". Diabetes prevention and management is one of the priority areas of the state's "Prevention Framework," and multiple measures of diabetes management are reflected in the Healthier Washington's Common Core Measures set. In order to make progress on those measures, a significant ramp-up of community-based interventions are needed to complement what occurs in the clinical care setting.

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

Over the five-year waiver period, the DPP, a lifestyle change program for preventing type 2 diabetes, would be brought to scale in the King County region. The DPP project, an evidence-based lifestyle diabetes prevention intervention, offers 12-16 weeks of classes and support to people with prediabetes or are at risk for type 2 diabetes in areas such as eating healthier, being physically active on a daily basis, and improving problem-solving and coping skills. These classes will be offered in community settings that are culturally and linguistically appropriate for the priority populations.

Links to complementary transformation Access to the Diabetes Prevention Program could be intentionally linked and marketed to clients who are identified in various other Initiative 1, 2, or 3 projects (integrated clinical care settings, case management for high ED users, and residents of supportive housing, for example). By partnering with those other initiatives, the potential for better health outcomes for their clients who are at risk for diabetes will increase.

Potential partners, systems, and organizations.

Building upon Public Health's past coalition-building work in the area of chronic disease prevention, we would seek to partner with community based organizations that serve low-income and communities of color with disproportionate rates of diabetes in order to identify participants who are at risk for type 2 diabetes. These partners will assist in the development and implementation of the DPP program ensuring that it is delivered in a culturally appropriate manner. PHSKC will engage partners such as the YMCA, Sea Mar Community Health Centers, The Center for MultiCultural Health, International Community Health Services, EL Centro De La Raza, and The Seattle Indian Health Board.

Core Investment Components

PHSKC will coordinate the implementation of the DPP 12-16 weeks lifestyle intervention classes in multiple community-based settings and in multiple languages that focuses on preventing diabetes for people who have been diagnosed with pre-diabetes or have a BMI >25 and an additional risk factor for diabetes with an emphasis on Medicaid clients.

- Identify partners working with low-income and communities of color as well as people who have prediabetes or are at risk to form a Strategic Action Team to provide leadership and direction to the project.
- Partners from community based organizations, clinics, and other Medicaid transformation initiatives who are working with selected priority populations will be trained in the Diabetes Prevention Program (DPP) Curriculum.
- Partners recruit participants (Medicaid, low-income and people of color with prediabetes or with risk factors).
- Partners implement DPP 12-16 week classes (2 to 3 times per year).
- The Strategic Action Team will continue to provide direction and leadership to this project by meeting bimonthly to discuss and provide feedback to the development and implementation of the DPP as well as provide feedback on evaluation, fidelity of the program and its cultural appropriateness.

Best estimate (or ballpark if unknown) for: $650,000 for 6 agencies

 # served annually*: approximately* 1,200 people

Cost pp: According the Preventive Services task Force, the medium costs per person for a diabetes prevention program is $653(around $417 if in group settings and $424 in community or primary care settings)[ix] We anticipate the program costing $545 per person for the first year and would be comparable to the sited study by year 3.

Implementation: Since partners are ready to begin, it would take less than one year to fully implement the program

ROI: According to a systematic review of diabetes prevention, programs that focus on diet and physical activity such as the DPP are cost-effective with people who are at increased risk for diabetes. The study also found that cost were lower when the program was implemented in a community or primary care setting[x].

Project Metrics

- Class attendance
- Attrition rates
- Weight loss of 5-7% of body weight
- HbA1C control
- Blood pressure control

[i] Centers for Disease Control and Prevention. National Diabetes Statistics Report, 2014. Accessed at www.cdc.gov/diabetes/pubs/statsreport14/national-diabetes-report-web.pdf on 19 April 2015.

[ii] American Diabetes Association. Economic costs of diabetes in the U.S. in 2012. Diabetes Care. 2013;36:1033-46. [PMID: 23468086] doi:10.2337/dc12-2625

[iii] Centers for Disease Control and Prevention (CDC). Awareness ofprediabetes—United States, 2005–2010. MMWR Morb Mortal Wkly Rep. 2013;62:209-12. [PMID: 23515058]

[iv] The Diabetes Prevention Program Research Group. The Diabetes Prevention Program (DPP). Diabetes Care. Volume 25, Number 12, December 2002.

[v] The 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

[vi] The Diabetes Prevention Program Research Group. The Diabetes Prevention Program (DPP). Diabetes Care. Volume 25, Number 12, December 2002.

[vii] 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.

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

[ix] Li, Rue et al. Economic Evaluation of Combined Diet and Physical Activity Promotion Programs to Prevetn Type 2 Diabetes Among Persons at Increased Risk: A Systematic Review for the Community Preventive Services Task Force. Annals of Internal Medicine. Vol 163, No. 6. September 15, 2015

[x] Li, Rue et al. Economic Evaluation of Combined Diet and Physical Activity Promotion Programs to Prevetn Type 2 Diabetes Among Persons at Increased Risk: A Systematic Review for the Community Preventive Services Task Force. Annals of Internal Medicine. Vol 163, No. 6. September 15, 2015