### 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 <u>MedicaidTransformation@hca.wa.gov</u> with the subject **Medicaid Waiver Project**. Thank you for your interest and support.

Contact Information	Identify point person, telephone number, e-mail address Mary Hogan, Executive Director Volunteers in Medicine of the Olympics (VIMO) 360-457-4431 mhogan@vimoclinic.org
	Which organizations were involved in developing this project suggestion? Olympic Medical Center (OMC) VIMO
Project Title	Title of the project/intervention VIMO Growing Healthy Community Garden

### Rationale for the Project

#### Include:

• Problem statement – why this project is needed.

Clallam County is at or near the bottom of the state health rankings when measuring obesity, diabetes or prediabetes and hypertension or prehypertension. Treatment models involving medication without lifestyle changes for these conditions have shown to be ineffective in creating lasting change for patients. The most effective treatments include medication, regular health counseling and education and diet change. This program incorporates a weekly activity and education session for groups of patients trying to make healthy lifestyle changes to combat these chronic illnesses.

- Supporting research (evidence-based and promising practices) for the value of the proposed project.

  Patients involved in the current pilot program have reported improvements in health and mobility and measurable health metrics (weight, blood glucose levels, blood pressure, etc.) have improved over the course of the pilot.
- Relationship to federal objectives for Medicaid with particular attention to how this project benefits Medicaid beneficiaries.

An expansion of the VIMO Growing Healthy program will reduce the number of clinic visits required by chronic disease patients, will provide training and hands-on experience for participants looking to make lifestyle changes and will teach participants how to continue to sustain these changes.

## **Project Description**

- X 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

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

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

#### Describe:

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). The impact region for this project is primarily Port Angeles, WA but the VIMO Growing Healthy program is part of a Clallam County-wide coalition of community gardens implementing portions of the VIMO program. The target population includes any patient suffering from obesity, diabetes or pre-diabetes, hypertension or prehypertension. Others may be referred into the program if their referring physician feels that they would benefit from program activities.

• Relationship to Washington's Medicaid Transformation goals.

This project will focus on two Transformation Goals: reduce avoidable use of intensive services, and improve population health, focused on prevention. Providing ongoing education for patients, along with providing healthy foods for participants to take home, will help to create lasting lifestyle changes which have been shown to reduce symptoms of the chronic diseases targeted by this program.

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

The project goal is to create a new community garden adjacent to the VIMO clinic in Port Angeles, expanding the reach of the pilot program and extending the training offerings of the program. One key barrier for low-income patients combating these chronic diseases is access to healthy foods. The program will provide fruits and vegetables, free of cost, to program participants, along with training for starting and maintaining their own gardens, using harvested food in their meal plans and making other healthy lifestyle changes. The program includes activity groups for participants of varying mobility levels, utilizing peer support to encourage lasting changes. Expected outcomes include a reduction in measurable symptoms and anecdotal reports of better diet, health and mobility.

- 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.
- 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.

VIMO is partnering with Olympic Medical Center (OMC), local clinics and providers to accept patients into the program. The program can support up to 150 participants in the first year.

### **Core Investment Components**

# Describe:

Proposed activities and cost estimates ("order of magnitude") for the project.

The project will commence with the construction of a new community garden in a .25 acre vacant lot adjacent to the VIMO clinic. Construction, including power and water, will cost approximately \$55,000. Program costs for the first year are budgeted to be \$30,000.

- Best estimate (or ballpark if unknown) for:
- o How many people you expect to serve, on a monthly or annual basis, when fully implemented. During the first year the program can serve 150 participants. After the garden is fully constructed/planted and the program activity groups are established, up to 300 participants will be able to join the program at various levels.
- o How much you expect the program to cost per person served, on a monthly or annual basis. During the first year, the cost per patient will be approximately \$567 (including all construction costs). Because the program includes many volunteer gardeners, trainers and group leaders, ongoing cost per patient after construction will be approximately \$100 per year.
- How long it will take to fully implement the project within a region where you expect it will have to be phased in. Project phase-in to full implementation will take approximately one year while the garden takes place and the participant base is built up. Training, education and basic activity groups will commence immediately upon project approval.
- The financial return on investment (ROI) opportunity, including estimated amounts and associated ROI timeline. The financial ROI will be realized both by decreased Medicaid payments for program participants as their chronic symptoms improve, and a reduction in bad debt incurred by OMC. Participants in the pilot program anecdotally reported fewer return visits to their PCP after making lifestyle changes and seeing symptoms reduced during the course of the program. Many of the participants in the pilot program have used the OMC ER for primary care. By offloading the care of these patients the ER will be less burdened by non-emergency cases and, for those participants who do not have health insurance, OMC will not incur bad debt from unpaid ER bills.

# **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 <a href="http://www.hca.wa.gov/hw/Documents/waiverappl.pdf">http://www.hca.wa.gov/hw/Documents/waiverappl.pdf</a> pages 46-47<sup>ii</sup>.

Each participant will have baseline tests performed before entering the program. Regular tests will be performed during their participation to document the change in health measures. VIMO will also coordinate with referring physicians to determine any impact in the return rate for patients in the program. For some of the more chronic patients, these outcomes will be measured over the course of several years.

• If no specific benchmark performance data are currently available, what efforts will be undertaken to establish benchmark performance ahead of any proposed project implementation?

No specific benchmarks are available so VIMO will work with local providers to determine what health and economic impacts can be attributed to program participation.