

## **Project Option 2.2.6 - Expand Chronic Care Management Models “Other” project option**

### **Unique Project ID: 0937740-08.2.5**

**Performing Provider Name/TPI:** City of Houston Department of Health and Human Services/0937740-08

### **Project Summary:**

**Provider:** The performing provider, Houston Department of Health and Human Services (HDHHS) is the public health authority for Houston, Texas with a population of 2.1 million in 2010. HDHHS has 1,100 employees and a budget of \$100,245,403. HDHHS serves the City of Houston through 44 distinct programs. HDHHS provides core public health services to all Houston residents such as air and water quality monitoring and restaurant inspections; birth and death certificates; leadership in emergencies such as hurricanes; operates a comprehensive regional reference laboratory, provides communicable disease prevention and control services and disease surveillance and a variety of health and human services such as the Women, Infants and Children (WIC) nutrition program, senior nutrition services, family planning, oral health services and immunizations via a network of 4 health centers, 14 WIC sites and the Harris County Area Agency on Aging.

**Intervention(s):** The Diabetes Awareness and Wellness Network (DAWN) Center is a new initiative serving 400 participants (75 diagnosed diabetics, 125 with pre-diabetes glucose levels and 200 at risk for diabetes) per year from DY 3-5 The Center will provide complementary wellness programming and offer prevention and intervention services and coordination of care for those with diabetes or at risk for diabetes through enhanced education, physical activity, self-management education, hemoglobin A1C tracking and monitoring, BMI measurements, behavioral change coaching, and case management. Participants will be recruited from 3 FQHC's, County Hospital based diabetes center and one dialysis center that all serve low income Medicaid patients.

**Need for the Project:** Comprehensive disease management can reduce costs based on less hospitalizations, decrease in loss of productivity, decrease in absenteeism, and decrease in unemployment from disease-related disability. Diabetes patients or those at risk for diabetes receive the greatest benefit from disease management or health enhancing behaviors to lower their risks to develop diabetes. According to the Houston Hospitalizations at a Glance Report, chronic conditions accounted for 78% of all adult preventable hospitalizations in Houston, with 26% of those being related to diabetes. 22% of adult preventable hospitalizations in the Council District D where this project is targeted are diabetes-related.

**Target Population:** Individuals with diabetes or at risk for diabetes residing in an underserved area (Third Ward) with a high incidence of diabetes will benefit from the comprehensive wellness program.

**Category 1 or 2 expected patient benefits:** Increase proportion of patients with disease self-management goals in the DAWN Center by 5% over baseline in DY 4 and by 10% over baseline in DY5.

**Category 3 outcomes:** IT-1.10 Diabetes care: Decrease HbA1c poor control by 2% over baseline in Wellness Center enrollees in DY4 and IT-1.10 Diabetes care: Decrease HbA1c poor control by 5% over baseline in DAWN enrollees in DY5.