**Title of Outcome Measure (Improvement Target):**  IT-1.10 Improved HbA1c Control

**Unique RHP outcome identification number(s):** 082006001.3.3

**Performing Provider Name/TPI:**  Baylor College of Medicine/082006001

**Outcome Measure Description:**

Because this is a new clinic, process milestone P-2 was selected in order to establish the baseline to which we can compare outcomes. Outcome IT-1.10 was selected to measure improvement in Diabetes care control by 15% in DY5 compared to the baseline.

**Process Milestones:**

* DY2: P-1
* DY3: P-2

**Outcome Improvement Target(s):**

* DY4 and DY5: IT-1.10 Improve Hb1Ac control showing increased improvement year over year

**Rationale:**

The Fifth Ward has been identified as a medically underserved area[[1]](#footnote-1) and is predominantly comprised of residents who identify themselves as Black, Hispanic or Latino[[2]](#footnote-2). Improvements in HbA1c control can improve patient quality of life and cost of care by reducing the lifetime incidence of blindness, end-stage renal disease (ESRD) and coronary artery disease[[3]](#footnote-3). Black and Hispanic patients have higher rates of diabetes and higher mortality rates due to diabetes[[4]](#footnote-4) than white patients. African Americans are more likely to develop ESRD.

This measure will reflect the Fifth Ward Clinic’s success in implementing continuous process improvements to improve patient outcomes.

**Outcome Measure Valuation:**

The value of weight reduction was calculated based on the percentage of the population that is obese18 and not currently diagnosed with diabetes20. Of those patients, it is expected that a 5-7% reduction in weight will reduce the risk of diabetes by 58%21. The annual savings21 was applied to the number of diabetes cases avoided due to weight management for the duration of the Waiver.

| 082006001.3.3 | 3.IT-1.10 | Improved HbA1c Control |
| --- | --- | --- |
| Baylor College of Medicine | 082006001 |
| **Related Category 1 or 2 Projects::** | 082006001.2.1 |
| **Starting Point/Baseline:** | To be established in DY 3 |
| **Year 2** **(10/1/2012 – 9/30/2013)** | **Year 3** **(10/1/2013 – 9/30/2014)** | **Year 4****(10/1/2014 – 9/30/2015)** | **Year 5****(10/1/2015 – 9/30/2016)** |
| **Process Milestone 1** [P-1]: Complete project plan.Data Source: Project plan document.Process Milestone 1 Estimated Incentive Payment: $ 46,000 | **Process Milestone 2** [P-2]: Establish baseline percentage of patients with poor HbA1c control (>9.0%).Data Source: EHRProcess Milestone 2 Estimated Incentive Payment: $ 100,000 | **Outcome Improvement Target 1** [IT-1.10]: Improve HbA1c control Improvement Target: 10% improvement over baseline.Data Source: EHR Outcome Improvement Target 1 Estimated Incentive Payment: $ 163,300 | **Outcome Improvement Target 2** [IT-1.10]: Improve HbA1c controlImprovement Target: 15% improvement over baseline.Data Source: EHR Outcome Improvement Target 2 Estimated Incentive Payment: $ 234,000 |
| Year 2 Estimated Outcome Amount: $ 46,000 | Year 3 Estimated Outcome Amount: $ 100,000 | Year 4 Estimated Outcome Amount: $ 163,300 | Year 5 Estimated Outcome Amount: $ 234,000 |
| **TOTAL ESTIMATED INCENTIVE PAYMENTS FOR 4-YEAR PERIOD** *(add outcome amounts over DYs 2-5)****:***$ 543,300 |

1. U.S. Department of Health and Human Services, Health Resources and Services Administration. Find Shortage Areas: MUA/P by State and County. <http://muafind.hrsa.gov/index.aspx>. Accessed October 1, 2012 [↑](#footnote-ref-1)
2. United States Census 2010. 2010 Census Interactive Population Search. <http://2010.census.gov/2010census/popmap/>. Accessed October 1, 2012. Census Tracts 2111, 2113. [↑](#footnote-ref-2)
3. Huang ES, Zhang Q, Brown SES, Drum ML, Meltzer DO, Chin MH. The Cost-Effectiveness of Improving Diabetes Care in the U.S. Federally Qualified Community Health Centers. *Health Services Research*, 2007; 42(6 Pt 1): 2174-2193. [↑](#footnote-ref-3)
4. Agency for Healthcare Research and Quality, Diabetes Disparities Among Racial and Ethnic Minorities. [↑](#footnote-ref-4)