**Title of Outcome Measure (Improvement Target):**  IT-1.20 Improved Weight Control

**Unique RHP outcome identification number(s):** 082006001.3.4

**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 population. Outcome IT-1.20 other outcome improvement target was selected to measure weight loss of at least 5% in 10% of the target population by DY5.

**Process Milestones:**

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

**Outcome Improvement Target(s) for each year:**

* DY4 and DY5: IT-1.20 Improve weight 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). Weight management is a proposed outcome measure under option IT-1.20. According to the Health of Houston Survey in 2010, 32% of Houston area adults were obese, compared to 29% across the State of Texas[[3]](#footnote-3) with a high prevalence among non-Hispanic blacks (51% higher) and Hispanics (21% higher)[[4]](#footnote-4). Obese patients face a higher risk of developing diabetes[[5]](#footnote-5), and weight loss can significantly reduce that risk[[6]](#footnote-6). Helping patients achieve healthier weights can reduce mortality and morbidity and their attendant costs associated with diabetes as well as, creating an overall healthier population with decreased risk of other medical complications.

**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.

| 082006001.3.4 | *3.IT-1.20* | Improved Weight 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: $ 11,800 | **Process Milestone 2** [P-2]: Establish baseline number of obese patients (BMI ≥ 30).  Data Source: EHR  Process Milestone 2 Estimated Incentive Payment: $ 25,700 | **Outcome Improvement Target 1** [IT-1.20]: Improve weight control (loss of ≥ 5% of body weight).  Improvement Target: Improved control in 5% of target population.  Data Source: EHR  Outcome Improvement Target 1 Estimated Incentive Payment:  $ 42,000 | **Outcome Improvement Target 2** [IT-1.20]: Improve weight control (loss of ≥ 5% of body weight).  Improvement Target: Improved control in 10% of target population.  Data Source: EHR  Outcome Improvement Target 2 Estimated Incentive Payment:  $ 60,300 |
| Year 2 Estimated Outcome Amount: $ 11,800 | Year 3 Estimated Outcome Amount: $ 25,700 | Year 4 Estimated Outcome Amount: $ 42,000 | Year 5 Estimated Outcome Amount: $ 60,300 |
| **TOTAL ESTIMATED INCENTIVE PAYMENTS FOR 4-YEAR PERIOD** *(add outcome amounts over DYs 2-5)****:***$ 139,800 | | | |

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. Institute for Health Policy, *Health of Houston Survey 2010: A First Look*, University of Texas School of Public Health. <https://sph.uth.edu/research/centers/ihp/health-of-houston-survey-2010/>. Accessed October 3, 2012. [↑](#footnote-ref-3)
4. Centers for Disease Control and Prevention, Differences in Prevalence of Obesity among Black, White and Hispanic Adults – United States, 2006-2008. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5827a2.htm>. Accessed October 3, 2012. [↑](#footnote-ref-4)
5. Mokdad AH, Ford ES, Bowman BA, Dietz WH, Vinicor F, Bales VS, Marks JS. Prevalence of Obesity, Diabetes and Obesit-Related Health Risk Factors, 2001. *Journal of the American Medical Association,* 2003; 289(1): 76-79. [↑](#footnote-ref-5)
6. National Prevention Council, *National prevention Strategy,* Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General, 2011. [↑](#footnote-ref-6)