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| Concept Name /Description |
| Intervention in which Concept best fits. Include Category Number, Item Number and Letter: |
| Describe the Concept: |
| Is there a specific area (County, Ward, neighborhood, etc.) in which you believe this initiative is most suited for or most needed? If so, why? |
| What implementation activities or services would or could this concept entail (social work, care coordination, provider training, patient education, transportation, etc.)? |
| What types of providers/facilities are needed for this concept? (Hospital, FQHC, urgent care clinics, primary care physicians, specialty MD (describe), nurses, nurse practitioners, etc.) |
| List the top challenges of this initiative (other than finances and politics). |
| What cost categories would you anticipate for this initiative? (Provider training, I-Pads, transportation support, provider salaries, expanded office/facility space, etc.) |
| If there is an existing program or resource person that would serve as a good reference, please describe. |

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| **Concept Name /Description**  Improve access to resources for diabetes management. |
| **Intervention/s in which concept best fits. Include Category Number, Item Number and Letter:**  Category I, Item 2A, Category II, Item 4B or Category II, Item 7A |
| **Describe the Concept:**  Develop a specialty care coordination training program for FQHC providers that is specifically dedicated to diabetes patient care management 3 days a week. Requires hiring of one additional full time physician, one care coordination specialist, one additional nurse. |
| **Is there a specific area (County, Ward, neighborhood, etc.) in which you believe this initiative is most suited for or most needed? If so, why?**  Southeast Houston – high diabetes incidence rate, high number of uninsured patients, limited access to primary care services, over-utilization of ER for services that could be treated in clinic setting |
| **What implementation activities would or could this concept entail (social work, care coordination, provider training, patient education, transportation, etc.)?** Provider hiring and training, care coordination, development of treatment protocol, patient education and follow-up, improved transportation to avoid inappropriate use of emergency transportation, expanded office hours to ensure providers and sufficient appointment times are available |
| **What types of providers/facilities are needed for this concept? (Hospital, FQHC, urgent care clinics, primary care physicians, specialty MD (describe), nurses, nurse practitioners, etc.)**  Well suited for FQHC, urgent care clinics or any clinic setting; provider team should include one full time primary care physician, one full time nurse, one full-time administrative coordinator |
| **List the top challenges of this initiative (other than finances and politics).**  Attracting providers; patient education, incentivizing patients to use program. |
| **What cost categories would you anticipate for this initiative? (Provider training, I-Pads, transportation support, provider salaries, expanded office/facility space, etc.)**  Provider salary, provider/team training, IT equipment, office expansion, clinic equipment, training materials for patient distribution. |
| **If there is an existing program or resource person that would serve as a good reference, please describe.** |