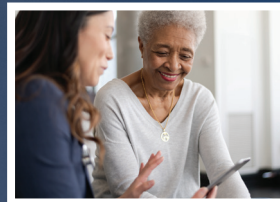




HCSC

Health Care Service Corporation

Diabetes Center of Excellence



Presented by HCD International

Background

Diabetes mellitus is a highly prevalent chronic condition that affects approximately 38.4 million people of all ages across the United States, which is about 11.6% of the US population. Of those individuals, 8.5 million are undiagnosed. Those most negatively affected are 14.5% American Indians/Alaskan Natives, 12.1% non-Hispanic Blacks, 11.8% Hispanics, 9.5% Asian Americans, and 7.4% non-Hispanic whites. The systemic costs of Diabetes are upwards of \$412 billion dollars per year. Diabetes can lead to serious complications such as cardiovascular disease, retinopathy, nephropathy, and lower-extremity amputations.

The existing body of literature highlights that conducting a minimum of three or more sessions focused on Diabetes education leads to enhanced glycemic control, benefiting both individual and group participants. Moreover, leveraging telehealth to overcome geographical and socio-economic barriers for Diabetes Type 2 patients can yield favorable health outcomes, diminishing the need for hospitalizations.

HealthCare Dynamics International (HCDI) is delighted to propose the following pilot programs for:

- Diabetes Management Education
- Diabetes Prevention Program

Our custom design curriculum that captures the best from multiple evidence-based programs will include a nutritional plan, fitness classes, medication review and cognitive behavioral therapy to enhance the success of the program. HCDI will also ensure social needs of all participants are screened and addressed while in the program. To this end, HCD International proposes the creation of the **HCSC Diabetes Center of Excellence** to deliver a culturally intelligent, community-based instructional program to engage, educate and empower HCSC Medicare and Dual Eligible populations.



HC DI WILL:

- Provide a customized, comprehensive, multi-disciplinary blend of diabetes prevention and diabetes management curricula
- Integrate adult-learning methodologies for low literacy populations to include real-time practical scenarios
- Implement an interactive high-touch model that is culturally-intelligent and unique to each community
- Improve the HEDIS gap closures of participants related to Diabetes and other related measures
- Ensure providers are informed that their patients are participating in the educational programs
- Actively recruit, engage and educate members on the importance of diabetes education programs
- Create an atmosphere to encourage member families and support systems to participate in their journey to better health
- Provide meaningful incentives to improve class participation and retention
- Develop measurable process and outcome goals for each member, the pilot that aligns with HCSC goals
- Improve medication adherence for members
- Provide cognitive behavioral therapy to change thinking, ultimately leading to changed health behaviors and improving outcomes
- Create opportunities for ‘connectedness’ among the seniors to address loneliness
- Coordinate celebratory events to recognize significant accomplishments throughout the program
- Conduct social determinants of health screenings to promote health equity and assist with barriers to improve overall well-being
- Endeavor to identify triggers that increase the probability of ER utilization, hospitalizations, and readmissions
- Follow-up with members after hospitalization to ensure proper coordination with primary care providers



HC DI proposes three phases for the pilot, namely:

1. **Planning and Recruitment Phase**
2. **Implementation Phase**
3. **Sustainability and Evaluation Phase**

PHASE 1: Planning and Recruitment Phase

- Curriculum customization
- Data Analytics for Member Selection for Diabetes Prevention and Diabetes Management
- Design tracking and monitoring
- Project workplan and timeline
- Establish and implement registration and recruitment process

PHASE 2: Implementation Phase

Type for Course	Diabetes Prevention	Diabetes Management
Number of classes	2	2
Number of Participants in each class	12	12
Number of weeks for each course		
Intense (weeks)	8	8
Moderate (weeks)	16	16
Support (monthly)	6	6

Classes will include basic information about the members’ diagnosis and how to best manage their chronic condition. Modules on Healthy Living may include:

- weight management
- fitness
- mental health
- eye and foot health
- oral health
- kidney health
- understanding your medications and their importance

Food and nutrition modules may include:

- meal planning
- understanding how food affects blood glucose
- virtual cooking classes
- healthy eating tips
- how to read food labels



Services

- Weekly one-hour class instruction for adult learners with special literacy and language considerations
- Virtual or in-person options depending upon the number of members in a specific geographic location and availability of training site
- One-on-one nutrition counseling, semi-monthly
- Cognitive Behavioral Therapy to improve health behaviors
- Fitness Training is offered 3 times a week, one session as optional
- Social needs screening and tracking
- Medication Review
- Weekly reminders and touch points from Instructors and Community Health Workers

- Pre- and post-evaluations
- Graduation with Certificates

Incentives

- Scale
- Pedometer
- Food Diary
- Calorie King Book
- Measuring Cup
- Water Bottle
- Gift Card
- Subscription to food preparation services



PHASE 3: Sustainability and Evaluation Phase

HCDI will design, develop and implement evaluation criteria that will assess the effectiveness of the pilot to include but not limited to the impact to the members. HCDI will also include process and outcome measures.

Sustainability Initiatives

HCDI will implement the following sustainability initiatives for the HCSC Diabetes Center of Excellence:

- Identify and train peer educators which will engage members during the moderate and support phases to reinforce positive health behaviors
- Coordinate community events for participants to attend and continue to engage

Staffing

- Program Director
- Diabetes Trainer
- Project Coordinator (CHW)
- Fitness Instructor (Part-time)
- Cognitive Behavioral Therapist
- Nutritionist
- Pharmacist (Part-time)
- Data Analyst

During pre-implementation phase only

- Instructional Designer
- Graphic Designer

Cost

HCDI proposes the design, development and implementation of the HCSC Diabetes Center of Excellence to train in the first year 288 participants. The total annual cost for the Pilot Program is estimated at approximately \$795,000 for twelve months. This is inclusive of Labor Costs, Other Direct Costs such as incentives, and an annual administration fee.

Estimated Monthly Per Participant Cost

Hours	Services
4	Customized Instruction
1	Nutritional Counseling
8	Fitness Sessions
2	Cognitive Behavioral Therapy
1	Social Needs Screening
0.5	Medication Review
0.3	Engagement Calls
	Incentives
Project Management: Data Analysis, Tracking, Care Coordination, Provider Coordination, Recruitment and Retention protocols	
Per Month Per Participant up to 288 participants: \$455.92	

*Technology solutions for members not included in pricing.



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