1115 Waiver

4th Year - Summary

10/1/14 to 09/30/15

Health Information Exchange Year 4

HIE project

- 1,017 chronic disease clients added to CCNCPHD chronic disease database
  Total Revenue $410,118

- **> $400,000 in cost savings** for Nueces County with 500+ client referrals directly linked to CCNCPHD chronic disease database

- Provides the ability to link data from Partner clinics, CCNCPHD clinics, and the HIE or chronic disease registry, to track high needs /use clients and work to prevent poor outcomes, before it happens.

Diabetes Self-Management Year 4

<u>Diabetes project</u>

- 338 clients educated through CBHEC 1115 Waiver funding

  Total Revenue Net $487,840

- 11.8% reduction in HgbA1c rates greater than 9% ~ the highest risk clients for complications and hospitalizations

- **$273,650 cost savings** for Nueces County when $1300 average savings is calculated for every 1% drop in HgbA1c% among the 338 waiver clients

Patient Navigator Year 4

Navigator project

- 274 chronic disease clients enrolled in program resulting in over 724 client encounters and 506 medical and social needs referrals:

Transportation assistance = 63	Medication Assistance (including payment source assistance) = 132	Medical (clinic, primary care home, specialist, self-management training) = 266
Financial aid and housing assistance = 25	Mental Health and Psychiatric referrals = 2	Insurance assistance = 20

- Based on an average cost savings of $800 per prevented ER visit, 506 patient navigator client referrals **saved Nueces county approximately $404,800** in year 4 of the project

Total Revenue Net $360,186

Year 5 Goals

- **HIE:**
  Add 1000 new clients to the chronic disease registry
  Increase interoperability and community health project communication and collaboration with public health and The Healthy South Texas Initiative

- **Diabetes:**
  Have 360 new clients receive innovative diabetes self-management intervention
  Lower HgbA1C rates >9% to 46.2% or less
  Attend 2 RHP Learning Collaborative Meetings in collaboration with 2.3

- **Navigator:**
  Develop 18 new practice tools, ideas, and solutions
  Enroll 325 new clients in CCNCPHD Pt Navigator program
  Refer 120 (20% total clients) to primary care or specialty care programs
  Show improved hypertension control <140/90 of 52.01% or greater