Domain 3:
Chronic Disease Prevention & Control

Rationale:

Chronic health conditions are prevalent among Washington's Medicaid beneficiaries, and the number of individuals with or at risk for chronic disease is increasing. Disease prevention and effective management is critical to quality of life and longevity. Many individuals face cultural, linguistic and structural barriers to accessing quality care, navigating the health care system, and understanding how to take steps to improve their health.

Evidence-based Approaches:

- Develop a disease/population specific implementation plan using the Chronic Care Model
  Examples of specific strategies to consider within the model include:
  - The Community Guide
  - Million Hearts Campaign
  - Stanford Chronic Disease Self-Management Program
  - CDC-recognized National Diabetes Prevention Programs (NDPP)
  - Community Paramedicine model
- *Regions are encouraged to focus on more than one chronic condition*

System wide Metrics:

- Outpatient Emergency Department Visits per 1000 Member Months
- Inpatient Utilization per 1000 Medicaid Member Months

Project-Level Metrics: *To be determined based on approval of region-specific target populations and selected interventions. May Include:*

- Child and Adolescents' Access to Primary Care Practitioners
- Adult Access to Preventive/Ambulatory Care
- Comprehensive Diabetes Care: Eye Exam (retinal) performed
- Comprehensive Diabetes Care: Medical attention for nephropathy
- Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life
- Well-Child Visits in the First 15 Months of Life
- Medication Management for People with Asthma (5 – 64 Years)
- Comprehensive Diabetes Care: Blood Pressure Control
- Influenza Immunizations 6 months of age and older
- Statin Therapy for Patients with Cardiovascular Disease (Prescribed)
- Adult Body Mass Index Assessment