MIPCD State Summary: Hawaii

The Medicaid Incentives for the Prevention of Chronic Disease grant program, which will provide a total of $85 million over five years, will test the effectiveness of providing incentives directly to Medicaid beneficiaries of all ages who participate in MIPCD prevention programs, and change their health risks and outcomes by adopting healthy behaviors. Awards are for a 5-year period, but are subject to annual renewal of funding. Grants must address at least one of the following prevention goals: tobacco cessation, controlling or reducing weight, lowering cholesterol, lowering blood pressure, and avoiding the onset of diabetes or in the case of a diabetic, improving the management of the condition.

State	Hawaii
Project Title	Hawaii Patient Rewards and Incentive for Supporting Empowerment Project (HI-PRAISE)
Organization and Partners	**Grantee:** Hawaii Department of Human Services **Partners:** • University of Hawaii (UH) John A. Burns School of Medicine • UH Center for Disability Studies (CDS) • Community Health Centers (CHCs), private providers and the Hawaii Associations of Health Plans
Condition	Diabetes management or prevention, tobacco cessation
Target Population	Individuals with diabetes age 18 and older, especially ethnic groups that are subject to cultural and socioeconomic barriers to care, including indigenous Native Hawaiians and immigrant Asian Americans and Pacific Islanders.
Goals	• Improve early detection of diabetes among individuals at high risk for diabetes. • Improve diabetes self-management among individuals with diabetes.
Activities	• Training for medical assistants or community health workers as health coaches, who will: o Provide brief diabetes education interventions during clinical visits. o Provide care coordination by working with physicians to screen and identify other risk factors and co-morbidities, provide referrals, make appointments, and follow up with patients. o Assess patients for problems and stressors in their lives that may serve as barriers to health improvement. o Work with diabetes educators to follow and track patient progress. • Assistance to CHCs and larger providers to ensure that evidence-based diabetes self-management training is sustainable.
Recruitment Approach	Recruiting participants through CHCs and private providers using outreach and community health worker/physician referral.
Incentives	CHCs and providers will determine the amount, frequency, and type of incentives, which could include: • $20-valued incentive for compliance with ADA-recommended strategies (such as blood tests, eye examinations, and immunizations) to prevent, treat, and manage diabetes. • $25-valued incentive for patients who go to the first session of smoking cessation, behavioral health counseling, and diabetes education. The program will pay CHCs and private providers for providing supplemental services up to $200 per patient for diabetes education, goal setting, and referrals to services that will help break down barriers to improving their health.

Evaluation Design	• Primary test of effect using a within person, pre- versus post-intervention comparison with adjustments for length of intervention and baseline characteristics of patients. • A second analysis using a non-Medicaid group of diabetes patients as a control group.