

6|18 Initiative: Accelerating Evidence into Action

State Medicaid & Public Health Convening

Meeting Summary

Executive Summary

On February 8-9, 2016, the Centers for Disease Control and Prevention (CDC) hosted the *6|18 Initiative: Accelerating Evidence into Action State Medicaid and Public Health Convening*. This convening launched a collaborative engagement with states to help them explore how to best translate the evidence on interventions related to controlling asthma, tobacco cessation, and unintended pregnancy prevention into implementation within the state Medicaid programs. Nine states (Colorado, Georgia, Louisiana, Massachusetts, Michigan, Minnesota, New York, Rhode Island, and South Carolina) participated in the convening, identifying specific interventions they plan to pursue as part of the 6|18 Initiative.

More than 150 individuals participated in the convening, including state participants, invited speakers, and subject matter experts and partners from federal agencies and national organizations, including: Centers for Medicare and Medicaid Services (CMS), Association of State and Territorial Health Officials (ASTHO), Center for Health Care Strategies (CHCS), National Network of Public Health Institutes (NNPHI), National Governors Association (NGA), and Robert Wood Johnson Foundation (RWJF). State teams were composed of up to five representatives from the states' public health and Medicaid agencies.

The partnership began with a series of pre-convening planning calls to help state teams and partner organizations to help define shared priorities and identify cross-cutting issues of interest to the group. Day one of the convening was focused on discussing strategies to improve implementation of the 6|18 interventions. Day two of the convening was focused on beginning to operationalize those strategies on a state-by-state basis. By the end of the convening, state teams developed high-level action plans for each of the specific interventions they plan to address in the eight to 10 months following the convening. In this first phase or partnership, CHCS will lead the technical assistance that states receive after the convening, and with support from CDC, CMS, ASTHO, and NNPHI, will work with each state to develop and implement detailed work plans for each of their priority areas through December 2016.

Introduction

The healthcare system is rapidly transforming, creating opportunities and challenges for states. Many states are increasingly interested in identifying solutions that improve population health while controlling healthcare spending. In response to the challenges faced by states, the Centers for Disease Control and Prevention (CDC) is building partnerships with healthcare purchasers, payers, and providers to improve the health of the U.S. population through the 6|18 Initiative.

The 6|18 Initiative (<http://www.cdc.gov/sixeighteen/>) is an effort to engage with the identified healthcare partners to improve health and control healthcare costs. CDC has provided partners with rigorous evidence about six high-burden health conditions – tobacco use, high blood pressure, healthcare-associated infections, asthma, unintended pregnancies, and diabetes – and 18 associated interventions to inform their decisions to have the greatest health and cost impact (see Appendix A). This initiative offers proven interventions that prevent unintended pregnancies, chronic and infectious

diseases by increasing their coverage, access, utilization, and quality. Additionally, it aligns evidence-based preventive practices with emerging value-based payment and delivery models.

CDC partnered with the Centers for Medicare and Medicaid Services (CMS), the Association of State and Territorial Health Officials (ASTHO), the Center for Health Care Strategies (CHCS), the National Network of Public Health Institutes (NNPHI), the National Governors Association (NGA), the National Association of Medicaid Directors (NAMD), and the Robert Wood Johnson Foundation (RWJF), to launch a collaborative engagement and learning opportunity with states to help them explore how to best translate the evidence on interventions into implementation within the state Medicaid programs.

Pre-Convening Planning Calls

The purpose of the state convening was to launch a collaboration between CDC, CMS, national partners, and selected states around the adoption of a set of evidence-based interventions that are most likely to improve health and control costs related to three health conditions: asthma, tobacco cessation, and unintended pregnancy prevention. These three conditions were chosen for initial focus because the epidemiology indicates their relevance to Medicaid populations and because they are associated with high costs for Medicaid programs.

To help states prepare for the convening, a series of three, one-hour planning calls were hosted with the selected states and partners to get input and feedback from states about the content and structure of the convening. On each of the calls, CDC walked participants through the proposed convening agenda items, discussed meeting logistics, provided updates based on previously received input, and solicited feedback from states on their specific interests and technical assistance needs to help ensure the appropriate subject matter experts would be available at the convening.

The first planning call was held on December 18, 2015, and the purpose was to begin to prepare states for the February convening. An overview of the expectations for the partnership between CDC and the states was provided to help states identify who should participate and represent their state at the convening. States also identified the specific topics they hoped to address through the partnership. In addition, ample time was provided to allow states to ask questions about the convening related to structure and logistics, and to discuss any shared areas of interest for content at the meeting and the subsequent technical assistance.

States	State Identified Priorities		
	Tobacco	Asthma	LARC
Colorado	X		X
Louisiana			X
Massachusetts	X		
Michigan	X	X	X
Minnesota	X		
New York	X	X	X
Rhode Island	X	X	
South Carolina	X		

The January 14, 2016 call was focused on providing updates to participants related to the convening agenda and structure. Additionally, each state team was asked to develop discussion guides for each health condition (e.g., asthma, tobacco use, unintended pregnancy) they would be focusing on as part of the initiative. The discussion guides were used to help states begin to define the specific issues related

to the interventions that states were interested in addressing and how CDC and the 6|18 initiative partners could assist them in overcoming any barriers/challenges.

The discussion guides were submitted prior to the convening and were distributed to meeting participants as part of the State Peer-to-Peer Learning Sessions in order to guide and facilitate discussion.

The final planning call was held on January 26, 2016. The purpose of this call was to describe the high-level action planning template that CHCS developed. This tool was utilized at the convening to help states think about the initiatives they would be pursuing through the 6|18 Initiative. CHCS also shared a checklist of pre-convening considerations/examples to help states prepare for the convening.

Additionally, NGA presented a preview of their soon to be released Population Health Integration Roadmap. This roadmap was developed as a tool to help states integrate population health into the design and implementation of health system transformations.

Overview of State Convening

On February 8-9, 2016, state teams were convened in Atlanta, Georgia, as a first step in a larger collaborative engagement between state public health agencies and Medicaid agencies around the adoption of a set of evidence-based interventions related to controlling asthma, reducing tobacco use, and preventing unintended pregnancies. Participating states included: Colorado, Louisiana, Massachusetts, Michigan, Minnesota, New York, Rhode Island, and South Carolina. Up to five representatives from these states' public health and Medicaid agencies attended the convening to beginning working collaboratively together. See Appendix B for the convening agenda and Appendix C for the participant list.

State Convening Meeting Objectives

1. Learn about the evidence behind the 6|18 interventions.
2. Identify facilitators and barriers to implementation.
3. Identify opportunities to engage healthcare providers to facilitate rapid implementation.
4. Learn how to make the business case for these interventions.
5. Begin drafting state action plans to accelerate adoption of the 6|18 interventions.

Day One: Facilitated Peer-to-Peer Learning

The first day of the convening was focused on facilitated peer-to-peer learning sessions on each of the three topic areas. The purpose of these sessions was to discuss the issues/challenges which are the focus of the 6|18 partnership and provide state leadership the opportunity to hear from their colleagues and national experts about strategies that have been successful in other states.

After welcoming and introductory remarks by Dr. Thomas Frieden, Mr. John Auerbach, Dr. Dawn Alley, and Dr. Laura Seeff, division directors from CDC's Office of Smoking and Health, CDC's National Center for Environmental Health, and CDC's Division of Reproductive Health, presented on the health and cost evidence underpinning the 6|18 interventions. After each presentation, senior representatives from state public health and state Medicaid agencies, along with representatives from CDC and CMS, participated in a facilitated discussion on the specific topic area. State representatives used the discussion guides that were prepared in advance of the meeting to highlight the issues that they were working on, the challenges they are seeking to overcome, and the opportunities for technical assistance and partnership. After the session, senior public health and Medicaid representatives from each state were asked to recommend which strategy or strategies they would like their teams to focus on during the second day of the convening. The day concluded with a panel discussion about a modeling tool that enables users to project the impact of policies to increase uptake of Long-Acting Reversible Contraceptives (LARC) on unintended pregnancies and Medicaid costs. Panelists representing the

Medicaid and commercial insurer actuarial perspective provided a reaction to the tool and discussed the role of similar data in actuarial analyses.

Day Two: State Action Planning

The second day of the convening focused on the development of draft high-level state action plans for the 6|18 interventions. State teams worked together to begin operationalizing their states' identified strategies. These action plans will be utilized to guide the partnership and technical assistance provided to states following the convening.

CHCS opened the day by providing an overview of the session and how it would be structured. In addition, they walked through the action planning tool (see Appendix D) and discussed how the 6|18 action plan would be used to guide the implementation and technical assistance opportunities. Each state team was paired with a facilitator and note-taker to document their discussions. State teams worked independently with their facilitators to review the action planning tool before groups of subject matter experts rotated among each of the state teams. Subject matter expert groups included: tobacco cessation, unintended pregnancy prevention, asthma control, CMS, provider implementation, managed care and actuarial analysis, and population health systems. The subject matter experts answered questions and provided insight and guidance on how to begin to operationalize their chosen strategies.

At the conclusion of the session, state teams reported out to the group on the activities they plan to focus on as part of this partnership. Following the state report out, representatives from CHCS, ASTHO, and NNPHI shared next steps and how their organizations would be available to support state technical assistance requests following the convening. Immediately after the convening, CDC organized optional meetings for state team participants with federal and national subject matter experts around any of the six high-burden health conditions that are the focus of the 6|18 Initiative. In addition, there was the opportunity for states to participate in an interactive demonstration of the economic modeling tool for LARC that was presented on day one.

State Team Planning Summary Results

State teams used a worksheet to document high-level brainstorming and planning for each 6|18 intervention the state plans to pursue and their desired end goal(s). For each of these interventions, teams were also asked to discuss potential major areas of work in 2016, potential barriers, stakeholders to engage, and technical assistance needs. Additionally, states were asked to consider how they could leverage existing programs/policies, recruit state/local champions, and evaluate their success by selecting evaluation metrics and potential assessment strategies. The tables below provide a summary of some of the activities discussed by states during the convening.

Control Asthma
<ul style="list-style-type: none">• Conduct more provider outreach and education to improve quality of care.• Partner with payers to expand access to home visits by licensed professionals or community health workers to improve self-management education and reduce home asthma triggers.• Partner with payers to implement sustainable strategy for reimbursing for asthma self-management education.• Collect data from health plans and pharmacy benefit managers regarding valved holding chamber (VHCs) and spacer policies.• Partner with health plans and pharmacy benefits managers to address barriers to patient access of VHCs and spacers.

- Develop infrastructure to support asthma interventions (e.g., staff credentialing, activating CPT codes for AS-ME, etc.).

Preventing Unintended Pregnancy

- Determine implementation barriers at provider level through a focused survey/focus group of diverse providers (e.g., OB/GYNs, hospitals, clinics, billers).
- Conduct provider and patient education to overcome concerns (e.g., expulsion) related to IUDs, especially immediately postpartum.
- Develop informational fact sheets/Medicaid bulletins about LARCs and coverage policies for providers and payers.
- Identify and recruit provider champions to implement trainings.
- Reduce upfront costs by providing start-up funds or starter kits for LARC providers.
- Explore “whitebagging” option in hospitals to reduce upfront costs of device.
- Explore options for promoting managed care organizations (MCOs) reimbursement of immediate postpartum LARC insertion contractually.
- Inventory health plans to confirm compliance to policy.
- Promote MCOs reporting of immediate postpartum LARC insertion rates.

Reduce Tobacco Use

- Promote and increase utilization of covered tobacco cessation treatments.
- Increase promotion of cessation treatments that are already covered and improve coverage of smoking cessation treatments by engaging with MCOs.
- Remove barriers to access for cessation benefits such as co-pays, prior authorization, and annual limits on the number of quit attempts.
- Conduct promotions to increase awareness of covered cessation treatments among Medicaid beneficiaries and providers.
- Improve understanding of coding in order to better engage providers and incentivize changes in clinical practice.
- Increase culturally appropriate linkages to existing cessation programs, including by engaging with community-based organizations that serve the Medicaid population.
- Understand variation in cessation coverage across Medicaid managed care plans.
- Explore opportunities for a more robust strategy for understanding utilization data.
- Determine coding and billing options for group cessation services.
- Increase access to and use of cessation counseling inside and outside of primary care, including in community behavioral health clinics.
- Engage state Medicaid programs and commercial payers that currently cover group cessation counseling to identify potential lessons learned.

Evaluation Summary

The 6|18 Medicaid convening hosted a total of 134 registrants. These included nine state teams comprised of state public health and Medicaid leadership and staff, federal partners from CMS and Department of Health and Human Services, subject matter experts from 17 partner organizations, and CDC leadership and staff. Paper evaluations were provided to registrants to offer feedback on each session.

Overall, participants found the convening to be a useful exercise to learn about the 6|18 Initiative and develop their work plans. There was a diverse representation of participants; a majority of representatives self-identified in State health (staff and leadership) roles. Survey responses regarding sessions' length, pace, format and content were overwhelmingly positive, with the exception of the Expert Consultation Session, which had polarizing results.

Day One

Day One featured two major sessions: *Peer-to-Peer Learning* and *Modeling Prevention*. The response rate was 38 percent (see below for a breakdown by attendee). Summary results from each session follow.

Day 1: Role	% (n = 51)
State Public Health Leadership	21.6% (11)
State Health Staff	13.7% (7)
State Medicaid Leadership	9.8% (5)
State Medicaid Staff	7.8% (4)
Federal Agency Representative	19.6% (10)
Other Partner Organization or Invited Guest	27.5% (14)

Peer-to-Peer Learning Sessions

- An overwhelming majority of participants supported the Peer-to-Peer Learning Session length, pace, format, and content (86% to 93%).
- Tobacco had the lowest percentage of respondents indicating strongly agree (62%).
- Unintended pregnancies received the highest proportion of respondents indicating strongly agree (72%).
- Notably, 25 percent of survey respondents did not respond to this particular question.

Modeling Prevention Session

- Respondents provided the strongest overall favorability rating for the Modeling Prevention Session.
- It helped participants better understand how interventions to increase LARC uptake may reduce unintended pregnancies and related Medicaid expenditures.
- There was consensus (84%) on the value of the information for respondents' work.
- A strong majority (90%) supported the format, length, and pace of the session.
- However, 31 percent of respondents indicated that they were slightly to not at all likely to adopt the interventions.

Day Two

Day Two also featured two major sessions: *Development of 6|18 State Action Plans / Expert Consultations* and *Next Steps in Technical Assistance and Peer-to-Peer Learning*. The response rate was 14 percent (see below for a breakdown by attendee). Summary results from each session follow.

Day 2: Role	% (n = 19)
State Public Health Leadership	15.8% (3)
State Health Staff	26.3% (5)

State Medicaid Leadership	15.8% (3)
State Medicaid Staff	10.5% (2)
Federal Agency Representative	5.3% (1)
Other Partner Organization or Invited Guest	26.3% (5)

Development of 6|18 State Action Plans / Expert Consultations Session

- A strong majority of respondents (75% to 85%) agreed that the State Action Plan SME Consultation was well facilitated and helped them develop a quality plan. The action plan template was particularly useful.
- An area of improvement for the session was the consideration of time. Half of all respondents indicated that the time allotted for expert consultation was not appropriate. This was the most polarizing topic on the survey.

Next Steps in Technical Assistance and Peer-to-Peer Learning

- The convening led to positive outcomes for states – including the opportunity to engage in Peer-to-Peer learning, develop State action plans and learn from SMEs on the topic areas of: of Tobacco Cessation, Asthma Control, Unintended Pregnancy Prevention and the Impact of LARC.

Next Steps

Following the convening, CHCS will partner with CDC, CMS, ASTHO, and NNPHI, to respond to the technical assistance requests and needs of each state team through December 2016. The first step will be to work with states to refine their high-level action plans and create a more detailed work plan that will define and guide specific activities over the next 10 months. As states begin to design and implement various multi-faceted interventions, they will receive technical assistance in a variety of ways, including one-on-one technical assistance to help with implementation, peer-to-peer calls around the specific conditions they are working on, and all-state webinars to discuss issues that cut across all of the conditions and interventions. In addition to these scheduled calls/webinars, state teams will have the opportunity to request technical assistance on an as-needed basis.

Conclusion

The 6|18 Initiative collaboration between CDC, national partners, purchasers, payers, and providers, is intended to identify shared goals and interests that improve health and reduce costs, and quickly move from concept to action. Through participation in the convening, state teams developed joint action plans between the state public health agency and Medicaid agency that will serve as the foundation for their collaboration and guide future activities as they work together to achieve better outcomes, close gaps, and build systems-level capacity to improve health and reduce costs. As states begin to implement their detailed work plans, CDC will document successes and challenges in improving population health.



The Centers for Disease Control and Prevention (CDC) is partnering with health care purchasers, payers, and providers to improve health and control health care costs. CDC provides these partners with rigorous evidence about high-burden health conditions and associated interventions to inform their decisions to have the greatest health and cost impact. This initiative aligns evidence-based preventive practices with emerging value-based payment and delivery models.

HIGH-BURDEN HEALTH CONDITIONS AND EVIDENCE-BASED INTERVENTIONS

The following is a list of six high-burden health conditions with 18 effective interventions that CDC is prioritizing to improve health and control health care costs.

REDUCE TOBACCO USE

- Expand access to evidence-based tobacco cessation treatments, including individual, group, and telephone counseling and FDA-approved cessation medications—in accordance with the 2008 Public Health Service Clinical Practice Guidelines.
- Remove barriers that impede access to covered cessation treatments, such as cost sharing and prior authorization.
- Promote increased utilization of covered treatment benefits by tobacco users.

CONTROL HIGH BLOOD PRESSURE

- Promote strategies that improve access and adherence to anti-hypertensive and lipid-lowering medications.
- Promote a team-based approach to hypertension control (e.g., physician, pharmacist, lay health worker, and patient teams).
- Provide access to devices for self-measured blood pressure monitoring for home-use and create individual, provider, and health system incentives for compliance and meeting of goals.

PREVENT HEALTHCARE-ASSOCIATED INFECTIONS

- Require antibiotic stewardship programs in all hospitals and skilled nursing facilities.
- Prevent hemodialysis-related infections through immediate coverage for insertion of permanent dialysis ports.

CONTROL ASTHMA

- Promote evidence-based asthma medical management in accordance with the 2007 National Asthma Education and Prevention Program guidelines.
- Promote strategies that improve access and adherence to asthma medications and devices.
- Expand access to intensive self-management education for individuals whose asthma is not well-controlled with guidelines-based medical management alone.
- Expand access to home visits by licensed professionals or qualified lay health workers to improve self-management education and reduce home asthma triggers for individuals whose asthma is not well-controlled with guidelines-based medical management and intensive self-management education.

PREVENT UNINTENDED PREGNANCY

- Reimburse providers for the full range of contraceptive services (e.g., screening for pregnancy intention; tiered contraception counseling; insertion, removal, replacement, or reinsertion of long-acting reversible contraceptives (LARC) or other contraceptive devices; and follow-up) for women of child-bearing age.
- Reimburse providers or health systems for the actual cost of LARC or other contraceptive devices in order to provide the full range of contraceptive methods.
- Reimburse for immediate postpartum insertion of LARC by unbundling payment for LARC from other postpartum services.
- Remove administrative and logistical barriers to LARC (e.g., remove pre-approval requirement or step therapy restriction and manage high acquisition and stocking costs).

CONTROL AND PREVENT DIABETES

- Expand access to the National Diabetes Prevention Program, a lifestyle change program for preventing type 2 diabetes.
- Promote screening for abnormal blood glucose in those who are overweight or obese as part of a cardiovascular risk assessment.

» To learn more, contact the CDC Office of the Associate Director for Policy at healthpolicynews@cdc.gov.



Department of Health and Human Services
 Centers for Disease Control and Prevention

6|18 Initiative: Accelerating Evidence into Action State Medicaid & Public Health Convening Agenda

Monday, February 8 – Tuesday, February 9, 2016
CDC, Roybal, Global Communications Center, Building 19

Medicaid Programs and Public Health teams will work collaboratively towards the following key meeting objectives:

1. Learn about the evidence behind the 6|18 interventions;
2. Identify facilitators and barriers to implementation;
3. Identify opportunities to engage health care providers to facilitate rapid implementation;
4. Learn how to make the business case for these interventions; and
5. Begin drafting state action plans to accelerate adoption of the 6|18 interventions.

MONDAY, FEBRUARY 8, 2016

10:00 am – 12:00 pm	Self-Guided Tour of CDC Museum
12:00 pm – 1:00 pm	Lunch*
12:30 pm – 1:00 pm	Registration <i>CDC, Roybal Campus, Global Communications Center, Auditorium B3</i>
1:00 pm – 1:30 pm	Welcome & Meeting Overview <ul style="list-style-type: none">○ Introductory Remarks: Dr. Thomas Frieden○ CDC's 6 18 Initiative: Mr. John Auerbach○ CMS Perspective: Ms. Dawn Alley or Ms. Frances Jensen (TBD)○ Overview of the day: Dr. Laura Seeff
1:30 pm – 2:45 pm	Facilitated Peer-to-Peer Learning: Tobacco Cessation <ul style="list-style-type: none">○ Office of Smoking and Health○ Facilitated State Discussion
2:45 pm – 3:00 pm	Break
3:00 pm – 4:00 pm	Facilitated Peer-to-Peer Learning: Asthma Control <ul style="list-style-type: none">○ National Center for Environmental Health○ Facilitated State Discussion
4:00 pm – 5:00 pm	Facilitated Peer-to-Peer Learning: Preventing Unintended Pregnancies <ul style="list-style-type: none">○ Division of Reproductive Health○ Facilitated State Discussion
5:00 pm – 5:45 pm	Modeling Prevention: The Impact of LARC on Unintended Pregnancies and Medicaid Cost
5:45 pm – 6:00 pm	Closing
6:00 pm - 8:00 pm	Networking Reception

6|18 Initiative: Accelerating Evidence into Action State Medicaid & Public Health Convening Agenda

Monday, February 8 – Tuesday, February 9, 2016
CDC, Roybal, Global Communications Center, Building 19

TUESDAY, FEBRUARY 9, 2016

8:00am - 8:30 am	Registration <i>CDC, Roybal Campus, Global Communications Center, Auditorium B1/B2</i>
8:30 am - 8:45 am	Welcome & Overview
8:45am – 12:00 pm	Development of 6 18 State Action Plans / Expert Consultations
12:00 pm - 12:30 pm	Next Steps in Technical Assistance and Peer-to-Peer Learning
12:30 pm - 12:45 pm	Closing
12:45 pm – 1:00 pm	Break and Lunch*
1:00 pm - 3:00 pm	Concurrent Meetings with Subject Matter Experts <i>(Contact Nicholas Di Meo at NDiMeo@cdc.gov for more information)</i>

Session Time	Break Out A CDC Library Room 131	Break Out B Aud. B1/B2 Table 1	Break Out C Aud. B1/B2 Table 4	Break Out D Aud. B1/B2 Table 7
1:00pm -2:00pm	Modeling Health and Economic Impact of Prevention [†]	Unintended Pregnancy Prevention	Tobacco	Healthcare Associated Infections/ Antibiotic Use and Resistance <i>(This meeting will be held remotely)</i>
2:00pm-3:00pm		Asthma	Diabetes	High Blood Pressure

[†]This breakout session includes time for state participants to interact with the model for Long-Acting Reversible Contraception (LARC).

Appendix C

6|18 Initiative: Accelerating Evidence into Action State Medicaid & Public Health Convening Agenda

Monday, February 8 – Tuesday, February 9, 2016

PARTICIPANT LIST

STATE TEAMS

Colorado

Jody Camp
Director of Family Planning
Colorado Department of Public Health and Environment
jody.camp@state.co.us

Felicia Fognani
Tobacco Cessation Specialist
Colorado Department of Public Health and Environment
Felicia.Fognani@state.co.us

Melanie Reece
Contracts and Benefits Specialist
Colorado Department of Health Care Policy and Financing
melanie.reece@state.co.us

Elizabeth (Liz) Whitley
Director, Prevention Services Division
Colorado Department of Public Health and Environment
elizabeth.whitley@state.co.us

Louisiana

David Holcombe
Assistant Secretary, Office of Public Health
Louisiana Department of Health and Hospitals
david.holcombe@la.gov

Mary T.C. Johnson
Program Manager
Louisiana Department of Health and Hospitals
mary.johnson@la.gov

David Peterson
Quality Initiatives Program Manager
Louisiana Department of Health and Hospitals
david.peterson2@la.gov

Carolyn “Callie” Wise
Reproductive Health Program Manager
Louisiana Department of Health and Hospitals
carolyn.wise@la.gov

Amy Zapata
Director, Bureau of Family Health
Louisiana Department of Health and Hospitals
amy.zapata@la.gov

Massachusetts

Daniel Cohen
Policy Analyst
MassHealth
Daniel.Cohen@massmail.state.ma.us

Anna Landau
Director, Tobacco Cessation Programs
Massachusetts Department of Public Health
Anna.Landau@massmail.state.ma.us

Jill Morrow-Gorton
Senior Medical Director – Office of Clinical Affairs
MassHealth
Jill.Morrow-Gorton@massmail.state.ma.us

Lea Susan Ojamaa
Director, Division of Prevention and Wellness
Massachusetts Department of Public Health
Lea.Ojamaa@massmail.state.ma.us

Carlene Pavlos
Director, Bureau of Community Health and Prevention
Massachusetts Department of Public Health
carlene.pavlos@massmail.state.ma.us

Michigan

Karen Brown
Tobacco Dependence Treatment Specialist
Michigan Department of Health and Human Services
brownk34@michigan.gov

Deanna Charest
Manager, Reproductive and Preconception Health Unit
Michigan Department of Health and Human Services
CharestD@michigan.gov

Meta Kreiner
Senior Quality Analyst
Michigan Department of Health and Human Services
KreinerM@michigan.gov

Marie LaPres
Manager, Practitioner Services Section
Michigan Department of Health and Human Services
LaPresM@michigan.gov

Tisa Vorce
Asthma Health Systems and Communication Consultant
Michigan Department of Health and Human Services
VorceT@michigan.gov

Minnesota

Ellie Garrett
Health Services Policy Analyst
Minnesota Department of Human Services
Ellie.Garrett@state.mn.us

Amanda Jansen
Senior Cessation Manager
ClearWay Minnesota
ajansen@clearwaymn.org

Jane Korn
Medical Director, Health Promotion and Chronic Disease Division
Minnesota Department of Health
Jane.Korn@state.mn.us

Laura Oliven
Tobacco Control Manager
Minnesota Department of Health
Laura.Oliven@state.mn.us

New York

Douglas Fish
Medical Director, Office of Health Insurance Programs
New York State Department of Health
douglas.fish@health.ny.gov

Harlan Juster
Director, Bureau of Tobacco Control
New York State Department of Health
Harlan.juster@health.ny.gov

Theresa Nichols
Director, Family Planning Program
New York State Department of Health
theresa.nichols@health.ny.gov

Lynley Thomson
Asthma Program Manager
New York State Department of Health
Lynley.Siag@health.ny.gov

Barbara Wallace
Director, Division of Chronic Disease Prevention, Office of Public Health
New York State Department of Health
barbara.wallace@health.ny.gov

Rhode Island

Jerry Fingerut
Associate Medical Director
Rhode Island Executive Office of Health and Human Services
Jerry.Fingerut@ohhs.ri.gov

Dona Goldman
Center Lead, Chronic Care and Disease
Management
Rhode Island Department of Health
dona.goldman@health.ri.gov

Dana McCants Derisier
Tobacco Control Manager
Rhode Island Department of Health
Dana.McCantsDerisier@health.ri.gov

Christopher Ottiano
Associate Medical Director
Neighborhood Health Plan of Rhode Island
cottiano@nhpri.org

Julian Rodriguez-Drix
Asthma Control Manager
Rhode Island Department of Health
Julian.Drix@health.ri.gov

South Carolina

Bryan Amick
Director, Quality & Population Health/Pharmacy
Director
South Carolina Department of Health and
Human Services
Bryan.Amick@scdhhs.gov

Sharon Biggers
Director, Division of Tobacco Prevention and
Control
South Carolina Department of Health and
Environmental Control
biggersr@dhec.sc.gov

Joe Kyle
Director, Bureau of Community Health and
Chronic Disease Prevention
South Carolina Department of Health and
Environmental Control
kyleja@dhec.sc.gov

Deirdra Singleton
Deputy Director, Office of Health Programs
South Carolina Department of Health and
Human Services
singled@scdhhs.gov

NATIONAL ORGANIZATIONS & PARTNERS

American Academy of Family Physicians

Bellinda Schoof
Director, Health of the Public and Science
Division
bschoof@aafp.org

American College of Preventive Medicine

Danielle Pere
Associate Executive Director
dpere@acpm.org

American Lung Association

Anne DiGuilio
Manager, Lung Health Policy
anne.diguilio@lung.org

Ara Janoyan
Director, National Health Policy
ara.janoyan@lung.org

Association of State and Territorial Health Officials

Danielle Garrett
Director, Primary Care
dgarrett@astho.org

Kristen Rego
Director, Health Transformation
krego@astho.org

Kathy Vincent
Consultant
kathyvincent1@gmail.com

Lisa Waddell
Chief Program Officer, Community Health and
Prevention
lwaddell@astho.org

Center for Health Care Strategies

Maia Crawford
Program Officer
mcrawford@chcs.org

Christian Heiss
Senior Program Officer
cheiss@chcs.org

Mark Larson
Senior Fellow
mlarson@chcs.org

Patricia Leddy
Senior Fellow, State Health Programs
tleddy@chcs.org

Tricia McGinnis
Vice President of Programs
tmcginnis@chcs.org

National Association of Community Health Centers

Shawn Frick
Associate Vice President
sfrick@nachc.org

Jennifer Nolty
Director, Innovative Primary Care
jnolty@nachc.org

Ron Yee
Chief Medical Officer
ryee@nachc.org

National Center for Healthy Housing

Amanda Reddy
Director of Programs and Impact
areddy@nchh.org

National Governors Association

Kelly Murphy
Program Director
kmurphy@nga.org

National Network of Public Health Institutes

Kelly Hughes
Associate Director of Program Strategy
khughes@nnphi.org

Vincent Lafronza
President and CEO
vlafronza@nnphi.org

Robert Wood Johnson Foundation

Hilary Heishman
Program Officer
hheishman@rwjf.org

Pamela Russo
Senior Program Officer
prusso@rwjf.org

Society of Actuaries

Rebecca Owen
Health Research Actuary
rowen@soa.org

CONSULTANTS

Deloitte Consulting LLP

Heather Head
Manager
Jyi8@cdc.gov

Erin Malone
Consultant
xlb2@cdc.gov

Tina Sarkar
Consultant
krz4@cdc.gov

Tom Steiner
Director
tsteiner@deloitte.com

Mercer

Greg Fann
Principal
wqf3@cdc.gov

Jaredd Simons
Senior Associate Actuary
jaredd.simons@mercerc.com

Milliman

Jeremy Palmer
Principal & Consulting Actuary
Jeremy.Palmer@milliman.com

Population Health Systems

Jim Hester
Principal
jhester@alum.mit.edu

FEDERAL PARTNERS**Centers for Medicare and Medicaid Services**

Deirdra Stockmann
Health Insurance Specialist
Center for Medicaid and CHIP Services
deirdra.stockmann@cms.hhs.gov

Fran Jensen
Deputy Director, State Innovations Group
Center for Medicare and Medicaid Innovation
frances.jensen@cms.hhs.gov

Jessica Roach
Project Officer
Center for Medicare and Medicaid Innovation
Jessica.Roach@cms.hhs.gov

Dawn Alley
Deputy Director
Center for Medicare and Medicaid Innovation
dawn.alley@cms.hhs.gov

Falecia Smith
Technical Director, Division of State and
Stakeholder Relations
Centers for Medicare and Medicaid Services
falecia.smith@cms.hhs.gov

Maria Drake
Health Insurance Specialist
CMS Consortium for Medicaid and Children's
Health Operations
maria.drake@cms.hhs.gov

Lekisha Daniel-Robinson
Technical Director & Coordinator, CMCS
Maternal and Infant Health Initiative
CMS State Operations and Technical Assistance
Lekisha.Daniel-Robinson@cms.hhs.gov

U.S. Department of Health and Human Services

Lorrie Gavin
Senior Health Scientist
HHS Office of Population Affairs
lorrie.gavin@hhs.gov

Susan Moskosky
Acting Director
HHS Office of Population Affairs
susan.moskosky@hhs.gov

HRSA Bureau of Primary Health Care

Suma Nair
Director, Office of Quality Improvement
snair1@hrsa.gov

UNIVERSITY PARTNERS**Emory University**

David Howard
Associate Professor, Health Policy and
Management
david.howard@emory.edu

Georgia Tech

Ian Bieder
Research Scientist
ian.bieder@gtri.gatech.edu

Paul Griffin
Professor
pgriffin@gatech.edu

Pinar Keskinocak
Professor
pinar@isye.gatech.edu

Julie Swann
Professor and Co-Director of Health and
Humanitarian Systems Center
jswann@isye.gatech.edu

University of Wisconsin

Michael Fiore
Director
Center for Tobacco Research and Intervention
mcf@ctri.wisc.edu

CENTERS FOR DISEASE CONTROL AND PREVENTION

Division of Reproductive Health

Wanda Barfield
Director
wjb5@cdc.gov

Shanna Cox
Associate Director for Science (Acting)
cio8@cdc.gov

Charlan Kroelinger
Team Lead
ckroelinger@cdc.gov

Rui Li
Senior Economist
eol8@cdc.gov

Lisa Romero
Health Scientist
eon1@cdc.gov

National Center for Chronic Disease Prevention and Health Promotion

Peter Briss
Medical Director
pbriss@cdc.gov

Randi Frank
Public Health Advisor
kkq9@cdc.gov

National Center for Environmental Health

Suzanne Beavers
Medical Officer
fgx5@cdc.gov

Tchernavia Gregory
Project Officer
sqr4@cdc.gov

Joy Hsu
Medical Officer
xdd6@cdc.gov

Tursynbek Nurmagambetov
Economist
ten7@cdc.gov

Judith Qualters
Director
jrqualters@cdc.gov

Natalie Wilhelm
Medical Student
natalie.a.wilhelm@gmail.com

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

Stuart Berman
Senior Advisor/NCHHSTP
smb1@cdc.gov

Cecily Campbell
ORISE Fellow
vxbx9@cdc.gov

Thomas Gift
Lead Economist
teg5@cdc.gov

Abigail Viall
Health Policy Analyst
bzv3@cdc.gov

Office for State, Tribal, Local and Territorial Support

Wendy Holmes
Program Specialist
wholmes@cdc.gov

Dean Seneca
Health Scientist
zkg8@cdc.gov

Office of Smoking and Health

Stephen Babb
Public Health Analyst
zur4@cdc.gov

Corinne Graffunder
Director
csg5@cdc.gov

Shillpa Naavaal
Health Scientist
wpp9@cdc.gov

Anna Schechter
Program Consultant
zho7@cdc.gov

Xin Xu
Lead Economist
xinxu@cdc.gov

Office of the Associate Director for Policy

John Auerbach
Associate Director for Policy and Deputy
Director, Office for State, Tribal, and Local
Territorial Support
jxa4@cdc.gov

Madeleine Baker-Goering
Economist
wqf3@cdc.gov

Kristin Brusuelas
Senior Policy Advisor, Office of Health Systems
Collaboration
kmb0@cdc.gov

Nicholas Di Meo
Policy Analyst
ndimeo@cdc.gov

Nina Granow
Policy Analyst Intern
lqn9@cdc.gov

Heather Hastings
Public Health Advisor
hhh8@cdc.gov

Wendy Heaps
Public Health Analyst
wah9@cdc.gov

Rebecca Hollenbach
Project Lead
lno7@cdc.gov

Nafisa Jiwani
Health Policy Analyst
wxz4@cdc.gov

Denise Koo
Advisor to the Associate Director for Policy
dkoo@cdc.gov

James Kucik
Deputy Director, Policy Research Analysis and
Development Office
jkucik@cdc.gov

Melanie Lagarde
Public Health Advisor
mvl3@cdc.gov

Carlos N. Lopez
Contractor
kwe7@cdc.gov

Ashley Marshall
ORISE Fellow
isg6@cdc.gov

Von Nguyen
Deputy Director
dly7@cdc.gov

Parul Parikh
ORISE Fellow
ifw8@cdc.gov

Richard Puddy
Director of the Policy Research Analysis and
Development Office
rpuddy@cdc.gov

Laura Seeff
Director, Office of Health Systems Collaboration
lvs3@cdc.gov

Clinetta Silver
Senior Administrative Specialists, Office of
Health System Collaboration
kun4@cdc.gov

Elizabeth Skillen
Health Scientist
ews3@cdc.gov

Preetha Swamy
ORISE Fellow
ktt2@cdc.gov

Sonia Tetlow
Research Fellow
xyc9@cdc.gov

Katherine Verlander
Policy Analyst
kverlander@cdc.gov

Jocelyn Wheaton
Deputy Director
jwheaton@cdc.gov

Zhou Yang
ORISE Fellow
xco2@cdc.gov

Office of the Associate Director for Science

Harold Jaffe
Associate Director for Science
hwj1@cdc.gov

Program Performance and Evaluation Office

Julie Edelson
Policy Advisor
jedelson@cdc.gov

Elizabeth Hoo
Public Health Analyst
ehoo@cdc.gov

Janna Sayer
Public Health Analyst
krn3@cdc.gov

Appendix D

6|18 Initiative High-Level Action Plan

Priority Area: Asthma Tobacco Pregnancy Prevention

	End Goal(s)
Intervention:	

Major 2016 Activities/Milestones	Potential Barriers	Stakeholders to Engage	State Point Person	Technical Assistance	Timeline
1.					
2.					
3.					
4.					

5.					
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Leveraging Existing Programs/Policies

Statewide/Local Initiative:
Strategy for Linking to 6 | 18:

Statewide/Local Initiative:
Strategy for Linking to 6 | 18:

Statewide/Local Initiative
Strategy for Linking to 6 | 18:

Recruiting Champions

Individual/Organization to Engage:
Engagement Strategy:

Individual/Organization to Engage:
Engagement Strategy:

Individual/Organization to Engage:
Engagement Strategy:

Evaluating Success

Evaluation Metric:
Assessment Strategy:

Evaluation Metric:
Assessment Strategy:

Evaluation Metric:
Assessment Strategy: