THE 6|18 INITIATIVE: ACCELERATING EVIDENCE INTO ACTION

CDC Collaboration with Purchasers, Payers, and Providers to Improve Population Health

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Improve health security at home and around the world

Better prevent the leading causes of illness, injury, disability, and death

Strengthen public health/health care collaboration
Innovative Clinical Prevention

Increase the use of clinical preventive services

Provide services that extend care outside the clinical setting

Implement interventions that reach whole populations

The 6|18 Initiative: Accelerating Evidence Into Action

CDC
Identify evidence-based prevention interventions associated with high-burden conditions

Purchasers, Payers, and Providers
Finance and deliver care
Six High-Burden Health Conditions

SIX WAYS TO SPEND SMARTER FOR HEALTHIER PEOPLE

- Reduce Tobacco Use
- Control Blood Pressure
- Prevent Healthcare-Associated Infections (HAI)
- Control Asthma
- Prevent Unintended Pregnancy
- Control and Prevent Diabetes

High- burden
Costly
Preventable
Scalable
Purchasers & payers
Eighteen Evidence-Based Interventions

**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 childbearing 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.
6|18 Partners

**Purchasers**
- States: e.g., State Employee Health Benefits Plans
- Federal: e.g., Office of Personnel Management
- Private: Self-Insured Employers

**Payers**
- Commercial Insurers
- Public Insurers
  - State Medicaid Programs
  - Medicare
- Managed Care Organizations
- Health Insurance Exchanges

**Providers**
- Large Health Systems
- Accountable Care Organizations
- Federally Qualified Health Centers
- Health Maintenance Organizations
- Veterans Administration
- Provider Associations

**Public Health**
- State and Local Public Health
- Public Health Organizations
<table>
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<th>Payers and Purchasers:</th>
<th>Public Health:</th>
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<tr>
<td>• Adopt and incentivize 6</td>
<td>18 interventions</td>
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<td>• Link with public health partners</td>
<td>• Promote 6</td>
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<td>• Measure impact using public health data</td>
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<th>Providers:</th>
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<tr>
<td>• Promote 6</td>
<td>18 interventions among clinicians</td>
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<td>• Strive for patient engagement</td>
<td>• Promote community engagement</td>
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<td>• Monitor/provide feedback on use and results</td>
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Initial focus:
- asthma, tobacco, unintended pregnancy

CDC-based Medicaid Program convening:
- February 8-9, 2016

Primary meeting goal:
- Draft individual State/Medicaid Program implementation plans
Commercial Payer Engagement

Preliminary interest

Blue Cross Blue Shield, UnitedHealth Group, Cigna, Humana

- Alignment across a subset of conditions:
  - E.g., hypertension, tobacco, diabetes, antibiotic use and resistance
- Designing CDC-based convening:
  - April/May, 2016
- Meeting goal:
  - Provider engagement plan
How Will We Measure Success?

**Quantitative**
Example: Number of state Medicaid programs that have an agreed upon 6|18 implementation plan with interventions-specific actions

**Qualitative**
Example: Case studies from commercial insurers describing implementation of interventions and early outcomes

**Impact (Health & Cost)**
Example: Reduction in ED visits for asthma by age-specific Medicaid beneficiaries in participating states
CDC 6|18 INITIATIVE
PREVENT UNINTENDED PREGNANCY
Unintended Pregnancy
Women of Reproductive Age (15-44 years), United States

Unintended pregnancies:

- Annually, ~51% of 6.6 million pregnancies
- Highest among:
  - Teens and young adults (≤25 years)
  - Racial/ethnic minorities
  - Lower education and income
- Increased risk for poor maternal and infant outcomes
- Increased morbidity in women with chronic medical conditions
Use of LARC Women of Reproductive Age (15-44 years)

- Long-Acting Reversible Contraception (LARC)
  - Intrauterine devices (IUDs)
  - Hormonal implant

- Most effective type of reversible birth control in preventing unintended pregnancy
  - <1% of LARC users become pregnant

- Safe, requires no effort after insertion, and can prevent pregnancy for 3-10 years

- Nationally, use of LARC is low (7.2%)

- Barriers to LARC use
  - Patient: awareness, access, and cost
  - Provider: reimbursement, training, acquisition & stocking costs, and awareness about the safety of LARC

1. Reimburse providers for actual cost of providing contraceptive services for women of childbearing age.
   - Screening for pregnancy intention
   - Contraception counseling
   - Insertion, removal, replacement, or reinsertion of LARC
   - Follow-up

2. Reimburse providers for the actual cost of LARC or other contraceptive devices in order to provide the full range of contraceptive

3. Reimburse for immediate postpartum insertion of LARC by unbundling payment for LARC from other postpartum services.

4. Remove administrative and logistical barriers to LARC.
   - Prior authorization requirements
   - Medical management
   - High acquisition & stocking costs
Supporting Cost Evidence

- 51% of all US births paid for by Medicaid, Children’s Health Insurance Program and Indian Health Service (2010)
- $21 billion in direct medical costs
- $15.7 billion saved from preventing unintended pregnancies
  - $7.09 is saved for every public dollar spent on family planning to prevent unintended pregnancy
  - 2.2 million unintended pregnancies prevented
    - 287,500 closely spaced
    - 164,190 preterm or low birth weight births
- Immediate postpartum LARC placement
  - $2.5 million saved (at 24 months)
  - $3.54 saved for every dollar spent
- Improved use of LARC generate health-care cost savings by reducing inconsistent contraceptive use.
  - $288 million per year would be saved in total health-sector costs if 10% of women aged 20–29 years switched from oral contraception to LARC

The Affordable Care Act (ACA)
- Increase access to LARC by requiring provision of all prescribed FDA-approved contraceptive services and supplies, without cost-sharing
- CDC’s inter-departmental policy clarified the scope of required-and the permissible extent reasonable medical management under ACA

Current Federal Initiatives and Strategic Partnership
- The Centers for Medicaid and CHIP Services, Maternal and Infant Health Initiative increases the rate of postpartum visits and reduces unintended pregnancies through increased use of effective contraception
- The Center for Medicare & Medicaid Innovation identifies innovative ideas for payment & service delivery for LARC
- HHS Office of Population Affairs provides direct services to ~5 million low-income women
- HRSA’s Maternal and Child Health Bureau works with states to improve LARC access and improve birth outcomes
- HRSA’s Bureau of Primary Health Care offers contraceptive services to 23 million low-income Americans

CDC’s 6|18 Initiative
- Evidence-based payment strategies to improve health and cost outcomes

CDC’s Association of State and Territorial Health Officials (ASTHO) Learning Community on Immediate Postpartum LARC
- 13-state initiative to share strategies and best practices for implementing immediate postpartum LARC policies
Next Steps

- Integrate the 6|18 Initiative into other existing initiatives
  - COIIN, ASTHO LARC LC, CMS Maternal Infant Initiative, Chronic Disease Prevention
- Expand the ASTHO LARC Learning Collaborative beyond immediate post-partum to prevent all unintended pregnancies
- Connect state-developed contraceptive policies to resources within Medicaid, commercial insurance, and clinical organizations
- Build additional partnerships to increase access to the most effective contraceptives
- Disseminate effective tools (e.g., CDC LARC Cost Model) to assess cost and ROI
- Measure reproductive health outcomes associated with the 6|18 initiative
Visit the 6|18 Website

www.CDC.gov/sixeighteen

**Evidence Summaries**
Detailed summaries of the 6|18 interventions, based on scientific studies and expert consultations

**FAQs**
Answers to common questions about the 6|18 Initiative including goals, strategy, and the intervention selection process

**Coming soon!**
Additional Tools:
Readiness checklist
How to be a 6|18 Partner

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 offers proven interventions that prevent 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.
Evidence Summary: Reduce Tobacco Use

Proposed Payer Intervention

- Expand access to evidence-based tobacco cessation treatments including individual, group, and telephone counseling and all Food and Drug Administration (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.

Opportunities for Payers and Providers

Payers can consider covering all evidence-based tobacco cessation treatments with few or no barriers and promote this coverage to ensure that tobacco users are aware of and use the covered treatments. As of June 30, 2015, Medicaid programs in 30 states currently cover all seven FDA-approved cessation medications, including both over-the-counter and prescription medications, and ensure that tobacco users have access to them without prior authorization, or other barriers.

*Specifically, payers can consider following the May 2014 HHS Frequently Asked Questions on regulatory guidance.3*

Download a printable version of this evidence summary here.
THANK YOU!

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The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Centers of Disease Control and Prevention.