CDC’s 6|18 Initiative: Accelerating Evidence into Action

ASTHO Medicaid Innovations Workgroup
June 27, 2017
Promote adoption of evidence-based interventions in collaboration with health care purchasers, health plans, and providers

6 | 18

High-burden health conditions

Evidence-based interventions that can improve health and save money

INITIATIVE

www.CDC.gov/sixeighteen

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.

**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.
State Medicaid Agency – Public Health Department Implementation

Launched February 2016:

- Activities include:
  - Shared learning platform
  - Baseline data being collected
  - State Plan Amendments
  - Managed Care Organization (MCO) contractual negotiations
  - Member and provider education tools and training
ASTHO’s Role in 6|18

• Center for Health Care Strategies
  • Serve on a technical assistance (TA) team with CDC and CMS.
    – Focus on the public health components of implementation.
    – Provide strategic support to SHOs.
  • Share and develop resources and tools in response to TA requests from participating state teams.

• CDC
  • Developing tools that translate the evidence and lessons learned from 6|18 which can be utilized by others states and partners.
Cohorts 1 & 2
Cohort 1 Presentations

• Rhode Island – Ana Novais
• Massachusetts – Lindsey Tucker & Lea Susan Ojamaa
• Georgia – Jean O’Connor
Asking for Your Feedback...

• ASTHO created a worksheet entitled “Getting Started with 6|18: A Guide for State Medicaid and Public Health Agencies.”

• This tool was intended to help state Medicaid and public health agency staff to determine whether their agencies want to form a 6|18 team and to help them consider how their state will implement 6|18.

• The worksheet will be designed so that there is an overview with links to the “information gathering tool” so that teams can actively insert their information and use it as a printout.
Questions for the Group

• What are your initial reactions to the document?
• Regarding the key considerations for implementing 6|18, are these the right types of questions for prompting 6|18 brainstorming and planning?
• Given your experience implementing 6|18 or similar initiatives, do you agree with how the roles of public health and Medicaid have been described?
• What types of additional tools or resources do you think would be helpful for states who are considering 6|18 or similar interventions?