

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

High-burden health conditions

6 | 18

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.



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).



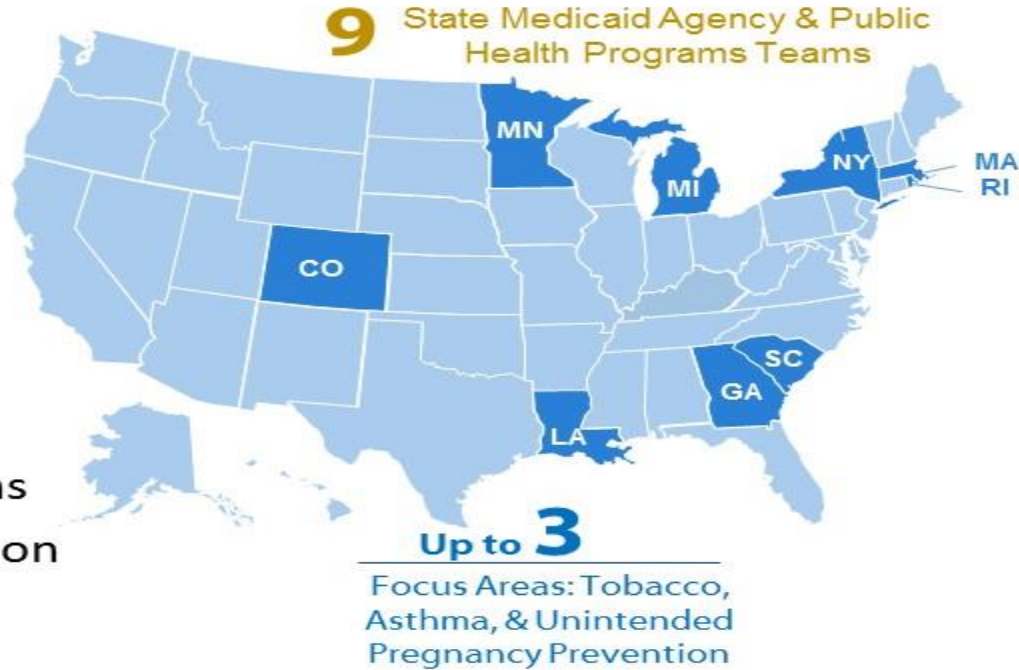
CONTROL AND PREVENT DIABETES

- 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.

State Medicaid Agency – Public Health Department Implementation

Launched February 2016:

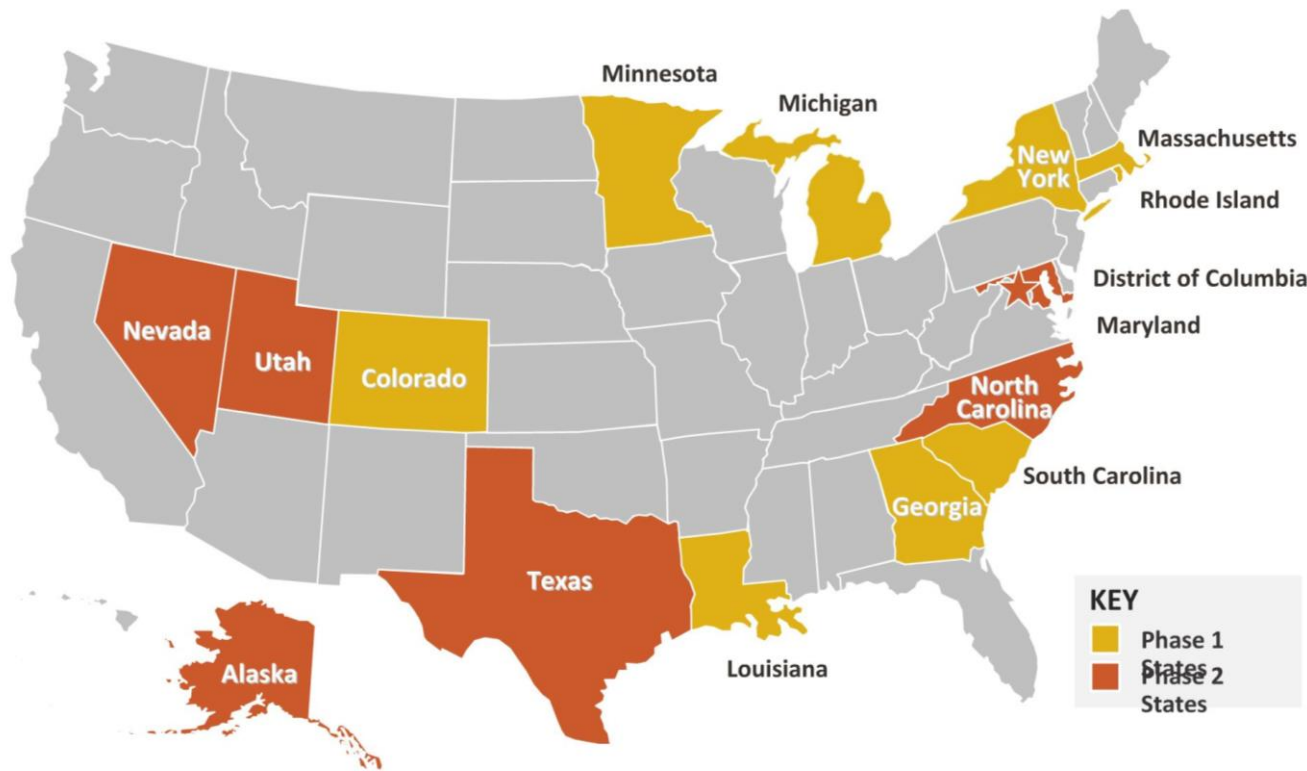
- Activities include:
 - Shared learning platform
 - Baseline data being collected
 - State Plan Amendments
 - Managed Care Organization (MCO) contractual negotiations
 - Member and provider education tools and training



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



CHCS Center for Health Care Strategies, Inc.

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?