CDC'S 6|18 INITIATIVE

Successes and Lessons from CDC's 6|18 Initiative:

Medicaid-Public Health Partnerships to Improve Health and Control Costs

OCTOBER 15, 2019

LINDSAY BISHOP, MPH
POPULATION HEALTH AND HEALTHCARE OFFICE
OFFICE OF THE ASSOCIATE DIRECTOR FOR POLICY AND STRA
CENTERS FOR DISEASE CONTROL AND PREVENTION

KATHY MOSES, MPH
CENTER FOR HEALTHCARE STRATEGIES

CHCS is partnering with the Centers for Disease Control and Prevention (CDC) on CDC's 6|18 Initiative. The findings and conclusions in this report are those of the author(s) and do not necessarily represent the official position of the CDC. Made possible by the Robert Wood Johnson Foundation.

Overview

- Initiative Goals and Project Approach
- State Case Studies: Accomplishments and Lessons Learned
- Discussion and Q&A

Prevention and Population Health Framework

TRADITIONAL CLINICAL PREVENTION

Increase the use of clinical preventive services delivered to individuals

INNOVATIVE CLINICAL PREVENTION

Provide services delivered to individuals that extend care outside the clinical setting

COMMUNITY-WIDE PREVENTION

Implement interventions that reach whole populations

Healthcare **Public Health**

Auerbach J. The 3 Buckets of Prevention. J Public Health Management Practice. J Public Health Management Practice 2016; 22(3):215-18.

Initiative Goals and Project Approach

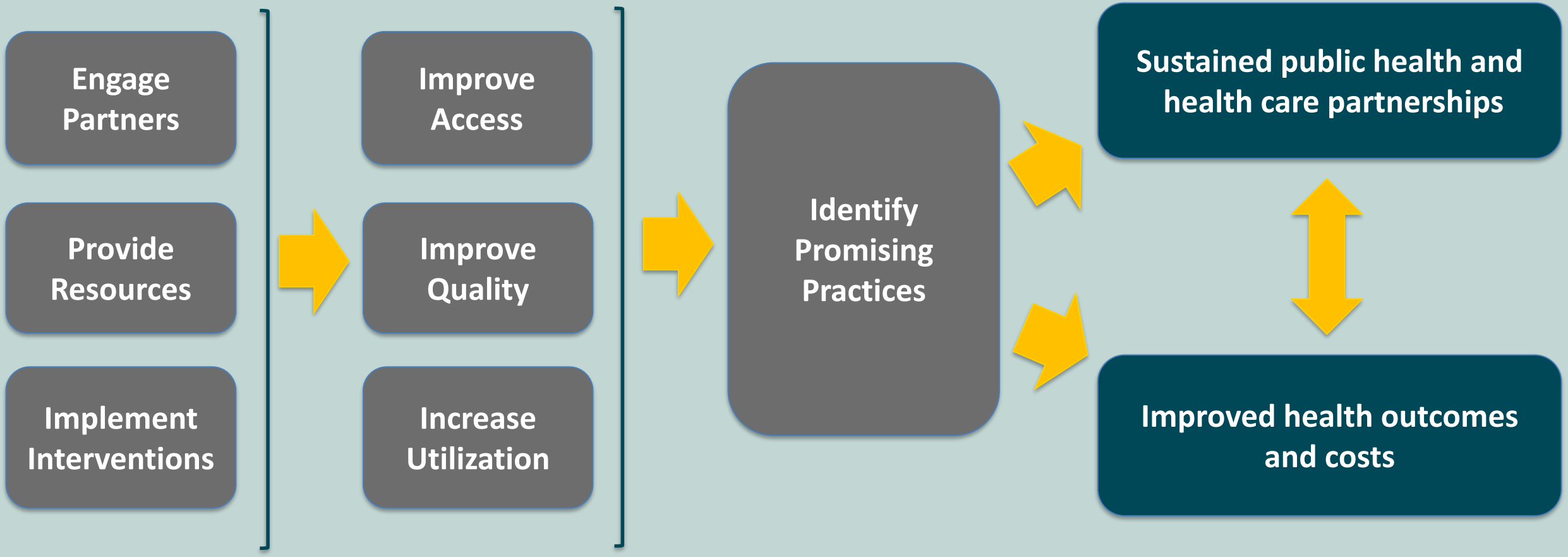
CDC'S 6|18 INITIATIVE

Promote adoption of evidence-based interventions in collaboration with health care purchasers, payers, and providers

CDC.gov/sixeighteen

Hester, J. A., J. Auerbach, L. Seeff, J. Wheaton, K. Brusuelas, and C. Singleton 2015. *CDC's 6|18 Initiative: Accelerating evidence into action.* National Academy of Medicine, Washington, DC. http://nam.edu/wp-content/uploads/2016/02/CDCs-618-Initiative-Accelerating-Evidence-into-Action.pdf

Strategic Framework



6 High-Burden Health Conditions

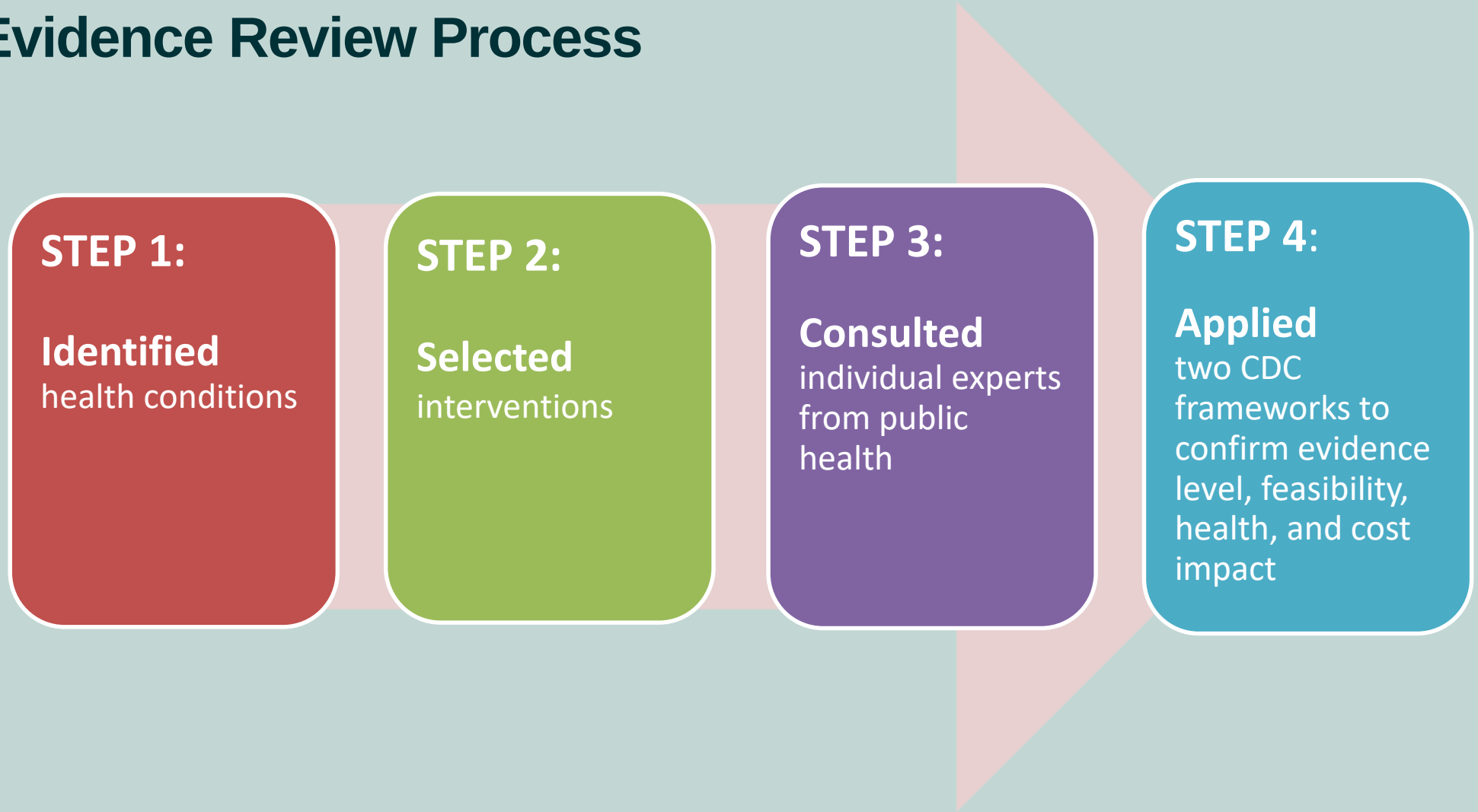
Six common and costly health conditions — **tobacco use**, **high blood pressure**, **inappropriate antibiotic use**, **asthma**, **unintended pregnancies**, and **type 2 diabetes**

Criteria to choose conditions/interventions:

1. Health conditions that **affect large numbers of people** and are **associated with high costs**
2. Interventions that are **specific and underutilized**
3. Interventions that **prevent or control** the condition and yield **short-term savings**
4. Interventions that can be implemented in both **clinical and community settings**

Hester, J. A., J. Auerbach, L. Seeff, J. Wheaton, K. Brusuelas, and C. Singleton 2015. *CDC's 6|18 Initiative: Accelerating evidence into action.* National Academy of Medicine, Washington, DC. http://nam.edu/wp-content/uploads/2016/02/CDCs-618-Initiative-Accelerating-Evidence-into-Action.pdf

Evidence Review Process



Hester, J. A., J. Auerbach, L. Seeff, J. Wheaton, K. Brusuelas, and C. Singleton 2015. *CDC's 6|18 Initiative: Accelerating evidence into action.* National Academy of Medicine, Washington, DC. http://nam.edu/wp-content/uploads/2016/02/CDCs-618-Initiative-Accelerating-Evidence-into-Action.pdf

CDC Conceptual Framework

Spencer LM, Schooley MW, Anderson LA, Kochtitzky CS, DeGroff AS, Devlin HM, et al. Seeking Best Practices: A Conceptual Framework for Planning and Improving Evidence-Based Practices. Prev Chronic Dis 2013;10:130186. DOI: http://dx.doi.org/10.5888/pcd10.130186

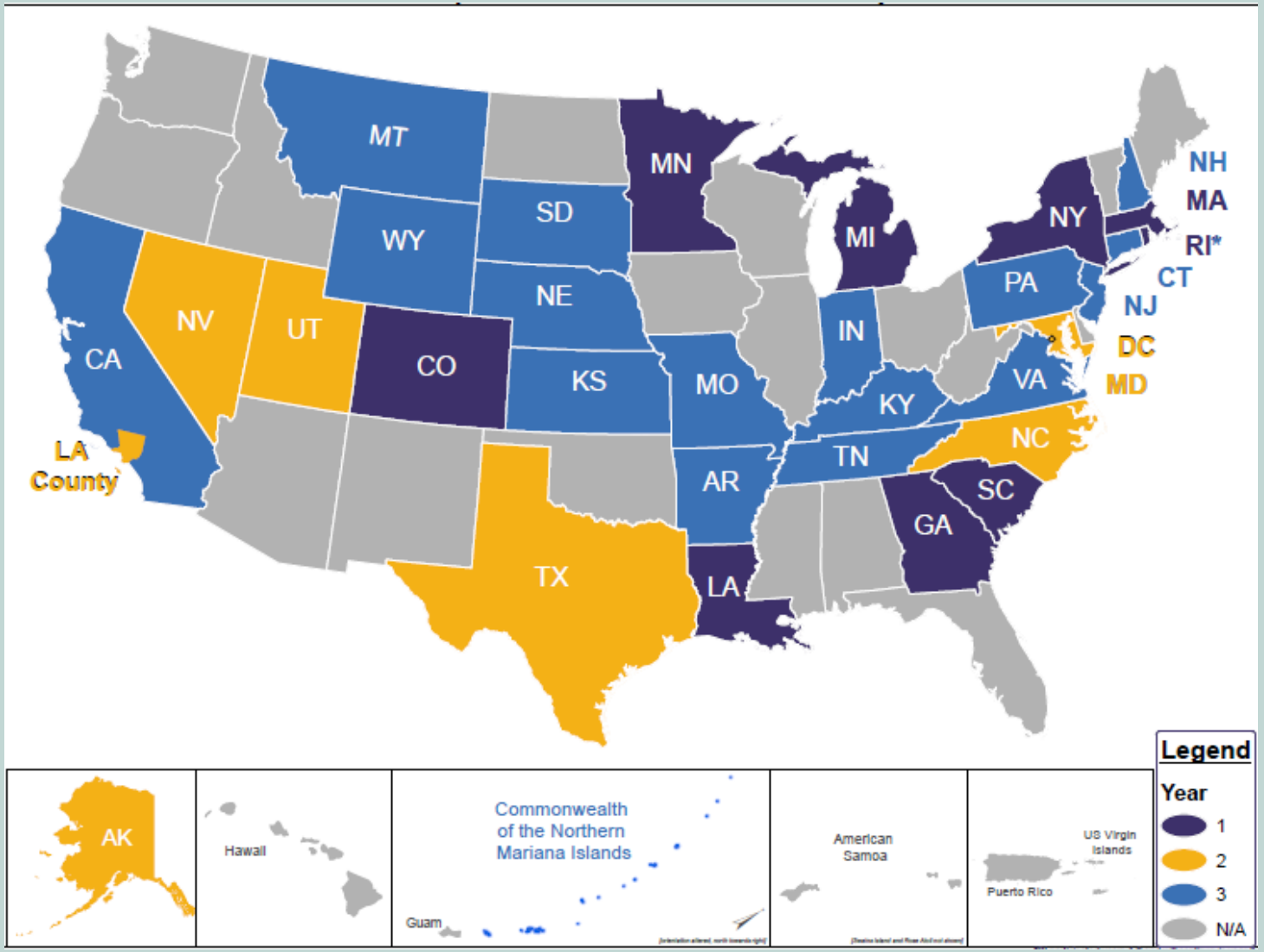
CDC Policy Analytic Framework

Domains used:

- Public health impact
- Feasibility
- *Economic and budgetary impact*

https://www.cdc.gov/policy/analysis/process/docs/CDCPolicyAnalyticalFramework.pdf

CDC's 6|18 Initiative Participants



2016-2017
2017-2018
2018-2019

Accomplishments and Lessons Learned

Project Activities

- Work plan development
- Targeted technical assistance
- Peer-to-peer information exchange
- Capacity building
- Access to a range of how-to tools and resources
- In-person convenings

Examples of 6|18 State Activities

- Baseline coverage and utilization assessment (e.g. Managed Care Organization (MCO) Surveys)
- State Plan Amendments to enhance Medicaid benefits
- Changes in billing
- MCO contractual negotiations
- Payment pilots
- New scope of practice legislative authority
- Provider and member education and outreach

Leveraging Complementary Roles

Public Health	Medicaid
■ Contribute condition-specific subject expertise	■ Develop a business case for chosen interventions
■ Translate epidemiologic evidence into benefits for coverage	■ Utilize available policy levers to improve coverage and promote increased uptake of services
■ Develop awareness campaigns targeting providers and patients	■ Engage with Medicaid managed care plans to enhance benefits
■ Promote linkages with community services	■ Engage providers and members

Excerpted from: Seeff LC, McGinnis T, Heishman H. CDC's 6|18 Initiative: A Cross-Sector Approach to Translating Evidence Into Practice Journal of Public Health Management and Practice: February 22, 2018 - Volume Publish Ahead of Print - Issue - p doi: 10.1097/PHH.0000000000000782. Practice Full Report: PDF Only

Control Asthma

Evidence-based Interventions – Control Asthma

- Promote evidence-based asthma medical management described in 2007 National Asthma Education and Prevention Program.
- Promote strategies that help people access and continue to use asthma medications and devices.
- Expand access to intensive self-management education for people whose asthma is not well-controlled with guidelines-based medical management alone.
- Make it easier for people with asthma to have home visits by licensed professionals or qualified lay health workers, if their asthma is not under control with medication and education. Home visits help people with asthma learn how to manage asthma and reduce triggers at home.

https://www.cdc.gov/sixeighteen/asthma/index.htm

Rhode Island

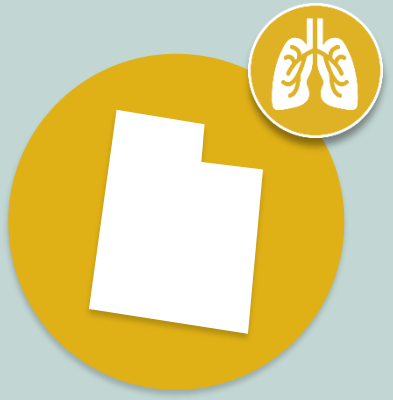
Goal

- Obtain Medicaid reimbursement for Home Asthma Response Program (HARP) (asthma home visiting)

Activities and Accomplishments

- Conducted ROI analysis to demonstrate the positive health and cost impacts of the Home Asthma Response Program (HARP), a pediatric home-based asthma intervention
- Developed resources and messaging to make the case to state Medicaid leadership to support the adoption of HARP as a covered benefit in Medicaid Managed Care
- Developed a data use agreement between Medicaid and the public health department for participants of HARP

Utah



Goal

- Establish reimbursement for Utah Asthma Home Visiting Program

Activities and Accomplishments

- Developed an ROI for asthma home visiting program
- Gained legislative approval to use Medicaid funding to expand the Utah Asthma Home Visiting Program to Salt Lake and Utah Counties

Control High Blood Pressure

Evidence-based Interventions – Control Hypertension

- Implement strategies that improve adherence to anti-hypertensive and lipid-lowering prescription medications via expanded access to:
  - Low or no medication copayments, fixed dose medication combinations with low or no copayments, and 90-day supply or longer medication fill supply;
  - Innovative pharmacy packaging;
  - Improved care coordination within networked primary care teams using standardized protocols, electronic prescribing, medication therapy management programs, and self-monitoring of blood pressure with clinical support interventions.

- Provide patients with known or suspected hypertension validated home blood pressure monitors and reimburse for the clinical support services required for self-measured blood pressure monitoring.

https://www.cdc.gov/sixeighteen/bloodpressure/index.htm

CDC'S 6|18 INITIATIVE

Alaska

Goal

- Improve capacity for provider care coordination for hypertension control
- Increase access to self blood pressure monitoring devices
- Minimize supply chain disruptions (access issues) to support improved medication adherence to high blood pressure lowering and cholesterol lowering medications

Activities and Accomplishments

- Investigated increasing scope of practice for community health workers
- Evaluated potential for establishing remote blood pressure monitoring in remote community setting
- Extended prescription refill period from 7 to 21 days for 90 day supply

https://www.618resources.chcs.org/618-initiative-in-action/

CDC'S 6|18 INITIATIVE

Reduce Tobacco Use

Evidence-based Interventions – Reduce Tobacco Use

- Increase access to evidence-based tobacco cessation treatments, including individual, group, and telephone counseling, and cessation medications approved by the Food and Drug Administration (FDA), 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 use of covered treatment benefits by tobacco users.

https://www.cdc.gov/sixeighteen/tobacco/index.htm

Colorado

Goals

- Remove copays for Medicaid tobacco cessation benefits
- Educate and engage providers
- Raise consumer awareness
- Expand the types of providers eligible to deliver cessation services

Activities and Accomplishments

- Colorado Medicaid removed copays from all seven FDA-approved cessation medications effective 7/1/2017
- Ran targeted consumer-facing digital media campaign to promote Medicaid tobacco cessation benefit
- Enacted a new regulation allowing Medicaid-enrolled pharmacists to prescribe OTC nicotine replacement therapies to members
- Removed prior authorization request (PAR) requirements for all seven FDA-approved cessation medications effective 7/1/2018

CDC'S 6|18 INITIATIVE

Minnesota

Goals

- Assess and address variation in Medicaid MCO tobacco cessation benefits and services
- Increase provider, enrollee and community-based organizations' awareness and use of free Medicaid tobacco cessation benefits and services

Activities and Accomplishments

- Surveyed Medicaid MCOs on cessation treatment coverage and promotional activities; used survey results to help standardize cessation treatment coverage across MCOs
- Analyzed tobacco cessation prescription claims in the state's All Payer Claims Database
- Expanded the outreach of "You can Afford to Quit Smoking" consumer-facing campaign, including translating the brochure into 10 languages
- Launched a pharmacy initiative for Medicaid enrollees

https://www.618resources.chcs.org/618-initiative-in-action/

South Carolina

Goals

- Expand access to evidence-based tobacco cessation treatments
- 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

Activities and Accomplishments

- As of 7/1/2017, removed barriers to access to cessation treatment (for example, no co-pays and no prior authorizations)
- Provided consistent medication and cessation counseling coverage across all MCOs
- Received a 50% CMS administrative match for quit line services
- Educated providers and consumers about cessation services
- Aligned quit line and claims data to monitor the impact of their efforts

CDC'S 6|18 INITIATIVE

Prevent Type 2 Diabetes

Evidence-based Interventions – Prevent Type 2 Diabetes

- Expand access to the National Diabetes Prevention Program's (National DPP) lifestyle change program, an evidence-based intervention to prevent or delay onset of type 2 diabetes in adults at high risk. The year-long program uses a CDC-approved curriculum, is facilitated by a trained lifestyle coach, and focuses on making realistic behavior changes through healthy eating, increasing physical activity, and managing stress.

https://www.cdc.gov/sixeighteen/diabetes/index.htm

CDC'S 6|18 INITIATIVE

Maryland

Goal

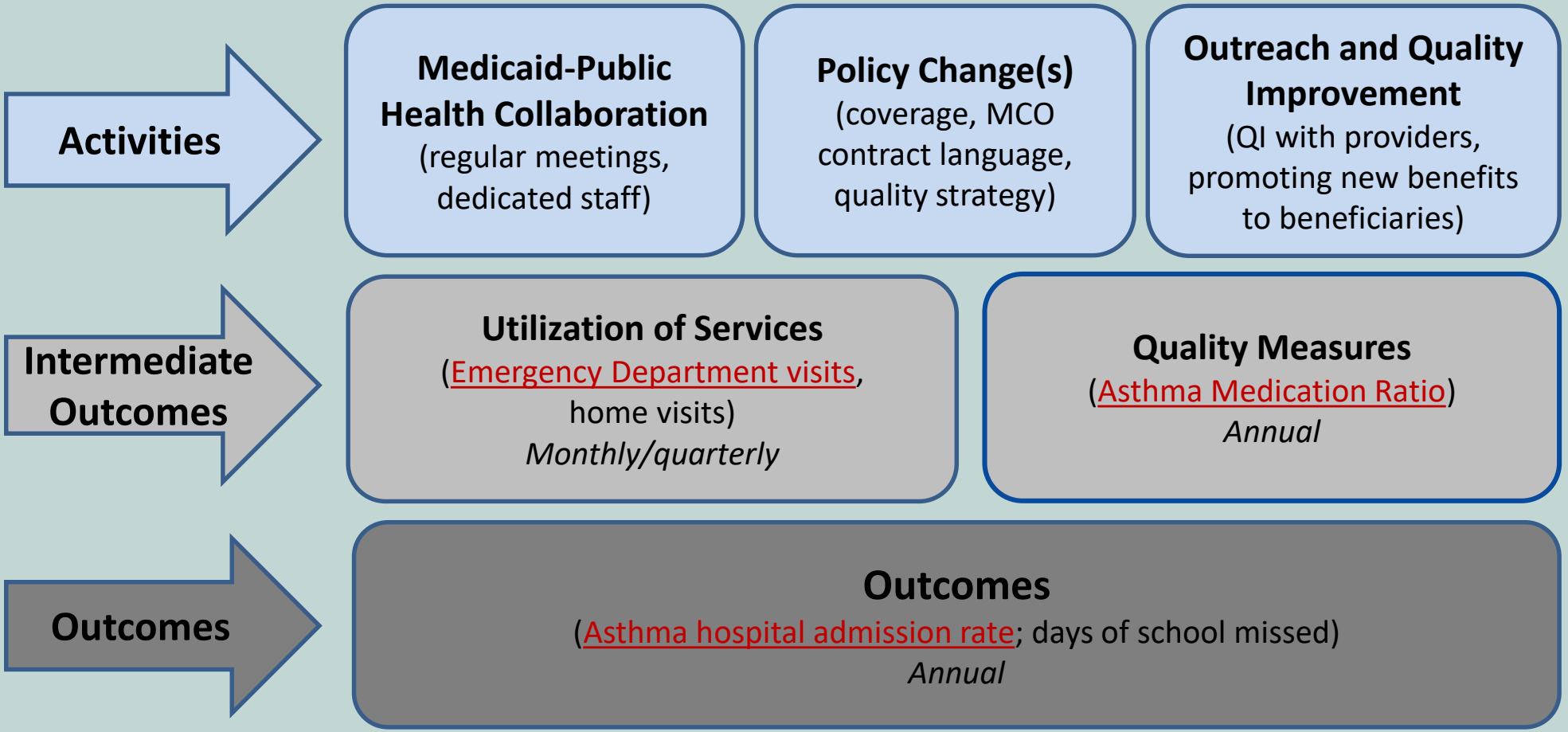
- Implement National Diabetes Prevention Program (DPP), specifically:
  - Transform referring provider practices and DPP suppliers
  - Increase payer participation
  - Engage hospitals and health systems
  - Align metrics – reporting requirements and reporting systems

Activities and Accomplishments

- Received approval for 1115 waiver authorizing the National DPP lifestyle change program to eligible HealthChoice participants, effective 9/1/2019
- Providing support and technical assistance to all nine of its Medicaid managed care organizations (MCOs) during the roll-out of this coverage
- Supporting CDC-recognized organizations becoming Medicaid enrolled providers

https://www.618resources.chcs.org/618-initiative-in-action/

What's Next



Red, underlined text indicates an aligned Medicaid and CHIP Core Set measure.

Question & Answer

Acknowledgements

- **6|18 Partners**
  - Association for State and Territorial Health Officials (ASTHO)
  - Center for Medicare & Medicaid Services (CMS)
  - National Association of Medicaid Directors (NAMD)
- **CDC Subject Matter Experts and other TA Providers**
- **6|18 State Teams**

For more information, contact:

Lindsay Bishop
Public Health Analyst, CDC's 6|18 Initiative
Office of Associate Director for Policy and Strategy
xii4@cdc.gov

Kathy Moses
Associate Director, Policy
Center for Health Care Strategies
kmoses@chcs.org