• The slides will be available after the webinar.
• Please submit questions during the presentation via the chat function.
• In addition, at the end of the presentation, we will provide an opportunity for participants to raise their hands to ask questions during the Q&A.
• **http://www.cdc.gov/ehrmeaningfuluse/cop.html**
Question and Answer Session

How to submit or ask questions for the panel members?

Submit or Ask Questions

- Submit your text question and comments using the Question Panel
- Please raise your hand to be unmuted for verbal questions.
Agenda

• Introductions/Announcements

• Leveraging 90/10 Medicaid HITECH Funding: CDC’s 6|18 Initiative
  » Kristin Brusuelas, Senior Policy Advisor, CDC’s Office of the Associate Director for Policy
  » Tricia McGinnis, Senior Vice President, Center for Health Care Strategies
  » Deirdra Stockmann, Division of Quality and Health Outcomes in the Center for Medicaid and CHIP Services at the Centers for Medicare & Medicaid Services (CMS)

• Discussion/Q&A

• Proposed Next Steps
The CDC 6|18 Initiative:
Accelerating Evidence into Action

Kristin M. Brusuelas, MPH
Senior Policy Advisor

Office of the Associate Director for Policy
Centers for Disease Control and Prevention
U.S. Health Care Delivery System Evolution: Health System Transformation

Acute Care System 1.0

- Episodic health care
- Lack of integrated care networks
- Lack of quality & cost performance transparency
- Poorly coordinated chronic care management

Coordinated Seemless Health Care System 2.0

- Patient/person centered
- Transparent cost and quality performance
- Accountable provider networks designed around the patient
- Shared financial risk
- Health information technology-integrated
- Focus on care management and preventive care

Community Integrated Health Care System 3.0

- Healthy population-centered, population health-focused strategies
- Integrated networks linked to community resources capable of addressing psycho-social/economic needs
- Population-based reimbursement
- Learning organization: capable of rapid deployment of best practices.
- Community health integrated
- E-health and telehealth capable

Prevention and Population Health Framework

Traditional Clinical Prevention

1. Increase the use of clinical preventive services

Innovative Clinical Prevention

2. Provide services that extend care outside the clinical setting

Community-wide Prevention

3. Implement interventions that reach whole populations

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

www.CDC.gov/sixeighteen

6|18 Initiative Goals

- Improve health and control health care costs using specific evidence-based interventions
- Establish sustainable partnerships between public health and health care purchasers, health plans, and providers
Six High-burden Health Conditions

- High-burden
- Costly
- Preventable
- Scalable
- Purchasers & Payers

SIX WAYS TO SPEND SMARTER FOR HEALTHIER PEOPLE

- Reduce Tobacco Use
- Control Blood Pressure
- Prevent Healthcare-Associated Infections (HAI)
- Control Asthma
- Prevent Unintended Pregnancy
- Prevent Diabetes
## The 6|18 Initiative → Buckets 1 and 2 Examples

<table>
<thead>
<tr>
<th>Bucket 1: In Clinical Setting</th>
<th>Bucket 2: Outside Of Clinical Setting</th>
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<tbody>
<tr>
<td>Promote evidence and guidelines based medical management of asthma</td>
<td>Home visits for asthma care – to reduce home triggers</td>
</tr>
<tr>
<td>Promote strategies that improve access and adherence to asthma medications and devices.</td>
<td>Self-measured home blood pressure monitoring</td>
</tr>
<tr>
<td>Expand access to comprehensive tobacco cessation treatment</td>
<td>Access to National Diabetes Prevention Program</td>
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Evidence-based Interventions

**REDUCE TOBACCO USE**
- Increase access to evidence-based tobacco cessation treatments, including individual, group, and telephone counseling and Food and Drug Administration (FDA)-approved cessation medications (in accordance with the 2008 Public Health Service Clinical Practice Guideline and the 2015 U.S. Preventive Services Task Force (USPSTF) tobacco cessation recommendation statement).
- 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.

**PREVENT HEALTHCARE-ASSOCIATED INFECTIONS**
- Require antibiotic stewardship programs in all hospitals and skilled nursing facilities, in accordance with CDC's Core Elements of Hospital Antibiotic Stewardship and The Core Elements of Antibiotic Stewardship for Nursing Homes.
- Reduce inappropriate antibiotic prescribing by incentivizing providers to encourage them to closely follow CDC's Core Elements of Outpatient Antibiotic Stewardship.

**CONTROL HIGH BLOOD PRESSURE**
- Implement strategies that improve adherence to blood pressure, lipid-lowering and smoking cessation medications via such actions as:
  - low-cost medication fills
  - fixed dose medication combinations
  - 90-day or longer medication fills
  - calendar blister packs or other medication packaging
  - care coordination via primary care teams using:
    - standardized protocols
    - electronic prescribing (e-prescribing)
    - medication therapy management programs
    - self-measured blood pressure with clinical support
- Provide hypertensive patients with home blood pressure monitors and reimburse for clinical support services required for self-measured blood pressure monitoring.

**PREVENT UNINTENDED PREGNANCY**
- Reimburse providers for the full range of contraceptive services (e.g., screening for pregnancy intentions; client-centered counseling; insertion, removal, replacement, or reinsertion of long-acting reversible contraceptives [LARCs], such as intrauterine devices and implants) or other contraceptive devices, and follow-up for women of childbearing age.
- Reimburse providers or provider systems for the actual cost of FDA-approved contraception, including LARC or other contraceptive devices in order to provide the full range of contraceptive methods.
- Reimburse for immediate postpartum insertion of long-acting reversible contraceptives (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).

**PREVENT DIABETES**
- Expand access to the National Diabetes Prevention Program (the National DPP), a lifestyle change program for preventing type 2 diabetes.
6|18 Evidence Review Process

**Step 1**
Identified health conditions that:

- Affect large numbers of people
- Are associated with high health care costs
- Have CDC evidence-based interventions that may improve health and reduce health care costs

**Step 2**
Prioritized interventions:

- With a high potential health impact
- With evidence of effectiveness among certain population/payer groups
- That address gaps in coverage or low utilization
- That payers or providers could deliver

**Step 3**
Consulted individual experts from public health and the health care delivery system and the following sources for candidate interventions:

- Health and medical databases
- The Guide to Community Preventive Services
- United States Preventive Services Task Force
- Agency for Healthcare Research and Quality

**Step 4**
Used two CDC frameworks* to define level and types of evidence:

- Included moderate or higher level of evidence
- Prioritized interventions that are feasible, have public health impact, and have available economic and budgetary impact information

Result: Evidence-based summaries of the 18 interventions associated with each of the 6 health conditions.

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Partners in 6|18 can:

<table>
<thead>
<tr>
<th>Public Health</th>
<th>Health Care Purchasers and Health Plans</th>
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<tr>
<td>• Focus on evidence-based interventions</td>
<td>• Prioritize improving outcomes of the conditions</td>
</tr>
<tr>
<td>• Use public health data to prioritize need, monitor health and costs, and measure impact</td>
<td>• Cover, promote, and/or fully deploy the interventions</td>
</tr>
<tr>
<td>• Complement insurer awareness campaigns with public health awareness campaigns</td>
<td>• Collaborate with public health partners</td>
</tr>
<tr>
<td>• Use 6</td>
<td>18 Initiative to partner with health care</td>
</tr>
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Providers

- Prioritize improving outcomes of the conditions
- Deliver the interventions
- Help develop operational best practices
- Monitor progress towards outcomes

NGOs, foundations

- Prioritize 6|18 conditions, interventions and approach
  - Disseminate 6|18 message
- Support 6|18 partnerships and pilots
  - Promote community engagement in 6|18
State Medicaid Agency - Public Health Department Implementation year 1 and 2

- Utah
- Colorado
- Minnesota
- Michigan
- New York
- Massachusetts
- Rhode Island
- Nevada
- Alaska
- Texas
- Louisiana
- Los Angeles County, California
- North Carolina
- Georgia
- South Carolina
- Maryland
Additional Evidence-based, Community-wide Health Improvement Resources

Social Determinants of Health
http://www.cdc.gov/socialdeterminants/

Community Health Improvement Navigator
http://www.cdc.gov/chinav/

Health Impact in 5 Years (HI-5)
http://www.cdc.gov/policy/hst/hi5/
Visit www.cdc.gov/sixeighteen for more information. There you will find:

- Evidence Summaries
- FAQs
- 6|18 At-a-Glance
- Links to relevant articles and resources

For specific questions on the 6|18 initiative, contact sixeighteen@cdc.gov.
Medicaid-Public Health Partnership to Improve Health and Control Costs: the CDC’s 6|18 Initiative

Tricia McGinnis, Senior Vice President
Center for Health Care Strategies
August 25, 2017

Made possible through support from the Robert Wood Johnson Foundation
About the Center for Health Care Strategies

A non-profit policy center dedicated to improving the health of low-income Americans
Benefits of State Participation

- Build/enhance cross-agency partnerships
- Implement concrete interventions that align with state payment reform activities and goals
- Improve health and control costs using evidence-based interventions
- Receive targeted technical assistance
- Learn from and share experiences with other states
Project Activities

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

- Examples include:
  - Support with ROI development and financial analyses
  - Strategic planning calls with CDC, CMS, and other subject matter experts
  - Environmental scans and state examples (e.g., engagement strategies, communications campaigns, contract language)
  - Connections to states undertaking similar activities (e.g., MCO surveys, social media promotion, provider training)
Examples of 6|18 Accomplishments

- Increases in coverage and utilization
- State Plan Amendments to enhance Medicaid benefits
- Changes in billing
- Managed care organization contractual negotiations
- Payment pilots
- New scope of practice legislative authority
- Provider and member education and outreach
Submit or Ask Questions

- Submit your text question and comments using the Question Panel
- Please raise your hand to be unmuted for verbal questions.
Next Steps/Homework

• Next Call: September 22, 2017 2-3PM EST.

• Invitations from Basecamp—Please start discussions and post resources. All slides will be posted here as well as CDC’s Meaningful use website (https://www.cdc.gov/ehrmeaningfuluse/).

• Send topics/ideas/questions for future CoP meetings to meaningfuluse@cdc.gov or post them to Basecamp.