

Medicaid and Public Health Community of Practice

Jointly supported by the Centers for Disease Control and Prevention and the Office of the National Coordinator for Health IT

August 25, 2017



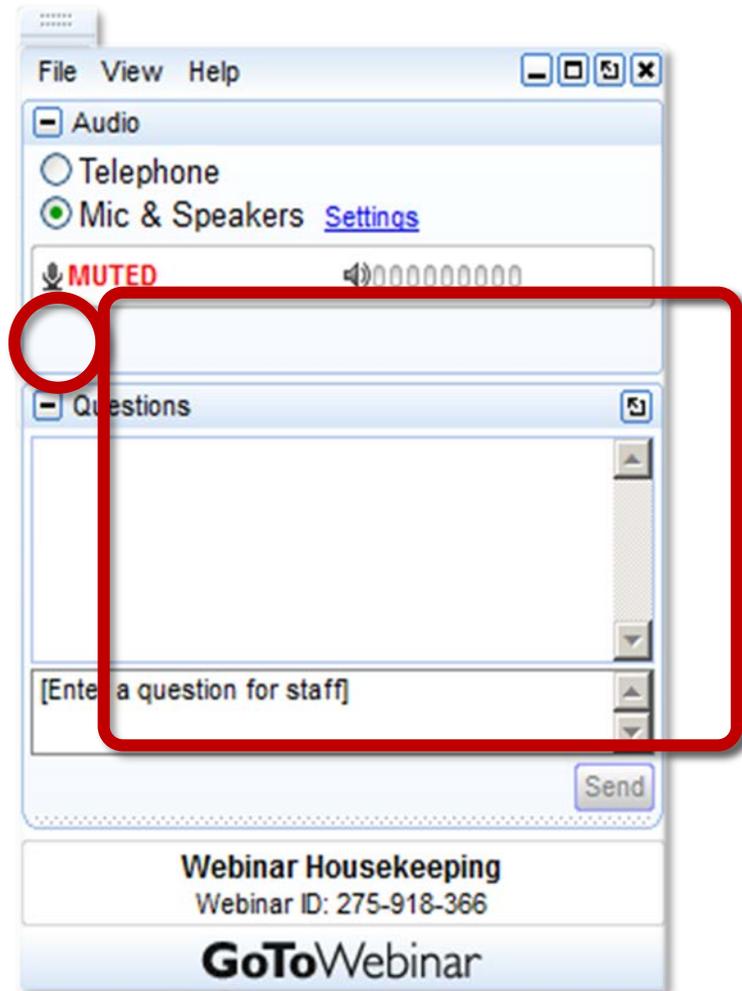
- The slides will be available after the webinar.
- Please submit questions during the presentation via the chat function.
- In addition, at the end of the presentation, we will provide an opportunity for participants to raise their hands to ask questions during the Q&A.

Copy Meaningful Use Website

- <http://www.cdc.gov/ehrmeaningfuluse/cop.html>

The screenshot shows a web browser window displaying the CDC Meaningful Use Community of Practice (CoP) website. The address bar shows the URL <http://www.cdc.gov/ehrmeaningfuluse/cop.html>. The page has a navigation menu on the left with items like Introduction, Calendar, Connect with Others, CDC Meaningful Use ListServ, Meaningful Use Community, Public Health - EHR Vendors Collaboration Initiative, Joint Public Health Forum & CDC Nationwide, Meaningful Use (MU) Public Health (PH) Reporting Requirements Task Force, Community of Practice (CoP), ELR Task Force, Jurisdiction Meaningful Use Websites, S & I Framework, Reportable Conditions Knowledge Management System, External Links, Frequently Asked Questions, Public Health Options, and Resources. The main content area features a header with a word cloud containing terms like 'EHR', 'incentive', 'payments', 'hospitals', 'eligible', 'Medicaid', 'Medicare', 'rule', 'section', 'measures', 'clinical', 'year', 'EPs', 'annual', 'ruffed', 'maternal', 'sporting', 'quality', 'hospital', 'patient', 'Public Health', and 'program'. Below the header, the page title is 'Meaningful Use' and the breadcrumb trail is 'CDC > Meaningful Use > Connect with Others > Meaningful Use Community'. The main heading is 'Community of Practice (CoP)' with social media icons for Facebook, Twitter, and a plus sign. The text describes the CoP's purpose: 'The Office of the National Coordinator for Health Information Technology (ONC), in collaboration with Centers for Disease Control & Prevention (CDC) have revived the Community of Practice (CoP) focused on leveraging Federal financial participation (FFP), including the 90 percent FFP State administrative match (a.k.a. 90/10) for Medicaid Health Information Technology (HIT) activities. The proposed participants in this CoP will include representatives from public health agencies (e.g., MU Coordinators, HIT Coordinators), state Medicaid offices and national public health associations. This CoP will provide a collaborative forum for public health agencies (PHAs) to:' followed by a bulleted list of goals: 'Identify common barriers and challenges to obtaining FFP for public health related HIT activities', 'Share successful models and approaches used to obtain FFP', 'Establish best practices to identify and coordinate intra-agency initiatives and projects that may qualify for funding', 'Develop guidance for HIT Implementation Advance Planning Documents (IAPD)', 'Identify key aspects for successful communications and planning with State Medicaid agencies', and 'Share the latest updates and opportunities for PHAs'. Below this, it states 'This CoP will meet using the GoToWebinar tool on a bi-weekly basis starting August 12, 2016. Pre-registration is required to join these meetings.' The 'Webinar Information' section includes a bulleted list: 'GoToWebinar will now be used for these webinars and pre-registration for this event is required. Please follow the registration instructions listed below to receive instructions on how to join this webinar.', 'Your registration will be valid for the all of the currently scheduled monthly meetings.', 'The instructions you receive will include a link to add these recurring meetings to your calendar.', and 'You are advised to test your GoToWebinar connectivity prior to the meeting by following the instructions provided below.' The page ends with the heading 'Webinar Registration Instructions'.

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:

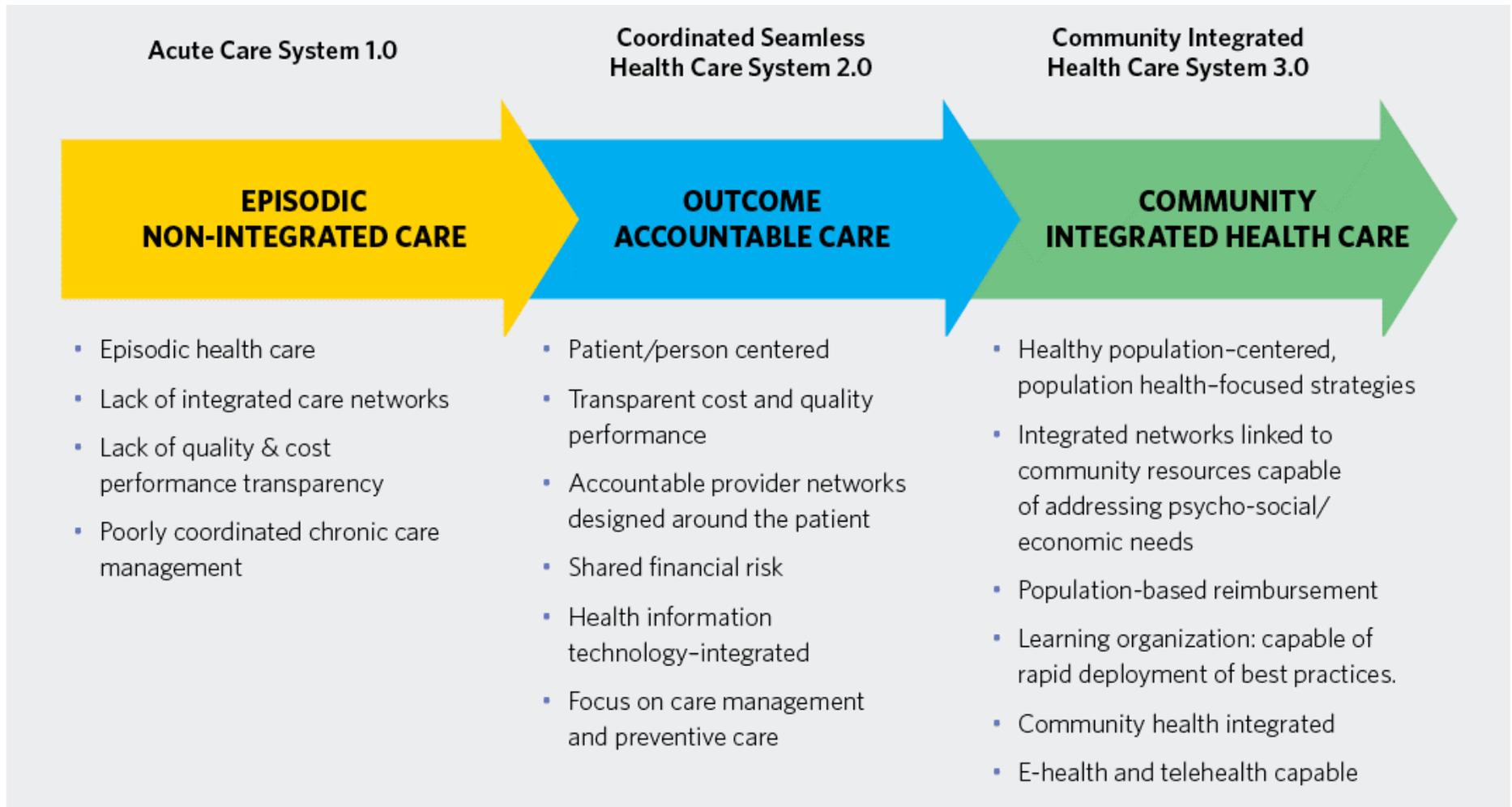
Accelerating Evidence into Action

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



REPRINTED FROM: Hester JA, Stange PV, Seeff LC, Davis JB, Craft CA. *Towards Sustainable Improvements in Population Health: Overview of Community Integration Structures and Emerging Innovations in Financing*; CDC Health Policy Series, January 2015.

Prevention and Population Health Framework

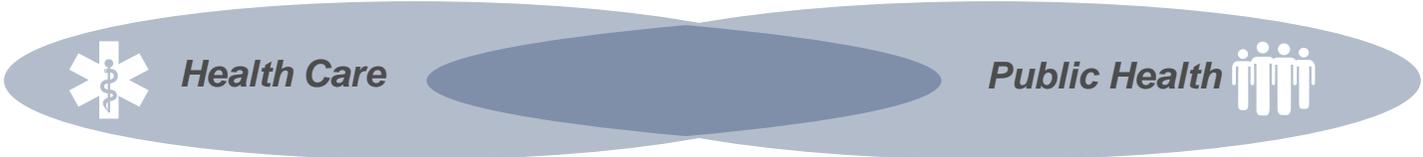
Traditional Clinical Prevention



Innovative Clinical Prevention



Community-wide Prevention



Auerbach, John. (2016). The 3 Buckets of Prevention. *The Journal of Public Health Management & Practice*, 22(3), 215–218.
doi: 10.1097/PHH.0000000000000381

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

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

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

High-burden

Costly

Preventable

Scalable

Purchasers &
Payers

The 6|18 Initiative → Buckets 1 and 2 Examples

Bucket 1: In Clinical Setting

Promote evidence and guidelines based medical management of asthma

Promote strategies that improve access and adherence to asthma medications and devices.

Expand access to comprehensive tobacco cessation treatment

Bucket 2: Outside Of Clinical Setting

Home visits for asthma care – to reduce home triggers

Self-measured home blood pressure monitoring

Access to National Diabetes Prevention Program

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.



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 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 ASTHMA

- Use the 2007 National Asthma Education and Prevention Program (NAEPP Guidelines) as part of evidence-based clinical practice and medical management guidelines
- Implement strategies that improve access and adherence to asthma medications and devices
- Expand access to intensive self-management education by licensed professionals or qualified lay health workers for patients whose asthma is not well-controlled with the medical management approach outlined in the 2007 NAEPP Guidelines.
- Expand access to home visits by licensed professionals or qualified lay health workers to provide both targeted, intensive self-management education and the reduction of home asthma triggers for patients whose asthma is not well controlled through use of both 2007 NAEPP Guidelines' medical management and asthma self-management education.



PREVENT UNINTENDED PREGNANCY

- Reimburse providers for the full range of contraceptive services (e.g., screening for pregnancy intention; 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.

* 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, and Centers for Disease Control and Prevention. **CDC's Policy Analytical Framework.** Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services; 2013.

Partners in 6|18 can:

Public Health

- Focus on evidence-based interventions
- Use public health data to prioritize need, monitor health and costs, and measure impact
- Complement insurer awareness campaigns with public health awareness campaigns
- Use 6|18 Initiative to partner with health care

Health Care Purchasers and Health Plans

- Prioritize improving outcomes of the conditions
 - Cover, promote, and/or fully deploy the interventions
 - Collaborate with public health partners
 - Monitor progress towards outcomes

Providers

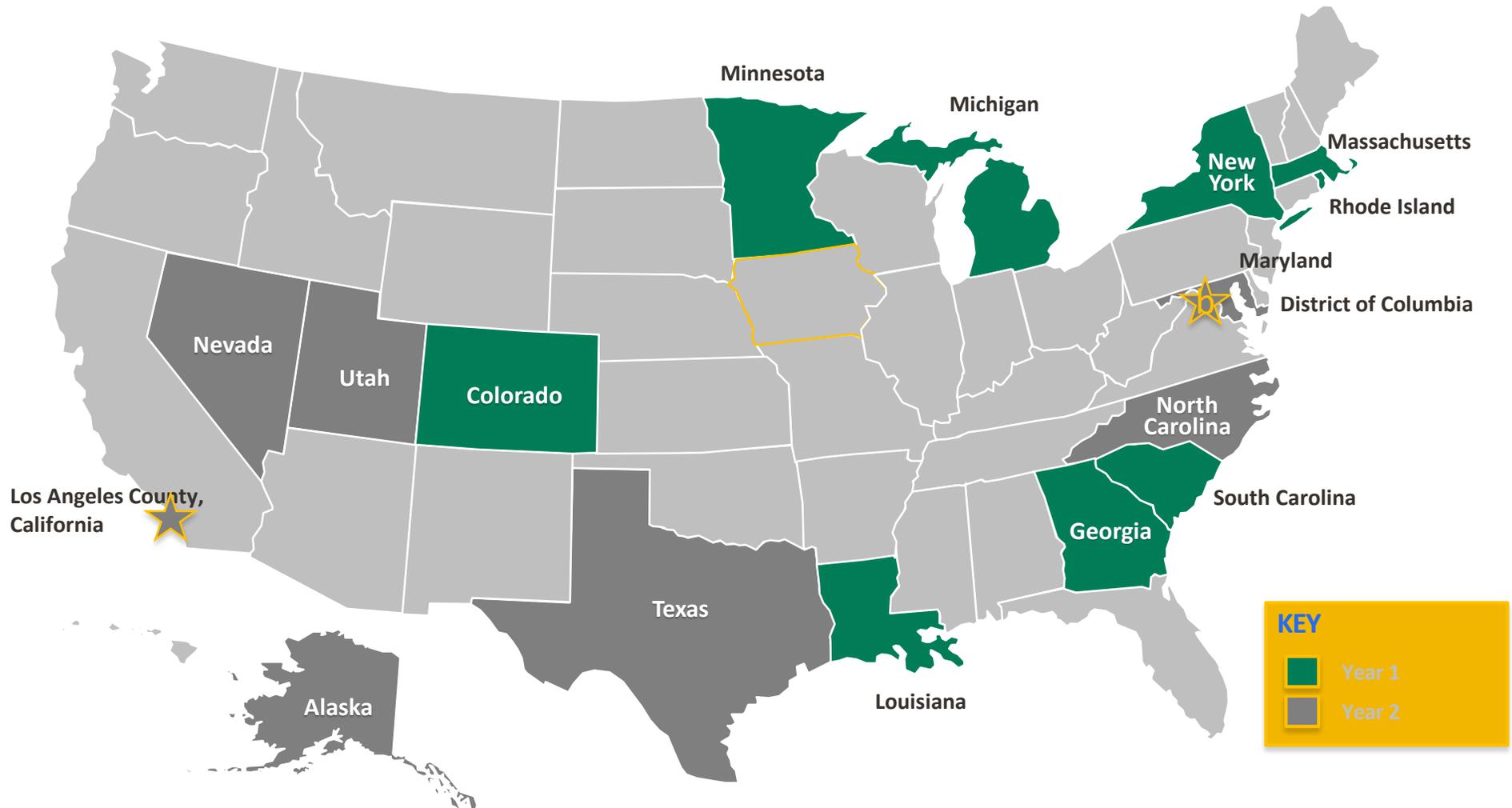
- Prioritize improving outcomes of the conditions
- Deliver the interventions
- Help develop operational best practices
- Monitor progress towards outcomes

Patients & Consumers

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



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

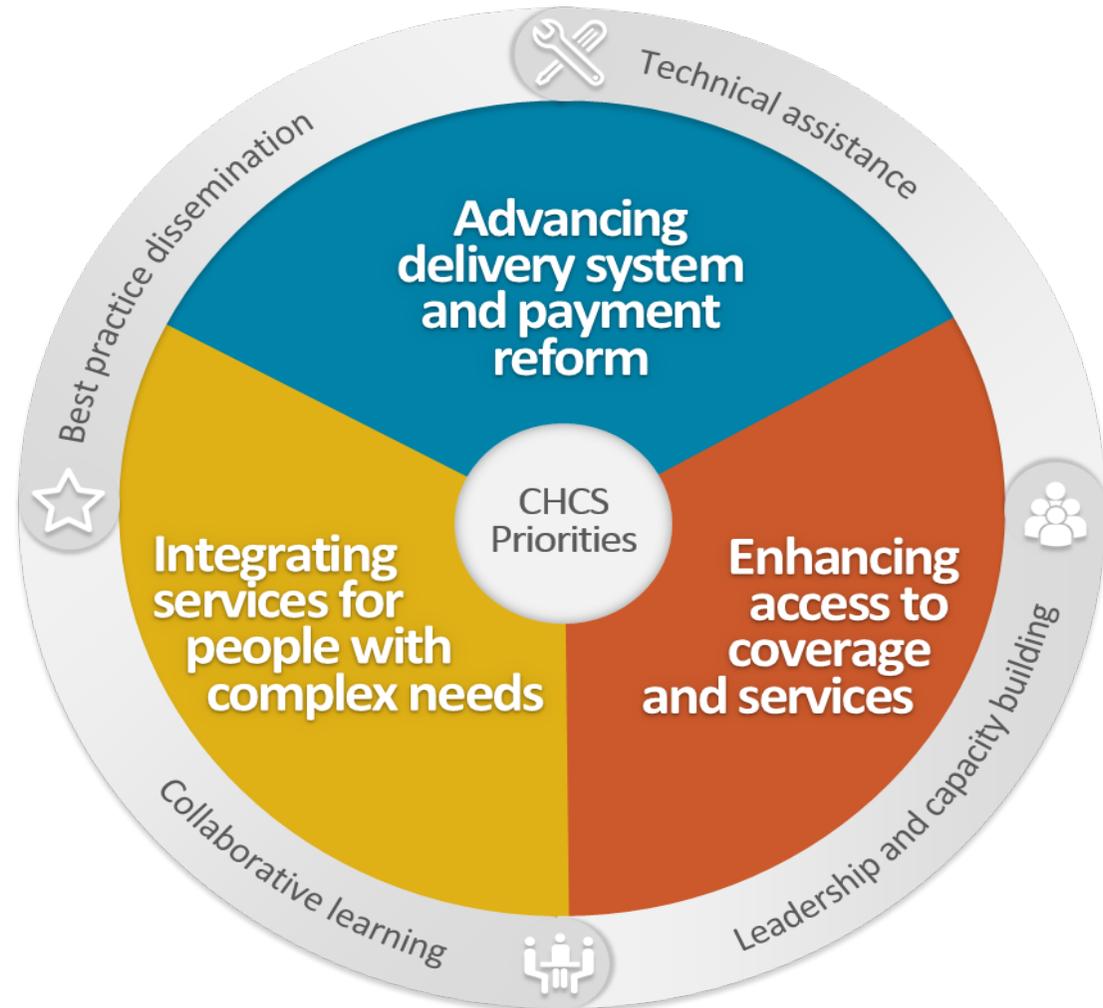
Center for Health Care Strategies

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



The Office of the National Coordinator for
Health Information Technology 



Q&A/Discussion

 @ONC_HealthIT

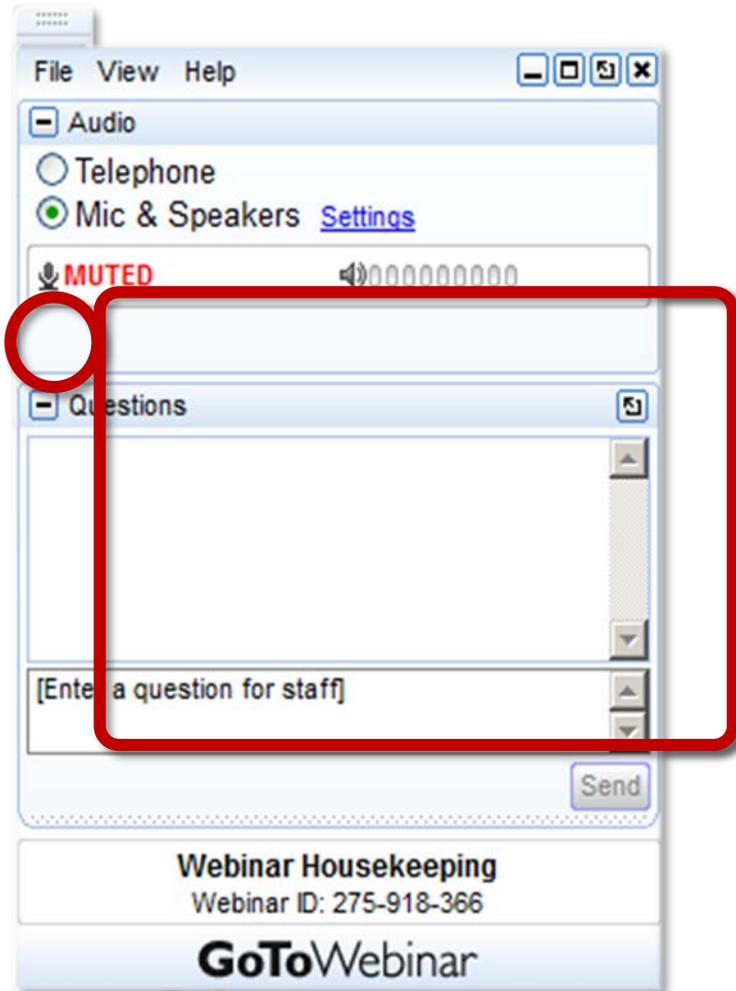
 @HHSOnc

HealthIT.gov 

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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.