

State Action Plan for CDC's 6|18 Initiative

Purpose: Medicaid and public health officials implementing CDC's 6|18 Initiative prevention activities can use this action plan template to: (1) outline their anticipated 6|18-related work and (2) track progress and milestones over time. **Instructions:** Fill out one action plan per health condition. Start by listing chosen intervention(s), as described in CDC's [6|18 Factsheet](#) (insert additional rows if implementing more than two interventions). Then add key activities and accompanying information: resource needs and potential partners; end goals; metrics to evaluate progress; and timeline. The action plan can be updated to reflect changes and accomplishments.

Priority Area (check one): Control Asthma Reduce Tobacco Use Prevent Unintended Pregnancy
 Prevent Type 2 Diabetes Control High Blood Pressure Improve Antibiotic Use

Intervention 1	Expand access to home visits by licensed professionals or qualified lay health workers to improve self-management education and reduce home asthma triggers for patients whose asthma is not well controlled with guidelines based medical management and intensive self-management education.			
ACTIVITY/MILESTONE	RESOURCE NEEDS AND POTENTIAL PARTNERS	END GOAL(S)	METRIC(S) TO EVALUATE PROGRESS	TIMELINE
<p>1: Prepare to incorporate Home Asthma Program into Medicaid MCO contracts</p> <p>a. Create a business case for incorporating the intervention into Medicaid MCO contracts, including building in expectation for short term cost savings and long term per capita positive return on investment</p> <p>b. Determine annual contracting logistics and reimbursement amounts</p> <p>c. Meet with Medicaid director to get approval</p> <p>d. Meet with Medicaid MCO leaders to make the case for including program in MCO contracts</p> <p>Point Person: Asthma Program Manager</p>	<p>Technical Assistance Needs:</p> <ul style="list-style-type: none"> Actuarial analysis guidance for developing projections Assistance understanding MCO contracting process Sample talking points and materials for making the business case to Medicaid MCOs <p>Potential Partners:</p> <ul style="list-style-type: none"> Data analysts Actuaries Medicaid MCOs 	Full Medicaid coverage and reimbursement for Home Asthma Program for eligible families incorporated into Medicaid managed care contracts.	<p>IMPLEMENTATION:</p> <p>Increase in the number of Medicaid MCOs that adopt Home Asthma Program</p> <p>UTILIZATION:</p> <p>NQF 1800: Asthma Medication Ratio (AMR)</p>	Aug. – Dec. 2018

Intervention 2		Promote strategies that improve access and adherence to asthma medications and devices.			
ACTIVITY/MILESTONE		RESOURCE NEEDS AND POTENTIAL PARTNERS	END GOAL(S)	METRIC(S) TO EVALUATE PROGRESS	TIMELINE
<p>1: Collect information from Medicaid MCOs and pharmacies to identify significant barriers to spacers/Valved Holding Chambers (VHCs)</p> <p>a. Request Medicaid MCO info on whether spacers/VHCs are a pharmacy benefit, durable medical equipment (DME) or both</p> <p>b. Investigate pharmacy spacer/VHC rejection messages</p> <p>c. Determine the number of pharmacies that are also DME providers, and review geographic distribution</p> <p>d. Partner with the American Pharmacists Association to identify pharmacy barriers</p> <p>Point Person: Asthma Program Manager</p>		<p>Technical Assistance needs:</p> <ul style="list-style-type: none"> • Sample surveys and information on other state approaches <p>Potential Partners:</p> <ul style="list-style-type: none"> • Medicaid MCOs • Pharmacy benefit managers • American Pharmacists Association 	<ol style="list-style-type: none"> 1. Medicaid clients have easier access to spacers/VHCs 2. More clients utilize spacers/VHCs 	<p>IMPLEMENTATION:</p> <ul style="list-style-type: none"> • Increase in the number of Medicaid MCOs that cover spacers/VHCs under a pharmacy, DME, or both benefits • Increase in the number of pharmacies that are also DME providers 	Oct. 2018 – Jan. 2019
<p>2: Initiate interventions to improve access to spacers/VHCs through pharmacies</p> <p>a. Facilitate meetings with MCO Medical Directors, QI Directors and Pharmacy Directors through Clinical Advisory Committees</p> <p>b. Promote current Medicaid MCO pilot and leverage additional pilots by recruiting MCOs that cover spacers/VHCs as DME benefit</p> <p>c. Develop model messages that plans could adopt/tailor to improve their pharmacy rejection messaging</p> <p>d. Work with American Pharmacists Association to promote changes in pharmacy practices (stocking, etc.) that may improve access</p> <p>Point Person: Asthma Program Manager</p>		<p>Technical Assistance needs:</p> <ul style="list-style-type: none"> • Assistance on modeling financial impact of changing spacer policy • Examples of messaging materials related to asthma benefits changes that are used by other states <p>Potential Partners:</p> <ul style="list-style-type: none"> • Medicaid MCOs • Pharmacy benefit managers • American Pharmacists Association 	<ol style="list-style-type: none"> 1. Medicaid clients have easier access to spacers/VHCs 2. More clients utilize spacers/VHCs 	<p>IMPLEMENTATION:</p> <ul style="list-style-type: none"> • Model messages are developed, disseminated, and incorporated into pharmacy systems 	Jan. 2019 – Jun. 2019

ADVANCING IMPLEMENTATION OF THE CDC’S 6 | 18 INITIATIVE

Through support from the Robert Wood Johnson Foundation, the Center for Health Care Strategies, in collaboration with a number of [partners](#), is coordinating technical assistance to facilitate state Medicaid and public health implementation of the Centers for Disease Control and Prevention’s (CDC) 6|18 Initiative. The CDC’s 6|18 Initiative promotes the adoption of evidence-based interventions that can improve health and control costs related to six high-burden, high-cost health conditions — tobacco use, high blood pressure, inappropriate antibiotic use, asthma, unintended pregnancies, and type 2 diabetes. For more information and additional resources, visit www.618resources.chcs.org.