CHCS Center for Health Care Strategies, Inc.

Advancing innovations in health care delivery for low-income Americans

6|18 Initiative Webinar: Next Steps & Sustainability Planning

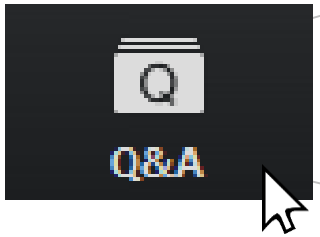
September 16, 2019

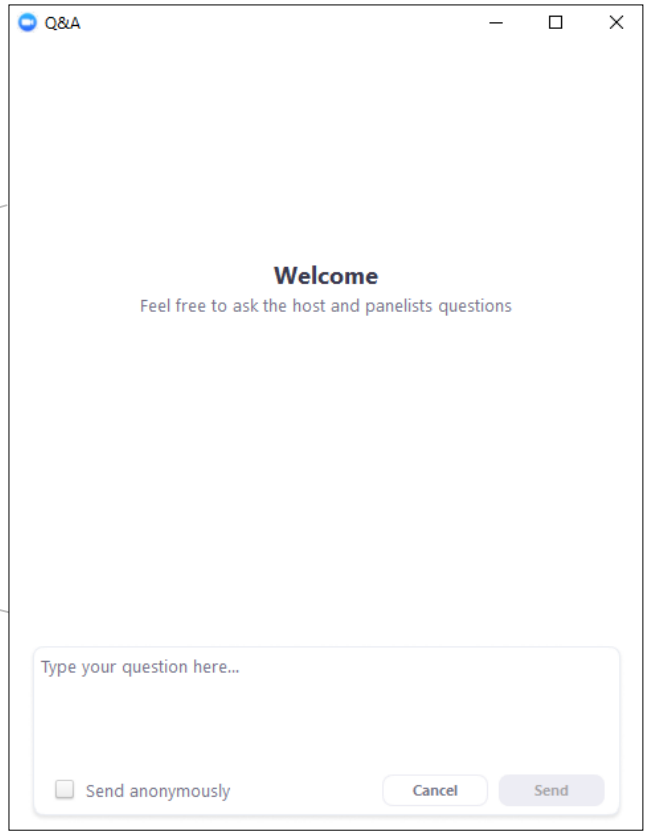
Moderator: Sana Hashim, MPH, CPH, CHES

Made possible by the Robert Wood Johnson Foundation.

Questions?

To submit a question online, please click the Q&A icon located at the bottom of the screen.





Answers to questions that cannot be addressed due to time constraints will be shared after the webinar.

Welcome & Introductions

Agenda

- Welcome and Introductions
- CDC: Overview of 6|18 Initiative Sustainability
- CHCS: Sustainability Support
- Colorado
- Rhode Island
- Q&A
- CHCS: Next Steps Planning

Meet Today's Presenters

Kristin Brusuelas
Senior Public Health Advisor
Centers for Disease Control and Prevention

Alissa Beers
Associate Director, Population Health
Center for Health Care Strategies

Gabriel Kaplan
Chief, Health Promotion and Chronic Disease Prevention Branch,
Colorado Department of Public Health and Environment

Michelle Lynch
Tobacco Cessation Supervisor
Colorado Department of Public Health and Environment

Richard Delaney
Program Specialist
Colorado Department of Health Care Policy and Financing

Melanie Reece
Benefits & Policy Specialist
Colorado Department of Health Care Policy and Financing

Meet Today's Presenters

Nancy Sutton
Center Lead, Center for Chronic Care and Disease Management
Rhode Island Department of Health

Samuel Zwetchkenbaum
Chief, Oral Health Program
Rhode Island Department of Health

Meaghan Joyce
Sustainability Manager
Rhode Island Department of Health

Dana McCants Derisier
Tobacco Control Program Coordinator
Rhode Island Department of Health

Randi Belhumeur
Program Administrator
Diabetes, Heart Disease and Stroke Program
Rhode Island Department of Health

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CDC: Overview of 6|18 Initiative Sustainability

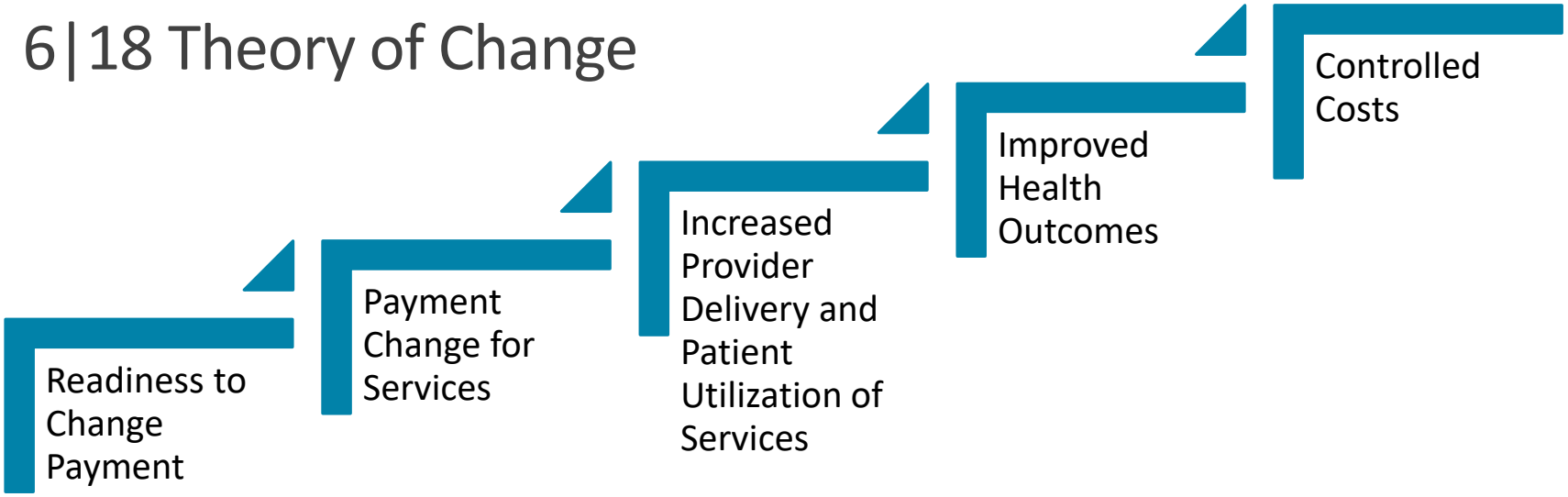
Kristin Brusuelas, MPH

Senior Public Health Advisor

Centers for Disease Control and Prevention

6|18 Sustainability Planning Framework

6|18 Theory of Change



1. Where is your team on the continuum of change?
2. Where would your team like to go next on the continuum?
3. How does this align with state health priorities?
4. How can Medicaid and Public Health formalize partnership mechanisms that endure beyond 6|18?

Common Sustainability Activities

Within 6|18:

- Pursue pathways to continue/expand current 6|18 activities
- Increase awareness and utilization of 6|18 covered services
- Share data across agencies to enable measurement of the impact of your 6|18 activities

Beyond 6|18:

- Apply the 6|18 Initiative framework to another health condition of interest
- Identify high priority areas in which your agencies can continue collaborating
- Build a team that meets regularly and maintains the capacity to withstand turnover

CHCS: Sustainability Support

Alissa Beers, MA
Associate Director, Population Health
Center for Health Care Strategies

Available Suite of Sustainability Support

Component	Date
Today's webinar	September 2019
Sustainability Planning Toolkit	Fall 2019
In Person Convening	Winter 2020
Sustainability Work Plan	Winter 2020
Online Collaboration Community	Winter 2020

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Rhode Island: Evolution of 6|18 Initiative Efforts

Rhode Island Department of Health

Rhode Island Executive Office of Health and Human Services

CDC's 6|18 Initiative:

Rhode Island Department of Health's Journey to Partnering with RI Medicaid

Nancy Sutton, MS, RD

Dana McCants Derisier, MS

Samuel Zwetchkenbaum, DDS, MPH

Randi Belhumeur, MS, RD, CDOE

Meaghan Joyce

6|18 in Rhode Island: Nancy Sutton

Timeline of Sustained Engagement

- Fall 2015: CDC invitation → RIDOH and RI Medicaid approval and identification of point people for each agency
- February 2016 National Convening: launch
- Asthma and tobacco: monthly calls, 2016 action plans, TA
- December 2016 Convening: report on progress
- 2017 ongoing TA with subject matter experts
- January 2018: CDC Foundation meeting
- October 2018 National Convening:
  - Wrap up first cohort
  - Cohort 2 launch: Diabetes Prevention and Hypertension

6|18 in Rhode Island: RI Medicaid Perspective

Drs. Jerry Fingerut and Sam Zwetchkenbaum

Impressions

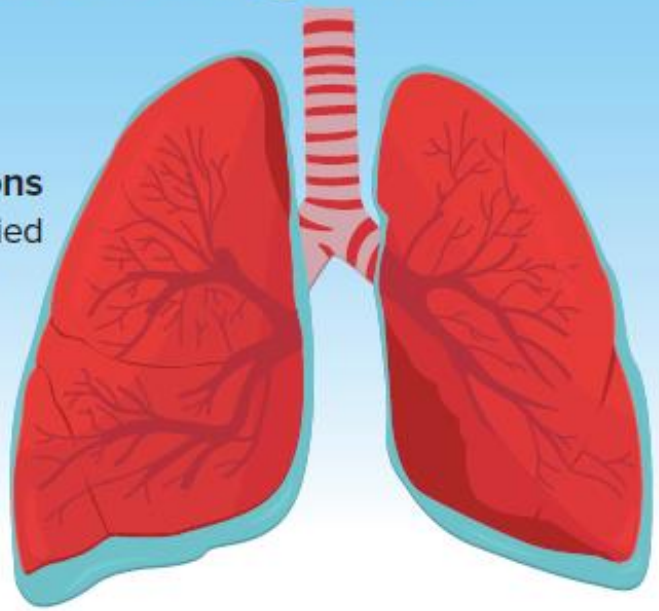
- Program has been of great benefit to beneficiaries
  - Expansion of services
  - Spillover effect
- Approaches of RIDOH and Medicaid have traditionally been different. Bringing people together has allowed sharing of ideas
  - Staff at RIDOH have done bulk of work because of expertise: Education and population health
  - Our Medicaid work has been as liaison and facilitator.

RI Asthma Home Visiting

The Home Asthma Response Program (HARP)

HARP is an evidence-based asthma intervention designed to **reduce preventable asthma emergency department visits and hospitalizations** among high risk pediatric asthma patients. The HARP model utilizes a Certified Asthma Educator (AE-C) and a Community Health Worker (CHW) to conduct three intensive sessions that:

- **Assess patients' asthma knowledge and trigger exposure**
- **Provide intensive asthma self-management education**
- **Deliver cost-effective supplies to reduce home asthma triggers**
- **Improve quality and experience of care**

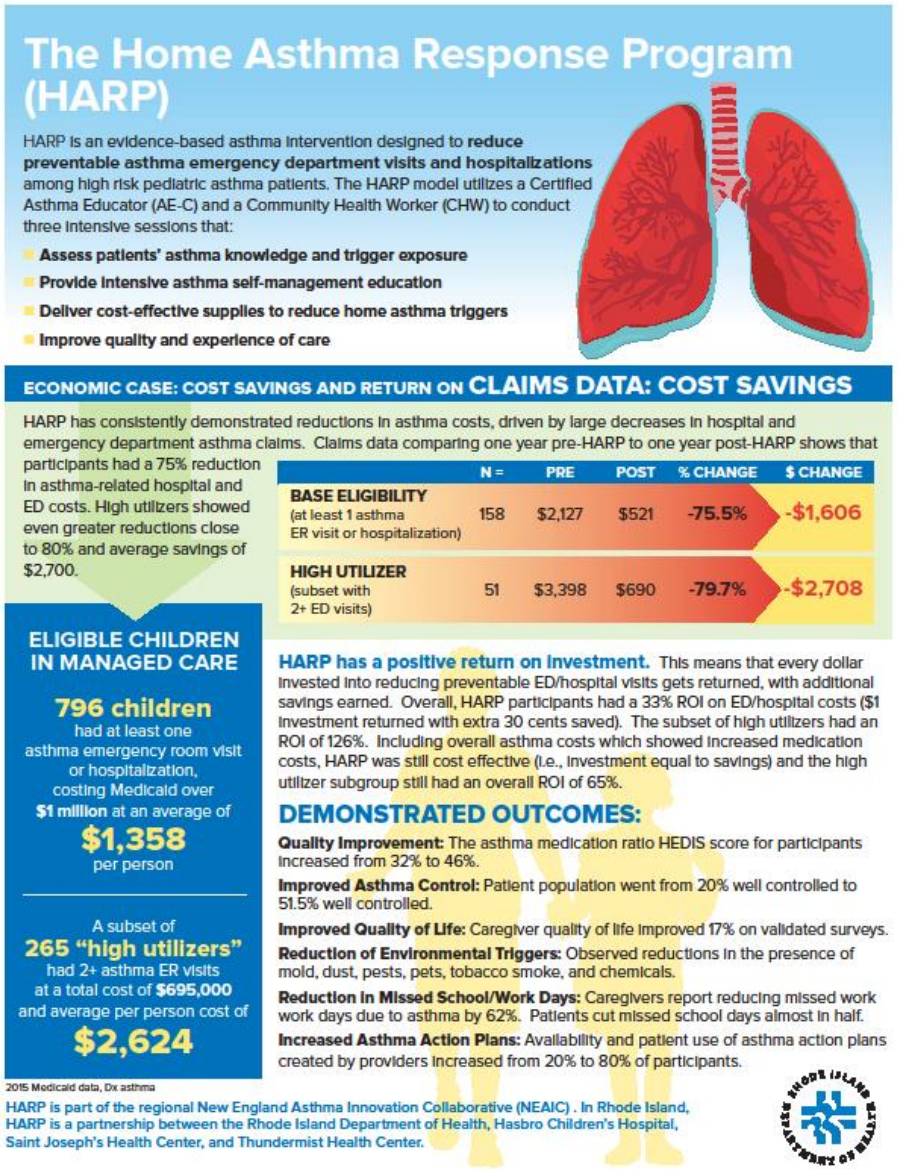


- Launched in 2011 with Hasbro Children's Hospital, St. Joseph Health Center
- Expanded 2013-2015 through CMMI funded regional demonstration project
- Rigorous evaluations and improvements over many years

Infographic: Building a business case

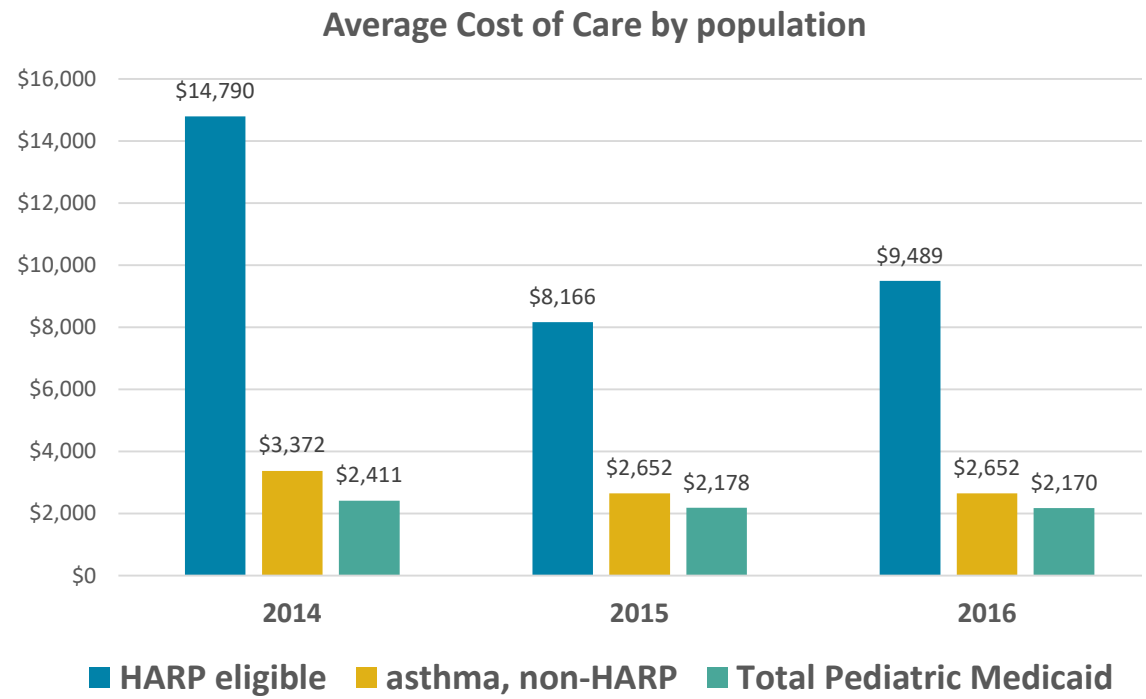
Making the case for HARP to key decision makers meant:

- Numerous evaluations using multiple data sources
- Demonstrating outcomes
- Using claims data to present pre/post patient cost of care
- Detailed info on program cost
- Using Medicaid data to ID scope of eligibility for HARP
- Keeping it brief: 1 pager



Asthma: Use of Medicaid Data

HARP eligibility and total cost of care

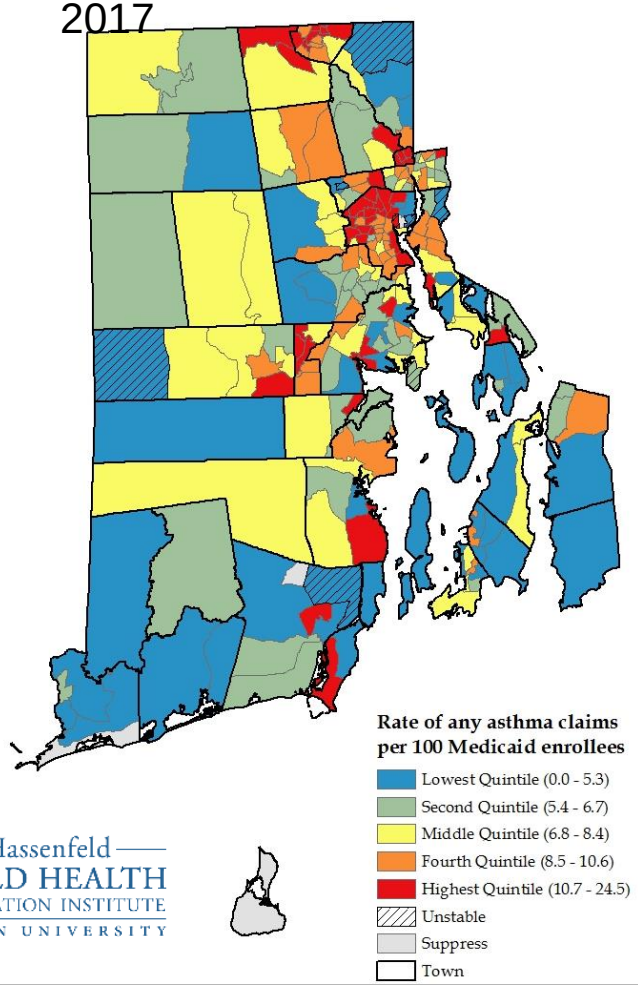


Population Sizes, 2014-2016

HARP-Eligible:	345 – 365
Asthma, non-HARP:	5,667 – 6,265
Total Pediatric Medicaid:	98,725 – 102,674

Hot-Spot Mapping

Any Asthma Claim Among Children on Medicaid, 2013-2017



Hassenfeld CHILD HEALTH INNOVATION INSTITUTE BROWN UNIVERSITY

Asthma: Results

- Rhode Island 6|18 work featured in national publications and case studies;
- Close partnership with Medicaid supported RIDOH's engagement with MCOs on asthma home visiting;
- Medicaid claims data used to identify and map participants eligible for services, compare total costs of care, and build a more robust business case;
- MCOs in Rhode Island are now piloting asthma home visiting with Community Health Workers, via contract with HARP providers or with MCO staff;
- Ongoing relationship will help sustain monitoring, evaluation, and sustainability.

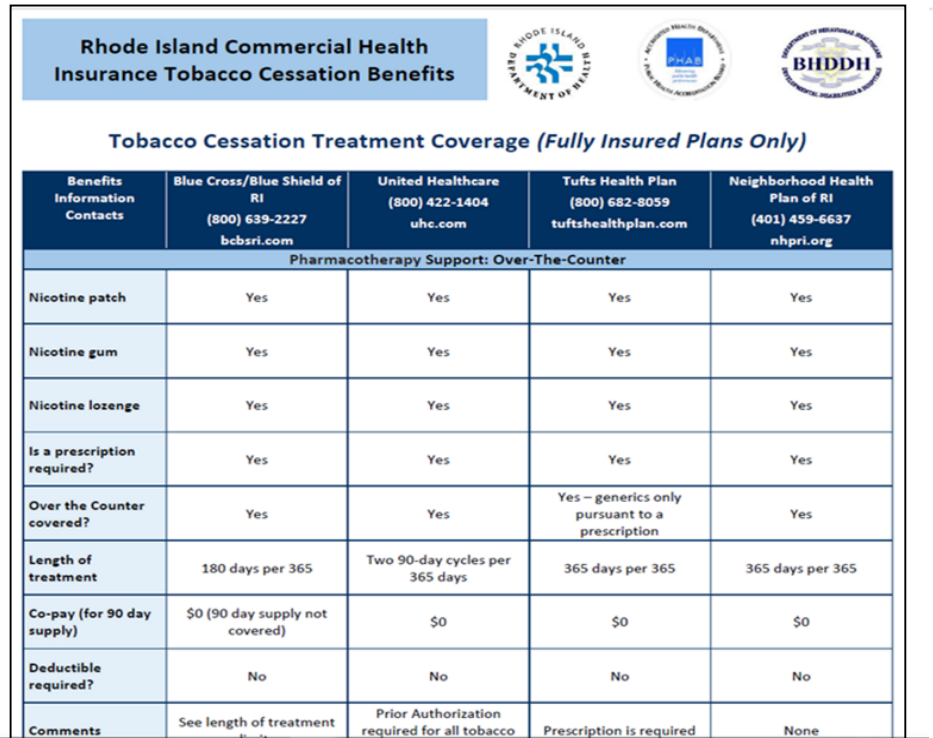
RI Tobacco Cessation Action Plan: Dana McCants Derisier

Partner with Medicaid Program and State/Local Partners to:

1. Expand access to evidence-based tobacco cessation treatment (i.e. counseling and medications) – link existing treatment resources
2. Remove barriers to covered cessation treatments (i.e. prior authorization)
3. Promote increased use of covered cessation benefits – link with existing statewide efforts, health plan/provider venues

6 | 18 Initiative & RI SIM Alignment

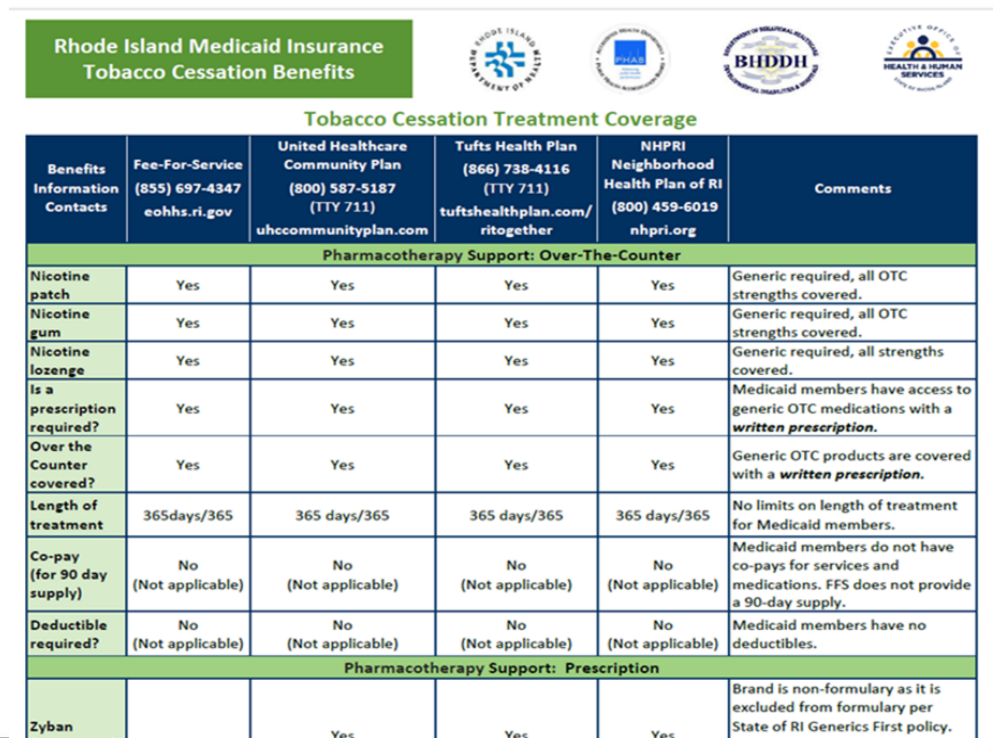
- Expanding statewide partnerships
- Distribution of Tobacco Cessation Benefit Matrices
- Inclusion of tobacco treatment in SBIRT Training in statewide Provider coaching



Rhode Island Commercial Health Insurance Tobacco Cessation Benefits

Tobacco Cessation Treatment Coverage *(Fully Insured Plans Only)*

Benefits Information Contacts	Blue Cross/Blue Shield of RI (800) 639-2227 bcbsri.com	United Healthcare (800) 422-1404 uhc.com	Tufts Health Plan (800) 682-8059 tuftshealthplan.com	Neighborhood Health Plan of RI (401) 459-6637 nhpri.org
Pharmacotherapy Support: Over-The-Counter				
Nicotine patch	Yes	Yes	Yes	Yes
Nicotine gum	Yes	Yes	Yes	Yes
Nicotine lozenge	Yes	Yes	Yes	Yes
Is a prescription required?	Yes	Yes	Yes	Yes
Over the Counter covered?	Yes	Yes	Yes – generics only pursuant to a prescription	Yes
Length of treatment	180 days per 365	Two 90-day cycles per 365 days	365 days per 365	365 days per 365
Co-pay (for 90 day supply)	$0 (90 day supply not covered)	$0	$0	$0
Deductible required?	No	No	No	No
Comments	See length of treatment	Prior Authorization required for all tobacco	Prescription is required	None



Rhode Island Medicaid Insurance Tobacco Cessation Benefits

Tobacco Cessation Treatment Coverage

Benefits Information Contacts	Fee-For-Service (855) 697-4347 eohhs.ri.gov	United Healthcare Community Plan (800) 587-5187 (TTY 711) uhccommunityplan.com	Tufts Health Plan (866) 738-4116 (TTY 711) tuftshealthplan.com/ritogether	NHPRI Neighborhood Health Plan of RI (800) 459-6019 nhpri.org	Comments
Pharmacotherapy Support: Over-The-Counter					
Nicotine patch	Yes	Yes	Yes	Yes	Generic required, all OTC strengths covered.
Nicotine gum	Yes	Yes	Yes	Yes	Generic required, all OTC strengths covered.
Nicotine lozenge	Yes	Yes	Yes	Yes	Generic required, all strengths covered.
Is a prescription required?	Yes	Yes	Yes	Yes	Medicaid members have access to generic OTC medications with a ***written prescription.***
Over the Counter covered?	Yes	Yes	Yes	Yes	Generic OTC products are covered with a ***written prescription.***
Length of treatment	365days/365	365 days/365	365 days/365	365 days/365	No limits on length of treatment for Medicaid members.
Co-pay (for 90 day supply)	No (Not applicable)	No (Not applicable)	No (Not applicable)	No (Not applicable)	Medicaid members do not have co-pays for services and medications. FFS does not provide a 90-day supply.
Deductible required?	No (Not applicable)	No (Not applicable)	No (Not applicable)	No (Not applicable)	Medicaid members have no deductibles.
Pharmacotherapy Support: Prescription					
Zyban		Yes	Yes	Yes	Brand is non-formulary as it is excluded from formulary per State of RI Generics First policy.

Ongoing Partnerships

Sustain established shared understanding and interest in:

- Provider and patient/member awareness of the Medicaid cessation benefits
- Utilization of counseling and quit medications by Medicaid recipients
- Removing barriers to covered cessation benefits (i.e. prior authorization)
- A framework of tracking data (BRFSS, CAHPS, APCD, QL)

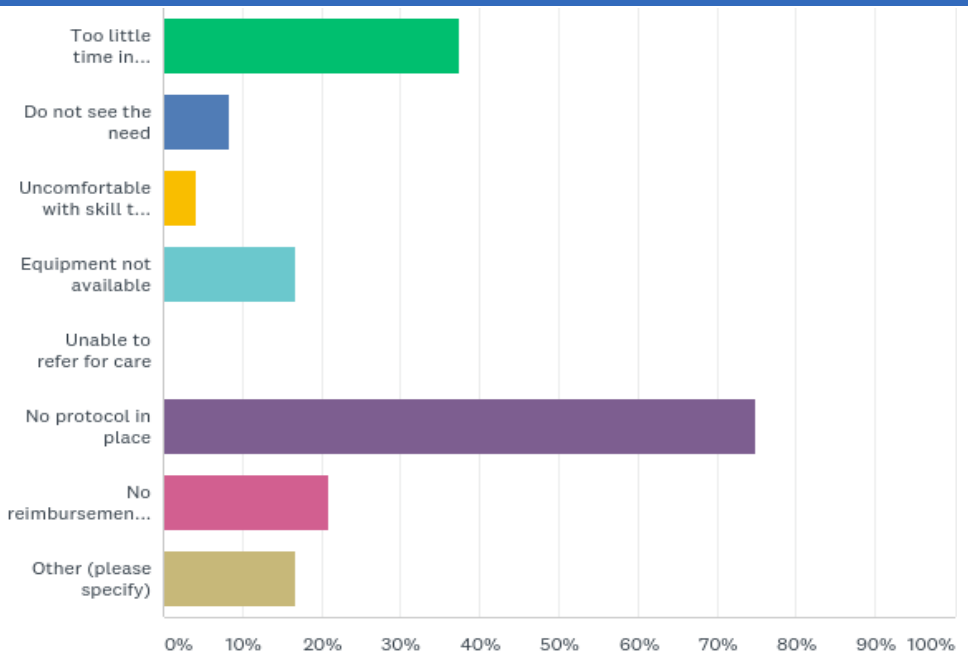
Assessment of BP and Diabetes Screening Among Oral Health Professionals in RI: Samuel Zwetchkenbaum

- Motivated by 6/18 discussions and work presented by Maryland on screening in dental offices
- Hypothesis was that RI dental practices do not routinely screen
- Collaboration between Oral Health Program and Diabetes Heart Disease and Stroke program resulted in a series of meetings to develop survey content
- 136 Respondents over one month (46% dentists, 50% dental hygienists, 3% dental assistants)
- Experienced: 62% practicing 21 years or longer
- 25% report taking BP on ALL patients; 25% report taking on none; Most are comfortable taking blood pressure
- Only 20% screen for diabetes

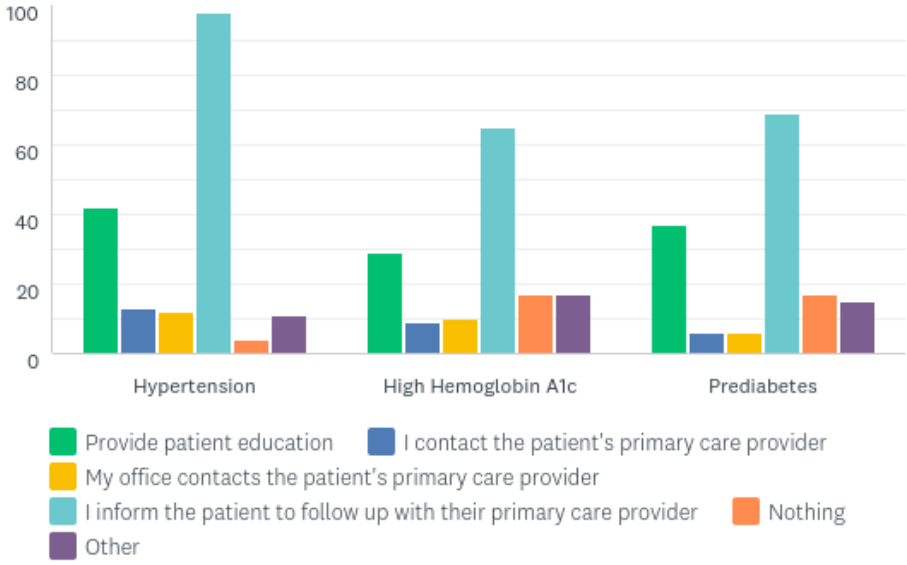
Key Findings

- 25% do not take blood pressure, with most common reason being “No protocol in place”
- When there is a significant finding, the majority tell the patient to contact their physician. Less than 15% will contact the physician’s office
- Less than 20% will follow up with up physician office to see if the patient made contact

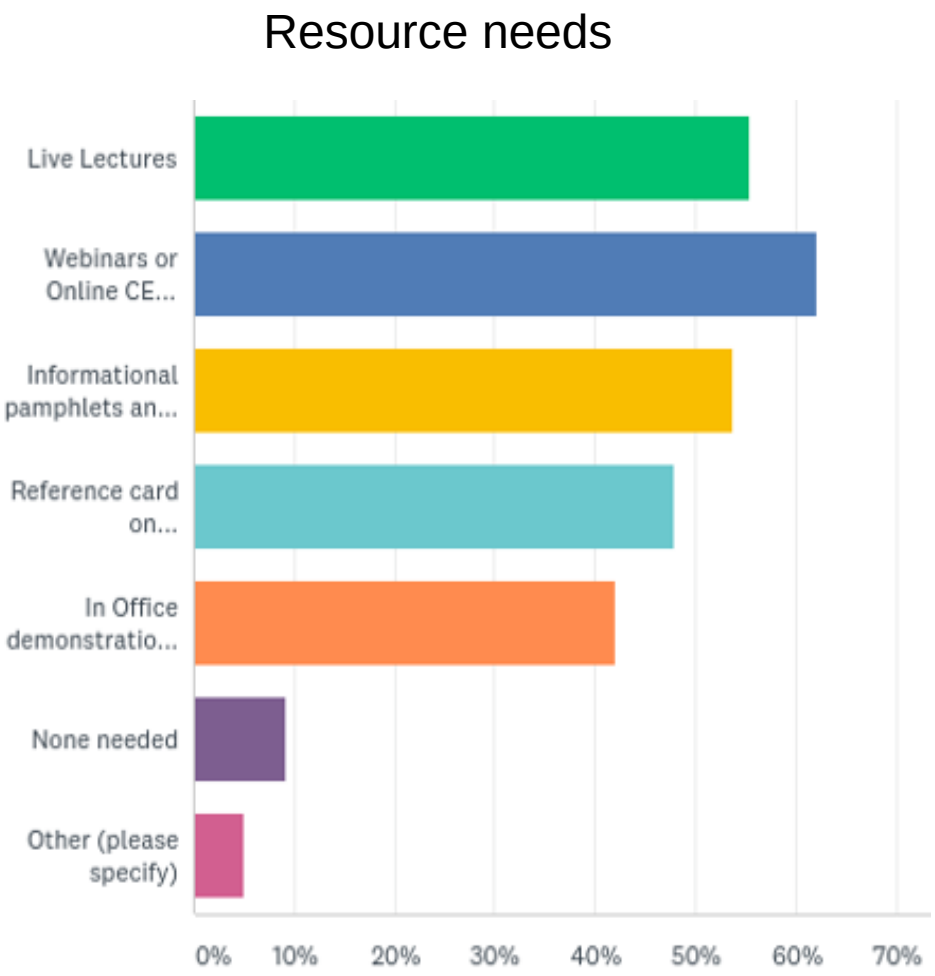
If no BP taken, why?



Next steps after screening



Next Steps



- There is opportunity for training of dental providers, and the majority prefer webinars or live trainings
- Would performance measures prompt dentists to make referrals to physicians
- Lack of shared health information is a barrier and should be addressed with HIT funding opportunities

Creation of the Sustainability Manager Position: Randi Belhumeur

- Previous position was DPP Coordinator, who reported to the Manager of Diabetes Prevention Program
  - DPP Coordinator oversaw past reimbursement work
- When position became vacant, DHDS reevaluated its needs based on 1815 and 1817 funding deliverables
- Position was elevated to a managerial position and renamed Sustainability Manager and is funded through 1815 and 1817
- Department leadership gave go-ahead to post position as it aligns with RIDOH's strategic priorities and population health goals by working towards the sustainability of programming and workforce development

Sustainability Job Description

Job Description – Sustainability Manager

1) a.) Position Title: Diabetes, Heart Disease and Stroke (DHDS) Sustainability Manager	b.) Date position became vacant: February 22, 2019	2) Classification: Change from Senior (31) to Principal Public Health Promotion Specialist (33)
3) Program Name: Diabetes, Heart Disease and Stroke Program		4) Account(s): 2170199.02; 2170203.02
5) Funding Source: CDC		6) Funding Timeline (Grant Cycle): June 30, 2019 – September 29, 2023
7) Brief Description of Position: This position will be responsible for the overall strategic planning, program development, program implementation and evaluation for ongoing sustainability of chronic disease programs including: Diabetes Prevention Program, Community Health Workers, the Community Health Network and ADA/AADE-recognized programs. A key component of sustainability includes Medicaid, Medicare and commercial reimbursement of the above-named programs.		8) Critical Need for Position (Brief explanation of why you need this position): This position is critical to carry out the deliverables in the CDC 1815 and 1817 workplans.
9) Position Reports to (Name and Title): 10) Randi Belhumeur, Program Administrator		11) This Position Supervises: • Michelle Barron McGee, Senior Public Health Promotion Specialist, Manager Diabetes Prevention Program • Kelsea Dixon, Assistant Health Program Administrator, Manager Community Health Network

12) Job Duties (no more than 8-10 bullets that summarize duties/assignments):

- Oversee the CDC 1815 and 1817 work plan strategies and activities that relate to sustainability of evidence-based chronic disease programming, including Medicaid/Medicare reimbursement, commercial reimbursement, and employer coverage of evidence-based programs
- Oversee the CDC 6|18 initiatives including the Diabetes Prevention Program and Hypertension Initiatives. The 6|18 initiatives pertain to Medicaid and Managed Care Organization (MCO) coverage of evidence-based programs
- Expand and/or strengthen Diabetes Self-Management Education and Support coverage policy among public and private insurers and employers
- Collaborate with third party payers and other public and private sector organizations within the State of RI to expand the availability of the Diabetes Prevention Program as a covered benefit for Medicaid beneficiaries, public employees and employees of the private sector
- Develop a statewide infrastructure to promote long-term sustainability/reimbursement for Community Health Workers (CHWs) as a means to expand their use in evidence-based chronic disease programming
- Oversee contracts with RI stakeholders related to the 1815 and 1817 work plans
- Oversight of budgets
- Support the Community Health Network (CHN) Manager in the deliverable of creating a sustainable CHN
- Support the CHN and the DPP Program with project management strategies for the day-to-day operations of both the DPP and the CHN program

6 | 18 Hypertension Work Plan: Meaghan Joyce

- Learn what is covered for hypertension control
- Share findings with stakeholders
- Increase utilization of covered benefits

Updated on: July 26, 2019

Rhode Island
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 the Resource Center for Implementing CDC's 6|18 Initiative (insert additional rows if implementing more than two interventions). Then, add key activities, team point person, potential partners/stakeholders and accompanying information: technical assistance/resource needs; 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 ☐ Improve Antibiotic Use
☐ Prevent Type 2 Diabetes ☒ Control High Blood Pressure

Intervention 1	Understanding covered benefits that target hypertension control (i.e., access and adherence to anti-hypertensive medications, lipid-lowering medications, counseling services, at-home blood pressure cuffs) within the MCO's			
ACTIVITY/MILESTONE	**TECHNICAL ASSISTANCE/ RESOURCE NEEDS**	**END GOAL(S)**	**METRIC(S) TO EVALUATE PROGRESS**	**TIMELINE**
1: Create and disseminate a survey to the MCO's to understand the covered benefits that target hypertension control.	Tricia Leddy from CHCS did work on survey design. Check with Tricia on this Jerry and Sam from Medicaid to help with point person at the MCOs RI Tobacco Control Program: RITCP created a crosswalk. May be helpful to look at their product in creating one for HTN	Firm understanding of mandatory versus optional covered benefits One pager of the covered benefits Utilization of the benefits	Results from survey Survey completion numbers/rate Create a crosswalk of optional vs covered benefits	One year
Point Person: Meaghan Joyce with support from Carol Votta and Megan Fallon				
Potential Partners/Stakeholders: Medicaid, MCOs, Tricia Leddy				

RI 6 | 18 Work - Hypertension

- Survey to Rhode Island managed care organizations (MCOs)
- Developed document outlining covered benefits
- Sharing list with stakeholders, Care + Community + Equity (CCE) practices

Diabetes Prevention Program in RI

- Three DPRPs funded through RIDOH
- RIDOH created two models, full value-based payment (VBP) and interim VBP
- DPRPs will be starting classes in the fall

Name of Organization:				
Personnel per class *(see below for required contract personnel activities)*				**Total**
Personnel per class max - Enrollment/Delivery				$ 5,200.00
Personnel per contract year max - Program Fidelity/Sustainability				$ 2,145.00
Performance incentives - cap of $5,620 per class	**Rate**	**Max # of participants**	**Number of sessions**	**Total**
At least 18 participants recruited	$220.00	NA	NA	$ 220.00
Per participant that attends session 1 (cap 15)	$150.00	15	1	$ 2,250.00
Per participant per sessions 2-22	$10.00	15	21	$ 3,150.00
Max performance total				**$ 5,620.00**
Participant support incentives - cap of $1,500 per class				**Total**
e.g., bus pass, gas cards, grocery vouchers				**$ 1,500.00**
Grand total max payment				**$ 14,465.00**

*Program Fidelity/QI and Collaboration/Sustainability payments are per site regardless of the number of classes offered per contract year. For example, a site running two classes simultaneouly will receive one Program Fidelity/QI and Collaboration/Sustainability payment of $2,145 maximum. Each class maximum payment is $13,320. A site running two classes per contract year could potentially receive a grand total of $28,785 per contract year.

Diabetes Prevention Program in RI

- Working with South County Health to expand DPP into an underserved area of the state
- South County Health offers DPP to their employees as a wellness benefit
- South County Health is exploring participating in the Employer Learning Collaborative

Sustainability Strategies

- Medicare Diabetes Prevention Program (MDPP)
- Collaboration across RIDOH teams
- Coverage for Community Health Workers (CHW)
- Maintain and strengthen RIDOH's relationship with RI Medicaid
- Ongoing networking with stakeholders

For further information/resources, contact:
Randi Belhumeur, MS, RD, CDOE
Diabetes Heart Disease & Stroke Program Manager
Center for Chronic Care & Disease Management
Rhode Island Department of Health
randi.belhumeur@health.ri.gov

Question & Answer

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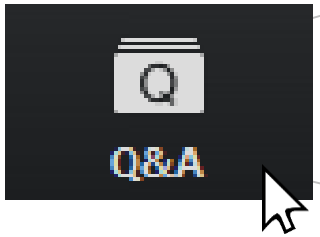

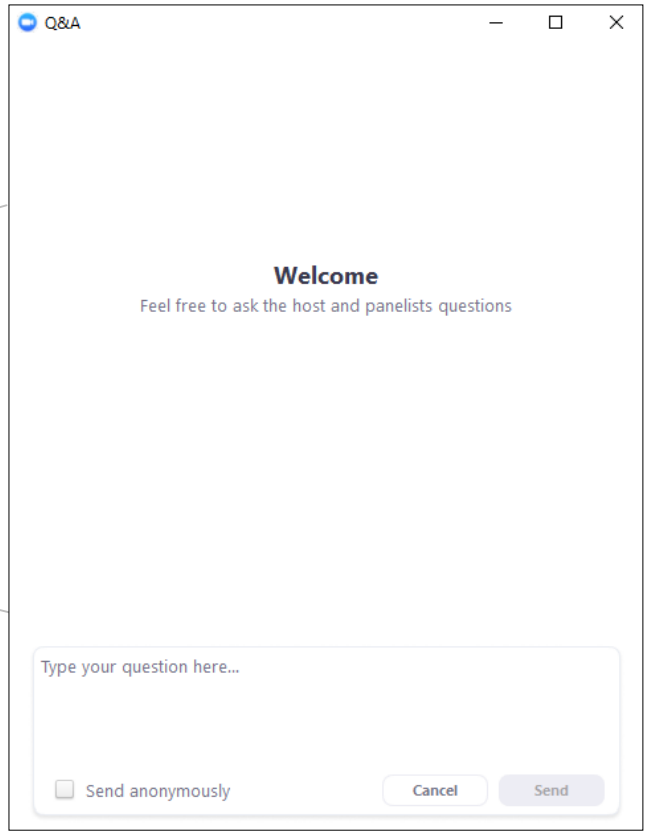

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Colorado: Sustainability of 6|18 Initiative Partnership

Colorado Department of Public Health and Environment

Colorado Department of Health Care Policy and Financing

CDC 6|18 in Colorado

Looking Back to Move Forward

Gabriel Kaplan,
Chief, Health Promotion and Chronic Disease Prevention Branch

Michelle Lynch,
Tobacco Cessation Supervisor, Prevention Services Division

COLORADO
Department of Public Health & Environment

SUMMARY

- Liaison Positions
- Wins & Barriers
- Lessons Learned
- Future Directions

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Liaison Role Function & Origin

- Full-time liaison positions created at each agency
- Goal was enhanced collaboration & strategic alignment across agencies

Wins under 6|18

- Bolstered interagency agreement & data sharing
- Copay & PAR removal: tobacco cessation
- DSME coverage
- LARC education & promotion

Wins under 6|18

- Enhanced frequency & value of interagency communications
- Coordination & support for the state's accountable care organizations

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Department of Public Health & Environment

“Ensuring access to preventive care is more than a matter of coverage- it’s a public health issue.”

Barriers

- Different agency values & cultures
- Staff churn
- FTE ceiling & capacity limitations
- ROI & fiscal neutrality
- Different levels of staff with subject matter expertise & those with authority

Lessons Learned

- Relationships matter
- Address the “how” (systems & process improvement) not just the “what”
- Top-down & bottom-up approaches need to co-occur

Looking Ahead

- Medicaid systems building strategy team
- NDPP coverage efforts
- Applying lessons learned to commercial payers & additional conditions

“6|18 has provided a supportive platform for public health and Medicaid to come together to learn a shared language.”

THANKS!

More questions?

michelle.lynch@state.co.us

Question & Answer

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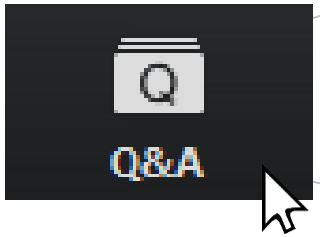

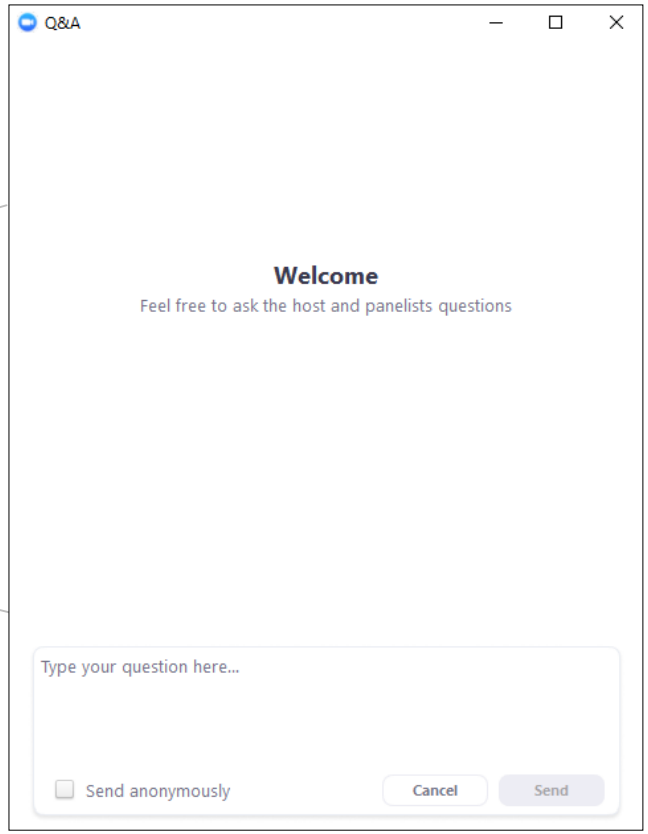

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Next Steps Planning

Alissa Beers, MA
Associate Director, Population Health
Center for Health Care Strategies

CHCS' Resource Center for Implementing CDC's 6|18 Initiative

- **Online resource center**, made possible by the Robert Wood Johnson Foundation, to help Medicaid agencies and MCOs collaborate with public health departments to launch 6|18 interventions
- Offers **practical how-to resources**, including:

6|18 in Action - Interactive map of 6|18 activities from across the country and profiles of select state activities

General resources to help stakeholders get started with 6|18 interventions

Health condition-specific resources to guide the implementation of CDC's 6|18 Initiative strategies

www.618resources.chcs.org

Coming Soon! Online 6|18 Collab Space

Being developed to:

- **Support intervention implementation**
  - » Project management tools
- **Facilitate learning**
  - » Information and resource sharing
- **Strengthen cross-agency partnerships**
  - » Collaboration support for advancing mutually beneficial goals