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Frequently Asked Questions about the Centers for Disease Control and Prevention's 6|18 Initiative

The **CDC's 6|18 Initiative** was developed to provide health care purchasers, payers, and providers with rigorous evidence about high-burden health conditions and associated evidence-based interventions. It is designed to inform decision-making around strategies to improve coverage, access, utilization, and quality and where those strategies can have the greatest impact on improving outcomes and controlling costs.

Following are frequently asked questions about CDC's 6|18 Initiative:

1. *Why is the 6|18 Initiative a CDC priority for prevention and health care delivery?*

This Initiative links the health care and public health sectors by providing a shared focus on evidence-based interventions that can improve health and control costs across a spectrum of prevention interventions, from traditional clinical settings to care outside the clinical setting.

2. *What are the common conditions and interventions and how were they selected?*

The conditions highlighted within the 6|18 Initiative are: tobacco use, high blood pressure, inappropriate antibiotic use, asthma, unintended pregnancies, and type 2 diabetes. CDC selected these because:

- They affect large numbers of people;
- They are associated with high health care costs;
- Evidence-based interventions are known to prevent or control these conditions in a short time horizon (less than five years); and
- The evidence-based interventions can be implemented by the health care delivery system –health care purchasers, payers, and providers.

The Initiative specifies interventions associated with each of the six conditions that health care purchasers, payers, or providers can implement.

3. *Who is leading the 6|18 Initiative, and how are other partners involved in 6|18 implementation?*

The 6|18 Initiative is led by CDC's Office of Health Systems Collaboration in CDC's Office of the Associate Director for Policy, in collaboration with CDC Centers, Institutes, and Offices (CIOs). With support from the Robert Wood Johnson Foundation, the Center for Health Care Strategies (CHCS) is working with CDC, the Centers for Medicare & Medicaid Services (CMS), the Association of State and Territorial Health Officials (ASTHO), the National Association of Medicaid Directors, and additional partners, to support and provide technical assistance to the Medicaid agency/public health 6|18 teams.

Developed with support from the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the Foundation. CHCS is partnering with the Centers for Disease Control and Prevention (CDC) on CDC's 6|18 Initiative. CDC does not endorse any particular product, service, or enterprise.

4. How does CDC's 6|18 Initiative fit into the "Three Buckets of Prevention" framework?

The "Three Buckets of Prevention" framework categorizes interventions according to three discrete approaches on a continuum of prevention. Buckets one and two are patient-oriented and focus on both traditional and innovative clinical prevention approaches. These clinical interventions may occur in a doctor's office or in the community, and provide services to individual patients. In contrast, bucket three focuses on population-oriented interventions that are intended as community-wide measures to protect and improve the health of populations and the community as a whole. The CDC's 6|18 Initiative focuses on buckets one and two, and can be valuable to health care purchasers, payers, and providers by highlighting preventive interventions that improve health and reduce costs.

5. Which states/communities are participating in CDC's 6|18 Initiative?

CDC, CHCS and its partners are working with four rounds of Medicaid and public health 6|18 teams. The first round of states participating in this effort are: Colorado, Georgia, Louisiana, Massachusetts, Michigan, Minnesota, New York, Rhode Island, and South Carolina. The second round of teams participating in this effort include six states and one local entity: Alaska, Maryland, Nevada, North Carolina, Texas and Utah, the District of Columbia, and Los Angeles County. The third round of teams participating in this effort include 17 states and 1 U.S. territory: Arkansas, California, Connecticut, Indiana, Kansas, Kentucky, Missouri, Montana, Nebraska, New Hampshire, New Jersey, Pennsylvania, Rhode Island, South Dakota, Tennessee, Virginia, Wyoming, and the Commonwealth of the Northern Mariana Islands. The fourth round of teams participating in this effort include 16 states and three U.S. territories:Colorado, Connecticut, Illinois, Kansas, Kentucky, Michigan, Missouri, Nebraska, Nevada, New Mexico, North Carolina, North Dakota, Oklahoma, Texas, Virginia, Wyoming, the Commonwealth of Northern Mariana Islands, Guam, and the U.S. Virgin Islands.

6. How might other states/entities go about bringing together health care payers, purchasers, public health departments, and providers to enhance the coverage, access, utilization, and quality of cost-effective prevention practices, using the 6|18 model?

Explore the information and resources in this website to learn more about opportunities for implementing CDC's 6|18 Initiative interventions. In addition, ASTHO developed a "Getting Started" guidance tool for use by state Medicaid and public health agency staff to help them determine whether their agencies want to form a 6|18 team and to help them consider how their state will implement one or more of the 6|18 evidence-based interventions. The tool's purpose is to lay a foundation for success by helping potential state teams ensure that all aspects of the implementation process are considered. As part of this process, staff can use this tool to collect information on current programs, consider the 6|18 Initiative's alignment with current health priorities and payment reform activities and goals, and identify important stakeholders with whom to engage.

7. Is there funding available to state Medicaid/public health teams to implement 6|18 interventions?

CDC is not funding state Medicaid/public health teams participating in the 6|18 Initiative. However, the Robert Wood Johnson Foundation is supporting CHCS, ASTHO, and additional partners in providing targeted technical assistance to participating teams, helping to identify and overcome barriers in implementing one or more of the interventions. Additional subject matter expertise is provided by CDC's Centers, Institutes, and Offices; the National Association of Chronic Disease Directors; and Leavitt Partners.

8. Do CHCS and CDC plan to engage with payers and purchasers beyond Medicaid as part of the 6|18 Initiative?

Yes. CDC and CHCS have engaged a set of innovative health plans to implement and/or scale 6|18 interventions in both their commercial and Medicaid business lines. Under this arm of 6|18, CDC and CHCS are leveraging lessons,

processes, and tools from the public payer work and tailoring assistance and resources to meet commercial payers' unique needs. CDC is also planning to engage additional payers and purchasers in the future.

9. *Will other common health conditions be added?*

Additional health conditions and associated evidence-based interventions may be added in the future if/when interventions are identified that are able to demonstrate health improvement, and cost control in five years or less.

10. *How is the 6|18 Initiative being evaluated? How are the 6|18 teams measuring health and cost outcomes?*

CDC will work with health care purchasers (employers responsible for employee health and insurance coverage), payers (public and private health insurers), and providers (health systems, physicians, and providers of ancillary services) who are implementing the specific interventions to monitor the quantitative, qualitative, and health and cost impact changes that occur as a result of this initiative. CDC and implementing partners will broadly share these qualitative, quantitative, and impact changes, along with facilitators and barriers to adoption of these interventions, for others to consider implementing.

11. *How do you plan to scale the CDC's 6|18 Initiative so that others can benefit from this work and what has already been learned?*

CDC and CHCS are working to develop a shared learning system to support the spread and long-term sustainability of the 6|18 Initiative. The goal is to build the capacity of payers, public health departments, Medicaid agencies and providers to implement 6|18 interventions beyond the set of states currently engaged in the Initiative. In addition, the CDC Foundation is working with the Robert Wood Johnson Foundation to provide technical assistance and support to the first round of states in identifying and engaging local foundations and additional entities interested in supporting 6|18's evidence-based practices.

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.