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CDC'S 6|18 INITIATIVE

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6|18 Medicaid and Public Health Collaboration During the COVID-19 Pandemic Response

IN BRIEF

State Medicaid agencies and public health departments increasingly find value in collaborating to advance shared population health goals. The COVID-19 pandemic accelerated the critical need for robust cross-agency collaboration, particularly in leveraging and combining the strengths of each entity to best serve the health care needs of state residents.

The Centers for Disease Control and Prevention's (CDC) *6|18 Initiative* offers a practical framework to guide Medicaid-public health collaboration to prevent and/or control six high-burden, high-cost health conditions, including type 2 diabetes. This brief shares lessons from three states participating in the CDC's *6|18 Initiative* — Kentucky, Michigan, and Virginia — that pursued cross-agency strategies to expand the National Diabetes Prevention Program (National DPP) to prevent and/or delay the onset of type 2 diabetes amid the COVID-19 pandemic.

Individuals are developing diabetes at younger ages and at higher rates, resulting in a diabetes prevalence of roughly 11 percent of the U.S. population.[1,2] Members of the Black, Asian, and Hispanic communities have higher morbidity rates than their non-Hispanic White counterparts, as do individuals with a lower level of education and family income, adding to the disparities for diabetes.[2]

The existing disparities can be attributed to a variety of factors. These include differential rates of preventive care practices and related risk factors, such as lack of access to health care and healthy foods, and other social determinants of health experienced by people of racial and ethnic minority groups and people in low-income communities.[3] Type 2 diabetes and its disproportionate impact on select populations has created a need to explore opportunities for equitable access to diabetes care and prevention.

About the 6|18 Initiative

The CDC's *6|18 Initiative* offers a practical framework and support to guide Medicaid-public health collaboration with the goal of preventing and/or controlling six high-burden, high-cost health conditions: tobacco use, high blood pressure, type 2 diabetes, inappropriate antibiotic use, asthma, and unintended pregnancy. The Center for Health Care Strategies (CHCS) is partnering with NORC and CDC to support 6|18 participants in aligning state agency efforts to enhance prevention practices. To learn more about the *6|18 Initiative*, visit www.cdc.gov/sixeighteen.

The COVID-19 pandemic underscored the importance of type 2 diabetes prevention and management. Adults with certain medical conditions, including diabetes, are more likely than others to become severely ill if infected with COVID-19 — diabetes was found to be the second most common underlying condition in COVID-19 cases.[4] Additional factors, including increased age, racial/ethnic backgrounds, number of comorbidities, and lower socioeconomic status, are associated with an increased risk of experiencing serious complications from COVID-19.[4]

This brief explores the partnership of Medicaid and public health agencies to create equitable diabetes prevention during the COVID-19 pandemic. It shares lessons from three states participating in the CDC's *6|18 Initiative* — Kentucky, Michigan, and Virginia — around efforts to expand the National Diabetes Prevention Program (DPP), a yearlong lifestyle change program (LCP) to prevent and/or delay the onset of type 2 diabetes amid the COVID-19 pandemic such as, addressing the new need for distance learning, continuing to work toward National DPP coverage, and improving recruitment efforts to increase enrollment. The need for National DPP expansion became especially important in the context of the pandemic, as it created an increased risk for COVID-19 morbidity and increased earlier mortality among people from some racial and ethnic groups and people with lower incomes, the same populations at greater risk for type 2 diabetes.[4] The following common themes, identified through interviews with key informants from each state's Department of Health and Medicaid Program, are driving Medicaid-public health collaboration to improve preventive care for individuals at risk for type 2 diabetes during the pandemic via the National DPP and other efforts:

- The pandemic amplified the value of a strong Medicaid-public health relationship to increase health care access and promote equity;
- COVID-19 heightened the need to prevent and manage diabetes, but capacity to promote National DPP activities are dependent on state priorities;
- Partnerships with Medicaid managed care organizations contributed to the success of National DPP activities; and
- Medicaid-public health partners embraced telehealth innovation to advance National DPP delivery in the pandemic environment.

The National Diabetes Prevention Program: Preventing or Delaying Type 2 Diabetes

Investing in type 2 diabetes prevention can slow or prevent the development of the disease in adults with prediabetes or who are at risk for developing type 2 diabetes — resulting in reduced costs and healthier populations.[5] In 2010, Congress authorized the CDC to establish the National Diabetes Prevention Program (National DPP) — a public-private initiative to offer evidence-based, cost-effective interventions in communities across the United States to prevent type 2 diabetes. The National DPP lifestyle change program is a program focused on helping participants make positive lifestyle changes, such as eating healthier, reducing stress, and getting more physical activity. Evidence shows that people with prediabetes who take part in this program can cut their risk of developing type 2 diabetes by 58 percent.

For more information, please visit the National DPP Coverage Toolkit.

Medicaid-Public Health Collaboration During the Pandemic

Through interviews with Medicaid-public health partners in Kentucky, Michigan, and Virginia, the Center for Health Care Strategies (CHCS) identified the following diabetes prevention-related cross-agency strategies and activities specific to each common theme driving Medicaid-public health collaboration in these states.

1. The pandemic amplified the value of a strong Medicaid-public health relationship to increase health care access and promote equity.

The states reported that their Medicaid-public health partnerships enabled agency staff to respond more readily to the public's needs during the pandemic and offered opportunities for state Medicaid agencies and public health departments to capitalize on each other's complementary roles and skill sets.

- **Michigan**'s Department of Health and Human Service's Medicaid and Public Health Administration staff shared that they worked closely together to develop a proposal to cover the National DPP lifestyle change program as a benefit under the state Medicaid program. As Medicaid drafts the proposal, public health is providing support around: (1) analyzing data; (2) performing literature reviews; (3) ensuring the benefit is aimed at reducing diabetes-related inequities; and (4) identifying ways to address social determinants of health related to diabetes risk. Overall, this approach aims to ensure that the benefit structure is designed to promote health equity and meets the needs of all involved, including Medicaid members and National DPP providers.
- **Virginia**'s Medicaid and Department of Health staff reported an appreciation of the value their relationship brought when trying to meet the acute needs of their members with diabetes during the pandemic, outside of DPP enrollment. Their 6|18 partnership equipped them to efficiently support one another's agency efforts to meet common health goals for their members through the sharing of complementary skill sets. For example, together the team coordinated COVID-19 coverage (including vaccination, testing strategies, telehealth capability, and transitional care after hospitalization). The state reported that this has proved critically important throughout the pandemic and has translated into sustained partnerships for several key populations.

2. COVID-19 heightened the need to prevent and manage diabetes, but capacity to promote National DPP activities are dependent on state priorities.

Kentucky, Michigan, and Virginia were able to maintain their 6|18 Medicaid-public health partnerships during the pandemic by being acutely aware of the relationship between COVID-19 outcomes and diabetes and engaging each other through strategy sessions. State officials interviewed for this brief from all three states reported that their organizational structure and priorities shaped how interviewees approached National DPP activities.

- **Kentucky**'s Medicaid agency and Department of Public Health sustained their collaboration throughout the pandemic without much interruption. In part, they attributed this to a delineation of some staff shifting to public health emergency (PHE) responsibilities and others continuing routine work. It was also beneficial to their collaboration to have champions for the National DPP within Medicaid managed care, such as a diabetes educator and medical director, to promote diabetes prevention through the National DPP during the pandemic.
- In **Michigan**, the pandemic drew attention to the National DPP since research showed that individuals with prediabetes and type 2 diabetes are at risk for worse outcomes from COVID-19.[6] State officials expressed the complexities of continuously navigating a balance between advancing PHE priorities and supporting the increased need for diabetes prevention and management.
- **Virginia** has continued to lay the groundwork for National DPP coverage. Several other budgetary priorities related to COVID-19 have taken precedence and delayed submission of budget packages. However, state officials reported that

the expanded access to telehealth that came about during the pandemic greatly enhanced individuals' familiarity with distance learning.

3. Partnerships with key stakeholders, such as Medicaid managed care organizations, contributed to the success of National DPP activities.

Managed care organizations (MCOs) and their provider networks are important partners in the adoption and delivery of the National DPP interventions included in the *6|18 Initiative*. While there are state requirements for MCOs like there are for grant funded public health agencies, MCOs have more flexibility to provide certain health services — including disease management and community-based programs, such as the National DPP lifestyle change program. MCOs may be especially willing to provide services that research has shown are associated with improved health outcomes and positive return-on-investment.[7] State officials interviewed for this brief from all three states emphasized the impact that MCO engagement had on progress toward National DPP adoption as a covered benefit.

- **Kentucky** is seeking evidence from MCO pilot programs that will influence decisions around the development of a National DPP LCP Medicaid benefit. Their partnership has led to better understanding of Medicaid's resources, such as community health workers to recruit individuals for participation in the National DPP and assist with enrollment for diabetes management. There are also opportunities for improvement to consider, such as a need for increased MCO provider outreach and engagement to improve provider awareness and education for patients on the value of participation in the National DPP. According to state officials, data from individuals who have completed the National DPP program reflect the potential of what the National DPP could provide with larger participant enrollment, a maximized opportunity to prevent the onset of type 2 diabetes for some enrolled individuals and delay the onset of the disease for others.
- **Michigan**'s 6|18 team piloted the National DPP LCP in 44 percent of the state's MCOs. The pilot provided an opportunity to determine the MCO requirements needed if the program becomes a statewide Medicaid benefit. While realities of the COVID-19 PHE complicated the pilot implementation and its timeliness, the pilot's recruitment and retention efforts are ongoing.[8]
- **Virginia**'s Medicaid agency and Department of Health have partnered with two MCOs to help recruit members to the National DPP through the state health department and has recently agreed to extend this partnership through 2024. In addition, the MCOs have agreed to outreach to clinicians in their networks to increase awareness and facilitate referrals.

4. Medicaid-public health partners embraced telehealth innovation to advance National DPP delivery in the pandemic environment.

Making strides in National DDP implementation amid additional challenges brought on by the COVID-19 pandemic required taking steps to address longstanding barriers, some of which were pandemic related and others which were worsened by the pandemic. With challenges came success and lessons learned for future promotion and implementation of the lifestyle change program as reported by state officials interviewed for this brief from all three states.

- **Michigan** leveraged funds allocated to address social determinants of health and assisted National DPP participants with literacy and learning, transportation, and food access, among addressing other barriers. The state's benefit proposal is designed to cover alternative modes of delivery for the National DPP, including online distance learning for members with challenges related to access, such as people in rural communities.
- **Kentucky** highlighted how individuals may face barriers to participation in the lifestyle change program and have difficulties self-managing their chronic conditions due to social determinants of health exacerbated by pandemic-era challenges, such as childcare following prolonged closures of schools during quarantine. When coordinating the design of National DPP classes during COVID-19, the Kentucky 6|18 team determined what could be offered to support enrollees' needs, such as virtual delivery of the lifestyle change program.

- **Virginia**'s National DPP's transition to distance learning delivery during the pandemic led to a drop off in participants who originally chose an in-person experience. The state reported that this was, in part, due to a learning curve for National DPP coaches in adapting to distance learning. Virginia is using the State's cooperative exchange to leverage distance learning expertise to meet this challenge. For participants who actively chose distance learning to access the program, a survey showed satisfaction with the program. Virginia leveraged allocated funds to address social drivers of health and provide transportation, access to healthy foods, and childcare to facilitate in-person participation for its members.

Looking Forward

While there are multiple priorities facing Medicaid agencies and public health departments, amid the COVID-19 PHE and approaching its end on May 11, 2023, Kentucky, Michigan, and Virginia have found success maintaining their collaborative relationship and efforts to prevent and address type 2 diabetes through the National DPP. As states look ahead, partners may consider opportunities to: (1) further leverage the public health-Medicaid partnership beyond diabetes prevention activities; (2) further engage with managed care to advance efforts to increase National DPP participation; and (3) analyze and implement lessons learned from pandemic innovations, including distance learning and supports for participants' health-related social needs. Due to the magnitude of the COVID-19 pandemic, public health workers had to manage unprecedented challenges. According to the states interviewed, Medicaid-public health partnerships are better prepared to develop and sustain programs that will address population health issues in new ways that factor in the anticipated needs of the public during future health emergencies.

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ENDNOTES

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