Technical Assistance Brief | June 2018

Monitoring Progress and Outcomes in the CDC's 6|18 Initiative

States implementing the Centers for Disease Control and Prevention's (CDC) 6|18 Initiative interventions can follow a number of steps to effectively monitor progress and assess the impact of their work. Adopting strategic measurement approaches will enable states to: (1) demonstrate the benefits of their 6|18 Initiative activities to key stakeholders, such as state leadership, policymakers, Medicaid managed care organizations (MCOs), and others; (2) learn from past efforts to make mid-course corrections and inform future policymaking; and (3) use successes to build the case for future prevention initiatives.

Key Implementation and Impact Measures

Below are four types of measures states should consider including in assessments or evaluations of their 6|18 Initiative work:

- **Process and implementation:** State Medicaid and public health teams partnering to pursue CDC 6|18 interventions can use process measures to track the steps that are taken to fully adopt and operationalize an intervention at the state or provider level. The 6|18 team should consider monitoring factors that support or impede collaborative efforts between public health departments, Medicaid programs, and other partners to implement a 6|18 Initiative intervention. Additionally, the team should track the timing, type, and scope of policy change at the state or health plan level.
- **Utilization of intervention**: States should define and track utilization measures regularly to assess the impact of the intervention on access to and use of a particular benefit or program. If an intervention is meant to enhance utilization of an existing service, states should develop a utilization baseline for the benefit, then compare utilization rates prior to and after implementing the 6|18 Initiative intervention.
- **Health outcomes**: For most interventions, it will take some time to see changes in health outcomes (such as rates of diabetes, obesity, tobacco-related illness, etc.) However, it is important for states to be proactive about defining the health outcome measures of interest and ensuring that data and analytic resources are available to track these measures over time.
- **Budgetary impact**: Predicting the budgetary impact of a given intervention is often key for building stakeholder support. States will also want to develop plans to assess the *actual* budgetary impact of 6|18 Initiative interventions following implementation. This will likely draw from measures discussed above (e.g., utilization and health outcomes), along with information about the costs of new services and costs avoided due to improved outcomes.

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Key Actions for Measuring Progress

Following are key actions for states to consider when designing a 6|18 Initiative assessment plan:

- **Identify the organizations/agencies crucial for data collection and analysis.** Medicaid and public health agencies bring different resources, connections, and skillsets to data collection and analysis activities. States can assess each agency's respective resources and capacities (e.g., staff time, funding, and technological capabilities) to determine which agency is owning which piece of the work, then consider establishing data-sharing agreements to allow for the seamless transfer of information across agencies. Where appropriate, states should consider outsourcing some data collection and analysis activities to other organizations or contractors. Below are potential divisions of labor:
  - **State Medicaid agencies and MCOs** can access claims and encounter data to measure changes in utilization and access. Medicaid staff typically also have access to survey data [e.g., Consumer Assessment of Healthcare Providers and Systems (CAHPS) data] that can be useful for establishing baselines and tracking progress over time.
  - **State public health staff** can administer surveys; analyze primary data; and access and analyze national, public data sets [e.g., Behavioral Risk Factor Surveillance System (BRFSS) data].
  - **Relevant vendors** (e.g., state tobacco quitline contractors) may be able to share rich encounter data about changes in utilization.
  - **Universities and research centers** may have the appropriate skills and resources to collect, store, and analyze data.

- **Identify existing data resources.** States will need to establish baseline performance measures to monitor the progress of implementing 6|18 Initiative interventions. National data sets can provide an overall picture of the population of interest; however, states will also likely need to leverage Medicaid claims and encounter data to determine baseline utilization rates and associated costs.

- **Identify and prioritize data gaps.** In most cases, states will not have all of the data they may want to monitor progress. For example, states may have broad measures of diabetes prevalence within their state, but lack more detailed information about diabetes prevalence within the Medicaid program. States will need to think critically about the data gaps they face and resources available to fill them. Undertaking primary data collection is time consuming and expensive, so states should consider how essential new data are to assessing ongoing performance, and whether there are viable alternatives to original data collection (e.g., leveraging findings from other similar states to establish proxy measures). Using individual-level data could also raise concerns around how personally identifiable information (PII) is collected and stored, as well as who is given access to this information. Mitigating data privacy issues may require Institutional Review Board (IRB) approval, and therefore more time built in to the data collection and analysis process.

- **Select quantitative measures for setting benchmarks and monitoring progress.** States can select utilization or outcomes metrics to: (1) establish benchmarks for success for each chosen intervention; and (2) track progress over time. For example, potential measures for assessing progress on tobacco cessation interventions include the percent of adults who smoke cigarettes or the percent of adults who attempted to quit smoking in the past year; potential asthma control measures include asthma-related hospitalizations or emergency department visits. States can consider two high-level approaches to setting performance benchmarks:
  - **Achievement:** Under the achievement approach, program progress is compared to a particular benchmark (e.g., statewide or national performance at average or some other percentile) each period. This may be a good long-term benchmark.

  - **Improvement:** Under the improvement approach, programs are scored based on change in their own performance from year to year. This may be a good near-term benchmark to assess intermediate progress.

- **Analyze the data to identify progress and quality improvement opportunities.** Once the relevant data resources have been identified, states may use internal and external resources to analyze findings. The analysis plan will be driven by the utilization, health outcome, and financial measures of interest. State staff coordinating 6|18 Initiative activities will want to work closely with in-house and/or contracted staff to ensure that inclusion criteria (e.g., age, specific disease cohorts, time enrolled, etc.) and utilization, financial, and quality measures are transparent and well-documented. Analytic findings can then be used to course correct as needed and inform recommendations for future programming.

- **Disseminate findings (internally and/or externally).** Depending on the intervention and availability of resources, states may consider disseminating monthly or quarterly "dashboards" that inform program staff about progress against selected benchmarks. The timing and format of dissemination to higher level audiences (e.g., agency leadership, legislators, etc.) will be more summary-level and carefully curated. States should carefully consider the audience and "ask" (e.g., to continue funding the intervention, to broaden the scale, etc.) when packaging results. It is often helpful to provide both short and more in-depth resources—for example a one pager and longer report—so that stakeholders can get an "at a glance" perspective on the findings and also engage with the results and methodology in a more detailed way. These resources can also be very helpful for sharing best practices with other states and broadly demonstrating the impact of the 6|18 Initiative.

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.