CHCS Center for Health Care Strategies, Inc.

Questions & Answers:
CDC's 6|18 Initiative Informational Webinar for Prospective States/Territories

July 23, 2018

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The following are answers to questions that were submitted during the *CDC's 6|18 Initiative Informational Webinar for Prospective States and Territories* hosted by CHCS on July 23, 2018. Note, this document only includes questions that were not answered live during the webinar. To hear responses to questions that were posed live, please refer to the webinar recording here.

1. What is the minimum and maximum for the team size?
   A: There is no specified team size for the 6|18 Initiative. So long as both Public Health and Medicaid agency staff are represented and active participants in the project, states/territories can form teams as they see fit to accomplish their objectives.

2. How many people are funded from each state to go to the October 9-10 convening in GA?
   A: A maximum of four people will be funded from each state/territory at attend the October 2018 convening in Atlanta.

3. If we are in a state already doing an activity, what do you suggest if a group in that state would like to pursue another activity?
   A: It is fine for a state that has already participated in 6|18 to submit a Statement of Interest form for a new condition, as long as the State Medicaid Director and Health Official are aware and supportive of the group's desire to participate in the technical assistance opportunity and acknowledge that the team will have sufficient availability to partake in this effort from October 2018 – October 2019.

4. Can technical assistance support value based payment models?
   A: Yes, technical assistance is available to support value based payment reform efforts related to the priority 6|18 conditions and associated interventions.

5. What are the expectations for accomplishments during the year? Are there any milestones you expect awardees to achieve?
   A: Using an Action Plan template to be provided by CHCS, teams participating the 6|18 Initiative will set their own goals and milestones to make progress on their chosen 6|18 interventions. The technical assistance team will be available to support teams in developing their action plan and identifying appropriate milestones.

6. Can you clarify the level of commitment required from Directors? For instance, if they are expected to travel to the in-person Atlanta meeting.

   A: Selected states/territories should obtain demonstrated support/commitment from the state/territorial Medicaid Director and Health Official for this Initiative. However, Directors are not required to attend the in-person meeting in October. States should discuss internally who will serve

as the Medicaid and public health project leads for this 6|18 Initiative technical assistance opportunity, and who would be the most appropriate representatives to attend the convening. Typical attendees are those who will be responsible for the day to day activities of the project.

7. Did I understand correctly that if a state chooses two areas they should be directly related? Also have you had states that chose two areas with each area headed by different sections/branches within the health department?

   A: That is correct. States/territories that select two conditions will be asked to describe why those two were selected, how the two bodies of work are related, and how the team will simultaneously implement interventions under each condition. For the second part of this question, yes, we have a number of states in first 2 years that selected more than one condition and the program/section leads were in different organizational offices within the state.

8. For improving antibiotic use, intervention 4b (improve outpatient antibiotic prescribing by incentivizing providers), do you have examples of incentives implemented by other states?
   A: There are many opportunities to consider. For example, based on review of antibiotic prescribing rates for certain conditions (either by zip code or provider practices, etc.), one might consider implementing a recognition status program for low prescribers—while offering educational materials for providers and patients for high prescribers. In addition, a possible strategy could include encouraging Medicaid managed care plans to use electronic health record or other data for peer-comparison feedback notification within their provider panels. Comparisons could then be made using monthly antibiotic prescribing rates for key conditions pre/post notifications.

9. Can "returning" 6|18 states continue with their health conditions of focus and re-apply to focus on addressing two new/different areas?
   A: Yes, past recipients of 6|18 Initiative technical assistance should submit a form if they would like to be considered for the 2018-2019 cycle for up to two new areas of focus. These "graduate states" are also encouraged to continue to advance work on past areas of focus on their own, and access the Resource Center for Implementing CDC's 6|18 Initiative for more information and implementation tools.

10. What topic area did LA County work on?
    A: LA County focused their work on Unintended Pregnancy Prevention.

11. Regarding antibiotic use, how does this align with the work our QIN-QIO is already doing in collaboration with CDC with outpatient Medicaid prescription data?
    A: The 6|18 improve antibiotic use interventions are aligned with and complement the QIN-QIO focus on improving outpatient antibiotic prescribing practices for Medicare beneficiaries. We would recommend you contact your QIN-QIO to look for synergies between the work conducted under this initiative and the QIN-QIO work. We hope that these initiatives will be complementary.