

# Advancing Implementation of the CDC's 6|18 Initiative

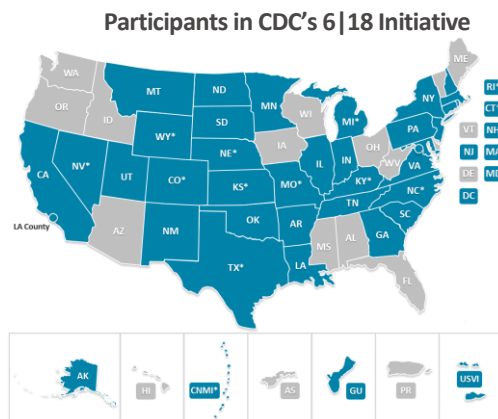
**P**olicymakers are focusing increased attention on preventing disease to address poor health outcomes and rising health care costs. This interest in prevention coincides with the adoption of large-scale efforts to reform health care delivery systems, pay for value, and reduce avoidable and unnecessary expenditures. The Centers for Disease Control and Prevention's (CDC) 6|18 Initiative, launched in 2015, aims to increase coverage, access, utilization, and quality by aligning evidence-based preventive practices with emerging value-based payment and delivery models. It focuses on six high-burden health conditions — tobacco use, high blood pressure, inappropriate antibiotic use, asthma, unintended pregnancies, and type 2 diabetes — that affect large numbers of people, are associated with high health care costs, and can be prevented or controlled. The "18" refers to an initial set of evidence-based interventions that address the six conditions.

## Project Overview

CDC's 6|18 Initiative offers an unprecedented opportunity to help Medicaid and public health officials collaborate on enhancing the coverage, access, utilization, and quality of cost-effective prevention strategies. With support from the Robert Wood Johnson Foundation, the Center for Health Care Strategies (CHCS) is working with the CDC, the Association of State and Territorial Health Officials and the National Association of Medicaid Directors, and other partners to inform state Medicaid and public health agency implementation of 6|18 Initiative strategies.

Now in its fourth year, this unique opportunity has supported **40 states, local jurisdictions, and territories** in adopting proven prevention strategies.

- **Year I (2016-2017)** supported nine states, including Colorado, Georgia, Louisiana, Massachusetts, Michigan, Minnesota, New York, Rhode Island, and South Carolina.
- **Year II (2017-2018)** worked with six states — Alaska, Maryland, Nevada, North Carolina, Texas, Utah — as well as the District of Columbia and Los Angeles County's local health department.
- **Year III (2018-2019)** worked with 17 states and one 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.
- **Year IV (2019-2020)** is assisting 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.



To learn about state and territory interventions undertaken as part of the CDC's 6|18 Initiative — including spotlights on select state activities — visit the *Resource Center for Implementing CDC's 6|18 Initiative* at, [www.618resources.chcs.org](http://www.618resources.chcs.org).

*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.*

## The CDC's 6|18 Initiative High-Burden Health Conditions and Evidence-Based Interventions



### REDUCE TOBACCO USE

- Increase access to tobacco cessation treatments, including individual, group, and telephone counseling, and Food and Drug Administration – approved cessation medications (in accordance with the 2008 Public Health Service Clinical Practice Guidelines and the 2015 U.S. Preventive Services Task Force recommendations).
- Remove barriers that impede access to covered cessation treatments, such as cost-sharing and prior authorization.
- Promote increased use of covered treatment benefits by tobacco users.



### CONTROL HIGH BLOOD PRESSURE

- Implement strategies that improve adherence to anti-hypertensive and lipid-lowering prescription medications via expanded access to: (1) low cost medication copayments, fixed dose medication combinations, extended medication fills; (2) innovative pharmacy packaging; and (3) improved care coordination using standardized protocols, primary care team, medication therapy management programs and self-monitoring of blood pressure with clinical support.
- Provide home blood pressure monitors to patients with high blood pressure and reimburse for the clinical support services required for self-measured blood pressure monitoring.



### IMPROVE ANTIBIOTIC USE

- Require antibiotic stewardship programs in all hospitals and skilled nursing facilities, in alignment with CDC's Core Elements of Hospital Antibiotic Stewardship Programs and Core Elements of Antibiotic Stewardship for Nursing Homes.
- Improve outpatient antibiotic prescribing by incentivizing providers to follow CDC's Core Elements of Outpatient Antibiotic Stewardship.



### CONTROL ASTHMA

- Use the 2007 National Asthma Education and Prevention Program as clinical practice guidelines.
- Promote strategies that improve access and adherence to asthma medications and devices.
- Expand access to intensive self-management education by licensed professionals or qualified lay health workers for patients whose asthma is not well-controlled with medical management.
- Expand access to home visits by licensed professionals or qualified lay health workers to provide intensive self-management education and reduce home asthma triggers for patients whose asthma is not well-controlled with medical management and self-management education.



### PREVENT UNINTENDED PREGNANCY

- Reimburse providers for the full range of contraceptive services (e.g., screening for pregnancy intention; counseling; insertion, removal, replacement, or reinsertion of long-acting reversible contraceptives, and follow-up) for women of childbearing age.
- Reimburse providers for the actual cost of FDA-approved contraceptive methods.
- Unbundle payment for long-acting reversible contraceptives from other postpartum services.
- Remove administrative barriers to receipt of contraceptive services (e.g., pre-approval step therapy restriction, barriers to high acquisition and stocking costs).



### PREVENT TYPE 2 DIABETES

- Expand access to the National Diabetes Prevention Program (the National DPP), a lifestyle change program for preventing type 2 diabetes.