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| IN BRIEF**Who is this guide for?** Cross-agency state Medicaid and public health teams that are working together to implement the Centers for Disease Control and Prevention’s (CDC) *6|18 Initiative* prevention interventions**How can this guide help Medicaid-public health teams?** This guide can help teams consider next steps and activities after direct technical assistance has ended. **What are the tools in the guide?** * [**CDC’s Success Story Template**](#_Success_Story_Title:) — Assesses teams’ past work
* [**Exploratory Discussion Questions**](#_Part_Ib._Exploratory) and [**Sustainability Action Plan Template**](#_Part_II._State/Territory) — Assists in developing a shared vision for sustainability

**How else can this guide help Medicaid-public health teams?**1. Assess cross-agency relationships and describe accomplishments to date;
2. Evaluate priorities for ongoing 6|18-related work; and
3. Strategize opportunities to sustain broad Medicaid-public health partnership around improving health and controlling costs (within and beyond 6|18).

Also see: Getting Started: Guide to CDC’s 6|18 Initiative. |

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ue to increased attention on the [power of preventive health](https://www.cdc.gov/chronicdisease/pdf/2009-power-of-prevention.pdf) as well as [value-based care](https://catalyst.nejm.org/doi/full/10.1056/CAT.17.0558), the Centers for Disease Control and Prevention (CDC) launched the [*6|18 Initiative*](https://www.cdc.gov/sixeighteen/index.html) 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 and high-cost health conditions — tobacco use, high blood pressure, inappropriate antibiotic use, asthma, unintended pregnancies, and type 2 diabetes — and “18” evidence-based interventions that address the six conditions.

Since 2016, this unique opportunity has supported [40 states, local jurisdictions, and territories](https://www.618resources.chcs.org/618-initiative-in-action/) across the United States in adopting proven prevention strategies by enhancing benefits related to high-opportunity health conditions. Participating cross-agency Medicaid and public health teams benefitted from targeted technical assistance, peer-to-peer information exchange, and an annual in-person convening coordinated by the Center for Health Care Strategies (CHCS), with support from the Robert Wood Johnson Foundation and partnership from CDC, Centers for Medicare & Medicaid Services (CMS), the Association of State and Territorial Health Officials (ASTHO), the National Association of Medicaid Directors, and technical assistance providers (Faulkner Consulting Group, the National Association of Chronic Disease Directors, Leavitt Partners, the State Health Access Data Assistance Center, Frontline Solutions, and Joslyn Levy Associates). Technical assistance coordinated by CHCS ended in December 2020.[[1]](#footnote-1) This guide helps teams consider next steps and activities to sustain and advance 6|18 cross-agency partnership and implementation activities.

# What Is Sustainability?

Within this guide, “sustainability” refers to how Medicaid and public health cross-agency teams in the *6|18 Initiative* can leverage previous collaborations and implementation activities into existing priorities and activities to continue and advance their cross-agency partnership within and beyond the specific health conditions and interventions of 6|18.

## 6|18 Online Resources

There are two online resources where cross-agency Medicaid-public health teams can continue to receive information and resources on the *6|18 Initiative*, as well as engage with their own team and other 6|18 teams:

1. [***Resource Center for Implementing CDC’s 6|18 Initiative***](http://www.618resources.chcs.org/)— This CHCS resource center, made possible through support from the Robert Wood Johnson Foundation, is designed to advance implementation of CDC’s *6|18 Initiative* by Medicaid, state and local health departments, and other payers and purchasers by providing comprehensive information on the *6|18 Initiative,* including:
* Practical resources and state examples to guide stakeholders in spending smarter for healthier populations;
* Information on state and territory interventions undertaken as part of the *6|18 Initiative*; and
* Spotlights on select state activities.
1. [***CHCS Collab***](https://collab.chcs.org)— This private, online community offers two different opportunities for engaging with the *6|18 Initiative*:
* Resources from and access to all states/territories and supporting partners (e.g., CDC, CMS, ASTHO) that have taken part in 6|18 over the past four years, including access to a member directory to connect with peers from different states and territories, as well as subject matter experts in 6|18 condition areas.
* Team Communities provides a private workspace for each team to continue to develop action plans and manage related tasks.

Additional information on the *6|18 Initiative* can be found at partner websites, including [CDC’s 6|18 Initiative: Accelerating Evidence Into Action](https://www.cdc.gov/sixeighteen/index.html) and [Association of State and Territorial Health Officials](https://www.astho.org/Programs/).

# Looking Back

## Reflect on Past Work

To develop a sustainability plan, teams may reflect on past work to consider lessons learned, successes, and challenges from their participation in the *6|18 Initiative*. Teams can use the questions below to compile information and communicate across agencies and other stakeholders. Teams may use the sample template (see page 4) to share the results of their reflection.

1. **What was the issue you were trying to address in your 6|18 implementation?**
	1. *This can include high costs and/or burden from a specific health condition, or mitigating disparities within a certain health condition.*
2. **Identify your accomplishments to date:**
3. *Describe accomplishments specific to implementation of your selected 6|18 interventions. Accomplishments can be related to* [*various phases of intervention implementation*](https://www.618resources.chcs.org/resource/three-phases-of-implementing-medicaid-public-health-prevention-activities-in-cdcs-618-initiative/) *(e.g., Medicaid coverage, provider adoption, consumer utilization) and/or improving outcomes or reducing disparities within specific health conditions.*
4. *Describe accomplishments around your cross-agency collaboration*.
5. **What barriers did you encounter during your 6|18 implementation?**
	1. *Consider both logistical barriers to implementation (e.g., lack of funding), but also contextual factors at the agency level that may have impeded progress (e.g., lack of leadership buy-in).*
6. **How did you overcome those barriers?**
	1. *What were the specific strategies you used to overcome barriers? Who was involved? What kind of resources were used?*
7. **What were the lessons learned from your 6|18 intervention implementation?**

## Template for Reflection

To compile this information, consider using the below template for internal tracking and external sharing, adapted from [CDC’s Success Story](https://www.cdc.gov/chronicdisease/programs-impact/success-stories/index.htm) template. Remember:

* Keep language concise — the template should not be more than two pages long.
* Consider the use of stories or quotes to strengthen the impact of the story.
* Limit use of jargon and acronyms.

CDC’s Success Story Template

## Success Story Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Background and issue addressed in 6|18 implementation:

* Describe the issue you are addressing, including any data on the cost or health burden at the state-level or health disparities within specific populations.
* Describe how 6|18 implementation would address this issue.

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### Description of 6|18 activities:

* Include who was involved in implementation, including specific divisions within agencies and other stakeholder groups (e.g., providers, members, community-based organizations).
* Describe implementation timeline, activities, and details of any tailoring (e.g., geographic, population).

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***Description of challenges and how they were overcome:***

* Describe any challenges and include examples of how you were able to move forward.
* What made it possible to overcome these challenges (e.g., team members; partners; resources; other supports)?

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### Description of accomplishments:

* Include both cross-agency collaboration and implementation accomplishments.

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# Developing a Shared Vision for Sustainability

After the reflection phase, teams can use the following tool to develop a shared vision for 6|18 sustainability and plan the next phase of their activities. Teams might think about potential activities through two lenses:

1. What can we do to take our 6|18 work to the next level?
2. How can we work together beyond 6|18?

To develop a shared vision, see the two parts of the tool below:

* **Part Ia. Our Current Implementation Phase**
* **Part Ib. Exploratory Discussion Questions**
	+ Topics: collaboration, measurement, alignment, lessons learned, and funding.
	+ Help teams think about the ways they might build on their successes to date.
	+ Also see [Three Key Phases of Implementing the CDC’s 6|18 Initiative](http://www.618resources.chcs.org/wp-content/uploads/2018/05/618-phases-infographic_050718.pdf).
* **Part II. Sustainability Action Plan Template**
	+ List goals and priorities based on Part I.
	+ Update this to reflect changes and accomplishments, as needed.

## Part Ia. Our Current Implementation Phase

Review the continuum below and identify where your Medicaid-public health 6|18 team currently operates according to the three key phases of implementing CDC’s *6|18 Initiative*:

## Part Ib. Exploratory Discussion Questions: Collaboration, Measurement, Alignment, Lessons Learned, and Funding

Please use the selection indicated above and the Success Story to guide your responses to the following questions. Teams should consider whether future efforts should be focused on expanding within their existing phase of the continuum or on advancing to the next phase.

1. **Identify the ways your agencies are currently collaborating:**
	1. *Describe existing avenues for regular cross-agency collaboration within and beyond 6|18.*
	2. *Are there non-6|18 topics your agencies have collaborated on recently or are interested in collaborating on?*
	3. *What resources or strengths can your collaboration build on (e.g., Medicaid’s access to and analysis of clinical and health expenditure data; public health’s experience with knowledge dissemination and provider training)?*
2. **Identify the ways your agencies would like to build on or deepen current 6|18 activities:**
3. *Which elements of your 6|18 work do you wish to advance?*
4. *Are there additional/persisting coverage issues that are critical to tackle in the next 6-12 months?*
5. *Do you anticipate focusing on provider engagement and/or training as key next steps toward driving greater utilization of your intervention?*
6. *Are there continued opportunities to educate and engage Medicaid beneficiaries? Are there populations that are experiencing health disparities for the condition that you are working on?*
7. **Describe any current or future plans to measure the impact of your 6|18 activities:**
	1. *How will changes in coverage, utilization, cost, and health outcomes be monitored and reported over time? For additional guidance, reference CHCS’ technical assistance brief,* [*Monitoring Progress and Outcomes in the CDC’s 6|18 Initiative*](https://www.618resources.chcs.org/wp-content/uploads/2018/05/Monitoring-Progress-and-Outcomes-in-618_050718.pdf)*.*
	2. *What role will each agency play in monitoring and reporting the impact of your 6|18 efforts?*
8. **Identify the ways in which your current 6|18 efforts can be leveraged or aligned with existing agency priorities and activities** *(e.g., value-based purchasing, delivery system reform efforts, quality improvement efforts, health equity, managed care contracts, existing CDC grants).*
	1. *What are Medicaid’s strategic priorities, and in what ways can 6|18 help advance those?*
	2. *What are public health’s strategic priorities, and in what ways can 6|18 help advance those?*
	3. *What venues exist for Medicaid and public health teams to share priorities and explore opportunities where collaboration would be especially helpful?*
	4. *What policies, priority areas, legislation, or other efforts may present opportunities for cross-agency collaboration?*
	5. *How can Medicaid and public health teams work together to advance equity for Medicaid members?*
9. **In reflecting on what you have learned about working with one another, how might you consider applying your agencies’ respective skills to more strategic partnership opportunities that address broader state priorities?**
	1. *Are there opportunities for Medicaid to continue to tap into public health’s strengths and capabilities related to, for instance: promoting evidence-based interventions; developing culturally appropriate member awareness campaigns; focusing on mitigating disparities within 6|18 condition areas and beyond; maintaining disease-specific expertise; and collecting/sharing data on disease incidence/prevalence, causes, and location?*
	2. *Are there opportunities for public health to leverage Medicaid’s strengths and capabilities, including, for instance: developing and incentivizing health quality goals; collaborating with health plans; accessing and analyzing clinical and health utilization and expenditure data; having authority over benefits and coverage; and expertise in health care payment and delivery?*
10. **Identify any external funding opportunities to support and advance existing 6|8 efforts.**
	1. *Are there opportunities to engage outside organizations, including at the local, state, and national levels, to make your successes “stick” (e.g. local foundations, accountable health communities in your state, multi-payer health improvement collaborations, federal partners)?*

## Part II. State/Territory Name: Sustainability Action Plan for CDC’s *6|18 Initiative*

Based on the previous answers, identify opportunities and goals for sustainability of 6|18 cross-agency collaboration and implementation activities. Ideally, the goal(s) would use a SMART (Specific, Measurable, Attainable, Relevant, Time bound) format.

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| **Condition Area (check one):** | [ ]  Control Asthma | [ ]  Reduce Tobacco Use | [ ]  Improve Antibiotic Use |
|  | [ ]  Prevent Type 2 Diabetes | [ ]  Control High Blood Pressure |  |
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| Sustainability Goal 1:  |
| **ACTIVITY/MILESTONE** | **RESOURCE NEEDS AND POTENTIAL SOURCES** | **METRIC(S) TO EVALUATE PROGRESS** | **TIMELINE** |
| **1: ACTIVITY/MILESTONE:** |  |  |  |
| **Point Person:**  |
| **Potential Partners/Stakeholders:**  |  |  |  |
| **2: ACTIVITY/MILESTONE:** |  |  |  |
| **Point Person:**  |
| **Potential Partners/Stakeholders:**  |  |  |  |
| **3: ACTIVITY/MILESTONE:** |  |  |  |
| **Point Person:**  |
| **Potential Partners/Stakeholders:**  |  |  |  |

1. At the time of publication, technical assistance led by NACDD for state teams focused on type 2 diabetes prevention is continuing.

 [↑](#footnote-ref-1)