

CDC'S 6|18 INITIATIVE

Accelerating Evidence into Action

SIX WAYS TO SPEND SMARTER
FOR **HEALTHIER PEOPLE**



REDUCE
TOBACCO USE



CONTROL
BLOOD PRESSURE



IMPROVE
ANTIBIOTIC USE



CONTROL
ASTHMA



PREVENT UNINTENDED
PREGNANCY



PREVENT TYPE 2
DIABETES

District of Columbia: Collaborating to Improve Access and Adherence to Asthma Treatments

The Centers for Disease Control and Prevention's (CDC) [6|18 Initiative](#) highlights CDC and partners targeting six common and costly health conditions with 18 proven interventions. The following example from the District of Columbia showcases some of the strategies used to address one condition under the 6|18 Initiative. These profiles are stories reported by the state officials based on their work within the 6|18 Initiative.

Through participation in the Centers for Disease Control and Prevention's (CDC) *6|18 Initiative*, the District of Columbia's Medicaid agency, housed within the Department of Health Care Finance (DHCF) and the public health agency, housed under the Department of Health, partnered to better understand opportunities to collaborate to improve access and adherence to asthma medications and devices.

Before joining the *6|18 Initiative*, both agencies had existing programs related to asthma control. The Medicaid agency covered asthma control services through its Chronic Disease Collaborative, which included its managed care organizations (MCO). Specifically, home-based asthma management services for children with high-risk asthma are covered by MCOs through [D.C.'s Breathe Easy Asthma Home Visiting Program](#). The public health agency had an existing asthma control program that engaged various providers and pharmacies in addressing key issues related to monitoring, prevention, and treatment. By partnering through the *6|18 Initiative*, the agencies were able to solidify their relationship and explore opportunities to streamline and coalesce their efforts, which strongly supported each agency's existing asthma work.

DISTRICT OF COLUMBIA KEY FACTS

- District population: [670,050](#)
- Medicaid population: [273,646](#)
- Medicaid enrollees in managed care: [86 percent](#)
- Asthma prevalence: [10.4 percent](#) of adults



Washington D.C.'s 6|18 Accomplishments

- ✓ Better able to understand the data and evidence related to asthma control.
- ✓ Strengthened communication and data sharing between Medicaid and public health.

6|18 Project Activities

Washington D.C.'s Medicaid and public health agencies partnered to implement a prevention project focused on:

- **Enhancing collaboration, and strengthening communication and understanding between Medicaid and public health agencies** to support asthma control efforts.

- **Developing data sharing practices** to improve access to and adherence of asthma control treatments.
- **Understanding the evidence** for Medicaid coverage of asthma control medications and services.

Specific activities undertaken by the Washington D.C. 6|18 team include:

1. Enhancing collaboration between Medicaid and public health

Prior to the 6|18 partnership, the senior leaders of the Medicaid and public health agencies had a strong relationship and viewed the initiative as a way to expand and formalize the relationship between the two departments. To build the partnership, the agencies met bi-weekly, in addition to a standing, 6|18-specific monthly call. The bi-weekly meetings were used to develop work plans, track progress on 6|18 activities, and discuss next steps. These meetings focused on concrete activities, like research needs and data to be analyzed. The team also held a mini-retreat to deep dive into their shared work. The mini-retreat focused on increasing the understanding of Medicaid and public health agency goals related to asthma control, as well as the vehicles through which each agency could advance efforts towards those aligned goals. The mini-retreat also enabled Medicaid to share insights with public health team members about the role of managed care organizations in asthma control efforts. Conversely, it created a space for public health to share insights with Medicaid about public health funding, including grant opportunities that could be leveraged to support asthma control efforts. Both agencies used the retreat to review the types of relevant data each had access to, including Medicaid claims data and public health grant performance data as well as prevalence data.

Further, D.C.'s Medicaid and public health team noted increased communication between the two agencies due to their 6|18 partnership. They also developed a better understanding of each agency. The team noted that the opportunity to learn about one another and partner caused them to step back from the "way they had always done things" and instead try something new based on what they had learned from one another.

2. Understanding the evidence for Medicaid coverage of asthma control medications and services

To begin their 6|18 collaboration, the DC team first focused on reviewing the data and evidence on Medicaid coverage for asthma control medications and services through an environmental scan and exploratory data analysis. With the help of the American Lung Association, the 6|18 team examined data about asthma services already covered by Medicaid within the fee-for-service and MCO systems. They were also able to collect and review Medicaid pharmacy claims data to assess patterns of medication use.

They concluded that Medicaid was generally covering the right services and medications, but that more could be done to increase utilization of asthma medications. The DC Medicaid and public health agencies continue to explore options to develop pharmacy education initiatives in which pharmacy staff could work with patients to provide better education about asthma control and the proper use of rescue and long-term inhalers. In addition, the agencies are meeting to align respective efforts around chronic conditions, including asthma control activities and discussing how to align with medication management therapy.

3. Developing data sharing practices

The 6|18 team was able to share data related to asthma services covered by Medicaid, patterns of asthma medication utilization, hospital/ED visits, and morbidity and mortality. Each agency brought respective data to the table during each team meeting for group discussion. They are also hoping to add capacity for future work involving Medicaid data (e.g., CPE), and to examine return on investment first in the diabetes prevention program, then possibly in the asthma home visiting program. Further, the Medicaid and public health team is focused on how to best use population health management reporting tools and related data within D.C.'s Health Information Exchange to inform educational initiatives and interventions.

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