

THE 6|18 INITIATIVE: ACCELERATING EVIDENCE INTO ACTION

ACPM Health Systems Transformation Webinar
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Disclaimer

The findings and conclusions in this presentation do not necessarily represent the official position of the Centers for Disease Control and Prevention

Objectives

- Define current CDC – health care collaborations related to the intersection of public health and clinical care
- Increase awareness of emerging opportunities between public health and healthcare payers related to the changing health care landscape
- Identify opportunities for preventive medicine physicians to help increase the access, utilization and quality of evidence-based preventive practices



CDC Strategic Directions

Improve health security at home and around the world

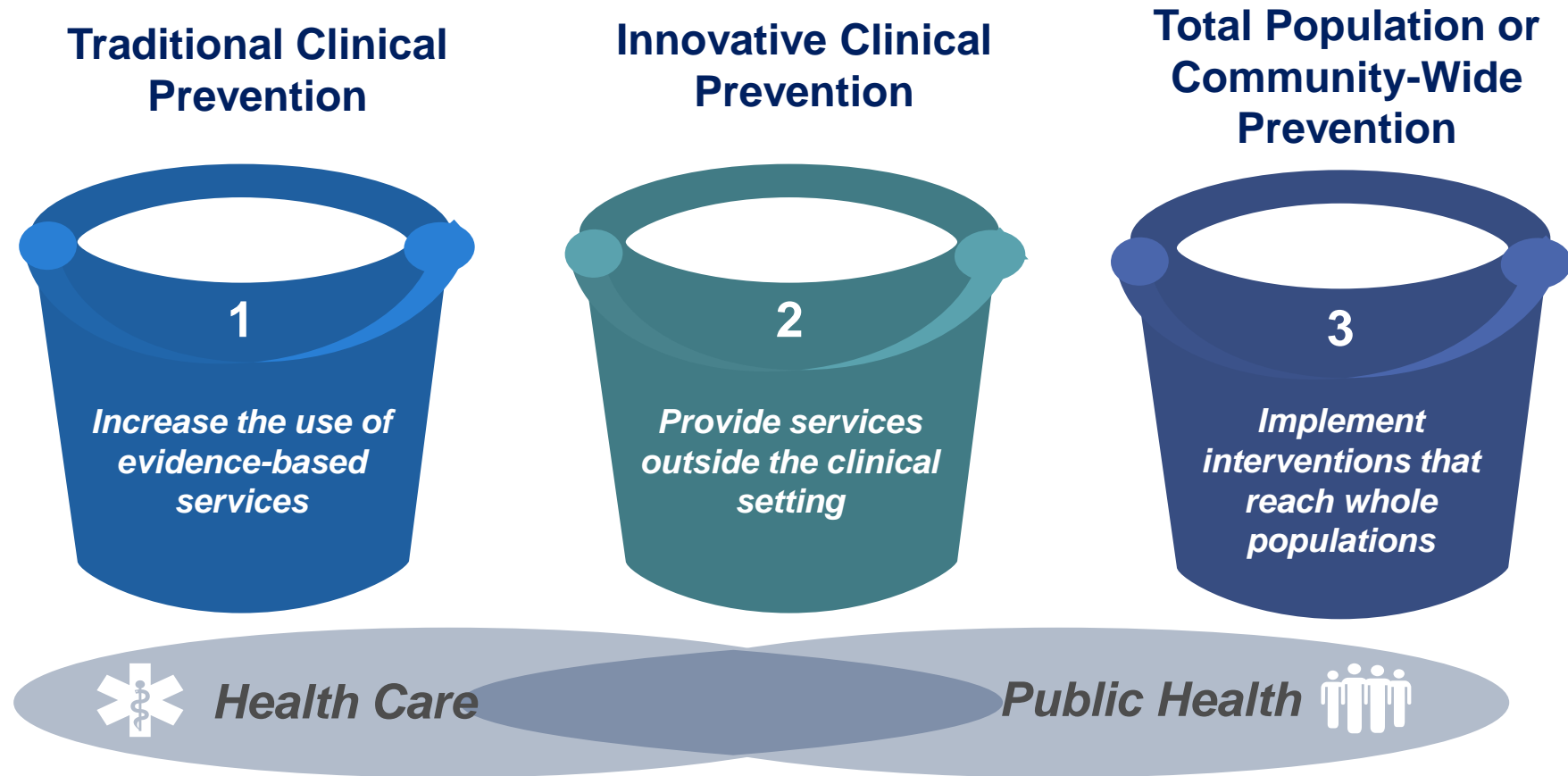


Better prevent the leading causes of illness, injury, disability, and death



Strengthen public health/health care collaboration

Three Buckets of Prevention



Auerbach J., The 3 Buckets of Prevention. *Journal of Public Health Management and Practice* 2016.
http://journals.lww.com/jphmp/Citation/publishahead/The_3_Buckets_of_Prevention_.99695.aspx

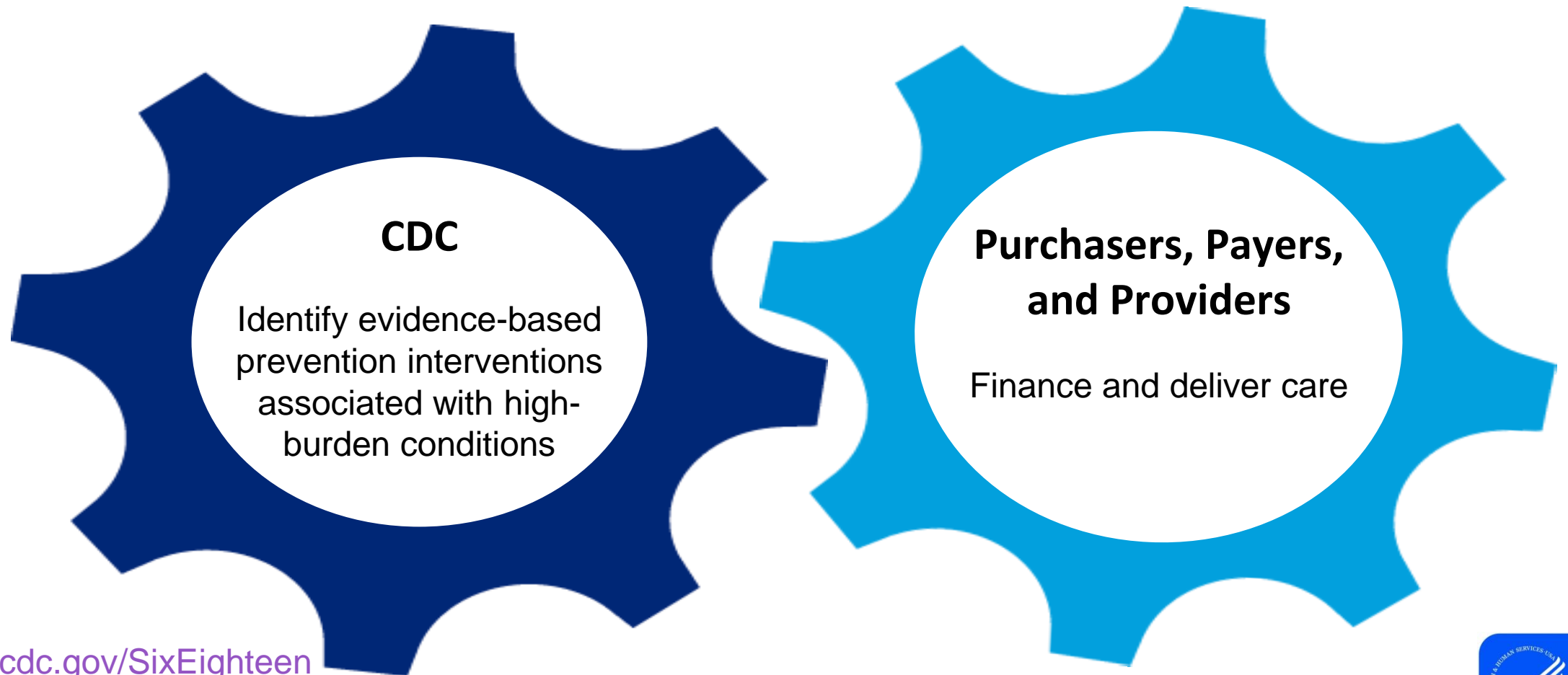


CDC: Building the bridge between clinical care and public health as part of Health System Transformation

- ❑ Building on existing successes
 - ❑ National Healthcare Safety Network, Million Hearts®
- ❑ Research regarding what works
 - ❑ Evidence-based practices and prevention guidelines
- ❑ Evidence-based national policy
 - ❑ Guidelines (e.g., Immunization, Infection Control, Food and Nutrition)
 - ❑ Expert representation (e.g., National Quality Forum, Institute of Medicine)
- ❑ Enhanced partnerships with payers
 - ❑ State Medicaid, Commercial convenings
 - ❑ Self-insured Employers – Large employer roundtable
- ❑ Internal training on payment reform and the insurance sector



The 6|18 Initiative: Accelerating Evidence Into Action



Six High-Burden Health Conditions

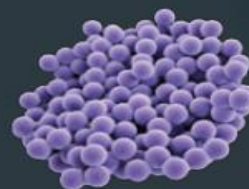
SIX WAYS TO SPEND SMARTER
FOR **HEALTHIER PEOPLE**



REDUCE
TOBACCO USE



CONTROL
BLOOD PRESSURE



PREVENT HEALTHCARE-
ASSOCIATED INFECTIONS (HAI)



CONTROL ASTHMA



PREVENT UNINTENDED
PREGNANCY



CONTROL AND
PREVENT DIABETES

High- burden

Costly

Preventable

Scalable

Purchasers, Payers,
Providers

Eighteen Evidence-Based Interventions



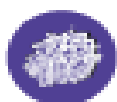
REDUCE TOBACCO USE

- Expand access to evidence-based tobacco cessation treatments, including individual, group, and telephone counseling and FDA-approved cessation medications—in accordance with the 2008 Public Health Service Clinical Practice Guidelines.
- Remove barriers that impede access to covered cessation treatments, such as cost sharing and prior authorization.
- Promote increased utilization of covered treatment benefits by tobacco users.



CONTROL HIGH BLOOD PRESSURE

- Promote strategies that improve access and adherence to anti-hypertensive and lipid-lowering medications.
- Promote a team-based approach to hypertension control (e.g., physician, pharmacist, lay health worker, and patient teams).
- Provide access to devices for self-measured blood pressure monitoring for home-use and create individual, provider, and health system incentives for compliance and meeting of goals.



PREVENT HEALTHCARE-ASSOCIATED INFECTIONS

- Require antibiotic stewardship programs in all hospitals and skilled nursing facilities.
- Prevent hemodialysis-related infections through immediate coverage for insertion of permanent dialysis ports.



CONTROL ASTHMA

- Promote evidence-based asthma medical management in accordance with the 2007 National Asthma Education and Prevention Program guidelines.
- Promote strategies that improve access and adherence to asthma medications and devices.
- Expand access to intensive self-management education for individuals whose asthma is not well-controlled with guidelines-based medical management alone.
- Expand access to home visits by licensed professionals or qualified lay health workers to improve self-management education and reduce home asthma triggers for individuals whose asthma is not well-controlled with guidelines-based medical management and intensive self-management education.



PREVENT UNINTENDED PREGNANCY

- Reimburse providers for the full range of contraceptive services (e.g., screening for pregnancy intention; tiered contraception counseling; insertion, removal, replacement, or reinsertion of long-acting reversible contraceptives (LARC) or other contraceptive devices; and follow-up) for women of child-bearing age.
- Reimburse providers or health systems for the actual cost of LARC or other contraceptive devices in order to provide the full range of contraceptive methods.
- Reimburse for immediate postpartum insertion of LARC by unbundling payment for LARC from other postpartum services.
- Remove administrative and logistical barriers to LARC (e.g., remove pre-approval requirement or step therapy restriction and manage high acquisition and stocking costs).



CONTROL AND PREVENT DIABETES

- Expand access to the National Diabetes Prevention Program, a lifestyle change program for preventing type 2 diabetes.
- Promote screening for abnormal blood glucose in those who are overweight or obese as part of a cardiovascular risk assessment.

6|18 State Medicaid Partnership: Lessons Identified

- ❑ Medicaid programs vary by state, but there are some key similarities
- ❑ Shift towards managed care is an opportunity and a challenge
- ❑ General focus on improving uptake and quality, not coverage
- ❑ Leadership support is critical
- ❑ Physician provider **awareness of, and involvement in,** evidence-based interventions **is a priority**
- ❑ Public health is viewed as a value add

Commercial Payer Engagement

Preliminary interest

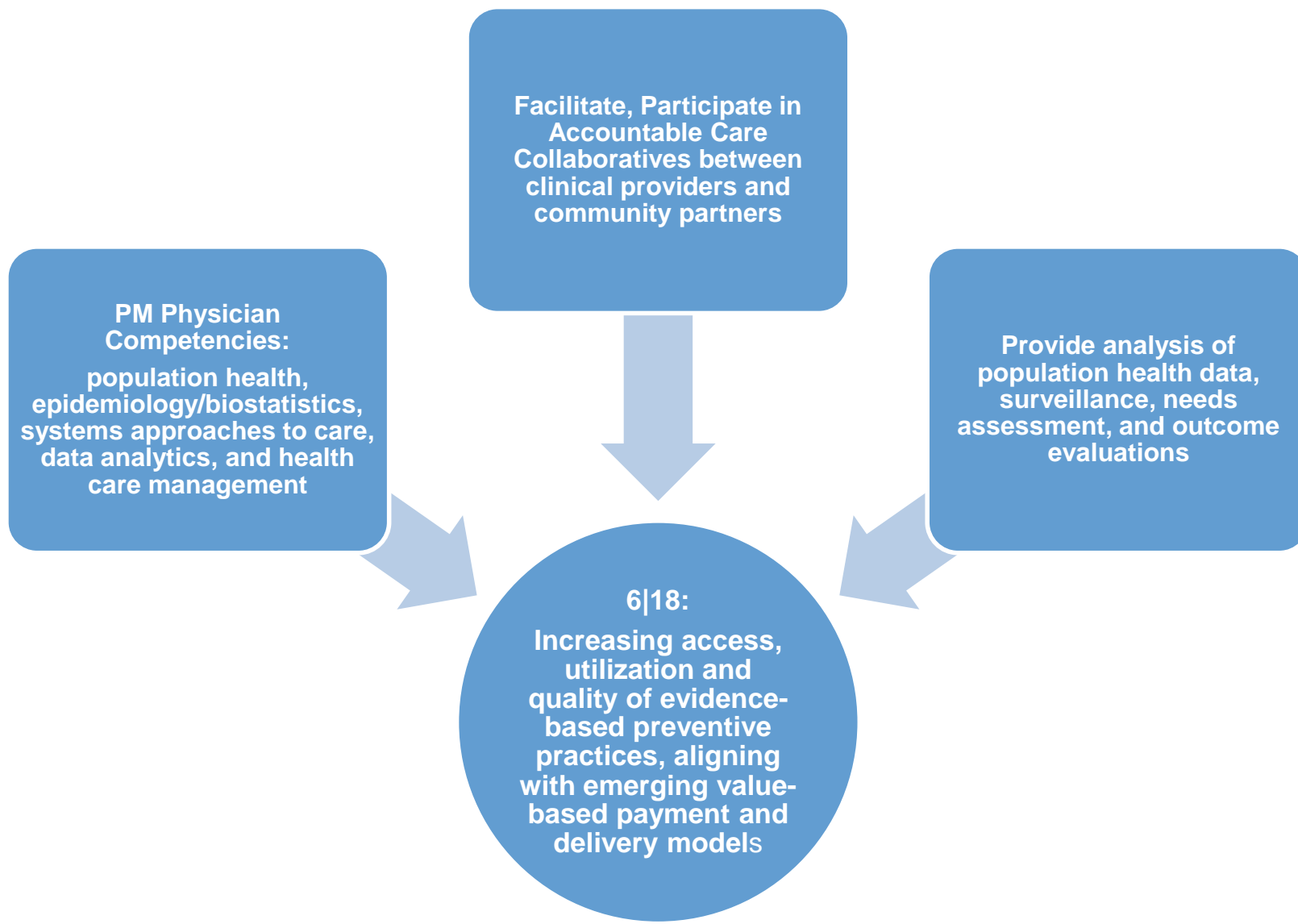
United Health Group, Cigna, Humana, Kaiser Permanente – GA, Anthem, Highmark

- ❑ Alignment across a subset of conditions:
 - e.g., hypertension, tobacco, diabetes, antibiotic use and resistance
- ❑ Designing CDC-based convening:
 - July 13-14, 2016
- ❑ Meeting goal:
 - Payer/Provider engagement plan

Emerging Provider Engagement

- ❑ Collecting provider stakeholder feedback on potential barriers to 6|18 interventions
- ❑ Exploring current and future provider payment levers with CMS
- ❑ Exploring opportunities to partner with providers within emerging 6|18 implementation sites

How can Preventive Medicine physicians be involved in 6|18?



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CDC HEALTH POLICY SERIES

Opportunities for Enhanced Collaboration

Public Health Departments and Accountable Care Organizations



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

How can Preventive Medicine physicians be involved in 6|18?

Centers for Disease Control and Prevention.

Opportunities for Enhanced Collaboration: Public Health Departments and Accountable Care Organizations. Atlanta, GA: CDC; 2014.

CDC Health Policy Series, No. 1.



CDC

Partner Support Plan for 6|18

Payers and Purchasers:

- Adopt and incentivize 6|18 interventions
- Promote awareness of 6|18 interventions
- Collaborate with CDC to pilot 6|18 interventions
- Link with public health partners

Public Health:

- Promote 6|18 in public health, clinical, and insurance sectors
- Partner with payers to promote adoption of 6|18 interventions
- Help measure impact using public health data

Providers:

- Prioritize and implement 6|18 interventions
- Promote awareness of 6|18 interventions
- Collaborate with CDC and payers to pilot 6|18 interventions
- Help define how to operationalize
- Monitor/provide feedback on use and results

Private Sector Partners:

- Prioritize 6|18 interventions and 6|18 approach
- Invest in 6|18 partnerships and pilots
- Disseminate 6|18 message
- Promote community engagement



A Vision for the Future: **Strengthened Linkage Between Public Health and Clinical Care**

For more information please contact Centers for Disease Control and Prevention

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