THE 6|18 INITIATIVE

Frequently Asked Questions

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

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1 What is CDC's 6|18 Initiative?

The Centers for Disease Control and Prevention (CDC) is partnering with health care purchasers, payers, and providers to improve health and control health care costs. CDC provides these partners with rigorous evidence about high-burden health conditions and associated interventions to inform their decisions to have the greatest health and cost impact. This initiative offers proven interventions that prevent chronic and infectious diseases by increasing their coverage, access, utilization and quality. Additionally, it aligns evidence-based preventive practices with emerging value-based payment and delivery models.

2 Why is it called the "6|18?"

The name "6|18" comes from the initial focus on 6 high-burden health conditions and 18 evidence-based interventions that can improve health and control costs.

3 What is the goal of the 6|18 Initiative?

In this critical time of active health system transformation, CDC is helping to accelerate evidence into action to improve the health of all Americans. CDC will provide key evidence and analysis to purchasers, payers, and providers to inform their decisions when considering risk and benefits, determining coverage, and deciding where to invest to have the greatest impact on both population health outcomes and controlling costs.

4 How will the 6|18 Initiative be implemented?

CDC is forming collaborative partnerships with state Medicaid programs and commercial insurers to help inform decisions on coverage and delivery. Key actions of this initiative include bringing together health care purchasers, payers, and providers with select CDC researchers, economists, and policy analysts to offer opportunities to improve health and control costs with the 6|18 interventions. These partners will focus on implementing one or more of the 6|18 interventions to expand access, quality, and utilization. CDC will work directly with these partners to understand challenges and successes associated with this effort.

5 What are the six high-burden conditions in the 6|18, and how were they selected? Will other high-burden health conditions be added?

The six initial conditions CDC has focused on are: tobacco use, high blood pressure, healthcare-associated infections, asthma, unintended pregnancies, and diabetes. CDC selected these conditions and the associated interventions because:

- ✓ They affect large numbers of people
- ✓ They are associated with high health care costs
- ✓ There are evidence-based interventions to prevent or control these conditions
- ✓ The interventions are most likely to improve health and control costs

As more evidence accumulates on high-cost, high-burden conditions with associated interventions, they will be incorporated into the 6|18 Initiative.

6   **What are the 18 interventions promoted in the 6|18? How were they selected?**

Initially, 18 interventions were identified that can help prevent or control the 6 conditions. CDC used a rigorous process to select the interventions most likely to improve health and control costs. See About the Evidence Summaries for a current list of interventions (www.cdc.gov/sixeighteen/aboutsummaries).

7   **Why is the 6|18 Initiative a CDC priority?**

One of CDC's three strategic directions is to strengthen public health and health care collaboration. The 6|18 Initiative is a key component of this strategic direction of strengthening collaboration between CDC and its traditional public health partners and the rapidly changing health care system.

The U.S. health care system is undergoing unprecedented change, driving toward a system that is "better, smarter, healthier" (Secretary Burwell, Medicare Reimbursement Announcement, http://www.hhs.gov/news/press/2015pres/01/20150126a.html). Major trends in health care, including more people with health insurance, widespread payment reform, and the testing and scaling of new health care delivery models, are providing opportunities to prevent illness, improve population health, and forge closer ties between public health and the health care sector.

We are linking the health care and public health sectors by providing evidence and science on improving health and controlling costs across a spectrum of prevention interventions, from clinical to community prevention. CDC's strength in identifying and analyzing scientific evidence complements the purchaser, payer, and provider role of financing and delivering care. CDC can help by providing key evidence and analysis to purchasers, payers, and providers to inform their decisions when considering risk and benefits, determining coverage, and deciding where to invest to have the greatest impact on both population health outcomes and controlling costs.

8   **Who at CDC is involved in the 6|18 Initiative?**

The 6|18 Initiative is led by CDC's Office of the Associate Director for Policy, in collaboration with CDC Centers, Institutes, and Offices (CIOs). CDC leaders and staff are working with purchasers, payers, and providers to match health care goals with the one or more of the 6|18 interventions. CDC experts, scientists, and economists are providing the evidence base and additional support on implementation and evaluation. The 6 conditions and their associated CDC CIOs are as follows:

✓ Tobacco: Office on Smoking & Health
✓ High Blood Pressure: Million Hearts Program, Division of Heart Disease & Stroke Prevention
✓ Healthcare-Associated Infections: Division of Healthcare Quality Promotion
✓ Asthma: Air Pollution & Respiratory Health Branch, Division of Environmental Hazards & Health Effects
✓ Unintended Pregnancy: Division of Reproductive Health
✓ Diabetes: Division of Diabetes Translation

9   **Which partners are involved in the 6|18 Initiative?**

CDC is working with a variety of organizations across the purchaser, payer, and provider landscape to improve health and control health care costs. CDC's partner list includes other federal agencies, state Medicaid programs, commercial insurers, employers, large health systems, provider networks, health insurance exchanges, and other key stakeholders with expertise in health care or health care financing.

10   What are the references from the www.cdc.gov/sixeighteen landing page?

[1] Secretary Burwell, Medicare Reimbursement Announcement, http://www.hhs.gov/news/press/2015pres/01/20150126a.html.

[2] ASPE. Health Insurance Coverage and the Affordable Care Act. September 22, 2015. http://aspe.hhs.gov/sites/default/files/pdf/111826/ACA%20health%20insurance%20coverage%20brief%2009212015.pdf

11   How can I get more information about the 6|18 Initiative?

For more information, email healthpolicynews@cdc.gov or go to www.cdc.gov/sixeighteen.

HIGH-BURDEN HEALTH CONDITIONS AND EVIDENCE-BASED INTERVENTIONS

The following is a list of six high-burden health conditions with 18 effective interventions that CDC is prioritizing to improve health and control health care costs.

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 Guideline.
- 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.