Technical Assistance Opportunity: State Medicaid and Public Health Collaboration to Advance the CDC’s 6|18 Initiative

With support from the Robert Wood Johnson Foundation, the Center for Health Care Strategies (CHCS) and the Association for State and Territorial Health Officials (ASTHO) are conducting an open solicitation inviting state Medicaid agencies and public health departments to indicate interest in receiving technical assistance to implement interventions under the Centers for Disease Control and Prevention’s (CDC) 6|18 Initiative (see accompanying statement of interest form). This technical assistance opportunity builds on two successful years of engagement with 15 states, the District of Columbia and Los Angeles County, California to strengthen cross-agency partnerships and implement evidence-based prevention strategies.

Background

CDC’s 6|18 Initiative offers a unique opportunity to help Medicaid and public health officials collaborate on cost-effective prevention interventions that have improved health and controlled costs. It focuses on six high-burden health conditions — tobacco use, asthma, type 2 diabetes, high blood pressure, inappropriate antibiotic use, and unintended pregnancies — that affect large numbers of people, are associated with high costs, and can be prevented or controlled. The “18” refers to an initial set of 18 evidence-based interventions that address the six conditions.

The Initiative has two ultimate goals:

- Achieving improved health care outcomes and controlled health care costs across different payers through the use of evidence-based prevention strategies; and
- Strengthening partnerships across public health and health care financing and delivery sectors to establish a new culture of collaboration for advancing population health goals.

Project Design and Benefits for States/Territories

Medicaid-public health teams will be supported by CDC, CHCS, the Centers for Medicare & Medicaid Services (CMS), the Association of State and Territorial Health Officials (ASTHO), and other contracted subject matter experts to implement one or more interventions for up to two of five 6|18 Initiative health conditions (note: technical assistance is not available at this time to support implementation of unintended pregnancy prevention interventions). Teams may select two conditions if a rationale is provided for how the two bodies of work are related, and how the team would structure activities to jointly and simultaneously...
address both conditions. Please use ASTHO’s Guide on Getting Started with CDC’s 6|18 Initiative for advice on choosing conditions and interventions.

The project period is October 2018 – October 2019 and will include the following support strategies:

- **Action plan development**: Cross-agency implementation planning and goal setting through the development of Medicaid-public health team-specific action plans.
- **Targeted technical assistance**: One-on-one technical assistance to develop, implement, and assess chosen prevention strategies. The assistance will be tailored to meet each team’s unique needs and will include up to five hour-long calls during the project period.
- **Peer-to-peer information exchange**: As-needed group information-sharing calls/webinars and direct connections to peer states/territories.
- **Capacity-building**: Up to five optional virtual learning sessions for Medicaid and public health staff to enhance knowledge of each agency’s critical role in improving health and health care and highlight opportunities to capitalize on complementary skillsets.
- **Resources**: Access to a wide range of health condition-specific and general 6|18 Initiative implementation tools, templates, and other materials via CHCS’ publicly available Resource Center for Implementing CDC’s 6|18 Initiative and a private resource library.
- **In-person convenings**: An in-person convening on October 9-10, 2018 in Atlanta, GA for all new teams and past/current participants. Travel for all participants will be covered by CHCS.

Medicaid-public health teams from selected states/territories are expected to attend the in-person convening in October 2018 and to actively participate in individual and group technical assistance activities. Teams should expect to spend 10-20 hours developing their initial action plans and at least one hour preparing for each technical assistance call. The time commitment for activities related to implementing 6|18 Initiative interventions will vary. This project does not include direct financial assistance.

Following the year-long engagement, participating states/territories will be designated as “6|18 Initiative graduates” and will have the opportunity to advise future participants, as well as showcase their activities and accomplishments on public websites and resources.

**Selection Process**

The review team will use the following criteria to select state/territorial participants:

- **A demonstrated commitment** from the State Medicaid Director and State Health Official; representation on the project team from both the Medicaid and state/territory public health agencies; a past history of Medicaid-public health collaboration and/or a current interest in fostering this partnership.
- **Staff availability to participate** in one-on-one and peer-to-peer technical assistance calls and webinars, in-person meetings, and capacity building sessions.
- **Identification of the health condition and intervention(s)** the state/territory would like to address, along with a clear and compelling description of the goals, barriers, and relevant progress associated with the chosen condition(s) and intervention(s).
- **Willingness to track progress and outcomes** on relevant process-changes and health and cost outcomes for chosen interventions, where feasible and appropriate, and willingness to work with CDC, CMS, CHCS, and ASTHO to share lessons and successes.