Opportunities for Medicaid-Public Health Collaboration to Achieve Mutual Prevention Goals: Lessons from CDC’s 6|18 Initiative

June 18, 2018, 2:00pm – 3:30pm ET

Please standby, today’s webinar will begin shortly.

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Welcome and Introductions

Overview of 6|18 Initiative Accomplishments

State Spotlight: Colorado’s Path to Enhancing Tobacco Cessation Benefits

State Spotlight: Nevada’s Approach to Promoting Access to the National Diabetes Prevention Program

Introduction to CHCS’ Resource Center for Implementing CDC’s 6|18 Initiative and Future Technical Assistance for States
Welcome & Introductions
Meet Today’s Presenters

Maia Crawford
Center for Health Care Strategies

Michelle Lynch
Colorado Department of Public Health and Environment

Jenni Bonk
Division of Public & Behavioral Health, Nevada Department of Health and Human Services

Meshie Knight
Robert Wood Johnson Foundation

Richard Delaney
Colorado Department of Health Care Policy and Financing

Erin Lynch
Division of Health Care Financing and Policy, Nevada Department of Health and Human Services

Alissa Beers
Center for Health Care Strategies
About the Center for Health Care Strategies

A non-profit policy center dedicated to improving the health of low-income Americans
Building a Culture of Health in America
Overview of 6|18 Initiative Accomplishments

Maia Crawford, Senior Program Officer, Center for Health Care Strategies
CDC’s 6|18 Initiative

Promote adoption of evidence-based interventions in collaboration with health care purchasers, payers, and providers

High-burden health conditions 6

Evidence-based interventions that improve health and save money 18

CDC.gov/sixeighteen
Six High-Burden Health Conditions

- Control Asthma
- Reduce Tobacco Use
- Prevent Type 2 Diabetes
- Prevent Unintended Pregnancy
- Improve Antibiotic Use
- Control High Blood Pressure
Key Phases of Implementing 6|18 Initiative Interventions

1. Medicaid Coverage
   Utilize state plan amendments, legislation/regulatory changes, and contract modifications to remove barriers and increase access to care

2. Provider Adoption
   Promote covered benefits to providers to increase provision of or referral to services, with guidance on billing procedures

3. Consumer Utilization
   Deliver targeted promotion of covered benefits to beneficiaries to ensure that they are aware of available benefits and services
Why Adopt CDC’s 6|18 Initiative?

- Aligns with **quality improvement** goals

- Accelerates the impact of **value-based payment** reform efforts

- Promotes effective and results-driven **cross-sector collaboration**

“6|18 fostered communication and collaboration so that we each know what each other is doing.”

- State Medicaid

“No longer do we think reimbursement is only a Medicaid issue.”

- State Public Health

Map of 6|18 Initiative Participants

- Nevada
- Utah
- Colorado
- Minnesota
- Michigan
- New York
- Massachusetts
- Rhode Island
- District of Columbia
- Maryland
- North Carolina
- Georgia
- South Carolina
- Massachusetts
- Nevada
- Utah
- Colorado
- Minnesota
- Michigan
- New York
- North Carolina
- Georgia
- South Carolina
- Los Angeles County, California
- Alaska
- Louisiana
Sample Results Associated with Adopting CDC’s 6|18 Initiative Interventions

- Estimated avoided state and federal costs from 2010 to 2014 through Colorado’s efforts to improve access to the most effective contraceptive methods.
  
  Estimated avoided state and federal costs from 2010 to 2014 through Colorado’s efforts to improve access to the most effective contraceptive methods.\(^1\)

- Percent reduction in asthma-related hospital and emergency department costs for high-risk children enrolled in Rhode Island’s Home Asthma Response Program.
  
  Percent reduction in asthma-related hospital and emergency department costs for high-risk children enrolled in Rhode Island’s Home Asthma Response Program.\(^2\)

- Estimated annual hospital savings per participant following the implementation of Massachusetts’ enhanced Medicaid tobacco cessation benefit.
  
  Estimated annual hospital savings per participant following the implementation of Massachusetts’ enhanced Medicaid tobacco cessation benefit.\(^3\)


ACCOMPLISHMENTS: Maryland Preventing Type 2 Diabetes

Goals

» Promote implementation alignment of the National Diabetes Prevention Program (National DPP) across payers and health systems

» Enhance provider referrals to the National DPP

Activities and Accomplishments

» Applying for an 1115 waiver amendment to continue and build on current demonstration to cover the National DPP through Medicaid MCOs; over 600 beneficiaries were enrolled as of January 2018, with preliminary data suggesting significant weight loss

» Strategizing how to boost National DPP referrals by expanding promising electronic referral pilots and developing a DPP education campaign for primary care providers

» Aligning type 2 diabetes prevention goals with population health objectives under Maryland’s All-Payer Model
Goal

» Improve access and adherence to asthma medications and devices, and expand utilization of intensive self-management education

Activities and Accomplishments

» Engaged with Medicaid leadership to add spacers and associated equipment to Medicaid’s common formulary

» Secured commitment from Medicaid MCOs to provide four spacers per year without prior authorization at the pharmacy

» Promoted “Managing Asthma Through Case-Managing in Homes” (MATCH) program to Medicaid MCOs; program participation at three MATCH sites led to an 81% reduction in the percentage of individuals with 3+ ED visits and a 70% reduction in the percentage of individuals with at least one hospitalization

References:
**ACCOMPLISHMENTS: Minnesota Reducing Tobacco Use**

**Goals**

» Assess and address variation in Medicaid MCO tobacco cessation benefits and services

» Increase provider, enrollee and community-based organizations’ awareness and use of free Medicaid tobacco cessation benefits and services

**Activities and Accomplishments**

» Surveyed Medicaid MCOs to identify variation in benefits and used results to engage with MCOs not following state cessation policies – resulting in improved and more uniform cessation treatment coverage.

» Increased awareness of free Medicaid benefits by engaging community groups and populations most disparately impacted by the health harms of tobacco.

» Analyzed the All Payer Claims Database to establish a baseline for utilization of cessation medications across payers (*in progress*)
Goal

» Increase access to and utilization of effective or highly effective contraceptive methods – most notably, long-acting reversible contraceptives (LARC)

Activities and Accomplishments

» Received approval of a State Plan Amendment (effective April 2016) to allow FQHCs to be paid for the actual acquisition cost of the LARC device.

» Required Medicaid Managed Care Plans to implement mechanisms to pay hospitals for immediate postpartum LARC separately from reimbursement for the inpatient stay effective September 1, 2016.

» Identified provider champions and worked with them to determine provider needs and develop outreach strategies.

» Partnered with a local chapter of the American Congress of Obstetricians and Gynecologists to develop and distribute promotional materials.
State Spotlight: Colorado’s Path to Enhancing Tobacco Cessation Benefits

Michelle Lynch, Tobacco Cessation Supervisor, Colorado Department of Public Health and Environment

Richard Delaney, Policy Specialist, Colorado Department of Health Care Policy and Financing
Better Together:
Partnersing to Reduce Tobacco Use in Colorado

Michelle Lynch,
Tobacco Cessation Supervisor, Colorado Department of Public Health & Environment

Richard Delaney,
Policy Specialist, Colorado Department of Health Care Policy & Financing
SUMMARY

Provider Engagement
Consumer Promotion
Barrier Reduction
Building Infrastructure
Medicaid matters.
Smoking prevalence data. Source: Colorado Behavioral Risk Factor Surveillance System (BRFSS); 2016
promote.
Knowledge assessment.

Clinical advisory group.

Toolkit development.

Multi-part webinar series.

Local health collaboration.
REACH  RELEVANCE  QUALITY  EFFICACY
CONSUMER OUTREACH

- Digital media campaign.
- Static print assets.
- Radio spots with local talent.
- Grassroots tactics.
Quitting Smoking is Covered with Medicaid!

Simple print & digital ads delivered to high burden communities.

Over 10 million impressions delivered.
expand.
Comprehensive counseling.
All 7 FDA approved meds.
Two, 90 day med courses.
PAR required for most fills.
Cost sharing removed for all cessation medications for Colorado Medicaid members.

Effective 11/17.
<table>
<thead>
<tr>
<th>PROVIDER TYPE EXPANSION</th>
<th>Statewide pharmacy protocol.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Home visiting nurse billing.</td>
</tr>
<tr>
<td></td>
<td>Supervision for counseling.</td>
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</tbody>
</table>
Counseling rates increased 36% in 2017, over 2015.

Cessation specific pharmacy claims increased 37% over the same period.
path forward.
LIAISON POSITIONS

Staff assigned at each agency.
Roles dedicated to alignment.
Led data-sharing agreement.
NEXT STEPS

Strengthen billing processes
- off-campus hospital services

Continue benefit promotion.

Further barrier removal.
Ensuring access to tobacco treatment is more than a matter of coverage - it’s a public health issue.
6|18 has provided a supportive platform for public health and Medicaid to come together to learn a shared language.
THANKS!

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Questions?

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State Spotlight: Nevada’s Approach to Promoting Access to the National Diabetes Prevention Program

Jenni Bonk, Chronic Disease Prevention & Health Promotion Section Manager, Division of Public & Behavioral Health, Nevada Department of Health and Human Services

Erin Lynch, Chief III, Hospital & Physician Services, Division of Health Care Financing and Policy, Nevada Department of Health and Human Services
State of Nevada

Department of Health and Human Services

Nevada’s 6|18 Collaboration: Type 2 Diabetes Prevention

Jenni Bonk, MS
Chronic Disease Section Manager, DPBH

&

Erin Lynch, MPH
Chief, Hospital & Physician Services, DHCFP

June 18, 2018
Nevada’s 6|18 Initiative

- Prevent Type 2 Diabetes: Evidence-based Intervention
  - Expand access to the National Diabetes Prevention Program (the National DPP), a lifestyle change program for preventing type 2 diabetes.
- Selected as second round state; June 2017
Nevada’s 6|18 Action Plan

- Refresh Provider DPP toolkit
  - Toolkit is electronic
- Plan Diabetes Summit
- Redefine Diabetes Coordinator
- Increase # of National DPP programs, classes, and participation
- Engage Partners/stakeholders to establish reimbursement mechanism for National DPP
- Improve data Collection and reporting
  - Data Sources
  - Pilot Project
• Electronic toolkit is available

• With 1815 Cooperative Agreement, we are changing our activities/priorities.

• Focusing on increasing number of National DPP providers
Increase National DPP in NV

• We have identified multiple new organizations interested in becoming National DPP providers:
  • Hospitals
  • FQHCs
  • University programs
  • Other vendors/partners
  • Clinics
Nevada’s Stakeholder Engagement Meeting

- February 6-7, 2018
- Develop Implementation Plan for National DPP activities within Action Plan
- DAY 1: Broad group of stakeholders
- DAY 2: 4 Breakout Groups
  - Awareness
  - Availability
  - Screen, Test, & Referral
  - Coverage
Redefine Diabetes Coordinator

• New Diabetes Coordinator began in early May 2018

• Nutrition Team Member

• Diabetes Action Plan & Diabetes Prevention Implementation Plan
Centralized Data: Data Analytics Workgroup

- Collaborative effort
  - State Chief Biostatistician
  - DAU – Medicaid and Chronic Disease specific
  - CDPHP Section

- Purpose:
  - Establish methodology for cost effectiveness analyses with Medicaid data related to leading and most costly chronic conditions/disease
  - Assess related to preventive efforts
  - First condition: Diabetes

- Meeting with Medicaid fiscal agent
- Ongoing meetings
Budget Concept Paper for National DPP coverage was drafted following Stakeholder Engagement Meeting.

It was determined that National DPP coverage would not move forward in the next biennial budget.

Looking for opportunities to further integrate National DPP into Medicaid (e.g. pilot project, CHW reimbursement project)
Medicaid & Chronic Disease Collaborations

- Diabetes Data Analysis
- NV Medicaid and Public Health collaborating on available data to better understand diabetes in Nevada with Medicaid recipients.
- Example – Fee-for-Service NV Medicaid data analysis on both Diabetes Type 1 & 2.
- Comparisons also conducted with CDC data from BRFSS
- Data giving us ideas on how to collaborate.
• NV Medicaid covers “like services” such as Medical Nutrition Therapy (MNT) by a Registered Dietician (RD).

• MNT considered medically necessary for diabetes, obesity, heart disease, and hypertension. Prescribed by a Physician, PA, APRN and furnished by a RD.

• 1/1/2018, MNT approved by CMS and includes:
  • Initial nutrition & lifestyle assessment.
  • One-on-one or group nutrition counseling.
  • Follow-up intervention visits to monitor progress in managing diet.
  • Reassessments as necessary to assure compliance with dietary plan.
  • Need to see results of MNT first before other “like services” can be implemented.
Contact Information

Jenni Bonk: jbonk@health.nv.gov

Erin Lynch: erin.lynch@dhcfp.nv.gov
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Introduction to CHCS’ Resource Center for Implementing CDC’s 6|18 Initiative

Alissa Beers, Senior Program Officer, Center for Health Care Strategies
New online resource center, made possible by the Robert Wood Johnson Foundation, to help Medicaid agencies and MCOs collaborate with public health departments to launch 6|18 interventions

Offers practical how-to resources, including:

- **6|18 in Action** - Interactive map of 6|18 activities from across the country and profiles of select state activities

- **Planning and implementation resources** to help stakeholders get started with 6|18 interventions

- **Health condition-specific resources** to guide the implementation of CDC’s 6|18 Initiative strategies

Launched: June 2018
6|18 in Action: Learn about State Activities

**Colorado**

*Participant(s):* Department of Health Care Policy and Financing (Medicaid) and Department of Public Health and Environment (Public Health)

**Reduce Tobacco Use**

*Interventions (initiated 2016):*
- 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

*Accomplishments:*
- Colorado Medicaid removed copays from all seven FDA-approved cessation medications effective November 1, 2017.
- Ran targeted consumer-facing digital media campaign to promote Medicaid tobacco cessation benefit, which delivered 9.9 million impressions.
- Enacted a new regulation allowing pharmacists to prescribe cessation medications.

**Rhode Island:** A Business Care for Asthma Home Visiting Services

**Quit and Save:**

**South Carolina:** Increasing Utilization of Medicaid Tobacco Cessation Benefits
Getting Started with 6|18 Resources

Planning and Implementation Tools

› Making the Business Case for CDC's 6|18 Interventions
› Delivering Prevention-Oriented Care through Partnerships
› Payment and Reimbursement Strategies for Prevention Activities
› Engaging Managed Care Organizations
› Measuring Implementation Progress

Resources Organized by Stakeholder Group

Getting Started Guide from ASTHO
Purpose: Help state Medicaid and public health agencies determine whether they want to form a 6|18 team.

Information Gathering Tool in the guide can help state Medicaid-public health teams collect information on current programs, consider 6|18’s alignment with current health priorities, identify important stakeholders to engage, and explore additional available resources.

Also available at: [www.astho.org/Form/618-Tool/](http://www.astho.org/Form/618-Tool/)
Health-Condition Specific Resources

- Resources for six high-burden, high-cost health conditions:
  - Tobacco use
  - High blood pressure
  - Inappropriate antibiotic use
  - Asthma
  - Unintended pregnancies
  - Type 2 diabetes

- CDC evidence summaries

- State success stories

- Tailored resources

- State examples
Sign Up for Email Updates

Sign up to receive updates about general and condition-specific 6|18 intervention resources.

SUBSCRIBE!
Upcoming 6|18 Initiative Technical Assistance Opportunity

- **July 2018**: Form released for Medicaid-public health teams to express interest in joining new 6|18 Initiative technical assistance opportunity
  - Informational webinar for interested state/territorial teams on July 23 at 3:00 pm ET

- **October 2018**: Launch of 2018-2019 cycle of technical assistance with kick-off convening in Atlanta
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