GETTING STARTED:
CDC's 6|18 Initiative

A GUIDE TO HELP STATE MEDICAID AND PUBLIC HEALTH AGENCIES BUILD AND STRENGTHEN PARTNERSHIPS TO IMPROVE COVERAGE AND UPTAKE OF PREVENTIVE SERVICES

Background

In 2015, CDC's Office of the Associate Director for Policy launched the 6|18 Initiative, an endeavor intended to strengthen public health and healthcare collaboration. The initiative was named for six high-burden conditions and, initially, 18 evidence-based interventions that formed the starting point of discussions with purchasers, payers, and providers to improve health and control healthcare costs. Key actions of this initiative include bringing together healthcare purchasers, payers, and providers with CDC researchers, economists, and policy analysts to offer opportunities to improve health and control costs.

IN COLLABORATION WITH PARTNERS, CDC:

Provides technical assistance to state and local Medicaid agencies in partnership with public health departments to implement prioritized 6|18 interventions based on state needs and readiness.

Collaborates with 17 state and local Medicaid agency/public health department teams to understand and disseminate best practices for implementing 6|18 interventions.

Provides technical assistance to private payers to identify 6|18 interventions that will help their beneficiaries.

Collaborates with healthcare providers who are increasing their ability to deliver the 6|18 interventions that improve preventive services and patient care.

In 2016, Medicaid and public health agencies formed teams in nine states to work together to improve coverage and utilization of 6|18 interventions through cross-agency partnerships. The initiative has since expanded in 2017 to include Year 2 teams in six states, the District of Columbia, and Los Angeles County.

6|18 CONDITIONS AND EVIDENCE-BASED INTERVENTIONS

Chosen as Conditions with High Disease Burden and High Healthcare Costs

- Reduce tobacco use
- Control high blood pressure
- Improve antibiotic use
- Control asthma
- Prevent unintended pregnancy
- Prevent type 2 diabetes

The Association of State and Territorial Health Officials (ASTHO), with support from CDC and with input from Year 1 state teams, CDC subject matter experts, the Center for Health Care Strategies (CHCS), and other partners, developed this tool to help state Medicaid and public health agencies consider forming a 6|18 team.

Considerations for Implementing 6|18

STATE MEDICAID AND PUBLIC HEALTH AGENCY STAFF HAVE USED THE CONTENT OF THIS TOOL TO:

GUIDE THE DECISIONMAKING PROCESS TO DETERMINE READINESS OF THEIR AGENCIES TO BEGIN A 6|18 TEAM.

HELP STATES PLAN IMPLEMENTATION FOR ONE OR MORE OF THE 6|18 INTERVENTIONS.

State Medicaid and public health agency staff have used the content of this tool to collect information on the six targeted health conditions and behaviors, consider 6|18's alignment with current health trends, cost-drivers, priorities, and payment reform activities and goals, and identify important stakeholders with whom to engage. Information collected with this tool can be shared with agency leadership and other decisionmakers to gather feedback on a 6|18 approach and increase buy-in in the decisionmaking process.

The tool is divided into a high-level overview and a separate information gathering tool to allow state teams to work through these areas in detail. Other communities or organizations can also adapt this tool to suit their needs.

Acknowledgments

This resource was developed by the Association of State and Territorial Health Officials with support from CDC's Office of the Associate Director for Policy (Award: 6 NU38OT000161-04-01). Additional thanks are given to CDC's Division of Reproductive Health, CDC's Office on Smoking and Health, CDC's National Center for Environmental Health, and the Center for Health Care Strategies for their input on the development of this tool.

Complementary Roles of State Medicaid and Public Health Agencies

While state Medicaid and public health agencies share a desire to improve population health and reduce costs, staff from each agency bring different, relevant, and complementary expertise to their 6|18 teams. Table 1 summarizes complementary expertise or roles that were observed in Year 1 6|18 state teams.

TABLE 1: COMPLEMENTARY STATE PUBLIC HEALTH AND MEDICAID AGENCY ROLES OBSERVED FOR 6|18 IMPLEMENTATION

PUBLIC HEALTH DEPARTMENT ROLES	HEALTH SYSTEM/MEDICAID AGENCY ROLES
1. Used surveillance data to identify hotspots (high burden and high cost conditions) within the population for whom they are responsible and to track progress towards improvement in health and costs. 2. Identified, synthesized, and promoted the strongest evidence-based clinical and community interventions. 3. Contributed condition-specific subject matter expertise and developed tools to enable effective implementation of evidence-based clinical and community interventions for use by the healthcare system. 4. Translated epidemiologic evidence into data to develop actuarial and cost calculations and business cases to create a compelling message for key decisionmakers. 5. Worked with payers to understand and describe gaps in coverage and utilization. 6. Created and evaluated targeted and culturally appropriate provider and consumer awareness campaigns, complementing health sector/health plan ef-forts to reach providers and members. 7. Maintained linkages to community services to support increased uptake of clinical interventions relevant to CDC's 6|18 Initiative. 8. Acted as a neutral convener and broker to coordinate activities across diverse partners.	1. Used claims and encounter data to identify hotspots (high burden and high cost conditions) for beneficiaries. 2. Highlighted available and sector-specific levers and processes needed to improve benefits coverage, promote increased uptake of services, and/or deploy programs that deliver these interventions. 3. Partnered and coordinated with Medicaid managed care plans to strengthen coverage and utilization of benefits. 4. Developed a business case for prioritized evidence-based interventions to share with key decisionmakers to ensure their inclusion as covered benefits. 5. Meaningfully engaged providers and used incentives to ensure referral to and utilization of the covered benefits or new programs. 6. Considered utilization, health, and/or cost targets for future monitoring of progress towards health and cost goals.

SOURCE: SEEFF LC, MCGINNIS T, HEISHMAN H. "CDC'S 6|18 INITIATIVE: A CROSS-SECTOR APPROACH TO TRANSLATING EVIDENCE INTO PRACTICE." *J PUBLIC HEALTH MANAG PRACT*. 2018. AVAILABLE AT HTTPS://WWW.NCBI.NLM.NIH.GOV/PUBMED/29474211. ACCESSED 3-16-18.

Year 1 state teams made progress through CDC's 6|18 Initiative by leveraging these unique skills. Many of these successes were built on to existing work by state Medicaid agencies and health departments, often supported by CDC and the Centers for Medicare and Medicaid Services (CMS), which was accelerated or augmented by CDC's 6|18 Initiative. More details about Year 1 state teams and results of their collaboration have been published in the *Journal of Public Health Management and Practice*.

Key Planning Considerations

There are several key planning considerations to keep in mind when deciding whether to form a state team to pursue policy or programmatic changes to improve coverage and delivery of 6|18 interventions and preventive services. Interested Medicaid or public health staff have explored each of the questions by collecting information from various sources, such as other Medicaid and public health colleagues, subject matter experts, Medicaid reimbursement policies, grant-funded programs, and relevant health outcomes and metrics data. The **Information Gathering Tool** is designed to help interested Medicaid or public health staff answer and record answers to more specific questions aligned with the overarching questions described in Table 2.

TABLE 2: KEY PLANNING CONSIDERATIONS

KEY CONSIDERATIONS	OVERARCHING QUESTIONS
A. Leadership Awareness and Support	• Are state Medicaid and public health officials aware of the 6|18 Initiative and support forming of CDC's 6|18 team?
B. Alignment with State Health Trends and Priorities	• In what way(s) do 6|18 conditions and associated interventions that need to be addressed align with state health trends or health system transformation priorities from both the state Medicaid agency and the health department? Consider ongoing payment and delivery system reform initiatives, State Innovation Models, health indicators needing improvement, and whether the 6|18 conditions align with major trends and health-related cost drivers in the state.
C. Covered Benefits and Utilization	• Are certain 6|18 interventions already covered Medicaid benefits? Which 6|18 interventions are not currently covered benefits? • What is the uptake of covered benefits and other 6|18 interventions among beneficiaries and providers?
D. Policy and Programmatic Changes	• Considering interventions that are not covered benefits or are covered benefits but have low uptake, what policy changes or programmatic actions would be needed to make payment policy changes and increase the utilization of covered services?
E. Team Representation and Expertise	• Is there a champion (e.g., high-level decisionmaker or influencer) for this initiative? • Who will form the 6|18 core team, including Medicaid and public health representatives with decisionmaking authority and programmatic expertise?
F. Capacity and Resources	• Are there resources (e.g., time and staff) to devote to this project? • Is there an opportunity to use existing resources differently or leverage existing health transformation infrastructure?
G. Stakeholder Engagement	• Does the state Medicaid and/or public health agency routinely engage external stakeholders in discussions about expanding healthcare coverage and delivery of evidence-based preventive services? • What stakeholders are crucial to engage early in order to make payment policy changes and increase the utilization of covered services (i.e., providers and health plans)?
H. Feasibility	• How many 6|18 conditions and interventions can be addressed at this time? • What would a realistic implementation timeframe look like for each condition chosen?

Planning and Next Steps

If the decision is made to implement 6|18 interventions for one or more of the six conditions through a cross-agency partnership, the experience of Year 1 state teams demonstrated that the Medicaid/public health team may benefit from the development of an action plan.

Information collected in the **Information Gathering Tool** was utilized at this kickoff meeting and integrated into the action plan as it contained information about the current uptake of 6|18 interventions, external stakeholders to engage, and likely next steps. This preliminary action plan was further refined with subsequent reviews and meetings. An action plan template is available for teams to use in the **Resource Center for Implementing CDC's 6|18 Initiative**, a Center for Health Care Strategies website developed with support from the Robert Wood Johnson Foundation.

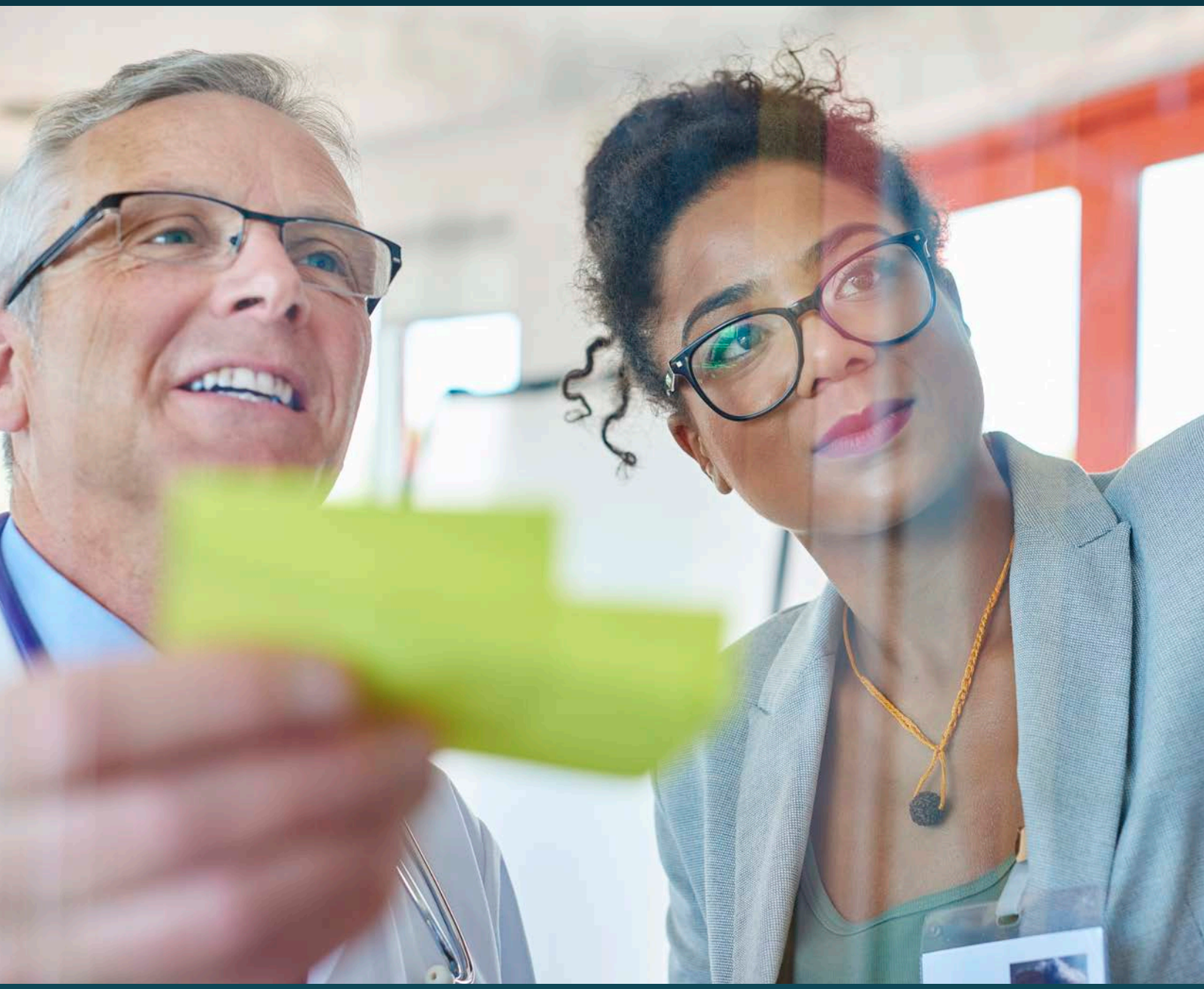
After the kickoff meeting and for the duration of the project, the team benefited from meeting in person or virtually on a regular basis to ensure coordination and progress toward activities and next steps. Meetings that are more frequent may be necessary in the early stages of this work, whereas meetings could be scheduled on a less frequent basis as the work progresses depending on activities and other priorities.

ASTHO is available to help state teams use this tool and answer questions. Please contact **CPHS@astho.org** with "6|18 Tool" in the subject line. In addition, 6|18 national partners have created online resources that can be used to inform future state teams' activities:

KEY 6|18 ONLINE RESOURCES

- About CDC's 6|18 Initiative
- CDC's 6|18 Initiative: State Medicaid Agency Activities
- Resource Center for Implementing CDC's 6|18 Initiative, a Center for Health Care Strategies website developed with support from the Robert Wood Johnson Foundation.

Several other resources are listed in the **Information Gathering Tool**. Access to CDC and CMS subject matter experts and information about 6|18 Year 1 and Year 2 Medicaid state team activities are available upon request. Other 6|18-related questions may be sent to: **sixeighteen@cdc.gov**.



CDC'S 6|18 INITIATIVE
Information Gathering Tool

Information Gathering Tool

Each section of this tool corresponds with key considerations noted in Table 2. This tool uses asthma, tobacco, and unintended pregnancy as examples since the Year 1 cohort focused on these three conditions; however, the questions in this tool can also be adapted for other 6|18 conditions.

A. LEADERSHIP AWARENESS AND SUPPORT

Are the Medicaid director and state health official aware of 6|18? Do you have their support? Materials that were found to be helpful include a 6|18 overview, state health outcomes, and summaries of current work as it relates to 6|18 interventions for their review, some of which can be collected by completing this tool. Additional resources are available on CDC's **6|18 Initiative website**.

Notes:

6|18 TIP 1

It may take more than one conversation with your Medicaid director or state health official to gain support. An initial conversation about what 6|18 is can help set the foundation. Refer to Table 1 to describe what expertise each agency can bring to the team and how partnership can be beneficial to both agencies. Additional evidence gathered through this tool (e.g., shared priorities and opportunities) can help answer other questions and help make a strong case for implementing 6|18 in subsequent conversations.

B. ALIGNMENT WITH STATE HEALTH TRENDS AND/OR PRIORITIES

1. **What are the top five health needs among the general population in your state? What are the top five health needs among the Medicaid population in your state?**

General population:

Medicaid population:

6|18 TIP 2

Review existing reports, surveys, and measures to gather information on your state's health needs.

- Most state health agencies have a State Health Improvement Plan or state health assessments available. Medicaid agencies may also produce annual reports that can provide information on health needs.
- Public health surveillance data is available from several sources, such as the **Behavioral Risk Factor Surveillance System** and the **Pregnancy Risk Assessment Monitoring System**.
- CDC compiled **chronic disease indicators** for each state and created guides for **tobacco** and **asthma** quality measures.
- CMS collects information on Medicaid **quality of care for performance measurement** to measure the degree to which evidence-based treatment guidelines are followed, where indicated, and assess the results of care.
- Other quality measures to use include the **Healthcare Effectiveness Data and Information Set** measures and those identified by the HHS Office of Population Affairs for **contraception care**.

2. What are the top 10 health-related cost drivers in the general population in your state? What are the top 10 health-related cost-drivers in the Medicaid population in your state?

General population:	**Medicaid population:**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6|18 TIP 3

Evidence that reflects current costs resulting from these conditions and potential cost-savings or cost-avoidance from the interventions is critical when gathering leadership support for 6|18. To start, supporting overall cost evidence of 6|18 interventions can be found on the **6|18 website**.

However, it is helpful to share state-specific information. An example of state-specific information may be available state data to calculate impact on the state overall and the Medicaid population with the help of an actuary or other data staff. Several tools are available from CDC and other organizations to calculate costs and disease burden, including CDC's **Chronic Disease Calculator**, a downloadable tool that provides state-level estimates of medical expenditures and absenteeism costs for a number of chronic diseases.

Other resources are available to help make the business case for different interventions, such as the **Making the Business Case for Smoking Cessation Tool** from America's Health Insurance Plans, the Asthma Community Network's **resources**, and ASTHO's **return on investment tool**.

Gathering evidence from current programs related to 6|18 on costs can help make the case for further action. Consider using tools such as ASTHO's **Immediate Postpartum LARC State Monitoring Tool**.

For specific Medicaid costs, consulting past Medicaid reports and connecting with Medicaid actuarial or data staff is a helpful first step.

3. Do the conditions prioritized in 6|18 align with any of the answers to Questions #1 and #2 in this section? Check all that apply.

☐ Reduce tobacco use ☐ Control asthma ☐ Prevent unintended pregnancy

☐ Control blood pressure ☐ Improve antibiotic use ☐ Prevent type 2 diabetes

CONDITION	HEALTH INDICATORS TO REVIEW (IF AVAILABLE)	
Tobacco use	• Percent of adults who smoke cigarettes • Percent of youth who smoke cigarettes • Percent of pregnant women who smoke cigarettes	• Percent of adult smokers who attempted to quit smoking in the past year • Prevalence of cigarette smoking among self-reported Medicaid enrollees, low-income adults, individuals with serious mental illness, and other sub-groups
Asthma	• Asthma hospitalizations • Emergency department visits for asthma • Socioeconomic disparities in asthma hospitalization or emergency department visit rates	• Missed school or work days • Medication management for people with asthma • Asthma medication ratio
Unintended pregnancy	• Unintended pregnancy rate • Preconception health counseling • Teen pregnancy rate	• Percentage of youth and/or women of reproductive age who used contraception at most recent sexual encounter

4. Does your state have a State Health Improvement Plan (SHIP), a State Innovation Model (SIM) grant, a Delivery System Reform Incentive Payment (DSRIP) waiver, or any other payment and delivery reform vehicle or other priorities described by the governor, state health official, or Medicaid director? Do any of the 6|18 conditions and interventions align with these activities? Use the table below to crosswalk priorities.

HEALTH CONDITION	ALIGNED INITIATIVE	ADDITIONAL NOTES
Example: Tobacco	State Innovation Models	Reducing tobacco use among vulnerable populations is a stated priority in SHIP.
Example: Asthma	Housing authority policy	State housing authority is considering ways to improve housing conditions to reduce asthma.
Example: Unintended pregnancy	Governor interest and supportive position	Potential opportunities for funding and private-public partnerships with governor's support.

C. COVERED BENEFITS AND UTILIZATION

1. **What Medicaid payment policy changes are underway or have been implemented in the state related to these conditions? In order to fill out the crosswalk in Question #2 in this section, the following sources of information have been found to be helpful in planning.**

TYPE OF INFORMATION	WHERE TO LOOK FOR THIS INFORMATION
Funded Projects	• Medicaid and public health staff • State health agency web page • State annual reports • Medicaid waivers
Coverage and Reimbursement Policies	• Medicaid agency staff • Medicaid member handbook • Medicaid managed care plans and contracts • Medicaid member websites and handbooks • Medicaid provider websites and handbooks • Medicaid policy manuals, communication or bulletins • Preferred drug lists/formularies • Relevant Medicaid regulations and legislation • Medicaid state plan amendments • American Lung Association web pages on **asthma** and **tobacco** coverage
Provider Outreach and Utilization	• Medicaid agency staff • Medicaid managed care plans and contracts • Title X program (for unintended pregnancy) • State medical associations (e.g., primary care association) • Federally qualified health centers (FQHCs) • Healthcare quality measures (e.g., National Committee for Quality Assurance and Patient-Centered Medical Home measures)
Public Media and Communication Campaigns	• Public health staff • Promotional materials developed by quitline organization (for tobacco) • Non-governmental and community organizations

2. Which of the 6|18 interventions are not covered by Medicaid fee for service and/or Medicaid managed care? Of those that are covered, do any have low uptake? Use this table to help crosswalk 6|18 with current policies and activities. An example is provided below which can be adapted for other examples.

CONDITION: TOBACCO		
INTERVENTION #1 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.	**State initiatives or programs related to this intervention**	
	Programs	
	Current Policies or Pending Updates	
	Additional Information	
INTERVENTION #2 Remove barriers that impede access to covered cessation treatments, such as cost sharing and prior authorization.	**State initiatives or programs related to this intervention**	
	Programs	
	Current Policies or Pending Updates	
	Additional Information	
INTERVENTION #3 Promote increased utilization of covered treatment benefits by tobacco users.	**State initiatives or programs related to this intervention**	
	Programs	
	Current Policies or Pending Updates	
	Additional Information	

OVERALL ASSESSMENT (SELECT ONE):

- ○ State has not implemented any of the 6|18 interventions or a limited set.
- ○ State has implemented some, but not all, of the 6|18 interventions related to this condition, or uptake is low or could be improved in managed care organizations or other health systems.
- ○ State has implemented all the 6|18 interventions and uptake is satisfactory.

ADDITIONAL COMMENTS:

CONDITION:		
INTERVENTION #1	**State initiatives or programs related to this intervention**	
	Programs	
	Current Policies or Pending Updates	
	Additional Information	
INTERVENTION #2	**State initiatives or programs related to this intervention**	
	Programs	
	Current Policies or Pending Updates	
	Additional Information	
INTERVENTION #3	**State initiatives or programs related to this intervention**	
	Programs	
	Current Policies or Pending Updates	
	Additional Information	

OVERALL ASSESSMENT (SELECT ONE):

- ○ State has not implemented any of the 6|18 interventions or a limited set.
- ○ State has implemented some, but not all, of the 6|18 interventions related to this condition, or uptake is low or could be improved in managed care organizations or other health systems.
- ○ State has implemented all the 6|18 interventions and uptake is satisfactory.

ADDITIONAL COMMENTS:

D. POLICY AND PROGRAMMATIC CHANGES

1. **Consider the current covered benefits and uptake described in Section C. Are additional policies or activities needed to improve payment policy and/or increase utilization of the covered services?**

TYPE OF INFORMATION	WHERE TO LOOK FOR THIS INFORMATION
Tobacco	• State plan amendments • Managed care contract changes • Outreach/promotion campaign funding and strategy • Other:
Asthma	• State plan amendments • Managed care contract changes • Outreach/promotion campaign funding and strategy • Other:
Unintended Pregnancy	• State plan amendments • Managed care contract changes • Outreach/promotion campaign funding and strategy • Other:
Other 6|18 Condition:	• State plan amendments • Managed care contract changes • Outreach/promotion campaign funding and strategy • Other:

2. **Year 1 state teams engaged managed care organizations to improve uptake of 6|18 interventions in several ways. What options should your team consider? Select all that apply below.**

☐ Survey of current internal practices and programs related to 6|18 interventions.

☐ Managed care contract changes.

☐ Clarification of current reimbursement policies via guidance or updated manual.

☐ Meeting(s) with managed care organization medical directors or other stakeholders to share evidence on 6|18 interventions and encourage uptake.

☐ Other _____

E. TEAM REPRESENTATION AND EXPERTISE

1. **Which individuals or champions within your state's Medicaid and public health agencies would be critical to engage early in the 6|18 planning process? It is recommended to have at least one representative from each agency serve as lead for either all the 6|18 activities at large or based on each condition.**

NAME	TITLE	ORGANIZATION/DEPARTMENT

2. **Who would be critical members of a 6|18 team? Examples include:**

	NAME
Chronic disease director	
Reproductive health director	
Chief medical officer	
Medicaid medical director	
Medicaid policy analyst	
Medicaid benefits and contracts specialist	
Medicaid quality improvement specialist	
Behavioral health expert	
Other public health representative	
Evaluation or data expert (from Medicaid and/or public health agency)	
Legal expert (from Medicaid and/or public health agency)	
Health economist or actuary	
Other	

6|18 TIP 4

Different types of staff, such as policy analysts, data analysts, evaluation experts or outreach coordinators, may be needed at different parts of the 6|18 journey. Think about how staffing needs might ebb and flow, as well as what staff you need to help get started with 6|18.

F. CAPACITY AND RESOURCES

1. **Medicaid and public health agency staff often have competing priorities. Given their other responsibilities, do the required staff assigned to this work have time available? Select all that apply below.**

- ☐ Chronic disease director
- ☐ Reproductive health director
- ☐ Chief medical officer
- ☐ Medicaid medical director
- ☐ Medicaid policy analyst
- ☐ Medicaid benefits and contracts specialist
- ☐ Medicaid quality improvement specialist
- ☐ Behavioral health expert
- ☐ Other public health representative
- ☐ Evaluation or data expert (from Medicaid and/or public health agency)
- ☐ Legal expert (from Medicaid and/or public health agency)
- ☐ Health economist or actuary
- ☐ Other _____

6|18 TIP 5

Predicting how much Medicaid and public health agency staff time will be needed to implement different 6|18 interventions can vary depending on the number of interventions and/or conditions chosen. Team members should each expect to spend at least 4-5 hours per month to implement one to two strategies for a condition.

2. **What other resources are needed to implement 6|18? Suggested resources include:**

Funding for resources and materials development

Available? ○ Yes ○ No

Funding for training and other provider outreach activities

Available? ○ Yes ○ No

Other _____

Available? ○ Yes ○ No

G. STAKEHOLDER ENGAGEMENT

1. **Medicaid and public health agencies often work with different groups—either in partnerships or through contractual relationships. Which types of stakeholders does the state Medicaid and/or public health agency routinely engage in discussions about expanding healthcare coverage and delivery of evidence-based preventive services? Which types of external stakeholders would the state like to engage in 6|18?**

6|18 TIP 6

Providers and managed care organizations are key stakeholders in 6|18 as they directly impact the utilization of 6|18 services and can provide critical insights on how to address barriers in workflow and other processes that limit uptake. Consider how to engage these groups early on in your 6|18 journey.

CATEGORY	STAKEHOLDER	CURRENTLY ENGAGED?	ENGAGE IN 6|18?	NOTES
Providers	Healthcare professionals (e.g., primary care, behavioral health providers, specialty care)	○ Yes ○ No	○ Yes ○ No	
	Health systems	○ Yes ○ No	○ Yes ○ No	
	FQHCs	○ Yes ○ No	○ Yes ○ No	
	Provider associations (e.g., primary care, specialty care such as OB-GYNs)	○ Yes ○ No	○ Yes ○ No	
	Hospital associations	○ Yes ○ No	○ Yes ○ No	
Payers	Managed care organizations	○ Yes ○ No	○ Yes ○ No	
	Private payers	○ Yes ○ No	○ Yes ○ No	
Others	Academic institutions	○ Yes ○ No	○ Yes ○ No	
	Non-profit organizations	○ Yes ○ No	○ Yes ○ No	
	Local health departments	○ Yes ○ No	○ Yes ○ No	
	Local foundations	○ Yes ○ No	○ Yes ○ No	
	Other (please specify) _____	○ Yes ○ No	○ Yes ○ No	

2. **Which individuals or champions representing external organizations or stakeholders would be critical to engage early in the planning of 6|18 and/or should be invited to participate on the 6|18 team? Examples can include representatives from Medicaid health plans, academic institutions, community organizations, etc.**

NAME	TITLE	ORGANIZATION/DEPARTMENT

3. What opportunities or forums exist to engage stakeholders in order to gain support for 6|18? Select all that apply.

- ☐ Licensing board meetings
- ☐ Recurring meetings with health systems, managed care organizations, etc.
- ☐ Association convenings
- ☐ Coalition and other external meetings
- ☐ Other _____

4. FEASIBILITY

1. **If multiple 6|18 conditions are of interest, which conditions should be prioritized? Are there potential synergies with work currently being done? Consider what is feasible within the current context.**

   Notes:

2. **What other types of resources will your team need? Some examples are case studies from other 6|18 states, sample state plan amendment language, data analyses, sample surveys or instruments to assess current practices in managed care organizations, and communication materials.**

   Notes:

3. **Based on experiences with Year 1 state teams, coverage and utilization of 6|18 strategies can take up to a year or more. Based on the conditions and strategies that are of interest to your team, what is a realistic timeline and rationale for the team to complete these activities?**

   ○ In three months ○ In six months ○ In one year ○ After one year

   Rationale:

6|18 TIP 7

Evidence summaries for each 6|18 condition can be found on CDC's **6|18 Initiative website**. Check out these related resources to help plan your 6|18 project.

Reduce tobacco use

- **Tobacco Control Network** is a forum comprised of tobacco control program managers and additional staff from each U.S. state, territory, and the District of Columbia to foster collaboration and communication among state programs.
- **North American Quitline Consortium** created a toolbox for expanding Medicaid benefits and gaining reimbursement for quitlines.
- **American Lung Association** created resources related to health insurance coverage for tobacco cessation.

Control asthma

- National Center for Healthy Housing's Asthma Community Network has numerous resources to support in-home services for asthma, such as an **eLearning platform** and **financing microsite**.
- American Lung Association's **Asthma Care Coverage Initiative** works to increase awareness about the importance of and coverage for guidelines-based care.

Prevent unintended pregnancy

- ASTHO's **Increasing Access to Contraception Learning Community** created several resources, such as **nine focus areas for success** and **monitoring tools**.

4. **When considering how to implement 6|18, think about how to implement 6|18 interventions in a way that is sustainable. For example, relying on one-time funding from the state budget to implement an asthma home intervention program could create instability should the funding not continue past the budget cycle. Further, evaluating the impact of 6|18 has been shown to help demonstrate the importance of sustaining 6|18 interventions to decisionmakers. How is your team thinking about and planning for sustainability?**

   Notes: