CDC'S 6 18 INITIATIVE

Accelerating Evidence into Action



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 aligns evidence-based preventive practices with emerging value-based payment and delivery models.

HIGH-BURDEN HEALTH CONDITIONS AND EVIDENCE-BASED INTERVENTIONS

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



- Increase access to tobacco cessation treatments, including individual, group, and telephone counseling, and Food and Drug Administration-approved cessation medications (in accordance with the 2008 Public Health Service Clinical Practice Guidelines and the 2015 U.S. Preventive Services Task Force recommendations).
- Remove barriers that impede access to covered cessation treatments, such as cost-sharing and prior authorization.
- Promote increased use of covered treatment benefits by tobacco users.



- Implement strategies that improve adherence to anti-hypertensive and lipid-lowering prescription medications via expanded access to:
 - low cost medication copayments, fixed dose medication combinations, and extended medication fills;
 - innovative pharmacy packaging;
 - improved care coordination using standardized protocols, primary care teams, medication therapy management programs, and self-monitoring of blood pressure with clinical support.
- Provide home blood pressure monitors to patients with high blood pressure and reimburse for the clinical support services required for selfmeasured blood pressure monitoring.



IMPROVE ANTIBIOTIC USE

- Require antibiotic stewardship programs in all hospitals and skilled nursing facilities, in alignment with CDC's Core Elements of Hospital Antibiotic Stewardship Programs and The Core Elements of Antibiotic Stewardship for Nursing Homes.
- Improve outpatient antibiotic prescribing by incentivizing providers to follow CDC's Core Elements of Outpatient Antibiotic Stewardship.



CONTROL ASTHMA

- Use the 2007 National Asthma Education and Prevention Program as clinical practice guidelines.
- Promote strategies that improve access and adherence to asthma medications and devices.
- Expand access to intensive self-management education by licensed professionals or qualified lay health workers for patients whose asthma is not well-controlled with medical management.
- Expand access to home visits by licensed professionals or qualified lay health workers to provide intensive self-management education and reduce home asthma triggers for patients whose asthma is not well-controlled with medical management and self-management education.



PREVENT UNINTENDED PREGNANCY

- Reimburse providers for the full range of contraceptive services (e.g., screening for pregnancy intention; counseling; insertion, removal, replacement, or reinsertion of longacting reversible contraceptives, and follow-up) for women of childbearing age.
- Reimburse providers for the actual cost of FDA-approved contraceptive methods.
- Unbundle payment for long-acting reversible contraceptives from other postpartum services.
- Remove administrative barriers to receipt of contraceptive services (e.g., pre-approval step therapy restriction, barriers to high acquisition and stocking costs).



PREVENT TYPE 2 DIABETES

Expand access to the National Diabetes
 Prevention Program, a lifestyle change
 program to prevent or delay onset of
 type 2 diabetes.

For the latest information on CDC's 6|18 Initiative visit: www.cdc.gov/sixeighteen or email sixeighteen@cdc.gov

