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Working with the CDC on Preventive Care as a Public Health Initiative

By Rebecca Owen

Members from the Society of Actuaries (SOA) participated in a convening of state Medicaid programs in February as part of the Centers for Disease Control and Prevention's (CDC's) 6|18 Initiative. The CDC initiative targets six common and costly health conditions and 18 proven specific interventions. I attended the meetings in Atlanta, along with SOA members Greg Fann, FSA, MAAA, principal at Mercer; Jeremy Palmer, FSA, MAAA, principal and consulting actuary at Milliman; and Jaredd Simons, ASA, MAAA, senior associate at Mercer. The meeting focused on evidence-based interventions related to controlling asthma, reducing tobacco use and preventing unintended pregnancies. The CDC and the meeting attendees discussed barriers to implementation, strategies to support interventions, and opportunities to engage with health care providers for implementation.

The meeting included state Medicaid program representatives from Colorado, Massachusetts, Louisiana, Minnesota, New York, Rhode Island, Michigan and South Carolina. Some states, such as Colorado and Massachusetts, presented the results of long-standing programs to prevent pregnancies or manage asthma. Other attendees were looking for guidance in formulating programs. There was strong guidance and support from the CDC on the methods that demonstrated success.

It was gratifying to be included in the group of researchers, policymakers, clinicians, advocates and other public health experts as they worked collaboratively to address these public health concerns. The meeting was clearly and definitely focused on the public health benefits of reducing tobacco use, controlling asthma, and, most particularly, preventing pregnancies, and there were several instances when the actuarial group had a chance to offer contributions that were constructive and insightful. The CDC has developed a model that estimates the medical cost savings from removing barriers and increasing access to long-acting reversible contraceptives (LARCs). The model, which will be available publicly, estimated the number of avoided pregnancies and the costs that would be avoided due to the widespread use of LARCs. The actuaries discussed how the costs and benefits of this intervention would accrue to the different stakeholders in the system.

Another area where actuarial input was helpful was understanding how Medicaid drug rebates would be helpful in reducing the cost of supplying preventive medications as a part of any intervention program.

In the future, SOA staff and volunteers will be included in other meetings convened to formalize the specific and actual programs that states adopt to address the 6|18 topics in Medicaid programs, as well as demonstration projects with commercial payers. Actuarial interactions will vary from participating in discussions on existing program designs to joint research work with CDC scientists to develop models for estimating the value of these interventions.

Actuaries who are interested in being involved in public service opportunities such as this are encouraged to contact Joe Wurzburger at the SOA.

The following information about the 6|18 initiative is quoted from the CDC site.

THE 6|18 INITIATIVE: ACCELERATING EVIDENCE INTO ACTION

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.

By 6|18, we mean that we are targeting **six** common and costly health conditions—tobacco use, high blood pressure, health care–associated infections, asthma, unintended pregnancies, and diabetes—and **18** proven specific interventions that formed the starting point of discussions with purchasers, payers, and providers.

The interventions:

Tobacco Use

Expand access to evidence-based tobacco cessation treatments including individual, group, and telephone counseling and all Food and Drug Administration (FDA)-approved cessation medications (in accordance with the 2008 Public Health Service Clinical Practice Guidelines).

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.

High Blood Pressure

Promote strategies that improve access and adherence to antihypertensive and lipid-lowering medications.

Promote a team-based approach to controlling hypertension (e.g., physician, pharmacist, community health worker, and patient teams).

Provide access to devices for self-measured blood pressure monitoring (SMBP) for home use and create individual, provider, and health-system incentives for compliance and meeting 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 medical management following the 2007 National Asthma Education and Prevention Program guidelines (NAEPP 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 the 2007 National Asthma Education and Prevention Program (the NAEPP 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 the 2007 National Asthma Education and Prevention Program (NAEPP 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 childbearing age.

Reimburse providers or provider 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 long-acting reversible contraceptives (LARC) by unbundling payment for LARC from other postpartum services.

Remove administrative and logistical barriers to LARC contraception (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 (the National DPP), 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. ■

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