

# Tobacco Cessation Benefits in Medicaid

Improving Utilization and Quality

# Agenda

- I. Cessation coverage in Medicaid
  - Why cessation and cessation coverage matter
  - Required and optional benefits
  - Quality measures and improvement
- II. Promoting cessation benefits: The Wisconsin Covers It campaign
- III. A quality improvement approach to reducing prenatal smoking: Iowa
- IV. Q & A

# Cigarette Smoking Imposes a Major Health and Economic Burden

- Leading preventable cause of premature death in U.S.
  - > 480,000 premature deaths/year
- Smoking accounts for
  - > \$130 billion in direct medical costs/yr.
  - > \$150 billion in lost productivity/yr.
- > 30% of Medicaid enrollees smoke
  - 18% of pregnant women on Medicaid
- An estimated 11% of Medicaid expenditures are due to smoking
  - \$22 billion/year

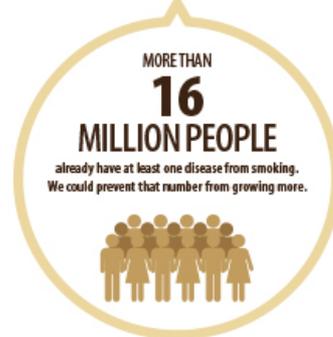
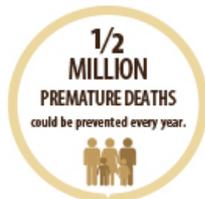
Sources: U.S. Department of Health and Human Services. *The health consequences of smoking – 50 years of progress: A report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2014. CDC. Summary health statistics for U.S. adults: National Health Interview Survey, 2012. *Vital Health Stat* 2013;10(259). CDC. Trends in smoking before, during, and after pregnancy – Pregnancy Risk Assessment Monitoring System, United States, 40 sites, 2000-2010, *MMWR* 2013;62(6). Armour BS, Finkelstein EA, Fiebelkorn IC. State-level Medicaid expenditures attributable to smoking. *Prev Chronic Dis* 2009;6:A84.



# If we could help every smoker quit...

## THE NEXT 50 YEARS

IF WE COULD HELP EVERY SMOKER TO QUIT SMOKING AND KEEP YOUNG PEOPLE FROM STARTING IN THE FIRST PLACE, THE RESULTS WOULD BE STAGGERING.



<http://www.surgeongeneral.gov/library/reports/50-years-of-progress/index.html>

# Cessation Interventions Are Clinically Effective

- Tobacco dependence is a chronic disease
  - Multiple attempts to quit
  - Often requires repeated intervention
- Effective cessation treatments exist:
  - Individual, group, and telephone counseling
  - All seven FDA-approved cessation medications
  - These treatments increase quit rates
  - Counseling & medication is even more effective than either alone
- Quitline counseling
  - Increases quit rates
  - Has broad reach
  - Is effective with diverse populations

Source: Fiore MC, Jaen CR, Baker TB, et al. *Treating tobacco use and dependence: 2008 Update*. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, 2008.

# Cessation Interventions Are Clinically Effective: Medicaid Example

- Massachusetts launched evidence-based cessation benefit in July 2006
- Benefit was heavily promoted
- 37% of MA Medicaid smokers (> 70,000 persons) used benefit
- Smoking rates fell from 38% to 28% in 2 ½ years
- Hospitalizations for heart attacks fell by 46%

Sources: Land T, Warner D, Paskowsky M, et al. Medicaid coverage for tobacco dependence treatments in Massachusetts and associated decreases in smoking prevalence. PLoS ONE 2010;5(3):e9770. Land T, Rigotti NA, Levy DE, et al. A longitudinal study of Medicaid coverage for tobacco dependence treatments in Massachusetts and associated decreases in hospitalizations for cardiovascular disease. PLoS Medicine 2010;7(12):e1000375.

# Cessation Interventions Are Cost-Effective

- Tobacco use treatments are extremely cost-effective relative to other commonly used disease prevention interventions and medical treatments.
- Tobacco use treatment has been referred to as the “gold standard” of health care cost-effectiveness.

Medicaid example:

- MA Medicaid benefit yielded a \$2.12 return for every \$1 invested within 3 years.

Sources: Fiore MC, Jaen CR, Baker TB, et al. *Treating tobacco use and dependence: 2008 Update*. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, 2008. Richard P, West K, Ku L. The return on investment of a Medicaid tobacco cessation program in Massachusetts. *PLoS ONE* 2012;7(1):e29665.

# 2008 Public Health Service Guidelines

Recommended cessation benefit package:

1. Screening for tobacco use; and,
2. For those who use tobacco products, at least two tobacco cessation attempts per year, including:
  - 4 counseling sessions of at least 10 minutes each (including telephone, group, and individual counseling); and
  - All Food and Drug Administration (FDA)-approved tobacco cessation medications for a 90-day treatment regimen when prescribed by a health care provider.

Source: 2008 PHS Cessation Guideline, Fiore MC, Jaen CR, Baker TB, et al. *Treating tobacco use and dependence: 2008 Update*. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, 2008. Available at: <http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/index.html#Clinic>

See also SMDL #11-007: <http://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/SMD11-007.pdf>

# Few Smokers Use Proven Treatments

- 70% of smokers want to quit
- More than half try to quit each year
- Only a third use any evidence-based treatment
- Inadequate cessation coverage is a major barrier to access
  - Makes accessing treatment more expensive and inconvenient
- Smokers may be unaware of their coverage due to lack of promotion

Source: CDC. Quitting smoking among adults—United States, 2001–2010. *MMWR* 2011;60(44):1513-1519. Fiore MC, Jaen CR, Baker TB, et al. *Treating tobacco use and dependence: 2008 Update*. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, 2008.

# Effects of Cessation Coverage

- Covering evidence-based cessation treatments increases quit attempts, use of cessation treatments, and successful quitting.
- More comprehensive state Medicaid cessation coverage appears to be associated with increased quit rates.
- Healthy People 2020 Objective TU-8 calls for increasing comprehensive state Medicaid coverage of cessation treatments.

Sources: Fiore MC, Jaen CR, Baker TB, et al. *Treating tobacco use and dependence: 2008 Update*. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, 2008. Greene J, Sacks RM, McMenamin SB. The impact of tobacco dependence treatment coverage and copayments in Medicaid. *Am J Prev Med* 2014;46(4):331–6. Healthy People 2020 Tobacco Use Objectives. Available at <http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=41>

# Medicaid Cessation Benefits

Eligibility Group	Benefits
Pregnant women	<ul style="list-style-type: none"><li>Section 4107 of the Affordable Care Act amends section 1905 of the Act to require coverage of counseling and pharmacotherapy for cessation of tobacco use by pregnant women</li></ul>
Adults	<ul style="list-style-type: none"><li>Effective January 1, 2014, tobacco cessation drugs are no longer excludable from coverage</li><li>States may cover counseling for all other Medicaid beneficiaries through the benefits categories discussed in more detail below</li></ul>
Adolescents	<ul style="list-style-type: none"><li>Coverage of medically-necessary tobacco cessation services, including both counseling and pharmacotherapy, for children and adolescents, is mandatory under Medicaid's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit</li></ul>
Medicaid Expansion	<ul style="list-style-type: none"><li>Coverage of counseling and pharmacotherapy required as part of the Essential Health Benefit – preventive and wellness services</li></ul>

SMDL #11-007: <http://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/SMD11-007.pdf>

# Medicaid Benefits Categories for Tobacco Cessation Counseling--Adults

- Physician services – (42 CFR 440.50(a))
- Other licensed practitioner services – (42 CFR 440.60(a))
- Preventive services\* – (42 CFR 440.130(c))
- Rehabilitative services\* – (440.130(d))

\* Preventive and rehabilitative services are benefits that do not require practitioners to be licensed. States may establish the specific qualifications for practitioners/counselors under these provisions.

# Tobacco Cessation on Medicaid.gov

Medicaid.gov  
Keeping America Healthy

Stay Connected Print Website Feedback

Home > Medicaid > By-Topic > Benefits

**Medicaid**

By-Topic

Eligibility

**Benefits**

Cost Sharing

Waivers

Long Term Services and Supports

Delivery Systems

Quality of Care

Data and Systems

Outreach and Enrollment

Program Integrity

Financing and Reimbursement

Childrens Health

## Tobacco Cessation

Cigarette smoking is one of the greatest drivers of adverse health outcomes and costs for state Medicaid programs. By investing in comprehensive tobacco cessation programs, states have reduced smoking rates and health care costs and have improved health outcomes. Tobacco treatment is one of the most cost-effective preventive services with as much as a \$2-\$3 return on every dollar invested. CMS encourages our state partners to pursue these outcomes by:

- Using Medicaid administrative funding to enhance quitlines;
- Implementing mandatory coverage of tobacco cessation counseling for pregnant women and providing cessation services for all other Medicaid beneficiaries; and
- Ensuring coverage of all FDA-approved tobacco cessation medications.

**37%**  
OF ADULTS ENROLLED IN MEDICAID SMOKE

**Featured Resources:**

- » SMDL –[Coverage of Tobacco Cessation](#)
- » Info Bulletin: [Quitline Claiming](#)
- » [Affordable Care Act Prevention Provisions](#)
- » [Medicaid Prevention](#)

Learn More:

- [BeTobaccoFree.gov](#)
- [smokefree.gov](#)
- [Million Hearts](#)
- [Surgeon General's Report on Smoking and Tobacco Use](#)

<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Tobacco.html>

# Quality measurement

- The [2014 Adult Core Set](#) was released in January 2014
- Voluntary state reporting begins in 2014
- Public reporting will begin in 2015
- The Adult Core Set includes NQF#0027, Medical Assistance with Smoking and Tobacco Use Cessation
- TA Mailbox: [MACQualityTA@cms.hhs.gov](mailto:MACQualityTA@cms.hhs.gov)
- For more information:  
<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Adult-Health-Care-Quality-Measures.html>



# Additional technical assistance

- The Center for Medicaid and CHIP Services will provide additional technical assistance to states aiming to improve utilization and quality of cessation benefits
  - Exchange with other states
  - Expertise from CDC and NIH
  - Link with other TA, including quality measure reporting and quality improvement
- Contact: [MedicaidCHIPPrevention@cms.hhs.gov](mailto:MedicaidCHIPPrevention@cms.hhs.gov)

# You Can Afford to Quit: Medicaid Covers It

## Evaluation of a Campaign to Promote Use of the Wisconsin Medicaid Tobacco Dependence Treatment Benefits

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# Introduction

- Most state Medicaid programs cover at least one smoking cessation treatment, but utilization rates are very low.
- Utilization is influenced by awareness of its availability and understanding of coverage components.
- From 2005 to 2007, Wisconsin “Medicaid Covers It!” examined whether a targeted educational campaign would improve smoking cessation treatment utilization among Medicaid members.
- Both clinicians and members were targeted.

# Background

- Smoking among adult Medicaid members is higher than the adult population as a whole.
  - Nationally: approximately 33% of Medicaid members smoke
  - 2008 Wisconsin Medicaid/Badgercare smoking rate (BRFSS): 27.3%
    - 2008 Wisconsin adult smoking rate: 19.8%

Reference: Wisconsin Department of Health Services, 2008; Pleis et al., Vital Health Stat., 2007.

# Wisconsin Medicaid Cessation Coverage Components in 2005

- Individual counseling provided by clinician (not group, telephone, or web-based counseling)
- Medications: patch, gum, nasal spray, inhaler, bupropion SR, varenicline, combination therapy
- Written prescription is required from a Medicaid-certified provider for all medications (including OTC)
- Co-pays: \$3 (brand name medication), \$1 (generic medication), \$0.50 (OTC medication)
- Repeated courses of treatment allowed

# Medicaid Benefit Utilization

- Few Medicaid members used the benefit in the past (less than 2% in 2001).
- Wisconsin Medicaid members often report they are not aware of treatments and coverage available to them.
- And, many clinicians and health plans are unclear about benefits.
  - Benefit changes (e.g., changes on the formulary, counseling no longer required in order to receive medications)

# “Medicaid Covers It” - Purpose

- Increase utilization of Wisconsin smoking cessation benefits among Wisconsin Medicaid members.

# “Medicaid Covers It” Goals

- Increase awareness that Medicaid covers tobacco dependence treatments among clinicians and health systems
- Dispel myths
- Increase consumer demand for treatment
- Increase usage of these treatments by Medicaid members

# Campaign Development

- Anecdotal reports indicated a need (providers not aware of Medicaid benefit, or have misinformation, members not using it)
- Reviewed literature, talked with other states to obtain more information
- Conducted key informant interviews with diverse stakeholders to evaluate need (clinicians, health plans, Medicaid program)
- Collaborated to identify gaps and create messages and materials
- Campaign piloted, changes made, final campaign launched October 2006

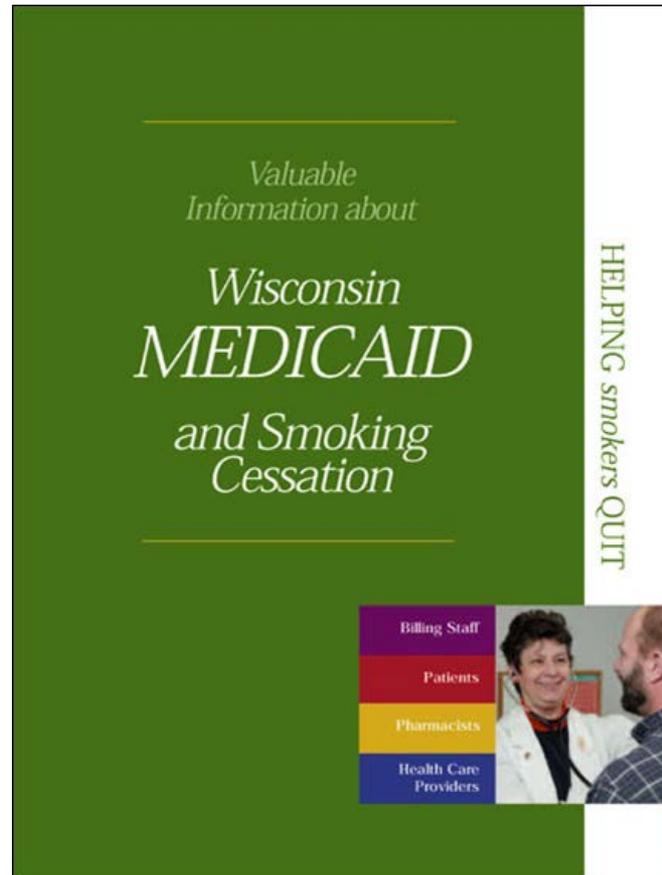
# Communication Messages

- To Providers (health plans and clinicians):  
“Wisconsin Medicaid has Changed its Tobacco Cessation Coverage: Now it is Simpler, Better”
  - Medicaid covers tobacco dependence treatment medications and counseling (plus detailed information re: writing scripts, coding, etc.)
- To Consumers: “If you are a Medicaid Member, You Can Afford to Quit”

# Communication Materials

- In Briefs: Individual, targeted pieces for healthcare providers, pharmacists, mental health and substance abuse counselors and staff (dispel myths, provide new information)
- Laminated reminder sheet for healthcare providers
- PowerPoint slides (sets for primary care and mental health/substance abuse counselors)
- Articles for newsletters
- Brochures and posters for patients in English and Spanish (You Can Afford to Quit!)

# Medicaid and Tobacco Cessation For Clinicians



# Medicaid and Tobacco Cessation For Clinicians

## INBrief Information for Pharmacists Medicaid and Tobacco Dependence Treatment



**Wisconsin MEDICAID Changes – Simpler, Better**  
Changes in Medicaid, BadgerCare, and SeniorCare have made treating tobacco users easier. Medicaid now covers all prescription medications and “legend nicotine patches.”

### Did You Know?

- Patients **do not** need to be enrolled in a tobacco dependence treatment counseling program to receive medication. This means that the physician does not need to document counseling on the prescription.
- Wisconsin Medicaid now covers combination therapy (more than one medication used at the same time, like bupropion plus the nicotine inhaler).
- Repeated courses of tobacco dependence treatment medications are allowed.

### Covered Medications

Medicaid, BadgerCare and SeniorCare cover the following:

- Bupropion SR
- Varenicline (Chantix)
- Nicotine replacement therapy—the inhaler, nasal spray and patch (written as “legend nicotine patch”)
- Combination therapy (more than one medication at one time): nicotine patch and another nicotine replacement therapy or bupropion plus a nicotine replacement therapy, for example.

Not normally covered: Nicotine gum, lozenges, OTC nicotine patch. Some HMOs cover additional medications. Questions? Contact the health plan for clarification.

### Of Special Note

- Medications for tobacco dependence treatment are diagnosis restricted.
- Pharmacists must include an appropriate diagnostic code – for example, the ICD-9 code (305.1) Tobacco Use Disorder – on the claim they submit to the State of Wisconsin Medicaid program.
- If the medication is prescribed for reasons unrelated to tobacco use, the pharmacist must comply with prior authorization guidelines from the Wisconsin Medicaid program.

### Did You Know?

- Chances of quitting successfully are four times higher with medication and counseling.
- The Wisconsin Tobacco Quit Line provides free, individualized counseling for patients before, during and after the quit date.
- Patients can call 1-800-QUIT-NOW toll-free anywhere in Wisconsin.

Questions? Contact: [www.dhs.wisconsin.gov/medicaid](http://www.dhs.wisconsin.gov/medicaid) or call 800-947-9637  
Prepared by the Center for Tobacco Research and Intervention, UW School of Medicine & Public Health

Pharmacists

## INBrief Information for Health Care Providers Medicaid and Tobacco Dependence Treatment



**Wisconsin MEDICAID Changes – Simpler, Better**  
Changes in Medicaid, BadgerCare, and SeniorCare have made treating tobacco users easier. Medicaid now covers all prescriptions and office visits for the purpose of tobacco dependence treatment.

### This Means . . .

- Patients **do not** need to be enrolled in a tobacco dependence treatment counseling program to receive medication.
- You **do not** need to document counseling on the prescription.
- Wisconsin Medicaid now covers combination therapy for smokers (more than one medication used at the same time, like bupropion plus the nicotine inhaler).
- Repeated courses of tobacco dependence treatment are allowed.

### Reimbursement

- Office visits for the sole purpose of tobacco dependence treatment do not require prior authorization for reimbursement.
- Use the ICD-9 code (305.1) plus 99201-99205 for new patients and 99211-99215 for established patients.
- Treatment can be provided by any Medicaid-certified physician, nurse practitioner or physician assistant, supervising physician.
- Group therapy, telephone and web-based counseling are not covered. HMO enrollees may have access to an on-going counseling program through their HMO.

### Covered Medications

Medicaid, BadgerCare and SeniorCare cover the following:

- Bupropion SR
- Varenicline (Chantix)
- Nicotine replacement therapy—the inhaler, nasal spray and patch (written as “legend nicotine patch”)
- Combination therapy (more than one medication at one time): nicotine patch and another nicotine replacement therapy, for example.
- Enrollment in smoking dependence treatment counseling programs is no longer required.



### Did You Know?

- Adult smoking among Wisconsin Medicaid recipients is 50 percent higher than the adult population as a whole.
- Wisconsin Medicaid recipients are often not aware of treatments available to them.
- Chances of quitting successfully are four times higher with medication and counseling.
- The Wisconsin Tobacco Quit Line (1-800-QUIT-NOW) provides free, individualized counseling for patients before, during and after the quit date.

Questions? Contact: [www.dhs.wisconsin.gov/medicaid](http://www.dhs.wisconsin.gov/medicaid) or call 800-947-9637  
Prepared by the Center for Tobacco Research and Intervention, UW School of Medicine & Public Health

Health Care Providers

# Medicaid and Tobacco Cessation

## Member ad - Spanish

Tú puedes lograr dejar de fumar.

**Medicaid te ayuda.**

Medicaid, BadgerCare y SeniorCare — todos cubren el costo de medicamentos de prescripción para dejar de fumar.

Pregunte a su médico sobre cómo dejar de fumar.



0000 0000 0000 0000  
ID No. 1234567890  
JOHN Q. SAMPLE

Medicaid lo cubre.

Patrocinado por el Centro para la Investigación de Tabaco e Intervención de la Universidad de Wisconsin

## Member ad - English

You can afford to quit smoking.

**Medicaid can help.**

Medicaid, BadgerCare & SeniorCare — all cover the cost of prescription medicines for quitting smoking.

Ask your doctor about quitting.



0000 0000 0000 0000  
ID No. 1234567890  
JOHN Q. SAMPLE

Medicaid covers it.

Produced by the University of Wisconsin Center for Tobacco Research and Intervention

# Medicaid and Tobacco Cessation For Members

**Quitting is hard** **Coaching helps**

*If you want to quit smoking, you're not alone.*

- Most smokers want to quit, but quitting is hard.
- It's not a matter of "will power." And it's not just a bad habit.
- It's an addiction that can be treated.
- What does help is medicine and coaching from someone who knows about quitting.
- But, medicines are expensive.
- The good news is that Medicaid (and BadgerCare and Senior-Care) pays for most medicines.\*

**Talk with your doctor about quitting and getting medicines to help you quit.**

\* Some Medicaid waiver programs do not cover smoking dependence treatment.

**What is coaching?**

- Coaches can tell you how to avoid the things that make you want to smoke (like your first cup of coffee in the morning).
- Coaches at the Wisconsin Tobacco Quit Line know how to help you be successful in quitting.
- They will call you with support on days that you choose, like the day you quit.
- Or, you can call them when you are stressed out about quitting.
- The Quit Line also has lists of local programs that can help you.

**Call the Quit Line at 1-800-QUIT-NOW. It's free and confidential.**

**WISCONSIN TOBACCO QuitLine 800-QUIT-NOW**

**You can afford to quit smoking ... Medicaid covers it.**




**Línea para dejar de fumar**

**WISCONSIN TOBACCO QuitLine 800-QUIT-NOW**

**Números totalmente gratis**  
**1-877-2NO-FUME (español)**  
**1-877-777-6534 (TTY para sordos)**

**Horario de la línea para dejar de fumar**  
**7AM a 11PM todos los días**  
 Si llama a otras horas, sólo deje un mensaje y nosotros le llamamos en dos días hábiles.

Intérpretes para idiomas además del Español están disponibles, incluyendo Hmong.

**Tú puedes lograr dejar de fumar**

**Forward**  
 0300 0300 0300 0300  
 ID No. 123456789  
 JOHN Q. SAMPLE

**Medicaid lo cubre.**



# Evaluation Methods

- Study period: October 1, 2005 - December 31, 2007
- Quasi-experimental design – A comparison of:
  - Adult Wisconsin Family Medicaid HMO members (intervention group)
  - Adult Wisconsin Family Medicaid fee-for-service (FFS) members (comparison group)

# Evaluation Methods (continued)

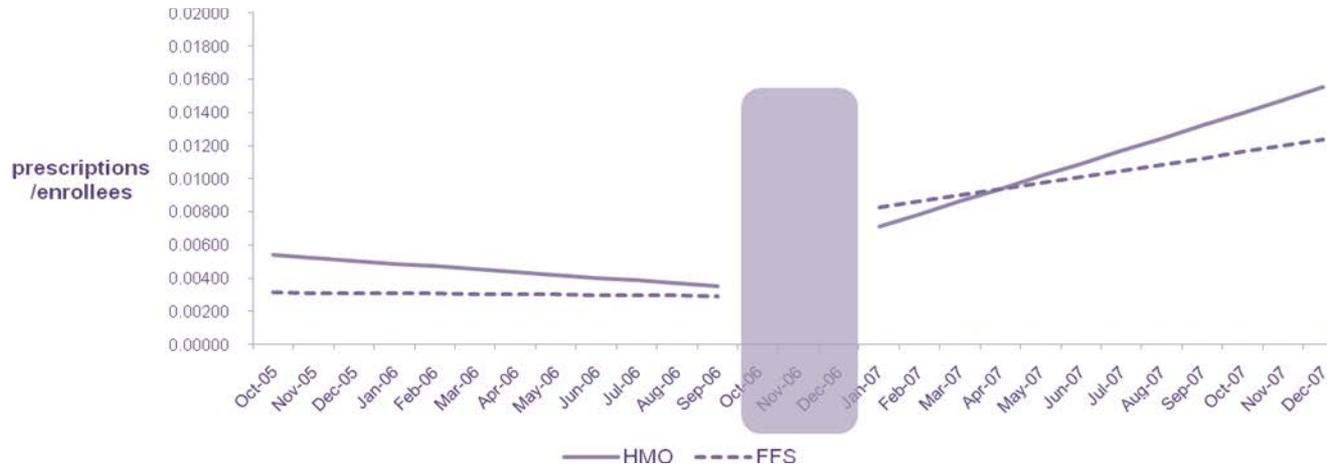
- Data sources
  - Medicaid claims data
    - Limited demographics (average age, % female)
    - Number of smoking cessation pharmacotherapy claims
      - Nicotine patch, nicotine gum, nicotine nasal spray, nicotine inhaler, Zyban<sup>®</sup>, varenicline
  - Wisconsin Tobacco Quit Line data
    - Monthly number of callers registering for services
    - Medicaid, non-Medicaid, uninsured

# Enrollee Characteristics (2005-2007)

Enrollee Characteristic	HMO	Fee-For-Service	P value
Average monthly enrollment	120,862.8	49,006.7	<0.001*
Average age	31.2	32.5	0.06
% female	74.6	70.9	0.04*
Average months of continuous enrollment	15.3	24.6	<0.001*

\*Statistically significant,  $p < 0.05$

# Pharmacotherapy Claims



- Pre-campaign: decline in claims for intervention group, and slight increase in claims for comparison group ( $p = 0.03$ )
- Post-campaign: increases in claims seen in both groups; the rate of increase in the intervention group significantly greater than in the comparison group ( $p = 0.04$ )

# Population Impact

- Analyzed changes in pharmacotherapy claims for the estimated number of adult smokers in the Wisconsin Family Medicaid Program (HMO and fee-for-service).
- Claims increased from 1.5% of adult smokers at the beginning of the campaign to 4.4% at the end of the follow-up period.

# Quit Line Registrations

- Statistically significant increase in average monthly Wisconsin Tobacco Quit Line registrations among Medicaid members post-campaign (59.4 vs. 93.4,  $p = 0.01$ )
  - We were unable to differentiate between Medicaid HMO members and Medicaid fee-for-service members

# Limitations

- No data on physician counseling claims were analyzed
- Pharmacotherapy use may be conservatively estimated as bupropion was excluded from analysis (lack of diagnostic information to differentiate prescriptions for smoking cessation vs. depression)
- Varenicline became available during the study period (approved May 2006) and may have affected subsequent prescribing rates
- Wisconsin Tobacco Quit Line callers are asked about their insurance status, but not all callers agree to provide this information

## Limitations (continued)

- Health plans may have engaged in other quality improvement activities about tobacco use that we were unable to measure
- In early 2007, Wisconsin Medicaid Program launched a “pay for performance” initiative for Medicaid HMO’s – may have influenced later results for some HMOs
- Other external policy factors may have obscured HMO-specific changes (e.g., local clean indoor air ordinances)

# Conclusions – “Medicaid Covers It!”

- This campaign appears to have contributed to a significant increase in cessation pharmacotherapy claims for Medicaid HMO members compared to Medicaid fee-for-service members.
- Increases in the total number of Medicaid members registering for Quit Line services were also seen.

# Additional Resources

- Keller, PA, et al. Increasing Consumer Demand Among Medicaid Enrollees for Tobacco Dependence Treatment: The Wisconsin “Medicaid Covers It” Campaign.” American Journal of Health Promotion: 2011, Vol. 25, No. 6, 393-395.
- University of Wisconsin Center for Tobacco Research and Intervention: [www.ctri.wisc.edu](http://www.ctri.wisc.edu)
  - Resources for Providers:  
[http://www.ctri.wisc.edu/HC.Providers/healthcare\\_medicaid.htm](http://www.ctri.wisc.edu/HC.Providers/healthcare_medicaid.htm)

# Iowa QI Project

## Maternal Tobacco Cessation

Paul Bryan, Kelsey Feller, Lori Jarmon,  
Rachel Johnson, Debra Kane, Jason Kessler,  
MD, Sally Nadolsky, and Kelly Williams

# Iowa Project Overview

## Stakeholders and Partners

- Iowa Academy Family Physicians
- Iowa Department of Public Health
- IDPH, Division of Tobacco Prevention
- Iowa Healthcare Collaborative
- Iowa Hospital Association
- Iowa March of Dimes
- Iowa Medicaid Enterprise
- Magellan of Iowa
- Optum
- University of Iowa Hospitals & Clinics

## What shaped our decision to implement the Maternal Tobacco Cessation QIP?

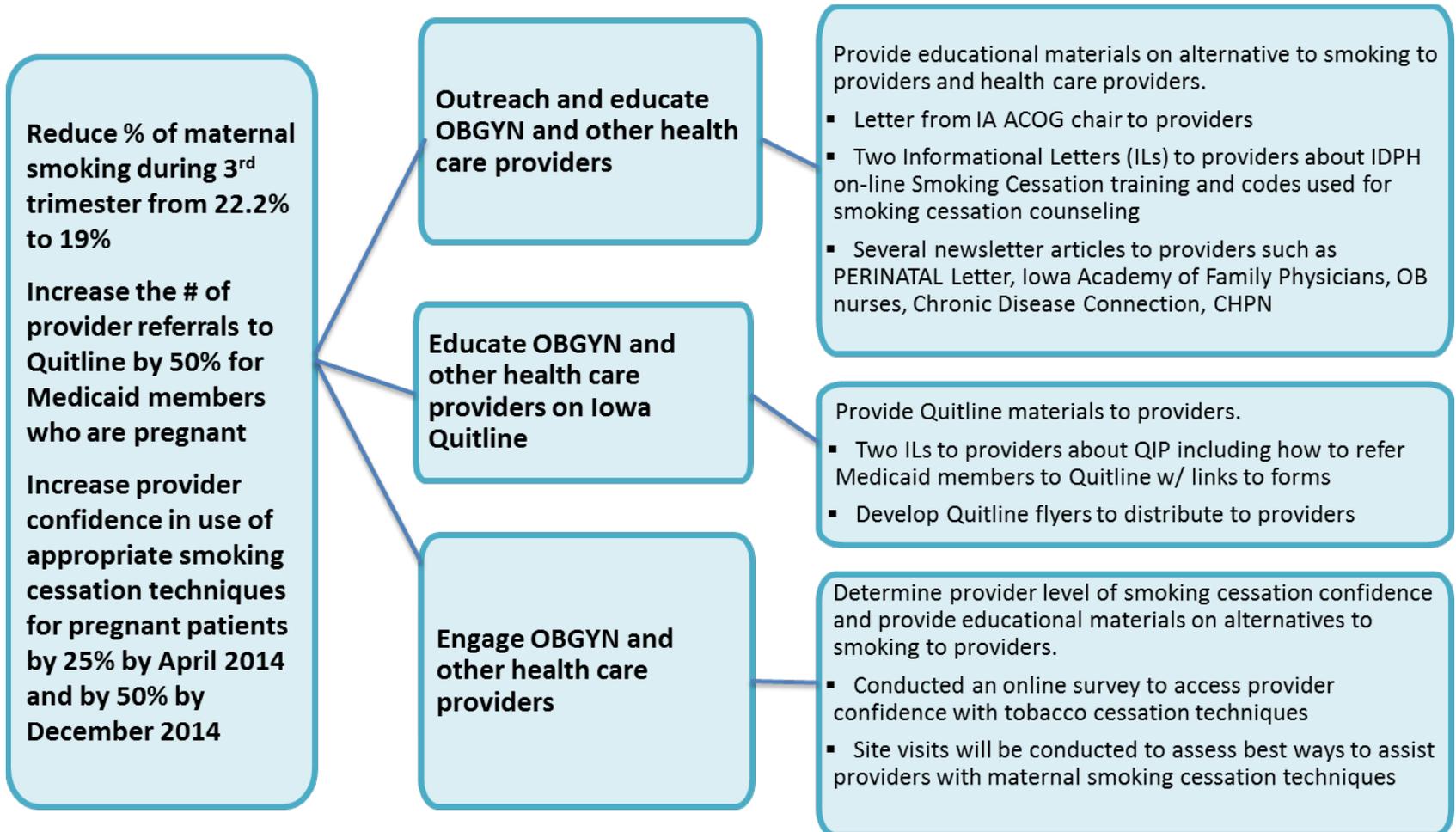
- Maternal tobacco use-prevalence 25-30% (n=3161-3794)
- Reducing maternal tobacco use is a priority in the state of Iowa
- Tobacco use is associated with 11% of Medicaid spending (national)
- A need to improve birth outcomes
- Will increase quality of care, improve health outcomes, and/or reduce medical expense

# Iowa Project Overview (cont.)

**Aim:** By April 14, 2014, we want to improve Maternal Tobacco Cessation for Iowa Medicaid members to achieve the following results:

1. Reduce the percentage of maternal smoking during 3<sup>rd</sup> trimester from 22.2% to 19%.
2. Increase the number of provider referrals to Quitline by 50% for Medicaid members who are pregnant.
3. Increase provider confidence in the use of appropriate smoking cessation techniques for pregnant patients, including discussion of the risks and benefits of medications when appropriate, by 25% by April 2014 and by 50% by December 2014.

# Iowa Driver Diagram



# Outreach and Educate

## OBGYN & Health Care Providers (cont.)

- Letter from Iowa ACOG chair in PERINATAL Letter & posted on IDPH website
- Informational Letter to providers about the QIP
- Informational Letter to providers about procedure codes for smoking cessation counseling
- Article, Iowa Academy of Family Physicians newsletter/webpage
- Emailed OB Nurses (Level I, II, III hospitals) about QIP

# Outreach and Educate OBGYN & Health Care Providers

- Articles about the QIP were distributed as follows:
- Chronic Disease Connection Newsletter
- Collaborative Healthcare Provider Network (CHPN)
- “Partners for Better Health & Wellness” member newsletter
- New Iowa Health & Wellness Plan member newsletter (yet to be distributed)
- Iowa Medicaid Provider Services webpage

# Perinatal Letter

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## The Iowa PERINATAL Letter

vol. XXXIII, no. 1

2014

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### What is Important?:

As an obstetrician, CNM or prenatal care provider how much time do we spend talking about

- Eating for two?
- Do I have to avoid hair dyes?
- Can I drink any caffeine?
- Can I fly?
- Should I skip my flu shot?
- Can I eat fish?
- Is sex safe while pregnant?
- Can I touch cats?
- Can I sleep on my back?
- Raising hands above your head?
- Heartburn and baby's hair?
- Spicy foods causing labor?
- Fetal heart rate and sex of the baby?
- Do twins skip a generation?
- Can I take a bath or go swimming?
- Do I have to lie on my left side?
- Can I run and exercise?
- Do I have to avoid microwave ovens and computer terminals?
- Bumpy car rides and riding lawn mowers, are they safe?
- Will stormy weather or a full moon cause labor?

Yes, some of these have merit and require discussion. Most are not close to the importance of smoking in pregnancy. How much time do we spend on that? We are all aware of the adverse effects of smoking during pregnancy; IUGR, placenta previa and abruption, PROM, LBW, SIDS, and the effects on children of smoking mothers; asthma, colic, and childhood obesity just to scratch the surface. Smokeless tobacco and second hand smoke are also not without risk.

- **Available at:**

[http://www.idph.state.ia.us/hpcdp/common/pdf/perinatal\\_newsletters/perinatal\\_what\\_is\\_important.pdf](http://www.idph.state.ia.us/hpcdp/common/pdf/perinatal_newsletters/perinatal_what_is_important.pdf)

# Educate OBGYN & Health Care Providers on Quitline

- Informational Letter to providers about the Maternal Tobacco QIP
- Informational Letter to providers about procedure codes used for smoking cessation counseling
- Digital copies of Quitline flyers emailed to providers and stakeholder in IME  
Communications weekly email

# Quitline Flyer

## IT'S LIKE GETTING **FREE MONEY**

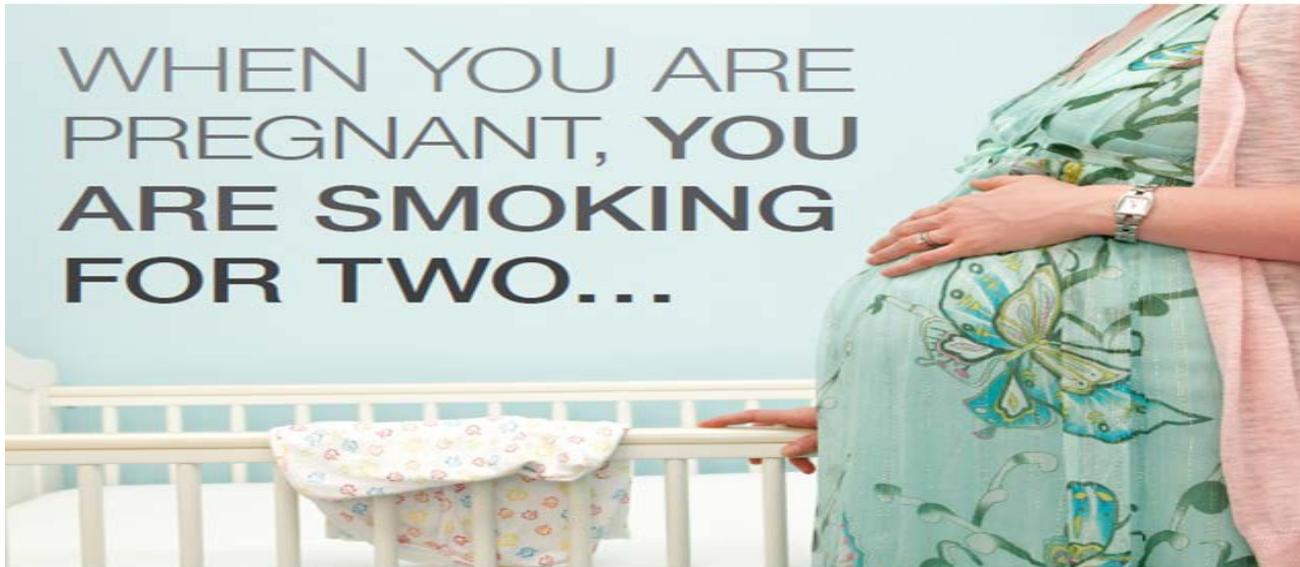
Quitting tobacco can save you a bundle – more than \$200 a month if you smoke just one pack a day. Talk to your doctor today to be connected with Quitline Iowa, a free phone-based coaching program. They will help develop a plan with your individual needs in mind. Depending on eligibility, other benefits include:

- Free unlimited calls with a trained Quit Coach®
- Free guidebook for you and your support system
- Free medications to help you quit tobacco

*Don't leave money on the table.  
Talk to your doctor about this free benefit today!*



# Pregnant Quitline Flyer



Call today to talk with a Quit Coach® about quitting tobacco. They will help develop a plan with your individual needs in mind. There are other benefits specific to eligible Medicaid callers, including:

- Quitline Iowa offers free coaching and materials
- You may qualify for medications to help you quit tobacco
- Talk to your healthcare provider to be connected with the Quitline

**Quit for you. Quit for your baby.**

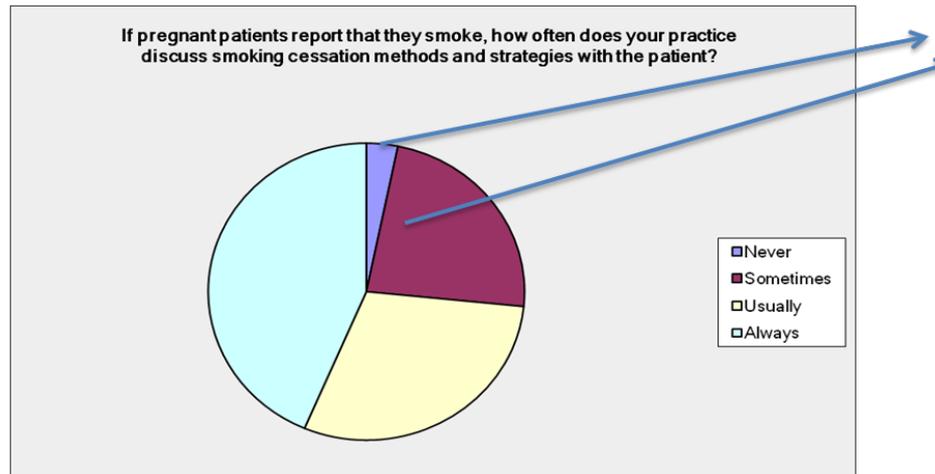


# Engage OBGYN & Health Care Providers

- Conducted an on-line survey for providers to assess their confidence with tobacco cessation techniques.
- Informational Letter included link to Iowa Department of Public Health web-based training called “Addressing Tobacco Use in Iowa”
- Informational Letter included link to CDC web-based online training called “Smoking Cessation for Pregnancy and Beyond: A Virtual Clinic”
- Site visits were conducted to determine provider needs associated with Maternal Tobacco Cessation

# Iowa Baseline Data Survey

Answer Options	Response Percent	Response Count
Never	3.2%	3
Sometimes	23.4%	22
Usually	29.8%	28
Always	43.6%	41
Answered question		94
Skipped question		1



**Opportunity!**

Data from: IME Provider Survey, 2014

# Iowa Baseline Data Site Visits

	Smoking Cessation Policy	Prescribes Smoking Cessation Medication	Referrals to Quitline
Clinic 1	Yes	Yes (Chantix)	Yes
Clinic 2	No	No**	No*
Clinic 3	Yes***	No	Yes

\*We were not familiar with Quitline so we have now provided Quitline fliers at the clinic and introduced the providers to this service. The clinic now plans to distribute the fliers to their patients.

\*\*Of the 4 OBs visited 3 wouldn't prescribe any medications for smoking cessation (including Wellbutrin for the purpose of smoking cessation). The remaining OB (1 of the 4) would only occasionally prescribe Wellbutrin.

\*\*\*Policy is not written but clinic reported that all pregnant patients were asked their smoking status at intake and smokers were offered a referral to Quitline & given pamphlets.

# Conclusions & Implications

## Decrease 3<sup>rd</sup> Trimester Smoking

- Education and outreach

## Increase Referrals to Quitline

- Computerized Quitline form
- Built in intervention technique
- Written policy regarding maternal smoking cessation
- Additional education on of Quitline may be needed.

## Increase Provider Confidence and Skills

- There is more work to do!

# Contact Information

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