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

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.

- **1/2 million premature deaths** could be prevented every year.
- **At least $130 billion** in direct medical costs for adults could be saved every year.
- **At least 88 million Americans** who continue to be exposed to the dangerous chemicals in secondhand smoke could breathe freely.
- **5.6 million children** alive today who ultimately will die early because of smoking could live to normal life expectancy.
- **More than 16 million people** already have at least one disease from smoking. We could prevent that number from growing more.
- **1 out of 3 cancer deaths** in this country could be prevented.
- **At least $156 billion** in losses to our economy—caused when people get sick and die early from smoking—could be prevented.

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

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%

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.

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.


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

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.

# Medicaid Cessation Benefits

<table>
<thead>
<tr>
<th>Eligibility Group</th>
<th>Benefits</th>
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<tbody>
<tr>
<td>Pregnant women</td>
<td>• 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</td>
</tr>
</tbody>
</table>
| Adults               | • Effective January 1, 2014, tobacco cessation drugs are no longer excludable from coverage  
                          • States may cover counseling for all other Medicaid beneficiaries through the benefits categories discussed in more detail below |
| Adolescents          | • 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 |
| Medicaid Expansion   | • Coverage of counseling and pharmacotherapy required as part of the Essential Health Benefit – preventive and wellness services |

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

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
• For more information: [http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Adult-Health-Care-Quality-Measures.html](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
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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Director, Center for Tobacco Research and干预ion (UW-CTRI)
University of Wisconsin School of Medicine and Public Health
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%

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
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.

Medicaid lo cubre.

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.

Medicaid covers it.

Produced by the University of Wisconsin Center for Tobacco Research and Intervention
Medicaid and Tobacco Cessation
For Members

Quitting is hard

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 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 SeniorCare pays for most medicines.

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

You can afford to quit smoking…Medicaid covers it.

Coaching helps

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.

Tú puedes lograr dejar de fumar

Línea para dejar de fumar

WISCONSIN TOBACCO
QuitLine
800-QUIT-NOW

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

Horario de la línea para dejar de fumar
TAMBIÉN todos los días
Si le falla a otras horas, déjelo en el mensaje y nosotros le llamaremos en dos días hábiles.

Interprete para idiomas además del Español están disponibles, incluyendo Hmong.
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®, varenicline
  – Wisconsin Tobacco Quit Line data
    • Monthly number of callers registering for services
    • Medicaid, non-Medicaid, uninsured
# Enrollee Characteristics (2005-2007)

<table>
<thead>
<tr>
<th>Enrollee Characteristic</th>
<th>HMO</th>
<th>Fee-For-Service</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average monthly enrollment</td>
<td>120,862.8</td>
<td>49,006.7</td>
<td>&lt;0.001*</td>
</tr>
<tr>
<td>Average age</td>
<td>31.2</td>
<td>32.5</td>
<td>0.06</td>
</tr>
<tr>
<td>% female</td>
<td>74.6</td>
<td>70.9</td>
<td>0.04*</td>
</tr>
<tr>
<td>Average months of continuous enrollment</td>
<td>15.3</td>
<td>24.6</td>
<td>&lt;0.001*</td>
</tr>
</tbody>
</table>

*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


• University of Wisconsin Center for Tobacco Research and Intervention: www.ctri.wisc.edu
  – Resources for Providers: 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
**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\textsuperscript{rd} 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

Reduce % of maternal smoking during 3rd trimester from 22.2% to 19%
Increase the # of provider referrals to Quitline by 50% for Medicaid members who are pregnant
Increase provider confidence in use of appropriate smoking cessation techniques for pregnant patients by 25% by April 2014 and by 50% by December 2014

Outreach and educate OBGYN and other health care providers

Provide educational materials on alternative to smoking to providers and health care providers.
- Letter from IA ACOG chair to providers
- Two Informational Letters (ILs) to providers about IDPH on-line Smoking Cessation training and codes used for smoking cessation counseling
- Several newsletter articles to providers such as PERINATAL Letter, Iowa Academy of Family Physicians, OB nurses, Chronic Disease Connection, CHPN

Educate OBGYN and other health care providers on Iowa Quitline

Provide Quitline materials to providers.
- Two ILs to providers about QIP including how to refer Medicaid members to Quitline w/ links to forms
- Develop Quitline flyers to distribute to providers

Engage OBGYN and other health care providers

Determine provider level of smoking cessation confidence and provide educational materials on alternatives to smoking to providers.
- Conducted an online survey to assess provider confidence with tobacco cessation techniques
- Site visits will be conducted to assess best ways to assist providers with maternal smoking cessation techniques
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

Available at: 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

WHEN YOU ARE PREGNANT, YOU ARE SMOKING FOR TWO...

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

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
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<tbody>
<tr>
<td>Never</td>
<td>3.2%</td>
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</tr>
<tr>
<td>Sometimes</td>
<td>23.4%</td>
<td>22</td>
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<tr>
<td>Usually</td>
<td>29.8%</td>
<td>28</td>
</tr>
<tr>
<td>Always</td>
<td>43.6%</td>
<td>41</td>
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<tr>
<td>Answered question</td>
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<td>94</td>
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<tr>
<td>Skipped question</td>
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If pregnant patients report that they smoke, how often does your practice discuss smoking cessation methods and strategies with the patient?

Data from: IME Provider Survey, 2014
## Iowa Baseline Data Site Visits

<table>
<thead>
<tr>
<th>Clinic</th>
<th>Smoking Cessation Policy</th>
<th>Prescribes Smoking Cessation Medication</th>
<th>Referrals to Quitline</th>
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<tbody>
<tr>
<td>Clinic 1</td>
<td>Yes</td>
<td>Yes (Chantix)</td>
<td>Yes</td>
</tr>
<tr>
<td>Clinic 2</td>
<td>No</td>
<td>No**</td>
<td>No*</td>
</tr>
<tr>
<td>Clinic 3</td>
<td>Yes***</td>
<td>No</td>
<td>Yes</td>
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</table>

*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\textsuperscript{rd} 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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