

Tobacco Cessation Benefits in Medicaid: Improving Utilization and Quality

July 9, 2014

Webinar Summary

See slide deck for additional details.

Cessation Coverage in Medicaid

Background – Cessation Interventions

Stephen Babb, MPH, Office of Smoking and Health, Centers for Disease Control and Prevention

- Cigarette smoking imposes a major health and economic burden
 - o Leading preventable cause of death in the U.S.
 - o Over 30% of people enrolled in Medicaid smoke; 18% pregnant women
 - o About 11% of Medicaid expenditures are due to smoking (\$22 billion per year)
- Cessation interventions are clinically effective and cost effective
 - o Cessation treatments include individual, group and telephone (quitline) counseling and seven FDA-approved medications
 - o Studies have shown short- and long-term return on investment
- Most smokers want to quit but few use proven treatments

Medicaid Coverage and Benefits of Cessation Interventions

Center for Medicaid and CHIP Services, CMS

- Medicaid coverage of cessation benefits is summarized on slides 11 and 12
- The 2014 Core Set of [Health Care Quality Measures for Medicaid-Eligible Adults](#) includes NQF#0027, Medical Assistance with Smoking and Tobacco Use Cessation. Public reporting on this measure will begin in 2015
- The Center for Medicaid and CHIP Services will provide additional technical assistance to states aiming to improve utilization and quality of cessation benefits. Contact: MedicaidCHIPPrevention@cms.hhs.gov

Highlighted references (see slides for additional references):

- “Tobacco Cessation” page on Medicaid.gov
- [“Treating Tobacco Use and Dependence: 2008 Update”](#) (PHS Guidelines)
- [2014 Surgeon General’s Report on Smoking and Health](#)

You Can Afford to Quit: Medicaid Covers It

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

Michael Fiore, MD, MPH, MBA, University of Wisconsin

- From 2005 to 2007, Wisconsin’s “Medicaid Covers It!” examined whether a targeted educational campaign would improve smoking cessation treatment utilization among Medicaid members

- The campaign targeted both members and clinicians and aimed to increase awareness of covered benefits, dispel myths, increase consumer demand for treatment and increase use of treatments by Medicaid members
- The study found an increase in pharmacotherapy claims and use of quitline services
- Examples of campaign materials are included on slides 26 through 29

Highlighted references:

- [University of Wisconsin Center for Tobacco Research and Intervention](#)
- 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.

Iowa Quality Improvement Project: Maternal Tobacco Cessation

Lori Jarmon, Ph.D., Iowa Medicaid Enterprise

- In 2013, Iowa developed a quality improvement (QI) project to reduce prenatal smoking. The QI project had three aims:
 - o Reduce the percentage of maternal smoking during the 3rd trimester from 22.2% to 19%
 - o Increase the number of provider referrals to Quitline Iowa by 50% for Medicaid members who are pregnant
 - o Increase provider confidence in the use of appropriate smoking cessation techniques for pregnant patients by 25% by April 2014 and 50% by December 2014
- Baseline research included a survey of 95 providers and site visits to three clinics
- Interventions focused on outreach and education to OB/GYNs and other health care providers. Outreach included:
 - o Letters and articles in multiple provider publications
 - o Informational letter to providers about the quality improvement project
 - o Informational letter to providers about procedure codes for cessation counseling
 - o Email to OB nurses about the quality improvement project
 - o Flyers advertising the Quitline to Medicaid members
- Results of the initiative will be available in 2015