SOUTHEASTERN PA
Tobacco Control Project

Tobacco Dependence Treatment

Best Practices and Resources

sepatobaccofree.org

Agenda

- Introduction to Southeast PA Tobacco Control Project
- Current status of tobacco usage
- Best practices for tobacco dependence treatment
- Coverage of tobacco treatment and medication
- Resources

SEPA Tobacco Control Project

- South Eastern PA (SEPA) Tobacco Control Project is managed by Health Promotion Council, a subsidiary of Public Health Management Corporation
- Regional Primary Contractor for SEPA through the PA Department of Health
- Tobacco Control Project addresses the following tobacco control areas:
  - Tobacco Dependence Treatment
  - Smoke-Free Policies
    - Parks (YLAP)
    - Worksite
    - Multi-Unit Housing
    - College Campuses
  - Youth Prevention & Advocacy
  - Enforcing Youth Access Laws
  - Eliminating tobacco related disparities
  - Tobacco policy advocacy
  - Health Care System Training and Integration

SEPA Region

Berks

Bucks

Chester

Delaware

Lancaster

Montgomery

Schuylkill

Current State of Tobacco Use

Tobacco Dependence is a chronic disease, an addiction of nicotine.

- Tobacco use is the number 1 cause of preventable death in the US, killing more than 480,000 people a year.
- Approximately 15% of adults are current cigarette smokers
- Nearly 1300 youth become new daily smokers each day
- Tobacco use disparities
  - Individuals who identify as LGBTQ
  - Individuals with mental health and/or substance abuse disorders
  - Individuals with lower SES
  - Racial/Ethnic minorities

Medicaid enrollees smoke at a rate that is 60% higher than the general population.

Its estimated that 75% of smokers want to quit!

Effects of Tobacco Use

Tobacco use harms nearly every aspect of an individuals health and wellbeing.

- More than 16 million Americans live with a smoke-related disease
- Smoking is a known cause of over 13 types of cancer
  - 90% of lung cancer deaths are smoking related
- Smoking can cause:
  - Heart disease, stroke, COPD, emphysema, cancer, reproductive issues, oral health issues, loss of vision, type 2 diabetes, decrease immune function, and make it difficult to manage other health issues.

Smoking causes more deaths each year in the US than HIV, drug use, alcohol use, motor vehicle injuries, and firearm related accidents combined.

Best Practices for Tobacco Dependence Treatment

Agency for Healthcare Research and Quality:
Clinical Guideline for Treating Tobacco Use and Dependence.

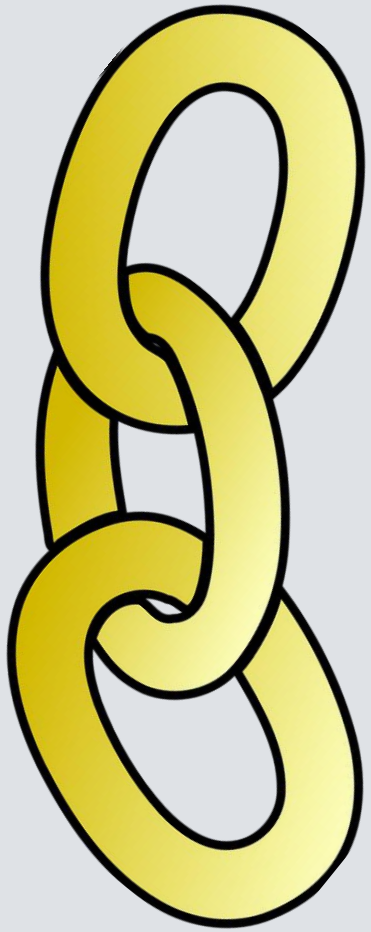
1. Tobacco dependence is a chronic disease that often requires repeated intervention and multiple attempts to quit.
2. It is essential that clinicians and health care delivery systems consistently identify and document tobacco use status and treat every tobacco user seen in a health care setting.
3. Tobacco dependence treatments are effective across a broad range of populations. Clinicians should encourage every patient willing to make a quit attempt to using appropriate counseling treatments and medications recommendations.
4. Brief tobacco dependence treatment is effective. Clinicians should offer every patient who uses tobacco at least the brief treatments shown to be effective.
5. Individual, group, and telephone counseling are effective, and their effectiveness increases with treatment intensity. Two components of counseling are especially effective, and clinicians should use these when counseling patients making a quit attempt:
    a. Practical counseling (problem solving/skills training)
    b. Social support delivered as part of treatment

Best Practices for Tobacco Dependence Treatment

Agency for Healthcare Research and Quality:
Clinical Guideline for Treating Tobacco Use and Dependence.

6. Numerous effective medications are available for tobacco dependence, and clinicians should encourage their use by all patients attempting to quit smoking—except when medically contraindicated or with specific populations for which there is insufficient evidence of effectiveness.
7. Counseling and medication are effective when used by themselves for treating tobacco dependence. The combination of counseling and medication, however, is more effective than either alone. Thus, clinicians should encourage all individuals making a quit attempt to use both counseling and medication.
8. Telephone quitline counseling is effective with diverse populations and has broad reach. Therefore, both clinicians and health care delivery systems should ensure patient access to quitlines and promote quitline use.
9. If a tobacco user currently is unwilling to make a quit attempt, clinicians should use effective motivational treatments to increase potential of future quit attempts.
10. Tobacco dependence treatments are both clinically effective and highly cost-effective relative to interventions for other clinical disorders. Providing coverage for these treatments increases quit rates. Insurers and purchasers should ensure that all insurance plans include the counseling and medication identified as effective as covered benefits.

Tobacco Dependence Treatment- Counseling



Three Link Chain of Addiction

Physical

- The brain, nicotine causes the release of a chemical called dopamine, making you feel good. But these feelings go away once the nicotine disappears. That leaves your body wanting more, which makes you want another cigarette. Overcoming the physical part of the chain can be difficult, but it is possible.

Mental/Behavioral

- Many smokers light up at specific times of day—such as when drinking coffee or driving—or when they're feeling a certain way, like stressed or tired. Cigarettes may become a crutch, almost like a steady companion. Quitting smoking often means relearning or adjusting these behaviors, which may be a difficult hurdle to overcome.

Social

- Many smokers develop social groups around smoking—people will head out for a smoke break with friends or coworkers. Smoking can also be used as a social icebreaker by asking someone: "Got a light?" Going smokefree may mean altering your social groups and reevaluating where you spend your recreational time.

Tobacco Dependence Treatment- Medication

- Over the Counter Nicotine Replacement Therapy
  - Patches
  - Gum
  - Lozenges
- Rx Nicotine Replacement Therapy
  - Nicotine inhaler
  - Nicotine nasal spray
- No-nicotine Rx medication
  - Bupropion (Zyban, Wellbutrin)
  - Varenicline (Chantix)
- Combination Therapy

Integrating Tobacco Screening & Treatment

MAKE THE CASE FOR CHANGE

- Tobacco As A Priority Why should your health system reinvigorate its efforts to more effectively address tobacco? Most importantly, quitting tobacco improves health and can positively impact patients' well-being. In addition, addressing tobacco can have a tangible impact on improving clinical quality outcomes and supporting your organization's population health improvement goals.
- It's critical to discover and understand the "why" for your organization – what are the specific ways your organization and patients will benefit from advancing tobacco health systems change work?
- Some questions to ask:
  - What percentage of our patient population uses tobacco? How does this compare to the rest of the state?
  - What populations do we serve who are disproportionately affected by tobacco use? Addressing tobacco use is a key way to improve health disparities.
  - How does patient tobacco use currently affect our quality measures (such as our optimal diabetes or vascular measures)?
- Resource: https://www.lung.org/policy-advocacy/tobacco/cessation/technical-assistance/hospital-community-benefits/make-the-case

Integrating tobacco screening & treatment

Advancing Change

You've made the case for change. Now, how can you help your organization move forward?

1. Develop a team and create engagement at all levels
    1. Do you have leadership support, who else should be included, schedule regular meetings to review.
2. Understand the current practice for addressing tobacco
    1. What problem are you specifically trying to solve?
    2. What current workflows and protocols exist for addressing tobacco use?
    3. What is actually happening in practice? Seek to understand why things are happening the way they are.
    4. What gaps do you have between your desired state and current state?

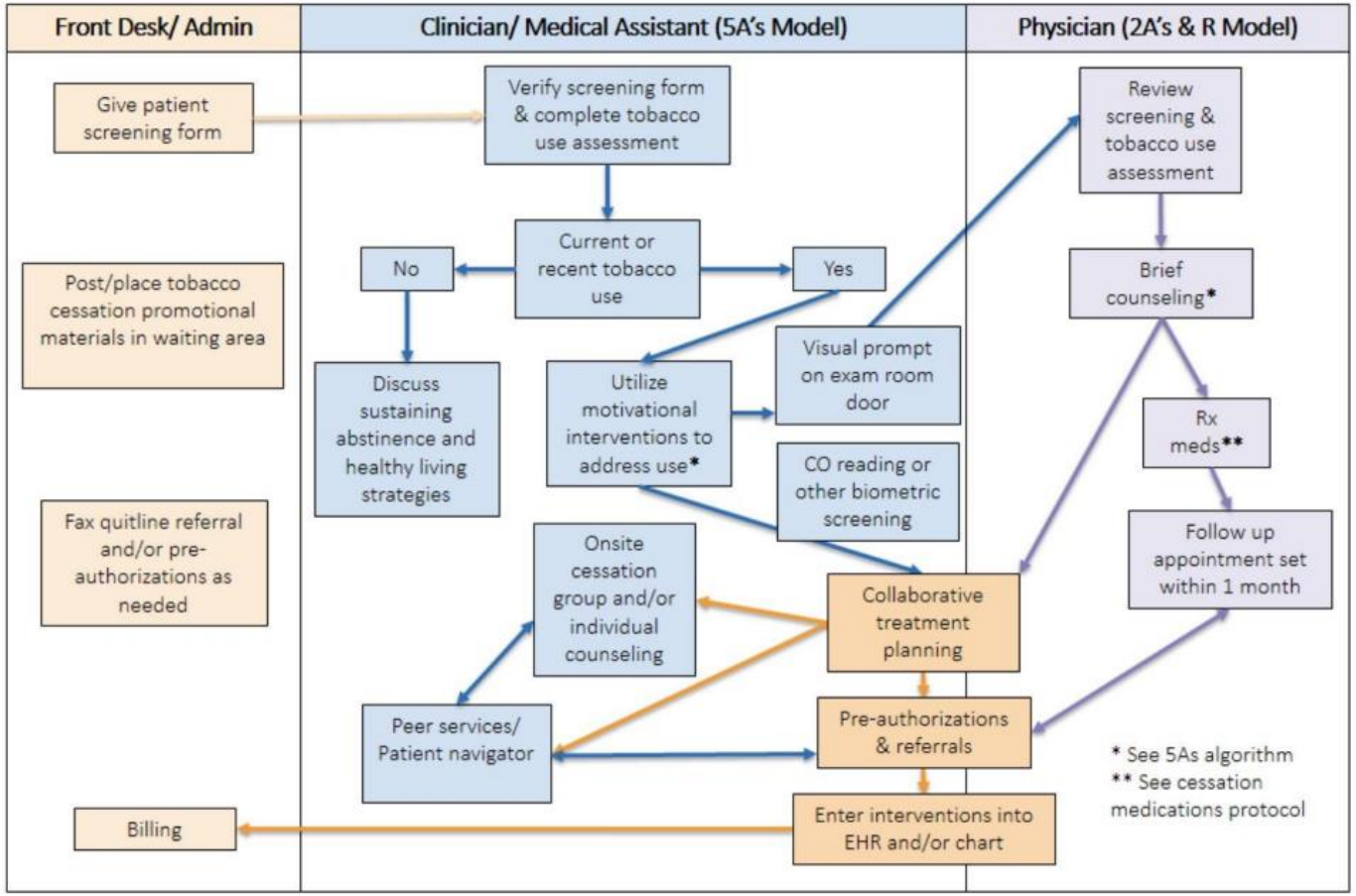
Integrating tobacco screening & treatment

Advancing Change

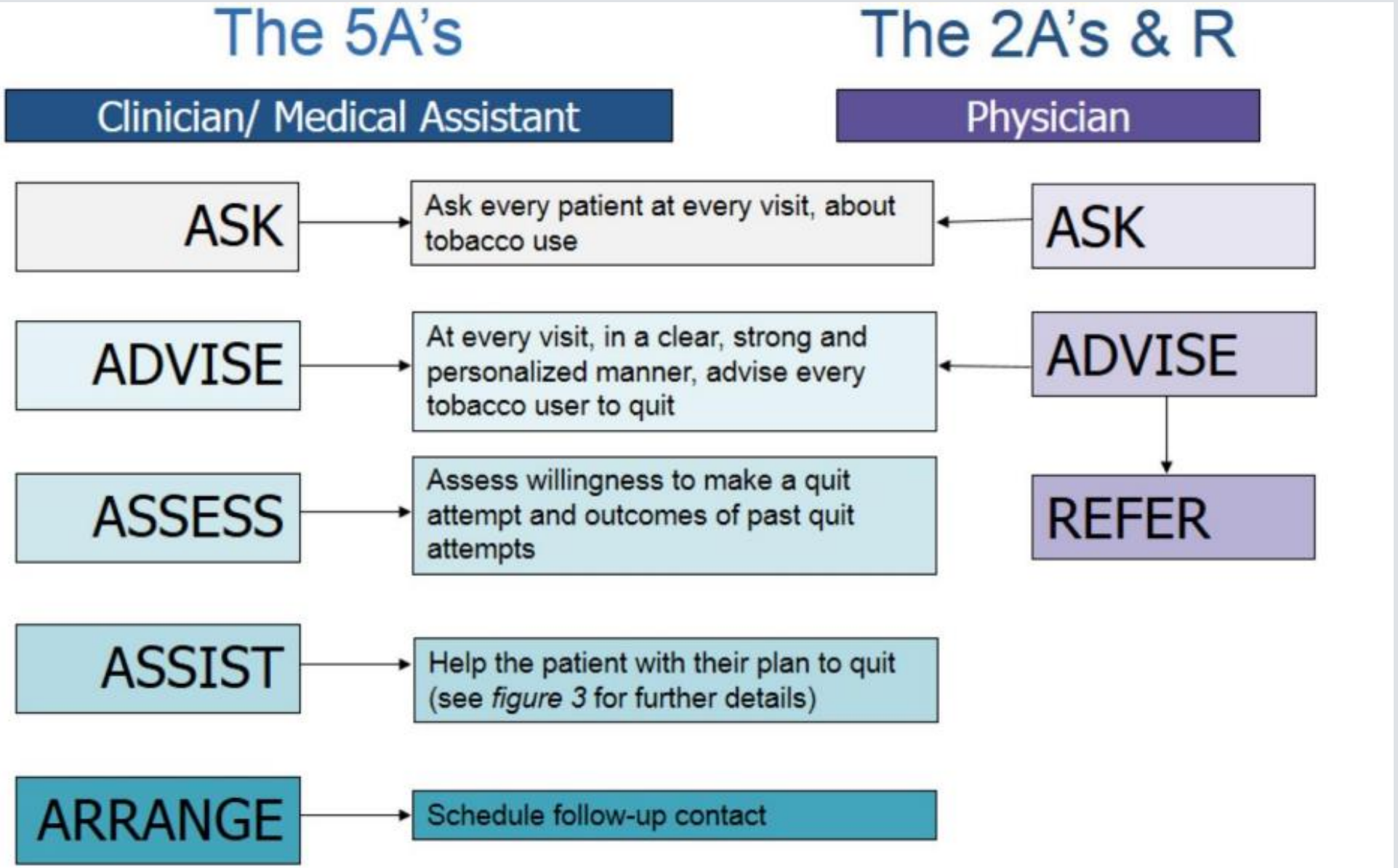
3. Implement change
    3. Once your team has identified a change that will be, determine what tools and processes are available to ensure your success. Example include: Clinical practice guidelines, Electronic Health Record (EHR), Workflows, and Internal training and education resources
4. Measure the impact
    3. How will you know if the changes made are working? Ongoing monitoring and attention is required to ensure system changes are implemented and maintained and can help you identify what should be adopted, adapted or abandoned.
5. Sustain the change
    3. Educate (train and re-train) staff on new protocols and practices

Workflow

Figure 1. Tobacco Cessation Workflow



Source: A Patient-Centered Tobacco Cessation Workflow for Healthcare Clinics; University of Colorado Anschutz Medical Campus School of Medicine


The 5A's
The 2A's & R
Clinician/ Medical Assistant
Physician
ASK
Ask every patient at every visit, about tobacco use
ASK
ADVISE
At every visit, in a clear, strong and personalized manner, advise every tobacco user to quit
ADVISE
ASSESS
Assess willingness to make a quit attempt and outcomes of past quit attempts
REFER
ASSIST
Help the patient with their plan to quit (see *figure 3* for further details)
ARRANGE
Schedule follow-up contact

EHR integration

- Studies have concluded that EHR modifications to support smoking cessation have led to increases in documentation of smoking status in EHRs and referrals of patients to cessation counseling.
  - Include mandatory screening questions
  - Connect patients who use tobacco with state quitline through e-referral
  - Opt-Out protocol rather than Opt-In
- PA State Free Quitline E-Referral
  - https://helpline.quitlogix.org/en-US/Just-Looking/Health-Professional/How-to-Refer-Patients/eReferral

Pre-Approved Tobacco Cessation Registry

Application Process

- The Pennsylvania Department of Health (DOH) maintains an online statewide listing of tobacco cessation counseling services. The Pre-Approved Tobacco Cessation Registry (Registry) was established in 2002 as a resource and referral system for clinicians and health care delivery systems providing cessation counseling services in Pennsylvania.
- To be listed on the Registry, providers are required to:
  - Submit an application to DOH
  - Complete "Every Smoker, Every Time." Providers receive a Certificate of Completion that must be included with their completed Registry application.

Resources

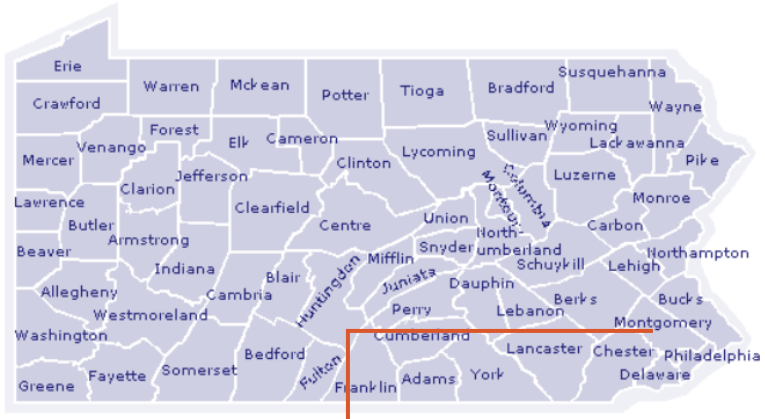
- Submit Pre-Approved Tobacco Cessation Registry Application electronically
- Pre-Approved Tobacco Cessation Registry Application
- Pre-Approved Tobacco Cessation Registry Application Instructions
- *Every Smoker, Every Time* online training

In order for providers to be eligible for reimbursement for tobacco cessation services, they must enroll into DHS's Medical Assistance program.

pennsylvania
DEPARTMENT OF HEALTH

PA Tobacco Cessation Registry

To find a list of TREES Exception Approvals, please click on a county below:



PA Tobacco Cessation Registry

Advanced Dentistry of Collegeville
399 Arcola Road, Suite 100
Collegeville PA, 19426

Medical Assistance Enrolled Provider

For information, please contact:
(610) 489-5555
Counseling Services Provided:
Individual;
Client Types:
Adult; Young Adult (18-24); Youth (14-17); Pregnant Woman; LGBT
Practice Available Language/Verbal Skills:
English

Central Montgomery MH/MR Center
1100 Powell Street
Norristown PA, 19401

Medical Assistance Enrolled Provider

For information, please contact:
(610) 277-4600
Counseling Services Provided:
Group; Individual; Phone;
Client Types:
Adult; Young Adult (18-24)
Practice Available Language/Verbal Skills:
English

Central Montgomery MH/MR Center
1201 Dekalb Street
Norristown PA, 19401

Medical Assistance Enrolled Provider

For information, please contact:
(610) 277-4600
Counseling Services Provided:
Group; Individual; Phone;
Client Types:
Adult; Young Adult (18-24)
Practice Available Language/Verbal Skills:
English

https://apps.health.pa.gov/TREES/PACR/Public/RegistrySearch.aspx

SOUTHEASTERN PA Tobacco Control Project

Billing- DHS

- In order to bill the department for tobacco cessation services provided to fee-for-service (FFS) Medical Assistance (MA) recipients (procedure code S9075) a provider must:
  - Be pre-approved by the Department of Health (DOH) as a Tobacco Cessation Program (TCP).
  - Be a licensed health care provider such as a physician, dentist, psychologist, certified registered nurse practitioner, or an independent medical/surgical clinic, general hospital, rehabilitation hospital, pharmacy, home health agency, rural health clinic/federally qualified health center, outpatient drug, and alcohol facility, outpatient psychiatric clinic, or family planning clinic.
  - Enroll in the MA program, either under the provider's existing provider type or as a provider type 37 (tobacco cessation provider).
  - NOTE: The recipient must be eligible for the pharmacy benefit under MA to be eligible for the pharmacy component of tobacco cessation.

Tobacco Dependence Treatment & The Affordable Care Act

The Affordable Care Act required most insurance plans cover all preventative services with an “A” or “B” rating from the U.S. Preventative Services Task Force (USPSTF).

Tobacco Dependence Treatment

has an “A” rating from USPSTF

Tobacco Dependence Treatment Required Coverage

Medicare

- Rx Cessation Medications (part D may opt to cover other meds)
- 4 sessions individual counseling
- Up to 2 quit attempts per year
- No cost-sharing for counseling
- Annual prevention visit

Traditional Medicaid

For Pregnant Women:

- Individual and group and phone counseling
- All FDA- approved smoking cessation medication

For all Medicaid Enrollees:

- All FDA-approved smoking cessation medications

Medicaid Expansion
State Health Insurance Marketplace
Employer Sponsored Insurance

Tobacco cessation as preventive service including:

- 4 sessions of individual, group and phone counseling
- 90 days of all FDA approved smoking cessation medications
- 2 quit attempts per year
- No prior authorization for treatments
- No cost-sharing

Billing Resources

- American Academy of Family Physicians Coding Reference
  - https://www.aafp.org/dam/AAFP/documents/patient_care/tobacco/codes-tobacco-cessation-counseling.pdf
- American Lung Association Billing Guide for Tobacco Cessation
  - https://www.lung.org/getmedia/08ed3536-6bab-48a6-a4e4-e6dbccaea024/billing-guide-for-tobacco-1.pdf.pdf

Tobacco Dependence Treatment Resources

- PA Free Quitline
  - 1-800-QuitNow or 1-855-Dejelo-Ya
  - Online at: QuitLogix
  - Includes:
    - Expect quit coaches to assist in making a quit plan and providing support and advice
    - Free Nicotine Replacement Therapy (Patches, Gum)
    - Extra services and incentives for pregnant smokers
- SEPA Tobacco Control Project
  - South Easter PA regional treatment information
  - http://www.sepatobaccofree.org/quit
- This Is Quitting
  - Youth vaping cessation program via text message
  - Text “VapeFreePA” to 88709

Contact Us

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