Tobacco Cessation
Reaching The Medicaid Population

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Maryland Tobacco Control Conference
Navigating the Changing Landscape: The Future of Tobacco Control in Maryland

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Maryland Tobacco Quitline (QL) Callers

How Heard About

As of this year (7/1/16 – 3/31/17)...

How Maryland callers reported that they heard about the Quitline

Top 10 How Heard About (Contract YTD)

- TV/Commercial
- Health Professional
- Family/Friend
- Other
- Health Department
- Website
- Brochure/Newsletter/Flyer
- Outbound Re-enrollment Offer
- Community Organization
- Employer/Worksite
Maryland Tobacco Quitline (QL) Callers

As of this year (7/1/16 – 3/31/17)...

- Over two-fifths (42%) of all callers reported that they were insured by Medicaid.

Quitline Callers by Insurance
7/1/2016 - 3/31/2017

- Medicaid: 42%
- Commercially Insured: 20.2%
- Medicare: 25.2%
- Uninsured: 10.6%
- Other: 2.1%
Communication Strategies: Changing Patient Health Behaviors through Provider Interventions
Physician Brief Intervention is a Best Practice

• “All physicians should strongly advise every patient who smokes to quit because evidence shows that physician advice to quit smoking increases abstinence rates.”

• “Minimal interventions lasting less than 3 minutes increase overall tobacco abstinence rates.”

• “Every tobacco user should be offered at least a minimal intervention, whether or not he or she is referred to intensive intervention.”

Recommendations with Strength of Evidence = A
SBIRT for Tobacco Cessation in Healthcare Settings

• Addressed State Medicaid representatives and the MCO Board of Medical Directors.

• Contacts established at the organizational level of all (total 8) Maryland MCOs.
  – Human Resources, Provider Relations, communications, healthcare, and provider and consumer network representatives.

• Target Audience: MCOs, primary care practices sites, individual providers, and non-clinical staff.
Project Activities

- CPT codes were opened to providers for reimbursement for both intermediate (CPT 99406) and intensive (CPT 99407) cessation interventions.
  - Critical in promoting provider use of the intervention strategies taught in our trainings.

- In-person training for MCOs spanned from September 2013 to December 2014.
  - Tailored and delivered training on the A3C brief intervention model and basic Motivational Enhancement skills to Medicaid personnel in all Maryland MCOs.
Project Activities

• Sent prepared communications to MCOs, provider practices, and individual providers.

• Provided available resources, including Quitline materials, to MCOs and practices.

• Online trainings were launched in June 2015 and remain free and accessible.
“Connect to Quit Corner”
Provider Messages

Did you know?

The Maryland Tobacco Quitline:
- Offers **4 FREE** telephone-based quit counseling sessions to tobacco users ready to quit
- Offers **FREE** Nicotine Replacement Therapy (NRT) to assist adult tobacco users with their quit attempt
- Offers web-based and text-based services
- Operates **24 hours a day, 7 days a week**

Connect tobacco-users directly to the Maryland Quitline using MDQuit’s Fax Referral program.

It’s free. It’s effective. It’s simple.

Visit [http://mdquit.org/fax-to-assist](http://mdquit.org/fax-to-assist) to get started today!
“Connect to Quit Corner”
Provider Messages

Connect to Quit Corner

Delivering a brief tobacco intervention to your patients is as easy as A-3-C!

1. Ask every patient about their tobacco use at every visit.
2. Advise current tobacco users to quit in a clear, strong, and supportive manner.
3. Assess the patient’s readiness to quit.
4. Connect consenting patients directly to the Maryland Quitline using MDQuit’s Fax Referral program. It’s free. It’s effective. It’s simple.

Visit http://mdquit.org/fax-to-assist to get started!

MDQuit.org
Maryland’s Tobacco Resource Center - Linking Professionals to Best Practices
“The way in which you talk with patients about their health can substantially influence their personal motivation for behavior change.”
(Rollnick, Miller & Butler, 2008)

Motivational enhancement techniques include:

1. Non-judgmental, reflective listening
2. Expressing genuine empathy
3. Exploring ambivalence about both the pros & cons of quitting tobacco
4. Avoiding arguing with or confronting the patient
5. Supporting self-efficacy or confidence to quit

Learning motivational enhancement techniques requires time and practice.
To learn more, visit http://www.motivationalinterview.org/

MDQuit.org
Maryland's Tobacco Resource Center - Linking Professionals to Best Practices

1-800 QUIT NOW
Smoking Stops Here.
“Connect to Quit Corner”
Provider Messages

Did you know?

When addressing tobacco dependence...

- Combining long-acting nicotine replacement treatment (NRT) options—like the patch—with short-acting NRT—such as the gum, lozenge, or spray—can support quitting.

- Combination pharmacotherapy—using Varenicline & Bupropion SR together—appears to be more effective than use of either alone (Ebbert et al., 2009).

To learn more about best practices for addressing tobacco dependence,

Visit [http://mdquit.org/cessation-programs](http://mdquit.org/cessation-programs)
Have you heard?

The Maryland Quitline now offers specialized services for adolescents aged 13 to 17!

That’s right. Youth tobacco-users who are ready to quit can receive 5 FREE telephone-based quit counseling sessions delivered by Youth Quit Coaches!

Connect directly to the Maryland Quitline by calling 1-800-QUIT NOW (1-800-784-8669) or by visiting http://smokingstopshere.com.
“Connect to Quit Corner”
Consumer Messages

Have you heard?

The Maryland Quitline now offers specialized services for pregnant women!

That’s right. Pregnant tobacco-users who are ready to quit can receive 10 FREE telephone-based quit counseling sessions—both before & after childbirth—to help prevent postnatal relapse to tobacco use.

Connect directly to the Maryland Quitline by calling 1-800-QUIT NOW (1-800-784-8669) or by visiting http://smokingstopshere.com.
Project Outcomes

• Over the project period these messages reached a conservative estimate of 7,437 providers and over 72,000 consumers affiliated with one or more of the eight (8) MCOs.

• In-person training for MCOs spanned from September 2013 to December 2014.
  – Total of 181 Medicaid personnel across all Maryland MCOs.

• Continued promotion and uptake of online training for healthcare providers.
Maryland Quitline ((QL) Callers - Medicaid Only

How Heard About

- 7/1/11 - 6/30/12: 2,108
- 7/1/14 - 6/30/15: 3,374
- 7/1/15 - 6/30/16: 3,794
- 7/1/16 - 3/31/17: 2,547
Continued Work…

• Communications via MCOs.

• Target promotions during Medicaid enrollment periods.

• Investigate feasibility of adding prompts in EHRs.
  – alert providers that their patient is a Medicaid recipient
  – offer targeted advice and treatment for patients who screen positive for tobacco use
  – provide Quitline participant feedback

• Create and send communications highlighting the importance of addressing secondhand smoke exposure with families to MCOs, provider practices, and patient touch points (e.g., WIC offices).
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