

1. Basic Information

1. Which of the following best describes your clinical setting? Check all that apply.

- Hospital system
- Private medical practice
- Medicaid MCO network provider
- FQHC or Community Health Center
- Other (please specify)

2. Which of the following best describes your primary role at your organization?

- | | |
|---|---|
| <input type="checkbox"/> Physician and/or prescribing providers | <input type="checkbox"/> Medical Assistant |
| <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Behavioral Health Specialist (social worker, LPC, counselor, health educator, etc....) |
| <input type="checkbox"/> Nurse/Nurse Navigator | <input type="checkbox"/> Business office staff |
| <input type="checkbox"/> Physician Assistant | |
| <input type="checkbox"/> Other (please specify) | |

3. Please estimate the percentage of patients/clients in your healthcare setting who receive Medicaid coverage, either single or dual Medicare/Medicaid coverage (select one).

- | | |
|--|--|
| <input type="checkbox"/> Less than 20% | <input type="checkbox"/> 60%-80% |
| <input type="checkbox"/> 20%-40% | <input type="checkbox"/> More than 80% |
| <input type="checkbox"/> 40%-60% | <input type="checkbox"/> I don't know/not sure |

4. Please estimate the percentage of Medicaid patients/clients in your healthcare setting who currently use a tobacco product or Electronic Nicotine Delivery System (ENDS) product such as e-cigarettes (select one).

- | | |
|--|--|
| <input type="checkbox"/> Less than 20% | <input type="checkbox"/> 60%-80% |
| <input type="checkbox"/> 20%-40% | <input type="checkbox"/> More than 80% |
| <input type="checkbox"/> 40%-60% | <input type="checkbox"/> I don't know/not sure |

2. Approach to Tobacco Use

5. All Medicaid patients/clients are screened for tobacco use.

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Always | <input type="checkbox"/> Rarely |
| <input type="checkbox"/> Usually | <input type="checkbox"/> Never |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> I don't know/not sure |

6. Tobacco use among Medicaid patients/clients is documented.

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Always | <input type="checkbox"/> Rarely |
| <input type="checkbox"/> Usually | <input type="checkbox"/> Never |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> I don't know/not sure |

7. If tobacco use is identified, the following strategies are pursued (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Patient/client is advised to quit and referred to the SC Tobacco Quitline (1-800-QUIT-NOW) | <input type="checkbox"/> Prescription medication is recommended, if appropriate |
| <input type="checkbox"/> Patient/client receives educational materials about health risks of tobacco use | <input type="checkbox"/> Individual counseling |
| <input type="checkbox"/> Nicotine replacement therapy products (gum/patch/lozenge) are recommended, if appropriate | <input type="checkbox"/> Group counseling |
| <input type="checkbox"/> Cognitive behavioral intervention | <input type="checkbox"/> Tobacco treatment for Medicaid patients/clients is not pursued in my healthcare setting |
| <input type="checkbox"/> Motivational interviewing | <input type="checkbox"/> I don't know/not sure |
| <input type="checkbox"/> Other (please specify) | |

3. Tobacco Cessation Knowledge

8. I feel knowledgeable about up-to-date tobacco cessation resources for Medicaid tobacco users.

True

False

9. I feel knowledgeable about current tobacco-related health information (e-cigarettes, impact on other health conditions, nicotine addiction, etc....).

True

False

4. Conversing with Medicaid Patients/Clients about Tobacco Cessation in A Healthcare Setting

It can be difficult to engage patients/clients about tobacco use for a variety of reasons. Please review the following statements about your overall level of comfort discussing tobacco use with Medicaid patients/clients.

10. I am completely comfortable discussing tobacco use with Medicaid patients/clients.

Strongly agree

Disagree

Agree

Strongly disagree

Neither agree nor disagree

It is not my role to discuss tobacco use with Medicaid patients/clients.

11. I feel that I am effective in providing Medicaid patients/clients tobacco cessation options that are appropriate for their individual situation.

Strongly agree

Disagree

Agree

Strongly disagree

Neither agree nor disagree

It is not my role to provide Medicaid patients/clients with tobacco cessation options.

12. I feel comfortable recommending Nicotine Replacement Therapy products (gum/patch/lozenge) or prescription medications to help Medicaid tobacco users quit using tobacco.

Strongly agree

Disagree

Agree

Strongly disagree

Neither agree nor disagree

It is not my role to promote NRT or prescription medications to Medicaid tobacco users.

13. I am completely comfortable discussing the impact of tobacco use on the health and quality of life of Medicaid patients/clients in my healthcare setting.

Strongly agree

Disagree

Agree

Strongly disagree

Neither agree nor disagree

It is not my role to discuss tobacco cessation with patients/clients

14. I am completely comfortable implementing the 2As+R Brief Tobacco Intervention.

Strongly agree

Disagree

Agree

Strongly disagree

Neither agree nor disagree

It is not my role to discuss tobacco cessation with patients/clients

5. Beliefs about Tobacco Use and Medicaid Patients

Attitudes and beliefs guide our interactions in ways we often may not notice. Even if you do not deal directly with patients/clients in your healthcare setting your opinions are important to our process. Please review the following statements about Medicaid patients/clients and tobacco use.

15. Medicaid patients/clients are concerned about the effects of tobacco use.

Strongly agree

Disagree

Agree

Strongly disagree

Neither agree nor disagree

I don't know/not sure

16. Medicaid patients/clients in my healthcare setting who use tobacco or Electronic Nicotine Delivery Systems (ENDS) products such as e-cigarettes have expressed a desire to quit or cut back.

Strongly agree

Disagree

Agree

Strongly disagree

Neither agree nor disagree

I don't know/not sure

17. Tobacco use or use of Electronic Nicotine Delivery Systems (ENDS) such as e-cigarettes is a personal choice and physicians/clinicians should not be expected to encourage people to quit.

Strongly agree

Disagree

Agree

Strongly disagree

Neither agree nor disagree

I don't know/not sure

18. Medicaid patients/clients are less likely to quit using tobacco or Electronic Nicotine Delivery Systems (ENDS) products such as e-cigarettes than other patients/clients.

Strongly agree

Disagree

Agree

Strongly disagree

Neither agree nor disagree

I don't know/not sure

6. Barriers and Challenges to Tobacco Cessation for Medicaid Patients/Clients

Physicians, clinicians, and other healthcare professionals face multiple challenges in their day-to-day practice. Help us understand what, if anything, is hindering your ability to provide tobacco cessation treatment to Medicaid patients/clients in your healthcare setting.

19. How important are the following in terms of impacting your ability to provide tobacco cessation treatment to Medicaid patients/clients in your healthcare setting:

	Not important at all	Less important	More important	Very important	N/A--It is not my role to provide tobacco cessation treatment to Medicaid patients/clients
More interest from Medicaid patients/clients needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More quit success from Medicaid patient/clients needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More interest in helping Medicaid patients/clients quit using tobacco from staff/coworkers/colleagues needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More training in tobacco cessation intervention techniques for staff/coworkers/colleagues needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More training on FDA-approved tobacco cessation medications for staff/coworkers/colleagues needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time constraints for staff/coworkers/colleagues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not enough Medicaid reimbursement for tobacco treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of access to tobacco cessation medications for Medicaid patients/clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of access to community resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. How important are the following in terms of impacting your ability to provide tobacco cessation treatment to Medicaid patients/clients in your healthcare setting:

N/A--it is not my role to provide tobacco cessation treatment to Medicaid patients/clients

	Not important at all	Less important	More important	Very important	N/A--it is not my role to provide tobacco cessation treatment to Medicaid patients/clients
Hesitancy to overwhelm or upset Medicaid patients/clients who use tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reluctance to provide Nicotine Replacement Therapy products (gum/patch/lozenge)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not comfortable talking to Medicaid patients/clients about tobacco use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time and scheduling constraints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I need more information on available tobacco cessation resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicaid patients/clients continue to use tobacco after being advised to quit by their physician/clinician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Improving Tobacco Cessation for Medicaid Patients/Clients

Please take a moment to give us feedback on what you think would improve your ability to help Medicaid patients/clients in your healthcare setting to stop using tobacco or Electronic Nicotine Delivery Systems (ENDS) such as e-cigarettes.

21. Rank the following in terms of what would make tobacco cessation for Medicaid patients/clients easier in your healthcare setting:

	Not helpful at all	Less helpful	More helpful	Very helpful	I don't know/not sure
Staff/coworker/colleague training on the impact of tobacco use on chronic disease management and prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff/coworker/colleague training on the impact of tobacco use on behavioral health conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Materials such as educational toolkits and guidelines on effective tobacco treatment strategies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pocket referral card showing Medicaid tobacco cessation reimbursement codes for physicians/clinicians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff/coworker/colleague support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinician support and physician champions in your healthcare setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Better screening tools/resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Better intervention strategies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consolidation of tobacco cessation resources (all materials and resources in one place)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Online or electronic resources available for use in healthcare setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. If you have a suggestion for a better way to provide tobacco cessation treatment for tobacco using Medicaid patients/clients in your healthcare setting, please describe below:

8. Medicaid Tobacco Cessation Interview Participation

In partnership with Select Health of SC, DHEC will be interviewing health care professionals about their experiences working with tobacco using Medicaid patients/clients, as well as ways to improve tobacco cessation strategies for this population. Please indicate below and provide your contact information if you would be willing to participate. Interviews should last no more than one hour and may be conducted either in person or over the phone:

23. I am willing to be interviewed in an effort to improve tobacco cessation treatment for Medicaid patients/clients

Yes

No

Contact information (name/email/phone number):