Technical Assistance Tool | October 2020

Reduce Tobacco Use: Strategies for Implementing Evidence-Based Interventions and Addressing Health Disparities

For each of the Centers for Disease Control and Prevention's (CDC) 6|18 Initiative's six high-burden, high-cost health conditions, there are specific evidence-based interventions that Medicaid-public health teams can implement. This resource provides strategies for implementing interventions specific to reducing tobacco use and addressing tobacco-related disparities.

IN BRIEF

This technical assistance tool provides a list of strategies for state Medicaid and public health partners to consider when implementing one or more of the CDC's 6|18 interventions focused on reducing tobacco use. These strategies are based on examples from state Medicaid and public health teams receiving *6|18 Initiative* technical assistance.

Smoking is the leading cause of preventable disease and mortality in the United States, resulting in more than $300 billion in health care costs and lost productivity and roughly 480,000 premature deaths annually. Although cigarette smoking has declined significantly in the last several decades, disparities in tobacco use persist across race, ethnicity, educational attainment, socioeconomic status, and among different geographic locations. Additionally, research points to disparities in receipt of tobacco cessation services. These disparities demonstrate the need to focus policies and programs on tobacco cessation, especially among communities that experience these disparities.

The following list of activities provides a menu of options for state and public health partners to consider when implementing one or more of the CDC's 6|18 interventions focused on reducing tobacco use. These strategies are based on examples from state Medicaid and public health teams receiving *6|18 Initiative* technical assistance.

Intervention #1: Increase access to tobacco cessation treatments, including individual, group, and telephone counseling and Food and Drug Administration (FDA)-approved cessation medications (in accordance with the 2008 Public Health Service Clinical Practice Guideline, the 2015 U.S. Preventive Services Task Force recommendations, and the conclusions of the 2020 Surgeon General's Report on Smoking Cessation[1].)

1. Adopt Medicaid coverage for tobacco cessation counseling and the seven FDA-approved tobacco cessation medications.

- Develop a written survey to send to all Medicaid managed care organizations (MCOs) to better understand what tobacco cessation benefits MCOs offer and how those benefits are being delivered to Medicaid enrollees; collect survey responses and analyze results.
- Create and disseminate a guidance document for Medicaid MCOs outlining the state's current tobacco cessation coverage requirements in order to ensure that MCOs understand and comply with all state regulations.

This resource was developed by CHCS through support from the Robert Wood Johnson Foundation. CHCS is also partnering with the Centers for Disease Control and Prevention (CDC) on CDC's 6|18 Initiative. The views expressed here do not necessarily represent the views of the Foundation nor the official position of the CDC. CDC does not endorse any particular service, product, or organization.

- Meet regularly with Medicaid MCOs. Topics can include: reviewing MCOs' tobacco cessation benefits; clarifying state policies and regulatory requirements; soliciting feedback about coverage successes and challenges; and identifying opportunities to enhance tobacco cessation coverage.
- Ask other *6|18 Initiative* states about their experience covering a particular cessation treatment (e.g., group counseling). Questions may include: the coverage's utilization, cost, and associated benefits (e.g., increased use of covered cessation treatment, increased cessation, reduced health care visits/costs); provider experiences; and/or other operational details.
- Conduct a cost analysis to calculate the financial impacts of reimbursing for a new Medicaid tobacco cessation counseling service or medication, including the anticipated costs and savings associated with covering the benefit.
- Develop a business case for covering an additional tobacco cessation counseling service or medication, which can include details from the quantitative cost analysis and other potential benefits to the Medicaid program and enrollees. This can take the form of a detailed policy document and/or shorter overview documents (one-page handout, infographic, list of talking points, etc.).
- Meet with state Medicaid leadership or Medicaid MCO decision-makers to make the case for covering the additional cessation treatment.
- Determine whether providing additional covered treatments requires a state plan amendment (SPA) to the Centers for Medicare & Medicaid Services (CMS) to add the new benefit to the Medicaid state plan. Submit a SPA and, if approved, communicate new coverage requirements to MCOs. If not pursuing a policy change through a SPA, work directly with Medicaid MCOs to adopt the coverage change. Examples: contract update; clarification memo.
- Determine how the new benefit will be coded/billed and make necessary technology updates to accommodate the new billing procedure.
- Update Medicaid providers about the coverage change, including information about coding and billing for the new benefit, through an announcement in a provider bulletin or other statewide communication channels.
- Develop an evaluation plan to monitor use of newly covered tobacco cessation treatments, including collecting data stratified by race and ethnicity.

EXAMPLE FROM CDC 6|18 INITIATIVE PARTICIPANTS

South Carolina: South Carolina's Medicaid and public health agencies collected information on Medicaid MCOs' tobacco cessation benefits from a survey, then worked with an actuarial firm to analyze how an enhanced cessation benefit would affect Medicaid capitation payments. Using these data, the state's 6| 18 team developed a business case for expanding Medicaid cessation services. Ultimately, Medicaid adopted a standardized tobacco cessation benefit — including all evidence-based counseling services and medications — across fee-for-service and managed care settings.

2. Expand the types of health care providers/settings that provide Medicaid-funded tobacco cessation services or medications.

- Explore feasibility of expanding reimbursement for tobacco cessation services to new provider types, such as: pharmacists, pediatricians, certified tobacco treatment specialists, dentists, behavioral health providers, and visiting nurses. Examples include: gathering information on current scope-of-practice guidelines; potential costs and barriers; and examples from other states.
- Engage with relevant stakeholders to better understand the opportunities and challenges associated with allowing a new class of providers to be reimbursed for cessation services. Examples include: provider associations; hospitals; Medicaid MCOs; patient advocates; and consumer advisory boards.

- Work to enact the policy change to expand the list of providers able to bill for tobacco cessation services. Examples include: legislation; SPA; or Section 1115 waiver.
- Once the policy change has been adopted, develop protocols for the new provider group, including training or certification requirements, reimbursement structure, or scope of services.
- Strengthen, promote, or invest in community or team-based tobacco cessation programs/models (e.g., by encouraging Medicaid health plans to contract with or reimburse for these programs). Examples of these models include:
    - Primary care teams that include tobacco treatment experts;
    - Community health workers that engage communities that may have disparities in access to services and cessation treatment or lower utilization rates and link them to clinical care; and
    - Community-based organizations (CBOs) that provide evidence-based cessation counseling services.
- Develop an evaluation plan to collect data on utilization of tobacco cessation treatments and services, including collecting data stratified by race and ethnicity.

EXAMPLE FROM CDC 6|18 INITIATIVE PARTICIPANTS

***Colorado*:** Enacted legislation to give pharmacists the authority to screen and assess patients' tobacco dependence, dispense cessation medication, and provide counseling on cessation medications and strategies. Following legislation's passage, state agencies and other stakeholders developed a medication protocol and an accreditation program for pharmacists.

***North Carolina*:** Developed a set of recommendations to expand Medicaid reimbursement for tobacco cessation counseling and prescribing of cessation medications to providers who interact regularly with tobacco users, including pediatricians (for adult caregivers of Medicaid-enrolled children), dentists, and pharmacists.

Intervention #2: Remove barriers that impede access to covered cessation treatments, such as cost-sharing and prior authorization.

- Develop a survey to send to all Medicaid MCOs to better understand which barriers, if any, are in place that could impede access to covered cessation treatments. Examples include: cost-sharing; prior authorization; requiring counseling as a precondition for receiving medication; stepped-care therapy; limits on the duration of treatment; and annual or lifetime limits on the number of assisted quit attempts Medicaid will reimburse.
- Engage with Medicaid MCOs — either through direct conversations or via written guidance — to communicate state Medicaid regulations that prohibit access barriers; and ensure that MCOs have a clear understanding of policy definitions and requirements.
- Conduct a cost analysis to assess the financial impact of removing a particular access barrier.
- Develop a business case for removing the access barrier, which can include details from a cost analysis, as well as other potential benefits associated with the policy change. The business case can take the form of a detailed policy document and/or shorter overview documents. Examples include: one-page handout; infographic; or talking points.
- Meet with state Medicaid leadership or Medicaid MCO decision-makers to make the case for removing the barrier.
- Determine whether removing prior authorization or cost-sharing requires a state plan amendment. If so, submit a SPA to CMS to remove the barrier from the Medicaid state plan. Following approval of the SPA:
    - Inform Medicaid MCOs how they can comply with the policy change.

  - Make necessary technology updates to accommodate the policy change (e.g., creating a zero copay category in the pharmacy benefit system).
  - Update Medicaid providers about the policy change through an announcement in a provider bulletin or other statewide communication channels.
- If not pursuing a policy change through a SPA, work directly with Medicaid MCOs to remove any co-pays, requirements, limits, or other barriers through a contract update, clarification memo, or other agreed upon mechanism.
- Develop an evaluation plan and collect data on the policy change to monitor any increases in utilization based on increased access to covered treatments. Collect data that can be stratified by race, ethnicity, language preference, and geography.

EXAMPLE FROM CDC 6|18 INITIATIVE PARTICIPANTS

New York: Removed a number of barriers to smoking cessation services for Medicaid enrollees with a behavioral health diagnosis, including the two-course annual limit on assisted quit attempts and prior authorization requirements. Subsequently worked with Medicaid MCOs to open the enhanced benefit to all Medicaid enrollees.

Massachusetts: Worked to remove copays for tobacco cessation medications at the same time as removing copays for opioid addiction medications and overdose medications. This action was framed as eliminating copays for medications that directly address drug addictions.

Intervention #3: Promote increased use of covered treatment benefits by tobacco users.

1. Educate providers about how to support Medicaid patients' tobacco cessation efforts through provision of or referral to Medicaid-covered cessation services.

- Analyze Medicaid providers' utilization of billable tobacco cessation services to determine which treatments are being used frequently and which are not; use this information to inform provider education/engagement strategies.
- Implement a media campaign directed at providers to promote increased use of Medicaid tobacco cessation benefits and encourage providers to offer these benefits to their patients. Messages could be disseminated through medical journals, mailings, posters, and/or social media. Target messaging to providers that serve communities with significant health disparities. Offer messaging in different languages to community-based providers.
- Create or update a provider billing guide/tool that explains the different Medicaid billing codes for all covered tobacco cessation treatments; disseminate to appropriate Medicaid providers.
- Develop an at-a-glance overview of the tobacco cessation benefits covered by each Medicaid MCO in the state (if benefits are not standardized across plans) and disseminate to appropriate Medicaid providers.
- Host webinars, in-person presentations, or training opportunities to enhance or expand providers' awareness of the standard of care for tobacco dependence treatment. These learning events could offer Continuing Medical Education credits and could be tailored to specific provider types.
- Develop a searchable online tobacco cessation services database to help providers identify local cessation services for patients. Leverage community assets, such as CBOs, MCOs, and Consumer Advisory Boards, to identify these services and ensure accessibility to communities with disparities.
- Monitor provider billing and referral practices over time to evaluate the efficacy of provider engagement strategies, especially among various communities.

EXAMPLE FROM CDC 6|18 INITIATIVE PARTICIPANTS

Rhode Island: Developed at-a-glance matrices describing which tobacco cessation benefits are available to Medicaid fee-for-service and managed care enrollees (as well as to commercial health plan members). Distributed the matrices to provider offices through face-to-face meetings and posted them online for easy access.

Missouri: Launched a provider engagement campaign on social media with the tagline: "Ask: it matters. Every patient, every visit." Social media postings will be accompanied by a link to additional provider resources. Also planning to develop a searchable online tobacco cessation services database to help providers identify local cessation services and refer patients to them.

New York: Developed focus group-tested messages and graphics to encourage providers to engage in smoking cessation conversations and evidence-based treatment at the point of care. Posted the ads on provider-focused webpages (including relevant Facebook and LinkedIn pages and provider association websites), in medical journals, and on posters sent to clinician offices.

2. *Increase consumer awareness of covered Medicaid tobacco cessation benefits.*

- Analyze Medicaid claims/encounter data to better understand characteristics and preferences of Medicaid-enrolled tobacco users; use this information to develop tailored/targeted campaigns or strategies to enhance consumers' awareness and utilization of covered treatment benefits.
- Engage consumers in policies and practices that have a direct impact on their ability to participate in services. Staff quitlines with people from diverse backgrounds — including racially and ethnically diverse groups — so that quitlines reflect the communities they work with.
- Develop a media campaign to educate Medicaid enrollees about available tobacco cessation services. Ensure messaging is culturally and linguistically appropriate. Messages should also reflect differences in socio-economic status and education level.
    - » Identify and determine how to tailor the communication mode, content, and delivery methods for priority Medicaid recipients, such as Black pregnant women, LGBTQ communities, and immigrant youth, by engaging the community in development and implementation of communication strategies.
    - » Consider testing consumer messages with a diverse audience, including non-English speakers.
    - » The campaign could include a short tagline, compelling photos or visual images, and/or testimonials/real stories. Include images and stories from communities with disparities.
    - » Dissemination modes include brochures, mailers, posters, digital advertisements, and/or social media postings with links to information or resources in community-based settings.
- Partner with community-based organizations or local health departments to disseminate information about available Medicaid tobacco cessation benefits.
- Send personalized letters to targeted subsets of Medicaid tobacco users (e.g., pregnant women, persons with behavioral health conditions, or new enrollees) about available Medicaid benefits, such as those offered by a state quitline.
- Work with the state's 211 system (which connects individuals to local social service resources) to increase awareness of and referrals to tobacco cessation resources.
- Analyze Medicaid claims/encounter data (or other relevant data sources) and/or conduct surveys to assess the efficacy and impact of a consumer-focused education or awareness campaign.

EXAMPLE FROM CDC 6|18 INITIATIVE PARTICIPANTS

Montana: Sending a welcome letter to newly enrolled Medicaid recipients about available cessation benefits and services.

Colorado: Created print materials to advertise Medicaid tobacco cessation services using the message "Quitting Smoking is Covered with Medicaid!" Also ran ads on Facebook, using Google analytics to geo-target counties that were identified as having high tobacco use prevalence.

Minnesota: Expanded outreach for the state's "You Can Afford to Quit Smoking" consumer-facing campaign, including translating a consumer brochure into 10 languages. Simultaneously conducted community-based engagement activities to enhance awareness of Medicaid's tobacco cessation benefit in disproportionately impacted populations. Subsequently studied the impact of these efforts by analyzing Medicaid claims data from the state's All-Payer Claims Database.

3. Increase financial support for tobacco quitline services.

- To the extent feasible, apply to CMS to receive a 50 percent federal administrative match for state quitline counseling offered to Medicaid beneficiaries.
- Work to embed tobacco screening, tobacco dependence treatment, and quitline referral resources in the available electronic health record system.
- Meet with Medicaid MCOs to explore direct contracting with the state's quitline provider, or to include quitline services as a covered health plan benefit.
- Develop an evaluation plan to monitor any changes in quitline utilization, and stratify data based on race, ethnicity, language, and geography.

EXAMPLE FROM CDC 6|18 INITIATIVE PARTICIPANTS

South Carolina: Applied to CMS to receive a 50 percent federal administrative match for state quitline counseling offered to Medicaid beneficiaries. CMS approved the request, resulting in enhanced Medicaid funding for the quitline.

New Jersey: Sought to integrate the state's quitline into the larger health care system by: (1) enhancing communication between the quitline and health care providers (including through bi-directional electronic health record referrals); (2) promoting quitline use through Medicaid MCOs; and (3) better promoting tobacco cessation resources through the state's 211 system.

ADVANCING IMPLEMENTATION OF THE CDC'S 6|18 INITIATIVE

Through support from the Robert Wood Johnson Foundation, the Center for Health Care Strategies, in collaboration with a number of partners, is coordinating technical assistance to facilitate state Medicaid and public health implementation of the Centers for Disease Control and Prevention's (CDC) 6|18 Initiative. The CDC's 6|18 Initiative promotes the adoption of evidence-based interventions that can improve health and control costs related to six high-burden, high-cost health conditions — tobacco use, high blood pressure, inappropriate antibiotic use, asthma, unintended pregnancies, and type 2 diabetes. For more information and additional resources, visit www.618resources.chcs.org.

ENDNOTES

[1] Two key conclusions from the report include: 1) Insurance coverage for smoking cessation treatment that is comprehensive, barrier-free, and widely promoted increases the use of these treatment services, leads to higher rates of successful quitting, and is cost effective and 2) The evidence is sufficient to infer that with adequate promotion, comprehensive, barrier-free, evidence-based cessation insurance coverage increases the availability and utilization of treatment services for smoking cessation.