Increasing Capacity for Tobacco Treatment for Kentucky Medicaid Beneficiaries

POLICY BRIEF

SUMMARY

Kentuckians have a smoking prevalence rate of 23.4%, much higher than the national rate of 14.0%.[1] People of lower socio-economic status (SES), including Medicaid recipients, bear a disproportionate burden of chronic tobacco dependence and its negative effects. Adults below the poverty line are 50% more likely to smoke than those of higher SES.[2] Evidence-based cessation methods, including counseling and medication, with individuals of lower SES can significantly reduce chronic tobacco dependence and subsequent negative health outcomes.[3] In Kentucky, Medicaid provides coverage for cessation counseling and medications but there is concern these treatments are underutilized.

Our aim was to describe current tobacco treatment practices, training in tobacco treatment, and interest in training among provider practices in Kentucky serving Medicaid beneficiaries.

WHAT DID RESEARCHERS DO?

We initially conducted focus groups with Medicaid Managed Care Organizations (MCOs) personnel in 2019 to identify facilitators and barriers to providing tobacco treatment with Kentucky Medicaid recipients. Informed by these data, we surveyed practice managers from all 15 Area Development Districts (ADD) in Kentucky from May 2019 to September 2020 to explore the delivery of tobacco treatment services across the state and identify potential gaps. From a random sample of practices serving Medicaid recipients from each ADD, we invited practice managers to complete a brief online or telephone survey.

The purpose of the survey was to assess how provider practices deliver tobacco treatment, characterize Kentucky Medicaid providers who have training and/or certification in treating tobacco dependence, and identify opportunities to enhance services.

WHAT DID RESEARCHERS LEARN FROM PRACTICE MANAGERS?

- Three-fourths reported at least one provider was designated to provide tobacco treatment in their practice; most are nurse practitioners or physicians.
- Only about one-third of practices refer patients to the free telephone Quitline.
- Only one-third of reported providers had attended continuing education (CE) for tobacco dependence treatment in the past two years; yet, 6 in 10 expressed interest in training.
- Providers who offer tobacco treatment counseling are more likely to be interested in tobacco dependence training.
- Only 12 practices had a Tobacco Treatment Specialist (TTS). Attitudes toward tobacco treatment delivery were favorable across all ADDs.

TREATING TOBACCO DEPENDENCE

Medicaid recipients consistently use tobacco at higher rates than the general population.

Treating tobacco dependence saves lives and money.

Across Kentucky, 7 of 10 tobacco users want to quit; half of those currently smoking tried to quit in the past year.

Only 6 in 10 tobacco users received advice to quit by a healthcare professional in the past year.

Interact for Health. (2020). Tobacco Use in Northern Kentucky. Retrieved from https://bit.ly/2RWyMMc

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Only 5% of practice managers reported having a trained Tobacco Treatment Specialist (TTS) in their practice.

WHAT DID RESEARCHERS LEARN FROM PRACTICE MANAGERS? (continued)

- Most providers use **only the first two of the 5As (Ask & Advise)**. Fewer **Assess** readiness, **Assist** with treatment and **Arrange** for follow-up. Providers with recent training in tobacco treatment are significantly more likely to use the 5A's approach (see Table).
- Practices with providers who attended CE training are more likely to refer patients to the Quitline (see Table).
- Practices seeing more Medicaid recipients (>30%) are more likely to report providers have had training in tobacco dependence treatment, but **only 34% report recent training.**
- **Few dentists or dental hygienists** take part in tobacco treatment training.

Table. Impact of Provider Training on Best Practice in Tobacco Treatment

	Providers had tobacco treatment training in the past two years		
	Yes (*n* = 75)	No (*n* = 143)	*p*
	Mean (SD) or *n* (%)	*Mean* (SD) or *n* (%)	
Frequency of using 5As (potential range 5-20)	14.7 (2.9)	12.8 (3.6)	<.001
Frequency of referring to Quitline (potential range 1: never to 4: always)	2.5 (1.0)	2.2 (1.0)	.011

INFRASTRUCTURE GAPS

- **Opt-in** treatment strategies are predominant, meaning patients are not offered treatment unless they request help.
- **There are limited referrals to the Quitline** and non-standardized data collection related to Quitline utilization (see Table).

KEY RECOMMENDATIONS

Implement best practice tobacco treatment using a **multidisciplinary approach** by:

- ✓ Training practice personnel to provide evidence-based tobacco treatment and promoting tobacco treatment specialist training
- ✓ Systematically offering tobacco treatment to every tobacco-using patient, every visit
- ✓ Optimizing the use of counseling and medication across all healthcare settings
- ✓ Enhancing processes, such as practice-initiated Quitline referrals, to ensure appropriate follow-up and referral

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POLICY RECOMMENDATIONS

To improve capacity for delivering tobacco treatment with Medicaid beneficiaries, we recommend:

1. Provide **systematic and standardized training** for all Medicaid providers including nursing and ancillary staff.
2. Create and implement a **detailed "map" of best practice strategies** to promote the use of all aspects of the 5As model for tobacco treatment.
3. Create **benchmarks** to enable practices to measure processes and performance related to the 5As.
4. Promote an **"opt-out" tobacco treatment strategy**, meaning treatment is provided to all tobacco users by default similar to other chronic diseases.
5. Incorporate tobacco treatment into **high-risk case management.**

Further Reading

[1]Cornelius ME, Wang TW, Jamal A, Loretan C, Neff L. (2020) Tobacco product use among adults – United States, 2019. MMWR 69 (46): 1736-1742.

[2]Brantley EJ et al. (2019) Policies affecting Medicaid beneficiaries' smoking cessation behaviors. Nicotine Tob Res. 21 (2): 197-204.

[3]Dahne J et al. (2018) State tobacco policies as predictors of evidence-based cessation method usage: Results from a large, nationally representative dataset. Nicotine Tob Res. 20 (11), 1336-1343.