

Reducing Tobacco Use: Best Practice Recommendations for Managed Care Organizations

POLICY BRIEF

SUMMARY

The U.S. Preventive Services Task Force recommends providers ask all adults about tobacco use, advise them to quit, and assist with the use of cessation medications and counseling.¹ The Centers for Medicare and Medicaid Services (CMS138) recommends persons 18 and older who use tobacco be screened for tobacco use and offered counseling.² Notably, the GOAL for screening and offering tobacco treatment is 70% of eligible patients.

Our prior work demonstrates that these recommended goals are not being met for Kentucky (KY) Medicaid recipients. Despite high use of tobacco-related diagnostic codes, the frequency of claims for cessation counseling are very low. Medicaid claims for tobacco cessation counseling were widely variable across the state.

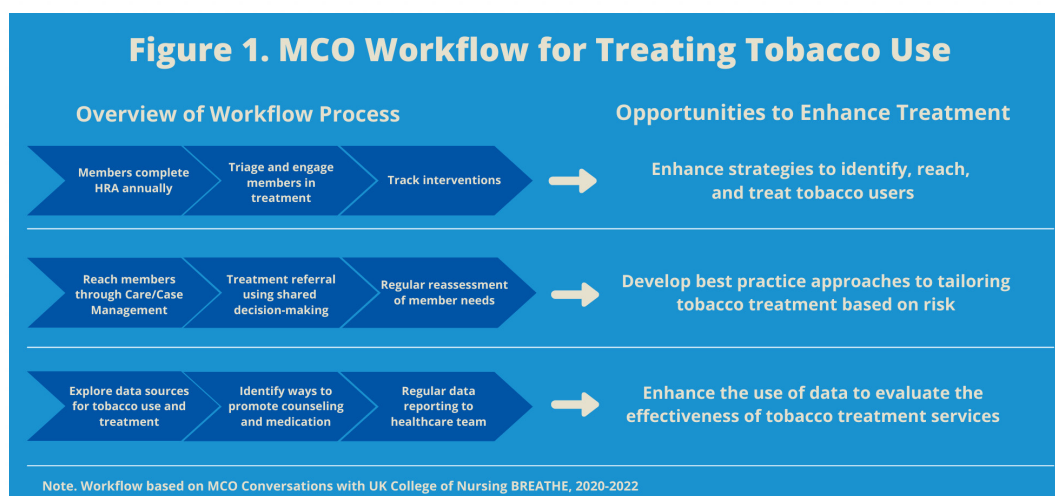
In our prior work, we engaged Managed Care Organizations (MCOs) serving Kentucky Medicaid recipients to explore how they promote tobacco treatment services.³ Kentucky mandates coverage of counseling and all 7 FDA-approved cessation medications (Kentucky Revised Statute 304.17A-168). Since the Kentucky law was enacted in 2017, on average, counseling increased by 30% statewide. Prescriptions for nicotine replacement products (including over the counter) and varenicline (Chantix) increased, on average, by 4% and 46%, respectively.

Our aim was to describe, in detail, the processes used by selected MCOs for collecting and documenting tobacco product use by Medicaid recipients (type, quantity, frequency, and trajectory of use) and how members are engaged in treatment. This information was used to inform Best Practice recommendations to standardize documentation of tobacco use and tobacco treatment with Medicaid recipients.

WHAT DID RESEARCHERS DO?

We held a series of meetings and conversations with department personnel from each of two MCOs that cover 39% of Medicaid members enrolled in managed care plans in KY. Personnel represented various MCO departments, such as Care Management, Population Health, Health Education, Data Analytics, Quality Improvement, Pharmacy, Community Engagement, and Member Services.

Based on meetings with each of the two MCOs, we diagrammed their respective workflows; verifying and editing based on their feedback. We created a final workflow diagram, combining information from both MCOs. We then drafted Best Practice recommendations based on the final workflow diagram and asked each MCO team to review the recommendations for relevance and feasibility. Figure 1 illustrates a brief summary of the final workflow diagram for treating tobacco use.



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WHAT DID RESEARCHERS LEARN FROM THE MCOs?

The MCOs were very engaged partners in examining their processes for identifying and reaching tobacco users, and in exploring opportunities to expand and enhance their workflows. Several common themes emerged, including but not limited to:

- Ask members about all types of tobacco, nicotine use and secondhand smoke exposure on a regular (annual) basis.
- Enhance processes to assess and document tobacco use using the Health Risk Assessment (HRA) annually, and potentially incentivize members to complete it.
- Use a risk-stratification process to 'match' tobacco users with appropriate interventions.
- Coordinate data analytics to target outreach to at risk groups and consider ways to engage tobacco users before they develop chronic conditions.
- Ensure continuity of cessation resources across transitions of care and at various member 'touch points,' such as hospital discharge.
- Engage in community outreach for member cessation support and tobacco prevention efforts.

BEST PRACTICE RECOMMENDATIONS

1. Document tobacco use and treatment utilization by expanding annual HRA questions to IDENTIFY all Medicaid recipients who use tobacco.

- 1a. All forms of tobacco and nicotine product use
- 1b. Current, former, and never use status
- 1c. Secondhand smoke exposure at home, work, and in vehicles
- 1d. Social determinants of health screening
- 1e. Advise providers to use tobacco diagnosis and procedural codes

2. Increase REACH to Medicaid recipients who use tobacco.

- 2a. Communicate regularly with members and providers about the benefits of tobacco treatment and available resources for counseling and medication.
- 2b. Review data and workflow integration opportunities regularly across MCO departments to reach tobacco users at various 'touch points' of care.
- 2c. Collect and report data on community outreach and service coordination to promote tobacco use treatment and prevention activities.
- 2d. Explore use of pharmacy claims data to reach tobacco users.

3. CONNECT tobacco users with evidence-based tobacco treatments.

- 3a. Identify and tailor services to at-risk populations.
- 3b. Use risk stratification to match tobacco users with appropriate level of services.
- 3c. Connect tobacco users with established services, such as the state Quitline, and track referrals and outcomes.

4. EVALUATE services to determine effectiveness and identify gaps.

- 4a. Share data with providers and the Cabinet for Health and Family Services Tobacco Prevention and Cessation Program on member tobacco use prevalence annually.
- 4b. Collaborate across MCOs and state public health agencies to define and measure tobacco treatment engagement and treatment effectiveness using repeated measurements from data sources such as claims, HRA, pharmacy, and other standardized quality measures for tobacco use.

Further Reading

¹ U. S. Preventive Services Task Force, Krist, A. H., Davidson, K. W., Mangione, C. M., Barry, M. J., Cabana, M., . . . Wong, J. B. (2021). Interventions for Tobacco Smoking Cessation in Adults, Including Pregnant Persons: US Preventive Services Task Force Recommendation Statement. *JAMA*, 325(3), 265-279. doi:10.1001/jama.2020.25019

² Smoking Cessation Evidence and Resources. Content last reviewed March 2021. Agency for Healthcare Research and Quality, Rockville, MD. <https://www.ahrq.gov/evidencenow/projects/heart-health/evidence/smoking.html> Accessed 6.8.2022.

³ Darville, A., Williams, L.B., Edward, J., Butler, K.M., Rademacher, K., Gray, B.A.C., Tischner, C.M., Keeler, H., Hahn, E.J. (in press). Enhancing Tobacco Treatment for Medicaid Recipients. *Southern Medical Journal*.

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