Oregon Health Authority

TOBACCO CESSATION SERVICES: 2014 SURVEY REPORT

Oregon Health Plan (Medicaid)

A summary of tobacco dependence and cessation services provided to Oregon coordinated care organization members in 2014.

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EXECUTIVE SUMMARY

Tobacco use is the leading cause of preventable death and disease in Oregon and disproportionately affects Medicaid clients. In Oregon, 77%[1] of current adult smokers want to quit, but success can depend on receiving evidence-based support, including counseling and medication. Comprehensive cessation benefits offered by health plans play an important role in providing the support needed to successfully quit. Oregon's health system transformation provides a significant opportunity for reducing tobacco use among the Medicaid population, especially the increased focused on preventive care by coordinated care organizations (CCOs) to improve health outcomes for their member population and reduce health care costs.

The 2014 Tobacco Cessation Survey Report is the third time the Public Health Division has assessed the tobacco cessation benefits offered to members of Oregon's Medicaid program, the Oregon Health Plan. This report summarizes the services and benefits offered to Medicaid members as reported by each CCO. Quitting tobacco is not a one-size-fits-all process and all options in counseling and appropriate medication need to be available to meet the needs of each individual. It is essential that comprehensive tobacco cessation benefits are offered to all tobacco users to continue reducing tobacco use among Oregonians. As outlined in this report, tobacco cessation benefits vary by CCO. All 16 CCOs responded to the survey.

SUPPORTIVE ENVIRONMENTS HELP TOBACCO USERS QUIT

Most tobacco users want to quit. Policies, including tobacco-free worksites and clinics, make it easier for clients to reduce or quit by creating an environment to support their efforts. Increased cessation support for clients provides the tools, while public policies create the supportive environment.

Promoting change in social norms is essential to successful tobacco cessation. The social environment provides the context for smoking cessation and encourages smokers in their attempts to quit.

The supportive environment for tobacco users must be reinforced by increased availability and accessibility to low-cost health system services that support quit attempts.

Effective tobacco cessation programs should be supplemented by efforts to change community norms, increase cost of tobacco, restrict places where smoking is permitted, and use mass-media campaigns to promote cessation.

[1] *Oregon Behavioral Risk Factors Surveillance System 2013.*

The survey findings include:

- Tobacco use ranged from 28% to 47% among CCO members, before Medicaid expansion.
- Fourteen CCOs cover all three types of counseling: telephone, individual and group.
- Nine of 16 CCOs provide coverage for all seven FDA-approved tobacco cessation medications.
- All CCOs currently require a prior authorization for at least one covered product.

Tables 1, 2, 3 and 4 summarize each CCO's findings on tobacco use, cessation counseling coverage, pharmacotherapy coverage and barriers to accessing pharmacotherapy.

Table 1: Tobacco use by CCO, 2013 – *Prior to Medicaid expansion*

CCO	% of Medicaid clients who report tobacco use
AllCare Health Plan	34%
Cascade Health Alliance	40%
Columbia Pacific	47%
Eastern Oregon	39%
FamilyCare	35%
Health Share	34%
InterCommunity Health Network	40%
Jackson Care Connect	33%
PacificSource Central Oregon	33%

CCO	% of Medicaid clients who report tobacco use
PacificSource Columbia Gorge	35%
PrimaryHealth of Josephine County	36%
Trillium Community Health Plan	36%
Umpqua Health Alliance	38%
Western Oregon Advanced Health	45%
Willamette Valley Community Health	28%
Yamhill Community Care Organization	40%
Fee for service	28%

Table 2: Cessation counseling coverage by plan, 2014

√ = Criteria met

CCO	Telephone	Individual	Group
AllCare Health Plan	√	√	√
Cascade Health Alliance	√	√	√
Columbia Pacific	√*	√	√
Eastern Oregon	--	√	√
FamilyCare	√*	--	--
Health Share	√*	√	√
InterCommunity Health Network	√*	√	√
Jackson Care Connect	√*	√	√
PacificSource – Central Oregon	√*	√	√
PacificSource – Columbia Gorge	√*	√	√
PrimaryHealth of Josephine County	√	√	√
Trillium	√*	√	√
Umpqua Health Alliance	√	√	√
Western Oregon Advance Health	√	√	√
Willamette Valley Community Health	√	√	√
Yamhill Community Care Organization	√*	√	√

√ *Klamath Open Door clients only*

√* *CCO contracts with Alere Wellbeing, Inc. for cessation counseling services by telephone*

Table 3: Pharmacotherapy coverage for cessation by plan, 2014

√ = Criteria met

CCO	Gum	Patch	Lozenge	Spray	Inhaler	Bupropion SR (Zyban)	Varenicline
AllCare	√	√	√	√	√	√	√
Cascade Health Alliance	√	√	√	√	–	√	√
Columbia Pacific	√	√	√	√	√	√	√
Eastern Oregon	√	√	√	√	√	√	√
FamilyCare	√	√	√	√	√	√	√
Health Share	√	√	**	**	**	√	√
InterCommunity Health Network	√	√	√	√	√	√	√
Jackson Care Connect	√	√	√	√	√	√	√
PacificSource – Central Oregon	√	√	√	–	–	√	√
PacificSource – Columbia Gorge	√	√	√	–	–	√	√
PrimaryHealth of Josephine County	√	√	√	–	–	√	√
Trillium	√	√	√	√	√*	√	√
Umpqua Health Alliance	√	√	√	√	√	√	√
Western Oregon Advanced Health	–	√	–	–	–	√	√
Willamette Valley Community Health	–	√	–	–	–	–	–
Yamhill Community Care Organization	√	√	√	√	√	√	√

**Dual eligible (Medicare-Medicaid enrollees) members only.*

***Varies by provider network*

Table 4: Accessing pharmacotherapy by plan, 2014

√ = Criteria met

CCO	Coverage Provided for all seven FDA-approved medications	No Prior authorization required for all seven FDA approved medications[i]	Enrollment in or commitment to counseling not required[ii]
AllCare	√		√
Cascade Health Alliance		Does not offer all seven FDA-approved medications	
Columbia Pacific	√		√
Eastern Oregon	√		√
FamilyCare	√		√
Health Share		Does not offer all seven FDA-approved medications	√
InterCommunity Health Network	√		√
Jackson Care Connect	√		√
PacificSource – Central Oregon		Does not offer all seven FDA-approved medications	√
PacificSource – Columbia Gorge		Does not offer all seven FDA-approved medications	√
PrimaryHealth of Josephine County		Does not offer all seven FDA-approved medications	√
Trillium	√		√
Umpqua Health Alliance	√		
Western Oregon Advanced Health		Does not offer all seven FDA-approved medications	
Willamette Valley Community Health		Does not offer all seven FDA-approved medications	√
Yamhill Community Care Organization	√		√

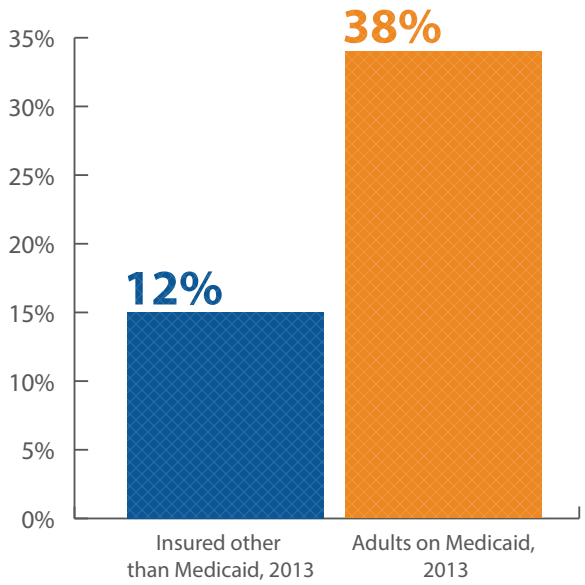
[i] *Requiring prior authorization is not recommended as it can cause delays in treatment and cause the patient to become discouraged from seeking treatment.*

[ii] *Requiring enrollment in or commitment to counseling is not recommended. Although the combination of counseling and medication is recommended, requiring it may discourage tobacco users (who are unable to attend counseling or unwilling) from attempting to quit.*

INTRODUCTION

Tobacco use is the leading cause of preventable death and disease in Oregon. Each year, tobacco use kills almost 7,000 Oregonians[4] and secondhand smoke causes an additional 650 deaths.[5] Adult Medicaid clients are more than three times as likely to smoke or use tobacco as non-Medicaid Oregon adults (Figure 1).[6]

Figure 1: Adult tobacco use status (cigarettes only)



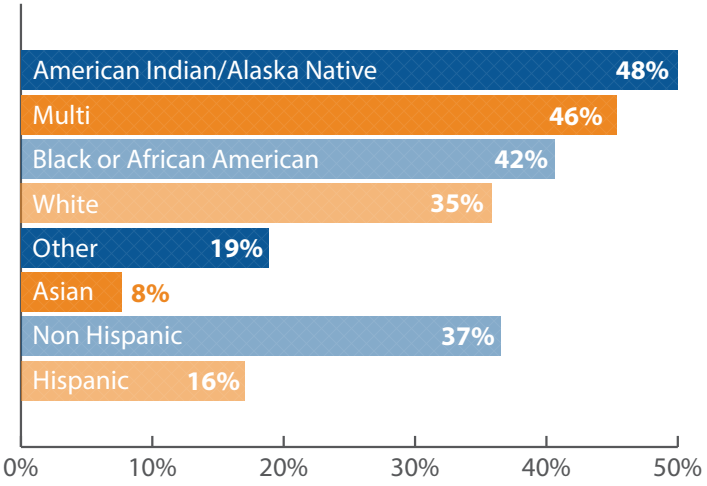
Economic status is the single greatest predictor of tobacco use. Oregon residents living below the federal poverty line and with less than a high school education bear a disproportionate burden of tobacco use, related illnesses and deaths.

[4] *Oregon Health Authority-Public Health Division. Oregon Vital Statistics Annual Reports-Volume 2 [Internet]. 2012. Available from: http://public.health.oregon.gov/BirthDeathCertificates/VitalStatistics/annualreports/12v2/Documents/Table20.pdf. Accessed 9/04/2014.*

[5] *Based on a calculation: 7,000 x 9.5% = 650. The ratio 9.5% = 42,000 deaths due to secondhand smoke nationally/443,000 primary tobacco deaths nationally; 7,000 is an estimate from Oregon Vital Statistics Annual Reports: Volume 2; 42,000 is from Max W, Sung H-Y, Shi Y. Deaths From Secondhand Smoke Exposure in the United States: Economic Implications. American Journal of Public Health. 2012. p. 2173–80.; and 443,000 is from Smoking-Attributable Mortality, Years of Potential Life Lost, and Productivity Losses—United States, 2000–2004. Morbidity and Mortality Weekly Report. 2008;57(45):1226–8.*

[6] *Oregon Behavioral Risk Factors Surveillance System 2013; age-adjusted to the 2000 standard population.*

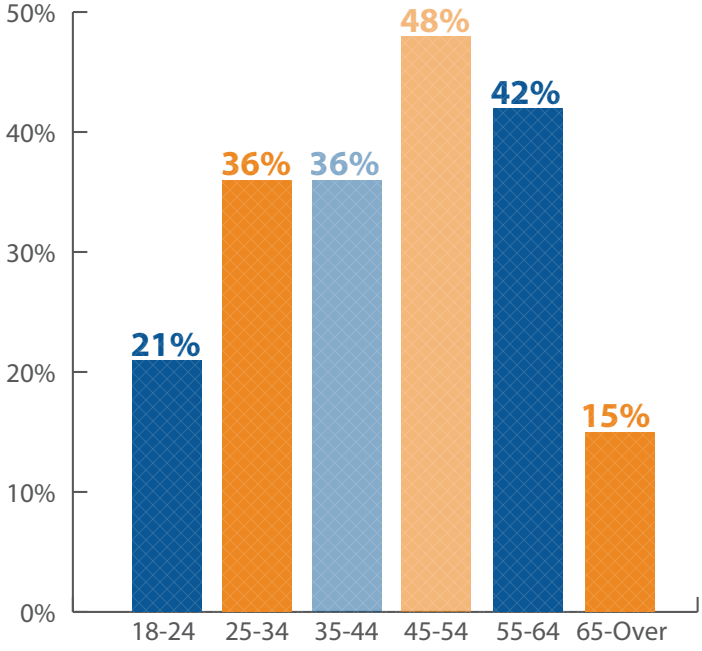
Figure 2: Adult tobacco use by race and ethnicity (any tobacco product)



Data includes Medicaid members from all 16 CCOs.
Data source: 2013 CAHPS

In addition to persons with low socioeconomic status, Medicaid clients who are African American, American Indian/Alaska Native or white are more likely to smoke than Medicaid clients who are Asian/Pacific Islander or Hispanic.

Figure 3: Adult tobacco use by age group (any tobacco product)



Data includes Medicaid members from all 16 CCOs. Data source: 2013 CAHPS

Possibly due to tobacco use patterns from past decades, older age groups have higher tobacco use than younger generations; however, tobacco-caused death and illness occurring among smokers aged 65 and older is a significant factor for their low tobacco use rates.

The economic burden of tobacco is devastating. The economic burden of tobacco use is also significant. In Oregon, direct Medicaid costs related to smoking are an estimated $374 million per year.[7] This is equivalent to approximately 6% of total annual expenditures for Medicaid in Oregon.[8]

Tobacco users want to quit smoking. Among adult current smokers in Oregon, 77% would like to quit smoking and 53% have tried to quit in the past year.[9] Tobacco use is a chronic, relapsing condition; quitting is not easy and may take several attempts. Studies show that tobacco users are two times more likely to quit successfully if they receive help, specifically a combination of counseling and medication.[10]

Oregon's health system can help tobacco users successfully quit. Communities across Oregon came together in 2012 to address the triple aim of better health, better care and lower costs by forming CCOs, local entities designed to provide dental, mental and physical health care for individuals eligible for Medicaid. CCOs provide coordinated health care to their members through patient-centered primary care homes, using a global budget that grows at a fixed rate. CCOs are held accountable for health outcomes through quality measures, including blood pressure control, diabetes HbA1c poor control and other measures commonly associated with tobacco use.

Oregon's health system transformation aims to achieve better health for everyone in Oregon through prevention, rather than simply paying for treatment of illness and disease. These efforts stress the use of proven approaches in preventing disease and improving health. Since tobacco use is the leading cause of preventable death and disease in Oregon, helping tobacco users quit is a key strategy for improving health.

Quality cessation benefits help tobacco users quit. Offering comprehensive tobacco cessation coverage leads to greater use of evidence-based cessation treatments and increases quit rates. All CCOs offer some coverage for tobacco cessation for their Medicaid members, but not all offer a comprehensive benefit. Comprehensive coverage provides all seven first-line FDA-approved medications, which include nicotine replacement therapy (gum, patch, nasal spray, inhaler and lozenge), bupropion SR and varenicline. Coverage also includes the three recommended counseling strategies of telephone, group and individual counseling. The Affordable Care Act (ACA) requires all health plans to provide tobacco cessation services to their customers. In 2014, the Department of Health and Human

[7] Based on a calculation [(400.26/310.1)$290 million] where, 400.26 is the CPI for 2011; 310.1 is the CPI for 2004, and $290 million is from a report by Armour BS. Finkelstein EA, Fiebelkorn IC. State-level Medicaid expenditures attributable to smoking. Preventing Chronic Disease. 2009;6(3): A84. Available at: www.cdc.gov/pcd/issues/2009/jul/08_0153.htm.*

[8] Total Medicaid Spending in Oregon, FY 2010, Kaiser Family Foundation. [Internet] http://kff.org/medicaid/state-indicator/total-medicaid-spending/. Accessed 9/04/2014.

[9] Oregon Behavioral Risk Factors Surveillance System 2013.

[10] Fiore MC, Jaén CR, Baker TB, et al. Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. May 2008.

Services clarified what constitutes a comprehensive tobacco cessation benefit under the ACA. The benefit must include no cost-sharing, screening for tobacco use and tobacco cessation services for those who use tobacco products. The guidance defines an appropriate benefit as:[11]

1. Four tobacco counseling sessions of at least 10 minutes each (including telephone, group and/or individual counseling),
2. All medications approved by the FDA as safe and effective for smoking cessation,
3. Benefits should be accessible at least twice a year to tobacco users, recognizing not everyone quits on their first try,
4. Plans should not require prior authorization to access these benefits.

The ACA also requires cessation benefits be provided at no cost to the patient. No copays, coinsurance or deductibles should be charged.

MassHealth Tobacco Cessation: health benefits and cost-savings

In 2006, the state of Massachusetts began offering nearly comprehensive cessation benefits to Medicaid enrollees that included coverage for behavioral counseling and all FDA-approved cessation medications. Cessation benefits were promoted through targeted advertisements on radio, internet and printed materials. Massachusetts' smoking rates dropped from 38% to 28% over a two and half year period as a result of reducing barriers and increasing access to evidence-based cessation treatments.[1] Every dollar spent on program costs (medications, counseling, and promotion and outreach) for Medicaid smokers was associated with a reduction of $3.12 in medical savings.[2] Other results include a significant decrease in hospital admissions for heart attacks and acute coronary heart disease, with a decline of 46% and 49% respectively.[3]

[1] Land T, Warner D, Paskowsky M, et al. Medicaid Coverage for Tobacco Dependence Treatments in Massachusetts and Associated Decreases in Smoking Prevalence. PLoS ONE. 2010;5.
[2] Richard P, West K, Ku L. The return on investment of a medicaid tobacco cessation program in Massachusetts. PLoS ONE. 2012;7.
[3] Land T, Rigotti NA, Levy DE, et al. A longitudinal study of Medicaid coverage for tobacco dependence treatments in Massachusetts and associated decreases in hospitalizations for cardiovascular disease. PLoS Medicine. 2010;7.

[11] FAQs about Affordable Care Act Implementation (Part XIX). U.S. Department of Labor. Employee Benefits Security Administration. May 2, 2014. Available at http://www.dol.gov/ebsa/faqs/faq-aca19.html Accessed 8/24/2014.

TOBACCO PREVENTION AND EDUCATION PROGRAM

The Tobacco Prevention and Education Program (TPEP), which is a part of the Public Health Division of the Oregon Health Authority (OHA), was launched in 1997 with a clear mandate — to reduce tobacco-related illness and death. Since its start, TPEP has been a comprehensive program addressing the issue of tobacco use through leadership, coordinated programs and partnerships, and allegiance to rigorous data-driven and evidence-based practice. TPEP supports a number of statewide and local initiatives in reducing tobacco use. Some activities slated for 2015 include:

- Tobacco cessation and prevention media campaign through television, radio, print, digital and out-of-home promotions to complement the CDC's 2015 Tips From Former Smokers campaign. Tips From Former Smokers is a national media campaign featuring real people who have experienced a variety of illnesses from tobacco use.
- Development of tobacco cessation curricula for traditional health care workers (THW) and public health nurses and delivery of trainings to THWs throughout Oregon. Trainings will be provided through an OHA-approved program for THWs seeking certification.
- Training for health care providers, including clinicians, medical assistants, nurses and traditional health care workers on the 5 A's model for treating tobacco use and dependence. The 5 A's Intervention was developed by the U.S. Public Health Service and provides a framework for screening and treating patients for tobacco use and dependence.
- In partnership with OHA Addictions and Mental Health (AMH), trainings will be provided to AMH residential treatment facility administrators, their staff and peer support/wellness specialists. The trainings will focus on reinforcing tobacco-free living and wellness supports for AMH consumers and staff. The Tobacco Freedom Policy prohibits tobacco use in any form by staff, individuals receiving services, volunteers and visitors in the interior space or outside property of residential facilities licensed and funded by AMH. Additional technical assistance will be provided by TPEP coordinators who will help individual AMH residential treatment facilities implement the policy.

Every local public health authority and tribe in Oregon has a Tobacco Prevention and Education Program. Local programs can be a resource for tobacco prevention efforts. Some examples of technical assistance include promoting quitting benefits, connecting CCOs to available tobacco cessation trainings or providing technical assistance for service delivery sites to take their campuses tobacco-free.

ABOUT THE TOBACCO CESSATION SERVICES ANNUAL SURVEY

The Tobacco Cessation Services Annual Survey was first fielded with managed care organizations and dental care organizations in 2011 and again in 2012. The Tobacco Cessation Services Annual Survey replaced the Tobacco Cessation Matrix, which was used until 2009. The most recent Tobacco Cessation Services: 2012 Survey Report describes cessation benefits provided in calendar year 2011 and can be accessed online at *www.oregon.gov/oha/healthplan/DataReportsDocs/2012 Tobacco-cessation services Survey.pdf.*

In 2014, OHA fielded an abbreviated version of the 2011 and 2012 Tobacco Cessation Services Annual Survey to all 16 CCOs. All CCOs submitted the survey.

Survey content was based on Clinical Practice Guidelines, Treating Tobacco Use and Dependence: 2008 Update.[12] The information collected can be summarized into the following categories:

- **Assessment:** How tobacco users are identified and how tobacco use status is documented.
- **Providers:** Trainings offered by contracted providers on available tobacco cessation benefits and best practices.
- **Marketing and Promotion:** How available cessation benefits are communicated to members.
- **Available Services:** Cessation counseling services and pharmacotherapy options offered in the plan benefit.
- **Specific Population Promotions:** Targeted efforts to meet the needs of specific groups within the CCO member population.
- **Policy:** Tobacco-free campus policies.

DATA SOURCES

Tobacco use among adult Medicaid clients, advice to quit and assistance to quit data in this report come from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) 2014. Adult Medicaid tobacco users are calculated as the percentage of members reporting they smoke cigarettes or use tobacco every day or some days.

Tobacco use among all Oregon adults comes from the Behavior Risk Factor Surveillance System (BRFSS) 2013. Adult tobacco users are calculated as the percentage of respondents who smoke cigarettes.

Member population data provided in this report came from the Oregon Health Authority's Office of Health Analytics.

CCO CESSATION BENEFITS SURVEY RESULTS SUMMARY

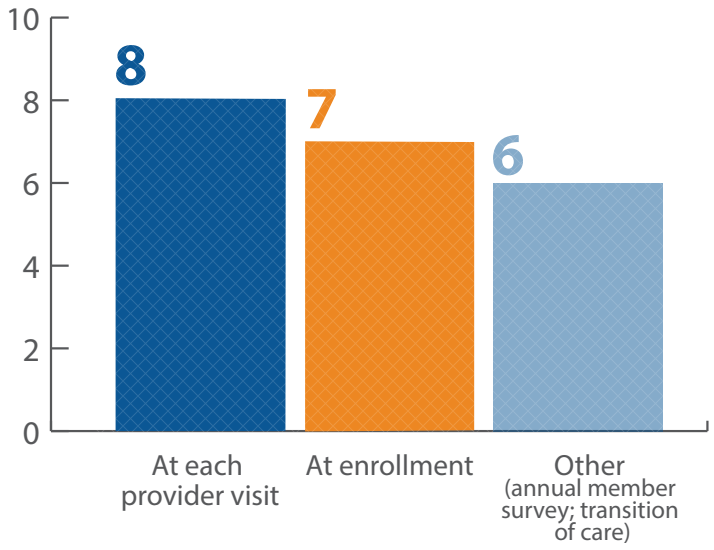
While each CCO provides some level of coverage for cessation counseling and medications, as required by contract, tobacco cessation services provided to Medicaid members varies by CCO. As benefits and barriers to accessing benefits vary by plan, utilization also varies by plan. This section summarizes the 2014 survey results for assessment of tobacco use status, provider training, marketing of benefits to members, available cessation services, outreach to specific populations and tobacco-free policies.

[12] *Fiore MC, Jaén CR, Baker TB, et al. Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. May 2008.*

ASSESSMENT

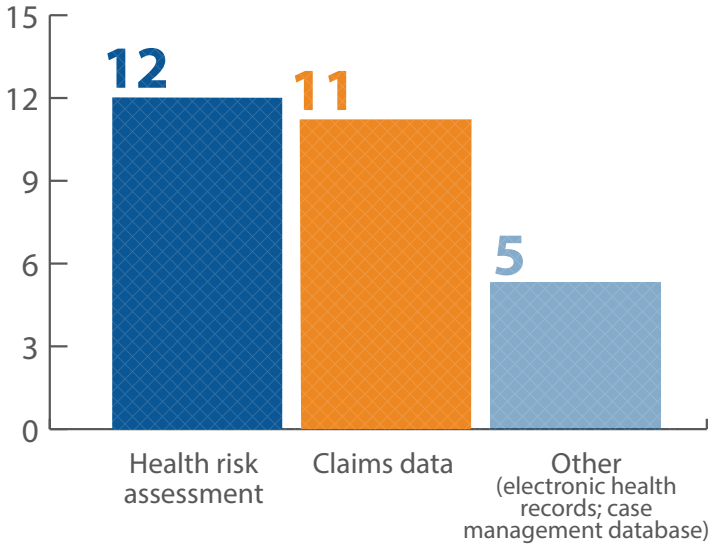
Although not all CCOs are able to assess tobacco use status of all of their members, each CCO has at least one method of routinely identifying and documenting tobacco use status among a subpopulation of their members. The majority of CCOs are unable to document their tobacco users at the plan level, or identify them before they access their cessation benefit (and show up in claims data) without conducting a thorough chart review. Note that in the figure below, CCOs frequently use more than one method to identify tobacco use.

Figure 4: Number of CCOs using each method to identify tobacco users (n=16)



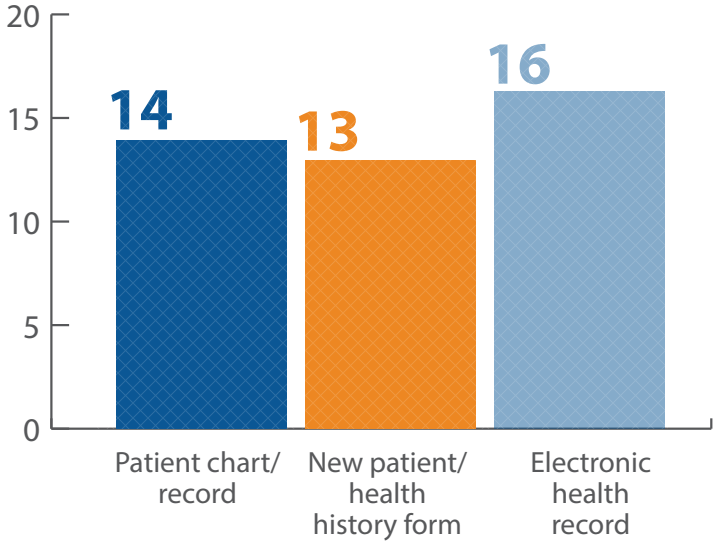
Every CCO uses a method to document tobacco use among at least a portion of their member population annually. The most common methods include health risk assessments and medical and/or pharmacy claims data.

Figure 5: Number of CCOs using each method to document tobacco use status (n=16)



CCOs report that their contracted providers document member tobacco use status in their patient charts or records, in new patient or health history forms, and in electronic health records.

Figure 6: Documentation of tobacco use among CCO contracted providers (n=16)



When plans cannot systematically identify all of their tobacco users, it is difficult to conduct proactive outreach to encourage tobacco users to quit or take steps to actively connect them with available cessation services. Similarly, if providers are not asking their patients about tobacco use, they do not know who to advise to quit or which patients need support and referrals.

PROVIDERS

CCOs use a variety of methods to inform contracted providers of their tobacco cessation services and policies. Informing providers of the CCOs benefits and policies can make referral to cessation resources easier for providers.

Figure 7: Methods used by CCOs to inform contracted providers of tobacco-cessation services/policies (n=16)

Some CCOs have tobacco cessation coordinators who provide ongoing training to CCO case management and disease management staff as well as contracted providers, including mental health agencies. Some CCOs have provided 5 A's or motivational interviewing training to contracted providers and traditional health workers.

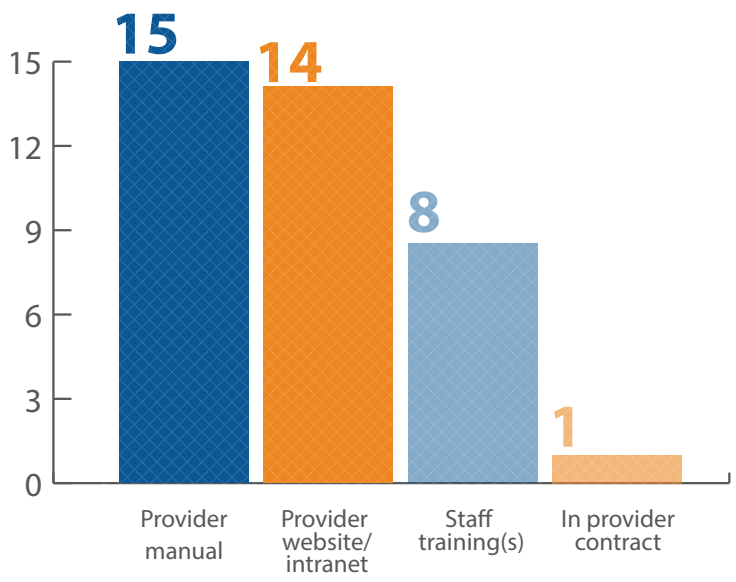
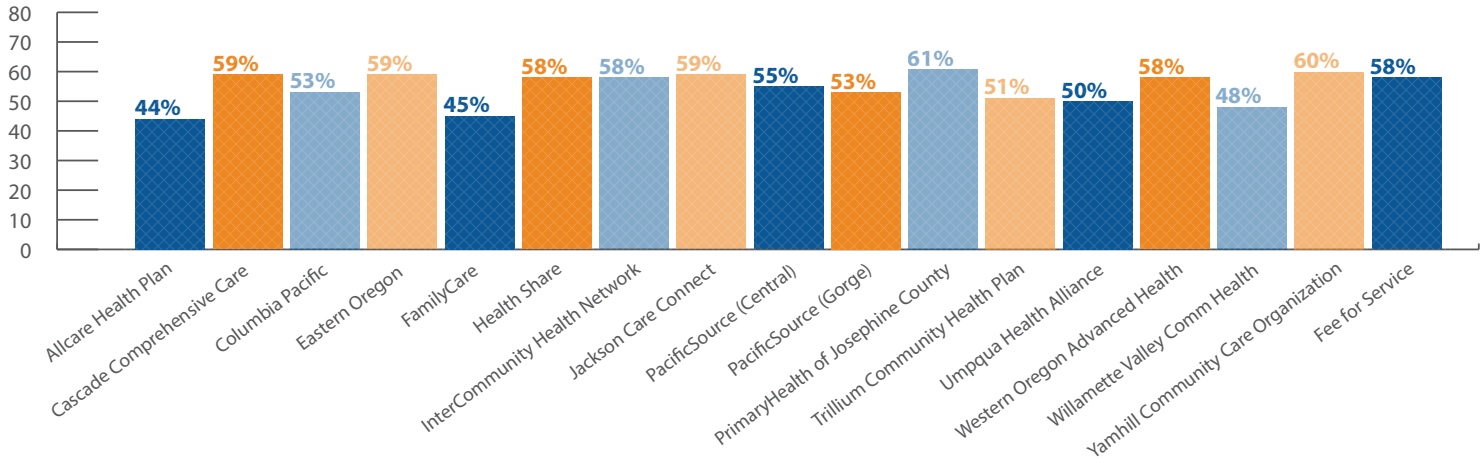


Figure 8: Percent of tobacco users who report being advised to quit smoking or using tobacco by a doctor or other health care provider in the last six months



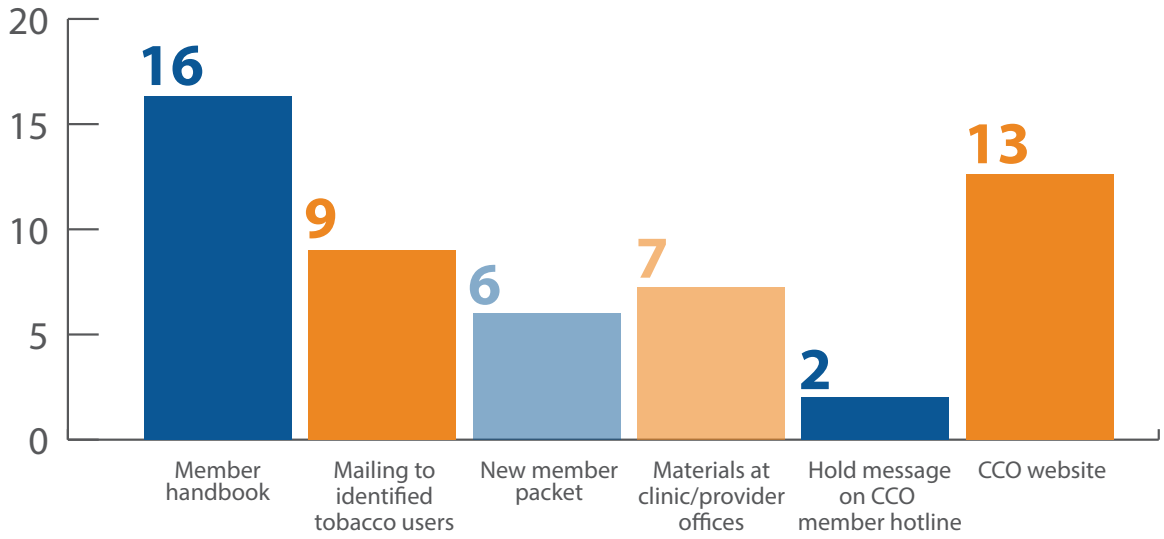
Studies have also shown that by merely asking patients if they smoke or use tobacco and advising them to quit, tobacco users' chances of quitting double over the next year.[13] *No other clinical practice has more impact on reducing illness, preventing death and increasing quality of life.*

[13] *Whitlock EP, Orleans CT, Pender N, et al. Evaluating primary care behavioral counseling interventions: an evidence-based approach. American Journal of Preventive Medicine. 2002:22:267-84.*

MARKETING AND PROMOTION

CCOs use a variety of strategies to let members know what cessation benefits are offered. All CCOs share some information about cessation benefits in their member handbooks.

Figure 9: Venues used by CCOs to promote cessation services (n=16)



Over the last year, CCOs implemented a variety of strategies to encourage members to use cessation resources to quit tobacco. Many CCOs promoted the Oregon Tobacco Quit Line and tobacco cessation classes to members who were identified as a tobacco user during their initial assessment, through medical claims, or through conversations with health coaches or other staff.

AVAILABLE SERVICES

COUNSELING

All CCOs cover at least one form of cessation counseling, whether telephone, individual or group counseling. Thirteen CCOs provide a benefit for all three types of counseling.

All CCOs provide some form of in-person cessation counseling, whether with a primary care provider, other health professional or group counseling. Some CCOs only offer cessation counseling through a specific contracted provider, or only offer cessation counseling based on medical necessity.

Figure 10: Number of CCOs covering each type of group counseling (n=16)

Fourteen CCOs cover any form of telephone counseling, with 10 CCOs contracting directly with Alere Wellbeing Inc., to provide Quit Line services to members.

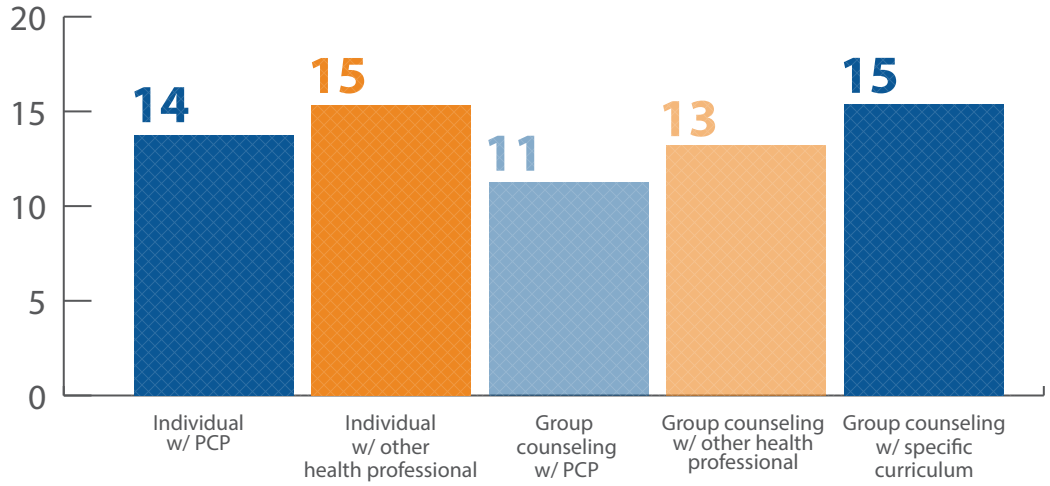
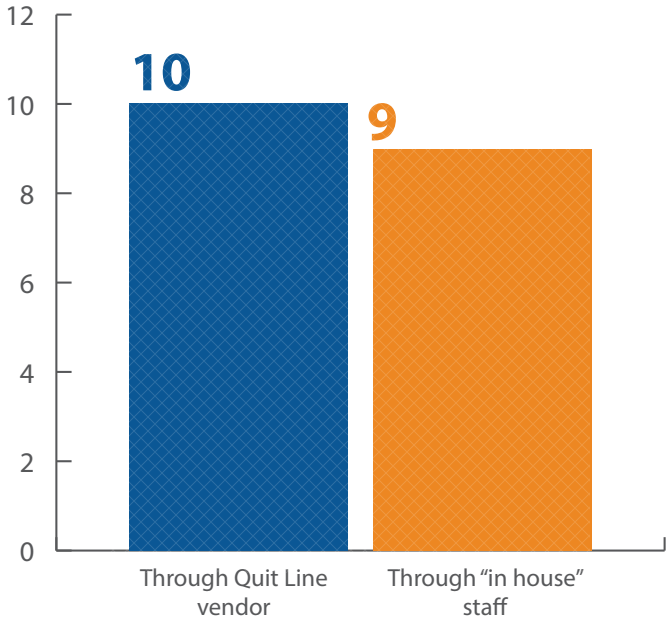


Figure 11: Number of CCOs covering each type of telephone cessation counseling (n=16)



PHARMACOTHERAPY

Treatment for smoking cessation is not one-size-fits-all; everyone responds to treatment differently. Some people also might not be able to take one or more cessation medications because of other medical conditions they have. For all these reasons, people should have the full range of treatment options available when they want to quit.

All 16 CCOs provide coverage for nicotine patches. Of the other six FDA-approved medications for tobacco cessation:

- Fifteen CCOs cover bupropion SR (Zyban) and varenicline (Chantix)
- Fourteen CCOs cover nicotine gum.
- Thirteen CCOs cover nicotine lozenges.
- Ten CCOs cover nicotine nasal spray.
- Nine CCOs cover the nicotine inhaler.

Nine of 16 CCOs provide coverage for all seven FDA-approved tobacco cessation medications.

BARRIERS TO ACCESSING SERVICES

Cessation services must be as easy for tobacco users to access as possible, to further encourage them to quit. Barriers to accessing services, such as a requirement to enroll in counseling or a prior authorization process, can discourage tobacco users from utilizing benefits put in place to help them quit.

LENGTH OF TREATMENT

Tobacco dependence is a chronic, relapsing condition. When tobacco users are ready to make a serious quit attempt, there may be several periods of abstinence and relapse before quitting permanently.[14] It is important to provide cessation benefits that cover multiple quit attempts and support these cycles of relapse and remission.

- All 16 CCOs provide more than one course of at least one type of covered cessation medication. One CCO allows two maximum enrollments per lifetime per cessation medication.

COPAYMENTS

The cost of treatment is a barrier for people accessing services, especially the Medicaid population. Full coverage of services increases quit attempts, quit rates and use of pharmacotherapy.

- None of the CCOs require copayments for any of their covered cessation medications.

ENROLLMENT IN COUNSELING

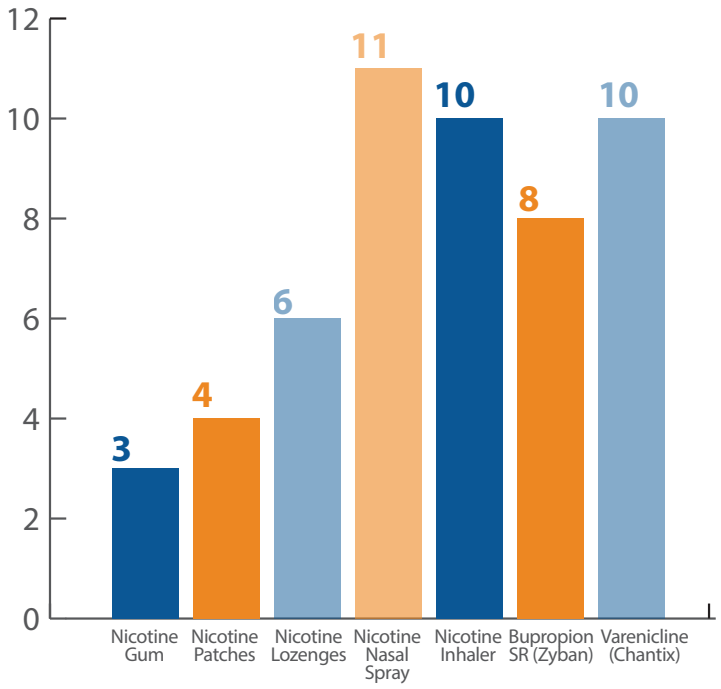
While a combination of medications and behavioral counseling is the most effective treatment for tobacco cessation, requiring enrollment in counseling or participation in programs to access cessation medications makes the benefit less accessible and can lead to lower utilization.

- Three CCOs require cessation counseling or a behavioral program to access pharmacotherapy. One CCO requires a letter of intent to attend a cessation class to access pharmacotherapy.

PRIOR AUTHORIZATIONS

CCOs may require plan members to obtain approval from the plan before receiving a requested service or prescription, or require physicians to obtain approval before recommending a service or writing a prescription. Health plans frequently use prior authorizations for cessation medications. All CCOs currently require a prior authorization for at least one of their covered products, and some CCOs only require it after the first course of treatment is complete.

Figure 12: Number of CCOs requiring a prior authorization, by product (n=16)



Prior authorizations are most commonly used to identify any complicating factors and ensure appropriate use, examine drug safety, control costs, ensure members access preferred products first (e.g., try nicotine patches before nicotine inhalers), ensure enrollment in counseling programs, and to provide utilization records. However, the long-term effects of prior authorization programs have not been fully documented. It is possible that limiting products and services that can help people quit will cause plans to pay for more expensive health care services for tobacco-related diseases in the future.

[14] *Fiore MC, Jaén CR, Baker TB, et al. Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. May 2008.*

SPECIFIC POPULATION PROMOTIONS

Most CCOs have conducted outreach to at least one defined subset of their member population to promote tobacco cessation. Typically, outreach to specific groups is done through existing systems, such as the mental health organization, maternity case manager or obstetrician offices, or disease manager. CCOs that contract with Alere Wellbeing, Inc. are able to provide cessation counseling services in multiple languages by telephone. Other CCOs use interpreters to provide counseling services in other languages.

In Oregon, the rate of smoking during pregnancy has always been above the national average. An estimated 4,795[15] infants in Oregon were born in 2011 to mothers who used tobacco during pregnancy, resulting in an estimated $1.9 million[16] in extra health costs. Some CCOs have targeted efforts and resources for women who are currently pregnant or planning a pregnancy. Examples of targeted strategies for pregnant women include:

- Providing all pregnant women with a maternity packet that includes pregnancy-specific tobacco cessation material.
- Sharing information with pregnant members through member newsletters and the Text4Baby program. The Text4Baby program sends educational and reminder texts to enrolled members.
- Offering the Tobacco Cessation in Pregnancy Incentive Program, which provides gift cards to pregnant women who go tobacco-free.
- Vouchers to pregnant women who keep their scheduled appointments, including tobacco cessation counseling.

Some CCOs use medical and pharmacy claims to guide their cessation outreach. Many promote the Oregon Tobacco Quit Line, which is serviced by Alere Wellbeing and offers proactive phone calls made by quit line counselors to members who filled a prescription for nicotine replacement therapy. One CCO also calls members with an emergency room or inpatient claim with a tobacco use code, but who have not utilized the tobacco cessation benefit in the past six months. Members who have had a claim with a tobacco dependence diagnosis in the past three months are sent a letter explaining their benefits, including the number of covered counseling visits.

POLICY

Two CCOs, InterCommunity Health Network and Trillium Community Health Plan, have tobacco-free campus policies. Tobacco-free policies are proven to help tobacco users quit and can reinforce tobacco cessation counseling and pharmacotherapy interventions offered to tobacco users.

[15] Oregon Health Authority. Public Health Division-Center for Health Statistics. Oregon Birth Certificate Statistical File, 2011

[16] Centers for Disease Control and Prevention. Smoking-Attributable Mortality, Morbidity, and Economic Costs (SAMMEC):Maternal and Child Health (MCH) SAMMEC software, 2007. Available at http://www.cdc.gov/tobacco/sammec.

ALLCARE HEALTH PLAN, INC.

Member Population	
Enrolled adults:	28,815 (July 2014) 12,344 (Dec. 2013)*

**Includes 2013 data prior to Medicaid expansion*

Adult Tobacco Use Prevalence
34%

CESSATION COUNSELING

	Type of counseling	Level of service	Referral required
✓	Individual with PCP	As needed	No
✓	Individual with other health professional	As needed	No
✓	Group with PCP	1/week	No
✓	Group with other health professional	1/week	No
✓	Group with specific curriculum	Weekly (on-site) Scheduled (off-site)	No
	Telephone with quit line vendor	--	--
✓	Telephone with in-house staff	1–4/month	No

PHARMACOTHERAPY

	Product	Courses/year	Copayments
✓	Nicotine gum	770 pieces/year	No
✓	Nicotine patch	16 weeks/year	No
✓	Nicotine lozenge	Up to (3) 30-day fills	No
✓	Nicotine nasal spray	Up to (3) 30-day fills	No
✓	Nicotine inhaler	Up to (3) 30-day fills	No
✓	Bupropion SR	120 days maximum (extensions by PA/medical review)	No
✓	Varenicline	3 fills (12 weeks) Additional fills available with PA/ medical review	No

Prior authorizations: Required for lozenges, nasal spray and inhaler.

Prescription requirement: Required for all products.

ALLCARE HEALTH PLAN, INC.

ASSESSMENT

Tobacco users are identified through:

- ✓ Health risk assessment
- ✓ Medical chart review
- ✓ OB 5 P's assessment for high risk behaviors
- ✓ Internal referrals from case/disease management staff and external PCP and providers

Tobacco use status is documented in:

- ✓ Patient chart/health record
- ✓ Electronic health record
- ✓ New patient/health history forms
- ✓ Health risk assessment
- ✓ Claims data

MARKETING AND PROMOTION

Cessation information for members is available through:

- ✓ Member handbook
- ✓ CCO website
- ✓ Mailing to identified tobacco users
- ✓ Hold message on CCO member hotline
- ✓ New member packet
- ✓ Materials at clinic site/provider's office
- ✓ Flyers at OB offices and Medford Senior Center

Promotion of cessation services (past 12 months):

- ✓ An incentive program that provides "vouchers" or "BABE bucks" to pregnant women who keep their scheduled and needed appointments, including tobacco cessation appointments.

STAFF/PROVIDER INFORMATION AND TRAINING

Information for providers is available in:

- ✓ Provider manual
- ✓ Provider website/intranet
- ✓ Staff training(s)
- ✓ Provider office manager meeting

Staff and provider trainings (past 12 months):

No trainings were offered to staff or providers in the past year.

CASCADE HEALTH ALLIANCE

Member Population	
Enrolled adults:	4,631 (July 2014) 4,197 (Dec. 2013)*

**Includes 2013 data prior to Medicaid expansion*

Adult Tobacco Use Prevalence
40%

CESSATION COUNSELING

	Type of counseling	Level of service	Referral required
	Individual with PCP	--	--
✓	Individual with other health professional	Only for Klamath Open Door	No
	Group with PCP	--	--
	Group with other health professional	--	--
✓	Group with specific curriculum	6 sessions/year	No
	Telephone with quit line vendor	--	--
✓	Telephone with in-house staff	As needed	No

PHARMACOTHERAPY

	Product	Courses/year	Copayments
✓	Nicotine gum	6/year	No
✓	Nicotine patch	6/year	No
✓	Nicotine lozenge	6/year	No
✓	Nicotine nasal spray	6/year	No
	Nicotine inhaler	--	--
✓	Bupropion SR	6/year	No
✓	Varenicline	6/year	No

Prior authorizations: Required for gum, patch, lozenge, nasal spray, bupropion and varenicline to ensure enrollment in smoking cessation program.

CASCADE HEALTH ALLIANCE

ASSESSMENT

Tobacco users are identified through:

- ✓ Member self-report
- ✓ Prior authorizations and medical claims
- ✓ Conversations with members (customer service, case managers, pharmacy staff, specialists and health care providers)

Tobacco use status is documented in:

- ✓ Patient chart/health record
- ✓ New patient/health history forms
- ✓ Electronic health record
- ✓ Referrals
- ✓ Claims data

MARKETING AND PROMOTION

Cessation information for members is available through:

- ✓ Member handbook
- ✓ Mailing to identified tobacco users
- ✓ New member packet
- ✓ Materials at clinic site/provider's office
- ✓ CCO website

Promotion of cessation services (past 12 months):

- ✓ Identified tobacco users are referred to classes and the facilitator.

STAFF/PROVIDER INFORMATION AND TRAINING

Information for providers is available in:

- ✓ Provider manual
- ✓ Provider website/Intranet
- ✓ Staff training(s)
- ✓ CareTalk newsletter (bimonthly)

Staff and provider trainings (past 12 months):

- ✓ The tobacco cessation coordinator presents at annual primary care physician trainings and new cessation class schedules are sent to all provider offices.

COLUMBIA PACIFIC

Member Population	
Enrolled adults:	14,862 (July 2014) 5,751 (Dec. 2013)*

**Includes 2013 data prior to Medicaid expansion*

Adult Tobacco Use Prevalence
47%

CESSATION COUNSELING

	Type of counseling	Level of service	Referral required
✓	Individual with PCP	10 sessions/12 mos.	No
✓	Individual with other health professional	10 sessions/12 mos.	No
✓	Group with PCP	10 sessions/12 mos.	No
✓	Group with other health professional	10 sessions/12 mos.	No
✓	Group with specific curriculum	1 enrollment/12 mos.	No
✓	Telephone with quit line vendor	1 enrollment/12 mos.	No
	Telephone with in-house staff	--	--

PHARMACOTHERAPY

	Product	Courses/year	Copayments
✓	Nicotine gum	98 day/year	No
✓	Nicotine patch	98 day/year	No
✓	Nicotine lozenge	98 day/year	No
✓	Nicotine nasal spray	98 day/year	No
✓	Nicotine inhaler	98 day/year	No
✓	Bupropion SR	180 tablets/year	No
✓	Varenicline	1/year	No

Prior authorizations: Required for nicotine nasal spray and nicotine inhaler. PCP must confirm that enrollee is not able to use a nicotine patch, bupropion, gum and lozenge.

COLUMBIA PACIFIC

ASSESSMENT

Tobacco users are identified through:

- ✓ Phone contact through the CareSupport Case Management Program
- ✓ Medical record reviews
- ✓ Pharmacy claims for nicotine replacement therapy dispensing
- ✓ Emergency room visit and inpatient claims with ICD9 codes of 305.1 or v15.82

Tobacco use status is documented in:

- ✓ Health risk assessment
- ✓ Claims data
- ✓ Patient chart/record
- ✓ New patient/health history forms
- ✓ Electronic health record

MARKETING AND PROMOTION

Cessation information for members is available through:

- ✓ Member handbook
- ✓ Mailings to identified tobacco users
- ✓ CCO website

Promotion of cessation services (past 12 months):

- ✓ Proactive phone contact by Alere Wellbeing to enrollees with an emergency room or inpatient claim with code of tobacco use, but have not utilized the tobacco cessation benefit in the past six months.
- ✓ Proactive phone contact by Alere Wellbeing to enrollees identified as filling a prescription for nicotine replacement therapy.

STAFF/PROVIDER INFORMATION AND TRAINING

Information for providers is available in:

- ✓ Provider manual
- ✓ Provider website/intranet

Staff and provider trainings (past 12 months):

No trainings were offered to staff or providers in the past year.

5 A's brief intervention:
Columbia Pacific CCO recognizes the clinical practice guideline, Treating Tobacco Use and Dependence (2008), as a best practice and encourages network providers to conduct the 5 A's brief intervention, which advises clinician to assess tobacco use status at every visit.

EASTERN OREGON

Member Population	
Enrolled adults:	22,645 (July 2014) 9,855 (Dec. 2013)*

**Includes 2013 data prior to Medicaid expansion*

Adult Tobacco Use Prevalence
39%

CESSATION COUNSELING

	Type of counseling	Level of service	Referral required
✓	Individual with PCP	10 sessions/3 mos.	No
✓	Individual with other health professional	10 sessions/3 mos.	No
✓	Group with PCP	10 sessions/3 mos.	No
✓	Group with other health professional	10 sessions/3 mos.	No
✓	Group with specific curriculum	10 sessions/3 mos.	No
	Telephone with quit line vendor	--	--
	Telephone with in-house staff	--	--

PHARMACOTHERAPY

	Product	Courses/year	Copayments
✓	Nicotine gum	12/year	No
✓	Nicotine patch	12/year	No
✓	Nicotine lozenge	12/year	No
✓	Nicotine nasal spray	12/year	No
✓	Nicotine inhaler	12/year	No
✓	Bupropion SR	12/year	No
✓	Varenicline	60 dose/mo.	No

Prior authorizations:
No prior authorizations required.

EASTERN OREGON

ASSESSMENT

Tobacco users are identified through:

- ✓ Medical claims
- ✓ Pharmacy claims
- ✓ Health risk assessment results

Tobacco use status is documented in:

- ✓ Health risk assessment
- ✓ Claims data
- ✓ Patient chart/record
- ✓ New patient/health history forms
- ✓ Electronic health record

MARKETING AND PROMOTION

Cessation information for members is available through:

- ✓ Member handbook
- ✓ Mailing to identified tobacco users
- ✓ New member packet
- ✓ CCO website

Promotion of cessation services (past 12 months):

- ✓ Moda Health identifies EOCCO members with tobacco dependence monthly using medical claims, pharmacy claims and health risk assessment data. Members who have had a claim with a tobacco dependence diagnosis of ICD9 305.1 in the past three months are sent a letter explaining their benefits, including the number of counseling visits covered. The member also receives a flyer about the Oregon Tobacco Quit Line and the health risks of secondhand smoke.

STAFF/PROVIDER INFORMATION AND TRAINING

Information for providers is available in:

- ✓ Provider manual
- ✓ Provider website/intranet
- ✓ Annual mailings containing information about evidence-based clinical guidelines

Staff and provider trainings (past 12 months):

No trainings were offered to staff or providers in the past year.

Implementation of tobacco guidelines:
Moda Health uses provider newsletters and patient specific mailings to educate providers on tobacco-related policies and guidelines. These newsletters advise of updates in coverage and requirements under the Affordable Care Act. Patient-specific mailings are sent out to advise providers of best practices including Screening and Brief Intervention (SBI) and the 5 A's clinical guidelines of tobacco cessation.

FAMILYCARE

Member Population	
Enrolled adults:	63,351 (July 2014) 16,241 (Dec. 2013)*

**Includes 2013 data prior to Medicaid expansion*

Adult Tobacco Use Prevalence
35%

CESSATION COUNSELING

	Type of counseling	Level of service	Referral required
✓	Individual with PCP	Limited to certain providers	No
	Individual with other health professional	--	--
	Group with PCP	--	--
	Group with other health professional	--	--
	Group with specific curriculum	--	--
✓	Telephone with quit line vendor	No limits	No
	Telephone with in-house staff	--	No

PHARMACOTHERAPY

	Product	Courses/year	Copayments
✓	Nicotine gum	3 mos./year	No
✓	Nicotine patch	3 mos./year	No
✓	Nicotine lozenge	3 mos./year	No
✓	Nicotine nasal spray	3 mos./year	No
✓	Nicotine inhaler	3 mos./year	No
✓	Bupropion SR	3 mos./year	No
✓	Varenicline	3 mos./year	No

Prior authorizations: Required for nicotine nasal spray, nicotine inhaler and varenicline.

FAMILYCARE

ASSESSMENT

Tobacco users are identified through:

- ✓ Service coordinators during health risk assessments
- ✓ Routine intake assessment at clinics

Tobacco use status is documented in:

- ✓ Health risk assessment
- ✓ Patient chart/record
- ✓ New patient/health history forms
- ✓ Electronic health records

MARKETING AND PROMOTION

Cessation information for members is available through:

- ✓ Member handbook
- ✓ Materials at clinic site/provider's office

Promotion of cessation services (past 12 months):

NA

STAFF/PROVIDER INFORMATION AND TRAINING

Information for providers is available in:

- ✓ Service coordinator and provider representatives educate providers of the Quit4Life program available to members.

Staff and provider trainings (past 12 months):

No trainings were offered to staff or providers in the past year.

HEALTH SHARE OF OREGON

Member Population	
Enrolled adults:	125,925(July 2014) 62,650 (Dec. 2013)*

**Includes 2013 data prior to Medicaid expansion*

Adult Tobacco Use Prevalence
34%

CESSATION COUNSELING

	Type of counseling	Level of service	Referral required
✓	Individual with PCP	Ranges from unlimited to ten in-clinic counseling sessions	No
✓	Individual with other health professional	Ranges from unlimited to ten in-clinic counseling sessions	No
	Group with PCP	Some primary care practices offer group counseling; many do not	No
✓	Group with other health professional	Health education classes; generally unlimited	No
✓	Group with specific curriculum	Varies by provider network	No
✓	Telephone with quit line vendor	Most Health Share membershave access to Alere WellbeingQuit for Life or another "quit coach"	No
	Telephone with in-house staff	--	--

PHARMACOTHERAPY

** Varies by provider network*

	Product	Courses/year	Copayments
✓	Nicotine gum	Ranges from no benefit limit to max benefit of 98 day supply/year	No
✓	Nicotine patch	Ranges from no benefit limit to max benefit of 98 day supply/year	No
*	Nicotine lozenge	If covered, ranges from no benefit limit to max benefit of 98 day supply/year	No
*	Nicotine nasal spray	If covered, ranges from no benefit limit to max benefit of 98 day supply/year	No
*	Nicotine inhaler	If covered, ranges from no benefit limit to max benefit of 98 day supply/year	No
✓	Bupropion SR	Ranges from no limit to max benefit of 180 tablets in 365 days	No
✓	Varenicline	Ranges from no limit to max benefit of 180 tablets in 365 days	No

Prior authorizations: Required for nicotine nasal spray and nicotine inhaler. PCP must confirm that enrollee is not able to use a nicotine patch, gum and lozenge.

Requirement for Varenicline varies by provider, may require proof of prior adequate trial and failure

HEALTH SHARE OF OREGON

ASSESSMENT

Tobacco users are identified through:

- ✓ Phone contact through the CareSupport Case Management Program
- ✓ Medical record reviews
- ✓ Pharmacy claims for nicotine replacement therapy dispensing
- ✓ Emergency room visit and inpatient claims with ICD9 codes of 305.1 or v15.82

Tobacco use status is documented in:

- ✓ Health risk assessment
- ✓ Claims data
- ✓ Patient chart/record
- ✓ New patient/health history forms
- ✓ Electronic health record

MARKETING AND PROMOTION

Cessation information for members is available through:

- ✓ Member handbook
- ✓ Mailing to identified tobacco users
- ✓ Materials at clinic site/provider's office

Promotion of cessation services (past 12 months):

- ✓ Mailings to members identified through claims data
- ✓ Proactive phone contact by Alere Wellbeing to enrollees identified as filling a prescription for nicotine replacement therapy.

STAFF/PROVIDER INFORMATION AND TRAINING

Information for providers is available in:

- ✓ Provider manual
- ✓ Provider website/intranet
- ✓ Newsletters

Staff and provider trainings (past 12 months):

Varies by health system – one system provides resource links to newly hired physicians that includes cessation benefits

INTERCOMMUNITY HEALTH NETWORK

Member Population	
Enrolled adults:	31,191(July 2014) 13,997 (Dec. 2013)*

**Includes 2013 data prior to Medicaid expansion*

Adult Tobacco Use Prevalence
40%

CESSATION COUNSELING

	Type of counseling	Level of service	Referral required
✓	Individual with PCP	Limited to patients with CVD, COPD and asthma	No
✓	Individual with other health professional	Based on medical necessity	No
✓	Group with PCP	1 enrollment/12mos.	No
✓	Group with other health professional	1 enrollment/12mos.	No
✓	Group with specific curriculum	1 enrollment/12mos.	No
✓	Telephone with quit line vendor	6 sessions/12mos.	No
	Telephone with in-house staff	--	No

PHARMACOTHERAPY

	Product	Courses/year	Copayments
✓	Nicotine gum	16 weeks/year	No
✓	Nicotine patch	16 weeks/year	No
✓	Nicotine lozenge	Per PA as medically necessary	No
✓	Nicotine nasal spray	Per PA as medically necessary	No
✓	Nicotine inhaler	Per PA as medically necessary	No
✓	Bupropion SR	16 weeks/year	No
✓	Varenicline	16 weeks/year	No

Prior authorizations: Required for nicotine lozenges, nicotine nasal spray, and nicotine inhaler.

INTERCOMMUNITY HEALTH NETWORK

ASSESSMENT

Tobacco users are identified through:

- ✓ Inquiry at every visit at the primary care provider office

Tobacco use status is documented in:

- ✓ Health risk assessment
- ✓ Claims data
- ✓ New patient/health history forms
- ✓ Electronic health record

MARKETING AND PROMOTION

Cessation information for members is available through:

- ✓ Member handbook
- ✓ CCO website
- ✓ New member packet
- ✓ Materials at clinic site/provider's office

Promotion of cessation services (past 12 months):

N/A

STAFF/PROVIDER INFORMATION AND TRAINING

Information for providers is available in:

- ✓ Provider manual
- ✓ Provider website/intranet
- ✓ Staff trainings

Staff and provider trainings (past 12 months):

- ✓ Some providers are trained in motivational interviewing, which can be used in context of smoking cessation

Assessment and referral for members receiving dental care services:
Dental care organization (DCO) partners use the 2 A's + R or 5 A's programs. These services are billable as a capitated service under CDT D1320 (tobacco counseling for the control and prevention of oral disease) for all OHP Plus members.

JACKSON CARE CONNECT

Member Population	
Enrolled adults:	15,150 (July 2014) 7,344 (Dec. 2013)*

**Includes 2013 data prior to Medicaid expansion*

Adult Tobacco Use Prevalence
33%

CESSATION COUNSELING

	Type of counseling	Level of service	Referral required
✓	Individual with PCP	10 sessions/12 mos.	No
✓	Individual with other health professional	10 sessions/12 mos.	No
✓	Group with PCP	10 sessions/12 mos.	No
✓	Group with other health professional	10 sessions/12 mos.	No
✓	Group with specific curriculum	1 enrollment/12mos.	No
✓	Telephone with quit line vendor	1 enrollment/12mos.	No
	Telephone with in-house staff	--	--

PHARMACOTHERAPY

	Product	Courses/year	Copayments
✓	Nicotine gum	98 days/year	No
✓	Nicotine patch	98 days/year	No
✓	Nicotine lozenge	98 days/year	No
✓	Nicotine nasal spray	98 days/year	No
✓	Nicotine inhaler	98 days/year	No
✓	Bupropion SR	180 tablets/year	No
✓	Varenicline	1/year	No

Prior authorizations: Required for nicotine nasal spray and nicotine inhaler. PCP must confirm that enrollee is not able to use a nicotine patch, bupropion, gum and lozenge.

JACKSON CARE CONNECT

ASSESSMENT

Tobacco users are identified through:

- ✓ Phone contact through the CareSupport Case Management Program
- ✓ Medical record reviews
- ✓ Pharmacy claims for nicotine replacement therapy dispensing
- ✓ Emergency room visit and inpatient claims with ICD9 codes of 305.1 or v15.82

Tobacco use status is documented in:

- ✓ Health risk assessment
- ✓ Claims data
- ✓ Patient chart/record
- ✓ New patient/health history forms
- ✓ Electronic health record

MARKETING AND PROMOTION

Cessation information for members is available through:

- ✓ Member handbook
- ✓ Mailings to identified tobacco users
- ✓ CCO website

Promotion of cessation services (past 12 months):

- ✓ Proactive phone contact by Alere Wellbeing to enrollees with an emergency room or inpatient claim with code of tobacco use, but have not utilized the tobacco cessation benefit in the past six months.
- ✓ Proactive phone contact by Alere Wellbeing to enrollees identified as filling a prescription for nicotine replacement therapy.

STAFF/PROVIDER INFORMATION AND TRAINING

Information for providers is available in:

- ✓ Provider manual
- ✓ Provider website/intranet

Staff and provider trainings (past 12 months):

No trainings were offered to staff or providers in the past year.

Targeted efforts for special populations:
Jackson Care Connect is working with a local perinatal task force on a preconception campaign to reduce risks of substance use with all pregnant women.

PACIFICSOURCE – CENTRAL OREGON

Member Population	
Enrolled adults:	29,105 (July 2014) 13,469 (Dec. 2013)*

**Includes 2013 data prior to Medicaid expansion*

Adult Tobacco Use Prevalence
33%

CESSATION COUNSELING

	Type of counseling	Level of service	Referral required
✓	Individual with PCP	10 sessions/3 mos.	No
✓	Individual with other health professional	10 sessions/3 mos.	No
✓	Group with PCP	10 sessions/3 mos.	No
✓	Group with other health professional	10 sessions/3 mos.	No
✓	Group with specific curriculum	10 sessions/3 mos.	No
✓	Telephone with quit line vendor	No limits	No
✓	Telephone with in-house staff	No limits	No

PHARMACOTHERAPY

	Product	Courses/year	Copayments
✓	Nicotine gum	960 pieces/year	No
✓	Nicotine patch	70 patches/year	No
✓	Nicotine lozenge	960 pieces/year	No
	Nicotine nasal spray	--	--
	Nicotine inhaler	--	--
✓	Bupropion SR	No limits	No
✓	Varenicline	182/year	No

Prior authorizations: Required for varenicline for greater than 12 weeks.

PACIFICSOURCE – CENTRAL OREGON

ASSESSMENT

Tobacco users are identified through:

- ✓ Health risk assessment results
- ✓ Conversations with nurse case managers
- ✓ Pharmacy claims for nicotine replacement therapy

Tobacco use status is documented in:

- ✓ Health risk assessment
- ✓ Patient chart/record
- ✓ New patient/health history forms
- ✓ Electronic health record

MARKETING AND PROMOTION

Cessation information for members is available through:

- ✓ Member handbook
- ✓ CCO website

Promotion of cessation services (past 12 months):

Cessation services were promoted in two newsletters (available in English and Spanish)

- ✓ Spring 2013: Why Should I Stop Smoking; Smoking During Pregnancy; Other Reasons to Stop Using Tobacco; Secondhand Smoke and Babies; Quit For Life Program
- ✓ Spring/Summer 2014: Would You Like to Stop Using Tobacco?

STAFF/PROVIDER INFORMATION AND TRAINING

Information for providers is available in:

- ✓ Provider manual
- ✓ Provider website/intranet
- ✓ Quarterly provider meetings

Staff and provider trainings (past 12 months):

No trainings were offered to staff or providers in the past year.

Implementation of tobacco guidelines:
PacificSource has a process for auditing a sample of primary care provider charts. The audit criteria for tobacco cessation are documentation that "ask and advise" has been done annually for members who smoke. This criteria was recommended by the plan Quality Assurance, Utilization Management, Pharmacy and Therapeutics committee, made up of a community pharmacist and primary care and specialty physicians.

PACIFICSOURCE – COLUMBIA GEORGE

Member Population	
Enrolled adults:	6,105 (July 2014) 0 (Dec. 2013)*

**Includes 2013 data prior to Medicaid expansion*

Adult Tobacco Use Prevalence
35%

CESSATION COUNSELING

	Type of counseling	Level of service	Referral required
✓	Individual with PCP	10 sessions/3 mos.	No
✓	Individual with other health professional	10 sessions/3 mos.	No
✓	Group with PCP	10 sessions/3 mos.	No
✓	Group with other health professional	10 sessions/3 mos.	No
✓	Group with specific curriculum	10 sessions/3 mos.	No
✓	Telephone with quit line vendor	No limits	No
✓	Telephone with in-house staff	No limits	No

PHARMACOTHERAPY

	Product	Courses/year	Copayments
✓	Nicotine gum	960 pieces/year	No
✓	Nicotine patch	70 patches/year	No
✓	Nicotine lozenge	960 pieces/year	No
	Nicotine nasal spray	--	--
	Nicotine inhaler	--	--
✓	Bupropion SR	No limits	No
✓	Varenicline	182/year	No

Prior authorizations: Required for varenicline for greater than 12 weeks.

PACIFICSOURCE – COLUMBIA GEORGE

ASSESSMENT

Tobacco users are identified through:

- ✓ Health risk assessment results
- ✓ Conversations with nurse case managers
- ✓ Pharmacy claims for nicotine replacement therapy

Tobacco use status is documented in:

- ✓ Health risk assessment
- ✓ Patient chart/record
- ✓ New patient/health history forms
- ✓ Electronic health record

MARKETING AND PROMOTION

Cessation information for members is available through:

- ✓ Member handbook
- ✓ CCO website

Promotion of cessation services (past 12 months):

Cessation services were promoted in two newsletters (available in English and Spanish)

- ✓ Spring 2013: Why Should I Stop Smoking; Smoking During Pregnancy; Other Reasons to Stop Using Tobacco; Secondhand Smoke and Babies; Quit For Life Program
- ✓ Spring/Summer 2014: Would You Like to Stop Using Tobacco?

STAFF/PROVIDER INFORMATION AND TRAINING

Information for providers is available in:

- ✓ Provider manual
- ✓ Provider website/intranet
- ✓ Quarterly provider meetings

Staff and provider trainings (past 12 months):

No trainings were offered to staff or providers in the past year.

Implementation of tobacco guidelines:
PacificSource has a process for auditing a sample of primary care provider charts. The audit criteria for tobacco cessation are documentation that "ask and advise" has been done annually for members who smoke. This criteria was recommended by the plan Quality Assurance, Utilization Management, Pharmacy and Therapeutics made up of a community pharmacist and primary care and specialty physicians.

PRIMARYHEALTH OF JOSEPHINE COUNTY

Member Population	
Enrolled adults:	6,769 (July 2014) 2,929 (Dec. 2013)*

**Includes 2013 data prior to Medicaid expansion*

Adult Tobacco Use Prevalence
36%

CESSATION COUNSELING

	Type of counseling	Level of service	Referral required
✓	Individual with PCP	No limits	No
✓	Individual with other health professional	No limits	No
	Group with PCP	--	--
	Group with other health professional	--	--
✓	Group with specific curriculum	No limits	No
	Telephone with quit line vendor	--	--
✓	Telephone with in-house staff	Limited	--

PHARMACOTHERAPY

	Product	Courses/year	Copayments
✓	Nicotine gum	Two 90 day/year	No
✓	Nicotine patch	Two 90 day/year	No
✓	Nicotine lozenge	Two 90 day/year	No
	Nicotine nasal spray	--	--
	Nicotine inhaler	--	--
✓	Bupropion SR	Two 90 day/year	No
✓	Varenicline	Two 90 day/year	No

Prior authorizations: No prior authorization for first 90 days of each quit attempt.

PRIMARYHEALTH OF JOSEPHINE COUNTY

ASSESSMENT

Tobacco users are identified through:

- ✓ During assessment with the primary care provider

Tobacco use status is documented in:

- ✓ Health risk assessment
- ✓ Claims data
- ✓ Patient chart/record
- ✓ New patient/health history form
- ✓ Electronic health record

MARKETING AND PROMOTION

Cessation information for members is available through:

- ✓ Member handbook
- ✓ Mailing to identified tobacco users
- ✓ CCO website
- ✓ New member packet
- ✓ Materials at clinic site/provider's office

Promotion of cessation services (past 12 months):

- ✓ PrimaryHealth provides outreach to members who have been identified as being tobacco dependent. Tobacco-dependent members in need of case management are referred internally to the exceptional needs care coordinator, who makes a proactive phone call to notify the member of tobacco cessation benefits and to encourage the member to quit.

STAFF/PROVIDER INFORMATION AND TRAINING

Information for providers is available in:

- ✓ Provider manual
- ✓ Provider website/intranet
- ✓ Staff trainings
- ✓ In contract
- ✓ Newsletter

Staff and provider trainings (past 12 months):

- ✓ PrimaryHealth continually provides training and education related to services available to PrimaryHealth members related to tobacco cessation. This is provided at regular provider meetings and meetings for primary care support staff.
- ✓ PrimaryHealth will be offering Free and Clear sessions through PHJC-trained staff in summer 2015.

TRILLIUM COMMUNITY HEALTH PLAN

Member Population	
Enrolled adults:	43,950 (July 2014) 22,160 (Dec. 2013)*

**Includes 2013 data prior to Medicaid expansion*

Adult Tobacco Use Prevalence
36%

CESSATION COUNSELING

	Type of counseling	Level of service	Referral required
✓	Individual with PCP	10 visits/3 month 2 attempts/year	No
✓	Individual with other health professional	10 visits/3 month 2 attempts/year	No
✓	Group with PCP	10 visits/3 month 2 attempts/year	No
✓	Group with other health professional	10 visits/3 month 2 attempts/year	No
✓	Group with specific curriculum	10 visits/3 month 2 attempts/year	No
✓	Telephone with quit line vendor	5 outbound calls, texting	No
✓	Telephone with in-house staff	Community health workers, behavioral health	No

PHARMACOTHERAPY

	Product	Courses/year	Copayments
✓	Nicotine gum	180 days/year	No
✓	Nicotine patch	180 days/year	No
✓	Nicotine lozenge	180 days/year	No
✓	Nicotine nasal spray	16 fills/year or 12 weeks therapy	No
✓	Nicotine inhaler	16 fills/year or 12 weeks therapy	No
✓	Bupropion SR	168 days/year	No
✓	Varenicline	168 days/year	No

Prior authorizations: Required for non-formulary nicotine nasal spray and non-formulary nicotine inhaler.

TRILLIUM COMMUNITY HEALTH PLAN

ASSESSMENT

Tobacco users are identified through:

- ✓ Provider assessment during office visits
- ✓ Health risk assessment for dual eligible members (Medicare and Medicaid)

Tobacco use status is documented in:

- ✓ Health risk assessment
- ✓ Claims data
- ✓ Patient chart/record
- ✓ New patient/health history forms
- ✓ Electronic health record

MARKETING AND PROMOTION

Cessation information for members is available through:

- ✓ Member handbook
- ✓ Mailings to identified tobacco users
- ✓ Hold message on CCO member hotline
- ✓ CCO website
- ✓ Materials in providers' offices and community

Promotion of cessation services (past 12 months):

- ✓ Oregon Tobacco Quit Line
- ✓ Million Hearts Initiative

STAFF/PROVIDER INFORMATION AND TRAINING

Information for providers is available in:

- ✓ Provider manual.
- ✓ Provider website/intranet
- ✓ Staff trainings
- ✓ Smoking cessation packet

Staff and provider trainings (past 12 months):

- ✓ Provided 48 hours of evidence-based training education by the University of Massachusetts Medical School's tobacco cessation training program to 36 health care workers
- ✓ Two-day training to over 150 physicians and behavioral health practitioners on an evidence-based model for tobacco cessation from the University of Mississippi's tobacco cessation training program.

UMPQUA HEALTH ALLIANCE

Member Population	
Enrolled adults:	15,830 (July 2014) 7,587 (Dec. 2013)*

**Includes 2013 data prior to Medicaid expansion*

Adult Tobacco Use Prevalence
38%

CESSATION COUNSELING

	Type of counseling	Level of service	Referral required
✓	Individual with PCP	N/A	No
✓	Individual with other health professional	N/A	No
✓	Group with PCP	N/A	No
✓	Group with other health professional	N/A	No
✓	Group with specific curriculum	N/A	No
✓	Telephone with quit line vendor	N/A	No
✓	Telephone with in-house staff	N/A	No

PHARMACOTHERAPY

	Product	Courses/year	Copayments
✓	Nicotine gum	2/year	No
✓	Nicotine patch	2/year	No
✓	Nicotine lozenge	2/year	No
✓	Nicotine nasal spray	2/year	No
✓	Nicotine inhaler	2/year	No
✓	Bupropion SR	2/year	No
✓	Varenicline	2/year	No

Prior authorizations:
All products require prior authorization

UMPQUA HEALTH ALLIANCE

ASSESSMENT

Tobacco users are identified through:

- ✓ Provider notes
- ✓ Review of electronic health records

Tobacco use status is documented in:

- ✓ Patient chart/record
- ✓ Electronic health record

MARKETING AND PROMOTION

Cessation information for members is available through:

- ✓ Member handbook
- ✓ New member packet
- ✓ CCO website

Promotion of cessation services (past 12 months):

- ✓ Smoking cessation literature, including information about classes and medications, is sent out in new member packets with denial letters, and is available online at the DCIPA.com website.

STAFF/PROVIDER INFORMATION AND TRAINING

Information for providers is available in:

- ✓ Provider manual
- ✓ Provider website/intranet
- ✓ Staff training

Staff and provider trainings (past 12 months):

- ✓ Screening, Brief Intervention, and Referral to Treatment (SBIRT) training was provided to providers in two large clinics within the CCO

Targeted efforts for special populations:
ADAPT, a chemical dependency provider, has a special smoking cessation programs in place for members with mental health and chemical dependency issues.

WESTERN OREGON ADVANCED HEALTH

Member Population	
Enrolled adults:	12,821 (July 2014) 5,719 (Dec. 2013)*

**Includes 2013 data prior to Medicaid expansion*

Adult Tobacco Use Prevalence
45%

CESSATION COUNSELING

	Type of counseling	Level of service	Referral required
✓	Individual with PCP	No limits	No
✓	Individual with other health professional	No limits	No
✓	Group with PCP	No local PCPs provide this service currently	No
✓	Group with other health professional	No limits	No
✓	Group with specific curriculum	No limits	No
	Telephone with quit line vendor	--	--
✓	Telephone with in-house staff	No limits	--

PHARMACOTHERAPY

	Product	Courses/year	Copayments
	Nicotine gum	--	--
✓	Nicotine patch	No limits	No
	Nicotine lozenge	--	--
	Nicotine nasal spray	--	--
	Nicotine inhaler	--	--
✓	Bupropion SR	No limits	No
✓	Varenicline	Limits to 6 mos./yeear	No

Prior authorizations: Required for nicotine patch, bupropion SR, and varenicline.

WESTERN OREGON ADVANCED HEALTH

ASSESSMENT

Tobacco users are identified through:

- ✓ Medical record review
- ✓ Provider referrals to cessation courses
- ✓ Requests for tobacco cessation medication

Tobacco use status is documented in:

- ✓ Patient chart/record
- ✓ Electronic health record

MARKETING AND PROMOTION

Cessation information for members is available through:

- ✓ Member handbook
- ✓ Materials at clinic sites/provider's office

Promotion of cessation services (past 12 months):

- ✓ Flyers at clinics, hospitals and in WOAH customer service waiting area

STAFF/PROVIDER INFORMATION AND TRAINING

Information for providers is available in:

- ✓ Provider manual
- ✓ Staff trainings
- ✓ Provider education and handouts

Staff and provider trainings (past 12 months):

- ✓ Tobacco cessation program education is provided at all new provider orientations
- ✓ ADAPT and Bay Area Hospital trained staff to provide tobacco cessation courses

Tobacco Cessation Courses:

WOAH partners with ADAPT and Bay Area Hospital to provide tobacco cessation courses to their membership. Courses provided are taught using the Mayo Clinic's My Path to a Smoke Free Future Workbook. Some ADAPT providers have also received advanced training at the Mayo Clinic. This is an evidence-based course used by local community partners for providing tobacco cessation education to their membership.

WILLAMETTE VALLEY COMMUNITY HEALTH

Member Population	
Enrolled adults:	46,481 (July 2014) 22,070 (Dec. 2013)*

**Includes 2013 data prior to Medicaid expansion*

Adult Tobacco Use Prevalence
28%

CESSATION COUNSELING

	Type of counseling	Level of service	Referral required
✓	Individual with PCP	No limits	No
✓	Individual with other health professional	No limits	No
✓	Group with PCP	No limits	No
✓	Group with other health professional	No limits	No
✓	Group with specific curriculum	No limits	No
	Telephone with quit line vendor	--	--
	Telephone with in-house staff	--	--

PHARMACOTHERAPY

	Product	Courses/year	Copayments
	Nicotine gum	--	--
✓	Nicotine patch	No limits	No
	Nicotine lozenge	--	--
	Nicotine nasal spray	--	--
	Nicotine inhaler	--	--
	Bupropion SR	--	--
	Varenicline	--	--

Prior authorizations:
No requirements.

WILLAMETTE VALLEY COMMUNITY HEALTH

ASSESSMENT

Tobacco users are identified through:

- ✓ Claims data
- ✓ Electronic health records

Tobacco use status is documented in:

- ✓ Claims data
- ✓ Electronic health record

MARKETING AND PROMOTION

Cessation information for members is available through:

- ✓ Member handbook
- ✓ CCO website

Promotion of cessation services (past 12 months):

N/A

STAFF/PROVIDER INFORMATION AND TRAINING

Information for providers is available in:

- ✓ Provider manual
- ✓ Provider website/intranet

Staff and provider trainings (past 12 months):

No trainings were offered to staff or providers in the past year.

Community-based cessation resources:
Willamette Valley Community Health refers members to the Freedom from Smoking program at Salem Health. Freedom from Smoking is a seven-week program taught by an American Lung Association-trained instructor on the Salem Hospital campus.

YAMHILL COMMUNITY CARE ORGANIZATION

Member Population	
Enrolled adults:	10,910 (July 2014) 4,241 (Dec. 2013)*

**Includes 2013 data prior to Medicaid expansion*

Adult Tobacco Use Prevalence
40%

CESSATION COUNSELING

	Type of counseling	Level of service	Referral required
✓	Individual with PCP	10 sessions/12 mos.	No
✓	Individual with other health professional	10 sessions/12 mos.	No
✓	Group with PCP	10 sessions/12 mos.	No
✓	Group with other health professional	10 sessions/12 mos.	No
✓	Group with specific curriculum	1 enrollment/12 mos.	No
✓	Telephone with quit line vendor	1 enrollment/12 mos.	No
	Telephone with in-house staff	--	--

PHARMACOTHERAPY

	Product	Courses/year	Copayments
✓	Nicotine gum	98 days/year	No
✓	Nicotine patch	98 days/year	No
✓	Nicotine lozenge	98 days/year	No
✓	Nicotine nasal spray	98 days/year	No
✓	Nicotine inhaler	98 days/year	No
✓	Bupropion SR	180 tablets/year	No
✓	Varenicline	1/year	No

Prior authorizations: Required for nicotine nasal spray and nicotine inhaler. PCP must confirm that enrollee is not able to use a nicotine patch, bupropion, gum and lozenge.

YAMHILL COMMUNITY CARE ORGANIZATION

ASSESSMENT

Tobacco users are identified through:

- ✓ Phone contact through the CareSupport Case Management Program
- ✓ Medical record reviews
- ✓ Pharmacy claims for nicotine replacement therapy dispensing
- ✓ Emergency room visit and inpatient claims with ICD9 codes of 305.1 or v15.82

Tobacco use status is documented in:

- ✓ Health risk assessment
- ✓ Claims data
- ✓ Patient chart/record
- ✓ New patient/health history forms
- ✓ Electronic health record

MARKETING AND PROMOTION

Cessation information for members is available through:

- ✓ Member handbook
- ✓ Mailings to identified tobacco users
- ✓ CCO website

Promotion of cessation services (past 12 months):

- ✓ Proactive phone contact by Alere Wellbeing to enrollees with an emergency room or inpatient claim with code of tobacco use, but have not utilized the tobacco cessation benefit in the past six months.
- ✓ Proactive phone contact by Alere Wellbeing to enrollees identified as filling a prescription for nicotine replacement therapy.

STAFF/PROVIDER INFORMATION AND TRAINING

Information for providers is available in:

- ✓ Provider manual
- ✓ Provider website/intranet

Staff and provider trainings (past 12 months):

No trainings were offered to staff or providers in the past year.

5 A's brief intervention:
Yamhill Community Care recognizes the clinical practice guideline, Treating Tobacco Use and Dependence (2008), as a best practice and encourages network providers to conduct the 5 A's brief intervention, which advises clinician to assess tobacco use status at every visit.

ABBREVIATIONS AND ACRONYMS USED IN THIS REPORT

5A's	No trainings were offered to staff or providers in the past year.
ACA	Affordable Care Act
BRFSS	Behavioral Risk Factor Surveillance System
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CCO	Coordinated care organization
DCO	Dental care organization
FDA	Food and Drug Administration
OHP	Oregon Health Plan
PA	Prior authorization
PCP	Primary care provider