Tobacco treatment is integral to care coordination

One Care Kansas Survey Results

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Explore the findings of the OneCare Kansas (OCK) Survey.

Section 01

OneCare Kansas (OCK) Programs and the need for tobacco treatment

One Care Kansas

Is designed to treat the whole person across the lifespan

One Care Kansas (OCK) is a comprehensive and intense method of care coordination for Medicaid members who qualify and opt-in for services.

The type of care and services members receive is defined in the Health Action Plan (HAP)

Tobacco Screening is part of the HAP.

Tobacco use is prevalent for people who are Medicaid members

OCK Target population

- **One serious and persistent mental illness** defined as having at least one diagnosis of
  - Schizophrenia
  - Bipolar Disorder
  - Major Depressive Disorder
- **Or one chronic condition** defined as people who have asthma who **are at risk for developing**
  - Diabetes
  - Hypertension
  - Kidney Disease
  - Cardiovascular Disease
  - COPD
  - Metabolic Syndrome
  - Mental Illness (not including diagnoses above)
  - Substance use disorder
  - Morbid Obesity
  - Tobacco use or exposure to second had smoke

Core Services of OCK

- **Comprehensive care management** is a plan to guide the care that members receive.
- **Care coordination** is making sure that members get the right services at the right time.
- **Health promotion** is helping members learn about their conditions and what they can do to be healthier.
- **Comprehensive transitional care** is making sure that there are supports in place after being discharged from the hospital or care facility.
- **Member and family supports** help to ensure members can meet their health goals with the help of social supports.
- **Referral to community supports and services** arranges other services and supports so that members can reach their health goals.

Tobacco dependence & consequences

The need for evidence-based tobacco treatment in OCK programs

The prevalence of smoking in OneCare Kansas Programs ranges from 34% - 57%.

This prevalence is like that found for all Kansas Medicaid members (39.7%) but is more than twice the prevalence of smoking of all Kansas adults (16.6%). (BRFSS 2021).

Of all smokers, at least 1/3 have a mental illness.

The prevalence of smoking is not decreasing for those with serious mental illness.

Smoking is the #1 cause of death in people with mental illness or addiction

50% of deaths in people with schizophrenia, depression and bipolar disorder are attributed to tobacco.

As many as 80% of clients in substance use disorder treatment have expressed an interest in quitting.

Reasons to treat tobacco dependence

Tobacco use limits full recovery.

As smoking becomes less common, smokers will have more barriers for obtaining jobs and housing. Some smokers spend a third of their income on tobacco products.

Tobacco use disorder is in the DSM yet it may be the only substance use disorder not routinely diagnosed or treated.

Only 3%-5% of unassisted quit attempts are successful

Quitting tobacco improves mental health treatment and recovery.

Tobacco affects the metabolism of psychiatric medication. Clients who quit smoking often can take lower doses of psychiatric medication. Smoking cessation reduces the relapse rate for SUD and is associated with reduced depression, anxiety, stress, and improved mood and quality of life.

Tobacco Treatment

Clinical practice guidelines recommend interventions for all tobacco users, not just those who want to quit.

For those not ready to quit, motivational interventions should be provided.

Engaged OCK clients are Medicaid members who have good coverage for tobacco cessation services.

Kansas Medicaid provides good coverage for evidence- based tobacco treatment

+ **Tobacco-dependence treatment counseling**

  - Although tobacco dependence treatment counseling can be delivered in-person by a health professional, on the telephone (Quitlines), or using digital strategies, Medicaid covers only in-person individual or group counseling.
  - Billing codes for individual counseling are 99406 and 99407. The group therapy billing code is S9453.

+ **FDA-approved medications** include:

  - 5 forms of **nicotine replacement therapy**- medications that do not require a prescription (gum, patch, inhaler, nasal spray, lozenge).
  - And 2 **medications that do not contain nicotine** that do require a prescription (Bupropion hydrochloride and Varenicline).

+ **Medicaid coverage for tobacco dependence treatment includes**

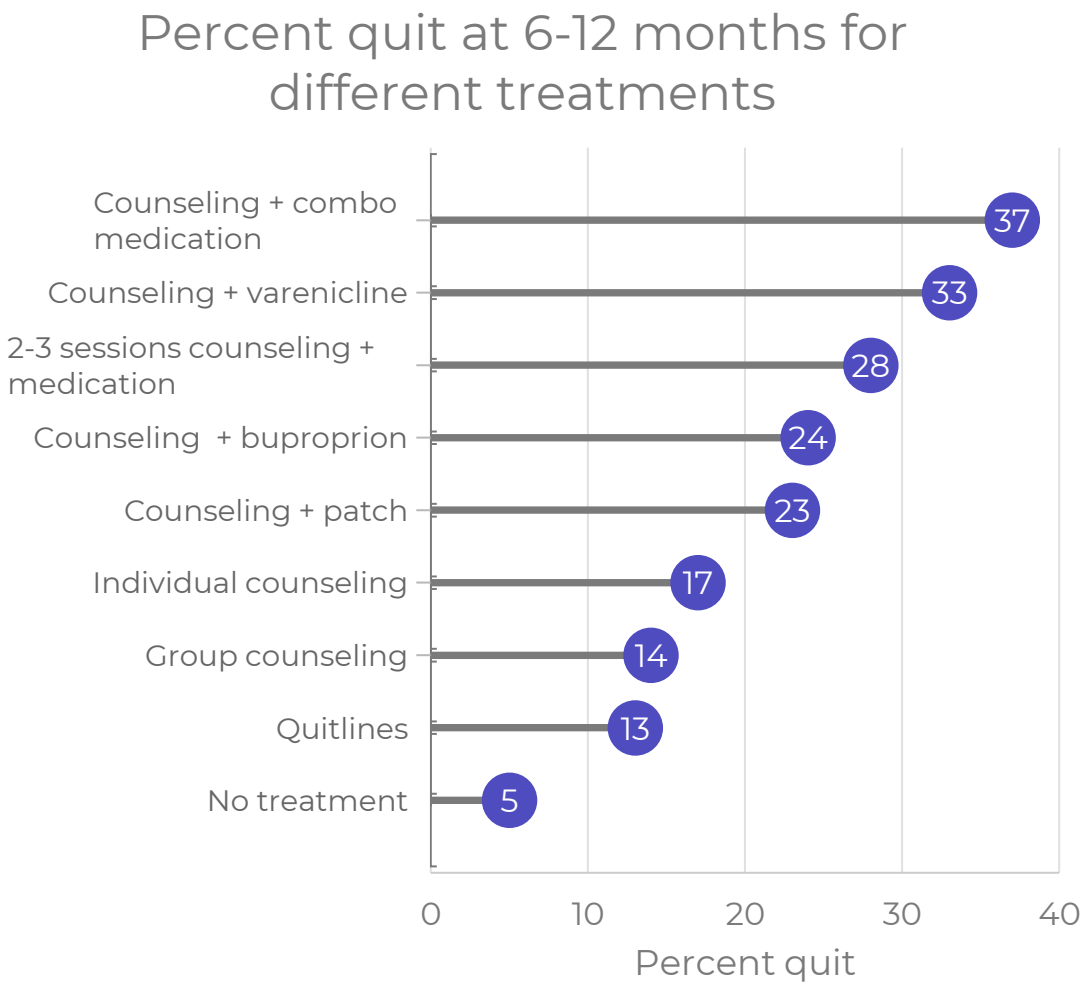
  - No prior authorization, no co-pay, no deductible, or annual or lifetime dollar limits
  - All FDA-approved medications and all combinations are covered for 4 quits per year.
  - Unlimited coverage for individual and group counseling.

Tobacco Treatments

Comparisons of treatments

Providing counseling and FDA-approved medication more than doubles the chance of quitting.

Using a combination of medications plus counseling provides the best chance for quitting - 26%-37%.



Source: Fiore, et. al. Treating tobacco use and dependence: Clinical Practice Guideline, USDHHS, 2008.

Need for tobacco treatment

Disparities exist in Behavioral Health Care

Clients with behavioral health disorders are treated for tobacco use dependence less often than clients without behavioral health disorders.

Providers cite low smoking cessation success rates (30%), but these rates are like those for other addictions.

What are barriers to treating tobacco?

Inadequate training

Tobacco dependence treatment is not a requirement in training programs for psychiatrists, psychologists, or mental health counselors.

Attitudinal barriers

- ❑ *"Treating tobacco is not my job"".*
- ❑ *Underestimate client' s desire to quit.*
- ❑ *High rates of provider tobacco use.*
- ❑ *Belief that tobacco use is less serious than other issues.*

Behavioral health professionals are well-suited to treat tobacco

- + They have training and experience in treating other addictions.
- + They have expertise in behavioral therapies.
- + They regularly see clients with chronic mental health or addiction issues. This allows many opportunities to address tobacco use.
- + Like other addictions, tobacco use dependence is a chronic, relapsing condition. Integrated models used to treat other co-occurring addictions are perfect for treating tobacco dependence.

Section 02

OneCare Kansas (OCK) Programs Surveyed

10 OCK Programs were surveyed

These 10 programs reported to KDHE that they have 25 or more engaged clients who use tobacco.

Bert Nash Community Mental Health Center Inc

Comcare of Sedgwick County

Community Health Center of SE Kansas Inc

Compass Behavioral Health

Healthcore Clinic Inc

High Plains Mental Health Center

Horizons Mental Health Center

Mental Health Association of South-Central Kansas

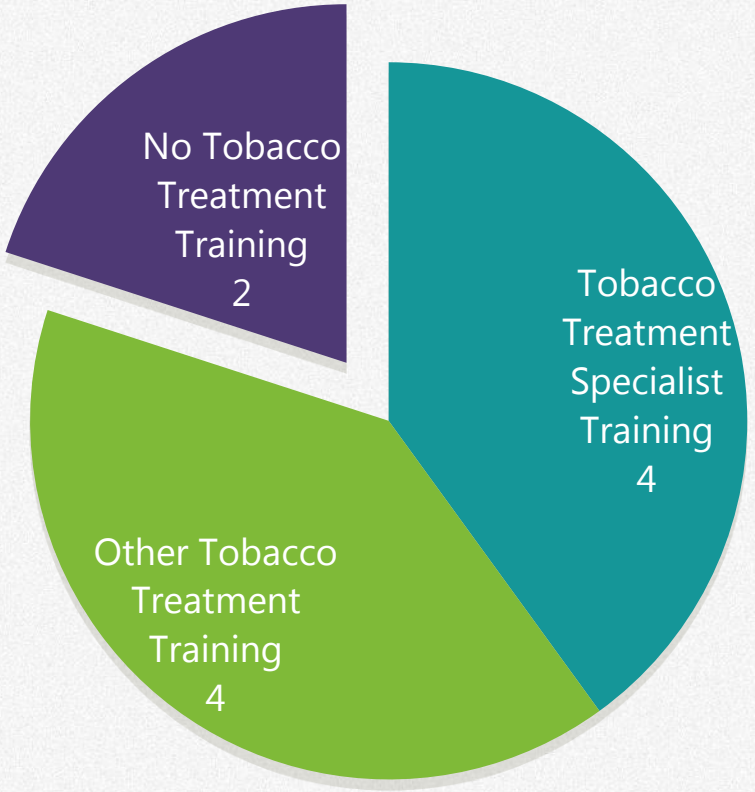
Southeast Kansas Mental Health Center

Valeo Behavioral Health Care

All these programs have physicians, nurses, and other qualified health professionals who can bill Medicaid and write prescriptions.

+ **All have participated in OCK since 2020.**

Trained Staff in OCK programs



Most of the OCK programs interviewed had some staff trained in tobacco dependence treatment. Four programs had tobacco treatment specialists on staff and four other agencies had staff with other tobacco training.

2 programs had no tobacco treatment training. About ½ of the staff in these programs also use tobacco.

Source: http://office.microsoft.com/en-us/excel-help/present-your-data-in-a-pie-chart-HA010211848.aspx?CTT=1

Training available for OCK Staff

Delivering tobacco dependence treatment requires training.

Lack of training was cited as a barrier for addressing tobacco dependence.

- Kansas Tobacco Cessation Help (KaTCH) is a free tobacco dependence treatment training program. Register at https://quitlogixeducation.org/kansas/
- KU Med offers Tobacco Treatment Specialist Training. For more information. KU_Med_TTS_Training
- KU Med will soon offer training for peer support staff in how to support tobacco recovery. Watch this space Peer Training
- Tobacco training programs tailored for behavioral health settings could be useful.

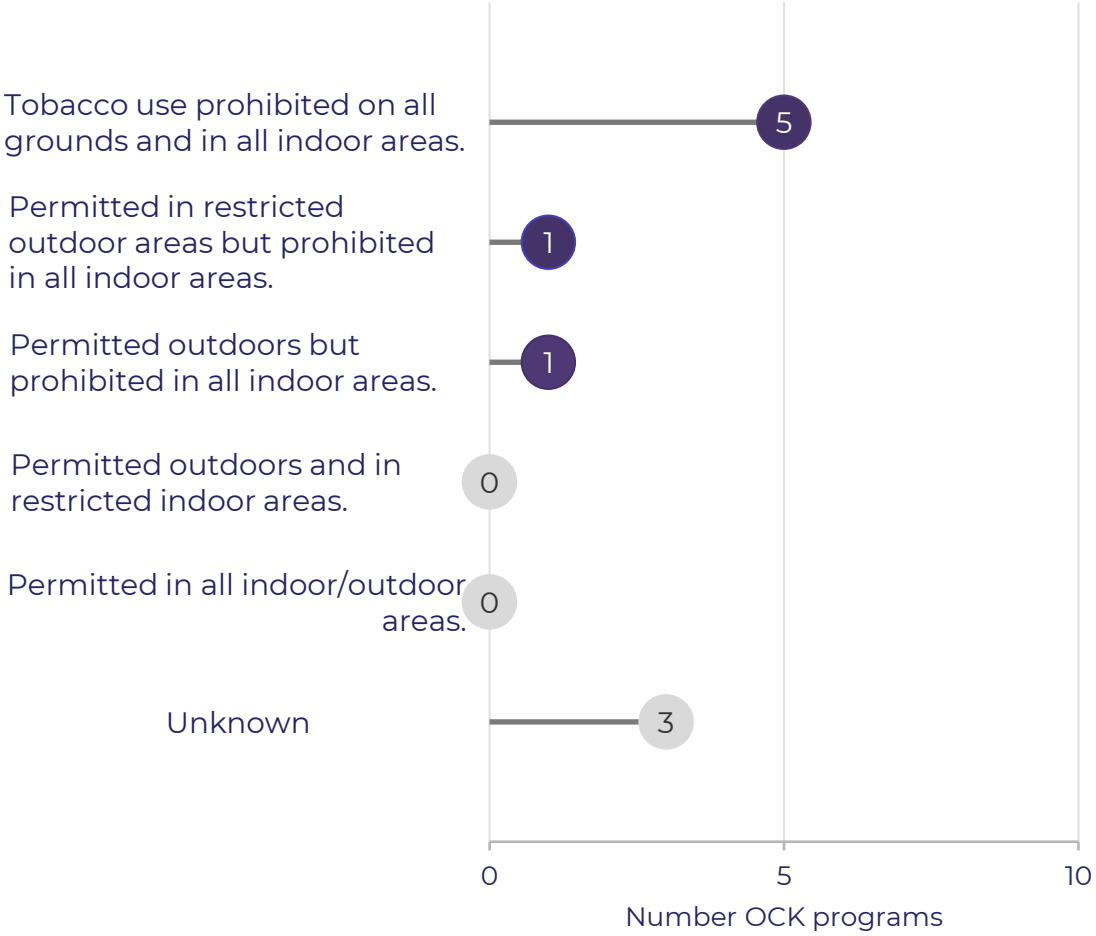
Tobacco free policies

About half of OCK programs interviewed have tobacco-free policies that prohibit tobacco use indoors and on all grounds.

Providing a tobacco-free environment is a critical component of treating tobacco dependence.

Data Source: Kansas Tobacco Guideline for Behavioral Health Self-Assessment 2022.

Tobacco free policies at OCK programs interviewed



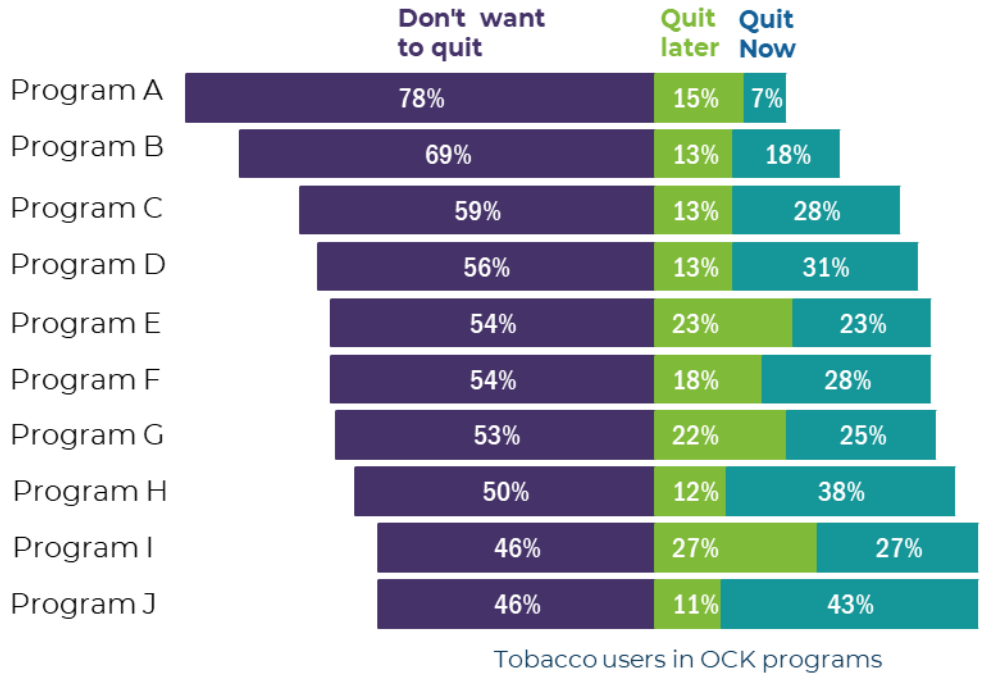
Tobacco Users OCK programs

Willingness to quit is one factor that determines how successful a quit attempt will be.

- Willingness to quit tobacco is reported on the Health Action Plan (HAP).
- Data from the HAP suggests that a small percent of OCK clients who use tobacco are ready to quit now.

Being proficient in motivational counseling is key to helping clients to consider quitting.

The % of tobacco users who **don't want to quit** is larger than those wanting to **quit later** or **quit now.**



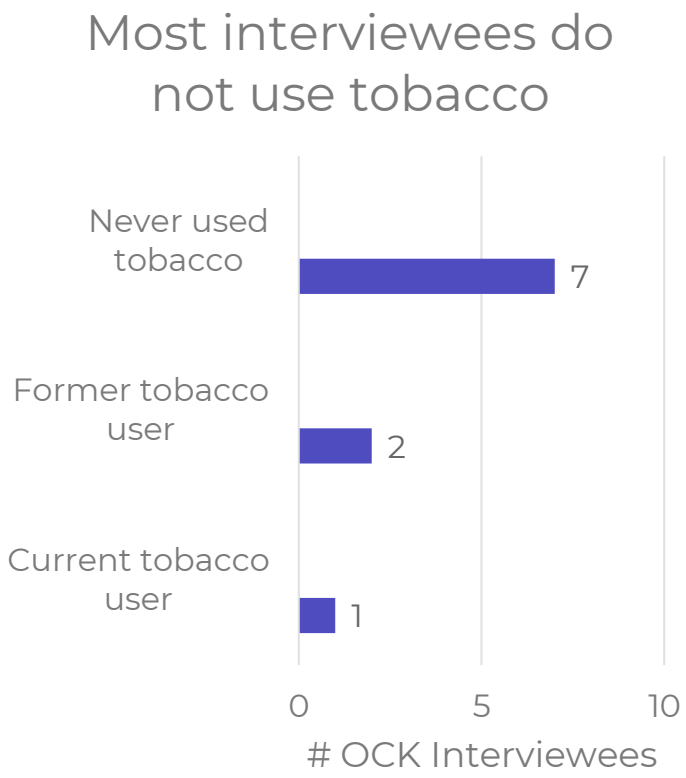
Tobacco users in OCK programs

Data was downloaded May 2022 by KDHE. Programs are the 10 agencies surveyed but program data are not arranged in this graph alphabetically.

Section 03

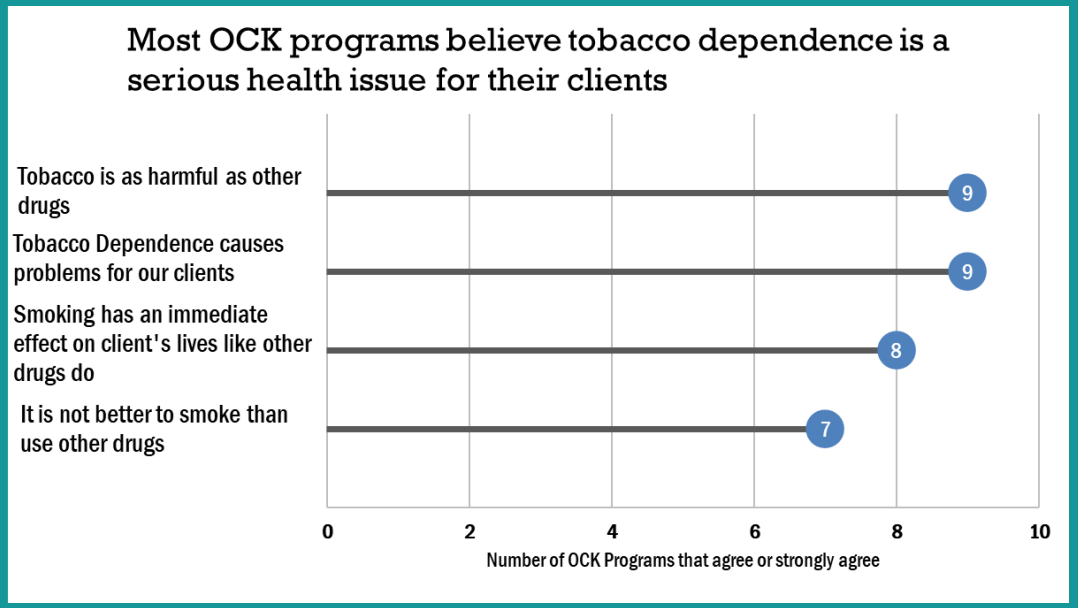
Survey Respondents

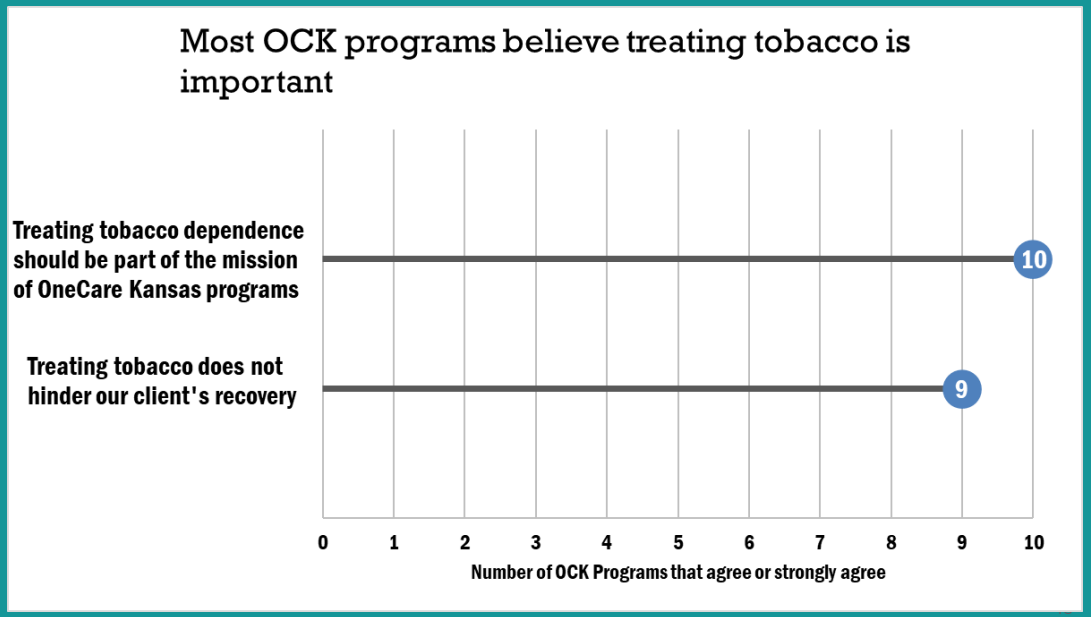
All program interviewees were female



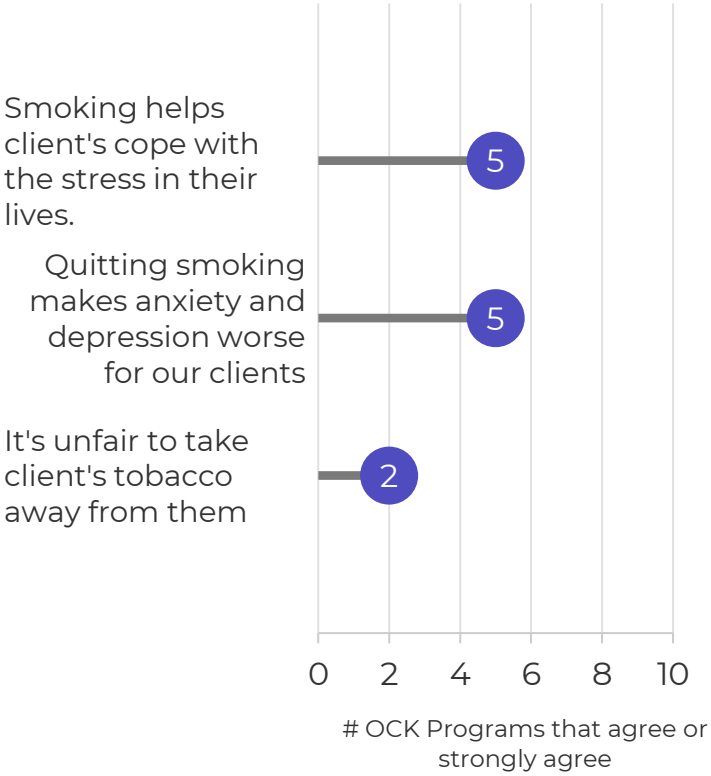
Attitudes

Many OCK programs have favorable attitudes toward treating tobacco dependence.





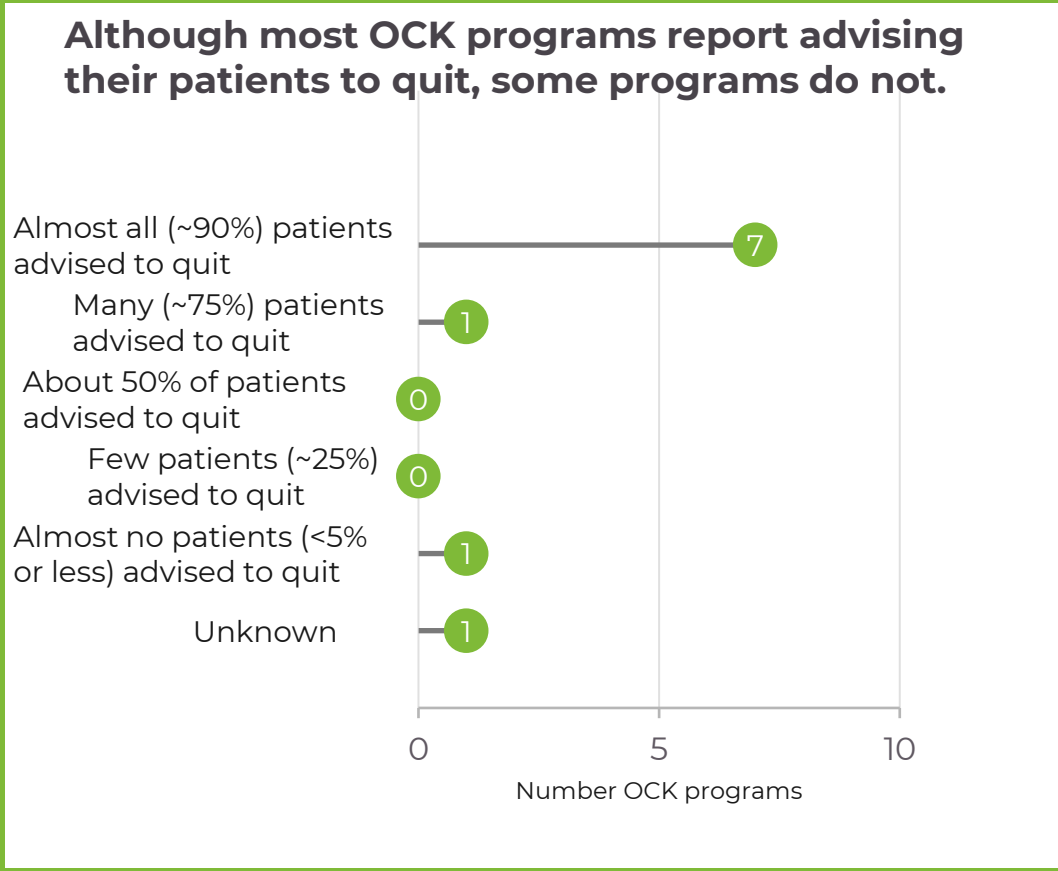
OCK programs have mixed feelings about the role of tobacco in people's lives.



Section 04

Tobacco Dependence Treatment

OCK programs report they commonly advise patients to quit



Smokers not ready to quit

Clinical practice guidelines recommend that interventions be given to all tobacco users, not just those ready to quit.

For smokers not ready to quit, staff should use motivational counseling to increase a client's readiness to quit.

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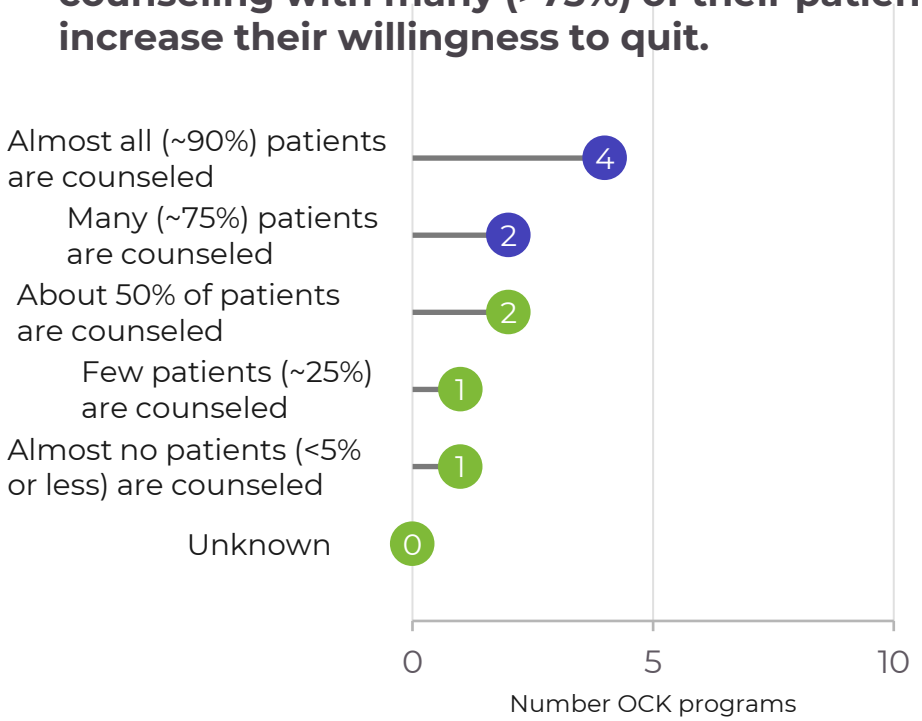
A significant minority of OCK programs do not use motivational counseling with many of their patients.

A majority of OCK programs use motivational counseling with many (>75%) of their patients to increase their willingness to quit.

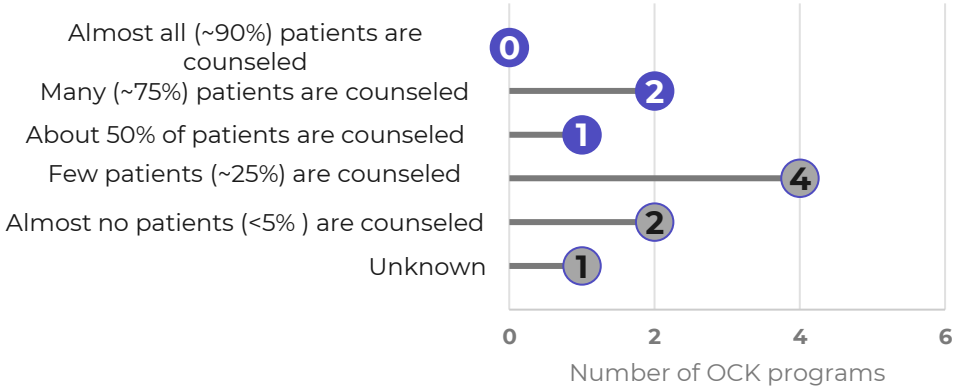


Evidence-based tobacco treatment

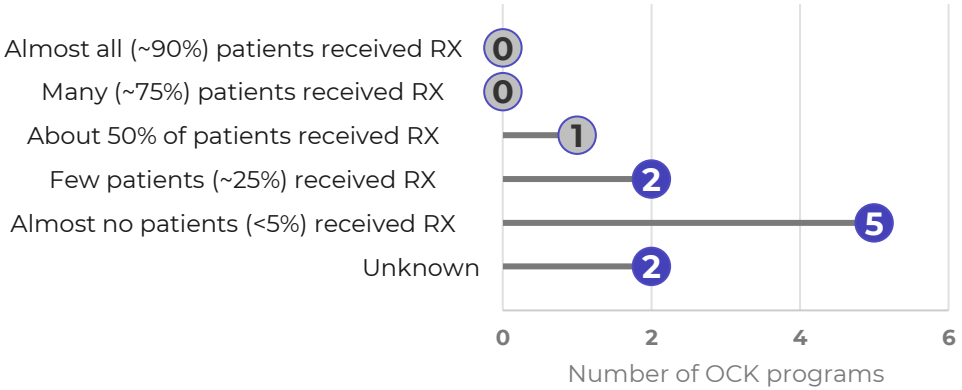
Counseling and Medication more than doubles the chance of quitting.

OneCare Kansas programs report that they provide counseling and medication to very few of their clients.

Three OCK programs reported they provided counseling to 50% - 75% of their tobacco users



Most OCK programs reported providing RX to 25% or fewer of their smokers



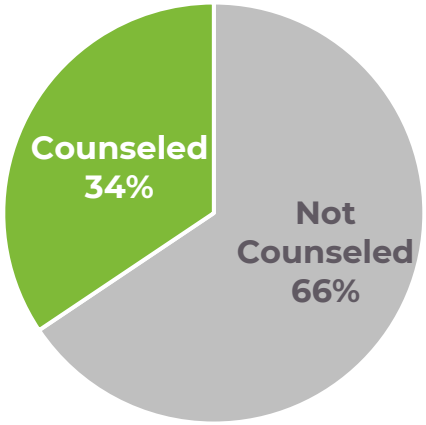
Tobacco Treatment

While a few OCK programs provided evidence-based tobacco treatment to many of their clients, many programs did not.

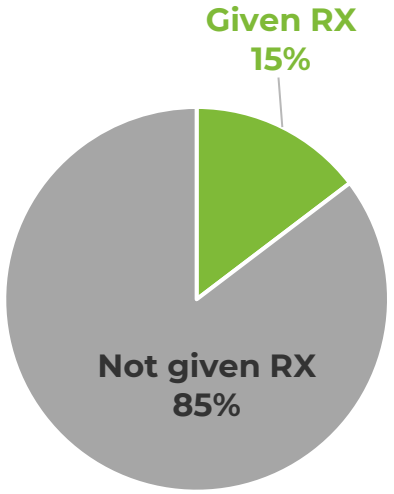
Overall, these OCK programs provided about 1/3 of their current smokers with counseling for tobacco dependence.

The estimated percent of OCK clients given an on-site prescription for quit smoking medications is about 15%.

Tobacco users counseled



Tobacco Users given prescription



Section 05

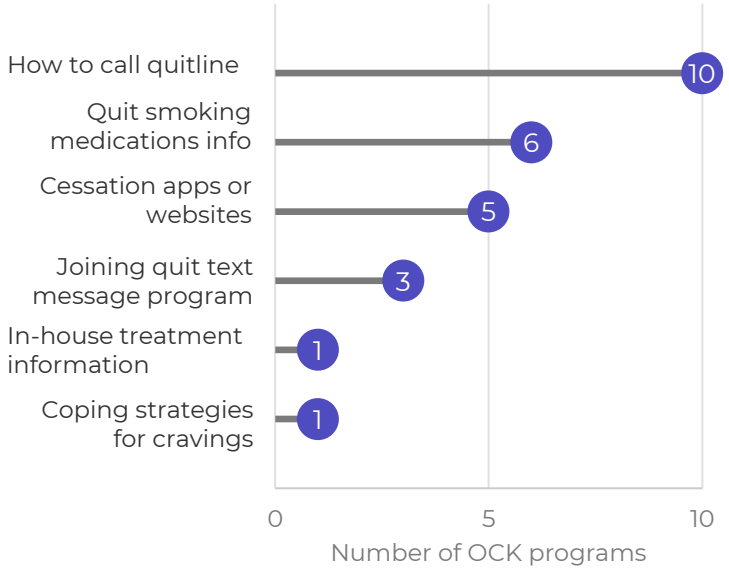
Information Given and Referrals

Information and referrals for those ready to quit

What OCK programs routinely do for their smokers ready to quit

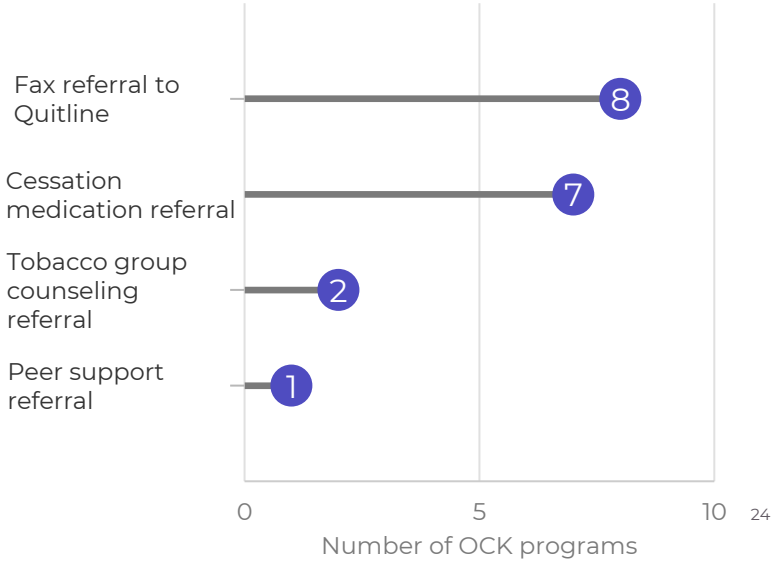
For smokers who are ready to quit, most OCK programs give information about and refer to their tobacco users to the quitline for counseling.

More programs give information about the Quitline & cessation medications than other resources



OCK programs send clients to other organizations for treatment.

Most OCK programs routinely refer to the Quitline and to other agencies for cessation medications.



Section 06

Summary and Recommendations

What we learned

Overall, OCK programs seem to be doing well at screening for tobacco use. Screening for tobacco is a field on the HAP and OCK programs report these tobacco data to the Division of Health Care Finance at KDHE. These programs also seem to do well at advising their tobacco users to quit.

Clinical practice guidelines recommend that tobacco treatment be given to all tobacco users. For those not ready to quit, motivational counseling is the recommended treatment, but some programs are not providing this type of counseling.

Providing counseling and medication more than doubles the chance of quitting; however, these two treatments **are not provided to many current smokers.** Although programs report that they routinely provide counseling and quit smoking medications to those ready to quit, it appears that many programs may be referring their clients to other organizations to receive quit smoking medications.

OCK programs have providers who can provide counseling and write prescriptions. These providers can bill Medicaid for tobacco dependence treatment.

Only about ½ of the OCK programs we interviewed have comprehensive tobacco-free grounds. Some programs have significant number of staff who use tobacco.

Most OCK programs have favorable attitudes for treating tobacco. But they have mixed feelings about the role of tobacco in client's lives which should be addressed in training.

Lack of training was listed as a perceived barrier for providing treatment.

Recommendations

Support quitting for staff who use tobacco & provide role-specific training for providing evidenced-based tobacco treatment

The Kansas Tobacco Guideline for Behavioral Healthcare recommends

To build staff capacity to provide care

- Help staff who use tobacco to access evidence-based tobacco treatment
  - Some OCK programs have significant number of staff who use tobacco. This can affect the culture around treating tobacco.
  - Agencies with OCK programs need to include tobacco treatment in their health insurance plans.
- Bill for reimbursement and use other resources to pay for tobacco treatment.
- Train staff on how to treat and/or prevent tobacco dependence
  - Workflows for tobacco treatment should be written down so that staff are trained to do the tobacco treatment they are delivering.
  - Different tobacco care pathways will need to be developed for people ready to quit now, those interested in quitting but not right now, and those who say they are not interested in quitting. Tobacco treatment may vary depending on which care pathway a client is on.
  - Different care pathways will define how tobacco is integrated into assessment and treatment.

All clients in OCK programs who use tobacco should be on some care pathway for tobacco treatment. Therefore, all OCK clients should have a tobacco recovery goal.

A barrier that was listed was staff turnover; therefore, on-boarding and on-going training is needed in OCK programs.

Source : Kansas Tobacco Guideline for Behavioral Health Care. https://kdads.ks.gov/docs/librariesprovider17/csp/bhs-documents/tobacco-initiative/tobacco-guideline-for-behavioral-health-care-current-revision-1.pdf?sfvrsn=9bab9968_3

Recommendations

Integrate evidence-based tobacco treatment into Care Coordination that is specific to the tobacco treatment care pathway defined for each client

Currently, many OCK programs are not providing on-site tobacco treatment.

The Kansas Tobacco Guideline for Behavioral Health Care recommends that programs

Integrate evidence-based tobacco treatment into routine clinical care.

- The tobacco dependence care pathway will operationalize how evidence-based tobacco treatment is delivered. Issues such a when and how often tobacco is assessed, what type of psychosocial treatment is delivered and how clients access cessation medications should be mapped out in a care pathway.

KDHE/MCO's should require on-site treatment for counseling and on-site providers should be required to prescribe quit smoking medications.

One barrier cited was the lack of on-site individual and group counseling as well as the lack of resources for providing medications.

- All agencies with OCK programs have providers who can write prescriptions for cessation medications, but sometimes there are barriers to accessing these providers.
- These barriers prevent clients from being able to access the tobacco benefits in Medicaid.

- Incorporate tobacco treatment into other ongoing efforts toward wellness and recovery. Peers should be trained and support tobacco treatment.
- Conduct quality improvement to define outcomes, monitor progress and improve tobacco treatment services.
  - Quality improvement requires that tobacco treatment be embedded in the medical record, tobacco treatment workflows be written down in policies or clinical protocols and data are collected and reviewed by clinical teams.

Source : Kansas Tobacco Guideline for Behavioral Health Care. https://kdads.ks.gov/docs/librariesprovider17/csp/bhs-documents/tobacco-initiative/tobacco-guideline-for-behavioral-health-care-current-revision-1.pdf?sfvrsn=9bab9968_3

Recommendations

System Change and data needs

Empower high performing centers to support other programs.

- Case studies could be helpful in designing education tailored to OCK programs.
- Specific training should be provided to providers on prescribing quit smoking medicines.

Agencies with OCK programs should enact comprehensive tobacco-free policies

that include buildings, vehicles, grounds and expectations for staff, visitors and clients.

OCK programs should be required to complete the Kansas Tobacco Guideline for Behavioral Health Care Self-assessment annually

and develop an improvement plan based on challenges.

Obtain harder data on treatment.

Medicaid claims data should be analyzed to provide findings on

- Number of OCK clients with a diagnosis of tobacco use disorder.
- Number of OCK clients with claims for quit smoking medication.

Quitline reports should be provided to agencies with OCK programs to provide findings on

- Number of clients fax referred to the Quitline
- Number of clients who engaged with Quitline staff.

Source : Kansas Tobacco Guideline for Behavioral Health Care. https://kdads.ks.gov/docs/librariesprovider17/csp/bhs-documents/tobacco-initiative/tobacco-guideline-for-behavioral-health-care-current-revision-1.pdf?sfvrsn=9bab9968_3'