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# Partnering with Medicaid to strengthen cessation benefits: the Oregon experience

North American Quitline Consortium  
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PUBLIC HEALTH  
Center for Prevention and Health Promotion

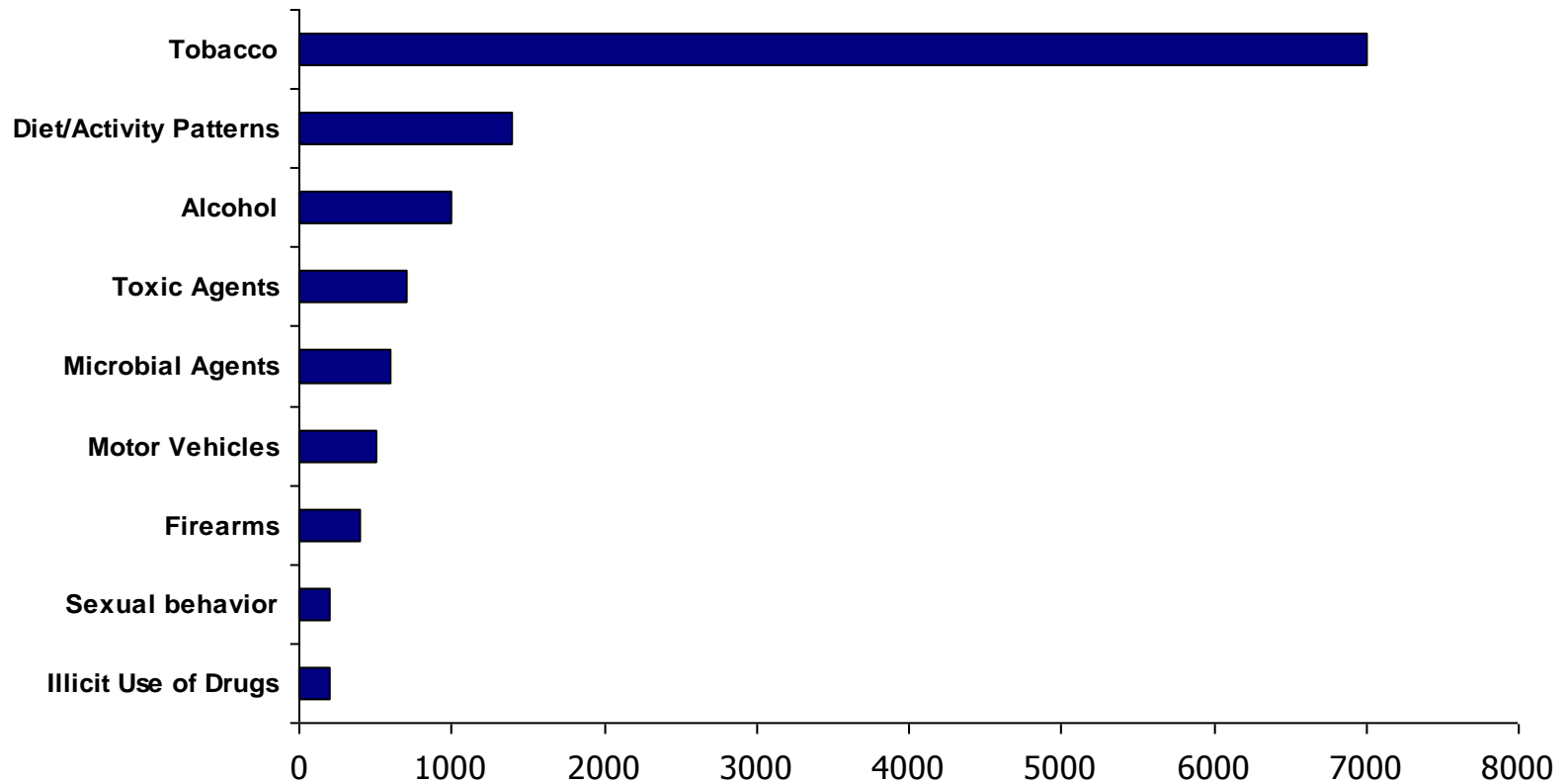
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# Agenda for today

- Setting the context: tobacco use among Medicaid enrollees in Oregon
- History of Oregon's Medicaid and public health partnership
- Looking forward: opportunities for tobacco cessation in health system transformation efforts
- Discussion of opportunities to leverage a partnership with Medicaid to bring tobacco cessation to enrollees

# Setting the context

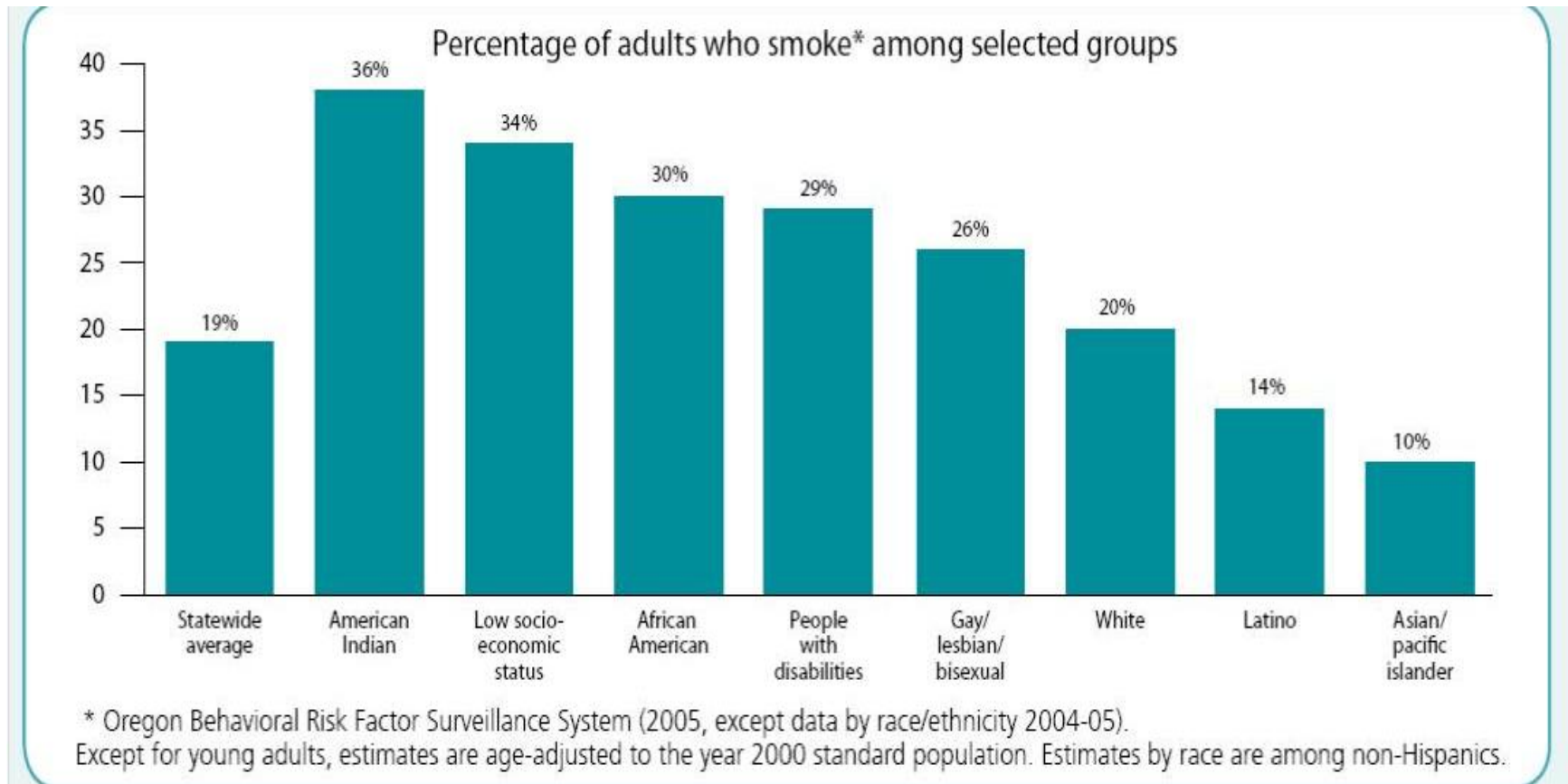
# Leading causes of death in Oregon



\* Includes alcohol-related crashes

Source: CD Summary, May 17, 2005, Vol. 54, No. 10

# Tobacco use is an issue of health equity



# Tobacco use disparities

## Smoking prevalence among Oregon adults – 2009 BRFSS

- With annual incomes *more* than **\$50,000** = **9.6%**
- With annual incomes *less* than **\$15,000** = **32.9%**

- Insured (including private) = **13.2%**
  - Uninsured = **31.9%**
  - Medicaid (OHP) = **37.0%**

- Medicaid (OHP) cost, per year, to treat smoking-attributable disease = **\$287M**

# Tobacco use disparities

## Smoking prevalence among Oregon adults – 2011 BRFSS

- With annual incomes *more* than \$50,000 = 10.1%
- With annual incomes *less* than \$15,000 = 35.9%

- Insured (including private) = 14.9%
  - Uninsured = 33.9%
  - Medicaid (OHP) = 37.8%

- Medicaid (OHP) cost, per year, to treat smoking-attributable disease = \$374M

# Historical context



# Brief orientation to Oregon's Medicaid program

- Prior to 2012, a Managed Care Organization (MCO) system served 85% of Medicaid enrollees, with the state Medical Assistance Program (MAP) retaining 15% of enrollees under Fee For Service.
- In 2012, the Oregon legislature and the Centers for Medicare and Medicaid Services (CMS) approved changes to Medicaid to allow for the enrollment of Medicaid members in new Coordinated Care Organizations (CCOs).
- Currently, 15 CCOs, mostly run by former MCOs, are operational and now enroll nearly all Medicaid Fee For Service members.
- CCOs are held to a set of quality measures and are given the flexibility to implement their own strategies to achieve benchmarks – state guidance for how to achieve quality should not be overly prescriptive and should allow for local innovation.

# Historical overview of Oregon's partnership with Medicaid

## 1989-1998

### *Early health system transformation efforts*

- Early work to ensure that as many Oregonians as possible are covered by Medicaid and have access to high quality care
- Development of the Prioritized List of Health Services
- TPEP and the Oregon Medical Assistance Programs (MAP) partner to implement new cessation benefits

### *Tobacco Prevention and Education Program (TPEP)*

- State tobacco tax increase funds TPEP
- Oregon Tobacco Quit Line launches with cost-sharing in place with Medicaid Fee For Service

# Prioritized List of Health Services

- A 1989 legislative bill created the Health Services Commission, charged with developing a list of health services for treatment-condition pairs, rank ordered by importance and evidence base.
- The purpose of the Prioritized List of Health Services is to ensure that limited Medicaid dollars are spent on the most effective, life-saving treatments.
- The “line” on the Prioritized List moves up and down with available funding.
- Tobacco dependence was added to the Prioritized List in 1989 and remains at line 6 of 692 health services.
- The 2013 legislature heard a bill to expand application of the Prioritized List to all health plans offered through the Oregon Health Insurance Exchange – with further work to continue in 2014.

# Historical overview...cont'd

## 1989-1998

- The Oregon Health Systems Task Force was formed with the purpose of interpreting clinical guidelines and determining an affordable model for Quit Line services. Members included MCOs, Medicaid Medical Directors, TPEP and private health plans.

## 1998-2010

- TPEP and MAP partnered to roll out tobacco cessation benefits and signed an Intergovernmental Agreement. Quit Line services for OHP Fee For Service members are now under contract.
- Senate Bill 734 is signed into law, mandating a \$500 minimum cessation benefit for all private, Oregon-based health plans.
- TPEP and MAP implemented an annual survey in 2011 and 2012 to assess tobacco cessation services offered by MCOs.

# Highlights from the Medicaid Cessation Benefits Survey

- Assessment of tobacco use status
  - All 15 MCOs had some method of identifying tobacco use status among members. The most common methods include reviewing medical and/or pharmacy claims data; providers asking about tobacco use during intake assessments at office visits, and health risk assessments.
- Counseling
  - All 15 plans provided some form of cessation counseling, and cover individual counseling with primary care providers.
- Pharmacotherapy
  - All 15 plans provided coverage for nicotine patches, Wellbutrin, and Chantix
  - Of the other four FDA-approved medications for tobacco cessation:
    - 12 plans covered nicotine gum
    - 10 plans covered nicotine lozenges
    - 7 plans covered nicotine nasal spray
    - 6 plans covered the nicotine inhaler
  - All medications are covered for Fee For Service members

# Highlights, continued

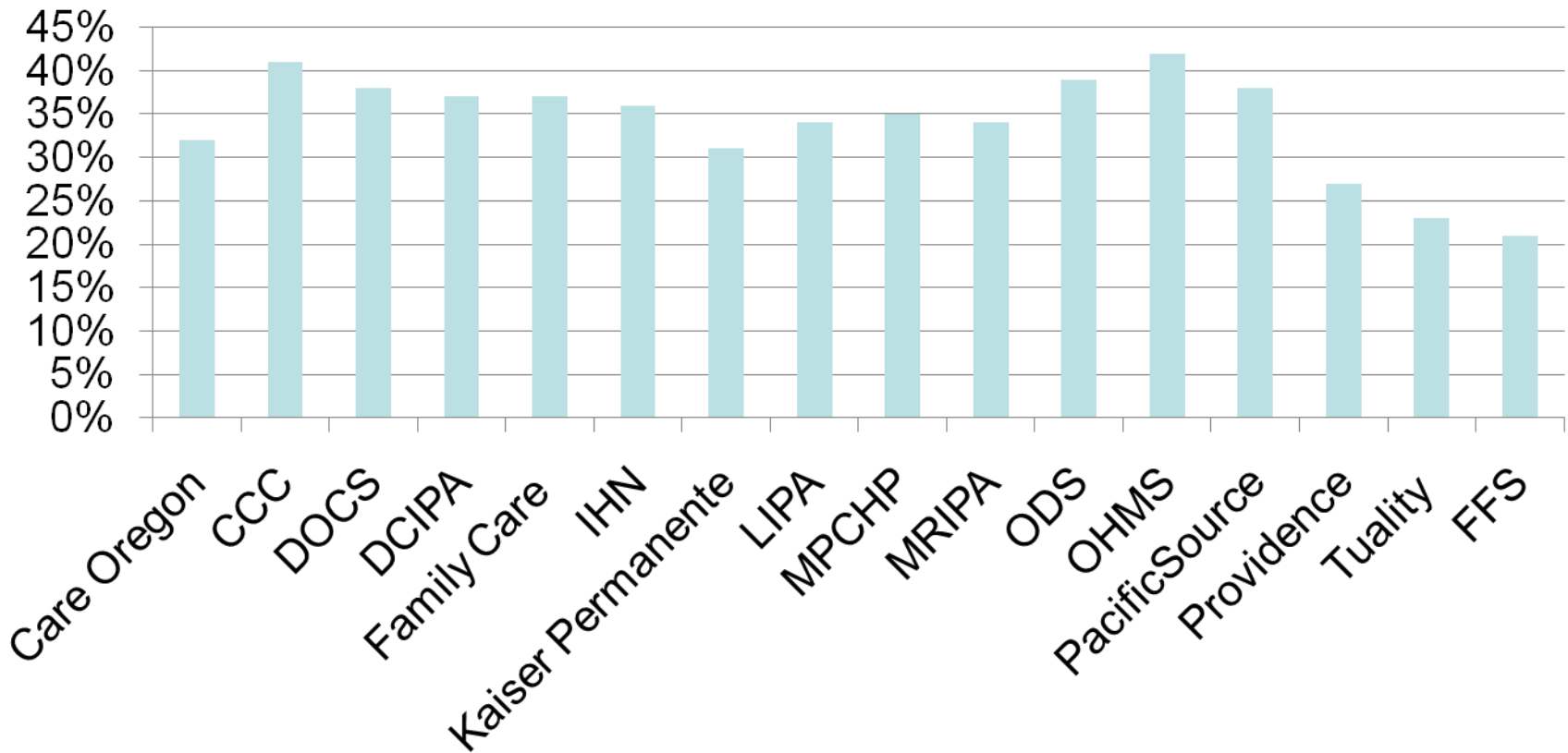
- Barriers to accessing cessation benefits
  - Length of treatment
  - Co-payments
  - Enrollment in counseling
  - Prior authorizations
- Utilization of cessation benefits
  - Varies by plan
  - Several plans are unable to report utilization data for tobacco cessation services, or are unable to report data for Oregon Health Plan members

# What we learned from the survey



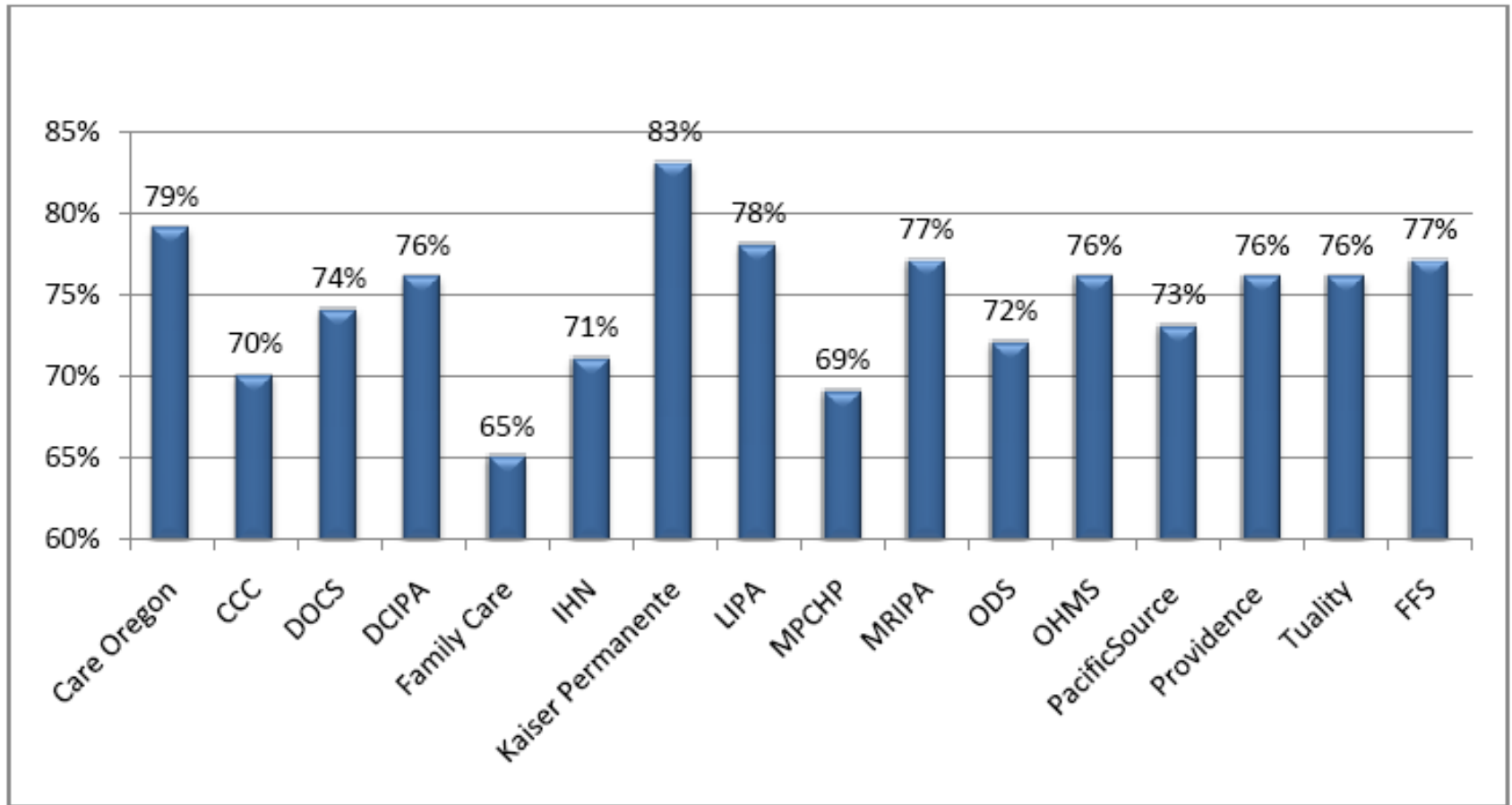
- How MCOs identify tobacco users and how tobacco use status is documented
- What types of counseling and cessation products are available and the extent of the benefits
- How cessation services are promoted to tobacco users, how staff and providers are trained, and special efforts and resources that are in place to meet tobacco dependence treatment needs of special populations
- What quality assurance standards are in place, types of monitoring or assessment systems, and evaluation of services

# Tobacco use prevalence by MCO, 2011





# 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 6 months



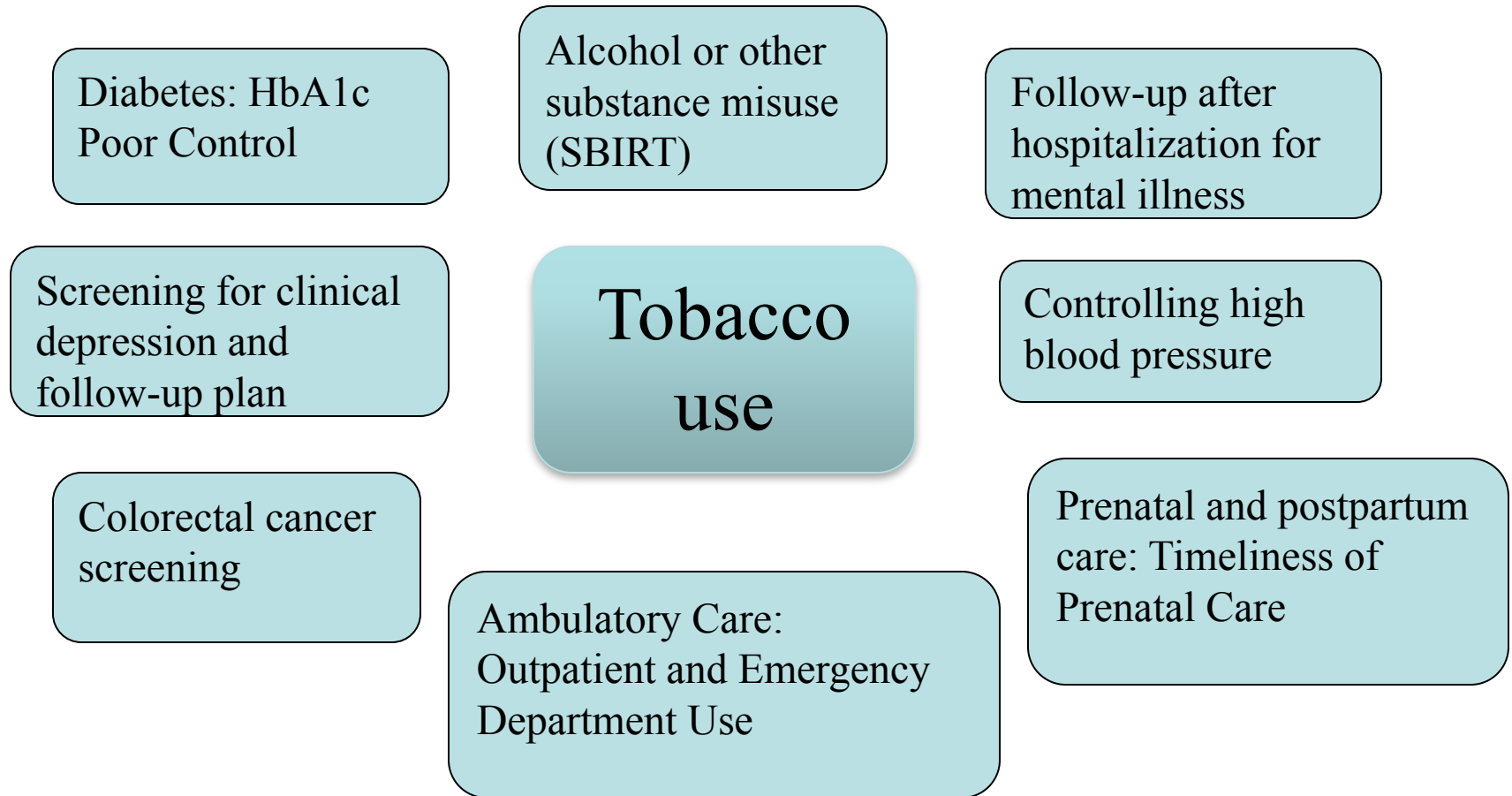
# Helping Benefit Oregon Smokers recommendations

- Following the passage of Senate Bill 734, a group of health plans and tobacco advocates came together to develop a set of recommendations for a minimum cessation benefit. These recommendations are used to promote cessation benefits with all health plans, including CCOs.
  - Routine screening and referral to get members into treatment
  - Use of evidence-based treatment approaches
  - Annual coverage of treatments singly and in combination
  - Annual access to extended treatment services
  - Cost sharing should be minimal or comparable to other treatments
  - Reimbursement for program-based treatment professionals
  - Measure outcomes

# CCO incentive measures

- Set of health outcome measures that CCOs are accountable to the state Medicaid program and the Centers for Medicare and Medicaid Services for progress.
- An incentive pool allows bonus payment to CCOs for high performance.
- Tobacco use prevalence was not selected as an incentive measure for this year, but improving tobacco use impacts several other incentive measures.
- Tobacco use prevalence is a measure that the Oregon Medicaid program must report for the Centers for Medicare and Medicaid Services on as a part of its approved Designated State Health Programs waiver.

# CCO incentive measures and tobacco

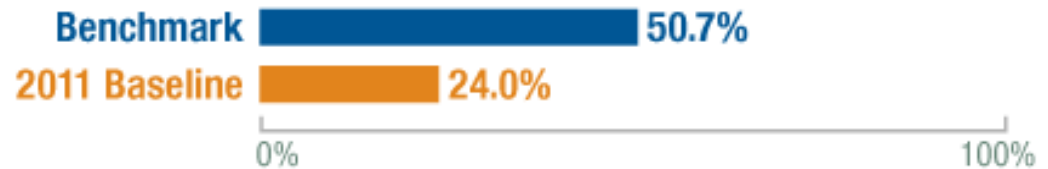


# CCO baseline data: medical assistance with smoking and tobacco use cessation, 2011

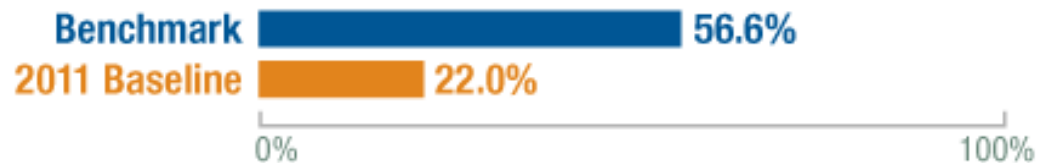
*Adult tobacco users advised to quit by their doctor.*



*Adult tobacco users whose doctor discussed or recommended medications to quit smoking.*



*Adult tobacco users whose doctor discussed or recommended strategies to quit smoking.*



# Opportunities for tobacco cessation within the context of health system transformation

# Recommendations for Evidence-Based Tobacco Cessation

## Basis for Recommendations

### Oregon Action Plan OHA/OHPB Triple Aim

- Improve the life-long health of Oregonians
- Increase the quality, reliability and availability of care for all Oregonians
- Lower or contain the cost of care



### Oregon Medicaid Fee for Service Tobacco Cessation Benefits



### Helping Benefit Oregon Smokers (HBOS)

- Health systems and community task force



### 2008 Clinical Practice Guidelines for Tobacco Cessation Services



Recommended Tobacco Cessation Services for OHP members includes:

- a) Ask clients about the use of tobacco and tobacco products or exposure to secondhand smoke at every clinic visit and documenting findings in the client health record;
- b) Advise identified tobacco users to quit and then assess the clients' willingness to make a quit plan at subsequent clinic visits;
- c) Make available to tobacco users who want to quit evidence-based treatment that includes:
  - A selection of FDA approved medically appropriate medications indicated for tobacco cessation;
  - Coverage for documented multiple quit attempts and extended treatment options annually, with no lifetime limit;
  - Cost effective treatment options at low or no client out-of-pocket expenses, including co-payments;
  - Provide access to evidence-based tobacco cessation quit line telephonic counseling services;
  - Provision of tobacco cessation counseling directly with a medical provider or provider led group setting;

# Working with CCOs on tobacco cessation

- Promote Helping Benefit Oregon Smokers recommendations to CCOs in partnership with the state Medicaid program, local public health authorities and other partners.
- Utilize CCO baseline data to push for CCO and/or state-level Performance Improvement Projects related to tobacco cessation.
- Offer learning collaboratives and other resources for CCOs on tobacco cessation.
- Encourage CCOs to implement trainings and other innovative strategies to support providers in addressing tobacco use.



# Additional opportunities to leverage health system transformation for cessation

- CCOs are instituting SBIRT in their provider networks, which is also an incentive measure.
- CCOs are collaborating more effectively with mental health and human service providers.
- Medicaid support for the use of certified community health workers, peer wellness specialists and health navigators that can link Medicaid members to cessation resources.

# Anticipated challenges

- CCOs are working with smaller budgets than when they were MCOs.
- CCOs are new business entities that are required to make significant changes in a very short period of time.
- Oregon's emphasis is on local flexibility to determine and respond to community needs.

# Putting it all together

# Strengthening cessation: strategies that worked in Oregon

- Inclusion of tobacco dependence on the Prioritized List of Health Services
- Strong partnership between state public health and Medicaid which yielded a cost-sharing arrangement with the Fee For Service program
- Oregon Health Systems Task Force guidelines for tobacco cessation in Medicaid
- Using the relationship with State Medicaid to get in front of leadership of Medicaid Organizations
- Surveying Medicaid plans to assess benefits to members
- Providing data to Medicaid plans on their members tobacco use prevalence, cessation best practice guidelines and ROI
- Senate Bill 734 mandating private plans to cover a minimum cessation benefit

# Considerations for cessation programs

- Leverage the increasing emphasis on quality and outcomes to highlight the importance of tobacco cessation as a leading driver of health care costs and poor health outcomes.
- Depending on state context, promotion of evidence-based cessation programs may be most appropriately done through:
  - The state Medicaid program
  - MCOs
  - Local partners that work closely with MCOs
  - Or may require work with all three types of partners

# Questions?

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