State University Partnership Research Brief
Enhancing Tobacco Dependence Treatment for Kentucky Medicaid Recipients

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What is Known on This Topic?
Kentucky Medicaid beneficiaries are at risk of increased morbidity and mortality due to a high prevalence of tobacco use in that population. Despite high rates of tobacco use among Medicaid beneficiaries, there is a lack of universal coverage for cessation interventions, and multiple barriers to access medications to help people quit.

What Did this Project Do?
This study conducted focus group-style interviews with managed care organization (MCO) decision makers to discuss disparities and identify key facilitators and barriers to providing evidence-based tobacco treatment for their members.

What Could Medicaid Do with These Conclusions?
Findings from this project identified the following needs in terms of smoking cessation treatment: (1) barrier-free access to medications and counseling; (2) systematic engagement in quality reporting and case management, and; (4) reducing bias and enhancing the quality of communication with patients and treatment providers.

Introduction

Barriers to Treatment of Tobacco Dependence
Tobacco use is the leading cause of preventable death in the U.S.; with Kentucky having one of the highest rates in the country. Over 8,000 Kentuckians die from smoking related illnesses each year. Medicare/Medicaid and other federal programs pay 60% of the total U.S. healthcare costs related to smoking. Furthermore, tobacco use among Medicaid beneficiaries is almost twice that of privately insured populations, and costs around $76 billion to the Medicaid program. Despite this, there are only thirteen state Medicaid programs that provide comprehensive coverage for all cessation treatments. Many Medicaid programs require a prescription for over-the-counter (OTC) nicotine replacement products, and require individuals to start with a low cost medication before they will approve a higher cost one. These present major barriers – for both patients and providers. Studies have shown that Medicaid recipients are very receptive to provider tobacco cessation advice.[2] However, it is often left up to the individual to request treatment themselves, which leads to low cessation counseling and treatment utilization. Approximately of 70% of physicians advise their patients to quit, but significantly smaller set of those encounters involve follow up to facilitate the process of behavior change.[3] When healthcare providers are properly educated with standardized and accredited training, they tend to have improved patient outcomes; such as higher quit rates and reduced relapse.

Table 1 – *The Toll of Tobacco Use in Kentucky*

The Toll of Tobacco in Kentucky	
High school students who smoke	8.9% (20,400)
Male high school students who smoke cigars (female use much lower)	10.5%
High school students who use e-cigarettes	26.1%
Kids (under 18) who become new daily smokers each year	2,000
Adults in Kentucky who smoke	23.4% (809,500)
Proportion of cancer deaths in Kentucky attributable to smoking	34.0%

Source- tobaccofreekids.org

Project Methods and Results

Project Design
This study conducted semi-structured focus group interviews with MCO decision makers to identify facilitators and barriers to providing tobacco treatment to Medicaid recipients. The interviews solicited participant views on their roles and MCO tobacco treatment-related programs. The focus group participants were recruited from the five MCOs (Aetna, Humana, Wellcare, Passport, and Anthem) that served Kentucky Medicaid beneficiaries. Focus group Admnistrators were PhD-prepared nursing faculty with tobacco treatment specialist certification. Interview questions were open-ended prompts to assess current services, practices, and perceived training needs for the network of Medicaid providers. Transcriptions of the interviews were coded and analyzed based on evidence-based tobacco treatment strategies and common themes.

Results
Analysis of results found three major themes to facilitate improved access to treatment: (1) use of universal quality reporting; (2) barrier-free access to cessation medications, and; (3) the role of case management in discussion of

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cessation medications and strategies. Focus group participants emphasized the importance of making cessation treatments, such as nicotine replacement therapy, easier to access. MCOs promote medication options with members despite the fact that providers must prescribe OTC forms for Medicaid to cover these medications. Participants also stressed the important role of case managers in identifying tobacco users during pregnancy, in behavioral health settings, and in the management of members with chronic diseases. Case manager participants agreed that a centralized repository of regularly-updated resouces would be beneficial in instances of treating special populations. Training in evidence-based cessation methods improves provider engagement, but as Figure 1 illustrates, many counties don't have a single provider who has completed a tobacco dependence training module within the last two years.

Figure 1 – *Tobacco Dependence Training Completed Map*

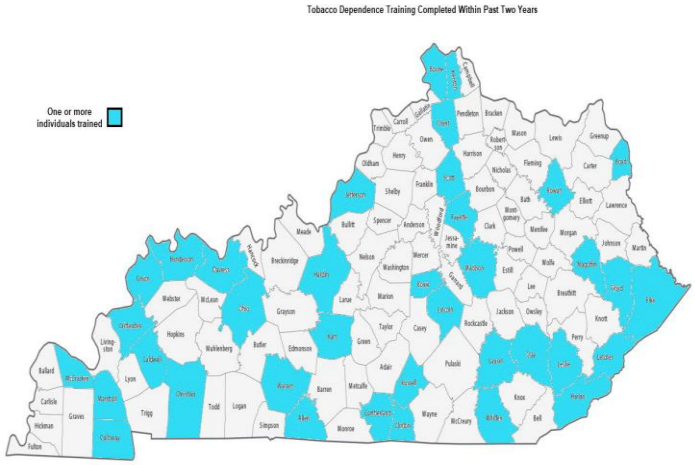


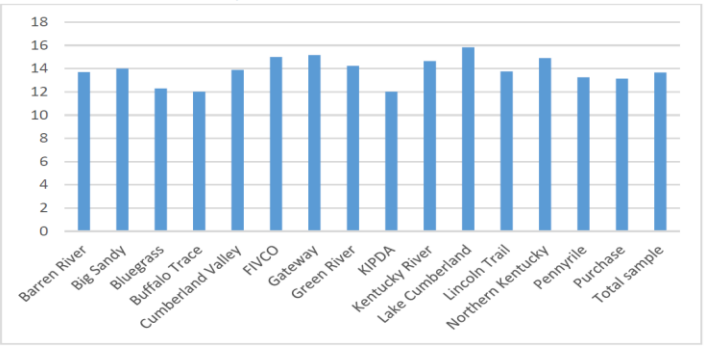
Figure 1 highlights the counties where at least one individual has completed a continuing education unit related to tobacco dependence training in the last two years. Training in this subject matter is concentrated around Kentucky's metro areas (e.g., Louisville, Lexington, Bowling Green, Owensboro, Covington, etc.).

Standardizing comprehensive tobacco use assessment using the 5As (Ask, Advise, Assess, Assist, and Arrange) was outlined in the Bridging Research Efforts and Advocacy Toward Healthy Environments (BREATHE) Tobacco Treatment Specialist Training Program.[2,3] Instituting an opt-out approach, in which all tobacco users receive treatment (not just those who request it or opt-in to services) would further build on the strengths of Healthcare Effectiveness Data and Information Set (HEDIS) quality measure reporting, barrier-free access to nicotine replacement treatment, and case management. These approaches were identified as cost-effective and easy-to-implement ways to improve access to tobacco cessation treatment for Medicaid beneficiaries.

Conclusions & Health Policy Implications for Medicaid

Treating tobacco dependence not only saves lives, but it is highly cost-effective for Medicaid programs. This study found that, though there are mandates in place to promote access to cessation treatments, barriers still remain, and require further policies to improve tobacco treatment utilization among Medicaid beneficiaires.

Figure 2 – *Average 5 A's Scores by Area Development District*



Higher average scores describe greater adherenceto the "5 A's" method of helping patients stop their use of tobacco products. Average scores were significantly higher in practices that reported participating in recent tobacco dependence training.

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

1. Systematic and standardized training for all Medicaid providers and ancillary staff using web-based modules.
2. Create and implement a detailed map of best practice strategies to implement all aspects of the 5 A's model for tobacco treatment.
3. Institute an 'opt-out' tobacco treatment strategy where treatment is provided to all tobacco users by default.
4. Incorporate tobacco treatment into high-risk case management.
5. Establish a central repository of regularly updated tobacco treatment resources.
6. Create benchmarks to enable practices to measure processes and performance related to the 5 A's.

Efforts such as these are cost-effective and easy to implement. Promoting access to tobacco treatment and removing barriers can positively impact the health and well-being of Medicaid recipients.

References

[1]Campaign for Tobacco-Free Kids. (2020, August 24). The Toll of Tobacco in Kentucky. Retrieved September 04, 2020.

[2]Quinn, V. P., Hollis, J. F., Smith, K. S., Rigotti, N. A., Solberg, L. I., Hu, W., & Stevens, V. J. (2009). Effectiveness of the 5-As tobacco cessation treatments in nine HMOs. *Journal of General Internal Medicine*, *24*(2), 149.

[3]Gorin, S. S., & Heck, J. E. (2004). Meta-analysis of the efficacy of tobacco counseling by health care providers. *Cancer Epidemiology and Prevention Biomarkers*, *13*(12), 2012-2022.

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