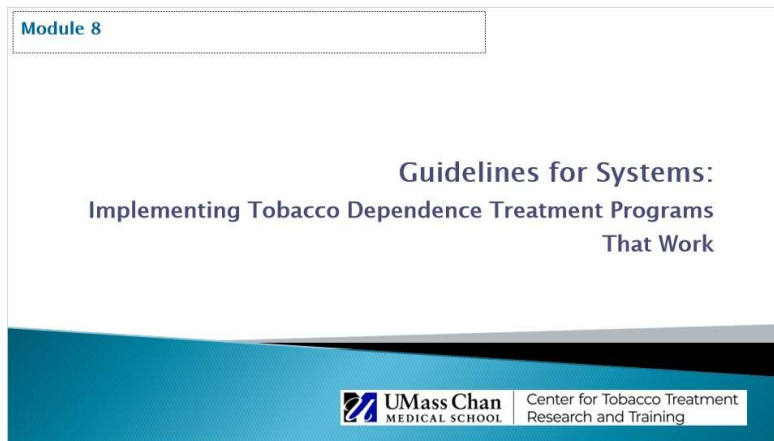
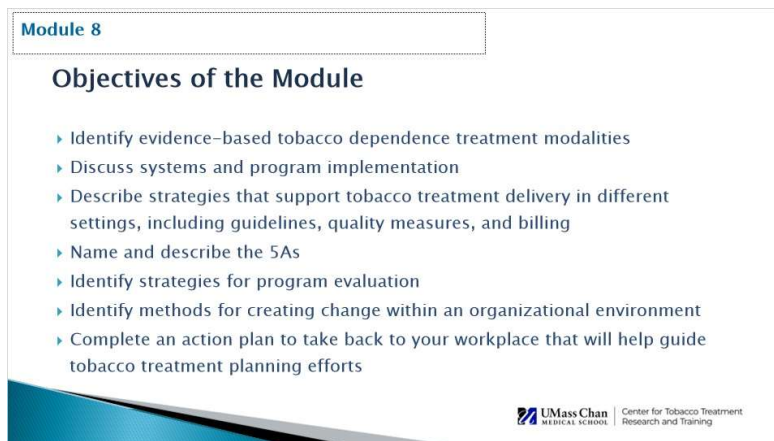


Module 8: Guidelines for Systems Programs That Work

1.1 Guidelines for Systems:



1.2 Objectives of the Module



1.3 Tobacco Dependence: Where Can We Intervene?

Module 8


Tobacco Dependence: Where Can We Intervene?

- ▶ With **populations** – via mass media campaigns, smoke-free policies and other regulations, and taxes
- ▶ With **systems** – systematically document and intervene with all tobacco users at every clinical visit, supported by reminder systems, staff training, quality of care guidelines, and insurance reimbursement
- ▶ With **individuals** – screen all clients for tobacco use, provide brief advice, counseling and pharmacotherapy, and follow-up.

Discussed in Module 1

Covered in this Module

Covered in this Module

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1.4 Do Tobacco Users Want to Quit? Most Do!

Module 8

Do Tobacco Users Want to Quit? Most Do!

- ▶ Most smokers say they want to quit (68% in 2015)
- ▶ More than 3 out of 5 adults in the US who have ever smoked cigarettes have quit
- ▶ But while 55% of smokers made a quit attempt in 2018, far fewer smokers were successful:
 - In 2018, 7.5% successfully quit
 - This is an increase from 6.3% in 2009



U.S. Department of Health and Human Services, 2020; Creamer et al, 2019

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1.5 But Most Tobacco Users Do Not Get the Help They Need

Module 8

But Most Tobacco Users Do Not Get the Help They Need

- ▶ Between 2000 and 2015 less than 1/3 of US adult smokers reported using evidence-based treatments, such as counseling or pharmacotherapy
- ▶ Why so few? Besides individual barriers, system barriers include:
 - Lack of investment for developing health care systems that support treatment
 - Practical matters such as transportation, time, cost
 - Lack of advice/support to quit: fewer than 2 of every 3 of adult smokers who saw a healthcare provider in the past year were advised to quit
- ▶ There are racial and other disparities for those receiving advice to quit:
 - Non-Hispanic whites are more likely to receive advice to quit compared with smokers of other races/ethnicities, as were older smokers and those with insurance

Babb et al, 2017; U.S. Department of Health and Human Services, 2020

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1.6 Objective

Module 8

Objective

Identify evidence-based tobacco use disorder treatment modalities

1.7 How Do We Know What Works?

Module 8

How Do We Know What Works?

We have many sources that review medical literature for effective treatment strategies

- ▶ Several reports from the Surgeon General, the most recent on Cessation released in 2020
- ▶ The Public Health Service Clinical Guideline: Treating Tobacco Use and Dependence, 2008 update
- ▶ US Preventative Services Task Force issues recommendations



1.8 Effective Strategies in a Clinical Setting

Module 8

Effective Strategies in a Clinical Setting

- ▶ Evidence-based strategies to help tobacco users quit include:
 - **Counseling** – brief interventions or more intensive interventions offered in person, in groups, or via telephone
 - **Systems support**, including processes to identify tobacco users and offer treatment, ensure clinician training, and provide insurance coverage of services
 - **Pharmacotherapy** – this will be covered in Module 11 (in-person or virtual training)

Fiore et al, 2008

1.9 Many Treatment Modalities are Available

Module 8

Many Treatment Modalities are Available

- › In-person: individual, group
- › Telephone
- › Internet
- › Mobile Apps



Optimal treatment is a combination of counseling intervention and pharmacotherapy.



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1.10 COUNSELING

Module 8

COUNSELING

Individual
Group
Telephone

U.S. Department of Health and Human Services, 2020; Fiore et al, 2008

- › Nicotine dependence is a chronic, relapsing disorder – long term management and intensive treatment is beneficial
- › Treatment efficacy improves as time in treatment increases, the number of sessions increases, or the number of clinicians involved increases
- › Effective treatment can be given by numerous types of health care professionals and in a variety of settings.

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1.11 In-Person Counseling: Individual

Module 8

In-Person Counseling: Individual

- › Includes brief interventions (e.g., 5As, AAR) done during routine care as well as intensive treatment outside of routine care
- › Can tailor to client's specific needs
- › Different providers (TTS, physician, respiratory therapist, nurse, dental care provider etc.) can all effectively play a role in delivering interventions
- › Problem-solving, skills training and social support are particularly effective



Fiore, 2008; Lancaster and Stead, 2016; U.S. Department of Health and Human Services, 2020.

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1.12 In-Person Counseling: Groups

Module 8

In-Person Counseling: Groups



Why use a group model?

- ▶ Effective – Quit rates are similar to individual counseling
- ▶ Efficient – Capacity to service greater number of clients with limited treatment resources
- ▶ Enhanced experience for participants through social support and group cohesion

Stead et al, 2017

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1.13 Planning a Treatment Group

Module 8

Planning a Treatment Group

- ▶ How many sessions will be held?
 - 4 – 8 standard
- ▶ Recruitment and referral
 - How will you recruit? From where will your referrals come? What feedback will you give providers?
- ▶ Screening
 - What information will be helpful to know prior to the first meeting – for both client and counselor?
 - Triage and referral of inappropriate participants

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1.14 Telephone Counseling via Quitlines is Widely Available

Module 8

Telephone Counseling via Quitlines is Widely Available

- ▶ Staffed by trained counselors or coaches, Quitlines provide wide access to evidence-based counseling
- ▶ Services may include:

Online Resources
and Support

Individual
Counseling over
the Phone

Information on FDA-
Approved Medications

Mailed Self-Help
Materials

Free or Reduced-
Cost NRT

Counseling in
Numerous
Languages

U.S. Department of Health and Human Services, 2020, NAQC, 2017.

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1.15 Telephone Counseling is Effective

Module 8

Telephone Counseling is Effective

- ▶ Better outcomes have been reported for:
 - Multi-call approaches
 - Proactive services, using multiple outbound calls
 - More completed counseling calls has yielded higher quit rates
- ▶ Health care sites can implement systems to regularly refer patients to state-funded Quitlines:

1-800-QUIT-NOW (800-784-8669)

**Get to Know the Quitline Services
in Your Area!**

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1.16 Treatment Efficacy by Modality

Module 8

Treatment Efficacy by Modality

- ▶ Proactive telephone counseling, group and individual counseling formats are effective
- ▶ Interventions delivered in multiple formats increase abstinence rates and should be encouraged
- ▶ Individual counseling – more effective than minimal contact (brief advice, usual care, or self-help materials), but even brief advice from a physician (e.g., 5As) increases quit rates
- ▶ Group treatment is also effective – likely as effective as individual counseling

Fiore, 2008; Lancaster and Stead, 2016; U.S. Department of Health and Human Services, 2020; Kotsen et al, 2018.

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1.17 Choosing Treatment Type

Module 8

Choosing Treatment Type

- ▶ All counseling types are effective
- ▶ Studies comparing modalities have concluded that each “plays a part in assisting . . . tobacco users in quitting”
- ▶ Different modalities may appeal to different tobacco users – individual needs and preferences should be considered



**Any counseling modality
may be combined with FDA-
approved pharmacotherapy
to increase recovery rates**

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1.18 Self-Help Materials

Module 8

Self-Help Materials

- ▶ Most individuals who quit smoking do so on their own
 - In 2015, only 31.2% of U.S. adult smokers used counseling and/or medication to quit
- ▶ Self-help materials may include brochures, handouts, self-directed internet resources
- ▶ In general, self-help materials for smoking cessation that are not tailored to a particular person or group have limited effectiveness on their own
- ▶ Tailored self-help materials that are based on specific characteristics or concerns of smokers have been shown to be effective

U.S. Department of Health and Human Services, 2020;
Patnode et al., 2013; Fiore, et al., 2008

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1.19 Internet-Based Treatment

Module 8

Internet-Based Treatment

- ▶ Include self-directed cessation materials; interactive counseling; or coaching, chat rooms, and automated email messages
- ▶ Social media sites (Facebook, Twitter)
- ▶ Can complement other evidence-based interventions



Can be effective –
but not all are evidence-based.
Check them out before
referring.

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1.20 Internet Programs: Do They Work?

Module 8

Internet Programs: Do They Work?

- ▶ May have wide reach: 88% of American adults report regularly accessing the Internet
- ▶ Recent meta-analysis found that interactive and tailored programs led to higher quit rates than usual care
- ▶ Offering treatment via the internet may:
 - Increase accessibility of treatment
 - Allow for tailoring of materials
 - Be disseminated at low cost
 - Offer anonymity to users
- ▶ Limitations:
 - Not all programs are evidence-based; less likely to be used by certain populations, some studies show only short-term effectiveness

U.S. Department of Health and Human Services, 2020;
Taylor et al, 2017

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1.21 Mobile phone (mHealth)– Applications and Texts

Module 8

Mobile phone (mHealth)– Applications and Texts

- ▶ Access to apps/texting programs may be high:
 - In 2019, 96% of adults owned a cell phone; 81% owned a smart phone
 - Issue – do clients have minutes/data available?
- ▶ Mobile apps may be effective
 - Cochrane Review: Smokers using apps/texting programs were 1.7 times more likely to have quit at 6 months compared to no program
- ▶ Can be a low-cost, convenient way of delivering interventions



1.22 Mobile-phone Applications – How to Choose?

Module 8

Mobile-phone Applications – How to Choose?

- ▶ Many apps are not evidence based. Below are 7 strategies for evaluating and selecting apps:
 1. Review the scientific literature
 2. Search app clearinghouse websites
 3. Search app stores
 4. Review app descriptions, ratings, reviews
 5. Conduct a social media query within professional and patient networks
 6. Pilot the apps
 7. Elicit feedback from patients

1.23 Suggestions for Mobile Phone Text Programs

Module 8

Suggestions for Mobile Phone Text Programs

- ▶ Smokefree.gov: SmokefreeTXT (<https://smokefree.gov/tools-tips/text-programs>)
 - Text “QUIT” to 47848 for Adult, non-specialized program
 - Specialized text programs for teens, moms, veterans; also in Spanish
- ▶ To quit Vaping or other tobacco use: Ex Program (sponsored by the Truth Initiative)
 - <https://truthinitiative.org/exprogram>

1.24 What about Harm Reduction for People Who Do Not Want to Quit Using Tobacco?

Module 8

What about Harm Reduction for People Who Do Not Want to Quit Using Tobacco?



- ▶ Harm Reduction is “a set of practical strategies with the goal of meeting [people] 'where they're at' to help them reduce any harms associated with their drug use.” (Marlatt, 1998)
- Use in substance use disorders includes: sterile syringe access programs, overdose prevention (e.g., access to Naloxone)
- ▶ Concern: does it compete with abstinence as a goal of treatment?

1.25 How Do We Apply Harm Reduction to Tobacco Use?

Module 8

How Do We Apply Harm Reduction to Tobacco Use?

- ▶ Change policy: limiting access through tobacco bans at work and other public places, restricting sales to individuals under age 21, restricting tobacco flavoring
- ▶ Change tobacco use practices: not using tobacco in the home, car, or at certain times
- ▶ Use NRT in places where smoking is not allowed or for long term use (work, airplanes, long-term post quit)
- ▶ Change the nature of tobacco products (making a “less hazardous” cigarette)
- ▶ Switch tobacco/nicotine products (to Snus, e-cigarettes)

1.26 What about E-Cigarettes for Harm Reduction?

Module 8

What about E-Cigarettes for Harm Reduction?

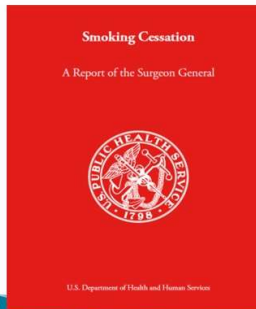
- ▶ Concerns
 - Unknown health effects, both short term and long term
 - Re-normalization of smoking and uptake by youth
 - Lack of quality control
 - Not an FDA-approved cessation device
- ▶ Possible benefits
 - Reduction of exposure to CO and tobacco carcinogens
 - Possible cessation tool, appealing to smokers

Please see Module 1 for more information

1.27 Report on Smoking Cessation (2020)

Module 8

Report on Smoking Cessation (2020)



- ▶ Updated report concludes that behavioral interventions, including proactive telephone counseling, short text messaging services, and web-based interventions, work!
- ▶ Click [here for executive summary](#)
- ▶ Click [here for the consumer summary](#)

1.28 Objective

Module 8

Objective

Discuss systems and program components of tobacco treatment

1.29 What Do We Mean by “Systems?”

Module 8

What Do We Mean by “Systems?”

- ▶ System refers to formal and informal processes and procedures within an institution
- ▶ These are institution-level issues, beyond an individual client or provider
- ▶ 2008 PHS Guideline update reports increasing evidence that any tobacco dependence treatment strategy cannot be separated from the health care system in which it operates


1.30 How Do We Develop a System that Supports Tobacco Use Disorder Interventions?

Module 8

How Do We Develop a System that Supports Tobacco Use Disorder Interventions?

- ▶ Implement tobacco use documentation system and embed into clinical system
- ▶ Provide education, resources, and feedback to providers
- ▶ Dedicate staff and identify tasks
- ▶ Provide tobacco dependence treatment services
- ▶ Include covered benefits for counseling and medication services


Fiore et al., 2008, Jamal, A, et al. 2012

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1.31 Brainstorm: What are some of the things within your system/clinic

Module 8



Brainstorm: What are some of the things within your system/clinic that make it difficult to deliver Tobacco Use Disorder Treatment? Think about system-level challenges, not client-specific challenges.

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Module 8

Here are some responses from other participants:

- ▶ Time constraints, providers are busy
- ▶ Insufficient training – providers aren't confident, don't have the knowledge to treat, or are not supported in treating tobacco users
- ▶ Limited reimbursement for services
- ▶ Providers don't think that treatment is effective
- ▶ Providers think that clients do not want to talk about treatment
- ▶ Health records are not optimized to document interventions

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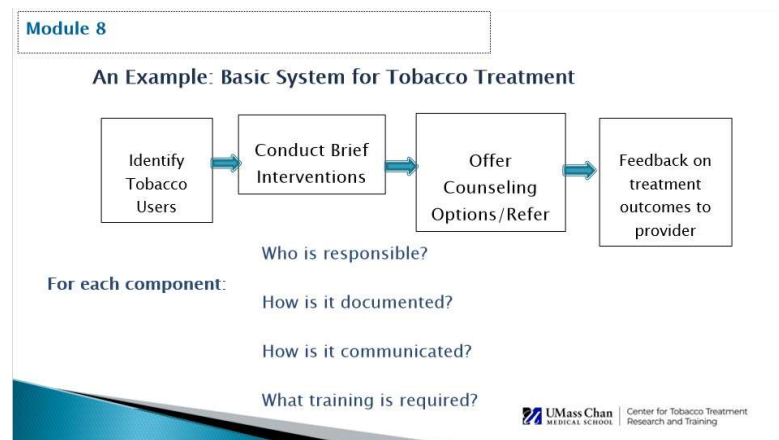
Module 8

How We Can Address These Concerns – Some Ideas:

- ▶ Time constraints, providers are busy – Develop a workflow that includes others in the provision of treatment; identify and use resources which can help with treatment, such as Quitlines; offer Brief Interventions such as 5 A's or AAR
- ▶ Insufficient training – providers aren't confident, don't have the knowledge to treat, or are not supported in treating tobacco users – Identify and send providers to training programs; offer in-services and CME opportunities
- ▶ Limited reimbursement for services – Explore revenue streams; counseling is often reimbursable through private insurance, Medicare, and Medicaid
- ▶ Providers don't think that treatment is effective – Effective treatment is available through counseling and pharmacotherapy
- ▶ Providers think that clients do not want to talk about treatment – Most clients do want their providers to talk about it!
- ▶ Health records are not optimized to document interventions – Create/use specialized templates in EHR, work with IT to ensure EHR includes fields to capture tobacco treatment

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1.34 An Example: Basic System for Tobacco Treatment



1.35 Time a Barrier? Brief Tobacco Treatment Intervention: the 5A Model

Module 8

Time a Barrier? Brief Tobacco Treatment Intervention: the 5A Model

- ▶ Ask about tobacco use every visit
- ▶ Advise to quit
- ▶ Assess willingness to make a quit attempt
- ▶ Assist in quit attempt
- ▶ Arrange follow-up

Fiore et al, 2008

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1.36 Why Do a Brief Intervention?

Module 8

Why Do a Brief Intervention?

- ▶ Tobacco use disorder treatment is an important part of good clinical care
- ▶ May be required by clinic policies or as part of quality measures
- ▶ It works! Brief interventions increase quit rates
- ▶ Many helpful resources exist (see below for 2)



[Tobacco Cessation Protocol - Million Hearts Project](#)



[SA Smoking Intervention Guide](#)

Fiore et al, 2008

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Module 8

ASK

→ Tobacco

Smoking Status:

Start Date:

Out Date:

Types: ☒ Cigarettes ☐ Pipe ☐ Cigar ☐ E-Cigarettes ☐ Vapor

Packs/Day:

Years:

Smokeless Tobacco:

Types:

Out Date:

Smoker's Sex:

- ▶ Implement an office-wide system that ensures that every patient is asked about tobacco use at each visit
 - Ask and clearly document about ALL types of tobacco use, including e-cigarettes/vaping
 - Ask about amount and frequency
 - Don't forget to ask about tobacco use by others in the home

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Module 8

ADVISE

[Benefits to Quitting
worksheet](#)



- Urge every tobacco user to quit in a clear, strong, and personalized manner
- For example: "Ms. Jones, because of your history of high blood pressure, quitting smoking is the best thing you can do to protect your health, and I can help."
- When you are introducing the topic of tobacco use asking "Is it OK if we talk about tobacco?" will help to reduce discord and enhance your collaborative relationship with the client. No need to ask if the patient brings it up first.

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Module 8

ASSESS

Ready to quit? **ASSIST**

Not ready to quit? Provide motivational intervention

- ▶ Assess willingness to make a quit attempt
 - For example: "What are your thoughts about quitting at this time?"
 - This is a good open-ended question that will allow you to assess how your patient feels about quitting.
 - Can also assess confidence and motivation to quit

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Module 8

ASSIST

You'll learn more about behavioral strategies and counseling in Modules 10 and 12

- ▶ Review quitting history:
 - Past attempts
 - Medications used
 - Reason for relapse
- ▶ Set a quit date
- ▶ Recommend pharmacotherapy
- ▶ Discuss triggers, potential barriers, behavioral strategies, and counseling options


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Module 8

ARRANGE

Planning for change worksheet



- ▶ Refer to other support services
 - 1-800-QuitNow (or your state quitline)
 - In-person counseling support if available
- ▶ Schedule a follow-up visit
 - Review behavioral strategies
 - Monitor medication effectiveness and side-effects
- ▶ Summarize the plan for next steps

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Module 8

Talking With a Patient Ready to Quit



The 5As in Practice - Role Play of a Brief Intervention

<https://www.youtube.com/watch?v=yzWfgjXsqr4>

Courtesy of QuitNow Canada

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1.43 Another Option for Brief Interventions: AAR

Module 8

Another Option for Brief Interventions: AAR

- ▶ Ask
 - Ask and clearly document about ALL types of tobacco use, including e-cigarettes/vaping
- ▶ Advise
 - Provide a clear, personalized message encouraging quitting
 - Determine readiness to quit
- ▶ Refer
 - If ready to quit, provide referral to quitline or local support
 - If not ready, inform patient about resources available when they are ready

Flore et al, 2008

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1.44 AAR – Brief Intervention

Module 8

AAR – Brief Intervention

An Example – not ready to quit



Courtesy of National Jewish Health, "[How to Talk to Patients about Tobacco](#)"

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Module 8

Issues with Implementation of Brief Interventions

Unfortunately not all steps are provided – Assistance and Arranging follow up are provided in less than ½ of primary care visits, and disparities among tobacco users of different racial and ethnic backgrounds exist

- Time needed, especially if there is a high prevalence of tobacco users
- Training required, including knowledge of available resources
- Identify staff who will be providing each step – does not need to be the same person

King et al. 2013; Bartsch et al. 2016

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1.46 Accurate Documentation of Services is Important

Module 8

Accurate Documentation of Services is Important

- Important for clients' longitudinal care, communication among providers, reimbursement, evaluation, and quality
- Document client progress and counselor actions including time spent counseling, referrals made, medications discussed/prescribed
- Electronic Health Records (EHRs) can include searchable fields, and may facilitate reporting, billing, and communication among providers
- Access to HIPAA-compliant release of information forms and protocols
 - Important to follow HIPAA and all clinic privacy regulations!

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1.47 How Do You Know What's Working? Evaluation!

Module 8

How Do You Know What's Working? Evaluation!

Scenario:
You are the only TTS at a busy behavioral health clinic. For the past 6 months you have offered both individual and group counseling to tobacco users. Clients are referred to you by other clinicians. Your supervisor asks you to report on your tobacco dependence treatment program.

What do you want to know about your program?
What data do you need?

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1.48 Evaluation – What is Working? What Isn't?

Module 8

Evaluation – What is Working? What Isn't?

- ▶ System level components
 - How successful are your marketing efforts – internal and external?
 - What are your average (monthly, weekly) enrollments/intakes?
 - Where do most of your referrals come from – who are you missing?
 - Reimbursement?
- ▶ Client level components
 - What can I learn from my clinical/supervision notes?
 - Are my clients satisfied with the service they received?
 - How successful are my clients at quitting smoking?

[MDS Follow-up Questionnaire](#)

1.49 Client Outcomes

Module 8

Client Outcomes

- ▶ Who should I follow-up?
 - All clients who complete enrollment/intake
- ▶ When should I follow-up?
 - 6 months and 12 months after quit date is common for research trials, but you may want to follow up sooner
- ▶ How do I ask the right questions?
 - Ex: NAQC – Minimal Data Set for Quitlines
- ▶ Who should collect the information? (TTS versus other staff member?)



1.50 Client Outcomes – What Do You Want to Know?

Module 8

Client Outcomes – What Do You Want to Know?

- ▶ Successful Quit? Measurement options include:
 - 7-day point prevalence abstinence – any tobacco use in the 7 days prior to contact
 - Prolonged abstinence – sustained abstinence after an initial grace period
 - Self-report or biochemical validation (cotinine, CO)
 - Cotinine testing through urine or blood
 - Carbon Monoxide (CO) testing through expired air (only for combustible tobacco use).
 - Self-report has been found to be reliable

U.S. Department of Health and Human Services, 2020

1.51 Client Outcomes – What Do You Want to Know?

Module 8

Client Outcomes – What Do You Want to Know?

- › Be specific in what you ask: For example, “Have you smoked any cigarettes or used other tobacco, even a puff or pinch, in the last 7 days?”
- › If quit from 1 type of tobacco, have they started using another?
- › If not quit, what is current tobacco use pattern?
- › Did they use medications and other resources discussed/prescribed?
- › What else do you want to learn?

U.S. Department of Health and Human Services, 2020

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1.52 Reporting Client Outcomes

Module 8

Reporting Client Outcomes

- › Clearly define the denominator and consider those lost to follow up or not completing treatment

- In the past year, **100** tobacco users registered for your “Quit Tobacco” groups
- **40** completed all 6 sessions
- 6 months after treatment you call those 40 participants and reach **30** of them.
- **15** report not using any tobacco within the last 7 days

Is the quit rate 50% (15 out of 30),
37.5% (out of 40), or 15% (out of 100)?

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1.53 What Drives Systems Change?

Module 8

What Drives Systems Change?

- › External sources including Quality Measures, Regulatory Requirements, and Reimbursement
 - Quality and regulatory examples include ACO quality measures, Joint Commission measures for hospitals, and the Health Resources and Services Administration (HRSA) for Community Health Centers
 - Reimbursement examples include MACRA – Medicare Access and CHIP Reauthorization Act and the Affordable Care Act
- › Reimbursement
- › Internal sources including leadership support, staff resources, agency culture and beliefs

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Module 8

Environment Policies Can Drive Change

- ▶ TTS can work with others to pioneer change
- ▶ Health care settings with tobacco-free grounds help develop a culture throughout facility that promotes wellness
 - Think out of the box: NRT sold in gift shops, for example

Resource: American Academy of Family Physicians https://www.aafp.org/dam/AAFP/documents/patient_care/tobacco/practice-manual.pdf

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1.55 Untitled Slide

Module 8

Tobacco Free Policies in Behavioral Health Settings Are a Critical Social Justice Issue

- ▶ SAMHSA recommends the adoption of tobacco-free facility/grounds policies
- ▶ Only 1/2 of mental health facilities and 1/3 of substance abuse treatment facilities in the US have tobacco free grounds
- ▶ In 2016, only 47% of substance abuse treatment facilities provided tobacco treatment and only 20% offered NRT
- ▶ Why tobacco free policies are important in behavioral health settings:
 - Increases chance of quitting tobacco and staying alcohol and drug free
 - Decreases stress and depression
 - Dramatically decreases chances of early death
 - Increases financial security and housing and employment opportunities

For more information: <https://store.samhsa.gov/product/Implementing-Tobacco-Cessation-Programs-in-Substance-Use-Disorder-Treatment-Settings/SMA18-5069QG>

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1.56 Steps to Develop Tobacco-Free Policy

Module 8

Process takes 3-12 months – which allows a chance to prepare staff and clients, to grow buy-in and change culture

Tobacco Free Toolkit from the Smoking Cessation Leadership Center:
<https://bit.ly/30ayDsl>

1. Convene Tobacco Free Committee
2. Create a Timeline
3. Craft the Message
4. Draft the Policy
5. Clearly Communicate your Intentions
6. Educate Staff and Clients
7. Provide Tobacco Treatment Services to clients and make available to staff
8. Build Community Support
9. Launch the Policy
10. Monitor the Policy and Respond to Challenges

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1.57 Centers for Medicare & Medicaid Services (CMS): MACRA

Module 8

Centers for Medicare & Medicaid Services (CMS): MACRA

- ▶ Medicare Access and CHIP Reauthorization Act of 2015
- ▶ Impacts Medicare payments to providers (value-based care), unlike traditional fee-for-service models.
- ▶ May drive change in office systems by encouraging a team-based approach to care
- ▶ Tobacco use may factor into several quality measures
- ▶ To learn more:
- ▶ https://qpp.cms.gov/docs/QPP_quality_measure_specifications/CQM-Measures/2025_Measure_226_MIPSCQM.pdf

1.58 Affordable Care Act (ACA): Benefits

Module 8

Affordable Care Act (ACA): Benefits

- ▶ Medicare:
 - Prevention & wellness visits, closing Medicare Part D donut hole
- ▶ Medicaid:
 - Tobacco treatment for pregnant women (2010)
 - Expanded coverage for adults, including medications (2014)
- ▶ Exchanges & Employer-sponsored
 - Required to cover all US Preventive Services Task Force 'A' & 'B' recommendations
 - Recommendations issued May 2014
- ▶ To learn more: <https://www.lung.org/policy-advocacy/tobacco/cessation/tobacco-cessation-and-aca>

1.59 Billing Medicare for Tobacco Use Disorder Treatment

Module 8

Billing Medicare for Tobacco Use Disorder Treatment

- ▶ U.S. federally-funded program covering most individuals age 65 and older as well as some individuals with disabilities
- ▶ Covers 2 attempts per year (12 month period)
- ▶ Each attempt may include a maximum of 4 intermediate or intensive counseling visits
 - Intermediate smoking and tobacco-use cessation counseling visit = 3–10 min per session
 - CPT code 99406
 - Intensive counseling visit = >10 min per session
 - CPT code 99407

1.60 Billing – More Information about Medicare

Module 8

Billing – More Information about Medicare

- › Covers Medicare beneficiaries who use tobacco, regardless of whether they exhibit signs or symptoms of tobacco-related disease
- › Only “Qualified providers” may bill for tobacco treatment services
 - E.g.: Physicians, nurse practitioners, physician assistants, clinical social workers, clinical psychologists
- › Services ‘incident to’ physician services may be covered; sometimes other providers can bill with “incident to” billing – check with your workplace
- › TTS are not considered “qualified providers” unless holding another license (above)

1.61 Billing Medicaid

Module 8

Billing Medicaid

- › Administered by individual states, using state and federal funding
- › Affordable Care Act mandates comprehensive coverage for pregnant women with no cost sharing
- › States may differ in eligibility requirements and covered services
 - For example, some do not cover all medications or require prior authorization
- › American Lung Association's State Cessation Coverage Database lists Medicaid policy for each state:

<https://www.lung.org/policy-advocacy/tobacco/cessation/state-tobacco-cessation-coverage-database/search>

1.62 Billing Private Insurance

Module 8

Billing Private Insurance

- › Many cover at least one medication and some behavioral intervention
- › Billing code categories:
 - Diagnosis codes (ICD-10)
 - F17.2XX – Codes for specific tobacco dependence
 - Z codes – No current dependence
 - Procedure and Service codes (CPT)
 - 99406 – Intermediate counseling
 - 99407 – Intensive counseling
 - CO testing – possible CPT Code:
 - 94250 (expired gas determination)
 - May lead to patient co-pay



American Lung Association's billing guide: <https://www.lung.org/getmedia/275e15df-413d-450f-9bed-b98a9fb04e1a/ala-billing-guide-2021.pdf>

1.63 Challenges Related to Billing Insurances

Module 8

Challenges Related to Billing Insurances

- ▶ Treatments may be limited (# of sessions, # of attempts/year)
- ▶ Medicaid coverage varies by state
- ▶ Private insurance plans required to provide tobacco cessation counseling, but benefits may vary
- ▶ Possible co-payments for patients, or they may need to meet a deductible
- ▶ Low rates for reimbursement
- ▶ Defining "qualified provider"
- ▶ If you are thinking about billing, work with your system's billing department!

Williams, 2016;
[AAFP Coding Information webpage](#)

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1.64 Is Your System Doing Its Best? Think about Your Processes for:

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Is Your System Doing Its Best? Think about Your Processes for:

- ▶ Identification, Intervention, and Follow up
- ▶ Documentation
- ▶ Provider training
- ▶ Applicable quality measures System goals
- ▶ System barriers
- ▶ Billing

Examples of system assessment tools can be found here:

1. [Action plan](#)

MA health care agencies can get help from CTTRT

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1.65 Million Hearts Tobacco Cessation Change Package

Module 8

Million Hearts Tobacco Cessation Change Package

▶ Filled with practical examples, the [Tobacco Cessation Change Package](#) gives clinical teams a practical resource to increase the reach and effectiveness of tobacco cessation interventions and to incorporate these interventions into the clinical workflow.



<https://millionhearts.hhs.gov/tools-protocols/action-guides/tobacco-change-package/index.html>

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1.66 Untitled Slide

Module 8

Module 8 Required Quiz

To take the quiz, click on the 'course homepage' link below, it will take you to the course main homepage where you can click on the module quiz 'button' to start the quiz.

[Course homepage](#)

