

SUCCESS STORY

Communities Putting Prevention to Work

Oregon Works to Make Sure All Medicaid Tobacco Users Have Access to Effective Cessation Services

Tobacco use is a debilitating and deadly addiction that kills almost 7,000 Oregonians each year. Beyond that, the negative effects of tobacco use are expensive—costing Oregonians more than \$2.4 billion annually (in direct medical expenditures and lost productivity due to early death).¹ National data show that those with lower incomes bear a higher burden of tobacco use.² This is reflected by the fact that Oregon adult Medicaid clients are nearly twice as likely to smoke as Oregon adults in general.³ Fortunately, research shows that tobacco users who try to quit are two times more likely to quit successfully if they receive help (specifically counseling and medications).⁴

In an effort to reduce the disparities associated with tobacco related illness and death, Oregon has a requirement that all contracted Medicaid Managed Care plans must provide clients with tobacco cessation services. However, the Oregon Tobacco Prevention and Education Program (TPEP) came to realize that while all 15 Medicaid plans offered some tobacco cessation benefits, the services available were not consistent across plans. In addition, the plans' proposal was underused in general, and not necessarily evidence-based.⁴ This makes the services offered less likely to lead to successful quit attempts and less effective in reducing the disparities related to tobacco use.

Thanks to the Communities Putting Prevention to Work (CPPW) funding, Oregon TPEP was able to identify and address inequities in the cessation services for Medicaid tobacco users across the state. TPEP and Oregon's Medicaid program conducted a comprehensive survey of Medicaid health plans to determine

- How tobacco users are identified.
- What counseling is available to members.
- What cessation products are available to members.
- How cessation services are promoted to members.
- What quality assurance and monitoring or evaluation standards are in place.

They found considerable variation in what cessation services Oregon Medicaid members are offered. The survey results showed that available services are not standardized, which contributes to the disparity in the use of services and they are not routinely promoted, which results in low use. Assessment of tobacco use, counseling for tobacco cessation, and medications available for cessation also varied among health plans.⁵

To address the divergent cessation services provided across Medicaid Managed Care plans, TPEP is developing Tobacco Cessation Minimum Standards. These standards are on the basis of the clinical practice guidelines⁴ and align with in-state recommendations for private insurance cessation benefits.⁶ TPEP recommends that the Division of Medical Assistance Programs (DMAP) adopts these standards and requires all contracted Medicaid Managed Care plans to provide these services. The philosophy is that what is provided to one client needs to be offered to all clients. Additionally, TPEP translated the clinical practice guidelines into a user-friendly, visual chart to promote use among the health plans. TPEP will evaluate improvements in cessation benefits (including alignment with clinical practice guidelines) by conducting a second survey of Medicaid plans.

TPEP continues to work with DMAP to integrate the Tobacco Cessation Minimum Standards into contractual requirements for the Managed Care plans, and provides ongoing technical assistance to the health plans as they enhance their cessation services. By the conclusion of CPPW funding, TPEP expects health plans to have adopted the new standards as their standard operating procedure. Because these are evidence-based practice guidelines, it anticipates, with increased promotion, use of available cessation benefits will increase, as will successful quit attempts, thus helping Oregon to save money and save lives.

Contact:

Oregon Tobacco Prevention and Education Program

<http://public.health.oregon.gov/PHD/Directory/Pages/program.aspx?pid=56> 

References:

1. Tobacco Prevention and Education Program. *Oregon Tobacco Facts & Laws*. Portland, OR: Oregon Department of Human Services, Oregon Public Health Division; 2010.
<http://public.health.oregon.gov/PreventionWellness/TobaccoPrevention/Documents/tobfacts.pdf> 
Accessed July 9, 2012.
2. Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System (BRFSS) Web site.
http://apps.nccd.cdc.gov/brfss/income_c.asp?cat=TU&qkey=4396&yr=2004&state=UB&bkey=20049908&qtype=C&yr_c=2010&state_c=&bkey_c=20109917&qtype_c=C&grouping=&resp=1. Accessed July 9, 2012.
3. Tobacco Prevention and Education Program. *Burden of Tobacco Among Medicaid Clients in Oregon*. Portland, OR: Oregon Department of Human Services, Oregon Public Health Division; missing date of publication.
4. Fiore MC, Jaén CR, Baker TB, et al. *Treating Tobacco Use and Dependence: 2008 Update*. Clinical Practice Guideline. Rockville, MD: US Department of Health and Human Services; 2008.
5. Oregon Health Authority. *Oregon Health Plan Tobacco Cessation Services: 2011 Survey of Fully Capitated Health Plans and Dental Care Organizations*. Portland: Oregon Health Authority; 2011.
http://www.oregon.gov/OHA/healthplan/data_pubs/reports/mco-cessation2011.pdf?ga=t Accessed July 9, 2012.
6. Helping Benefit Oregon Smokers Collaborative and the Oregon Health Authority. *Helping Benefit Oregon Smokers: Health Plan Benefit Recommendations to Help Oregon Smokers Quit*. Portland: Oregon Health Authority; 2011.
<http://smokefreeoregon.com/wp-content/uploads/2010/11/HBOS-brochure-web.pdf>  Accessed July 9, 2012.

Oregon