
Smoking Cessation
Leadership Center



University of California
San Francisco

Improving Tobacco Cessation: CMS Guidance and State Strategies

Lisa Kroon, PharmD, CDCES, FAPhA, Professor of Clinical Pharmacy, T.A. Oliver Chair in Clinical Pharmacy, Department of Clinical Pharmacy, School of Pharmacy, University of California, San Francisco

Deirdra Stockmann, PhD, Director, Division of Quality and Health Outcomes, Center for Medicaid and CHIP Services, Centers for Medicare & Medicaid Services

Joyce L. Swetlick, MPH, Director of Tobacco Cessation, Division of Public Health, Tobacco Prevention & Control Branch, North Carolina Department of Health and Human Services

Ivana Thompson, PharmD, Chief, Clinical Operations Section, Pharmacy Benefits Division, California Department of Health Care Services

August 20, 2024

Moderator

Brian Clark

Senior Data & Project Analyst

Smoking Cessation Leadership Center
University of California, San Francisco

Brian.Clark@ucsf.edu



Disclosures

This UCSF CME activity was planned and developed to uphold academic standards to ensure balance, independence, objectivity, and scientific rigor; adhere to requirements to protect health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA); and include a mechanism to inform learners when unapproved or unlabeled uses of therapeutic products or agents are discussed or referenced.

All speakers, planning committee members and reviewers have disclosed they have no relevant financial relationships to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Catherine Bonniot, Christine Cheng, Brian Clark, Lisa Kroon, PharmD, Jennifer Matekuare, Ma Krisanta Pamatmat, MPH, CHES, Jessica Safier, MA, Jason Satterfield, PhD, Deirdra Stockmann, PhD, Joyce Swetlick, MPH, Ivana Thompson, PharmD, and Maya Vijayaraghavan, MD, MAS.

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- **This webinar is being recorded** and will be available on SCLC's website, along with a PDF of the slide presentation.
- Use the **'Q & A' box** to send questions at any time to the presenters.

CME/CEU Statements

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California Addiction Professionals: The California Department of Healthcare Services (DCHS) recognizes up to 10 hours of continuing education from a non-accredited provider. If you are a provider outside of California, please check with your state board for your credit policy.



- CDC *Tips*® Campaign 2024
- *Tips From Former Smokers*® Motivational Cards:
<https://www.cdc.gov/tobacco/campaign/tips/resources/motivational-cards/index.html>
- Find resources at: <https://www.cdc.gov/tobacco/campaign/tips/index.html>

Today's Presenter

Deirdra Stockmann, PhD

Director

Division of Quality and Health Outcomes

Center for Medicaid and CHIP Services,
Centers for Medicare and Medicaid
Services



Today's Presenter

Ivana Thompson, PharmD

Chief, Clinical Operations Section

Pharmacy Benefits Division

California Department of Health Care
Services



Today's Presenter

Lisa Kroon, PharmD, CDCES, FAPhA

Professor of Clinical Pharmacy, T.A.
Oliver Chair in Clinical Pharmacy

School of Pharmacy, University of
California, San Francisco



Today's Presenter

Joyce Swetlick, MPH

Director of Tobacco Cessation

Division of Public Health, Tobacco
Prevention & Control Branch

North Carolina Department of Health
and Human Services



Supporting Tobacco Cessation in Medicaid and CHIP: New Resources to Guide States

August 2024

Deirdra Stockmann, PhD: Director, Quality & Health Outcomes
Jessica T. Lee, MD, MSHP: Acting Chief Medical Officer
Center for Medicaid & CHIP Services



Tobacco Cessation in Medicaid

- Tobacco use is one of the greatest drivers of adverse health outcomes and costs for state Medicaid programs.
- By investing in comprehensive tobacco cessation programs, states have reduced smoking rates and health care costs, and improved health outcomes.
- Tobacco treatment is one of the most cost-effective preventive services with as much as a \$2-\$3 return on every dollar invested.
- CMS encourages our state partners to pursue these outcomes by:
 - Using Medicaid administrative funding to enhance quitlines
 - Implementing mandatory coverage of tobacco cessation counseling for pregnant women and providing cessation services for all Medicaid beneficiaries
 - Ensuring coverage of all FDA-approved tobacco cessation medications

Multi-pronged Strategy to Support Improved Tobacco Cessation

- CMCS Informational Bulletin on Strategies to Improve Delivery of Tobacco Cessation Services issued in March 2024
- Mandatory reporting of Child Core Set and behavioral health measures on Adult Core
 - Includes measure on tobacco cessation
- Quality improvement (QI) resources and technical assistance

CMCS Informational Bulletin (CIB)

- Benefits of helping beneficiaries quit smoking and overview of evidence-based treatments
- Overview of state tobacco cessation coverage requirements and authorities in Medicaid and the Children's Health Insurance Program (CHIP)
 - Consolidates requirements under multiple statutes
 - Incorporates recent changes under the Inflation Reduction Act
 - Explains coverage of over-the-counter drugs
- State strategies for improving delivery of tobacco cessation services
- Overview of quality measures that state Medicaid and CHIP agencies can use to measure and drive improvement

<https://www.medicare.gov/federal-policy-guidance/downloads/cib03072024.pdf>

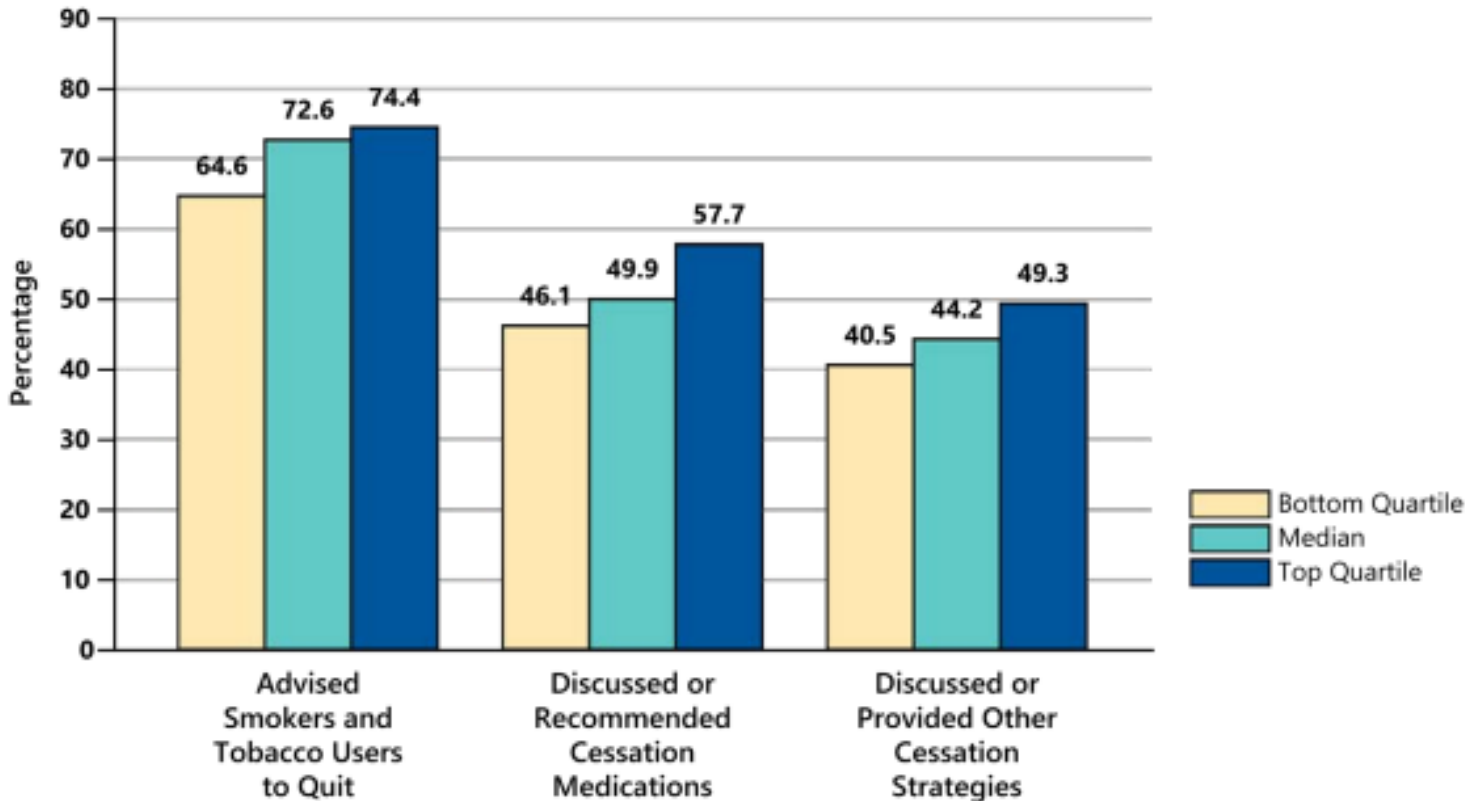
CIB: Strategies to Improve Delivery of Cessation Services

1. Standardize and communicate covered cessation benefits
2. Reduce barriers that make it difficult for specific populations to access cessation services
3. Use managed care contracts and tools to improve delivery of tobacco cessation services
4. Partner with tobacco cessation quitlines and providers such as pharmacists to increase access to cessation treatments
5. Establish partnerships to promote coverage and encourage utilization of covered cessation services

Measuring Success in Medicaid and CHIP

- The Child and Adult Core Sets of quality measures are key indicators of the quality of health care for Medicaid and CHIP beneficiaries.
- Beginning in 2024, reporting on the Child Core Set and the behavioral health measures on the Adult Core Set will be mandatory for states.
 - Stratified reporting phased in over 5 years.
- The Adult Core Set includes a 3-part survey measure, titled “Medical Assistance With Smoking and Tobacco Use Cessation” (NCQA MSC-AD), which:
 - Advises people who smoke cigarettes or use tobacco to quit.
 - Discusses cessation medications.
 - Discusses cessation strategies.
- CMS annually publishes Child and Adult Core Set measures reported by at least 25 states using Core Set specifications and meeting CMS data quality standards.

Medical Assistance With Smoking and Tobacco Use Cessation for Adults (MSC-AD), 2022 (n=27 states)

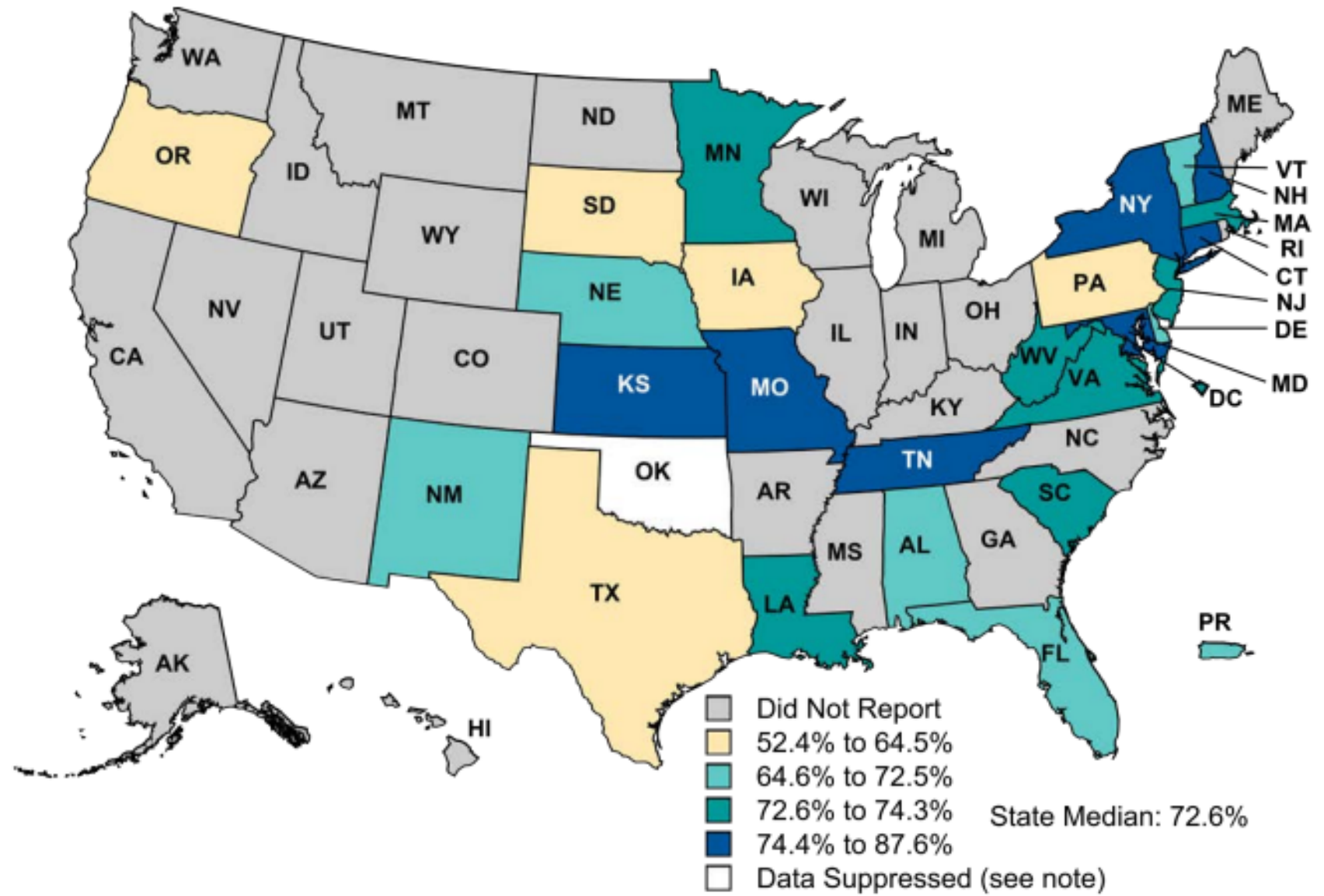


A median of **73** percent of adults ages 18 to 64 who were current smokers or tobacco users received advice to quit, **50** percent discussed cessation medications, and **44** percent discussed other cessation strategies (27 states)

Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023. Notes: This measure shows the percentage of adults age 18 and older who reported that they were current smokers or tobacco users and who were provided medical assistance with smoking and tobacco use cessation in the six months prior to the survey. Rates are the percentage of beneficiaries who responded ‘Sometimes,’ ‘Usually,’ or ‘Always’ among beneficiaries who reported smoking ‘Every Day’ or ‘Some Days. Rates represent a rolling two-year average for the measurement year and prior year. Rates are not reported if fewer than 100 beneficiaries responded to the survey question. States report two age stratifications for this measure for the Adult Core Set: Ages 18 to 64 and Age 65 and Older. This chart shows reporting for the Ages 18 to 64 rates. However, some states may have reported rates for Age 18 and Older. Data were suppressed for Oklahoma due to small cell sizes.

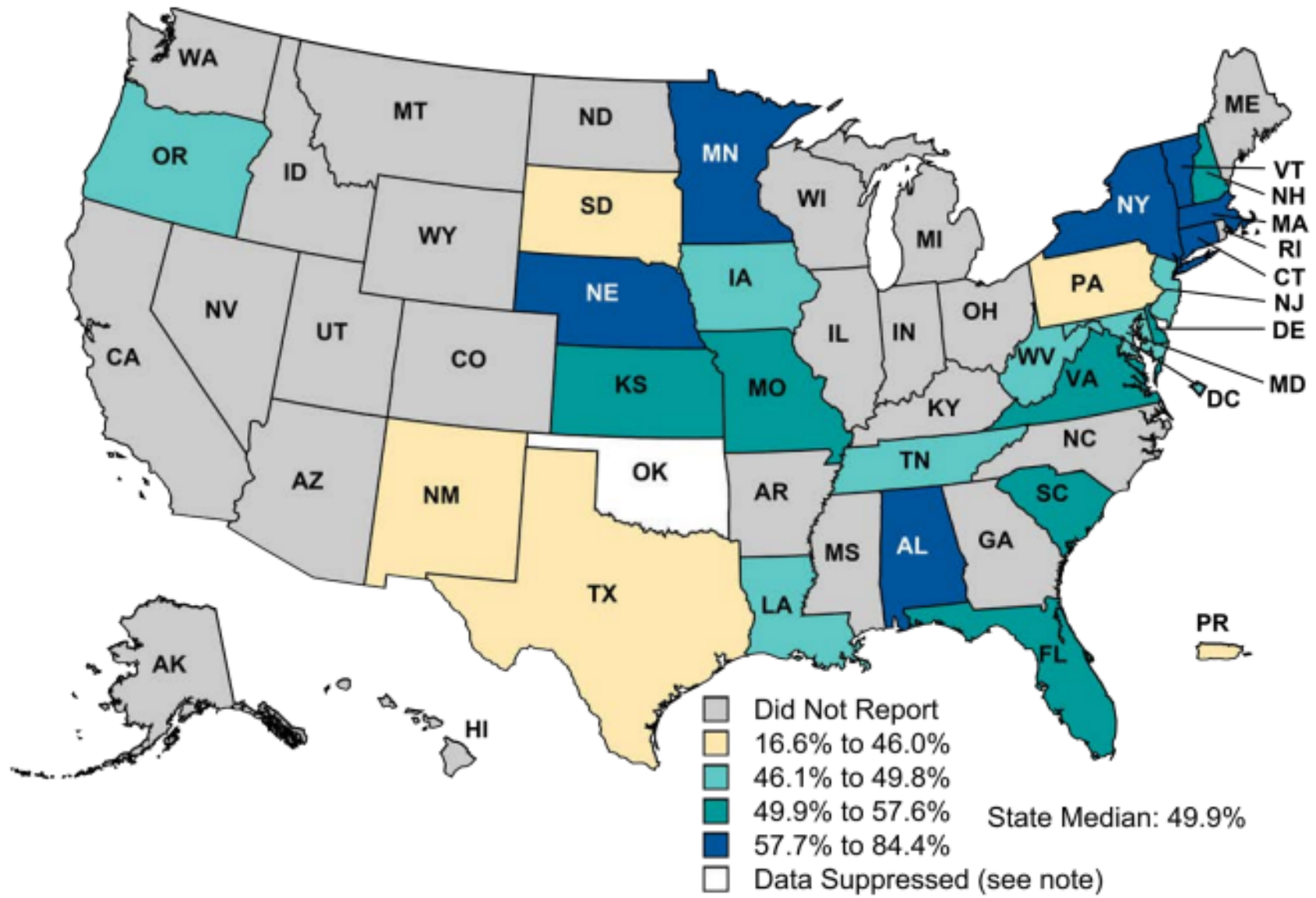
Geographic Variation in Advising Tobacco Cessation

Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023. Notes: States report two age stratifications for this measure for the Adult Core Set: Ages 18 to 64 and Age 65 and Older. This chart shows reporting for the Ages 18 to 64 rates. However, some states may have reported rates for Age 18 and Older. Data were suppressed for Oklahoma due to small cell sizes.



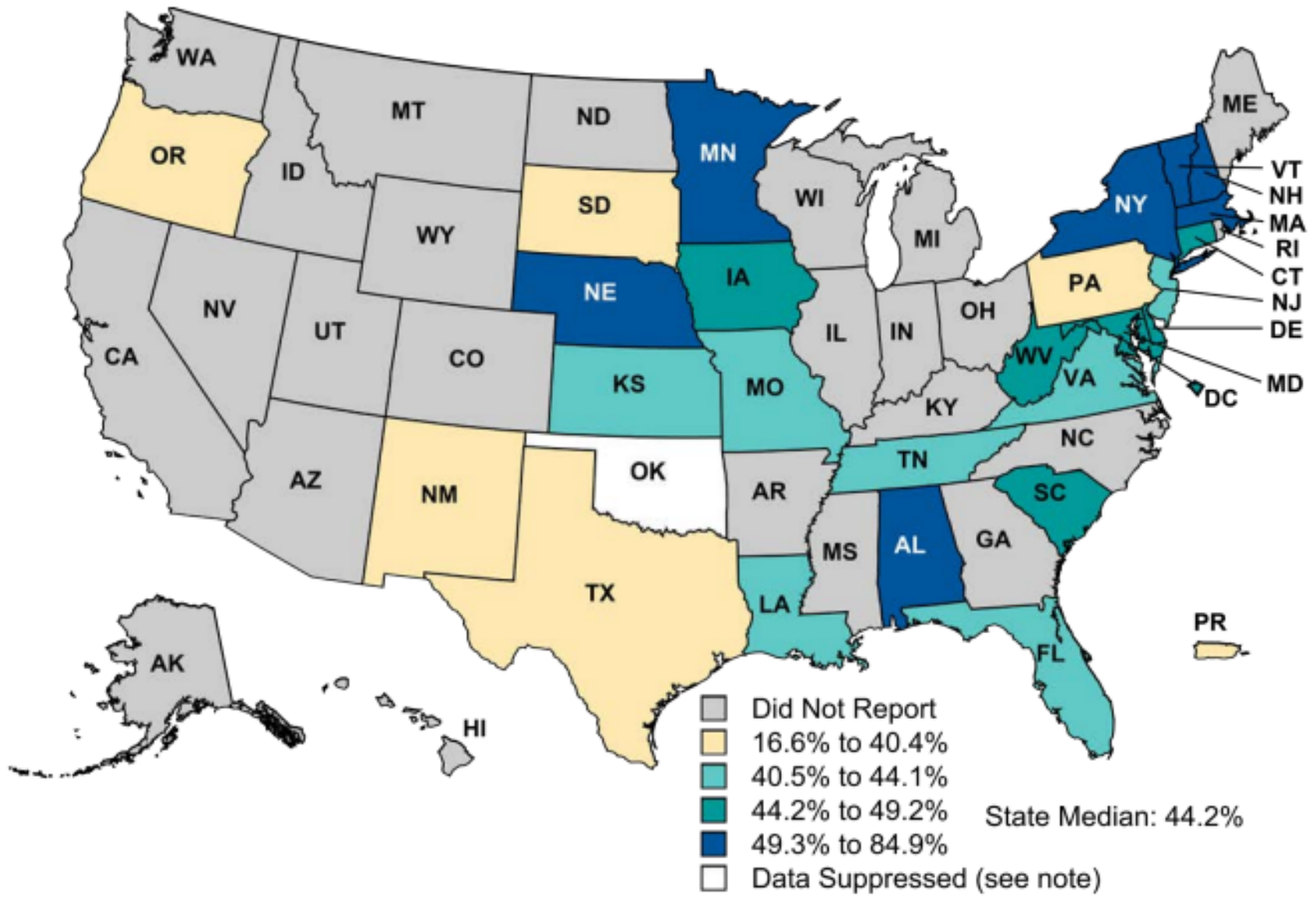
Geographic Variation in Recommending Cessation Medication

Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023. Notes: States report two age stratifications for this measure for the Adult Core Set: Ages 18 to 64 and Age 65 and Older. This chart shows reporting for the Ages 18 to 64 rates. However, some states may have reported rates for Age 18 and Older. Data were suppressed for Oklahoma due to small cell sizes.



Geographic Variation in Providing Cessation Methods or Strategies

Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023. Notes: States report two age stratifications for this measure for the Adult Core Set: Ages 18 to 64 and Age 65 and Older. This chart shows reporting for the Ages 18 to 64 rates. However, some states may have reported rates for Age 18 and Older. Data were suppressed for Oklahoma due to small cell sizes.



Supporting Quality Improvement in Tobacco Cessation

- The CMS QI TA program supports state Medicaid and Children's Health Insurance Program (CHIP) programs and their QI partners with information, tools, and expert knowledge to improve care and outcomes for Medicaid and CHIP beneficiaries.
- CMS has launched quality improvement technical assistance to help states reduce the impact of tobacco among Medicaid and CHIP beneficiaries.
- The overarching goal of this initiative is to increase access to and use of tobacco cessation treatments by supporting states to improve monitoring of cessation treatments and to increase beneficiary and provider awareness of cessation treatments.

<https://www.medicaid.gov/medicaid/quality-of-care/quality-improvement-initiatives/tobacco-cessation/index.html>

Improvement Initiatives

Maternal & Infant Health

Foster Care

Well-Child Care

Oral Health

Asthma

Reducing Obesity

Behavioral Health

Tobacco Cessation

QI Strategies

Special Populations

State Stories

Improving Tobacco Cessation

Tobacco use is the leading cause of preventable deaths in the United States, and is one of the greatest drivers of costs in health care. States can reduce smoking rates and health care costs, and improve health outcomes by investing in comprehensive tobacco cessation programs. Tobacco dependence treatment is one of the most cost-effective preventive services, providing substantial return on investment in both the short and long term.

The Centers for Medicare & Medicaid Services (CMS) offers quality improvement (QI) technical assistance to help states improve their tobacco cessation services for beneficiaries of Medicaid and the Children's Health Insurance Program (CHIP).

The QI technical assistance includes **[ideas for tobacco cessation QI activities](#)** and illustrative [state examples](#) of successful tobacco cessation programs. CMS also created resources on [getting started with QI](#) and how to [use data for QI](#). In addition, CMS offers technical assistance focused on special populations, such as [pregnant people](#) and [adults with behavioral health conditions](#).

For more information on these materials and other QI technical assistance, please email MACQualityTA@cms.hhs.gov.

- [Centers for Disease Control and Prevention \(CDC\) Tobacco Data and Statistics](#)
- [CDC Smoking Cessation: Fast Facts](#)
- [ASTHO: Using Medicaid Data Sets to Measure Tobacco Use](#)
- [National Committee for Quality Assurance: Medical Assistance with Smoking and Tobacco Use Cessation](#)


Learn More:

[BeTobaccoFree.gov](#)

[smokefree.gov](#)


Getting Started with QI

Here are some technical assistance tools to help states interested in developing their own tobacco cessation QI projects get started:

- **[Improving Tobacco Cessation for Medicaid and Children’s Health Insurance Program Beneficiaries: Getting Started on Quality Improvement](#)**  . This video provides an overview of how Medicaid and CHIP agencies can start a QI project to increase tobacco cessation. The Model begins with driver diagrams and small tests of change, enabling state teams to “learn their way” toward strong programs and policies.
- **[Tobacco Cessation Driver Diagram and Change Idea Table](#)**. A driver diagram is a visual display of what “drives” or contributes to increased tobacco cessation. This example of a driver diagram shows the relationship between the primary drivers (the high-level elements, processes, structures, or norms in the system that must change to increase tobacco cessation) and the secondary drivers (the places, steps in a process, time-bound moments, or norms in which changes are made to spur improvement). The document also includes a change idea table, which contains examples of evidence-based or evidence-informed tobacco cessation QI interventions. The change ideas presented are tailored for Medicaid and CHIP leaders.
- **[Tobacco Cessation Measurement Strategy](#)**. This measurement strategy provides examples of measures that can be used to monitor tobacco cessation QI projects.




Learn More:

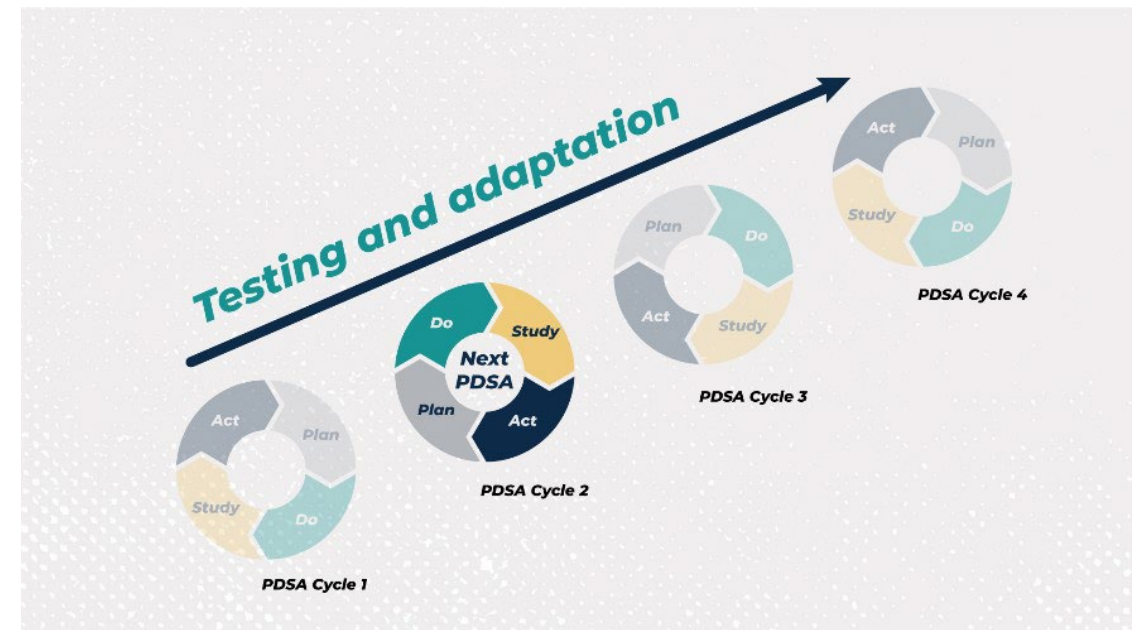
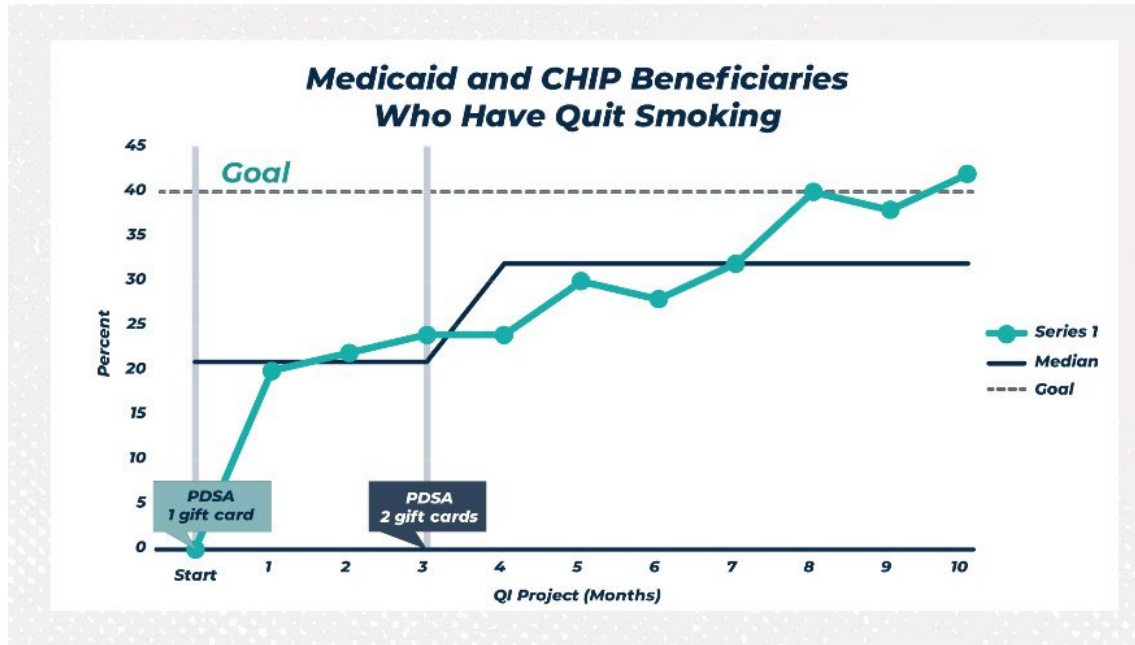
[BeTobaccoFree.gov](#) 

[smokefree.gov](#) 

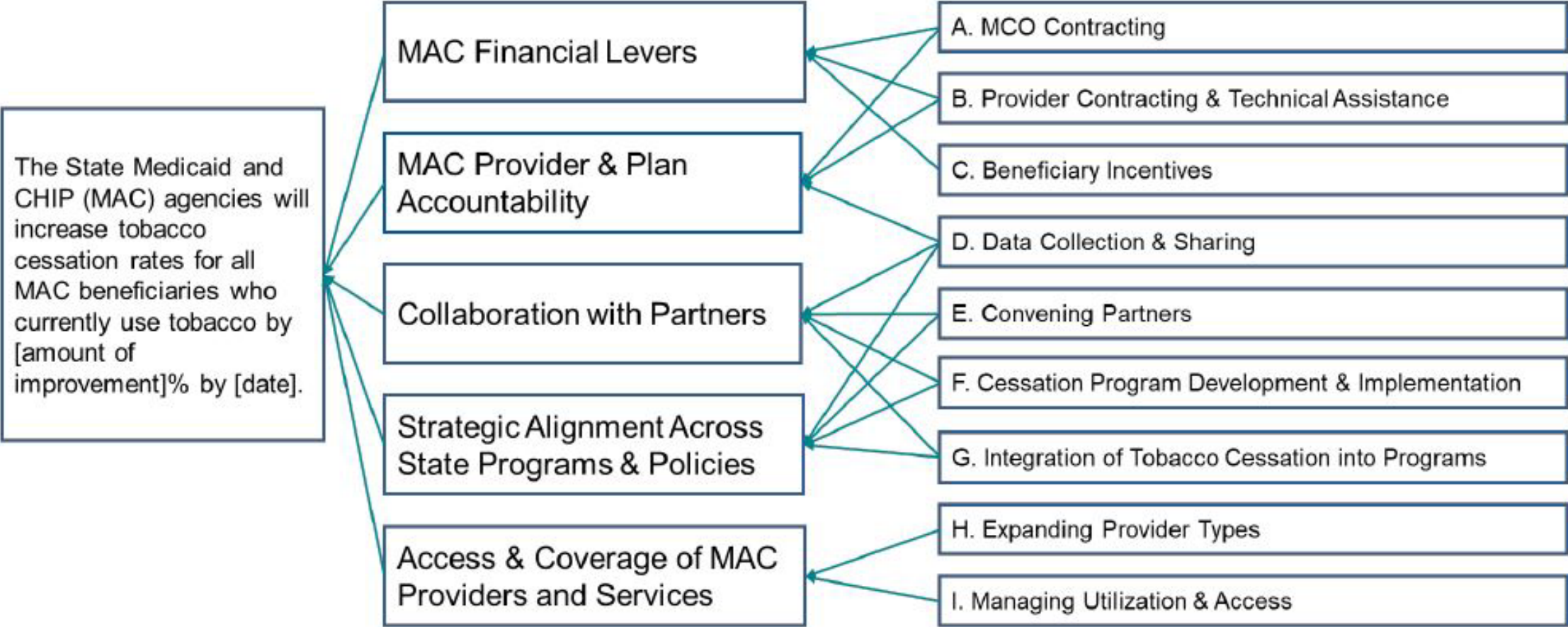
[Million Hearts](#) 

[Surgeon General’s Report on Smoking and Tobacco Use](#) 

Getting Started in QI: Video



Getting Started in QI: Driver Diagram



Getting Started in QI: Driver Diagram, Continued

Secondary Driver

A. MCO Contracting. Medicaid and CHIP (MAC) agencies can use managed care organization (MCO) contracts to require MCOs to provide tobacco cessation services and engage in quality improvement activities.

Change Activity	Evidence, Resources, & Case Studies
<p>A1. Require MCOs cover all cessation treatments (FDA-approved nicotine replacement therapy (NRT) and counseling).</p>	<p>Colorado Medicaid (Health First Colorado) removed copays for all FDA-approved cessation medications.</p> <p>Kentucky Medicaid and MO Medicaid (MO HealthNet) began covering all tobacco cessation treatments and removed multiple barriers to access to treatment including copayments, prior authorizations, limits on durations, and limits on the number of quit attempts.</p> <p>Additional evidence and resources:</p> <ul style="list-style-type: none"> • Effects of Medicaid Coverage on Receipt of Tobacco Dependence Treatment • Does State Medicaid Coverage of Smoking Cessation Treatments Affect Quitting? • Reducing Tobacco Use and Secondhand Smoke Exposure
<p>A2. Require MCOs to include tobacco cessation treatment as part of their value-added services.</p>	<p>Texas Medicaid MCO offers an online nicotine recovery program through a web and mobile app that provides resources to help members meet their nicotine recovery goals. This online resource provides ideas and education such as expert videos interactive activities and stories of hope.</p>
<p>A3. Require MCOs to implement tobacco cessation-related performance improvement projects (PIPs).</p>	<p>Virginia Medicaid started a rapid-cycle PIP focused on reducing tobacco use in pregnant members. The Medicaid agency selected the topic and focus population, and MCOs selected their own strategies to reduce tobacco use based on MCO-specific process mapping and failure modes effects analysis.</p>
<p>A4. Include tobacco cessation metrics into the state's value-based purchasing (VBP) program.</p>	<p>Oregon Medicaid (Oregon Health Plan) incorporated a tobacco cessation-related incentive metric into the Coordinated Care Organizations (CCO) Quality Incentive Program. Following the introduction of the metric, CCOs began offering comprehensive cessation benefits, beneficiaries reported increased cessation assistance from their providers, and Oregon reported a decline in smoking prevalence among Medicaid enrollees.</p>

Getting Started in QI: Measurement Strategy

How to Build a Tobacco Cessation Family of Measures

When implementing a quality improvement program, it is essential to measure your progress. There are three types of measures in quality improvement: outcome measures, process measures, and balancing measures. Taken together, these three measure types make up your family of measures.

Outcome Measures		(Recommendation: 1-2 measures)	
Measure Name	Description	Data Source	Notes
Tobacco Use: Screening and Cessation Intervention (NQF #0028/#0028e)	<p>Percentage of patients 18+ who were screened for tobacco use one or more times within 24 months AND received tobacco cessation intervention if identified as a someone who used tobacco.</p> <p>The measure includes three rates:</p> <ul style="list-style-type: none">• Patients who were screening for tobacco use at least once within 24 months• Patients who received tobacco cessation intervention• Patients who were screening for tobacco use at least once within 24 months AND received tobacco cessation intervention if identified as a tobacco user	<p>EHR (NQF #0028)</p> <p>Administrative data, registry data (NQF #0028e)</p>	<p>This measure steward for this measure is PCPI(R) Foundation.</p> <p>This metric is similar to NQF #0027 as this measure includes a claims data option and could potentially be adapted for various populations.</p>

Resources on Medicaid.gov

Improvement Initiatives

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Foster Care

Well-Child Care

Oral Health

Asthma

Reducing Obesity

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Learn More:

[BeTobaccoFree.gov](#)

[smokefree.gov](#)

Other CMS QI Initiatives

- CMS convenes action-oriented affinity groups (AG) to help states build QI knowledge and skills; develop QI projects; and scale up, implement, and spread QI initiatives.
- Resources emerging from AGs are available on Medicaid.gov on several topics:
 - Asthma
 - Foster Care
 - Well-Child Care
 - Oral Health
 - Behavioral Health
 - Postpartum Care
 - Low-Risk Cesarean Delivery
- Two new Affinity Groups beginning in Fall 2024 will work with states to address major drivers of maternal morbidity and mortality:
 - Maternal mental health and SUD
 - Maternal cardiovascular disease, including hypertension

More information at: <https://www.medicaid.gov/medicaid/quality-of-care/quality-improvement-initiatives/maternal-infant-health-care-quality/index.html>

Improving Tobacco Cessation: CMS Guidance and State Strategies

Ivana Thompson, Pharm.D. | Chief, Clinical Operations Section

Medicaid in California: Medi-Cal

- » Medi-Cal is the largest Medicaid program in the nation with over 15 million members
- » Diverse population across urban and rural counties
- » Historically, overall tobacco dependency rates are higher than in the general state population

Medi-Cal & Smoking Cessation Medications – Timeline

- » 2016 – California state law permits pharmacists to furnish nicotine replacement therapy (NRT)
- » 2020 – Medi-Cal establishes reimbursement for pharmacists services at 85% of the physician rate
- » 2022 – Pharmacy benefit is carved out of the Managed Care Organizations (MCO) – pharmacists services needed to furnish NRT remain with the MCOs
- » 2023 – Restriction to 28 weeks of NRT therapy is removed to accommodate multiple attempts to quit

Furnishing Nicotine Replacement Products for Medi-Cal Members

- » Furnishing pharmacists must be enrolled as an ordering, referring and prescribing (ORP) provider for claims to be reimbursed. Applications are available on the Medi-Cal website.
- » Billing Pharmacy - Pharmacist services must be billed by a Medi-Cal enrolled pharmacy.
 - The ordering pharmacist must be qualified to furnish nicotine replacement products pursuant to the Board of Pharmacy Protocol for Pharmacists Furnishing Nicotine Replacement Products.
 - The pharmacy must retain documentation associated with the service.

CPT Code	Use when billing for	ICD-10-CM Diagnosis Codes
99202	New patient	Z72.0
99212	Established patient	Z72.0

<https://mcweb.apps.prd.cammis.medi-cal.ca.gov/publications/manual?community=pharmacy> (pharm serv)

<https://mcweb.apps.prd.cammis.medi-cal.ca.gov/orp>

Furnishing Nicotine Replacement Products for Medi-Cal Members, continued

- » Board of Pharmacy Protocol allows NRT product selection (alone or in combination):
 - Rx – Nicotine nasal spray
 - OTC – Nicotine transdermal patches, gum, or lozenges
 - All are available on Medi-Cal Contracts Drugs List (CDL) without Prior Authorization or cost sharing
- » Other medications used for smoking cessation that not covered under the Protocol, but are available on the CDL without Prior Authorization or cost sharing:
 - Bupropion
 - Varenicline
- » Additional information:
 - www.pharmacy.ca.gov/publications/nicotine_protocol
 - <https://medi-calrx.dhcs.ca.gov/home/cdl>

Medi-Cal Drug Use Review (DUR)

- » Over 10 years of partnership with UCSF School of Pharmacy in publishing educational articles and targeted provider outreach for DUR initiatives
- » UCSF DUR Team is led by Dr. Kroon
- » DUR educational bulletins, alerts, and initiatives, along with other information about DUR activities can be found on <https://medi-calrx.dhcs.ca.gov/provider/drug-utilization-review>

Improving tobacco cessation: CMS guidance and state strategies

Lisa Kroon, PharmD, CDCES
Professor of Clinical Pharmacy
Co-Director, UCSF Fontana Tobacco Treatment Center

Aug 20, 2024

Presentation Objectives



- Describe two pharmacist care models for smoking cessation in California
- List the smoking cessation medications that pharmacists are able to furnish in California

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid
Services 7500 Security Boulevard,
Mail Stop S2-01-16 Baltimore,
Maryland 21244-1850



CMCS Informational Bulletin

DATE: March 7, 2024

FROM: Daniel Tsai, Deputy Administrator and Director
Center for Medicaid and CHIP Services

SUBJECT: Strategies to Improve Delivery of Tobacco Cessation Services

Strategy 4: Partner with Tobacco Cessation Quitlines & Providers Such as Pharmacists to Increase Access to Cessation Treatments



Partner with Pharmacists

- Pharmacist-delivered cessation medication and counseling is effective
- Brief interventions in community pharmacies increase people contacting quitlines
- Pharmacists can independently prescribe smoking cessation medications in many states
- Additionally, health system pharmacists (such as those at UCSF) able to prescribe using collaborative practice agreements

Current Barriers to Pharmacist Smoking Cessation Services



- Primary barriers: payment for services, staffing/workforce challenges, patient awareness/lack of promotion by pharmacies
- Not due to lack of medication Medi-Cal coverage: *all* medications covered
- General barriers to medication access: duration limits, annual number covered quit attempts, and prior authorizations → areas where pharmacist, as drug expert, can navigate

UCSF School of Pharmacy Intervention

Under direction of Pharmacy Benefits Division, DHCS

- Pharmacist NRT furnishing for Medi-Cal beneficiaries is limited
- Educational outreach (mailing) to 172 pharmacies in 15 counties with high smoking prevalence and ≥ 100 Medi-Cal utilizing beneficiaries
- Objectives
 - Inform pharmacy directors of pharmacist ability to furnish NRT and training requirements
 - To increase # of pharmacists able to furnish NRT
 - To increase # of Medi-Cal beneficiaries with paid claim for NRT

UCSF School of Pharmacy Analysis

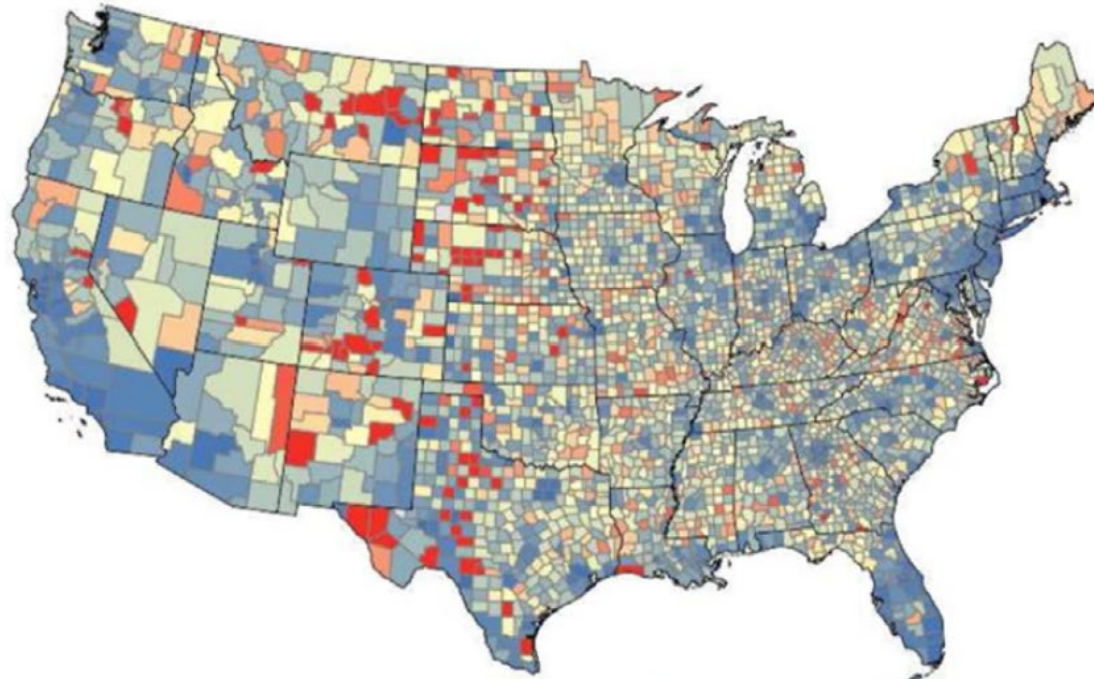
Measures within 12 months of mailing



- NRT claims increased to 18.6% compared to 9% in other counties
 - 5% of utilizing beneficiaries in 15 counties vs. 2.0% in all others
 - Limited number of pharmacists furnishing
- Intervention demonstrated movement in right direction
- Primary barrier lack of payment for services; path for payment under AB1114

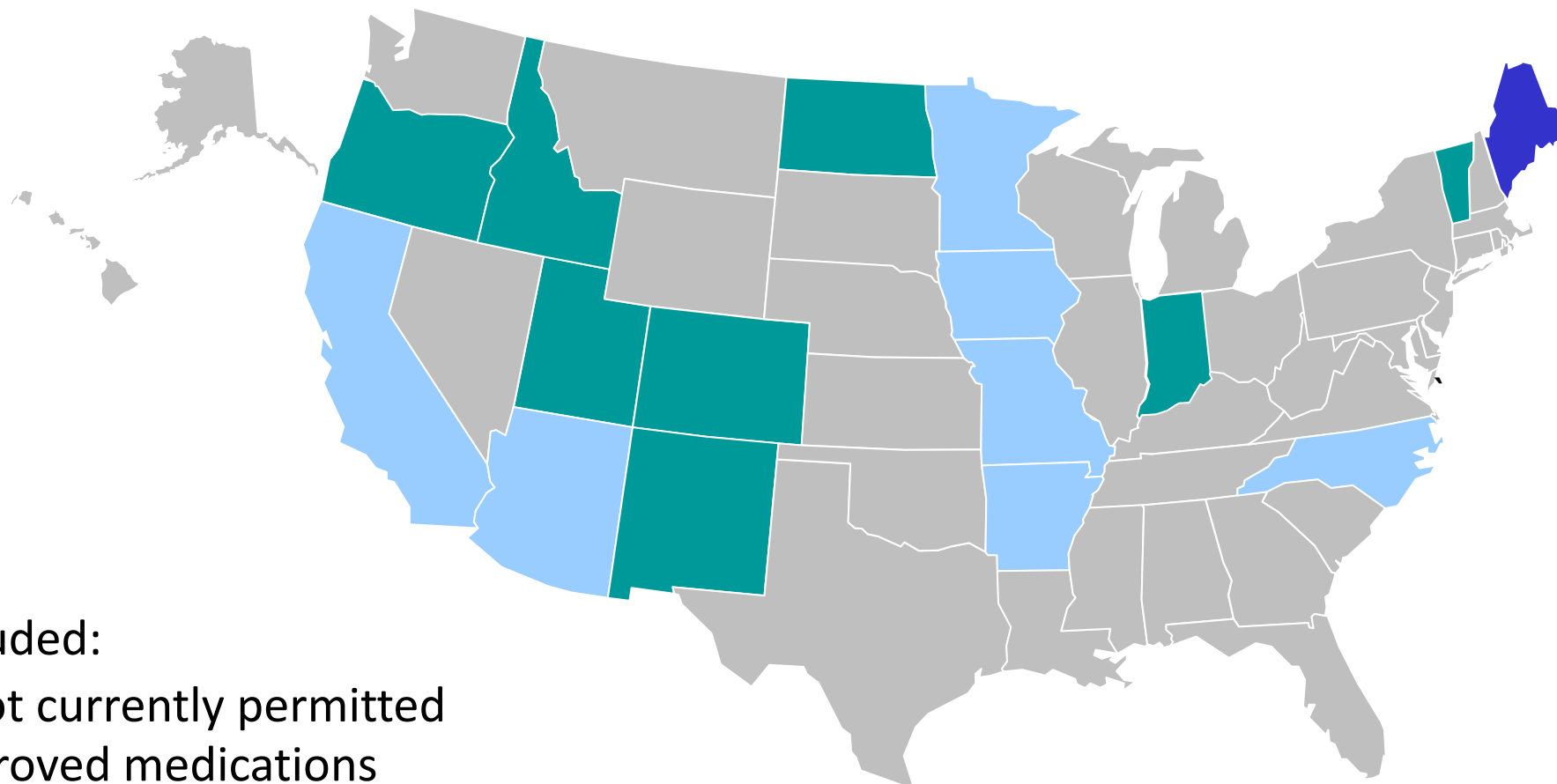
90% of Americans Live Within 5 Miles of a Pharmacy

Pharmacists are highly accessible but underutilized





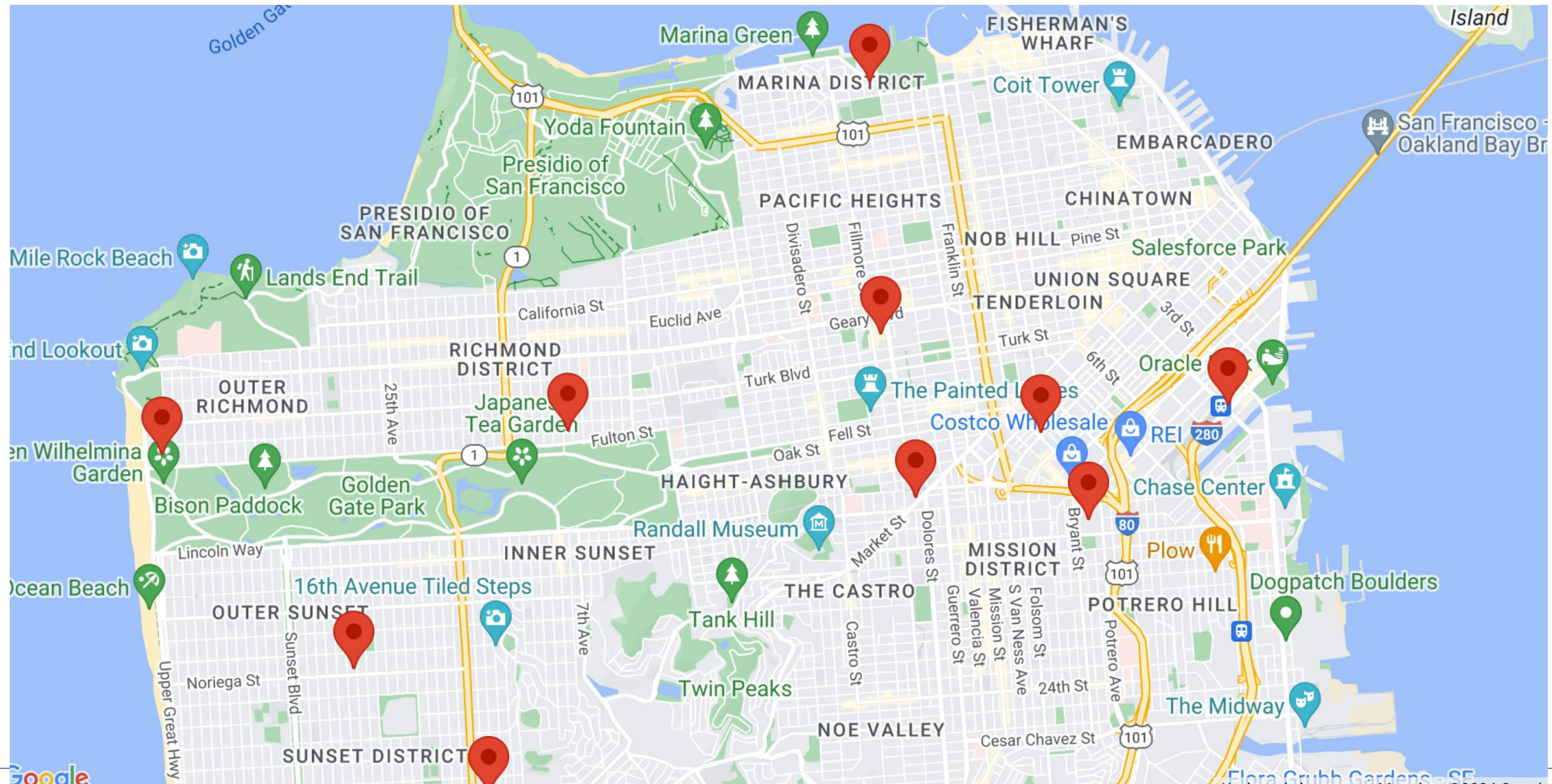
TOBACCO CESSATION MEDICATIONS: STATUS of PHARMACISTS' PRESCRIBING



Medications included:

- Prescribing not currently permitted
- All 7 FDA-approved medications
- All nicotine replacement therapy medications
- Non-prescription nicotine replacement therapy medications only

www.quittingsmokingpharmacies.com





Integrating Tobacco Cessation Services in Pharmacy Practice Settings

Tobacco Cessation Interventions

The 5 As to help patients quit

ASK about tobacco use

ADVISE to quit

ASSESS readiness to quit

ASSIST in the quit attempt

ARRANGE follow-up

Ask-Advise-Refer to help patients quit

ASK about tobacco use

ADVISE to quit

REFER to outside help

Ask-Advise-Connect to help patients quit

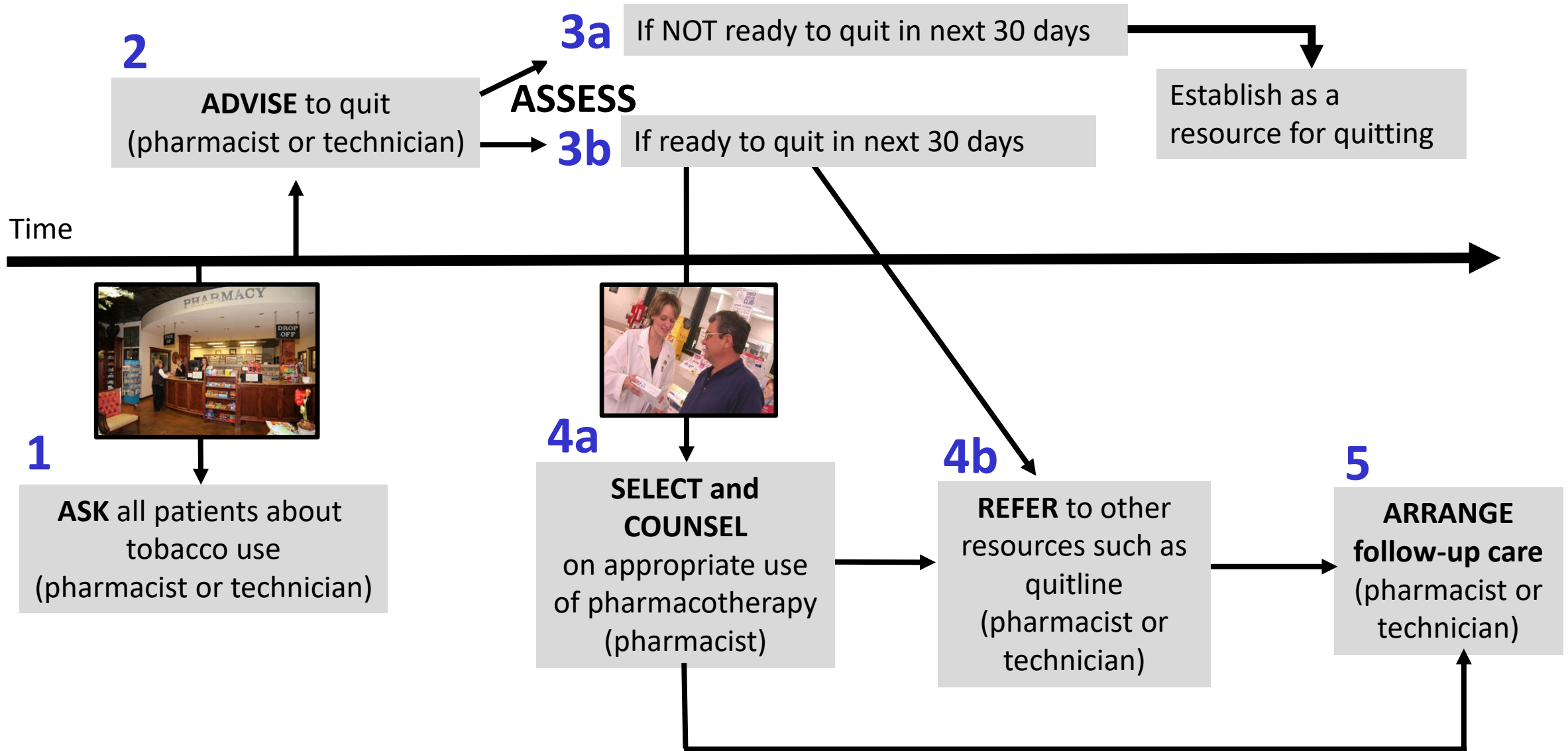
ASK about tobacco use

ADVISE to quit

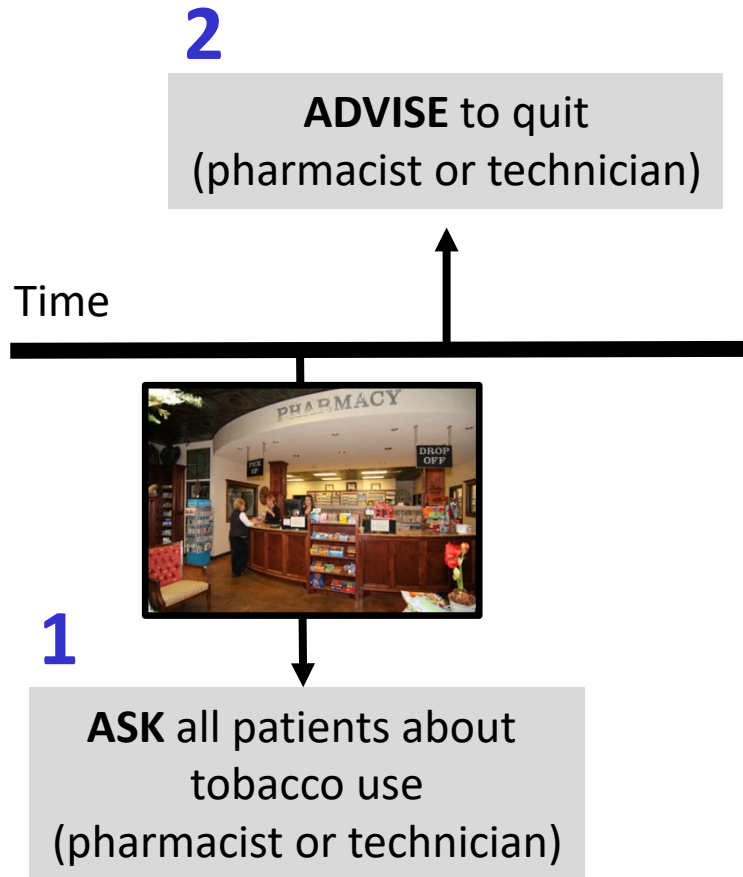
CONNECT to resources



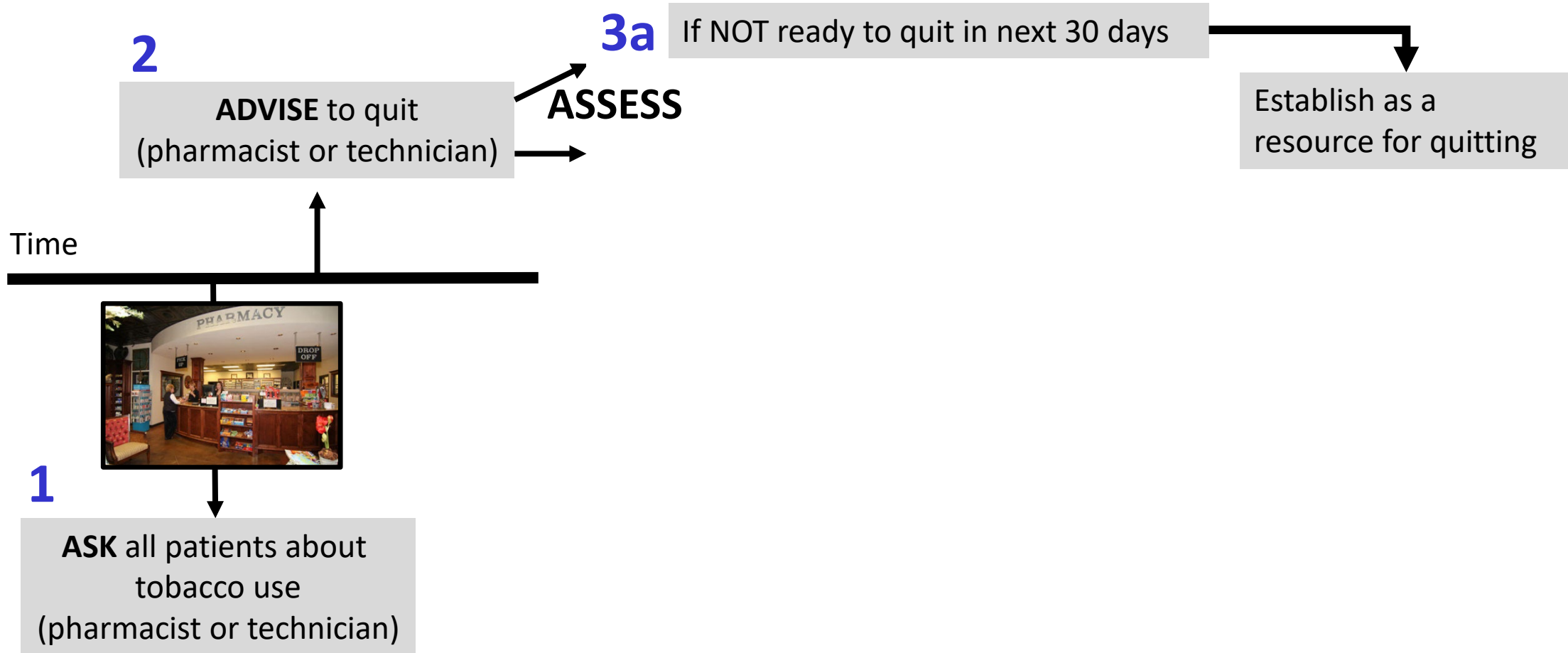
Community Pharmacy Model



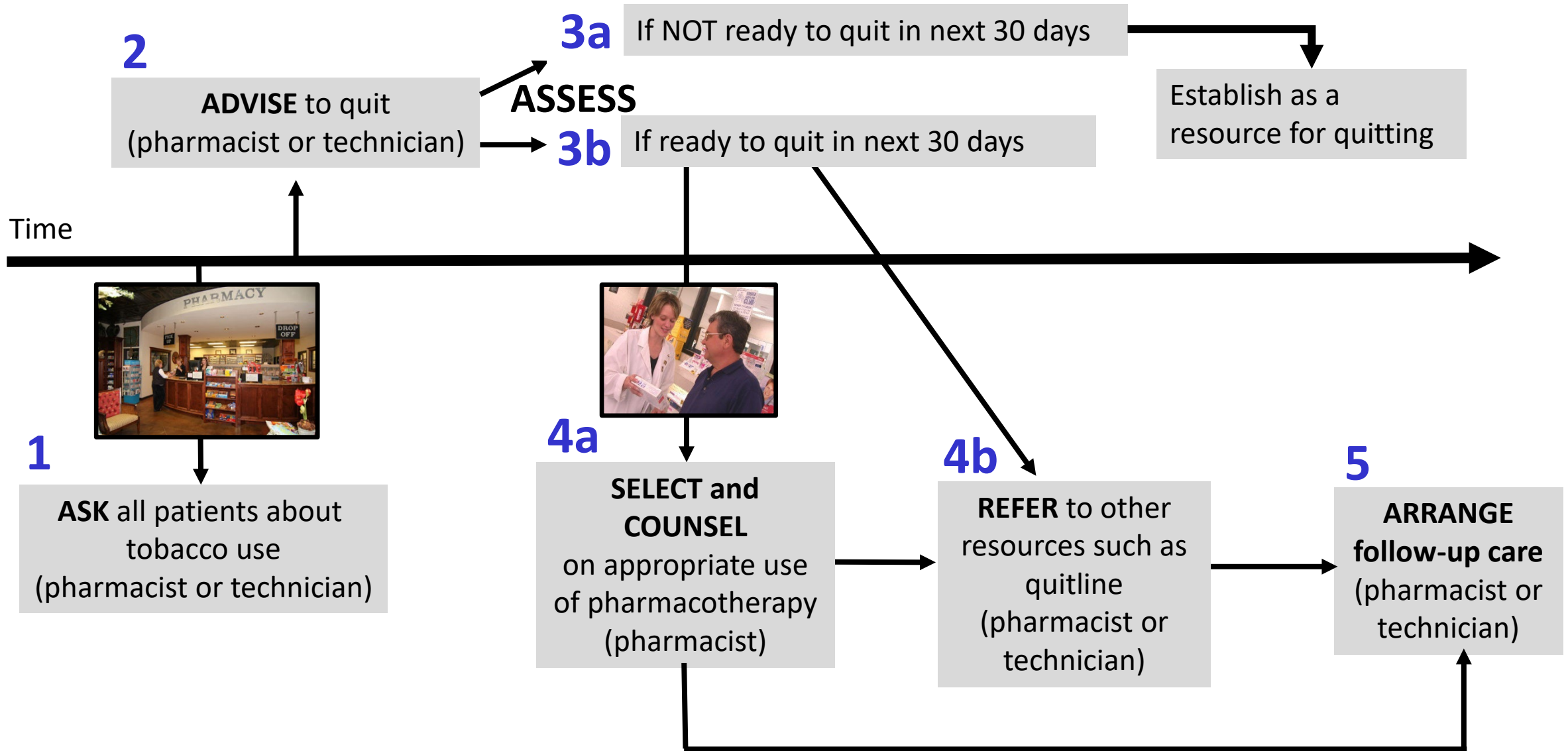
Community Pharmacy Model



Community Pharmacy Model



Community Pharmacy Model





Rx for Change: IMPLEMENTATION TOOLS

Resources provided by mail:

- Laminated pharmacologic product guide
- Laminated drug interactions with tobacco smoke table
- Window cling
- Up to 10 buttons
- Shelf-talkers



<https://rxforchange.ucsf.edu>

Quit-smoking
medicines might
be covered by
your insurance!

For more information, talk
with our pharmacist.



Did you know
that pharmacists
can help you quit?

Visit the pharmacy
counter for assistance.



Provider Status Federal Legislation

Advocate for pharmacists!

- S.1491, Pharmacy & Medically Underserved Areas Act
- S. 2477/H.R. 1770, the [Equitable Community Access to Pharmacist Services Act](#) (ECAPS)
 - Authorize pharmacists to provide care and receive reimbursement for pandemic-related services for seniors
 - Codify pharmacists' ability to prevent, test and treat common infectious diseases
 - Testing: COVID-19, Influenza, Respiratory Syncytial Virus (RSV), and Strep Throat
 - Treatment: COVID-19, Influenza, and Strep Throat
 - Vaccination: COVID-19 and Influenza





Pharmacist Care Models for Smoking Cessation Care in California




Implementation of Tobacco Cessation Services in Community Pharmacies

- 7 independent pharmacies
- Pharmacists, pharmacy technicians, clerks completed training
- 16 participants completed interviews
- *All* successfully initiated cessation services



Article

Closing the Tobacco Treatment Gap: A Qualitative Study of Tobacco Cessation Service Implementation in Community Pharmacies

Katy Ellis Hilts ^{1,†}, Nervana Elkhadragey ^{2,†}, Robin L. Corelli ³, Micah Hata ⁴, Elisa K. Tong ⁵, Francis M. Vitale ⁶ and Karen Suchanek Hudmon ^{6,*}

Significant Facilitators

- Compatibility with existing pharmacy workflows
- Staff buy-in
- Crucial role of pharmacy technicians

Challenges

- Complexity of billing for services
- Software limitations to document tobacco use and cessation interventions
- Gaps in training for handling complex patient cases





Even the patients that aren't ready [to quit], we remind them that we offer these services just in case they ever are ready. We have had patients who have come back...they're like "Oh I'm not ready," and then months later come back, "Okay, I'm ready."

SF CAN Tobacco Arm

- Partnership with UCSF, SF DPH, SF city/county
- Maya Vijayaraghavan (PI), Dorie Apollonio (Co-I), Lisa Kroon (Co-I)
- Year 8: Provide people experiencing homelessness with access to tobacco cessation services through navigation centers
- Navigation center staff trained: smoking cessation champions; provide brief interventions
- Unique partnership: Pharmacist furnishes NRT and provides counseling



Evaluation of a Pharmacist-Linked Smoking Cessation Intervention for Adults Experiencing Homelessness

Gea De Los Reyes^{a*}, Amena Ng^{a*}, Jazmin Valencia Chavez^{a*}, Dorie E. Apollonio^a , Lisa Kroon^a, Phoebe Lee^b and Maya Vijayaraghavan^b 

^aSchool of Pharmacy, University of California, San Francisco, California, USA; ^bDivision of General Internal Medicine, School of Medicine, University of California, San Francisco, California, USA

ABSTRACT

Background: Interventions are needed to increase access to tobacco treatment for people experiencing homelessness. We developed a community pharmacist-linked cessation program for adults experiencing homelessness that included one-time, pharmacist-delivered counseling and furnishing nicotine replacement therapy (NRT) for 3 months. *Methods:* We conducted a single-arm, uncontrolled trial of the pharmacist-linked intervention among adults experiencing homelessness recruited from three homeless shelters in San Francisco, CA. We asked participants to complete questionnaires at baseline and during 12 weekly follow-up visits. We obtained information on cigarette consumption, use of NRT, and quit attempts at each visit, and reported cumulative proportions during the study interval. We used Poisson regression and logistic regression, respectively, to examine factors associated with weekly cigarette consumption and quit attempts. We conducted in-depth interviews with residents to understand barriers to and facilitators of engagement. *Results:* Among 51 participants, average daily cigarette consumption reduced 55% from 10 cigarettes per day at baseline to 4.5 cigarettes at 13 wk follow-up, and 56.3% had CO-verified abstinence. Use of medications in the past week was associated with a 29% reduction in weekly consumption (IRR

KEYWORDS

Smoking cessation; populations experiencing homelessness; pharmacist-linked tobacco treatment

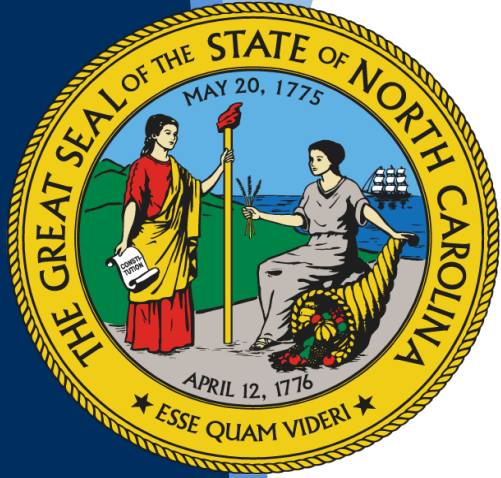
A pharmacist-linked smoking cessation program at transitional homeless shelters can reduce structural barriers to cessation care and reduce tobacco use among people experiencing homelessness.

Pharmacists as Key Resource and Member of Health Care Team

Call to Action for Policymakers

- Advocate for legislation/policies that authorize pharmacist furnishing and payment for services, consistent with CMS key strategy
- Pharmacists are *unlocked potential* to assist and support smoking cessation medication management





NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Expanding Tobacco Treatment Through Contracting

Joyce Swetlick, M.P.H.
Director of Tobacco Cessation

August 20, 2024

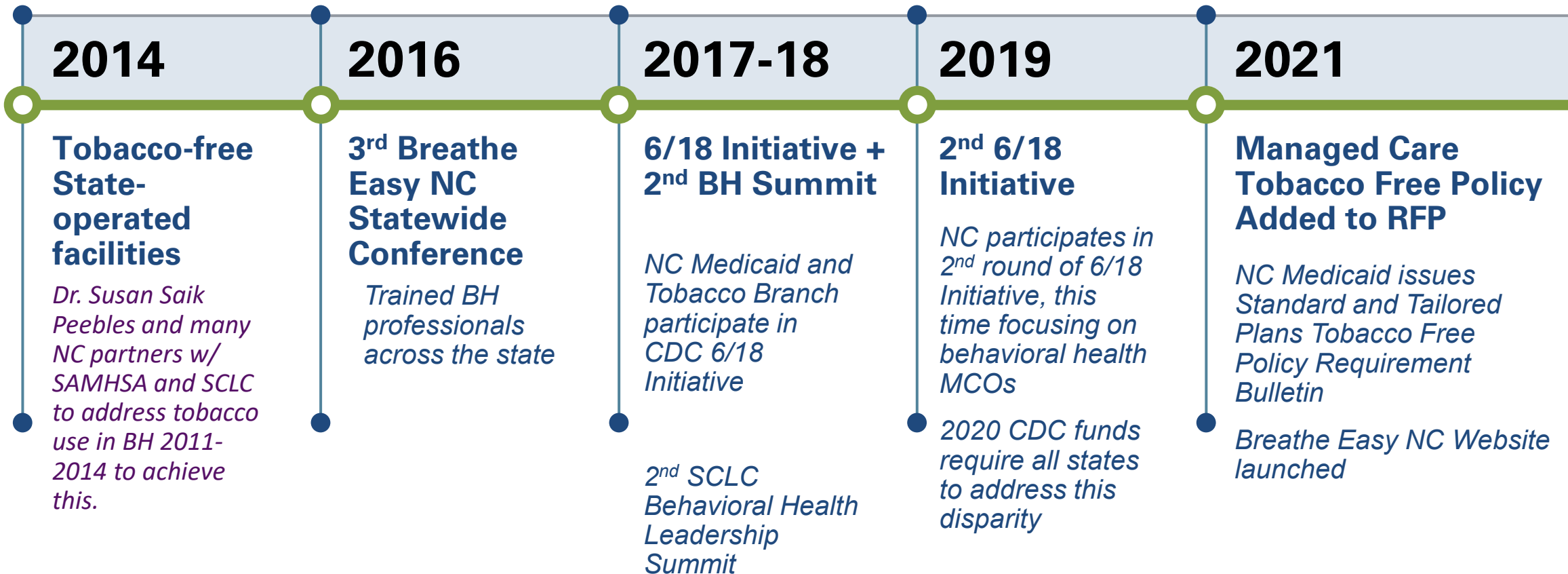
OBJECTIVES

- **Understand the power of how contracting with Medicaid or Medicaid MCOs can improve the delivery of tobacco treatment in health and behavioral healthcare settings**
- **Describe critical contracting elements for successful implementation of tobacco treatment integration**

BreatheEasyNC

Becoming Tobacco Free

Partnership Timeline



Medicaid RFA Language

Tobacco Cessation Services

- i. The PHP shall contract with the Department's Quitline vendor at a minimum benefit level defined by the Department that promotes evidenced base standard of care for tobacco cessation.
- ii. The PHP shall ensure that Members are given complete information about the coverage of tobacco cessation items and services.
- iii. The PHP shall partner with the Department to, at a minimum:
 - a) Promote the full Tobacco Cessation Benefit to Members;
 - b) Partner with Department and the Department's Quitline vendor on outreach;
 - c) Submit marketing and educational materials for review and approval consistent with the requirements pursuant to the Contract.

- This language was not enough
 - Language needed to be more prescriptive
 - Even though Quality Metrics were included, language was interpreted by Plans that a Quitline was all that was needed for tobacco treatment
- Need to be part of the entire process of writing AND approving portion of RFP
- Clearly define tobacco treatment
- Clearly define what Quitline should cover
- Do not assume vendor can provide same service on “Commercial Side” of Quitline

First Lessons Learned

Taking Action

- Breathe Easy NC Leadership Academy Strategy Session



Betsey Cuervo Tilson @betseytilson · Sep 6, 2018



Some of our great @ncdhhs @NCPublicHealth physician leaders at the Breathe Easy NC Leadership Academy Strategy Session. Great collaborative work to support our people with behavioral health conditions in their journey in quitting smoking.



NORTH CAROLINA TOBACCO TREATMENT STANDARD OF CARE

FDA Approved Pharmacotherapy¹

12 weeks of varenicline (Chantix®)

or

12 weeks of combination therapy
(nicotine patches and nicotine gum or
nicotine lozenge)

Other pharmacotherapy includes bupropion,
nicotine nasal spray and nicotine inhaler



Evidenced-Based Counseling

In order of effectiveness:

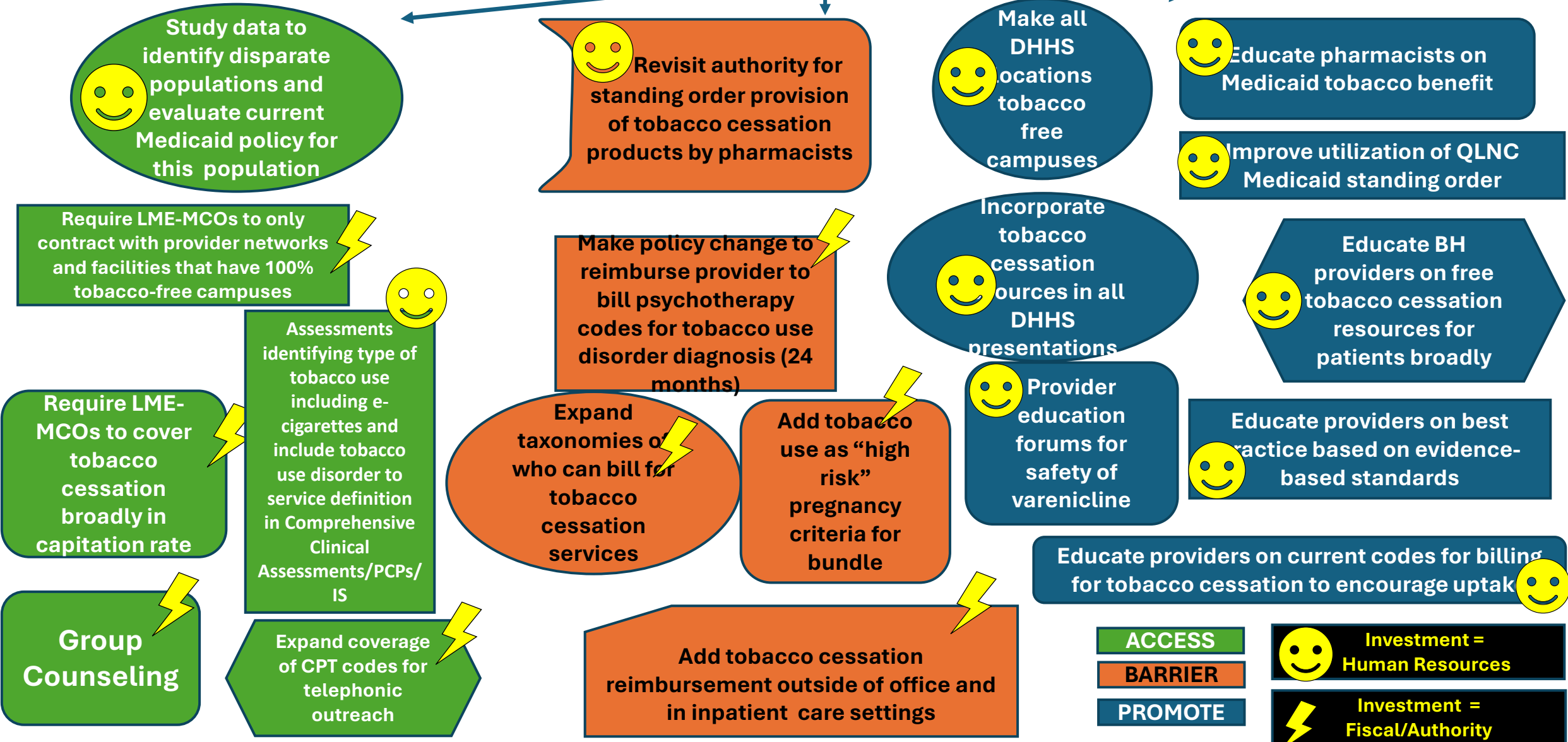
- Face to face individual counseling
- Group counseling
- QuitlineNC – telephonic, texting,
and web-based counseling

100% TOBACCO FREE ENVIRONMENTS HELP PEOPLE QUIT.

Those with co-occurring behavioral health disorder may require longer & more intensive treatment

For pregnant people counseling is first line

Improving Tobacco Cessation through Medicaid-DPH Collaboration Opportunities



Expanding insurance coverage and utilization of proven cessation treatments

- **Standard plans and Tailored Plans tobacco-free policy requirement**
- **Increase the use of tobacco use treatment medications & counseling in all settings**
- **Train care managers on brief interventions & standard of care tobacco use treatment**
- **Provide Quitline services using same Quitline vendor as state and provide data to state for evaluation**
- **Promote tobacco use treatment benefit utilization to beneficiaries and providers**

Tobacco Cessation Plans

(d) The BH I/DD Tailored Plan shall develop a comprehensive Tobacco Cessation Plan, which includes the Department's Quitline benefit, and a tobacco cessation program aimed at reducing tobacco use, including associated marketing strategies.

(1) The program should at a minimum include the following strategies to reduce tobacco use across members

- i. Promote tobacco free campuses at contracted facilities;
- ii. Ensure tobacco screening and treatment, including nicotine replacement and other appropriate medications, are provided to all relevant members in both inpatient, other facility-based, and outpatient/community settings;
- iii. Ensure tobacco use/exposure needs are assessed and addressed in all relevant Care Plans/ISPs;
- iv. Increase use of 99406 and 99407 CPT codes in all appropriate settings;
- v. Use incentives for members and providers as allowed by the Contract;
- vi. Use the specialized Behavioral Health Program for tobacco users with one or more BH conditions;
- vii. Provider training; and
- viii. A yearly report on efforts and outcomes.

Quality measures:

Medical assistance with tobacco cessation
for pregnant & non-pregnant adults






MCOs must contract with State's quitline vendor, and provide same level of services

All MCOs required to provide a specialized **behavioral health protocol and pregnancy protocol**

7 sessions with quit coaches.
Combination NRT for 12 weeks or 8 weeks of gum or lozenge if pregnant or breastfeeding with a medical override

MCOs must train care managers to screen, provide brief interventions, and referrals.



-  1-800-QUIT-NOW 1-800-784-8669
-  1-855-Dèjelo-Ya 1-855-335-3569
-  www.QuitlineNC.com
-  @QuitlineNC
-  |Text READY to 34191

100% Tobacco-Free	Partial Requirement	No Requirement
<ul style="list-style-type: none"> • Medical providers • Inpatient & outpatient behavioral health • Residential substance use treatment • Residential services for children • Non-residential IDD/TBI services 	<ul style="list-style-type: none"> • Intermediate care facilities for adults with intellectual disabilities (ICF-IID) • Adult I/DD residential services subject to the Home and Community Based Services (HCBS) Final Rule & their State Funded equivalent services • Nursing homes, Adult Care Homes, Family Care Homes, & Hospice facilities 	<ul style="list-style-type: none"> • retail pharmacies; • properties where no direct clinical services are provided; • non-emergency medical transport; • alternative family living settings; • manufacturing sites that employ people who receive adult developmental vocational program services; or • manufacturing sites that employ adults who receive other group day services
<p>Tobacco-Free Policy Components:</p>	<p>Partial Requirement Policy Components</p>	
<ul style="list-style-type: none"> • A tobacco-free policy applies to all of the property under the program’s control (that you rent or own) • All of that property (buildings, grounds, and vehicles) is tobacco-free • Tobacco includes the use of combustible, electronic, heated, and smokeless tobacco products • No designated areas for tobacco use indoors or outdoors • Programs do not purchase, accept as donations, or distribute any tobacco products 	<ol style="list-style-type: none"> 1. Use of tobacco products is prohibited indoors when the building or home in which the provider operates is under the provider’s control as owner or lessee. 2. Outdoor areas under the provider’s control as owner or lessee must: <ol style="list-style-type: none"> 1. Ensure access to common outdoor space(s) on the property free from exposure to tobacco use; and 2. Prohibit staff/employees from using tobacco products anywhere on the property. 	
<p>These providers retain the option to implement a 100% tobacco-free campus policy for the safety of clients and staff.</p>		

North Carolina Standard Plan and LME/MCO (including Tailored Plan) Tobacco-Free Policy Requirement

Starting July 1, 2025, most Standard Plan and LME/MCO (including Tailored Plan) contracted providers will be required to implement a 100% tobacco-free policy.

Check out [NC Medicaid's Bulletin](#) about **this requirement and exceptions.**

Challenge	Strategies
<p>Misinformation among providers about quitting harming recovery</p>	<ul style="list-style-type: none"> • Widespread training through AHEC, conferences, addiction professional practice board, and Duke-UNC Tobacco Treatment Specialist Training Program • BreatheEasyNC.org TA website <p>Change for Life: Focus groups, peer-to-peer mentoring, shared communication materials</p>
<p>Provider fear of losing clients</p>	<p>Change for Life: amplify the stories of early adopters.</p> <ul style="list-style-type: none"> • All providers have to go tobacco-free at same time (so no fear of competition) • Educating providers to promote adherence to a tobacco-free policy in trauma-informed way. • Developed a grievance process to mirror this approach to ensure agency adherence to the requirement through collaboration with public health.
<p>Funding treatment/policy change</p>	<ul style="list-style-type: none"> • Work across NC DHHS to use SOR & ARPA funding for NRT for uninsured • Medicaid expansion • Public health purchased free signs for agencies • MCO required to increase claims for brief counseling & medications • MCO required to contract with Quitline vendor • Campus policies are low-cost changes with a big impact

BreatheEasyNC.org

BreatheEasyNC *Becoming Tobacco Free*

Year 2- Launch Sept. 2021 700+ unique users

Year 3- 6,100 users, 573 multi-session users

Technical assistance website for providers

Uses Rebecca M tip

- [FAQs](#) for medical, behavioral, and IDD/TBI providers
- [Training calendar](#)
- Evidence-based [treatment](#) and [policy information](#) with citations and links to resources
- [Sample policies, sample signage](#)
- Where to get HELP- [regional tobacco control staff](#)

Supporting the Uninsured

Community-based providers identified the cost of providing treatment, particularly medications for the uninsured, as a barrier

State Opioid Response (SOR)
2:

- NRT to 2,500+ uninsured people with opioid use disorder
- Train 24 waived MAT providers & behavioral health support staff as nationally certified tobacco treatment providers

American Rescue Plan Act:
Substance Abuse Block Grant:

- Uninsured people with any substance use disorder can access NRT on-site at inpatient & residential settings through 2025.

Change for Life: Tobacco-Free Recovery NC

A coalition of behavioral health, healthcare & disability service organizations working to implement a best-practice tobacco-free culture of care. It is part of the Breathe Easy NC initiative.



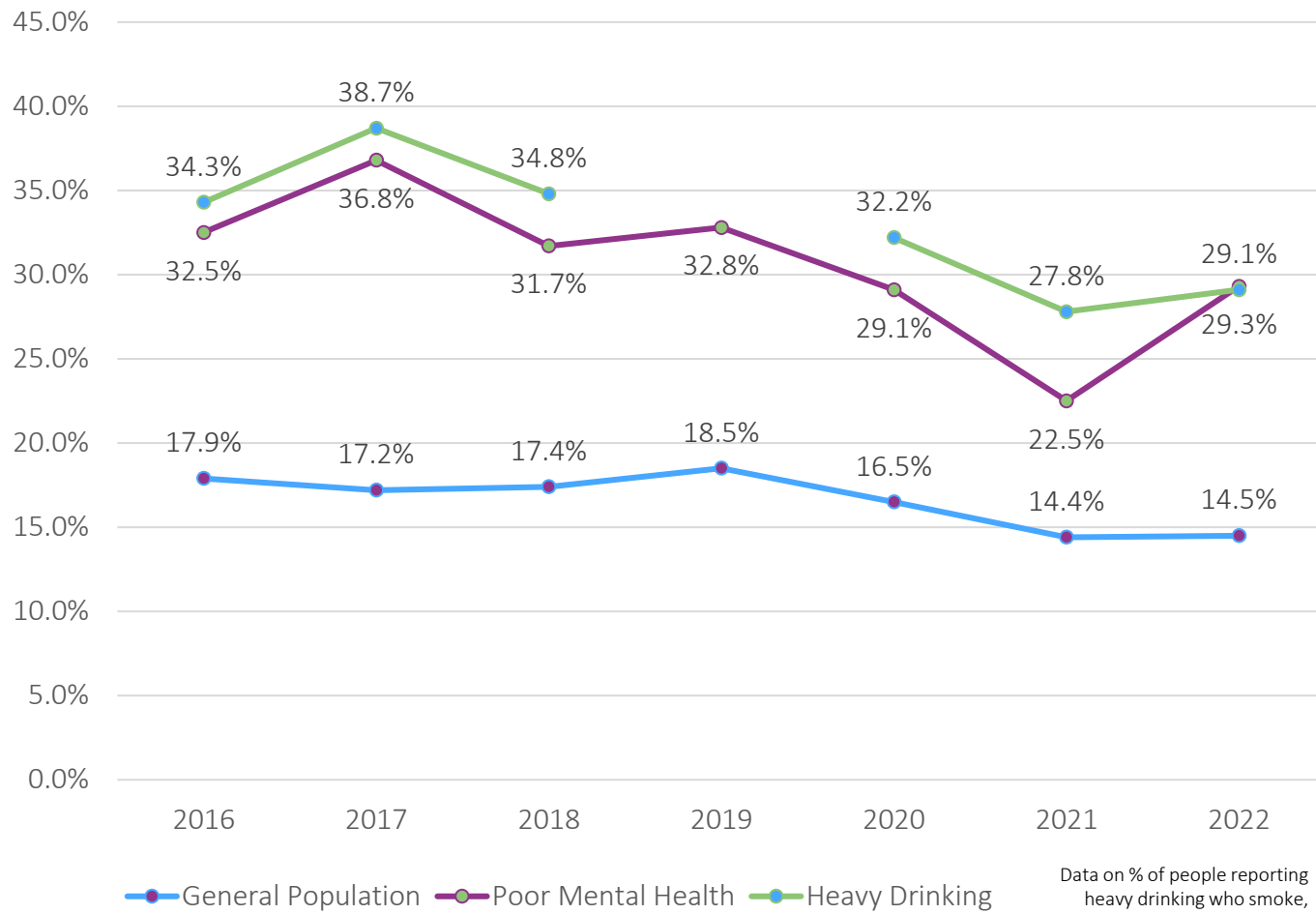
- Behavioral health or health professionals will:
- Engage in peer-to-peer sharing and mentoring
- Access tobacco health experts & training on best practices
- Share messaging that supports a positive tobacco-free culture of care
- Learn how to compassionately implement a tobacco-free environment



Since the first
announcement of this
policy in 2020...

100,000+ North
Carolinians with BH
conditions & staff are
now protected from
secondhand smoke
where they receive care.

Percentage Smoking Prevalence NC Behavioral Risk Factor Surveillance System: Current Smoking



Data on % of people reporting heavy drinking who smoke, was not available in 2019

An official website of the State of North Carolina [How you know](#)

NCDHHS Assistance Divisi

Home > News > Press Releases

WEDNESDAY, JULY 12, 2023 - 00:00

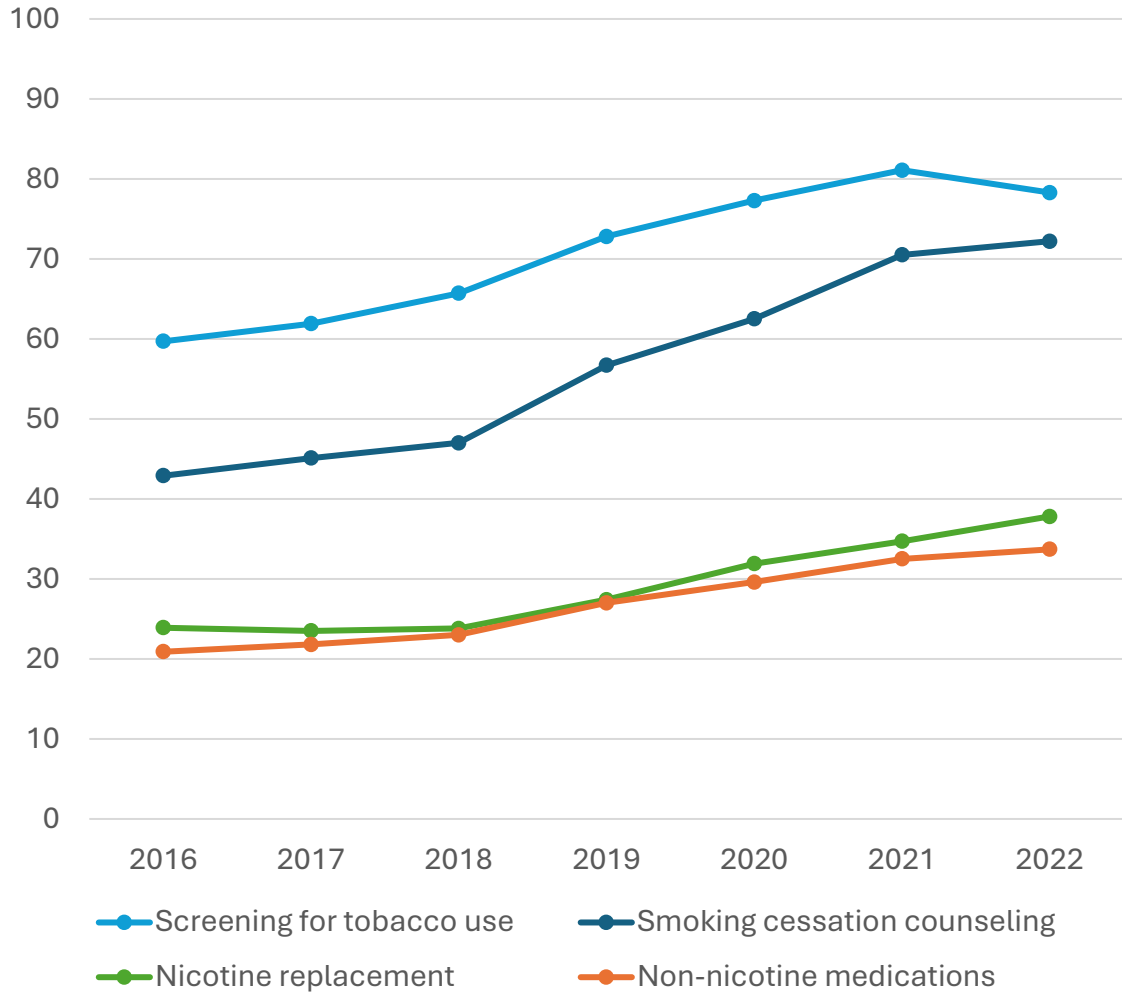
Helping People With Behavioral Health Disorders Quit Using Tobacco

Living tobacco-free adds years to their lives

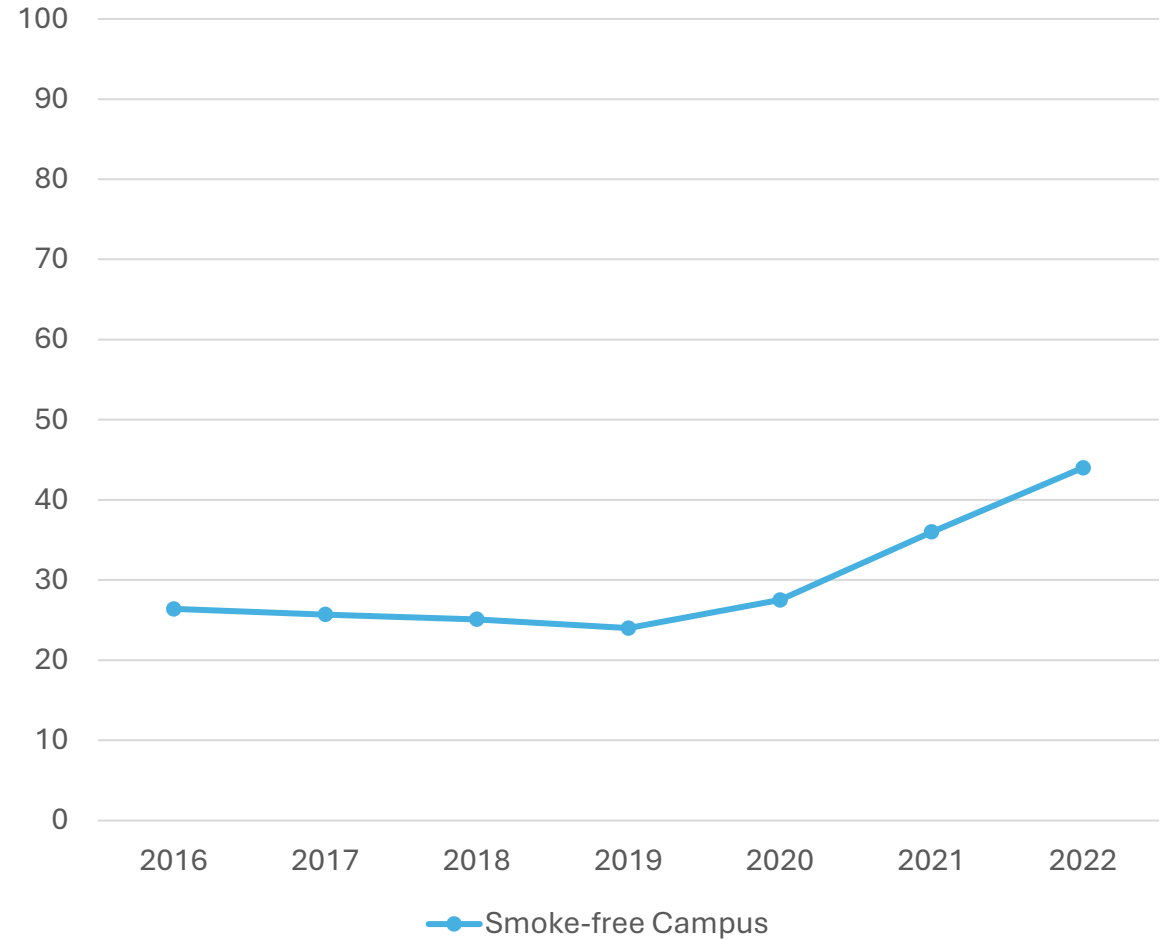
As part of the ongoing focus on behavioral health and resilience, changes promoted by the North Carolina Department of Health and Human Services are improving health and saving lives among people in the state with mental health conditions and/or substance use disorders. New state level data is showing the lowest rate of tobacco use in more than a decade

BreatheEasyNC
Becoming Tobacco Free

Tobacco Treatment Integration:
NC SUD Treatment Facilities 2016-2022

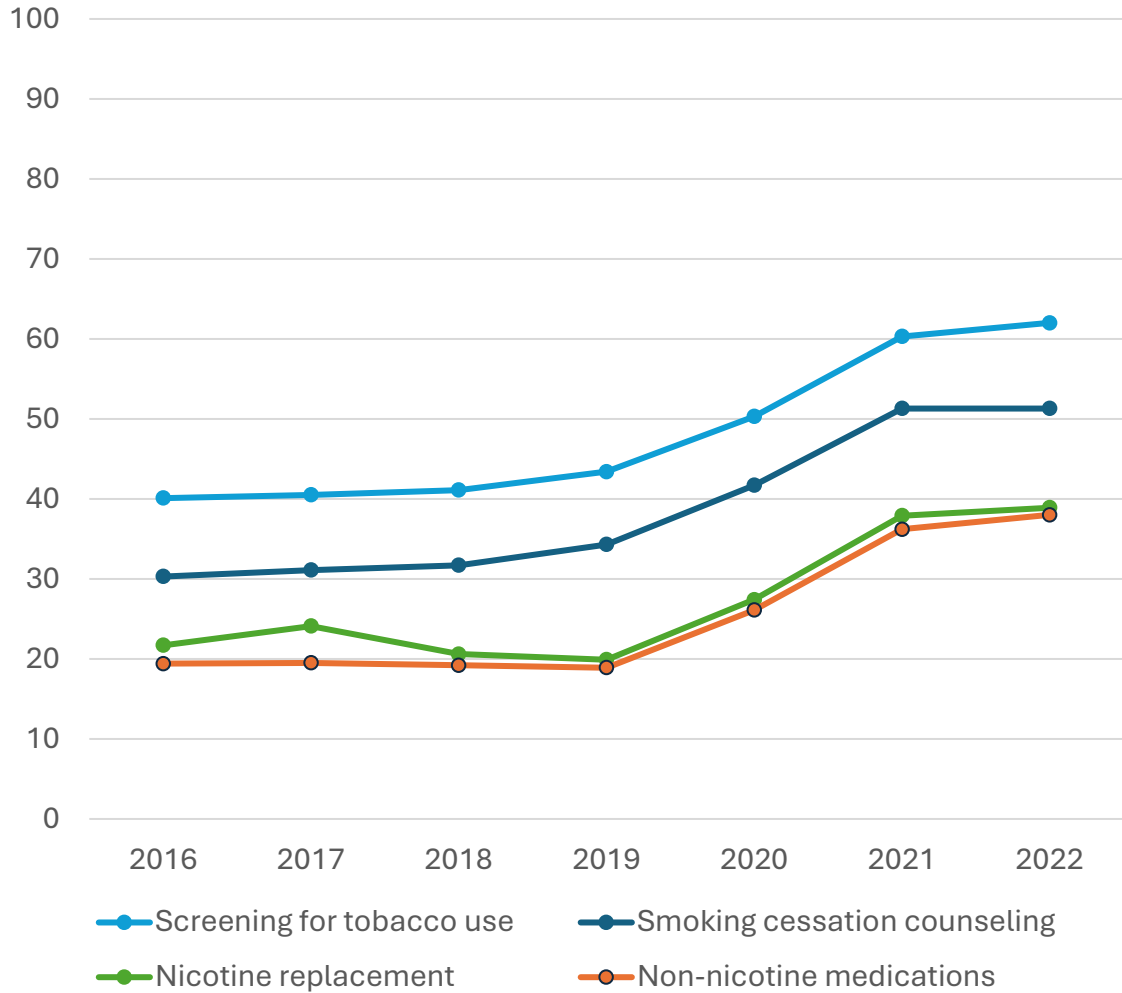


Smoke-free Campus Policies:
NC SUD Treatment Facilities 2016-2022

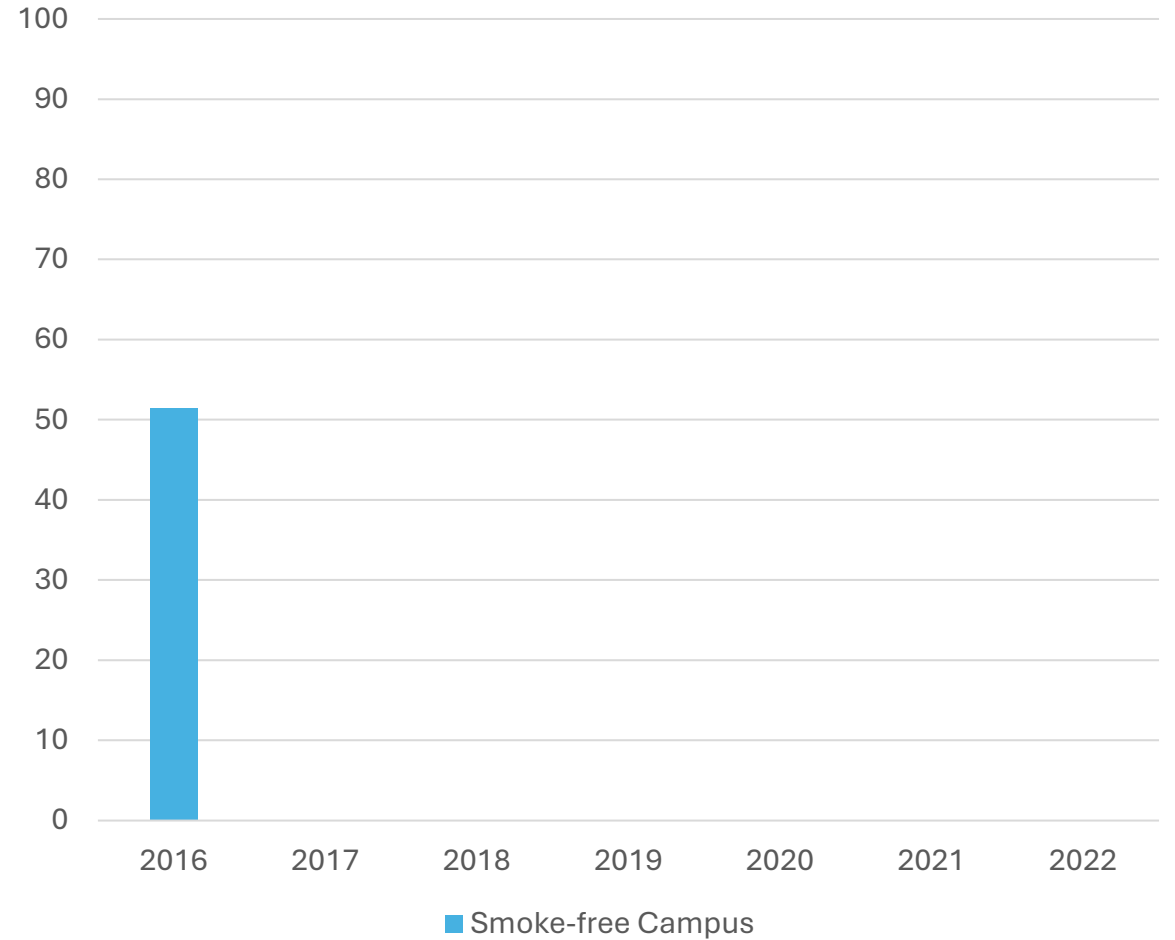


2022: 73.8% of facilities receive Medicaid, 57.2% receive state funds
 2016-20 Data: National Survey of Substance Abuse Treatment Services
 2021-22 data: National Survey of Substance Use & Mental Health Services Survey

Tobacco Treatment Integration: NC Mental Health Facilities 2016-2022



Smoke-free Campus Policies: NC Mental Health Facilities 2016-2022



2022: 93.6% of facilities receive Medicaid, 60.3% receive state funds

2016-20 data: National Mental Health Services Survey

2021-22 data: National Survey of Substance Use & Mental Health Services Survey

LESSONS LEARNED FOR CONTRACTING

- **Partner closely with Medicaid in all aspects of contracts**
- **Specifically define treatment and what is expected to monitor treatment**
- **Contract components to include: Provider and auxiliary training; provider and member communication; promotion of benefits; assessments; treatment – standard of care; incentives; quality measures; reporting**
- **Request Plan provide a Tobacco Treatment Plan on meeting these components that must be approved by a Subject Matter Expert along with Medicaid**
- **Work closely with Quitline vendor– PMPM/data/programs**

LESSONS LEARNED FOR IMPLEMENTATION

- **Clearly communicate policies and requirements listed in RFPs and subsequent contracts**
- **Identify every type of entity that will be affected by RFP and subsequent contracts and communicate, train and receive input early in process**
- **Identify, build champions and create early adopters from as many different types of entities and include in trainings and communications; peer-to-peer communication is powerful**
- **Identify potential challenges and develop strategies**
- **Build support from leadership**
- **Train, train and train and build technical assistance team**

FUTURE PLANS

- **Continue to Grow Change for Life: Tobacco Free Recovery Coalition**
- **Continue to provide TA and oversight to MCOs in integrating tobacco use treatment**
- **Partner with NC Medicaid to improve reimbursement for tobacco use treatment; increase taxonomies for reimbursement**
- **Empower people with disparities to share their stories of becoming tobacco-free**
- **Evaluate impact of policy changes**

Questions

Joyce Swetlick, MPH
Joyce.Swetlick@DHHS.NC.Gov
NCDHHS Tobacco Prevention and Control Branch

Submit questions via the 'Q & A' box



CME/CEU Statements

Accreditations:

In support of improving patient care, the University of California, San Francisco is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

UCSF designates this live activity for a maximum of *1.0 AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the webinar activity.

Advance Practice Registered Nurses and Registered Nurses: For the purpose of recertification, the American Nurses Credentialing Center accepts *AMA PRA Category 1 Credit™* issued by organizations accredited by the ACCME.

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Up to 1.25 CE Credit may be claimed.

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Interprofessional Continuing Education Credit (IPCE): This activity was planned by and for the healthcare team, and learners will receive 1.25 Interprofessional Continuing Education (IPCE) credits for learning and change.

California Addiction Professionals: The California Department of Healthcare Services (DCHS) recognizes up to 10 hours of continuing education from a non-accredited provider. If you are a provider outside of California, please check with your state board for your credit policy.

Free 1-800 QUIT NOW cards

Take Control

1-800-QUIT-NOW

Call. It's free. It works.

1-800-784-8669

For details on your state services, go to: <http://map.naquitline.org>



✓ Refer your clients to cessation services

Post Webinar Information

- You will receive the following in our post webinar email:
 - ✓ Webinar recording
 - ✓ Instructions on how to claim FREE CME/CEUs
 - ✓ Information on certificates of attendance
 - ✓ Other resources as needed
- All of this information will be posted to our website at <https://SmokingCessationLeadership.ucsf.edu>





SCLC next live webinar is *“The Cancer Moonshot: What's Menthol and Emotional Brain Training Got To Do With It? Everything!”* co-hosted by the National Behavioral Health Network for Tobacco & Cancer Control

- **Thursday, September 5, 2024**
- **2:00 – 3:00 pm ET**
- **Registration is open on our website at:**
<https://smokingcessationleadership.ucsf.edu/webinar/cancer-moonshot-whats-menthol-and-emotional-brain-training-got-do-it-everything-co-hosted>

Contact us for free technical assistance



- **Visit** us online at smokingcessationleadership.ucsf.edu
- **Call** us toll-free at **877-509-3786**
- **Provide Feedback** - complete the evaluation, which you will see at the end of this webinar

Smoking Cessation
Leadership Center



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