Strategies for Engaging State Medicaid to Expand Tobacco Cessation Efforts

Tuesday, April 16, 2019
3:00-4:00pm ET

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID

Today's Presenters

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People with mental and substance use disorders:

- Are approximately twice as likely as the general population to smoke cigarettes,1
- Are more likely to die from smoking-related illness than from their mental and substance use disorders (i.e. behavioral health conditions),2,3 and
- Want to quit smoking and are able to do so successfully, which both reduces their risk of developing smoking-related diseases and may also improve their behavioral health outcomes.4,5,6

In 2016, among U.S. mental health services treatment facilities:

- 48.6% had a smoke-free campus,
- 48.9% screened clients for tobacco use,
- 37.6% offered tobacco cessation counseling,
- 25.2% offered nicotine replacement therapy (NRT)
- 21.5% offered non-nicotine tobacco cessation medications.7

In 2016, among U.S. substance use disorder treatment facilities:

- 34.5% had smoke-free campuses,
- 64.0% screened clients for tobacco use,
- 47.4% offered tobacco cessation counseling,
- 26.2% offered NRT,
- 20.3% offered non-nicotine tobacco cessation medications

Strategy 1: Learn Your States Benefit

- Coverage is often better than people assume
- Google search your state Medicaid pharmacy and counseling service benefits.
- Search by both state agency and contracted Medicaid managed care plan. Key words:
  - "State" Medicaid tobacco cessation benefit
  - "MCO name" Tobacco cessation benefit
  - "State" Medicaid or "MCO name" Pharmacy nicotine replacement
  - "State" Medicaid or "MCO name" Pharmacy varenicline

Strategy 1: Learn Your States Benefit

- Many Medicare part D pharmacy benefit plans cover medications for nicotine cessation

- Use the Medicare formulary finder to identify which Medicare D Plans available in your state cover nicotine replacement products and varenicline

- https://www.medicare.gov/find-a-plan/questions/home.aspx

The Smoking Cessation Medication That Every Plan Covers

Bupropion

- Commonly prescribed generic mostly used as a antidepressant
- As effective for smoking cessation as varenicline
- Even more effective in combination with varenicline
- Marketed as:
  - Bupropion (generic name)
  - Wellbutrin
  - Zyban

Coverage Outside of Smoking Cessation Specific Codes

- Define Smoking cessation conversations as allowable Content for:
  - Psychosocial Rehab and Psychoeducation
  - SUD counseling
- Section 2703 Health Homes for Chronic Conditions
  - Health Promotion Service
  - PMPM payment
- Certified Community Behavioral Health Center
  - PPS
- Prescriber E&M codes

Strategy 2:
Develop a Strong Partnership with the right people to enhance or adapt the benefit as/if needed.

Key decision-makers

- Individuals
  - Medicaid Director
  - Medicaid Pharmacy Director
  - Medicaid Medical Director
- Committees
  - Medicaid Pharmacy Prior Authorization Committee
  - Medicaid Pharmacy Drug Utilization Review Committee
  - Medicaid Advisory Committee

Working with state Medicaid programs to cover evidence-based cessation treatments

- Including
  - Individual, group, and telephone counseling
  - The seven FDA-approved cessation medications

- Removing barriers
  - Copayments,
  - Prior authorization,
  - Limits on the number of treatments allowed per year
  - Limits on how long treatment can be provided

Other Important Partners

- State Mental Health Authority
- State Dept of Health
- Provider Associations
- Medical Societies and Nursing Associations
- NAMI, MHA, and other Advocacy Groups
- Peer Specialists – especially ex-smokers

Partnership Principles

DO

- Ask about their needs first
- Give something
- Assist wherever you can
- Make it about the next 10
- Pursue common interest
- Reveal anything helpful
- Take one for the team

DON'T

- Talk about your need first
- Expect to get something
- Limit assistance to a project
- Make it about this deal
- Push a specific position
- Withhold information
- Let them take their lumps

Strategy 3: Communicate the Benefit (Create a Resource)

- For your State Medicaid FFS pharmacy and/or each Medicaid MCO create a one Pager listing:
  - Tobacco cessation counseling codes covered
  - FDA-approved cessation medications
  - Treatment limitations for each

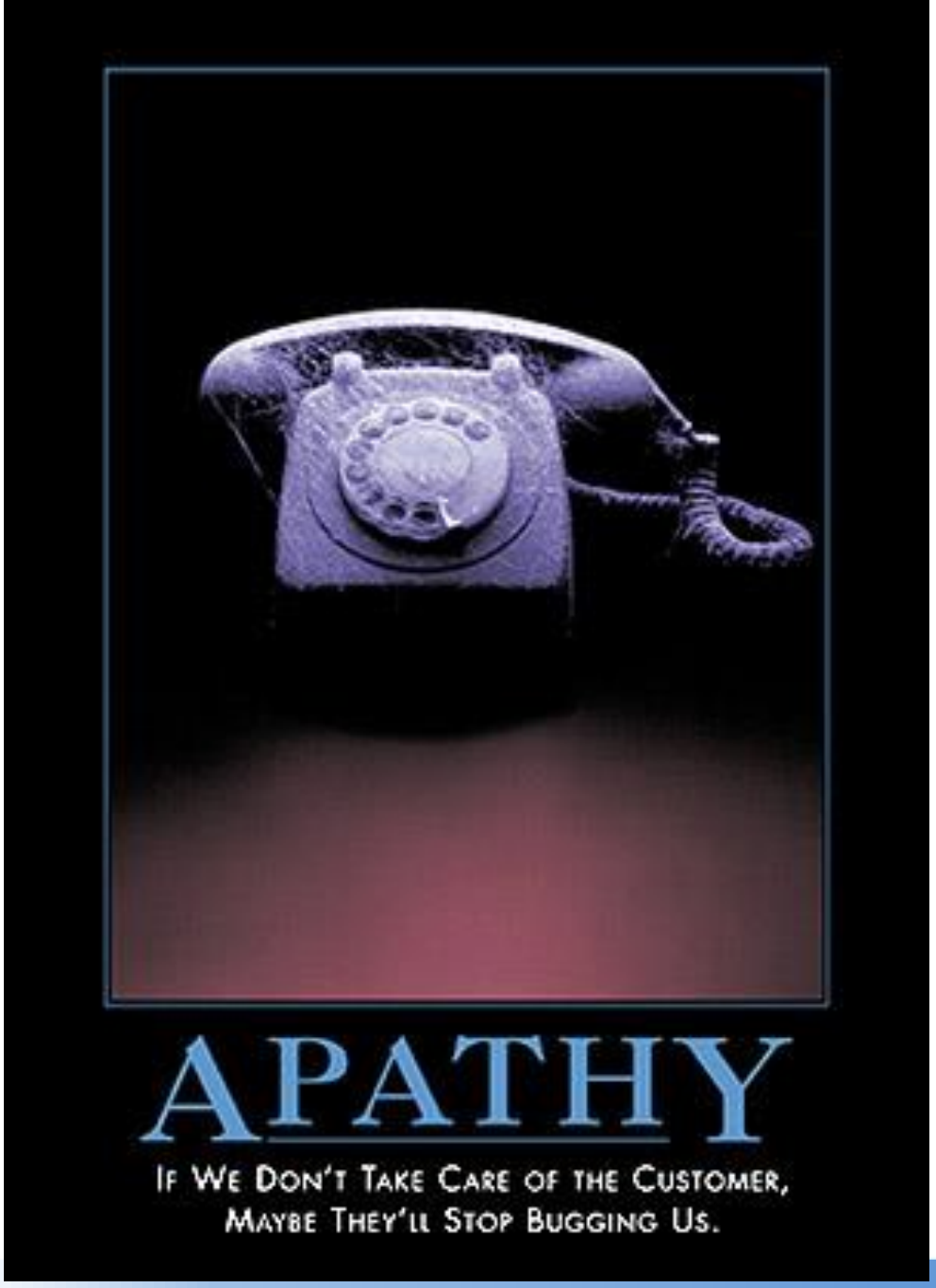
- For each subsidized Medicaid Part Plan in your state create a one Pager listing:
  - Tobacco cessation counseling codes covered
  - FDA-approved cessation medications
  - Treatment limitations for each

Strategy 4: Enhance the Use of the Benefit

- Train Providers on the 5 As
- Most Important Messages
  - People with MI and SUD want to quit smoking
  - People with MI and SUD can quit smoking
- Disseminate Benefit Resource Sheets
- Train Prescribers on prescribing NRTs, varenicline, and bupropion for Tobacco Cessation
- Benchmark prescribers and provider organizations on utilization of tobacco cessation counseling billing codes and tobacco cessation medications
- Publicly share and discuss the benchmark reports

"5 A's": Ask, Advise, Assess, Assist, and Arrange.

- **Ask** - Identify and document tobacco use status for every patient at every visit.
- **Advise** - In a clear, strong, and personalized manner, urge every tobacco user to quit.
- **Assess** - Is the tobacco user willing to make a quit attempt at this time?
- **Assist** - For the patient willing to make a quit attempt, use counseling and pharmacotherapy to help him or her quit.
- **Arrange** - Schedule follow-up contact, in person or by telephone, preferably within the first week after the quit date.


APATHY
If We Don't Take Care of the Customer,
Maybe They'll Stop Bugging Us.

Barriers

- Not knowing Smoking Cessation Benefit Coverage
- Believing that persons with MI and SUD don't want to and cannot quit
- Not implementing the 5 As
- Myth that varenicline causes depression/suicide
  - THIS IS NOT TRUE
  - "Varenicline Should Be Used as a First-Line Treatment to Help Smokers with Mental Illness Quit"
  - JOURNAL OF DUAL DIAGNOSIS, 8(2), 113–116, 2012

Sustainability

Work With Your Partners

- Remove barriers
  - Copayments,
  - Prior authorization,
  - Limits on the number of treatments allowed per year
  - Limits on how long treatment can be provided
- Enhance Coverage outside of Smoking Cessation specific codes
- Training, training, more training
- Measure process and outcome performance
  - Benchmark prescribers and organizations
  - Publicly discuss results


INCOMPETENCE
When You Earnestly Believe You Can Compensate
for a Lack of Skill by Doubling Your Efforts,
There's No End to What You Can't Do.

Resources

- CDC resource providing examples of promising policies and practices from several states that are addressing tobacco use by persons with mental and substance use disorders.
  - https://www.cdc.gov/tobacco/disparities/promising-policies-and-practices/index.html.

MassHealth

Overview of MassHealth

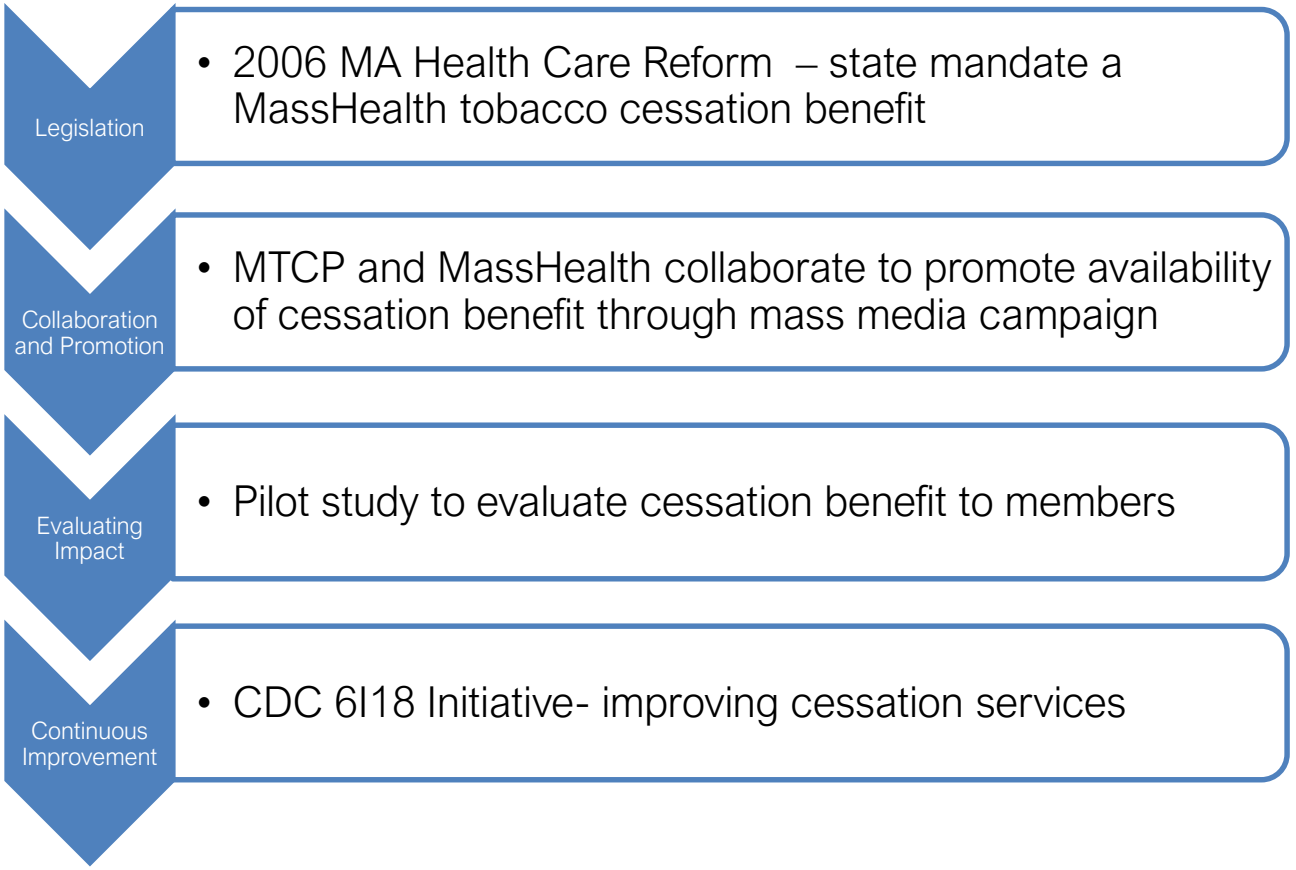
- Combined Medicaid and Children's Health Insurance Program
- Covers nearly 1.9 million people in MA
- State spending on MassHealth comprises 24% of the state funds in budget
- "1115 Waiver" – 5-year agreement (2018-2022) with federal Centers for Medicare and Medicaid Services (CMS) on how to restructure MassHealth

Funding Stream	Key Elements
Accountable Care Organization (60 %)	• Network of providers with shared medical and financial responsibility to coordinate patient care with the goal of: improve health, increase quality, and reduce costs

Community Partners (30%)	• Responsible for care management and coordination for populations with significant behavioral health needs
	  • Actively outreach and engage individuals/families
	  • Assess needs, provide options and refer to services
	  • Coordinate with individual and providers to develop and maintain a care plan
	  • Help navigate medical , behavioral health, disability, social services

Statewide Investments (6%)	• Workforce development and training • Technical assistance to ACOs and BHCPs
Implementation/Oversight (4%)	• Implementation and operations • Oversight

Key Successes in Engaging MassHealth



Return on Investment on Expanded MassHealth Benefit

Background

Researchers performed a Return of Investment (ROI) analysis associated with reductions in-patient hospital admissions for cardiovascular conditions as a result of the Expanded Medicaid Cessation Benefit from 2007-2009.

Methods

Researchers analyzed program costs (medication benefit, promotion and outreach of the benefit) and the short-term ROI.

Results

After beginning to use smoking cessation medications, MassHealth beneficiaries experienced fewer hospital admissions due to cardiovascular conditions

Each $1 dollar spent on medications, counseling, or promotion of the benefit was associated with a reduction of $3.12 in MassHealth expenditures for cardiovascular hospital admissions, for a net savings of $2.12

This was realized an average of 1.3 years after receiving cessation treatment.

For every $1 dollar spent

We see a ROI of $2.12

Key Challenges/Barriers in Engaging MassHealth

- MassHealth restructuring process
- Competing health mandates
- Addressing gaps and barriers to cessation services
- Staff turnover

Future plans with MassHealth and anticipated engagement strategies

- Collaborate with Behavioral Health Community Partners (BHCPs) to:
  - Provide staff training
  - Facilitate systems change that strengthen and/or implement tobacco treatment and referrals
- Present at ACO and BHCP leadership meetings to increase knowledge of tobacco cessation strategies and make the case for investing in cessation
- Educate stakeholders to address “Carve out”


Thank You