

# The Affordable Care Act, Meaningful Use, and Treating Tobacco Use

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# Disclosure Statement

I have no real or perceived vested interests that relate to this presentation nor do I have any relationships with pharmaceutical companies, and/or other corporations whose products or services are related to pertinent therapeutic areas.

# Objectives for Today's Call

- Discuss the smoking cessation coverage options under the Affordable Care Act
- Explain Meaningful Use stages and their impact on tobacco use treatment
- Examine the challenges and solutions associated with satisfying meaningful use cessation measures



# Acronyms

**ACA**=Affordable Care Act

**FPL**= Federal Poverty Level

**EHB**=Essential Health Benefit

**MSPs**=Multistate Plans

**CO-OP**=Consumer Operated  
and Oriented Plan Program

**SHOP**=Small Business Health  
Options Program

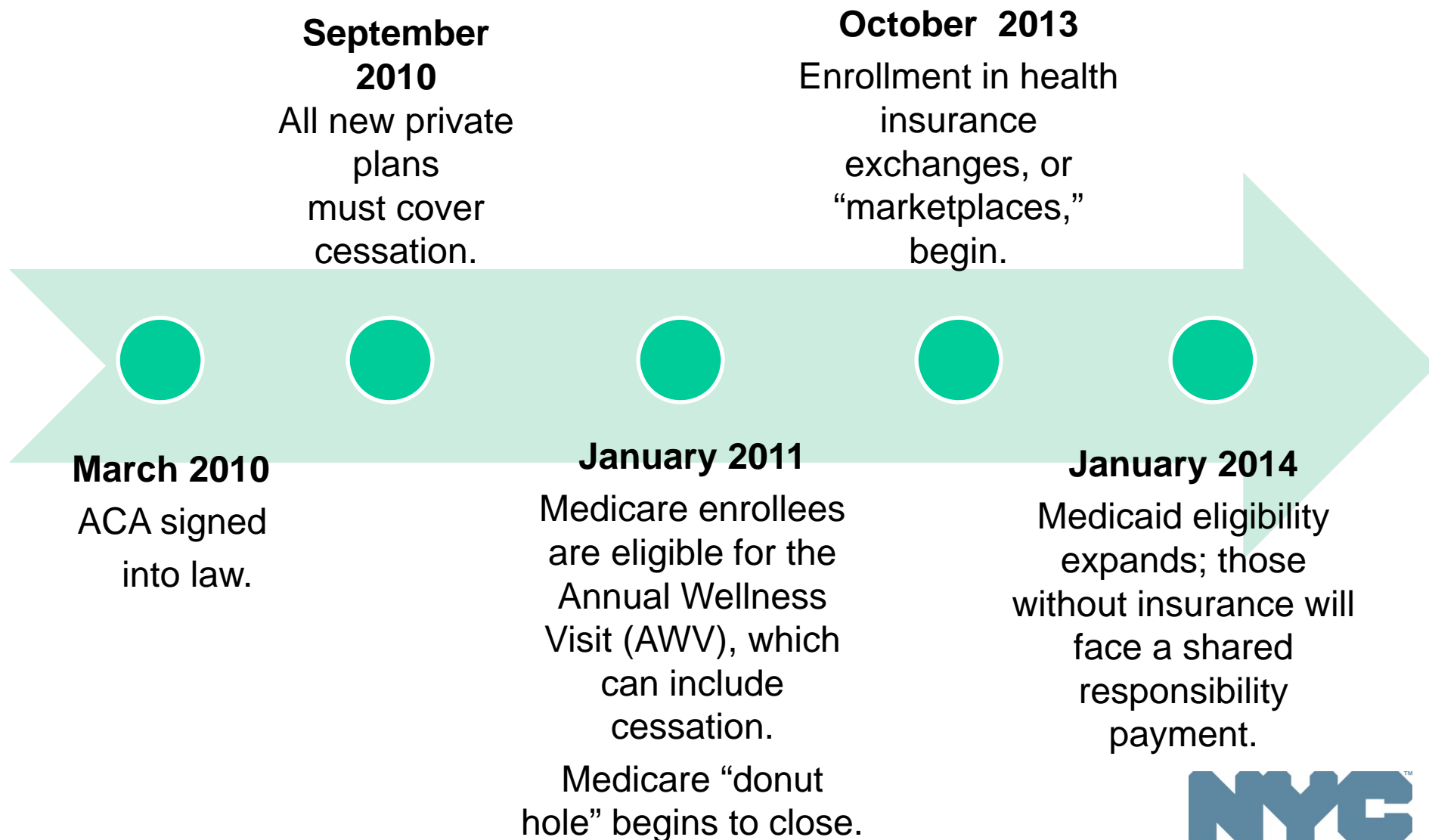
**USPSTF**=United States  
Preventive Services Task Force

**MU**=Meaningful Use

**EHR**=Electronic Health Records



# The Affordable Care Act (ACA)



# Medicaid Expansion

- **ACA fact:** In 2014, all adults up to 133% of the FPL will gain Medicaid coverage, regardless of whether they have children.



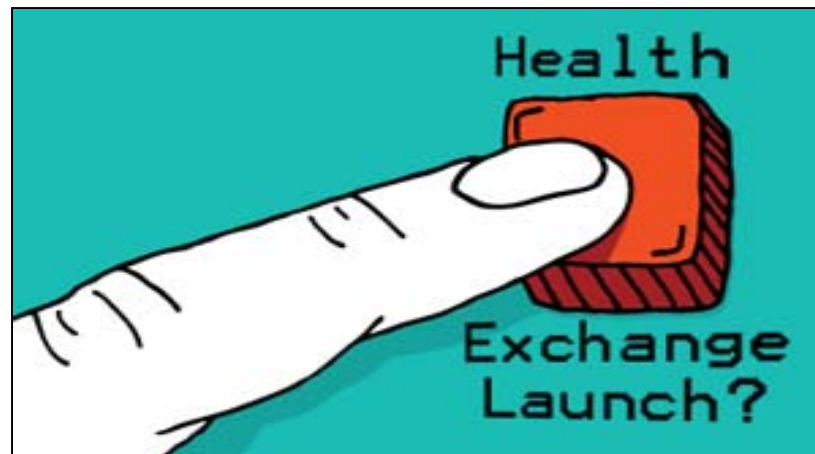
- **True or false?** Post-expansion, state Medicaid programs will be required to cover cessation medications.

# Medicaid Expansion

- **True!** Starting in 2014, Medicaid programs that provide prescription drugs must cover cessation medications.
  - Still unclear how many meds must be covered.
- **Impact on cessation:**
  - Those who are low-income and uninsured are more likely to use tobacco.
  - The Medicaid expansion will create a group of about **77,000** newly eligible enrollees in NYS.
    - These enrollees will now have access to six cessation counseling sessions a year, and medications.

# State Exchange & EHB

- **ACA fact:** Starting in 2014, small businesses, as well as uninsured individuals, can buy insurance through a state-based marketplace, or “exchange.”
- **True or false?** All plans in the exchange must cover a core package of services called the “essential health benefits,” or EHB. However, plans outside the exchange don’t have to offer the EHB.





# State Exchange & EHB

- **False!** The EHB is a core set of services that individual and small group plans in the exchange, as well as new plans that are a comparable size *outside* the exchange, must offer.
  - In NYS, small group (businesses between 2 and 50 employees) will be in the Small Business Health Options Program (SHOP) exchange; in 2016, small group will include up to 100 employees.
- **How was the EHB determined in NYS?**
  - Each state picked a benchmark plan, which will define the standard package of services known as the EHB.
  - The benchmark plan in NYS is the Oxford EPO.

# State Exchange & EHB

- **Impact on cessation: The knowns...**

- Since lower-income enrollees will receive financial assistance when buying insurance through the exchange, this is another way of getting low-income, uninsured smokers into the health care system.
- The benchmark does include coverage for tobacco cessation counseling delivered by a primary care provider, with no out-of-pocket costs.

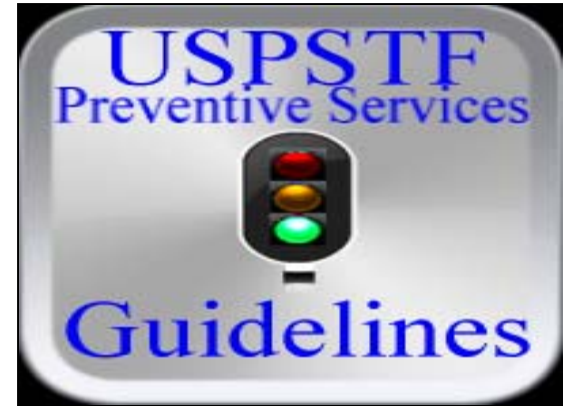
# State Exchange & EHB

- **Impact on cessation: The unknowns...**

- Will cessation medications be covered through plans offering the EHB?
  - Option for patients to access meds that are not on formulary
- The exchange “dark horses”: **MSPs** and **CO-OP**
  - Multi-State Plans (MSPs)** are nationwide plans that are intended to enhance competition in the exchange.
  - Consumer Oriented and Operated Plan (CO-OP)** is a nonprofit insurer directed by its customers.



# USPSTF Ratings and Cessation



- The ACA requires non-grandfathered private plans of *all* sizes, including self-insured, to cover preventive services that received an 'A' or 'B' rating from USPSTF.
- **Impact on cessation:**
  - Good news: Tobacco cessation interventions (counseling and medication) received an 'A' rating.
  - Bad news: Plans are meeting this requirement in uneven ways.

# Medicare

- **ACA Fact:** The ACA has introduced changes that will make medications more affordable for Medicare enrollees.



• **True or false?** In order to finance this change, the ACA cuts benefits that were previously provided to Medicare enrollees.

# Medicare

- **False!** The ACA does not cut Medicare benefits. It actually adds one: the Annual Wellness Visit (AWV).
- **Impact on cessation:**
  - The AWV provides an opportunity for providers to connect enrollees with cessation services.
  - Medicare covers eight cessation counseling sessions a year, along with prescription medications (Bupropion, Varenicline, and prescription NRT).

# ACA Case Study

- Sebastian is a 25-year old male patient from Mexico. He's been lawfully present in the United States for three years, and works at a restaurant making \$15,000 per year, putting him under 133% FPL. He has no children, and is uninsured.
- Sebastian also smokes four packs a week, and would like to quit.
- Beginning in 2014, what type of health insurance program(s) is Sebastian eligible for? What cessation treatment options are available for Sebastian?

# ACA Case Study

- **Coverage:** For Medicaid, there is a five-year waiting period for most lawfully present immigrants, so Sebastian wouldn't be eligible.
  - However, Sebastian can purchase subsidized health insurance through the exchange. His premium costs would not exceed two percent of his income, or \$300.
- **Impact on cessation:** Through his plan, Sebastian would have coverage for cessation counseling with his provider, and may also have coverage for medications, depending on the plan options available through the exchange.



# What is Meaningful Use (MU)?

- Established through the American Recovery and Reinvestment Act (ARRA), **MU** is a program that allows eligible providers *and* hospitals to earn incentive payments for meeting particular electronic health record (EHR) criteria and objectives.
- **MU** comes in two “flavors”: Medicare and Medicaid.

## Medicare

- Starts in 2011 and goes through 2016.
- Last year to begin participation is 2014.
- Can participate for up to 5 years.

## Medicaid

- Can start as early as 2011, and goes through 2021.
- Last year to begin participation is 2016.
- Can participate for up to 6 years.

# What is MU?

- **MU** is organized in three Stages:



- Providers and hospitals must meet certain Core and Menu Objectives, and Clinical Quality Measures (CQMs).
  - Reporting requirements vary depending on what stage you're in.
  - Reporting requirements are different for hospitals vs. providers.

# MU Measures and Tobacco

	MU Objectives	Clinical Quality Measures
Providers	<b>20 objectives</b> <ul style="list-style-type: none"><li>-17 core objectives</li><li>-Can choose 3 of 6 menu objectives</li><li>•<b>Smoking status</b> is a core objective</li></ul>	<b>Choose 9 of 64 CQMs</b> <ul style="list-style-type: none"><li>•Can pick a CQM on <b>providing tobacco treatment</b>, such as counseling and/or medication</li></ul>
Hospitals	<b>19 objectives</b> <ul style="list-style-type: none"><li>-16 core objective; 3 of 6 menu objectives</li><li>•<b>Smoking status</b> is a core objective</li></ul>	<b>Choose 16 of 29 CQMs</b> <ul style="list-style-type: none"><li>•None directly related to tobacco</li></ul>

Note: Table above based on Stage 2 requirements

# Stages 1-3 : Smoking Status

- Core Objective for Providers and Hospitals:  
**Record smoking status for patients 13 years+**



Smoking status categories within certified Electronic Health Record (EHR)	
Current every day smoker	Smoker, current status unknown
Current some day smoker	Unknown if ever smoked
Former smoker	Heavy tobacco smoker
Never smoker	Light tobacco smoker

# Stages 1-3: Tobacco Use Screening and Cessation Intervention

- Clinical Quality Measure (CQM) for Providers:  
**National Quality Forum (NQF) #0028 Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention**

## **Stage1 Measure (Required)**

Percent of patients 18+ screened for tobacco use one or more times within 24 months **AND** who received cessation counseling intervention if identified as a tobacco user



## **Stage 2 Measure (Recommended)**

Percent of patients 18+ screened for tobacco use one or more times within 24 months **AND** who received cessation counseling intervention if identified as a tobacco user



## **Stage 3 Measure**

?

Still waiting for final rule to be released

# Meeting the MU Cessation Measures

- The following tips on meeting the MU cessation measures were collected from individual providers, a self-insured health system, a hospital, and clinical quality specialists at NYC DOHMH who work with providers in meeting the MU measures.
- **Tip #1:** Be sure to record smoking status in a structured data field, *not* as a free form text.
  - If smoking status is not reported as structured data, this documentation will not be captured in the data that you report for MU.

# Meeting the MU Cessation Measures

- **Tip #2:** Use pop-up messages to alert your staff when:
  - 1) Smoking status needs to be documented or updated.
  - 2) A patient has been identified as a smoker, but has not received a cessation intervention.
- **Tip #3:** Be sure to utilize all staff in documenting smoking status, and delivering cessation interventions.

# Meeting the MU Cessation Measures

- **Tip #4:** In order to save time, structure your clinical workflow so other staff (nurses, medical assistants, etc.) can document smoking status, and providers can deliver counseling.
- **Tip #5:** Have an established protocol/policy surrounding the delivery of tobacco dependence treatment for patients.
- **Tip #6:** So providers feel comfortable prescribing medication, give them prescribing guides that include information on dosing, contraindications, and efficacy.
  - The NYS Tobacco Cessation Centers offer onsite technical assistance and support on systems change, counseling, and prescribing medications.



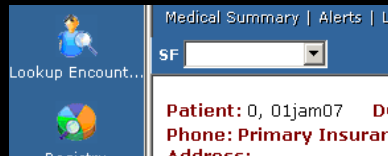
# Meeting the MU Cessation Measures

- **Tip #7:** Be sure to fully utilize any smart forms and order sets that support the delivery of tobacco cessation treatment.
  - In the EHR vendor eClinicalWorks, the “Tobacco Control” Smart Form, and “Smoking Cessation” Order Set, will help you align with the MU cessation measures.
- The following slides provide screen shots of the “Tobacco Control” Smart Form and “Smoking Cessation” Order Set in eClinicalWorks.

# Meeting the MU Cessation Measures

## Documenting Current Smokers by using "Tobacco Control" Smart Form

- Access Progress Note > Select 'Tobacco Control' in SF dropdown



Medical Summary | Alerts | L  
SF [Tobacco Control]  
Patient: 0, 01jam07 DO  
Phone: Primary Insurance  
Address:

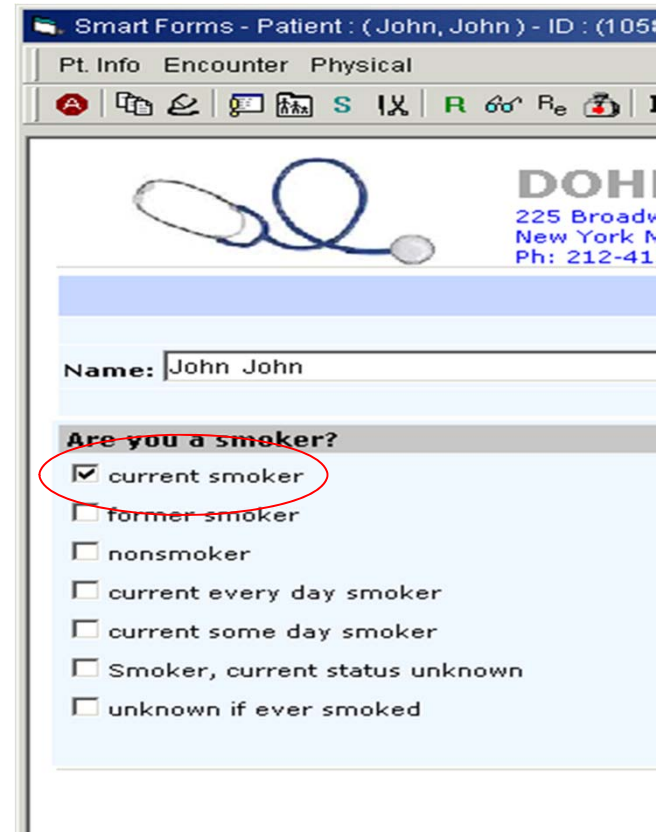
OR

- Via the Smoking Status CDSS Alert



Overview History CDSS OS Labs|DI T  
- CDSS Alerts  
+ Alcohol use screening ?  
+ Body Mass Index ?  
+ Cervical cancer screening ?  
+ Depression screening ?  
+ HIV screening ?  
+ Sexual history taken ?  
- Smoking status ?  
Tobacco Control Other Actions

- On SF, select 'current smoker'.

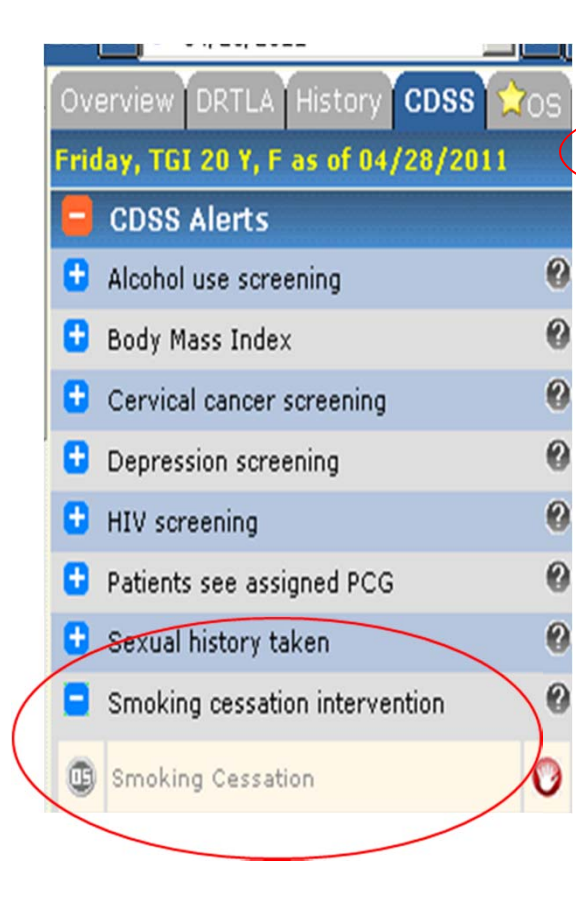


Smart Forms - Patient : ( John, John ) - ID : (1054  
Pt. Info Encounter Physical  
A [Icons] S [Icons] R [Icons] Re [Icons]  
DOH  
225 Broadw  
New York N  
Ph: 212-41  
Name: John John  
**Are you a smoker?**  
☒ current smoker  
☐ former smoker  
☐ nonsmoker  
☐ current every day smoker  
☐ current some day smoker  
☐ Smoker, current status unknown  
☐ unknown if ever smoked

# Meeting the MU Cessation Measures

To provide Smoking Cessation Counseling and Medication intervention for "Current Smokers" you can use "Smoking cessation intervention" CDSS alert and "Smoking cessation" Order Set

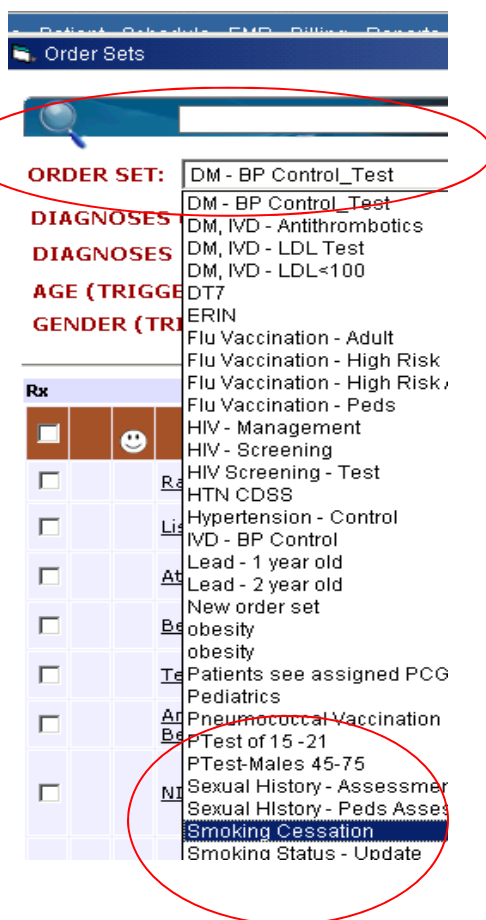
- Smoking cessation Order Set (OS) appears under CDSS alerts after patient identified as a "Current Smoker"
- Order Sets also can be accessed from Progress Note's Treatment section: 'OS' (Order Set) button located on upper right corner.
- Select and open "Smoking Cessation" Order Set



The screenshot shows the CDSS Alerts panel with the following alerts listed:

- Alcohol use screening
- Body Mass Index
- Cervical cancer screening
- Depression screening
- HIV screening
- Patients see assigned PCG
- Sexual history taken
- Smoking cessation intervention** (highlighted with a red circle)

Below the alerts, there is a section for "Smoking Cessation" with a red circle around it.

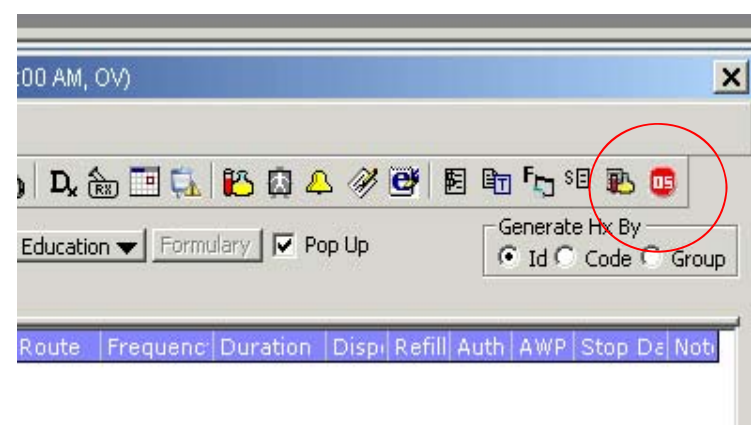


The screenshot shows the Order Sets panel with the following order sets listed:

- DM - BP Control\_Test
- DM - BP Control\_Test
- DM, IVD - Antithrombotics
- DM, IVD - LDL Test
- DM, IVD - LDL<100
- DT7
- ERIN
- Flu Vaccination - Adult
- Flu Vaccination - High Risk
- Flu Vaccination - High Risk,
- Flu Vaccination - Peds
- HIV - Management
- HIV - Screening
- HIV Screening - Test
- HTN CDSS
- Hypertension - Control
- IVD - BP Control
- Lead - 1 year old
- Lead - 2 year old
- New order set
- obesity
- obesity
- Patients see assigned PCG
- Pediatrics
- Pneumococcal Vaccination
- PTest of 15-21
- PTest-Males 45-75
- Sexual History - Assessment
- Sexual History - Peds Assessment
- Smoking Cessation** (highlighted with a red circle)
- Smoking Status - Update

Assessment:  
Assessment:

Plan:  
Treatment:  
Procedures:  
Immunizations:



The screenshot shows the OS (Order Set) button in the top right corner of the CDSS Alerts panel, highlighted with a red circle.

# Meeting the MU Cessation Measures

To provide Smoking Cessation Counseling and Medication intervention for “Current Smokers” you can use “Smoking cessation intervention” CDSS alert and “Smoking cessation” Order Set

- Select and open “Smoking Cessation” Order Set
- As an options you can prescribe medications and/or sent “Fax To Quit” form.
- Mandatory: Choose ‘BEHAV CHNG SMOKING 3-10 MIN’ OR ‘BEHAV CHNG SMOKING > 10 MIN’ procedure depending on how much time spend.
- 

Rx												Order	Browse
<input type="checkbox"/>		Name	Strength	Take	Freq	Duration	Refills	Route	Formula	Dispense	Date	Status	
<input type="checkbox"/>		<u>Chantix</u>	1 MG	1 tablet	Twice a day	30 day (s)		Orally	Tablet	60	-	Other Actions	
<input type="checkbox"/>		<u>Nicotine</u>	7 MG/24HR	1 patch	Once a day	30 day (s)		Transder	Patch 24 Hour	30	-	Other Actions	
<input type="checkbox"/>		<u>Nicotine Polacrilex</u>	2 MG	1 piece for 30 minutes as needed	24 time (s) a day			Mouth/Th	Gum		-	Other Actions	
<input type="checkbox"/>		<u>BuPROPion HCl (Smoking Deter)</u>	150 MG	1 tablet	Twice a day	30 day (s)		Orally	Tablet Extended Release 12 Hour	60	-	Other Actions	

Procedures					Order	Brows
<input type="checkbox"/>	Description				Date	Status
<input type="checkbox"/>	BEHAV CHNG SMOKING 3-10 MIN				-	Other Actions
<input type="checkbox"/>	BEHAV CHNG SMOKING > 10 MIN				-	Other Actions

Immunizations					Order	Smart Forms	
<input type="checkbox"/>	Name	Dose	Date	Status		Name	
							Fax To Quit
							Tobacco Control

# Meeting the MU Cessation Measures

Please make sure after closing Smoking Cessation OS that Progress Note includes:

- ICD Code 305.1 for “Tobacco use disorder” under “Assessment” section
- ‘BEHAV CHNG SMOKING 3-10 MIN’ OR ‘BEHAV CHNG SMOKING > 10 MIN’ procedures under “Treatment”
- “99406” for ‘BEHAV CHNG SMOKING 3-10 MIN’ or “99407” ‘BEHAV CHNG SMOKING > 10 MIN’ with CPT codes in “Procedure Codes” section

## Assessment:

Assessment: ▼

Tobacco use disorder - 305.1

## Plan:

Treatment:

Tobacco use disorder

Procedure: BEHAV CHNG SMOKING 3-10 MIN

Procedures:

Immunizations:

Diagnostic Imaging:

Lab Reports:

Preventive Medicine:

Next Appointment:

## Billing Information:

Visit Code:

Procedure Codes:

99406 BEHAV CHNG SMOKING 3-10 MIN.

# Resources: ACA

- American Public Health Association (APHA) has ACA resources at [apha.org/advocacy/Health+Reform/](http://apha.org/advocacy/Health+Reform/)
- Campaign for Tobacco-Free Kids has information specifically on cessation and healthcare reform at [tobaccofreekids.org/what\\_we\\_do/federal\\_issues/health\\_care\\_reform/](http://tobaccofreekids.org/what_we_do/federal_issues/health_care_reform/)
- The American Lung Association also has a variety of tools and information about the ACA & cessation at <http://www.lung.org/stop-smoking/tobacco-control-advocacy/reports-resources/tobacco-cessation-affordable-care-act/>

# Resources: MU

- To access a webinar and factsheets on MU and tobacco cessation, go to <http://www.actiontoquit.org/webinars>
- Go to <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html> ,the official MU website, for updates about the program.
- Recommended Adult Clinical Quality Measures (CQM) set for providers, which includes cessation, can be found here:  
[http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2014\\_CQM\\_AdultRecommend\\_CoreSetTable.pdf](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2014_CQM_AdultRecommend_CoreSetTable.pdf)

## Resources: MU

- **Making the leap from paper to EHR?**

The Regional Extension Center (REC) program provides technical assistance for providers on transitioning from paper-based records to EHR, and achieving MU.

1) NYC Reach is the REC for the five boroughs of NYC:

<http://www.nycreach.org/>

2) NYeC REC is the Regional Extension Center for

Long Island and upstate New York: <http://nyehealth.org>



## Resources: Providers

- NYC DOHMH Health Information Bulletin on treating tobacco addiction:  
<http://www.nyc.gov/html/doh/downloads/pdf/chi/chi29-suppl3.pdf>
- Other provider tools, including information about the NYS Medicaid benefit, information about online and in-person cessation trainings, and a coaching guide to helping patients quit smoking:  
<http://www.nyc.gov/html/doh/html/living/smoke-providers.shtml>

# Resources: Providers

Coming soon...new prescribing guide from NYC DOHMH.  
Email [sbodnar@health.nyc.gov](mailto:sbodnar@health.nyc.gov) for more info.

Smoking Cessation Medication Prescribing Chart (See reverse for instructions and FAQs)				
Medication*	Suggested Regimen	Precautions	Contraindications	Potential Adverse Effects
Nicotine Replacement Therapy (NRT)	<b>Gum</b> <25 cig/d, 2 mg/hr (up to 24 pcs/d for 3 mos) 25 cig/d, 4 mg/hr (up to 24 pcs/d for 3 mos)	<ul style="list-style-type: none"> <li>Pregnancy Class D**</li> <li>Uncontrolled hypertension</li> <li>TMJ disease, dental work, dentures (gum)</li> <li>Skin disorders (patch)</li> <li>Reactive airway disease (inhaler, nasal spray)</li> <li>Sinusitis, rhinitis (nasal spray)</li> </ul>	<ul style="list-style-type: none"> <li>Heart attack within 2 weeks</li> <li>Serious cardiac arrhythmia</li> <li>Unstable angina</li> </ul>	<ul style="list-style-type: none"> <li>Symptoms of too much nicotine, like nausea, headache, dizziness, fast heartbeat</li> <li>Jaw pain, dry mouth (gum)</li> <li>Hiccups, heartburn (gum, lozenge)</li> <li>Skin irritation, insomnia (patch)</li> <li>Mouth and throat irritation (inhaler)</li> <li>Bronchospasm (nasal spray, inhaler)</li> <li>Nasal irritation, tearing, sneezing (nasal spray)</li> </ul>
	<b>Lozenge**</b> 1 <sup>st</sup> cig >30 mins after awakening, 2 mg/hr 1 <sup>st</sup> cig 30 mins after awakening, 4 mg/hr (both up to 20 pcs/day for up to 3 months)			
	<b>Patch</b> 10 cig/d, start with 14 mg/qd x 6 weeks, followed by 7 mg/qd x 2 weeks >10 cig/d, start with 21 mg/qd x 6 weeks, followed by 14 mg/qd x 2 weeks, followed by 7 mg/qd x 2 weeks			
	<b>Inhaler</b> Frequent continuous puffing for up to 20 mins at a time every hour, as needed (6-16 cartridges/d up to 6 months)			
	<b>Nasal spray</b> 1-2 sprays/hr, as needed (max 40/d up to 3 mos)			
<b>bupropion SR (Zyban®, Wellbutrin®)</b>	Days 1-3: 150 mg po qd Day 4 to 7-12 weeks (or end of treatment): 150 mg po bid Can be maintained up to 6 months (24 weeks)  <i>Can be combined with NRT</i>	<ul style="list-style-type: none"> <li>Pregnancy Class C**</li> <li>Severe cirrhosis – dose adjustment required</li> <li>Mild-mod hepatic &amp; mod-severe renal impairment – consider dose adjustment</li> <li>Uncontrolled hypertension</li> </ul>	<ul style="list-style-type: none"> <li>MAO inhibitor in past 14 days</li> <li>Seizure disorder, bulimia/anorexia</li> <li>Abrupt discontinuation of ethanol or sedatives</li> </ul>	<ul style="list-style-type: none"> <li>Insomnia, dry mouth, headaches, pruritis, pharyngitis, tachycardia, seizures, neuropsychiatric effects and suicide risk</li> </ul> <p><b>Box warning:</b> Monitor for mood and behavior changes</p>
<b>varenicline (Chantix®)</b>	<b>Starting month pack:</b> (start 1 week before quit date*) 0.5 mg po qd x 3 days; THEN 0.5 mg po bid x 4 days; THEN 1 mg po bid x 3 weeks  <b>Continuing month pack:</b> Week 5 to 12 (or end of treatment): 1 mg po bid Can be maintained up to 6 months (24 weeks)  <i>Can NOT be combined with NRT</i>	<ul style="list-style-type: none"> <li>Pregnancy Class C**</li> <li>May increase risk of CV events in patients with CVD</li> <li>Operate heavy machinery</li> <li>CrCl &lt;30 or dialysis – dose adjustment required</li> </ul>	<ul style="list-style-type: none"> <li>Known history of serious hypersensitivity or skin reactions to varenicline</li> </ul>	<ul style="list-style-type: none"> <li>Nausea, insomnia, abnormal dreams, constipation, neuropsychiatric effects and suicide risk, cardiovascular events</li> </ul> <p><b>Box warning:</b> Monitor for mood and behavior changes</p>

\*Most Medicaid Managed Care plans cover at least the nicotine patch and gum, bupropion SR, and varenicline; a few plans cover even more. Consult the plan administrator or formulary to see the current medications covered – a listing of all Medicaid Managed Care formularies can be found on <http://public.health.nyc.gov/medicaid>. Uninsured patients or those with gaps in coverage may want to consider New York City's official prescription discount card, Eng-A-Patch, which provides savings even on OTC medications.

\*\*Nicotine free for Service covers all medications except for lozenges.

\*Alternative regimen for varenicline is to instruct patient to take 1mg bid then select target quit date between Day 8 and 35 of treatment.

\*\* May consider if counseling alone is ineffective, the patient is highly motivated to quit, and the risk/benefit has been carefully assessed with patient.

Notes: Zyban® and Wellbutrin® are registered trademarks of GlaxoSmithKline. Chantix® is a registered trademark of Pfizer Inc. The use of brand names does not imply endorsement of any product by the New York City Department of Health and Mental Hygiene. Please consult prescribing information for complete usage and safety information, including boxed warning.

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Questions?