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Healthcare Systems Change to Identify and Treat Patients Who Use Tobacco

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June 3, 2015

Healthcare Systems Change to Identify and Treat Patients Who Use Tobacco

- Healthcare Reform Components To Facilitate Access to Healthcare Systems

- Health Systems Change Strategies

- Health Systems Change in the Real World

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Gaining access to healthcare systems and settings

Offer to help a system meet their tobacco use identification and treatment goals for any of the healthcare delivery and payment reform programs I am about to describe, and they will listen.

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Affordable Care Act (ACA)

- Better Care; Smarter Spending; Healthier People

- Rewarding value rather than volume

- Healthcare provider reimbursement based on quality of care rather than quantity of care

- Improving availability of information to guide clinical decision making

"Improving Our Health Care Delivery System," CMS Fact Sheet, January 26, 2015.
http://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2015-Fact-sheets-items/2015-01-26.html

FULL ACA: https://democrats.senate.gov/pdfs/reform/patient-protection-affordable-care-act-as-passed.pdf

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Affordable Care Act
Tobacco Cessation Provisions

Insurance Reform and Expansion of Coverage for Commercial and Public Insurers

- All USPSTF "A" or "B" preventive services – including Tobacco Cessation – without cost to patient

- Tobacco users health insurance premiums can be up to1.5 times the rate for non-tobacco users

- *Essential Health Benefits*: all qualified health plans must include tobacco cessation treatment

- Elimination of exclusion of coverage of certain medications
    - Forbids exclusion of FDA-Approved smoking cessation meds
    - This includes OTC meds

- Coverage for Tobacco Cessation Treatments for pregnant Medicaid members

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Affordable Care Act Guidance on Tobacco Cessation Treatment Coverage

A group health plan or health insurance issuer will be considered to be in compliance with the Affordable Care Act's requirement to cover tobacco use counseling and interventions, if, for example, they cover, without cost-sharing or prior authorization:

1. **Screening of all patients for tobacco use**; and,

2. **For those who use tobacco products, at least two tobacco cessation attempts per year, with coverage of each quit attempt including:**
   - *Four tobacco cessation counseling sessions* **of at least 10 minutes each (including telephone, group, and individual counseling).**
   - *All Food and Drug Administration (FDA)-approved tobacco cessation medications** **(including both prescription and over-the-counter) for 90-day treatment regimen when prescribed by a health care provider.**

*Currently, the FDA has approved seven smoking cessation medications: 5 nicotine medications (gum, patch, lozenge, nasal spray, inhaler) and 2 non-nicotine pills (bupropion and varenicline)

Issued May 2, 2014 by the Departments of Labor (DOL), Health and Human Services (HHS), and the Treasury: www.dol.gov/ebsa/faqs/faq-aca19.html

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Meaningful Use of Electronic Health Records

- Incentives and penalties that encourage hospitals, practices and community health centers to implement, utilize and demonstrate "**meaningful use**" (MU) of electronic health records (EHRs).

http://www.healthit.gov/providers-professionals/meaningful-use-definition-objectives

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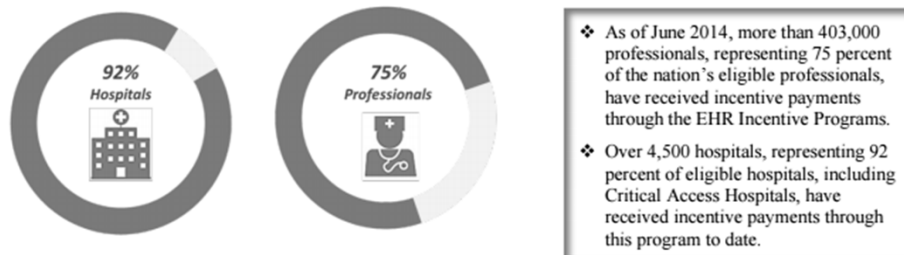
Meaningful Use (MU) and Why It Matters

- MU is the standard that doctors and hospitals must achieve to qualify for Medicare and Medicaid incentive payments.

- MU is the federal government's roadmap for linking health information technology (HIT) and health information exchange (HIE) to healthcare delivery system improvements.

- MU is a major influence on the activities of healthcare, EHR vendors, insurers, etc.

- MU is a primary consideration for EHR vendors as they upgrade their products.

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	Stage 1 Core Objective (required)	Stage 1 Core Measure	Stage 2 Core Objective (required)	Stage 2 Core Measure	Stage 3 <u>Proposed</u>
Meaningful Use of Electronic Health Records	Record smoking status for patients 13 years old or older	More than 50% of all unique patients 13 years or older seen by the EP or admitted to the eligible hospital or CAH have smoking status recorded as structured data	Record smoking status for patients 13 years old or older	More than 80% of all unique patients 13 years or older seen by the EP or admitted to the eligible hospital or CAH have smoking status recorded as structured data	Smoking status still required, but does not have to be reported for Meaningful Use attestation. New Clinical Quality Measure "Recommended" for Eligible Professionals - Closing the Referral Loop: Receipt of Specialist Report
	Clinical Quality Measures (All Stages of MU) **One of nine "Recommended" for Eligible Professionals (no tobacco intervention measure for Hospitals)** Tobacco Use: Screening and Cessation Intervention. Percentage of patients 18 and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.				

Meaningful Use—A Substantial Economic Incentive

Figure 2. Eligible hospitals and professionals paid under the EHR Incentive Programs.

92%
Hospitals

75%
Professionals

❖ As of June 2014, more than 403,000 professionals, representing 75 percent of the nation's eligible professionals, have received incentive payments through the EHR Incentive Programs.

❖ Over 4,500 hospitals, representing 92 percent of eligible hospitals, including Critical Access Hospitals, have received incentive payments through this program to date.

SOURCE: CMS EHR Incentive Program data, June 2014

http://www.healthit.gov/sites/default/files/rtc_adoption_and_exchange9302014.pdf

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Meaningful Use—A Substantial Economic Incentive

- Individual Physician Payments (total) = $24,000-$44,000
- Total Physician Payments (through 7/14) = $9.6 billion
- Total Hospital Payments (through 7/14) = $14.8 billion

http://www.healthit.gov/FACAS/calendar/2014/11/04/hit-policy-committee

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The Joint Commission
and Hospitalized Smokers:
A New Performance Measure Set
for Tobacco Cessation

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Tobacco Performance Measure Set
(Effective January 1, 2012)

- Performance Measure 1:
  Tobacco Use Screening of patients 18 years and over

- Performance Measure 2:
  Tobacco Use Treatment, and Counseling & Medication during Hospitalization

- Performance Measure 3:
  Tobacco Use Treatment Management at Discharge

- ~~Performance Measure 4:~~
  ~~**One Month Follow-Up Assessing Treatment Use and Cessation**~~

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Centers for Medicare and Medicaid Services (CMS): **Inpatient Prospective Payment System (IPPS)**

CMS Inpatient Prospective Payment System (IPPS)

- IPPS is a quality reporting mechanism by which CMS incentivizes compliance with key performance goals by withholding a proportion of Medicare payments

- CMS adopted compliance with the first *two* of the Joint Commission tobacco performance measures as part of IPPS for *Psychiatric Hospitals*. Considering adding third tobacco measure.

- CMS considering adding compliance with the first two of the Joint Commission tobacco performance measures as part of IPPS for *General Hospitals*

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Match your offer of assistance to healthcare reform tobacco cessation goals

- Healthcare systems and settings are busy, chaotic

- Patients rarely present for tobacco cessation so first priority for provider is health concerns that brought patient to clinic

- How can you help provider/system achieve one or more of the tobacco use identification and treatment goals for healthcare reform described earlier in this webinar? Currently key to gaining access.

Training and Technical Assistance: Academic Detailing

- Typically start with training and quickly becomes technical assistance: how-to implement in healthcare system/setting

- Offering CME-CE sometimes draws participation

- Brief, concise resources and tools (www.ctri.wisc.edu/hc.providers/healthcare_materials.htm)

- Integration of state tobacco quitline into clinical care as a treatment extender, not a replacement

http://www.cdc.gov/tobacco/quit_smoking/cessation/pdfs/wi-q-and-a-state-academic-detailing.pdf

http://www.cdc.gov/tobacco/quit_smoking/cessation/pdfs/academic-detailing-faq.pdf

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Identify a champion(s) within the healthcare system

Think broadly (Sometimes leads to referrals to other providers/systems)

- o Quality Improvement
- o Nurses
- o Physician Assistants
- o Medical Assistants
- o Administrators
- o Clinic Managers
- o Physicians

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System tobacco cessation work group

- Does the healthcare system have a team or work group focused on tobacco cessation? Would it be beneficial to form one?

- If yes, ask if you can be a member

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Relationship Building

- Create and foster working relationships with system staff who are interested and/or doing tobacco cessation

- Become the resource person that systems and clinicians contact for tobacco dependence treatment research, and practice implementation help

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Work with Professional Associations

- Contact health-related professional associations and see if you can meet with them to discuss evidence-based tobacco dependence treatment resources (training, materials, webinars, etc.) for their members

- We have worked with:
  - Wisconsin Hospital Association
  - Wisconsin Academy of Physician Assistants
  - Pharmacy Society of Wisconsin
  - Wisconsin Dental Association
  - Wisconsin Medical Society
  - State Medicaid Program
  - Clinician/Provider training programs (nursing, physicians, physician assistants, dentists, dental hygienists, substance abuse and mental health counselors)

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Systems Change Work

- Primary Care
- Hospitals
- Mental Health and Substance Abuse Treatment
- State Medicaid Program

UW-CTRI Clinical and Health System Case Studies

www.ctri.wisc.edu/HC.Providers/healthcare_case.studies.htm

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Primary Care

- Making evidence-based tobacco cessation the standard of care

- Integration of the Wisconsin Tobacco Quit Line, as a treatment extender, into primary care

- In NYS, integration is with the New York State Smokers' Quitline (nysmokefree.com) and 1-866-NY-QUITS (1-866-697-8487)

- Integrating 5A brief intervention[1] and completely electronic, closed-loop referral to QL[2] into the EHR.

1. Lindholm C, Adsit R, Bain P, Reber P, Brein T, Redmond L, Smith SS, Fiore MC. A demonstration project for using the electronic health record to identify and treat tobacco users. WMJ . 2010;109(6):335-340. PMCID: PMC3587763

2. Adsit RT, Fox BM, Tsiolis T, Ogland C, Simerson M, Vind LM, Bell SM, Skora AD, Baker TB, Fiore MC. Using the electronic health record to connect primary care patients to evidence-based telephonic tobacco quitline services: a closed-loop demonstration project. Transl Behav Med. 2014; 4:324-332. PMCID: PMC4167898

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Hospitals

- UW-CTRI and Wisconsin Hospital Association development of toolkit for hospitals   (www.ctri.wisc.edu/HC.Providers/h0spit8ls/hospitalmanual2013.pdf)

- WHA – review of content/format; webinar technology; encouragement of their members to engage in tobacco cessation and to utilize UW-CTRI training and technical assistance

- UW-CTRI – creation of content; shared toolkit via webinar and onsite training and technical assistance

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Mental Health and Substance Abuse Treatment

- Wisconsin Nicotine Treatment Integration Project (WiNTiP)
  o Mental Health and Substance Abuse Treatment Providers/Orgs
  o Wisconsin Bureau of Mental Health
  o Integration of evidence-based tobacco dependence treatment into behavioral health treatment

  www.ctri.wisc.edu/HC.Providers/healthcare_mental.health.htm

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