

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



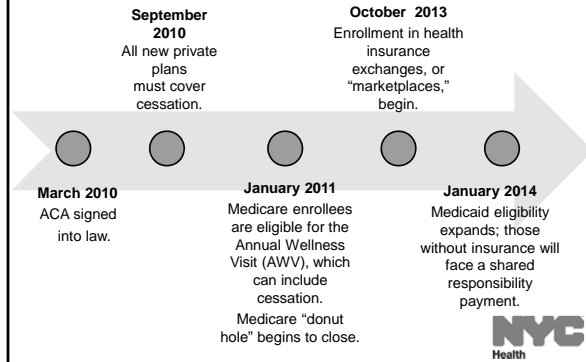
Acronyms

ACA=Affordable Care Act SHOP=Small Business Health
FPL= Federal Poverty Level Options Program
EHB=Essential Health Benefit USPSTF=United States
MSPs=Multistate Plans Preventive Services Task Force
CO-OP=Consumer Operated MU=Meaningful Use
and Oriented Plan Program EHR=Electronic Health Records



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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.

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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

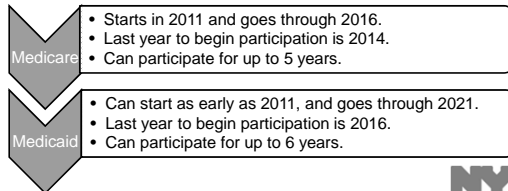
- **Coverage:** For Medicaid, there is a five-year waiting period for most lawfully present immigrants, so Sebastian wouldn't be eligible.
-However, Sebastian can purchase subsidized health insurance through the exchange. His premium costs would not exceed two percent of his income, or \$300.
- **Impact 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)?

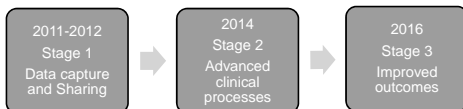
•Established through the American Recovery and Reinvestment Act (ARRA), **MU** is a program that allows eligible providers *and* hospitals to earn incentive payments for meeting particular electronic health record (EHR) criteria and objectives.

•**MU** comes in two "flavors": Medicare and Medicaid.



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

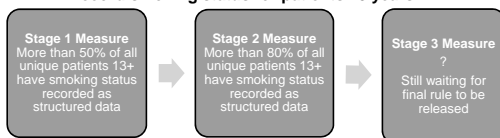
	MU Objectives	Clinical Quality Measures
Providers	20 objectives -17 core objectives -Can choose 3 of 6 menu objectives •Smoking status is a core objective	Choose 9 of 64 CQMs •Can pick a CQM on providing tobacco treatment , such as counseling and/or medication
Hospitals	19 objectives -16 core objective;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

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+

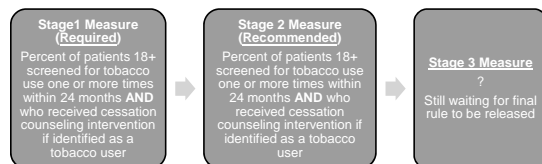


Smoking status categories within certified Electronic Health Record (EHR)	
Current every day smoker	Smoker, current status unknown
Current some day smoker	Unknown if ever smoked
Former smoker	Heavy tobacco smoker
Never smoker	Light tobacco smoker



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



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

OR

• Via the Smoking Status CDSS Alert

On SF, select "current smoker".

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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

Overview | CDSS Alerts | History | OS

Friday, Jul 20 11:11 AM as of 6/24/2011

CDSS Alerts

- Alcohol use screening
- Body Mass Index
- Cervical cancer screening
- Depression screening
- HIV screening
- Patients see assigned PCP
- Sexual history taken
- Smoking cessation intervention
- Smoking Cessation

ORDER SET: OS - BP Control, Test

DIAGNOSES: OS - BP Control, Test

DIAGNOSES: OS - BP Control, Test

AGE: 45-54

SEX: F

ASSESSMENT: Assessment

PLAN: Plan

TREATMENT: Treatment

PROCEDURES: Procedures

IMMUNIZATIONS: Immunizations

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Meeting the MU Cessation Measures

To provide Smoking Cessation Counseling and Medication intervention for "Current Smokers" you can use "Smoking cessation intervention" CDS 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.

Item	Name	Strength	Dose	Freq	Duration	Refills	Route	Formulation	Dispense	Date	Status
<input type="checkbox"/>	Chantrel	1 MG	1 tablet	Twice a day	30 day (1)		Orally	Tablet	60	-	[Other Actions]
<input type="checkbox"/>	Nicotine	7 MG/24HR	1 patch	Once a day	30 day (1)		Transder	Patch	24	30	[Other Actions]
<input type="checkbox"/>	Nicotine Inhaler	2 MG	1 piece for 30 minutes as needed	24 times a day	(1)		Mouth/79	Gum			[Other Actions]
<input type="checkbox"/>	Bupropion HCl (Wellbutrin XL)	150 MG	1 tablet	Twice a day	30 day (1)		Orally	Tablet Extended Release	60	17 Hour	[Other Actions]

Procedure	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	Name	Dose	Date	Status	Smart Form
<input type="checkbox"/>	Fax To Quit				
<input type="checkbox"/>	Tobacco Control				

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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: 9
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/
- Campaign for Tobacco-Free Kids has information specifically on cessation and healthcare reform at 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



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>



Coming soon...new prescribing guide from NYC DOHMH.
Email sbodnar@health.nyc.gov for more info.

Smoking Cessation Medication Prescribing Chart (See reverse for Instructions and FAQs)				
Medication	Suggested Regimen	Contraindications	Precautions/Warnings	Possible Adverse Effects
Bupropion <i>(Wellbutrin)</i>	<p>Dose: 150 mg po bid for 1st week, 300 mg po bid for 2nd week, 450 mg po bid for 3rd week</p> <p>Duration: 12 weeks</p> <p>Follow-up: 10-14 mg after 4th week, 1 mg po after 10th week</p> <p>Notes: Do not use for 14 days after a seizure</p>	<ul style="list-style-type: none">SeizuresUncontrolled hypertensionRecent MAOI useAlcohol abuseDiabetic gastroparesisMissed doses	<ul style="list-style-type: none">2 weeksSeizuresHeadacheWeight gainArrhythmiaAbuse potentialStimulant effects	<ul style="list-style-type: none">Headache, headache, dizziness, dry mouthWeight gainSeizuresHeadache, dizziness, dry mouthStimulant effectsAbuse potential
Varenicline <i>(Chantrel)</i>	<p>Dose: 1 mg po bid for 1st week, 2 mg po bid for 2nd week, 3 mg po bid for 3rd week</p> <p>Duration: 12 weeks</p> <p>Follow-up: 10-14 mg after 4th week, 1 mg po after 10th week</p> <p>Notes: Do not use for 14 days after a seizure</p>	<ul style="list-style-type: none">SeizuresUncontrolled hypertensionRecent MAOI useAlcohol abuseDiabetic gastroparesisMissed doses	<ul style="list-style-type: none">2 weeksSeizuresHeadacheWeight gainArrhythmiaAbuse potentialStimulant effects	<ul style="list-style-type: none">Headache, headache, dizziness, dry mouthWeight gainSeizuresHeadache, dizziness, dry mouthStimulant effectsAbuse potential
Nicotine	<p>Dose: 2 mg transdermal patch for 1st week, 4 mg transdermal patch for 2nd week, 6 mg transdermal patch for 3rd week</p> <p>Duration: 12 weeks</p> <p>Follow-up: 10-14 mg after 4th week, 1 mg po after 10th week</p> <p>Notes: Do not use for 14 days after a seizure</p>	<ul style="list-style-type: none">SeizuresUncontrolled hypertensionRecent MAOI useAlcohol abuseDiabetic gastroparesisMissed doses	<ul style="list-style-type: none">2 weeksSeizuresHeadacheWeight gainArrhythmiaAbuse potentialStimulant effects	<ul style="list-style-type: none">Headache, headache, dizziness, dry mouthWeight gainSeizuresHeadache, dizziness, dry mouthStimulant effectsAbuse potential
Nasal spray	<p>Dose: 1-2 sprays per nostril 3-4 times daily</p> <p>Duration: 12 weeks</p> <p>Follow-up: 10-14 mg after 4th week, 1 mg po after 10th week</p> <p>Notes: Do not use for 14 days after a seizure</p>	<ul style="list-style-type: none">SeizuresUncontrolled hypertensionRecent MAOI useAlcohol abuseDiabetic gastroparesisMissed doses	<ul style="list-style-type: none">2 weeksSeizuresHeadacheWeight gainArrhythmiaAbuse potentialStimulant effects	<ul style="list-style-type: none">Headache, headache, dizziness, dry mouthWeight gainSeizuresHeadache, dizziness, dry mouthStimulant effectsAbuse potential
Prescription 357 <i>(Chantrel)</i>	<p>Dose: 1-2 mg po bid for 1st week, 3 mg po bid for 2nd week, 4 mg po bid for 3rd week</p> <p>Duration: 12 weeks</p> <p>Follow-up: 10-14 mg after 4th week, 1 mg po after 10th week</p> <p>Notes: Do not use for 14 days after a seizure</p>	<ul style="list-style-type: none">SeizuresUncontrolled hypertensionRecent MAOI useAlcohol abuseDiabetic gastroparesisMissed doses	<ul style="list-style-type: none">2 weeksSeizuresHeadacheWeight gainArrhythmiaAbuse potentialStimulant effects	<ul style="list-style-type: none">Headache, headache, dizziness, dry mouthWeight gainSeizuresHeadache, dizziness, dry mouthStimulant effectsAbuse potential
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Questions?

