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

"Oh, it's an acronym for 'it doesn't stand for anything.'"
The Affordable Care Act (ACA)

March 2010
ACA signed into law.

September 2010
All new private plans must cover cessation.

January 2011
Medicare enrollees are eligible for the Annual Wellness Visit (AWV), which can include cessation. Medicare “donut hole” begins to close.

October 2013
Enrollment in health insurance exchanges, or “marketplaces,” begin.

January 2014
Medicaid eligibility expands; those without insurance will face a shared responsibility payment.
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.
• 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?
• **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:

  2011-2012
  Stage 1
  Data capture and Sharing

  2014
  Stage 2
  Advanced clinical processes

  2016
  Stage 3
  Improved outcomes

- 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

<table>
<thead>
<tr>
<th>Providers</th>
<th>Clinical Quality Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>20 objectives</strong></td>
<td><strong>Choose 9 of 64 CQMs</strong></td>
</tr>
<tr>
<td>- 17 core objectives</td>
<td>• Can pick a CQM on providing tobacco treatment, such as counseling and/or medication</td>
</tr>
<tr>
<td>- Can choose 3 of 6 menu objectives</td>
<td></td>
</tr>
<tr>
<td>• Smoking status is a core objective</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hospitals</th>
<th>Choose 16 of 29 CQMs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>19 objectives</strong></td>
<td></td>
</tr>
<tr>
<td>- 16 core objective; 3 of 6 menu objectives</td>
<td>• None directly related to tobacco</td>
</tr>
<tr>
<td>• Smoking status is a core objective</td>
<td></td>
</tr>
</tbody>
</table>

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+

<table>
<thead>
<tr>
<th>Stage 1 Measure</th>
<th>Stage 2 Measure</th>
<th>Stage 3 Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>More than 50% of all unique patients 13+ have smoking status recorded as structured data</td>
<td>More than 80% of all unique patients 13+ have smoking status recorded as structured data</td>
<td>? Still waiting for final rule to be released</td>
</tr>
</tbody>
</table>

Smoking status categories within certified Electronic Health Record (EHR)

<table>
<thead>
<tr>
<th>Current every day smoker</th>
<th>Smoker, current status unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current some day smoker</td>
<td>Unknown if ever smoked</td>
</tr>
<tr>
<td>Former smoker</td>
<td>Heavy tobacco smoker</td>
</tr>
<tr>
<td>Never smoker</td>
<td>Light tobacco smoker</td>
</tr>
</tbody>
</table>
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

**Stage 1 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
- OR
- Via the Smoking Status CDSS Alert

• On SF, select ‘current smoker’.
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

Assessment:
- Treatment:
- Procedures:
- Immunizations:

NYC Health
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 option 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.
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/

- Campaign for Tobacco-Free Kids has information specifically on cessation and healthcare reform at tobaccoreekids.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


• 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](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 for more info.

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### Smoking Cessation Medication Prescribing Chart

**(See reverse for Instructions and FAQs)**

<table>
<thead>
<tr>
<th>Medication*</th>
<th>Suggested Regimen</th>
<th>Precautions</th>
<th>Contraindications</th>
<th>Potential Adverse Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gum</td>
<td>&lt;25 cig/d, 2 mg/hr (up to 24 pcs/d for 3 mos)</td>
<td>Pregnancy Class D*, Uncontrolled hypertension</td>
<td>Heart attack within 2 weeks</td>
<td>Symptoms of too much nicotine, like nausea, headache, dizziness, fast heartbeat</td>
</tr>
<tr>
<td></td>
<td>25 cig/d, 4 mg/hr (up to 24 pcs/d for 3 mos)</td>
<td>TMI, disease, dental work, dentures (gum)</td>
<td>Serious cardiac arrhythmia</td>
<td>Jaw pain, dry mouth (gum)</td>
</tr>
<tr>
<td></td>
<td>1st cig 30 mins after awakening, 2 mg/hr</td>
<td>Skin disorders (patch)</td>
<td>Unstable angina</td>
<td>Hiccups, heartburn (gum, lozenge)</td>
</tr>
<tr>
<td></td>
<td>1st cig 30 mins after awakening, 4 mg/hr</td>
<td>Reactive airway disease</td>
<td></td>
<td>Skin irritation, insomnia (patch)</td>
</tr>
<tr>
<td></td>
<td>(both up to 20 pcs/day for up to 3 months)</td>
<td>(inhaler, nasal spray)</td>
<td></td>
<td>Mouth and throat irritation (inhaler)</td>
</tr>
<tr>
<td>Lozenge**</td>
<td>1st cig &gt;30 mins after awakening, 2 mg/hr</td>
<td>Sinusitis, rhinitis (nasal spray)</td>
<td></td>
<td>Bronchospasm (nasal spray, inhaler)</td>
</tr>
<tr>
<td></td>
<td>1st cig 30 mins after awakening, 4 mg/hr</td>
<td></td>
<td></td>
<td>Nasal irritation, tearing, sneezing (nasal spray)</td>
</tr>
<tr>
<td></td>
<td>(both up to 30 pcs/day for up to 3 months)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patch</td>
<td>10 cig/d, start with 14 mg/qd x 6 days,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>followed by 7 mg/qd x 2 days</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&gt;10 cig/d, start with 21 mg/qd x 6 days,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>followed by 14 mg/qd x 2 days,</td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>followed by 7 mg/qd x 2 days</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inhaler</td>
<td>Frequent continuous puffing for up to 20 mins at a time every hour, as needed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nasal spray</td>
<td>1-2 sprays/hr, as needed (max 40/d up to 3 mos)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nicotine Replacement Therapy (NRT)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>bupropion SR (Zyban®, Wellbutrin®)</td>
<td>Days 1-3: 150 mg po qd</td>
<td>Pregnancy Class C**</td>
<td>MAO inhibitor in past 14 days</td>
<td>Insomnia, dry mouth, headaches, pruritis, pharyngitis, tachycardia, seizures, neuropsychiatric effects and suicide risk</td>
</tr>
<tr>
<td></td>
<td>Day 4 to 7: 12-16 weeks (or end of treatment): 150 mg po bid</td>
<td>Severe cinnosis – dose adjustment required</td>
<td></td>
<td>Box warning: Monitor for mood and behavior changes</td>
</tr>
<tr>
<td></td>
<td>Can be maintained up to 6 months (24 weeks)</td>
<td>Mild-moderate hepatic &amp; moderate severe renal impairment – consider dose adjustment</td>
<td>Uncontrolled hypertension</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Can be combined with NRT</td>
<td>Uncontrolled hypertension</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varenicline (Chantix®)</td>
<td>Starting month pack: (start 1 week before quit date*)</td>
<td>Pregnancy Class C**</td>
<td>Known history of serious hypersensitivity or skin reactions to varenicline</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.5 mg po qd x 3 days, THEN</td>
<td>May increase risk of CV events in patients with CVD</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.5 mg po bid x 4 days, THEN</td>
<td>Operate heavy machinery</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 mg po bid x 3 weeks</td>
<td>Cough &lt;30 or dizziness – dose adjustment required</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Continuing month pack:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Week 5 to 12 (or end of treatment): 1 mg po bid</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Can be maintained up to 21 months (24 weeks)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Can NOT be combined with NRT</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

*Most commercially available smoking cessation medications are available via a savings program. The NYC Department of Health and Mental Hygiene offers the program through a contract with the manufacturer, Sanofi Pasteur, Inc. The program includes a discount on the medication cost. A list of participating pharmacies is available at https://www.nyc.gov/html/doh/html/healthy/savings_cigarettes.shtml. Participants must present the discount card at purchase to receive the discount. For more information, call 1-800-569-0209. 

**Varenicline is contraindicated in patients with a history of hypertension.**

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Questions?