HEALTH MANAGEMENT ASSOCIATES

Million Hearts Program

Million Hearts Learning Collaborative
July 20, 2022

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❑ Welcome and Introduction

❑ DC Health Tobacco Cessation Initiatives: Opportunities for Alignment with Chronic Disease Management Activities

❑ Discuss questions, share challenges and experiences

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❑ Describe best practices when referring patients to tobacco cessation services.

❑ Describe the updates to the DC Quitline to expand services.

❑ Identify areas for implementation to resolve challenges at the grantee level.

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❖ Application for CME credit has been filed with the American Academy of Family Physicians and is currently under review. This session is pending approval by AAFP for up to 1 AMA Level 1 CME credit.

❖ **If you would like to receive CME credit, the online evaluation will need to be completed.** You will receive a link to the evaluation shortly after this webinar.

❖ Certificates of completion will be emailed within 10-12 business days of course completion.

| Faculty	Elizabeth Wolff, MD, MPA CME Reviewer	Mary Kate Brousseau, MPH Facilitator	Latrice Hughes, MPH Facilitator	Douglas M. LeBlanc, Jr., MPH Presenter
Company	No Financial Disclosures	No Financial Disclosures	No Financial Disclosures	No Financial Disclosures
Nature of relationship	N/A	N/A	N/A	N/A

Poll:

How have you integrated tobacco cessation services into your practice activities?

- Not at all and we could use some help!

- A little bit – we screen occasionally for tobacco use.

- Somewhat – we screen and refer out to the Quitline.

- A good amount – we have a developed workflow to screen, refer and follow-up.

- Very integrated – we have a workflow, have some services in-house, and track quality metrics related to tobacco cessation.

Chat box:

What would you like to learn about most during this presentation?
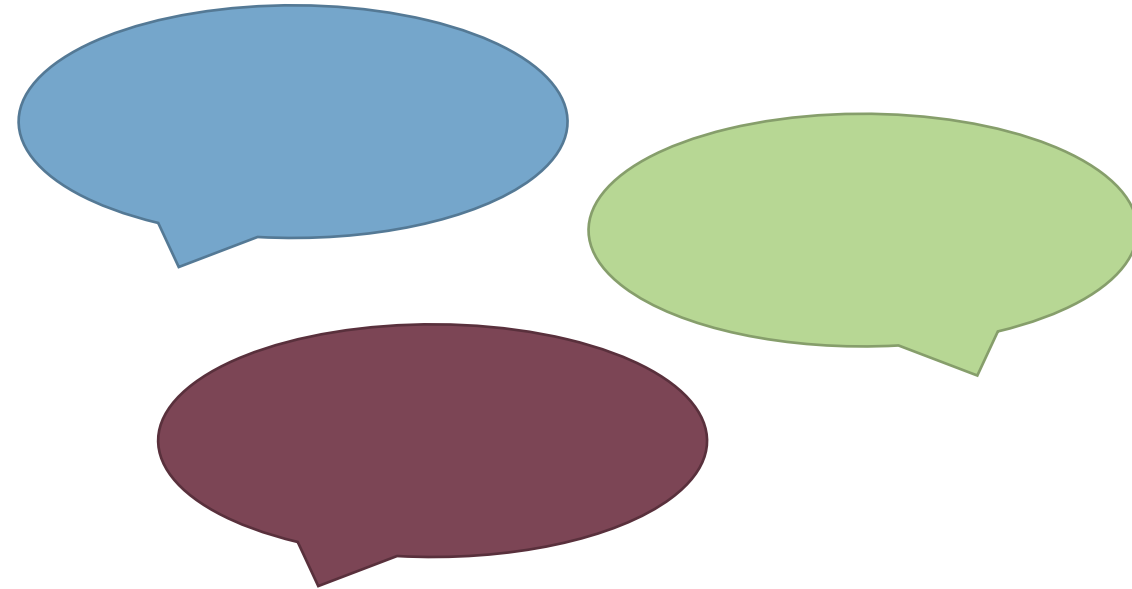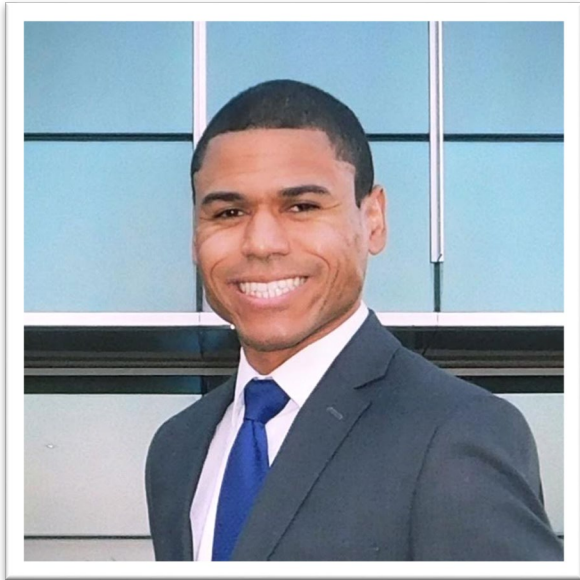
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Cessation In Action:

Tobacco Assessment & Cessation Referral in the Health Care Environment

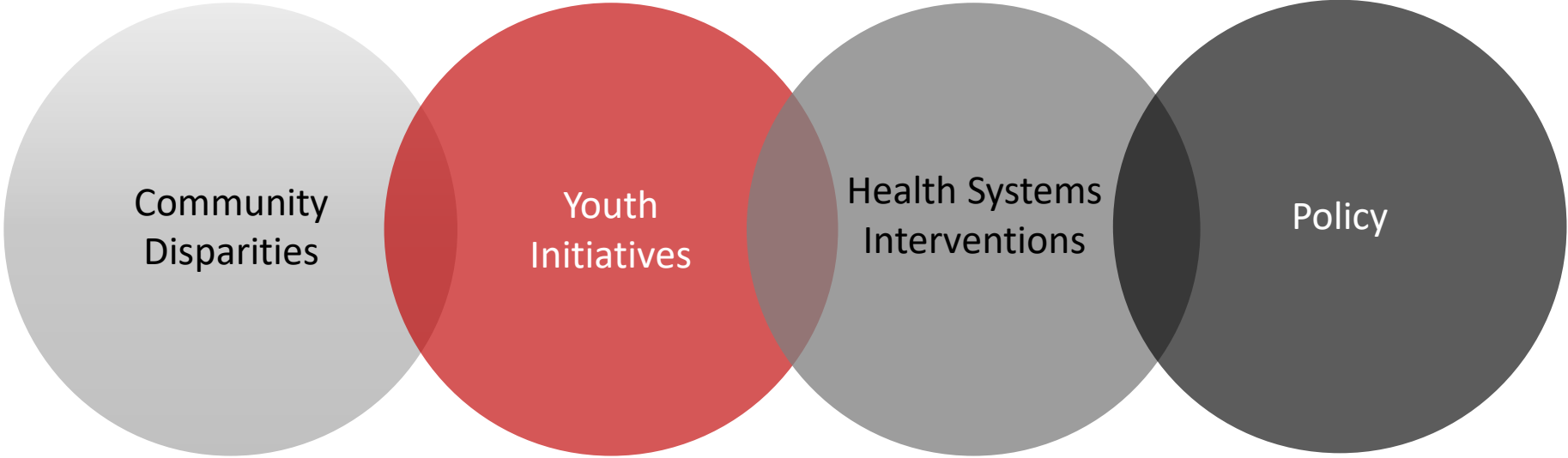The Tobacco Control Programs (TCP) at DC Health

Summer 2022

Agenda

▶ Overview of DC Health Tobacco Control Programs

▶ Health Systems Change Initiatives

▶ Optum Health + DC Quitline

- EHR Integration & Technical Assistance
- Referral Methods
- Professional Development Opportunities
- Tobacco Cessation & Reimbursement

▶ Tobacco Cessation & Reimbursement

▶ Q&A Session

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Tobacco Control in the District

Tobacco Control Programs (TCP) at DC Health

Tobacco Control Programs (TCP): Core Competencies

Community Disparities

Youth Initiatives

Health Systems Interventions

Policy

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Tobacco Control Programs | Competencies Continued…

- Tobacco Data & Evaluation

- Smoke-Free/Tobacco-Free Workplace Policies

- Exemptions

- Smoke-Free Housing

- Secondhand Smoke Reduction, Education & Prevention

Tobacco Control in Health Care Facilities

Tobacco Control Programs at DC Health

Foundations of Tobacco Health Systems Change

THE BRIEF TOBACCO INTERVENTION

The 2As & R

ASK about tobacco use:
"Do you currently smoke or use other forms of tobacco?"

ADVISE the patient to quit:
"Quitting tobacco is one of the best things you can do for your health. I strongly encourage you to quit. Are you interested in quitting?"

REFER the patient to resources:
IF READY TO QUIT: Provide direct referrals to resources that will assist the patient in quitting. Provide direct referrals. Prescribe medications, if appropriate.

"This is a resource I recommend. It will provide you with support, help you create a plan to quit, and talk to you about how to overcome urges you might have to smoke after you quit."

IF NOT READY TO QUIT: Strongly encourage patients to consider quitting by using personalized motivational messages. Let them know you are there to help them when they are ready.

Recommended resources include:
- Free telephone-based state tobacco quitlines: **1-800-QUIT-NOW**
- The National Cancer Institute's website: **www.Smokefree.gov**
- The National Cancer Institute's text-messaging quit smoking program: SmokefreeTXT: **Text QUIT to 47848**
- The Department of Health and Human Services website: **BeTobaccoFree.gov**
- Appropriate community-based or local cessation resources (e.g., classes, support groups)

THE BRIEF TOBACCO INTERVENTION

The 5As

ASK about tobacco use:
"Do you currently smoke or use other forms of tobacco?"

ADVISE the patient to quit:
"Quitting tobacco is one of the best things you can do for your health. I strongly encourage you to quit. Are you interested in quitting?"

ASSESS readiness to quit:
"Are you interested in quitting tobacco?"

ASSIST the patient in quitting:
IF READY TO QUIT: Provide brief counseling and medication (if appropriate). Refer patients to other support resources that can complement your care (e.g., quitlines, Smokefree.gov, SmokefreeTXT, BeTobaccoFree.gov, group counseling).

For tips on how to offer brief counseling, see: www.ahrq.gov/path/tobacco.htm.

IF NOT READY TO QUIT: Strongly encourage patients to consider quitting by using personalized motivational messages. Let them know you are there to help them when they are ready.

ARRANGE for follow up:
Follow up regularly with patients who are trying to quit.

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Tobacco Control Health Systems Change

Through the implementation of evidence-based interventions and supporting strategies, we help our clinical partners create a more comprehensive health care system that addresses tobacco use disorder at the individual and systematic levels.

Methods of Health System Improvement:

❑ EHR Enhancements
❑ Coordinated Patient Care & Cessation Services
❑ Provider Education
❑ Feedback & Assessment
❑ Technical Assistance

HSC Partners

2 **Hospitals**

1 **FQHC**

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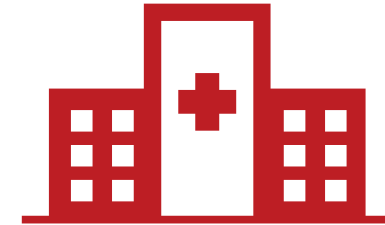
Clinical Partners & Progress

- Howard University Hospital

- Mary's Center

- MedStar Georgetown University Hospital

Since the inception of the Tobacco Cessation Health Systems Change Initiative in 2020, each of the partner health systems have:

- Reworked their workflow processes;

- Conducted gap analyses;

- Identified the referral methods in which patients can be connected to cessation resources directly from a primary care setting;

- Expanded provider and staff professional development and education; and

- Received outcome reports as a part of provider assessment & feedback mechanisms.

Optum Health & DC Quit Services

Tobacco Control Programs at DC Health

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Optum Health (Consumer Wellness Solutions)

Optum Health, a subsidiary of UnitedHealth Group, provides care directly through local medical groups and ambulatory care systems, including primary, specialty, urgent and surgical care to over 100 million consumers. Additionally, Optum provides products and services that engage people in their health and help manage chronic, complex and behavioral health needs.

Optum manages a national Tobacco Quitline (**1-800-Quit-Now**) which offers an array of services to individuals seeking to manage and ultimately overcome their dependency on tobacco. Through a personalized health and wellness portal, called Rally, Optum empowers and motivates members to make sustainable changes that reduce many of their health risks including tobacco cessation.

Integrated Program

ENROLLMENT: PHONE OR WEB

Materials
Mailed letters and printed quit guide

NRT
Nicotine Replacement Therapy

Proactive phone coaching
Unlimited inbound ad hoc calls

Program e-mails
Custom messages coincide with quit date

Text2Quit
Custom messages coincide with quit date

Web coach
Trackers, community forums, e-lessons, videos, articles and quit plans

Web-only program

ENROLLMENT: PHONE OR WEB

NRT
Nicotine Replacement Therapy

Program emails
Custom messages coincide with quit date

Text2Quit
Custom messages coincide with quit date

Web coach
Trackers, community forums, e-lessons, videos, articles and quit plans

Individuals Services

ENROLLMENT: PHONE OR WEB

Materials
Mailed letters and printed quit guide

Options emails
General resource emails

Options NRT
NRT starter kit and one follow-up call

Text2Quit
Custom messages coincide with quit date

Web dashboard

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Quit Services for Patients & Residents

Rally Coach™: A unified suite of digital behavior programs

Empower employees to take control of their health

Chronic condition prevention

| Weight loss | Diabetes prevention | Nicotine cessation | Diabetes management | Hypertension |

Coming in 2022
- Diabetes management
- Hypertension

Coaching support for everyday well-being

- Diabetes Lifestyle
- Eat Smart
- Family Wellness
- Financial Wellness
- Fit for Life
- General Wellness
- Happiness
- Health Heart
- Meditation
- Quit Tobacco
- Sleep Well
- Stress Less
- Weight and Wellness

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Provider Referral Methods & Reporting

- Direct Identification

- Fax Referral

- Secure Email

- Provider Referral Portal (DC Quit Now)

Methods			Outcomes reports
Direct ID	Fax	Secure Email	Outcomes reports are returned to HIPAA covered providers

Outcomes Report

What information is included in an outcome report?

Clinic information

Patient name and DOB

Service status: Unreachable, declined or accepted services

Program: One call, multiple call, NRT (if applicable)

Outcomes are generated on the first call, or as soon as an outcome is reached.

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Tobacco Cessation & Reimbursement

Tobacco Control Programs at DC Health

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Tobacco Cessation Reimbursement Protocol

Like many treatment services, tobacco cessation counseling is reimbursable under the Center for Medicare and Medicaid Services (CMS) as well as state Medicaid programs and most private insurers. The following (Current Procedural Terminology) CPT codes can be utilized for billing:

1 **99406**

This code is utilized for intermediate tobacco cessation counseling that is greater than three (3) minutes but not exceeding ten (10) minutes.

2 **99407**

This code is utilized for intensive tobacco cessation counseling that is greater than is greater than ten (10) minutes.

Reimbursement for Tobacco Cessation Counseling

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CMS 138 NQF 0028

- Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

- <u>DESCRIPTION:</u> Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received tobacco cessation intervention if identified as a tobacco user.

- This measure will be calculated with 3 performance rates:

  – 1) Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months

  – 2) Percentage of patients aged 18 years and older who were screened for tobacco use and identified as a tobacco user who received tobacco cessation intervention

  – 3) Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received tobacco cessation intervention if identified as a tobacco user

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Tobacco Cessation Reimbursement Protocol | Continued...

Regardless of the payer (e.g. Medicare, Medicaid, private), providers need to use ICD-10 codes and provide documentation regarding medical necessity and the specifics of what was provided.

The claim is reviewed against the provider's medical documentation – either an electronic medical record or paper record. As such, the following items should be documented in the medical record:

- Patient's willingness to attempt to quit

- What was discussed during counseling

- Amount of time spent counseling

- Tobacco use

- Advice to quit and impact of smoking provided to patient

- Methods and skills suggested to support cessation

- Medication management

- Setting a quit date with the patient

- Follow-up arranged

- Resources made available to the patient

Reimbursement for Tobacco Cessation Counseling

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What types of assistance would be most beneficial to help you with your tobacco cessation programming activities?

- Patient education materials/handouts

- Provider education materials/handouts

- Staff trainings about the Quitline and other DC-offered services

- Assistance with clinical workflow development including referrals to community partners

- Reimbursement review and optimization support

- Other (please add to the chat box)

1. To what extent did the session meet the stated objectives? (1-not at all to 5-met all objectives)

   ▪ Describe best practices when referring patients to tobacco cessation services.

   ▪ Understand the updates to the DC Quitline to expand services.

   ▪ Identify areas for implementation to resolve challenges at the grantee level.

2. How would you rate the session overall? (from 1-5, where 1 is poor and 5 is excellent)

We are here to help you !

- ✓ One on one coaching, team/clinic trainings, evaluation plan and CIP updates
- ✓ Recorded trainings and tools: https://livingwell.dc.gov/page/clinical-partners
- ✓ Other questions or ideas? Please reach out:
  - • Mary Kate Brousseau – mbrousseau@healthmanagement.com
  - • Mobile: (541) 231-3717

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