



## Commonwealth of Massachusetts

Executive Office of  
Health and Human Services

### Tobacco Cessation in Massachusetts 2006 - 2009

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### The Problem



**Cigarette smoking is the single most preventable cause of death and disease in the United States.**

#### **Cigarette smoking:**



- Increases the risk for heart disease by 2-4 times;
- Increases the risk for stroke by 2 times;
- Increases the risk for chronic lung disease by 10 times;
- Is a leading cause for many types of cancer, including
  - Lung
  - Larynx
  - Esophagus
  - Pharynx
  - Mouth
  - Bladder



## The Mandate

- **April 2006** The Massachusetts Legislature passed **MGL Chapter 118E: Section 54. (An Act Providing Access to Affordable, Quality, Accountable Health Care.)**
- This law, commonly known as **Health Care Reform**, was very broad in scope, and provided for near universal health insurance, as well as initiatives to control cost and promote wellness.
- One of these initiatives directed **MassHealth** (the Massachusetts Medicaid agency) to work with the **Massachusetts Department of Public Health (MDPH)** in development of wellness programs for MassHealth members, one of which was tobacco cessation.
- MassHealth had been working with MDPH on a tobacco cessation program.
- MDPH had a tobacco cessation effort in place devoted largely to a telephone consultation service.
- The legislative mandate would require coordination among:
  - MDPH
  - MassHealth Office of Acute and Ambulatory Care
  - Division of Health Care Finance and Policy
  - University of Massachusetts Medical School/MassHealth Office of Clinical Affairs (OCA)

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## The Program I

### Individual and Group Tobacco Cessation counseling and pharmacotherapy

- **Eligible members – those eligible for:**
  - Physician Services
  - Community Health Center Services
  - Acute Outpatient Hospital Services
  - Pharmacy Services
- **Cessation Counseling Benefit**
  - May require multiple attempts
  - Up to 16 Counseling sessions
  - Any combination of group or individual face-to-face sessions per 12 month cycle
  - Includes 2 Intake/Assessment sessions
  - Prior Authorization required for counseling beyond the specified limit.



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## The Program II

- **Pharmacotherapy benefit**
  - Covers “medically necessary” drugs
  - 90 day supply of nicotine patch, gum, lozenge per cessation attempt
  - Also covers Bupropion and Chantix (varenicline)
  - Copay \$1 - \$3
  - Zyban, Nicotine inhaler and nasal spray require PA
  - Two 90 day treatment cycles per member per 12 month cycle
- **Counseling Provider Qualifications**
  - Physician
  - Midlevel providers (Registered Nurse, Physician assistant, Nurse Practitioner, Nurse Midwife)
  - Other health care provider with specific tobacco cessation counseling training
    - Counseling training at least 8 hours
    - Degree-granting institution of higher education
  - Non physicians must provide service under physician supervision
- **Coding and Billing**
  - Coding for counseling uses HCPCS G0376
  - Rates vary by Provider type and location
  - MD approx \$50 for 30 minutes; Midlevels \$42 (85%)

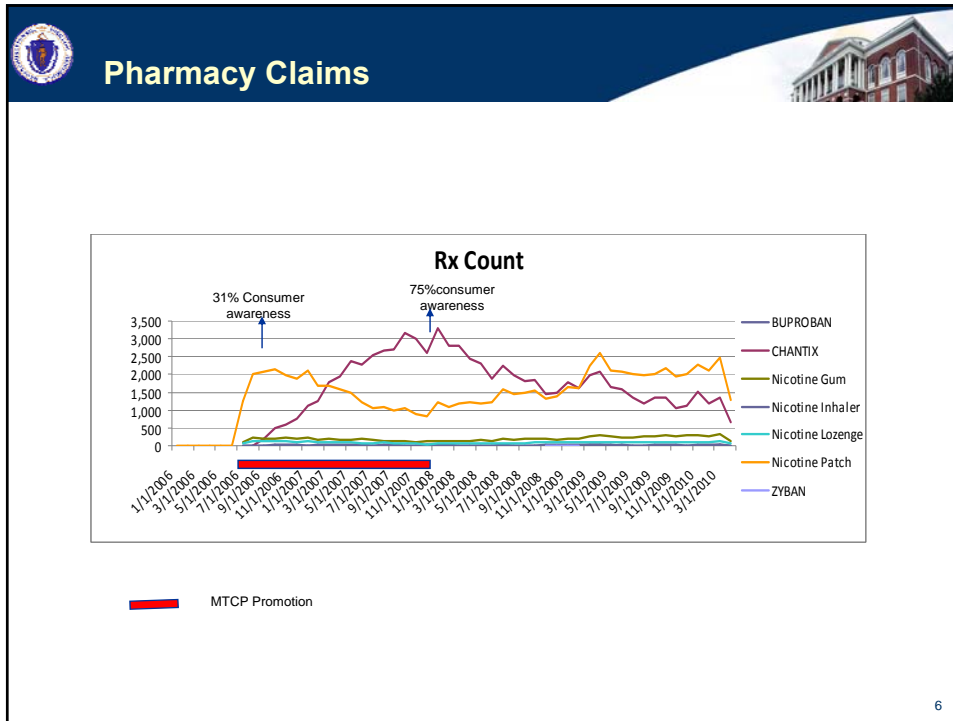
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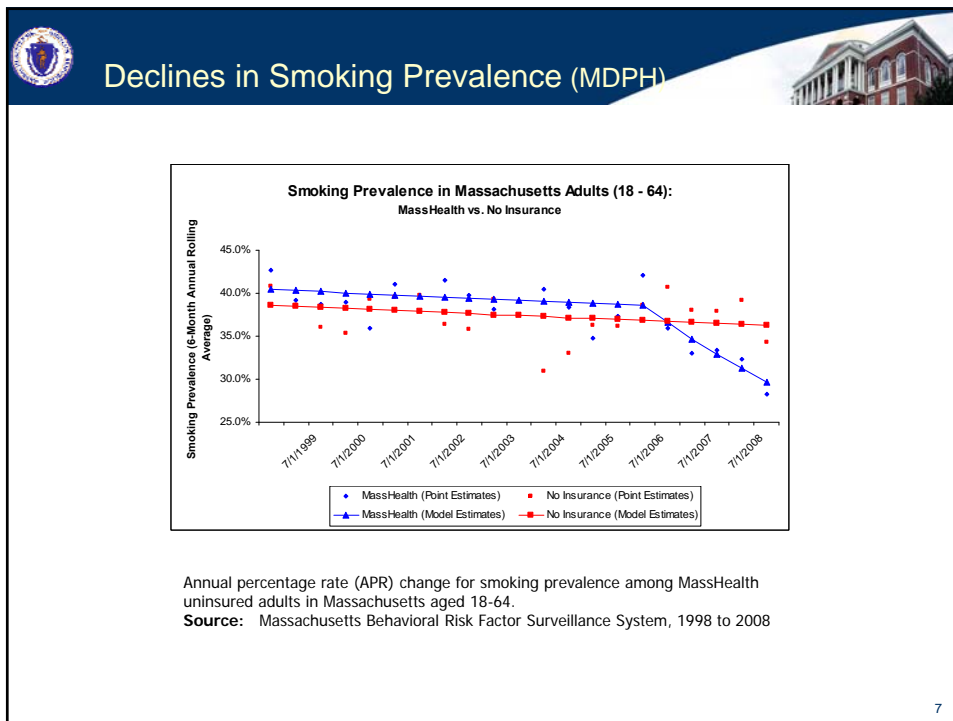
## The Launch

- **Working together MassHealth and MDPH Tobacco Control Program (MTCP) built a multiprong campaign of information directed at members and providers**
- **Launch began in June of 2006 for implementation in July**
  - A mailing to more than 20,000 providers in June
  - A mass mailing to 600,000 MassHealth members (after the providers)
  - Notices on MassHealth and MTCP websites
  - Press releases
  - Articles in health professional organization newsletters
  - Articles in Medicaid Managed Care Organization newsletters
- **In August of 2006 fact sheets for both providers and consumers were sent to 1,000 community health centers, hospitals, practices and state and community agencies**
- **CHCs with grant support from MTCP were required to integrate the benefit into their activities.**
- **October 2006 MTCP promoted the benefit in a radio and public transit campaign in urban markets**



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 **Short-Term Health Benefits of Smoking Cessation (MDPH)** 

**Asthma**

- Mixed results in studies of smoking cessation
- Significant improvement lung function in first year



**Heart Attack: AMI**

- Rapid reduction in risk after quitting
- Majority of improvement in first 2 years

**Pregnancy Complications**

- Ectopic Pregnancy
- Pre-term labor
- Hemorrhaging during pregnancy/delivery

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 **Description of Analytic Model (MDPH)** 

**Date of each member's first use of tobacco cessation medication**

**Time 1**      **Time 2**

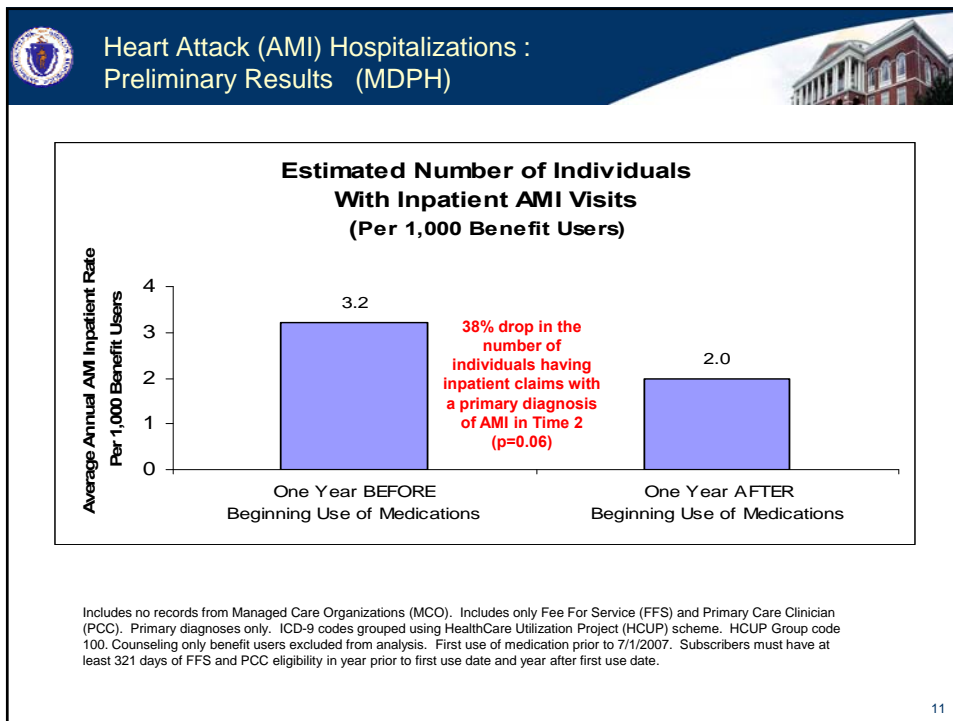
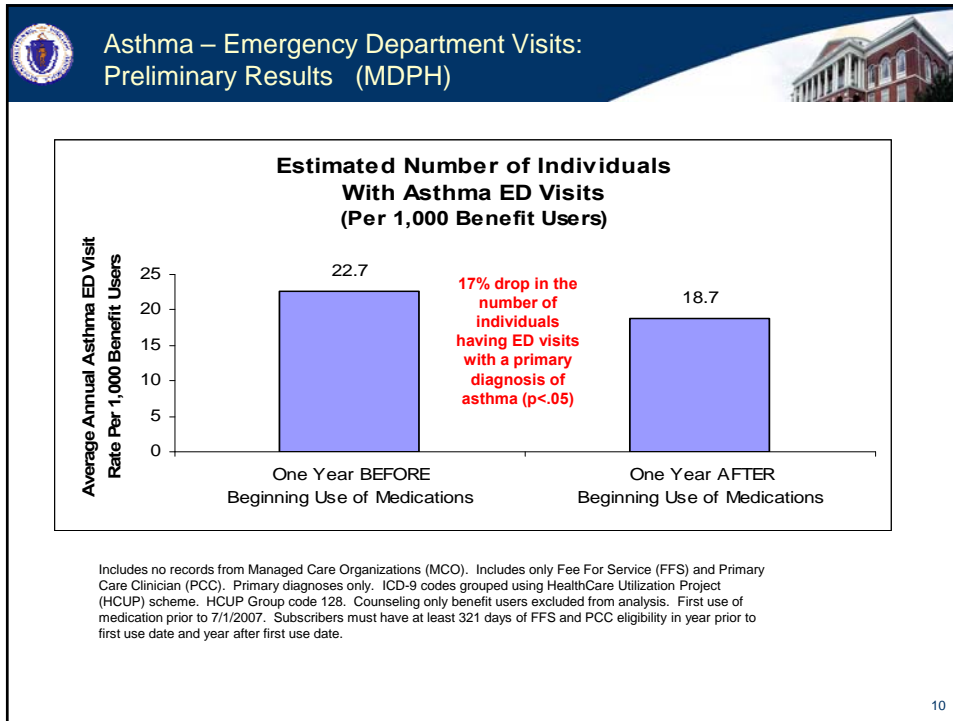
365 day Pre-period      365 day Post-period

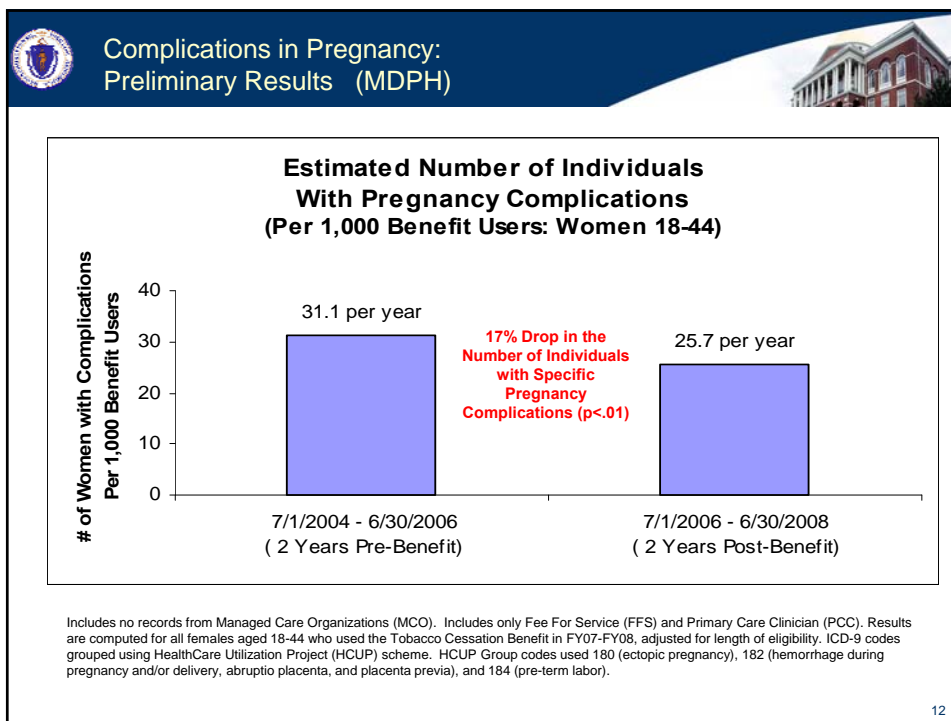
**Total # of Pharmacotherapy Benefit Users after exclusions: 12,949**

**Measure change from Time 1 to Time 2**



Includes no records from Managed Care Organizations (MCO). Includes only Fee For Service (FFS) and Primary Care Clinician (PCC). Primary diagnoses only. ICD-9 codes grouped using HealthCare Utilization Project (HCUP) scheme. Clients with less than 321 days of FFS and PCC eligibility in the year before and after first use of medication excluded. Counseling only clients excluded. Exclude all claims after 6/30/2008.

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- Caveats (MDPH)**
- Only 1 year of benefit use examined
    - Early users of benefit could be different
  - No way to determine smoking status of non-users of the benefit
  - MCO data not included
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### TCB survey: background (UMASS)

**2006 Health Care Reform law required MassHealth to evaluate the effect of TCB on quit rates of MassHealth members**

**Office of Clinical Affairs (CHPR) collaborated with the UMass Boston Center for Survey Research to field a member survey**

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### TCB survey methods (1) (UMASS)

**Surveyed two groups of MassHealth members**

- Benefit Users  
Members with one or more MassHealth claims for TCB use in Sept 2007
- Non-benefit Users  
Members with no MassHealth claim for TCB use 7/06 to 9/07 and identified as having recent history of smoking
  - Identified by brief survey of ~ 20,000 non-benefit users 'have you smoked cigarettes in last 6 months'

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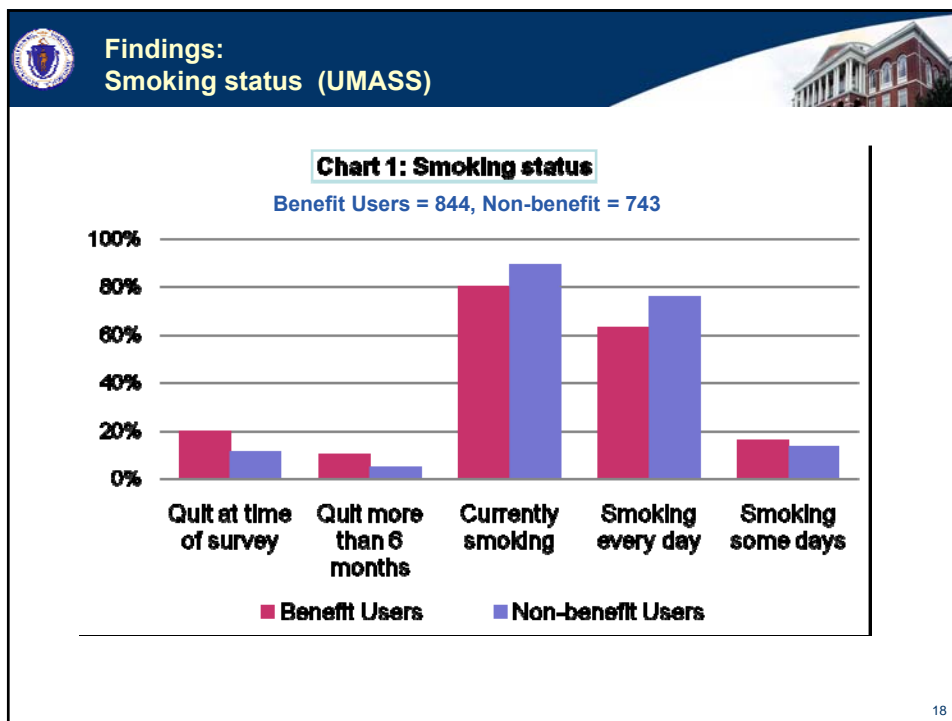
### TCB survey response rate (UMASS)

**Table 2: TCB Survey Response Rate**


<b>Benefit Users</b>	
Mailed	1,673
Completed by mail	489
Completed by phone	369
Total completed	858
Response rate	51%
<b>Non-Benefit Users</b>	
Mailed	1,405
Completed by mail	599
Completed by phone	178
Total completed	777
Response rate	55%

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- ### Findings: respondent characteristics (UMASS)
- Several statistically significant differences between the 2 groups ( $p \leq 0.01$ )**
- Benefit User group**
- Higher percent of females (73% vs. 54%)
  - Higher percent race is white (84% vs. 73%)
    - Higher percent unknown for non-benefit users
- Non-benefit User group**
- Higher percent Hispanic/Latino (15% vs. 10%)
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- Discussion**
- Differences between MDPH and UMASS findings require further study and analysis.
  - The MDPH evaluation used MBRFSS data which identify status but lack controls.
  - The UMASS evaluation identified a control population but found significant differences between the control and intervention cohorts.
  - The studies agree that the MassHealth tobacco cessation benefit may have reduced smoking behavior in the short term, but the effect on clinical health outcomes though suggestive, is not certain.
  - Further and more detailed analysis is necessary to determine the benefit of the MassHealth tobacco cessation initiative.
  - At this point a cost saving from the benefit can only be inferred from the short-term health benefits.
  - Different data sources may produce different results.
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## Questions?



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