

**Milestone Summary**  
**OHP Tobacco Cessation Program**  
**June, 2005**

**Final**

All thirteen of the OHP Fully Capitated Health Plans (FCHPs) and fee-for-service (FFS) have implemented tobacco cessation into their policy and planning, and quality improvement programs. Additionally, all medical plans and FFS have provided key tobacco cessation messages to members and providers. Eleven plans have identified baseline measurements and assessed initial plan-wide training needs; and nine plans have established target goals and monitoring methods for improvements. Ten to twelve plans have completed every aspect of this program within their clinical delivery systems. Eight plans have implemented a process for providing feedback to providers and staff about their cessation effectiveness.

All seven of the OHP Dental Care Organizations (DCOs) have implemented tobacco cessation into their policy and planning, and quality improvement programs. All DCOs have also provided key tobacco cessation messages to members and providers. Three DCOs have identified baseline measurements and four have established target goals and monitoring methods for improvements. Four plans have implemented a process for providing feedback to providers and staff about their cessation effectiveness.

In October of 2004, tobacco cessation programs across Oregon were given a boost by the Nicotine Replacement Therapy starter kit program, initiated by the Oregon Quit Line. In addition, each OHP plan and FFS have continued to address tobacco cessation outreach, access to services, and targeting special populations for cessation services in ways unique to the plan and their community as listed. **In addition to program maintenance, the following are new interventions and activities since the 2004 milestone report.**

\* New or creative ideas

### **Fully Capitated Health Plans**

#### **CareOregon**

- Smokers identified in new member “welcome” calls, screened and referred to QI coordinator for services\*
- New prenatal parent newsletter updated with tobacco cessation message on each sheet and encourages smoke-free home\*
- Winter provider newsletter provided information on chew tobacco, and research information on this topic from the Oregon Research Institute
- Hosted TC training by Gail Harris for staff and other plans\*
- Increased mailings to members from two to eight per month\*
- Increased medical management referrals to the QI coordinator for cessation information from 3.4 to an average of 14 per month
- 648 referrals to the Oregon Quit Line
- 276 Free & Clear referrals

#### **Cascade Comprehensive Care**

- 356 referrals to the Oregon Quit Line
- 55 participated in cessation classes (29 completed)
- follow-up by PCPs: 35
- Telephone survey of members who completed cessation class (20% quit rate)
- Letters sent to members with asthma
- 148 charts of children <2 years of age audited: 27% with secondary smoke in home; 12% of parents advised to quit
- MCM manager interviews women about smoking and second hand smoke, assesses readiness to quit and refers as appropriate

#### **Central Oregon Individual Health Solutions**

- 147 members saw PCP for tobacco cessation assistance
- Reprinted OHP “Help is Here” tobacco cessation flyer for inclusion in new member packets\*
- March 2004 targeted newsletter information to 300 providers with information about the Oregon Quit Line and OHP tobacco cessation benefits

\* New or creative ideas

- Exploring options for contracting for cessation services

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- Attempted to bring Smokefree Mothers and Babies training to OB providers, but OBs were not interested
- Future plans: targeted asthma mailing

### **Doctors of the Oregon Coast South**

- Increased distribution of cessation brochures
- Increased number of members in classes (87 to 110), on medications (80 to 132) and referrals from the Quit Line (29 to 48)
- Community “Fun Festival” participation\*
- Every 6 months, survey 10 members who are working on quitting to discuss efforts. Survey MDs to confirm 5 A’s practices\*

### **Douglas County IPA**

- Met goal to increase use of cessation products (’04: 121; ’05: 218)
- Provider handbook information on the 5 A’s and “Quit tips”
- New member newsletter information on TC benefits and OQL
- Intensive distribution (12 brochures) of cessation information to provider offices, clinics, labs, pharmacies
- Quit Line card insert in all DCIPA mailings to members\*
- Cessation information provided to the local Boys and Girls Club\*
- OHP smoking cessation benefits and the effects of smoking during pregnancy was included in all the pregnancy packets
- OQL information and effects of smoking on asthma was included in a mailing sent to all members identified with asthma

### **FamilyCare**

- Increasing education to members and use of cessation services
- Added voucher option for members who call the Quit Line/F & C and removed the need to see the PCP which resulted in increased use of NRT and counseling\*
- Created mechanism for regular review and reporting of cessation services utilization, quarterly and annually
- Updated educational information in new member packets and emphasized Baby Care Program
- Added second hand smoke flyer to Baby Care Packet

\* New or creative ideas

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- Emphasized cessation for members in active care coordination and in surveys
- Increased the percentage of adult tobacco users assisted with behavioral counseling and/or prescriptions

### **Intercommunity Health Network**

- Revised laminated 5 A's poster with classes information, created for clinics and ED waiting rooms
- Used PDSA cycle format for tobacco cessation program planning and activities\*
- Included tobacco cessation guidelines in provider newsletter\*
- Revised IHN brochure "Quitting for Life" brochure
- Brochures included in all new member packets
- Second hand smoke emphasis in client newsletter articles
- Russian forum included cessation as a covered benefit\*
- Class no longer required to receive NRT
- Increased pharmacy benefit to 2 times/year (after 3<sup>rd</sup> attempt in 3 years, will have to enroll in class for medications again)
- 24% increase in access of classes from 2003; 27% increase in access of pharmacotherapy from 2003
- Working with Samaritan Health System Regional Outpatient QI committee regarding changes to cessation classes and a tracking system which will also track "quit rates" over time\*

### **Lane County IPA**

- Include information about OQL in provider and member newsletters
- Mail smoking information to pregnant women
- Encourage members with chronic disease to quit and refer to the Oregon Quit Line

### **Marion Polk Community Health Plan**

- 10/04 notices sent to members regarding the OQL NRT starter kit and providers notified
- Intranet message board to providers\*

\* New or creative ideas

- Future: posting of TC benefits, newsletters with educational information on the MPCHP website; partner with local WIC program; add TC to ENCC member letters; place posters and educational materials in larger clinics

### **Mid-Rogue IPA**

- Plan philosophy is to remove all barriers to services\*
- 2359 new member packets distributed with cessation information
- Direct counseling provided to smokers who are identified by diagnosis rosters and intense follow-up\*
- Assisted 85 members to quit
- New Chemical Dependency vendor committed to provide classes
- Educational information to providers via website, newsbrief articles and direct communication
- Annual survey of members who received tobacco cessation services
- 3414 flyers sent regarding NRT starter kit
- Laminated posters to MD offices/2000 OQL brochures, “What your body experiences after stopping smoking”
- Information provided at community events: Saturday market, County Fair, Kids Care Fair
- Trained offices on coding for encounter data\*
- 7.8 cessation prescriptions/PMPM\*
- 87 pregnant women assessed; 24 via ENCC; intense individualized help to smokers with chronic disease via the disease management program
- MCM assessment of 96 pregnant members: average birthweight 7 lbs 3 oz

### **Oregon Health Management Services**

- MD chart stamp as vital sign
- New form created through PDSA process which is hoped will improve data tracking
- Worked with OB/FP to actively refer to MCM\*

\* New or creative ideas

- Sent MCM nurse to “Treating Tobacco Dependence in Pregnancy: Translating Research into Practice” seminar\*
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### **OMAP FFS**

- OQL brochures at Regional meetings
- Cessation messages on OHP ID card in Jan., Feb, April, 2004
- Worked with public health partners, Free & Clear, TOFCO to develop Oregon policy and promote cessation interventions
- Provide tobacco cessation information at MD, QPI, and SWQI meetings

### **Providence Health Assurance**

- Quarterly mailings to all members with diabetes and asthma
- Eleven Portland classes (90 minute sessions) with pharmacist in attendance who assesses and distributes NRT/Zyban as appropriate\*
- 153 referrals to Free & Clear telephonic cessation services
- 321 pregnant women counseled about the dangers of smoking while pregnant (goal: 100%); this is an increase of 100 over 2003
- Partnered with Smokefree Mothers and Babies to sponsor May conference for treating pregnant women for tobacco cessation
- Developed “smokers database”\*
- Developed/mailed new tobacco cessation brochure to all known smokers\*

### **Tuality Health Alliance**

- Increase in number of prescribing providers from 20 to 38\*
- At physician request, intensified outreach through flyers, calls, and letters to physician offices and members
- Improved supply and flow of tobacco cessation information in English and Spanish suitable for a variety of age groups and tobacco product use\*
- Identified in hospital members who smoke (using hospital data) and provided opportunity for in-person discussion and distribution of educational materials\*
- Website for members and providers

\* New or creative ideas

- Case manager reviews new member surveys, chronic disease members, and pregnant women, and refers those interested in quitting to the tobacco cessation coordinator\*

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- Increased provider skills to help member support for cessation

### **Dental Care Organizations**

#### **Capitol Dental Care/Managed Dental Care**

- June/04 provider training\*
- Key plan staff training in progress
- OQL and “Help is Here” brochures distributed in new member packets, direct mailings to 18 staff model offices, Doctors Summit meetings, quarterly office managers meetings, and to pregnant women and new moms
- Future: mailings to pregnant women will have a changed look to increase interest\*

#### **Hayden Family Dental Group**

- No new activities/interventions identified

#### **MultiCare Dental**

- Referral data for tobacco cessation are reported at QI meetings and fed back to providers via staff meetings\*
- March tobacco cessation presentation to Multnomah county community partners\*
- Tracking program progress through QI meetings
- OQL information provided to all pregnant women and parents of new babies
- Staff doing well at Ask and Advise (100%)

#### **Northwest Dental Services**

- Providers receive \$25 reimbursement when they submit claim for D1320 code for tracking purposes (Ask and Advise)\*

#### **Oregon Dental Services**

- New newsletter articles to members

\* New or creative ideas

- Every pregnant member is advised of the harmful effects of smoking and advised to quit in addition to receiving the brochure: “Dental Health During Pregnancy”

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- Future: will remind dentists of tobacco cessation through provider workshops and “Dental Office Update” newsletter

### **Willamette Dental Group**

- More attention focused on total overall health, linking smoking with periodontal health and increased risk for chronic disease\*
- Update providers (via “QI Bulletin”) throughout the year with latest research to improve communication with members about quitting and referral to services
- Developing program “Ask, Advise, Refer” to educate providers about counseling patients and documenting the code for counseling\*
- July tobacco cessation presentation given to Lead Hygienists, encouraging them to use the TC counseling code and Quit Line information\*
- 2005 goals: formal patient cessation program; identifying provider roles; creating several patient education pieces including Quit Line information; tips on quitting; 7 day tracker

\* New or creative ideas