



# Evidence-Based Strategies for Reducing Tobacco Use

## A Guide for CCOs

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This guide is a resource to help CCOs think through their approach to reducing tobacco use. CCOs play an important role in helping their members quit, including: accurate assessment of member tobacco use status; benefit design (expanding coverage and reducing barriers); benefit promotion; implementing tobacco-free campus policies; and fostering partnerships with local public health agencies and other community stakeholders in order to create tobacco-free community environments.

CCOs have submitted comprehensive information about their cessation benefits to OHA via the 2014 cessation benefits survey; the results of the survey are reported in the Tobacco Cessation Services: 2014 Survey Report and can be accessed at [https://public.health.oregon.gov/PreventionWellness/TobaccoPrevention/Documents/tob\\_cessation\\_services\\_2014\\_survey\\_report.pdf](https://public.health.oregon.gov/PreventionWellness/TobaccoPrevention/Documents/tob_cessation_services_2014_survey_report.pdf)

The strategies are focused on CCO quality improvement activities and initiatives that will affect tobacco use among CCO members in 2015 and beyond. When reviewing the strategies CCOs are encouraged to work with internal and external partners as applicable including administrators, quality improvement staff, clinicians, hospitals, clinical advisory panels, community advisory councils and local health department administration and Tobacco Prevention and Education Program (TPEP) staff.

Things to consider include:

- ✓ Who needs to be included within your CCO or among contracted providers to develop and implement strategies to reduce tobacco use among your CCO members?
- ✓ What resources may be needed to support the tobacco reduction strategies outlined in this guide?
- ✓ What external partnerships could help support or lead your efforts to implement tobacco reduction strategies for your CCO?

Links to resources to support strategy implementation are provided where applicable. Tobacco Prevention and Education Program (TPEP) staff are available in every county and are ready to support CCO efforts to develop and implement policies and protocols to reduce tobacco use.

### LOCAL CONTACTS:

Directory for Local Public Health Authorities: <http://public.health.oregon.gov/ProviderPartnerResources/LocalHealthDepartmentResources/Pages/lhd.aspx>

### STATE CONTACT:

Oregon Public Health Division's Health Promotion and Chronic Disease Prevention Section, Scott Montegna, 971-673-0984, [scott.p.montegna@state.or.us](mailto:scott.p.montegna@state.or.us)



# Strategy: Identify Individuals Who Use Tobacco

Tobacco cessation interventions begin with identifying tobacco users. Health care delivery systems and providers should consistently identify and track tobacco use status and treat every tobacco user that seeks services in a health care setting. It is essential for CCOs to adopt systems for providers to identify tobacco users and use an evidence-based intervention each time a patient that uses tobacco is seen.

## Plan-level steps to identify individuals who use tobacco include:

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- Reviewing medical and/or pharmacy claims data
- Intake assessments at office visits
- Health risk assessments

  
  

  
  


## Encourage and incentivize your contracted providers to ask about and document tobacco use at every visit.

- Educate all staff by offering trainings on tobacco dependence treatments and provide continuing education (CE) credits
- Provide resources to ensure ready access to cessation support services (Quit Line cards and information about effective tobacco use medications (e.g., establish a clinic fax-to-quit service, place medication information sheets in examination rooms).
- Provide feedback to clinicians about their performance. Evaluate the degree to which clinicians are identifying, documenting, and treating patients who use tobacco.

  
  

  
  


## RESOURCES:

*These resources provide guidance for providers asking about tobacco use status during intake assessments at office visits.*

- ✓ **Treating Tobacco Dependence Practice Manual: Through a Systems-Change Approach** - This manual from the American Academy of Family Physicians takes a step-by-step approach in assessing tobacco cessation activities in your practice, implementing a system to ensure that tobacco use is systematically assessed and treated at every clinical encounter. [http://www.aafp.org/dam/AAFP/documents/patient\\_care/tobacco/practice-manual.pdf](http://www.aafp.org/dam/AAFP/documents/patient_care/tobacco/practice-manual.pdf)
- ✓ **Treating Tobacco Use and Dependence: A Toolkit for Dental Office Teams** - This packet is designed to assist dental offices with integrating the brief intervention recommended by the guideline into standard office procedures and successfully intervene with their patients that use tobacco. It provides tools and resources to help you, help your patients, quit. <http://www.adaptoregon.org/wp-content/uploads/toolkit.pdf>
- ✓ **Treating Tobacco Use and Dependence: 2008 Update. Quick Reference Guide for Clinicians** - The guideline was designed to assist clinicians; smoking cessation specialists; and healthcare administrators, insurers, and purchasers in identifying and assessing tobacco users and in delivering effective tobacco dependence interventions. <http://www.ahrq.gov/sites/default/files/wysiwyg/professionals/clinicians-providers/guidelines-recommendations/tobacco/clinicians/references/quickref/tobaqrg.pdf>





# Strategy: Offer Comprehensive Cessation Benefits and Reduce Access Barriers

The majority of tobacco users want to quit. CCOs, federally qualified health centers, behavioral health agencies, dental clinics and other health care systems have an important role in offering comprehensive, accessible cessation benefits to their employees and clients. Evidence shows that by providing both medication and counseling as a paid or covered benefit by a health insurance plan, there is an increase in the proportion of smokers who use cessation treatment, attempt to quit, and successfully quit.

## Improve your plan’s covered cessation benefits

- Expand coverage to include all three forms of evidence-based counseling (individual, group, telephone) and all seven FDA approved medications (nicotine replacement therapy –gum, patch, lozenge, nasal spray, inhaler – and Bupropion SR and Varenicline).
- Remove lifetime or total cost limitations on benefits

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## Eliminate barriers for easier access

- Remove requirements for prior authorization to access medications
- Remove requirements that members must participate in counseling to access medications





## RESOURCES:

- ✓ **Tobacco Cessation Coverage Standards** - Recommendations listed in this resource are based on the Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline, sponsored by the U.S. Public Health Service. The Oregon Public Health Division supports recommendations made in the 2008 update to Treating Tobacco Use and Dependence. [https://public.health.oregon.gov/PreventionWellness/TobaccoPrevention/Documents/tob\\_cessation\\_coverage\\_standards.pdf](https://public.health.oregon.gov/PreventionWellness/TobaccoPrevention/Documents/tob_cessation_coverage_standards.pdf)
- ✓ **Tobacco Cessation Service: 2014 Survey Report** - This report is the third time the Public Health Division has assessed the tobacco cessation benefits offered to members of Oregon’s Medicaid program, the Oregon Health Plan. This report summarizes the services and benefits offered to Medicaid members as reported by each CCO. [https://public.health.oregon.gov/PreventionWellness/TobaccoPrevention/Documents/tob\\_cessation\\_services\\_2014\\_survey\\_report.pdf](https://public.health.oregon.gov/PreventionWellness/TobaccoPrevention/Documents/tob_cessation_services_2014_survey_report.pdf)



# Strategy: Communicate and Promote Tobacco Cessation Benefit to All CCO Members

Evidence shows that it is essential to embed tobacco dependence strategies in the health care system to help tobacco users quit. Health care insurers should consistently promote the cessation benefits they offer and systematically refer tobacco users to the Quit Line to help tobacco users be successful in their quit attempts. Actively promoting these resources is a vital component to connecting tobacco users to evidence-based cessation resources, increasing quit attempts, and reducing smoking prevalence. Examples may include, providers’ use of brief motivational interviewing with patients, establishing Quit Line e-referrals, mailings to identified tobacco users, and promotion of benefits in member handbook and newsletters.

## Pro-actively reach out to all identified tobacco users to encourage them to quit or take advantage of their benefits.

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- Providers’ use of brief motivational interviewing with patients
- Establishing Quit Line e-referrals
- Mailings to identified tobacco users
- Promotion of benefits in member handbook and newsletters
- Promote quitting as a New Year’s resolution, or connected to national campaigns, including World No Tobacco Day or the Great American Smokeout?

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## RESOURCES:

- ✓ **How to Design a Tobacco Cessation Insurance Benefit** - It is crucial that all health insurance plans and employers cover all of these treatments. But deciding to establish this coverage is only the first step. This document outlines the questions and issues plans and employers should consider after taking this critical first step, including communicating to plan members and providers about the benefit, and promoting the benefit to encourage tobacco users to quit. <http://www.lung.org/assets/documents/tobacco/how-to-design.pdf>

# Strategy: Support Effective Delivery of Cessation Benefits by Providers Through Quality Improvement Initiatives and Training

Clinicians must be adequately trained and prepared to treat tobacco dependence in their patients. Health care systems can ensure that clinicians and patients have the appropriate resources to address tobacco use and that a system is in place to provide feedback to clinicians on their tobacco dependence practices. CCOs can encourage or incentivize providers to use brief intervention strategies, such as the 5As or 2As & R. Clinic work-flows should be assessed to understand where best to use these strategies, and providers should have thorough knowledge of referral pathways to help tobacco users quit. Examples include staff trainings, provider manuals, provider newsletters, and provider website/handbook.

## Ensure your provider network is aware of the existing benefits

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Information is shared by way of:

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|-----------------------------|--------------------------|--------------------------|
| • Staff trainings           | <input type="checkbox"/> | <input type="checkbox"/> |
| • Provider manuals/handbook | <input type="checkbox"/> | <input type="checkbox"/> |
| • Provider newsletters      | <input type="checkbox"/> | <input type="checkbox"/> |
| • Provider website          | <input type="checkbox"/> | <input type="checkbox"/> |

## Provide tobacco-related trainings to contracted providers

Training topics include:

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|---|--------------------------|--------------------------|
| • Tobacco cessation benefits  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Systematic tobacco use assessment and documentation                     | <input type="checkbox"/> | <input type="checkbox"/> |
| • Referral strategies   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Motivational interviewing/behavioral counseling models (5As or 2As + R) | <input type="checkbox"/> | <input type="checkbox"/> |

## Systematically embed referral systems in clinic work-flows and electronic health records

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|--|--------------------------|--------------------------|
| • Provider reminders incorporated into electronic health record  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Establish electronic referrals to Quit Line  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Establish referral system to community resources   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Implement closed-loop referrals  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Embedding decision support schematics or scripting in the EHR to help guide clinicians through an evidence-based intervention approach | <input type="checkbox"/> | <input type="checkbox"/> |

## RESOURCES:

- ✓ **Strengthening health systems for treating tobacco dependence in primary care. Part III: Training for primary care providers: brief tobacco interventions** - The purpose of this training guide is to improve primary care providers' knowledge, skills and confidence to routinely identify tobacco users and provide brief tobacco interventions to assist them in quitting. [http://apps.who.int/iris/bitstream/10665/84388/4/9789241505413\\_eng\\_Part-III\\_service\\_providers.pdf](http://apps.who.int/iris/bitstream/10665/84388/4/9789241505413_eng_Part-III_service_providers.pdf)
- ✓ **Five Major Steps to Intervention (The "5 A's")** - Successful intervention begins with identifying users and appropriate interventions based upon the patient's willingness to quit. The five major steps to intervention are the "5 A's": Ask, Advise, Assess, Assist, and Arrange. <http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/5steps.html>



# Strategy: Tobacco-Free Campus Policy

There is no safe level of exposure to tobacco smoke. Tobacco smoke is toxic and contributes to deaths of smokers and non-smokers. Exposure to secondhand smoke can cause heart disease, cancer and worsen respiratory conditions such as asthma. Many of those that routinely seek health care services are especially vulnerable to the effects of secondhand smoke, including pregnant women, the elderly and people with chronic illness. In addition to the health risks associated with exposure to secondhand smoke, smoking and the use of other tobacco products in public places can normalize smoking behavior for youth. Establishing tobacco-free places creates a healthy environment and promotes social norms that support wellness. Several CCO administrative, contractor, and hospital campuses in Oregon have already gone tobacco-free to promote better health and a safer environment for patients, providers and other staff.

## Adopt and Implement a Tobacco-Free Campus Policy

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|--|--------------------------|--------------------------|
| • Implement a tobacco-free campus policy for CCO administrative offices  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Require contracted providers to adopt tobacco-free campus policies   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Implement supportive practices, such as providing information about tobacco use and treatment, secondhand smoke, and local/ statewide cessation resources to patients, staff, and visitors | <input type="checkbox"/> | <input type="checkbox"/> |

**How can your CCO require contracted providers to adopt tobacco-free campus policies and encourage effective implementation practices, such as providing information about tobacco use and treatment, secondhand smoke, and local/ statewide cessation resources to patients, staff, and visitors?**

## RESOURCES:

- ✓ **Keeping Your Hospital Property Smoke-Free: Successful Strategies for Effective Policy Enforcement and Maintenance** - This how-to guide offers hospitals and other health care organizations useful strategies for implementing and enforcing a successful smoke-free or tobacco-free policy. [http://www.jointcommission.org/assets/1/18/Smoke\\_Free\\_Brochure2.pdf](http://www.jointcommission.org/assets/1/18/Smoke_Free_Brochure2.pdf)
- ✓ **Implementing a Tobacco-Free Campus Initiative in Your Workplace** - This toolkit provides guidance for implementing a tobacco-free campus (TFC) initiative that includes a policy and comprehensive cessation services for employees. It is based on the Centers for Disease Control and Prevention's (CDC) experience with implementing the U.S. Department of Health and Human Services (HHS) Tobacco-Free HHS initiative. <http://www.cdc.gov/nccdphp/dnpao/hwi/toolkits/tobacco/index.htm>
- ✓ **Smoke-Free Hospital Toolkit: A Guide for Implementing Smoke-Free Policies** - Created by the University of Arkansas, a guide for implementing smoke-free hospital policies. Tobacco Free Nurses is the first national program created with the objectives of helping nurses quit, providing resources to nurses who want to help their patients quit and to promote tobacco control in the agenda of nursing organizations. [http://www.uams.edu/coph/reports/smokefree\\_toolkit/Hospital%20Toolkit%20Text.pdf](http://www.uams.edu/coph/reports/smokefree_toolkit/Hospital%20Toolkit%20Text.pdf)

# Strategy: Work with Partners to Reduce Tobacco Prevalence in Communities Served By the CCO

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CCOs/CACs can partner with local public health authorities to address tobacco prevention and cessation in the communities they serve. There are numerous evidence-based community interventions that are effective in reducing tobacco use and preventing youth initiation. These include: raising the price of tobacco through a tax, implementing tobacco retail environment interventions, tobacco-free work places and public spaces, and implementing cessation referral systems in social service agencies. By restricting access, promoting tobacco cessation and industry denormalization, we promote healthy, smokefree communities.

**How can your CCO/Community Advisory Council (CAC) partner with your local public health authority (LPHA) to reduce tobacco prevalence in the communities you serve through cessation activities or policy change, including supporting the state and local implementation of comprehensive tobacco control programs?** These programs are based on CDC best-practice recommendations, such as increasing the price of tobacco and increasing the number of tobacco-free environments.

## RESOURCES:

- ✓ **Directory for Local Public Health Authorities** - Contact your local health department to connect with a local Tobacco Prevention and Education Program. <http://public.health.oregon.gov/ProviderPartnerResources/LocalHealthDepartmentResources/Pages/lhd.aspx>
- ✓ **OHA Public Health Tobacco Prevention and Education Program** – Learn about the statewide comprehensive program and policy approaches to reduce tobacco use. <http://public.health.oregon.gov/PreventionWellness/TobaccoPrevention/Pages/index.aspx>
- ✓ **CCO Community Advisory Councils** - CCOs are required to have community advisory councils who oversee the community health assessment and adopt the community health improvement plan. <http://www.oregon.gov/oha/OHPB/Pages/cac.aspx>
- ✓ **CDC The Community Guide Toolbox** - The Community Guide Toolbox is a collection of online public health materials that will help users assess and carry out evidence-based public health strategies and interventions to meet their community's critical health needs. <http://www.thecommunityguide.org/toolbox/index.html>

# Strategy: Improve Outreach and Delivery of Cessation Benefits to Special Populations

The tobacco industry has invested billions of dollars in marketing tobacco to specific populations. Certain racial and ethnic groups, LGBTQ population, and those with serious and persistent mental illness have higher rates of tobacco use than the general population. The specific tobacco-related health risks for people in these groups must be considered in the design of tobacco control programs and strategies. Effective and culturally appropriate messaging and outreach to special populations can denormalize tobacco use and help existing tobacco users understand the resources to help them quit.

## Communicate and outreach to members from special population groups, including those known to use tobacco at higher rates

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- |   |                          |                          |
|---|--------------------------|--------------------------|
| • Special populations include:              | <input type="checkbox"/> | <input type="checkbox"/> |
| • Native American                           | <input type="checkbox"/> | <input type="checkbox"/> |
| • African-American                          | <input type="checkbox"/> | <input type="checkbox"/> |
| • Latinos                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Asian and Pacific Islanders               | <input type="checkbox"/> | <input type="checkbox"/> |
| • LGBTQ                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| • Non-English speaking                      | <input type="checkbox"/> | <input type="checkbox"/> |
| • Pregnant women                            | <input type="checkbox"/> | <input type="checkbox"/> |
| • Individuals with mental health conditions | <input type="checkbox"/> | <input type="checkbox"/> |
| • Youth                                     | <input type="checkbox"/> | <input type="checkbox"/> |

## RESOURCES:

- ✓ **Tobacco Use and Pregnancy: Resources** - This website from the Centers for Disease Control and Prevention provide links to a variety of resources for smokers and their families and providers. <http://www.cdc.gov/reproductivehealth/MaternalInfantHealth/TobaccoUsePregnancy/index.htm>
- ✓ **Smoking Cessation for Persons with Mental Illnesses: A Toolkit for Mental Health Providers** - This toolkit was developed for a broad continuum of mental health providers. The toolkit contains information and step-by-step instruction about low burden means of assessing readiness to quit, possible treatments, strategies for reducing relapse, and referral to community resources. [http://www.integration.samhsa.gov/Smoking\\_Cessation\\_for\\_Persons\\_with\\_MI.pdf](http://www.integration.samhsa.gov/Smoking_Cessation_for_Persons_with_MI.pdf)
- ✓ **National Native Network: Keep it Sacred** - The National Native Network website serves as a resource hub for culturally appropriate resources pertaining to tobacco cessation, tobacco products, chronic disease prevention, and the difference between commercial tobacco usage and sacred tobacco traditions among this population. <http://www.keepitsacred.org>
- ✓ **Regional Health Equity Coalitions** - Regional Equity Coalitions support local, culturally-specific activities designed by communities to reduce disparities and address the social determinants of health. <http://www.oregon.gov/oha/oei/Pages/rhec.aspx>