



The Tobacco Dependence Treatment Support Landscape in Kansas

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Acknowledgements

- **Capstone Committee**

- Elizabeth Ablah, PhD
- Rick Cagan
- Kimber Richter, PhD
- Anne DiGiulio
- Lisa Sanderson Cox, PhD

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- Nathalia Machado, PhD
- KDHE
- MPH professors + family and friends



Competencies Addressed

- **Core**

- **MPH04** – Interpret results
- **MPH13** – Identify/build partnerships
- **MPH15** – Evaluate policies
- **MPH19** – Communicate
- **MPH22** – Apply systems thinking tools

- **Public Health Management**

- **PHMC01** – Identify/interpret laws/regulations/policies
- **PHMC02** – Discuss policy process for improving population health
- **PHMC03** – Identify main components of system
- **PHMC06** – Apply leadership and systems thinking



Terminology

**Tobacco
Dependence
Treatment**

versus

**Tobacco
Cessation**



Overview

x 3
Instruments

- **Problem**
- **Research question**
- **Methods**
 - Instrument
 - Participants
 - Procedures
- **Results**
- **Discussion**
- **Conclusion**



Problem

TOBACCO USE

No. 1 preventable cause of disease and premature death



(Centers for Disease Control and Prevention, 2020; National Center for Chronic Disease Prevention and Health Promotion [US], Office on Smoking and Health, 2014)



Tobacco Use

US



All forms: **20.8%**
Smoking: **14%**

KS



All forms: **24.4%**
Smoking: **16.2%**



(CDC, 2017; Cornelius, 2020)

Effects on Human Health

HARMFUL

- **Chronic diseases**

(NCCDPHP [US], OSH, 2014)

- **Reproductive health**

(Office on Smoking and Health [US], 2001)

- **2nd- + 3rd-hand smoke**

(Office on Smoking and Health [US], 2006; Ramírez et al., 2014)

- **Toxic + choking hazard**

(Hendlin, 2018; Wang & Rostron, 2017)

- **Fire hazard**

(Ahren, 2019)

- **Pollutant**

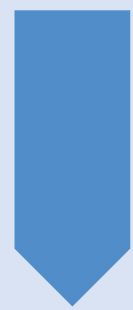
(Dobaradaran et al., 2019; Kurmus & Mohajerani, 2020; Lerner et al., 2015; Stigler-Granados et al., 2019)



Effects on Economy

COSTLY

US



\$300 billion

**Medical
Expenditures
+
Lost Productivity**

KS



\$1.12 billion



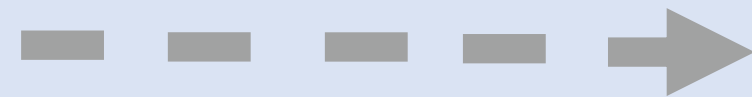
(Campaign for Tobacco-Free Kids, 2022; NCCDPHP [US], OSH, 2014; U.S. Federal Trade Commission, 2019)

Quitting

Wish to quit



~70%



Have tried
(past year)



50%



Successful
(for ≥ 6 months)



~7%

DIFFICULT



(Babb et al., 2017; United States Public Health Service Office of the Surgeon General & NCCDPHP [US], OSH, 2020)

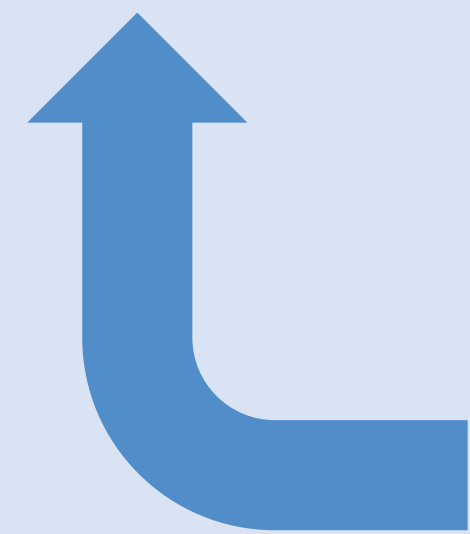
Tobacco Dependence Treatment

Recommended Evidence-Based Strategies

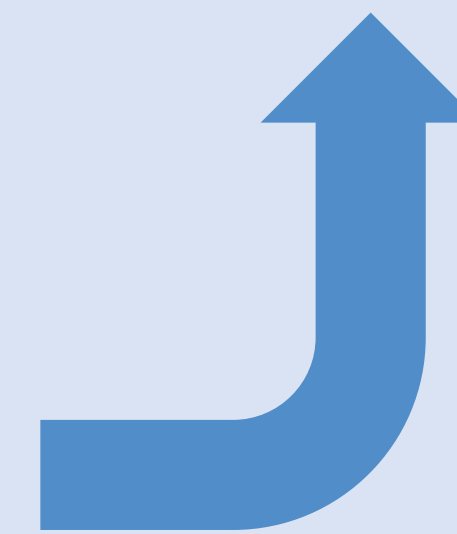
Counseling

FDA-Approved

Medication



**Combination
most effective**



(Clinical Practice Guideline Treating Tobacco Use and Dependence 2008 Update Panel, Liaisons, and Staff, 2008;
United States Public Health Service Office of the Surgeon General & NCCDPHP [US], OSH, 2020)



Counseling

Types

- Individual
- Group
- Telephone



USE

Models

- **5As** (Ask, Advise, Assess, Assist, Arrange)
- **2As, 1R** (Ask, Advise, Refer)
- **5Rs** (Relevance, Risk, Rewards, Roadblocks, Repetition)

(Clinical Practice Guideline Treating Tobacco Use and Dependence 2008 Update Panel, Liaisons, and Staff, 2008; United States Public Health Service Office of the Surgeon General & NCCDPHP [US], OSH, 2020; Vidrine et al., 2013; World Health Organization, 2014)



Medication

Evidence-Based – FDA-Approved

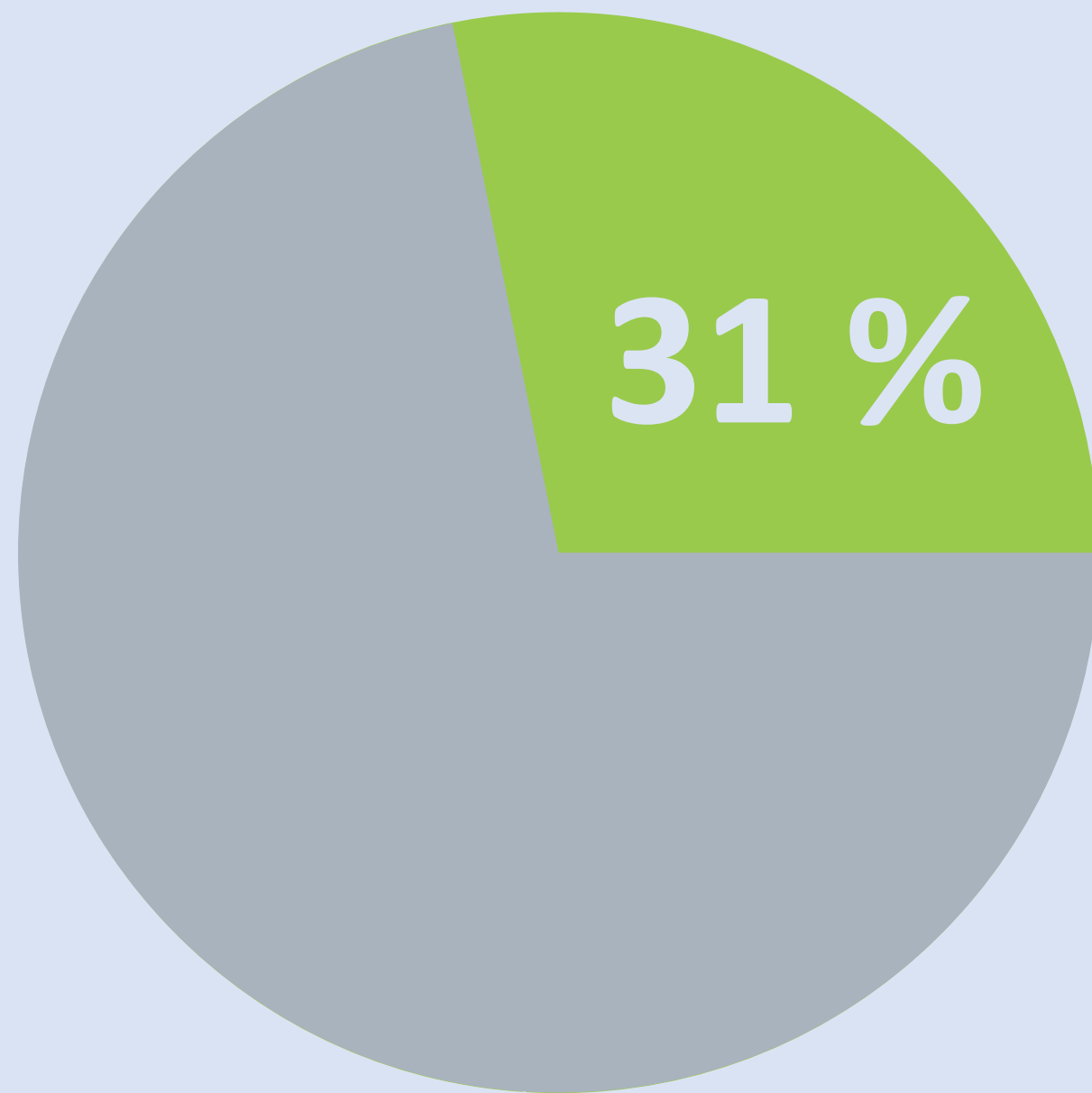
- **Nicotine replacement therapies (NRTs)**
 - ✓ Gum
 - ✓ Lozenges
 - ✓ Nasal spray
 - ✓ Inhaler
 - ✓ Transdermal patch – **long-acting**
- **Non-nicotine medications**
 - ✓ Bupropion SR
 - ✓ Varenicline

short-acting



Underutilization of Treatment Methods

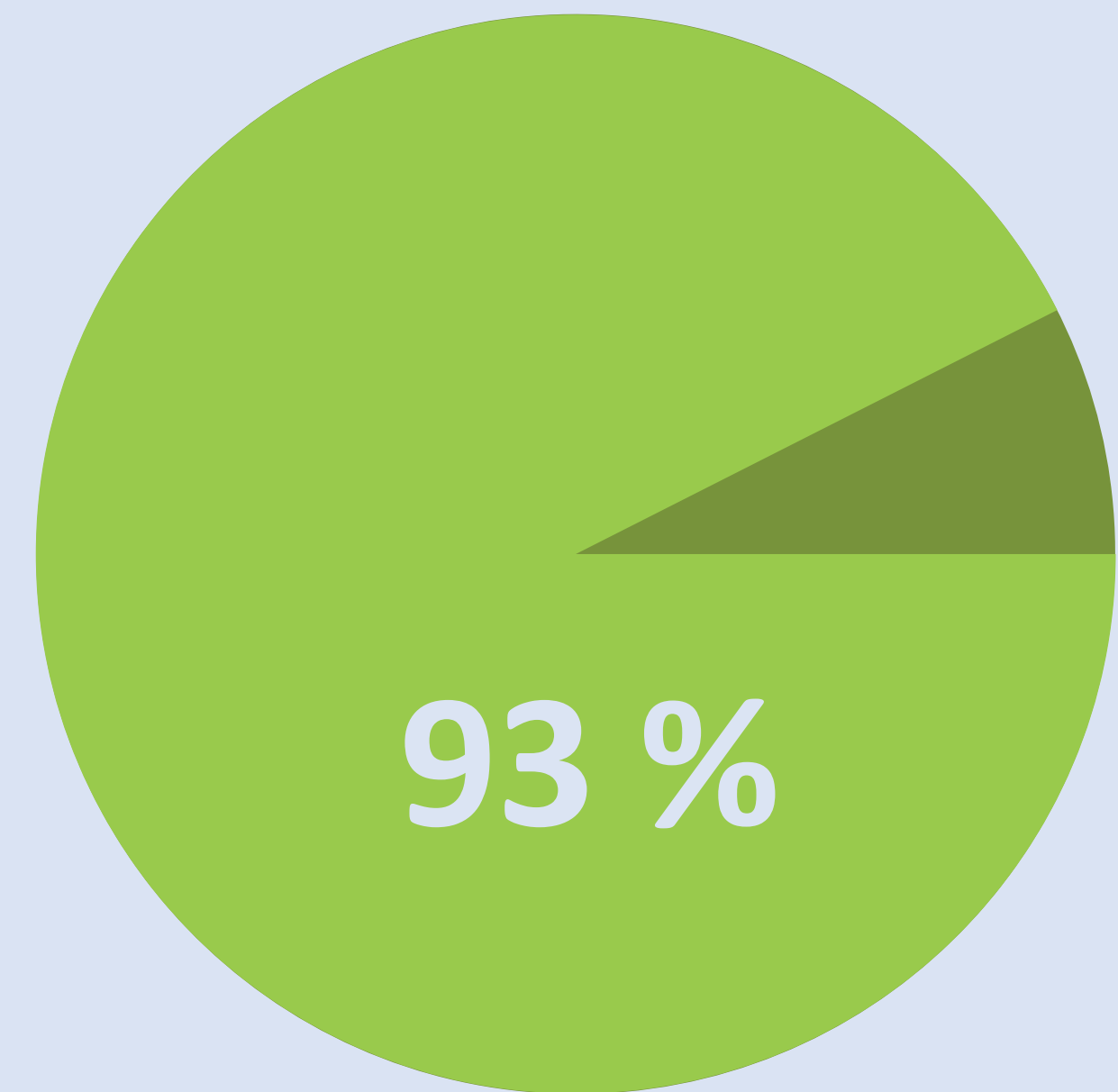
Use recommended
treatment strategies



Adult
Smokers



Choose recommended
medications



(American Lung Association, 2020; Babb et al., 2017; Patient Protection and Affordable Care Act of 2010)



Underutilization Factors

- **Insufficient use of referrals**
- **Underutilization of tobacco quitline**
- **Non-ACA-compliant health plans**
- **High proportion of uninsured**

(American Lung Association, 2019; Clinical Practice Guideline Treating Tobacco Use and Dependence 2008 Update Panel, Liaisons, and Staff, 2008; Bentz et al., 2006; Curry et al., 2008; Fiore & Jaén, 2008; Holtrop et al., 2008; Jamal et al., 2018; Kaufman et al., 2010; Seervai et al., 2019; United States Public Health Service Office of the Surgeon General & NCCDPHP [US], OSH, 2020)



Healthy People 2030

OBJECTIVES

- **↓ Current tobacco use**
(adults; teens)
TU-01,04
- **↑ Use counseling + medications**
TU-13
- **↑ Advice to quit by medical providers**
TU-12
- **↑ Quit attempts**
(past-year; successful)
TU-11,14,15
- **↑ Medicaid coverage of evidence-based tobacco dependence treatment**
TU-16



Systems Influencing Tobacco Cessation

**Insurance
Coverage**

+

**Health Care
Providers**



Research Question

**What are the
tobacco dependence
treatment supports
in KS?**



Tools

1 **Kansas Environmental Scan
for Tobacco Cessation Supports**

2 **Kansas Health Plan
Assessment**

3 **Tobacco Dependence
Treatment Survey**

**Insurance
Coverage**

**Health Care
Providers**



Methods: Environmental Scan

INSTRUMENT

Living Database

- Goal: Assess tobacco cessation supports in KS
- Origin: North American Quitline Consortium
- Original goal: Assess / build support for insurance coverage of quitline services
- Format conversion
- Instigator for conversion and use: Rick Cagan



Methods: Environmental Scan

Components

State Data

Health Insurance
Carriers

Largest
Employers

KS
Quitline

KS
Medicaid

Key
Stakeholders

Policies Impacting
Tobacco Use

Resources for
Treatment

Data Sets



Methods: Environmental Scan

PARTICIPANTS

Behavioral Health Tobacco Project Subgroup

- ✓ R. Cagan
- ✓ E. Ablah
- ✓ K. Richter
- ✓ A. DiGiulio
- ✓ F. Huneycutt

Members of KDHE

- ✓ M. Barnett
- ✓ T. Bond
- ✓ S. Corbett
- ✓ C. Cramer
- ✓ S. Lines
- ✓ S. Moore
- ✓ M. Schrock
- ✓ M. Warfield

(KDHE: Kansas Department of Health and Environment)



Methods: Environmental Scan

PROCEDURES



Data collection/updates: 10/2020 – 01/2022



Methods: Health Plan Assessment

INSTRUMENT

Online Questionnaire

- Joint development: Behavioral Health Tobacco Project subgroup; spring/summer 2020
- Goal: Assess tobacco dependence treatment service coverage in health insurance plans in Kansas
- Platform: SurveyMonkey® ■ Questions: 81



Methods: Health Plan Assessment

Question Categories

- ✓ Premium surcharge and incentives
- ✓ Medication-assisted quit attempts; combined prescription
- ✓ All 7 FDA-approved tobacco dependence treatment medications
- ✓ All 3 modes of counseling



Methods: Health Plan Assessment

Question Categories

- ✓ Reimbursed tobacco dependence treatment billing codes
- ✓ Provider types reimbursed for tobacco dependence treatment
- ✓ Provider credential requirements
- ✓ Telehealth



Methods: Health Plan Assessment

PARTICIPANTS

Administrators of health insurance plans in KS

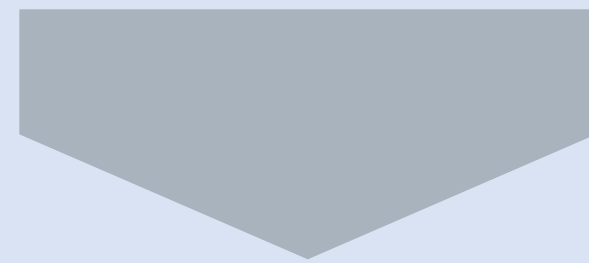
- **Includes:**
 - ✓ State employee health plan (SEHP)
 - ✓ Major health insurance carriers in KS
- **One (1) participant per organization**



Methods: Health Plan Assessment

PROCEDURES

Identified health plan contacts



E-mailed invitation to complete questionnaire
(included link)

Data collection: 10/2020 to present



Methods: Provider Survey

INSTRUMENT

Online Questionnaire

- Joint development: NAMI Kansas / KU Med
- Goals: Assess capacity for evidence-based tobacco dependence treatment in KS + create directory of providers
- Platform: SurveyMonkey® ■ Questions: 13



Methods: Provider Survey

Question Categories

- ✓ Training
- ✓ Services provided
- ✓ User access to services
- ✓ How clients pay for services
- ✓ Insurance accepted
- ✓ Billing codes used
- ✓ Willingness to be included in directory of providers



Methods: Provider Survey

PARTICIPANTS

**Licensed behavioral health providers
and other health care providers in KS**

- Identified via list from Behavioral Sciences Regulatory Board and via medical associations and health plans
- One (1) participant per organization



Methods: Provider Survey

PROCEDURES

- Survey link sent in multiple waves
- Online survey open throughout 2020
- Administered once via phone in February 2021



ANALYSIS

IBM SPSS software



Univariate analyses



- Frequencies
- Percentages

Results: Environmental Scan

S
A
M
P
L
E

STATE INFORMATION/DATA			
Item	Number/Percent	Resource URL	Notes
Total state population	2,913,314	https://www.census.gov/quickfacts/fact/table/KS	July 2019 estimates
Total adults	2,214,119	https://www.census.gov/quickfacts/fact/table/KS -	Subtract under age 18 from total population
Smoking prevalence	16.20%	https://www.cdc.gov/brfss/brfssprevalence/index.html https://www.kdheks.gov/brfss/Survey2019/ct2019_currentsmok.html	Search for state, select Tobacco Use (Class), select Current Smoker Status (Topic), select the most current year available in the dropdown (crude prevalence; age-adjusted prevalence is 16.7 % for 2019)
Tobacco use prevalence	24.40%	Tristi Bond provided updated prevalence data from 2019 BRFSS and is working on updating the KDHE document	KDHE sourced from BRFSS: https://www.kdheks.gov/tobacco/download/Adult_Tobacco_Use_in_KS.pdf (from 2018 BRFSS: 23.6%)
Estimated number of adult smokers	358,687	https://www.cdc.gov/brfss/brfssprevalence/index.html	Total number of adults * smoking prevalence
Estimated number of pregnant smokers	3,056 (9.2%)	PRAMS Report 2019 (see page 51)	Self-reported among Kansas women with recent live births. For recent smoking rate, also see: https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/Smoking_pregnancy/state/KS
Estimated number of youth* smokers	8,746	https://www.cdc.gov/healthyyouth/data/yrbs/results.htm	5.8% *high school students report smoking. To determine high school student headcount, please see https://datacentral.ksde.org/report_gen.aspx

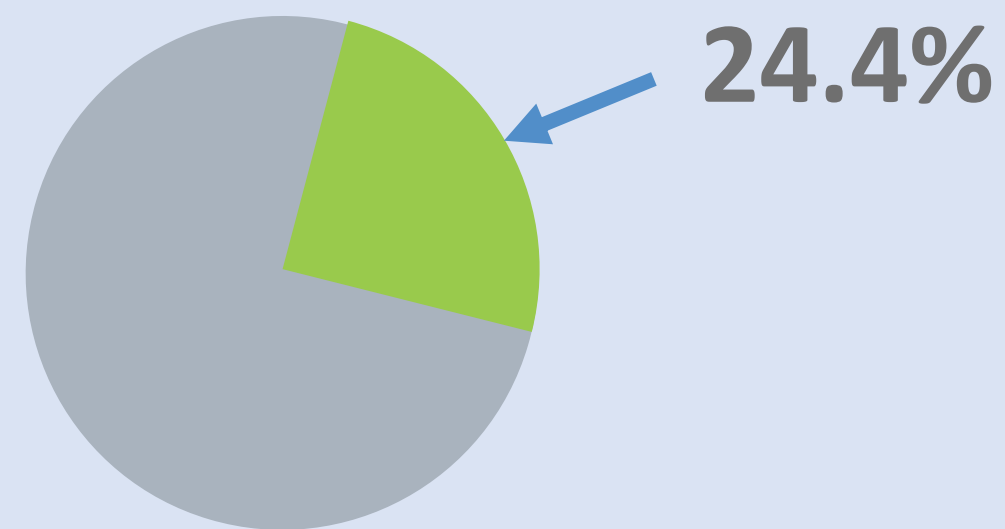
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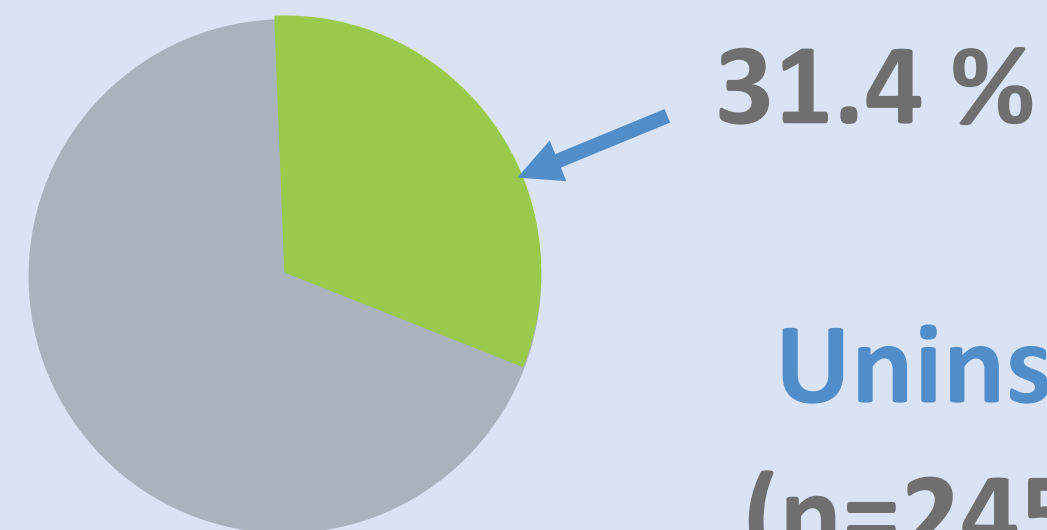
State Data

Tobacco Use (Adults)

(n=540,245)

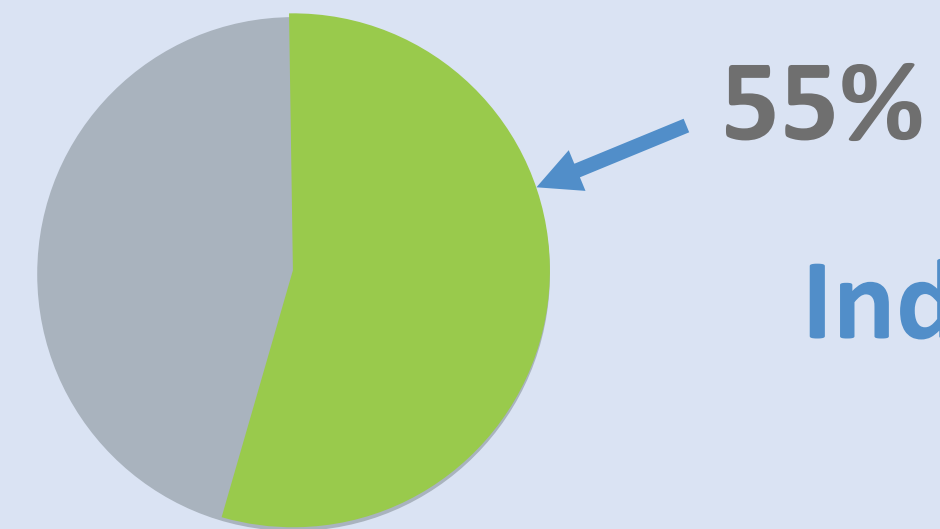


Adults With Mental Illness Who Smoke



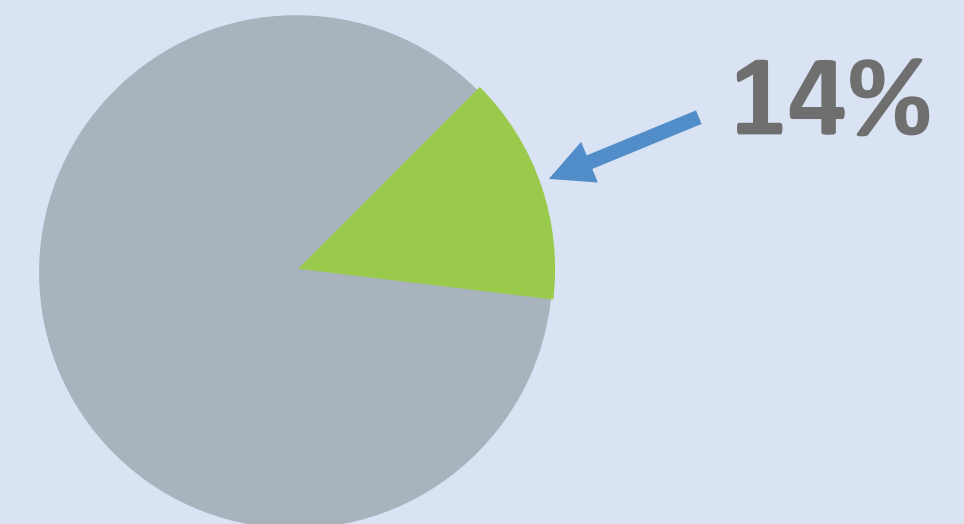
Individuals With Employer-based Health Insurance

(n=1,538,700)



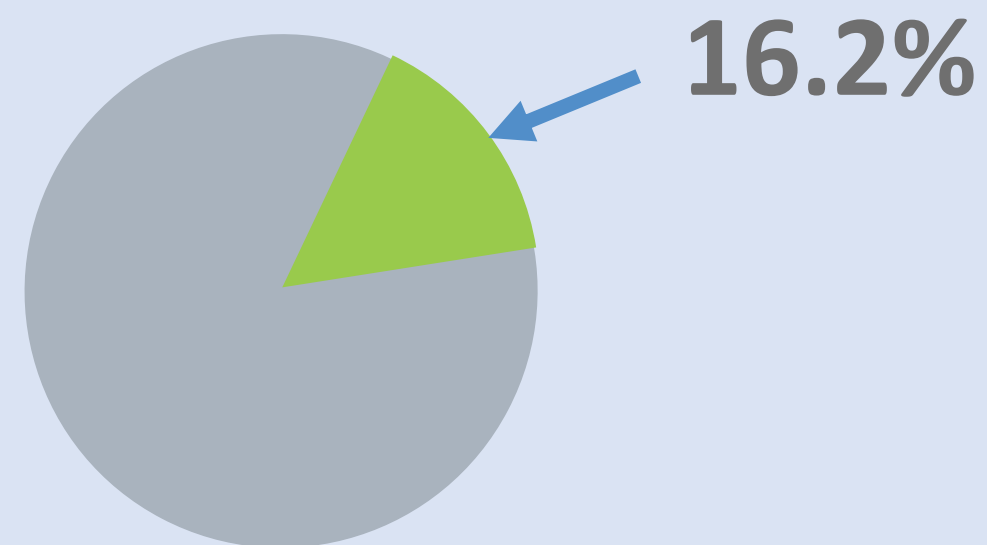
Individuals With Medicaid

(n=396,400)



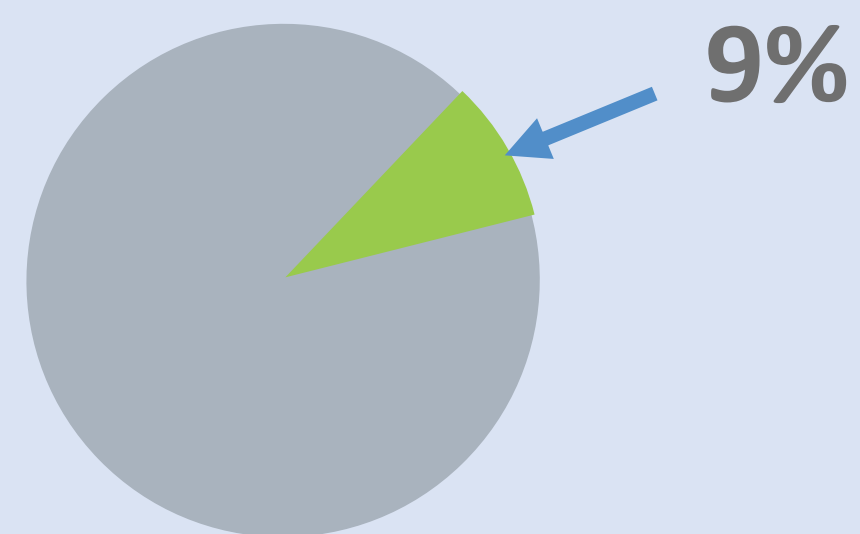
Smoking (Adults)

(n=328,687)



Uninsured

(n=245,500)



(2019 estimates)



Health Insurance Carriers

Plans With Largest Market Share

Blue Cross Blue Shield® of Kansas



Aetna® Life Insurance Company

Blue Cross Blue Shield® of Kansas City

Humana® Insurance Company

BlueCross BlueShield Kansas Solutions

Cigna® Health and Life Insurance Company

UnitedHealthcare® Insurance Company

Aetna® Health



(Van Aalst, 2017)

Largest Employers

Found Data on 3 out of 20 Largest Employers*

Number of Employees

Textron Aviation

(n=12,458)

Ascension Via Christi Hospitals

(n~10,000)

Unified School District 259

(n~9,000)

*As listed on the 2020 Kansas Economic Report
(Kansas Department of Labor, 2020)

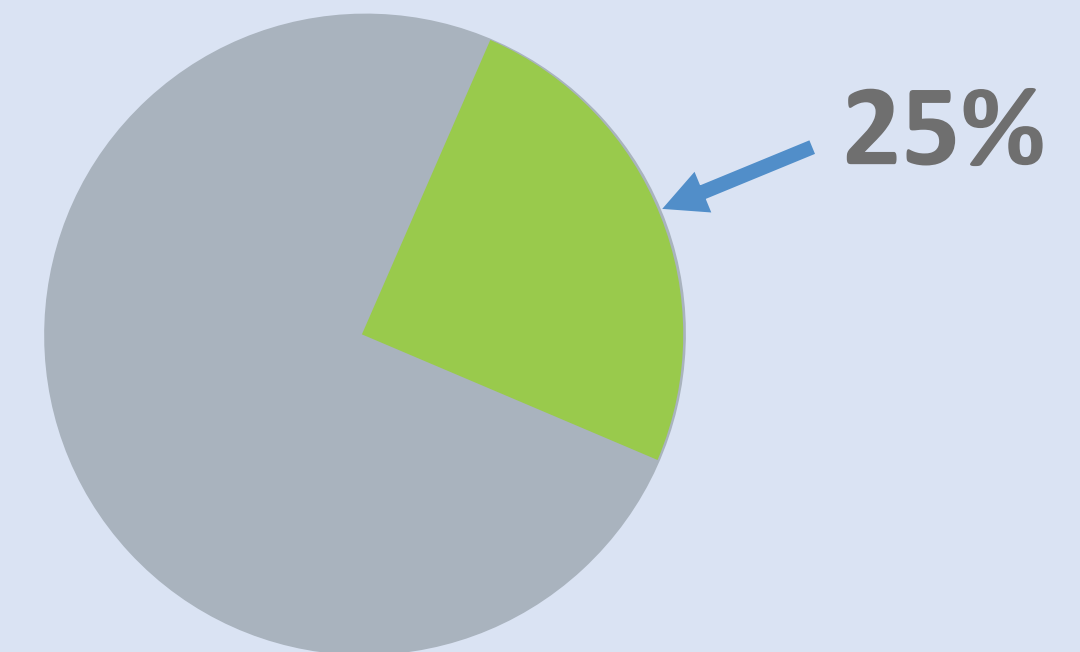


KS Quitline

Tobacco Users
Served

1,028

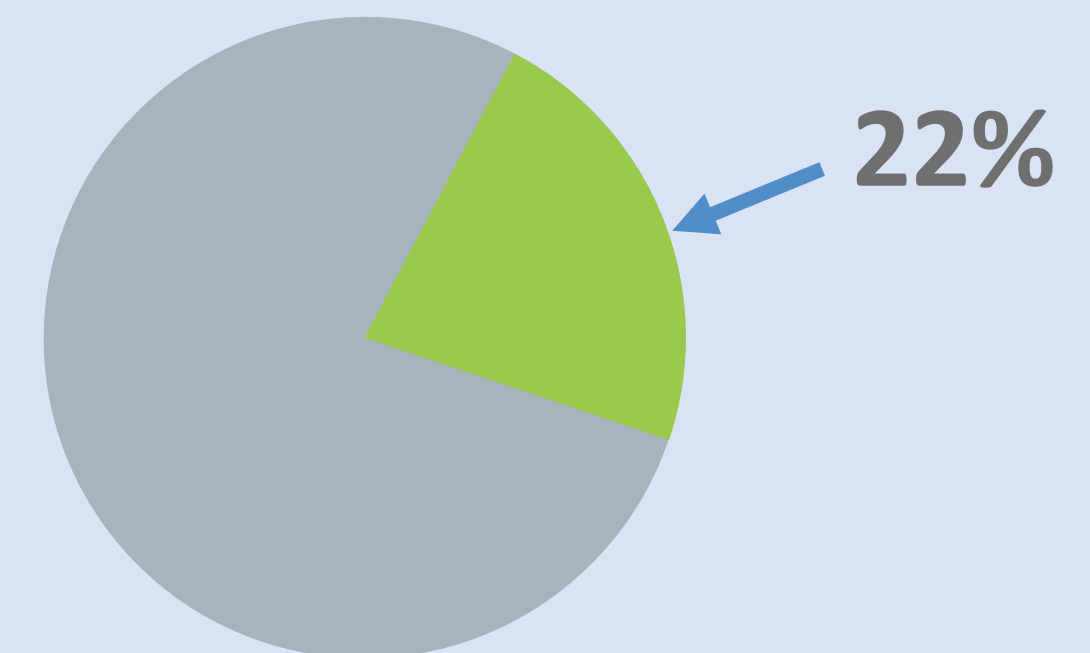
On Medicaid
(n=258)



Direct Calls

3,715

Uninsured
(n=224)



Referrals to
Quitline

835



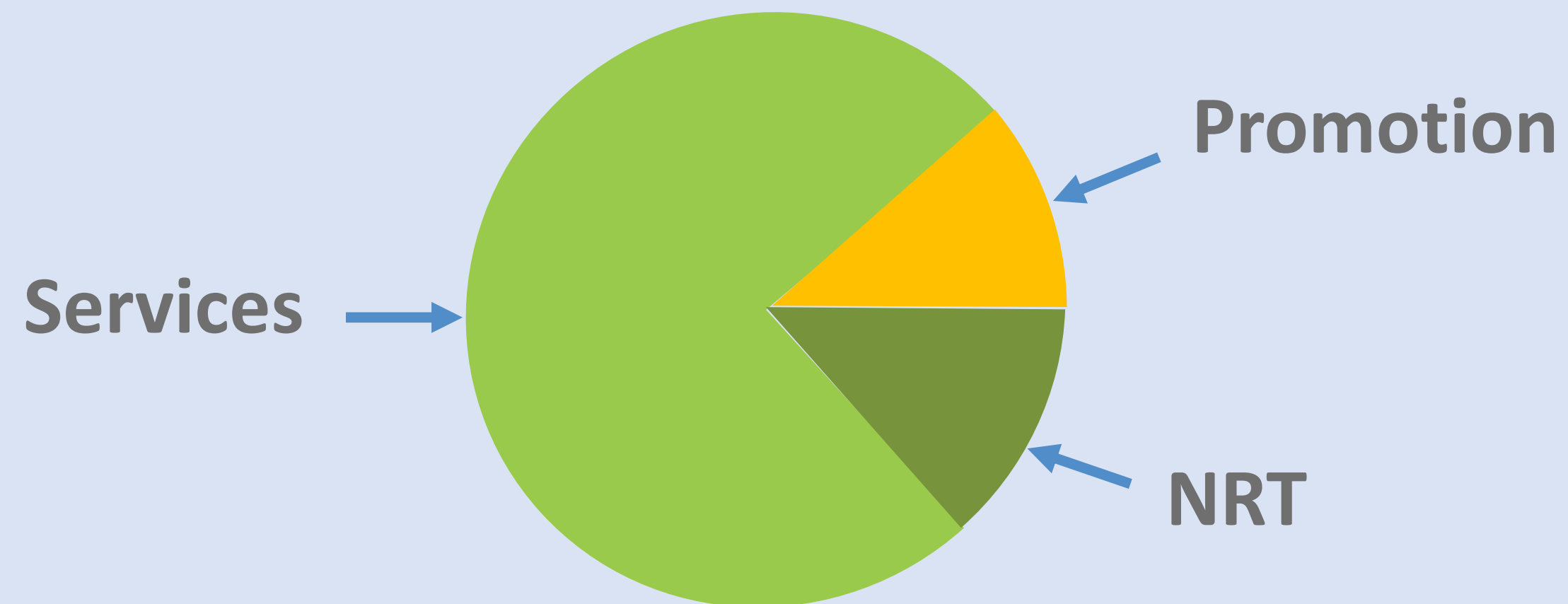
(North American Quitline Consortium, 2021)

KS Quitline

FY 2020 Budget
\$173,501

**Per User
Outlay**

\$0.45



**Quit
Rate**

26.3%



(North American Quitline Consortium, 2021)

KS Medicaid

**No Medicaid
Expansion**

**OneCare Kansas
Program**

**Benefits
via MCOs***

* Managed Care Organizations



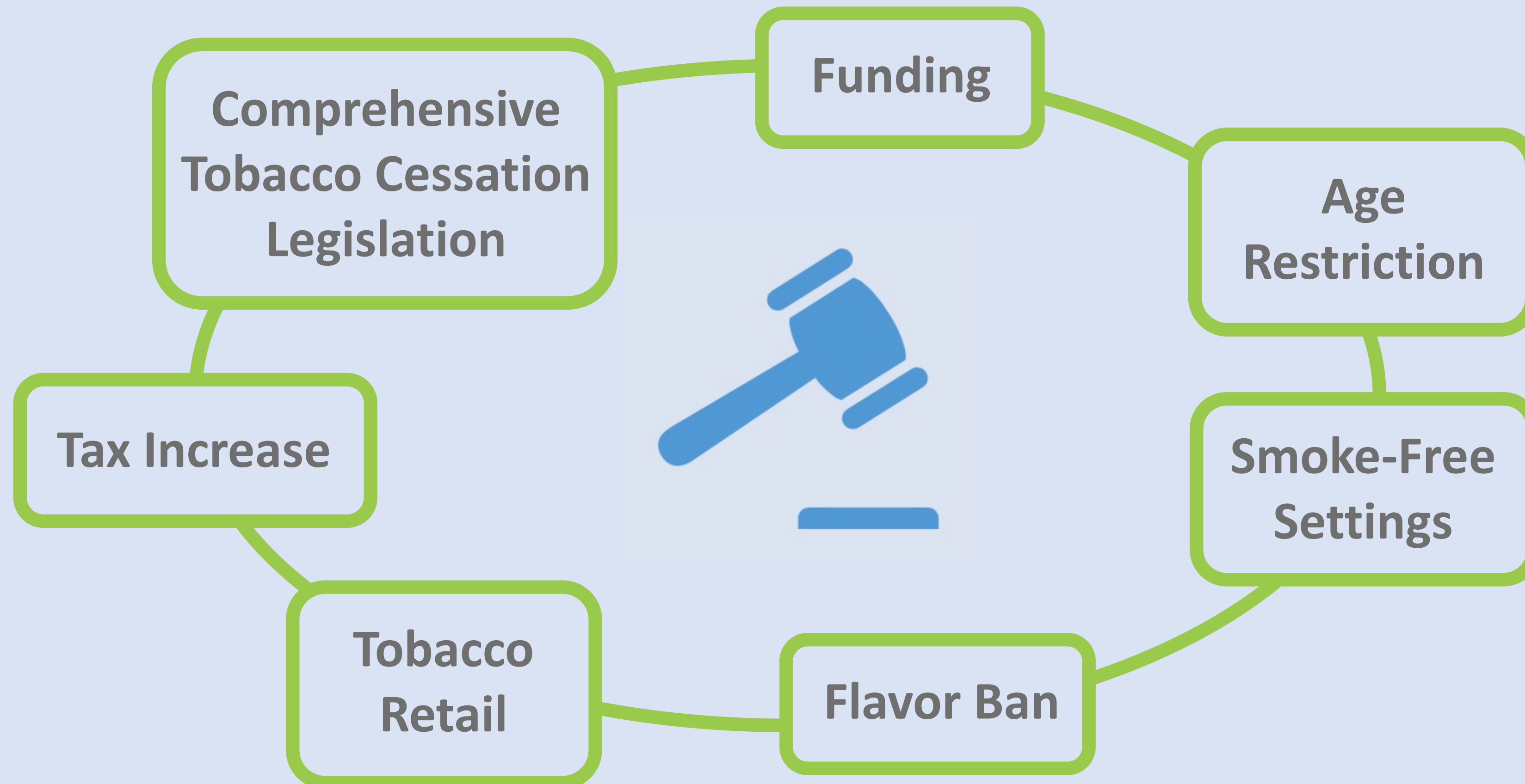
**Long-term services
for people with certain
chronic conditions**



Key Stakeholders



Policies



Treatment Resources

1

Search Keywords

Category


Tobacco Cessation

Resource Type

- Any -

County

- Any -



KANSAS
SUPPORT GROUPS

RESOURCE	DESCRIPTION
Breathe Easy, Live Well-Breakthrough Clubhouse	Breathe Easy, Live Well is a wellness program designed for anyone, especially those who suffer from mental health conditions. It is a wellness program with an emphasis on tobacco cessation. Anyone is welcome to attend, you do not have to be a Breakthrough Clubhouse member.
Freedom From Smoking Clinic	Want to be free from nicotine but don't know where to start? AdventHealth Shawnee Mission offers the Freedom From Smoking® program. This seven week, eight-session group program was developed by the American Lung Association and is one of the most successful quit programs available. A trained instructor will provide the extra support you need to kick your habit for good. This program will teach you how to change your behavior and become smoke free for life. You'll get special attention to help you: Develop your own quitting plan, Fight urges to smoke, Combat recovery symptoms, Control your weight, Manage stress through relaxation techniques.
KanQuit - Kansas Tobacco Quitline	The Kansas Tobacco QuitLine is an online service available FREE to all eligible residents. Connection with a team of support coaches, research-based information, and a community of others trying to live tobacco free. Coaches are available to discuss overcoming common barriers, such as: dealing with stress, fighting cravings, coping with irritability, and controlling weight gain. Offers 3 different programs: phone + online, online only, or phone only. You must be a resident to participate in the program.

MCA Tobacco Cessation Group

At the Masonic Cancer Alliance (MCA), the outreach network of The University of Kansas Cancer Center, we know it can be difficult to quit tobacco. Our group classes can help by providing information on:

- Strategies to quit and stay tobacco-free
- How to cope with stress without using tobacco
- Medications that might help

2

Tobacco Dependence Treatment
Provider Directory

(Kansas Support Groups, [n.d.])

Data Sets

HRSA

Health Resources and Services
Administration

SAMHSA

Substance Abuse and Mental
Health Services Administration

Claims

**Self-
Assessment**



Analyses by KU School of Medicine
(Dr. K. Richter; Dr. N. Machado)



Results: Health Plan Assessment

Responses

1

Kansas State
Employee Health Plan

October 13, 2020



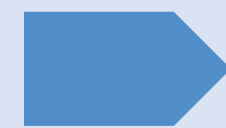
Surcharges and Incentives



No premium surcharge
for tobacco users



Offers reasonable
alternative



Offers wellness incentive to all



**Cerner's HealthQuest
Rewards Program online
course**

**Tobacco
cessation
program**



**6 points = \$60 toward
annual earnable
premium discount**



Medication

No co-pay
No prior authorization
No limitations *>varenicline<



3

Quit attempts per year

Co-prescribed
medications **OK**

=
One (1)
quit attempt

Covers all 7 FDA-approved tobacco
dependence treatment medications



Counseling



Telephone
(contracted)

No co-pay
No limitations

Group



Individual



10

sessions



Billing – Reimbursement



Code 99406

**Counseling
(3-10 minutes)**



Code 99407

**Counseling
(>10 minutes)**

Unanswered

Includes



Telehealth

- ☐ **Types of providers who can be reimbursed for these codes?**
- ☐ **Any additional certification required?**



Results: Provider Survey

Responses

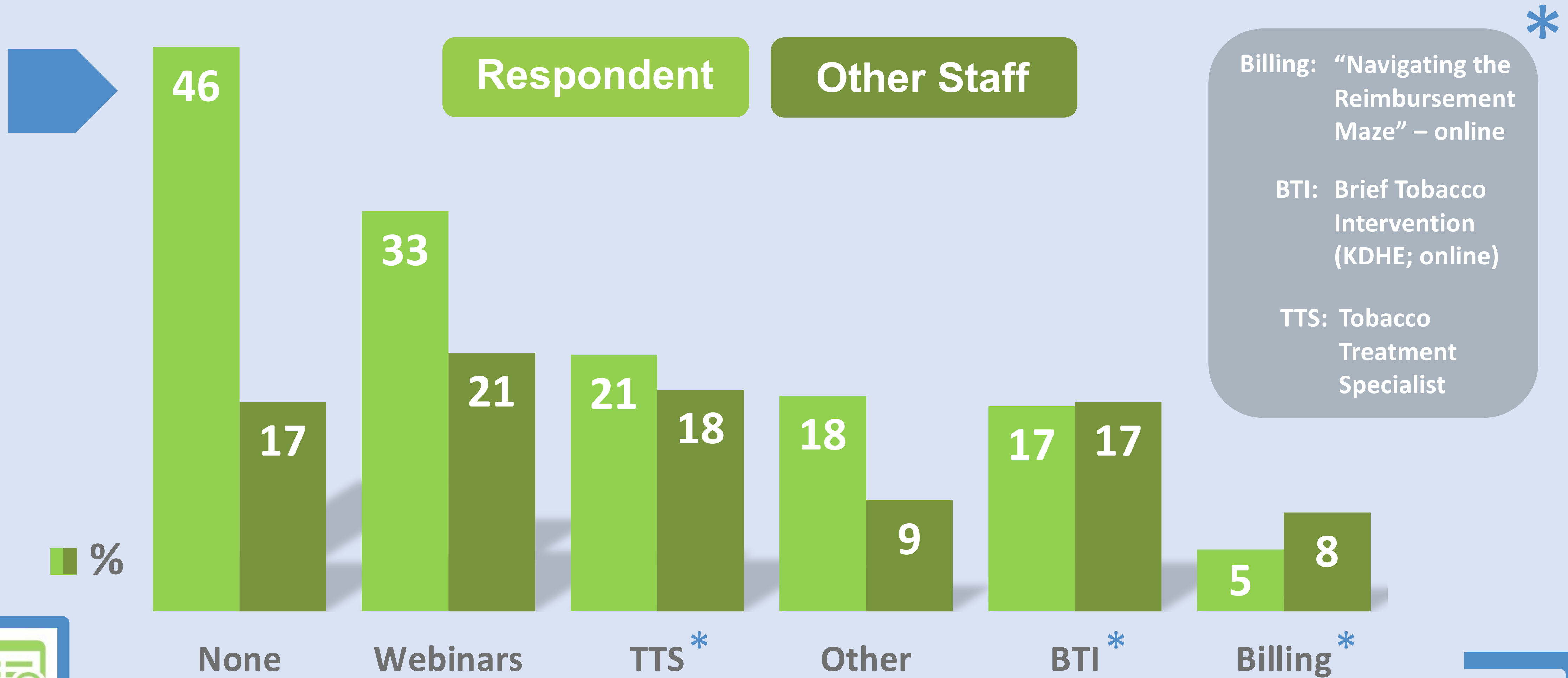
120
respondents



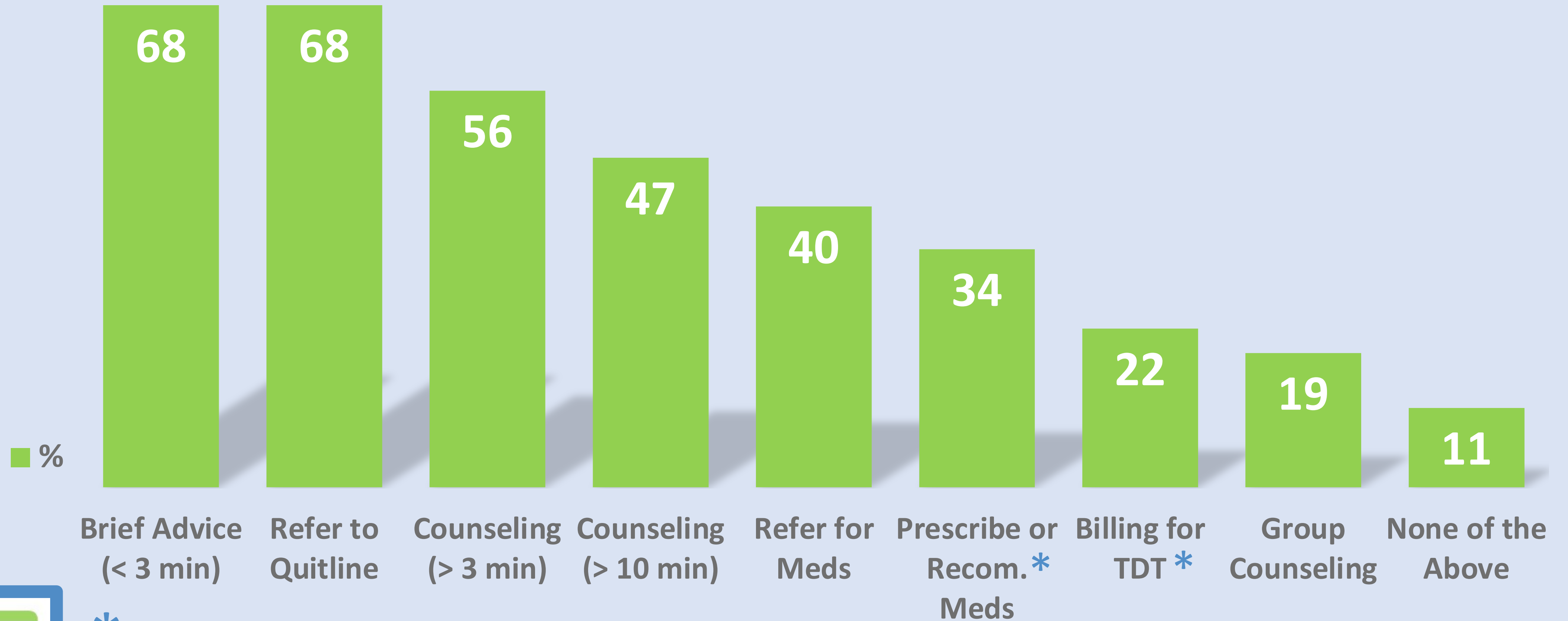
116
organizations



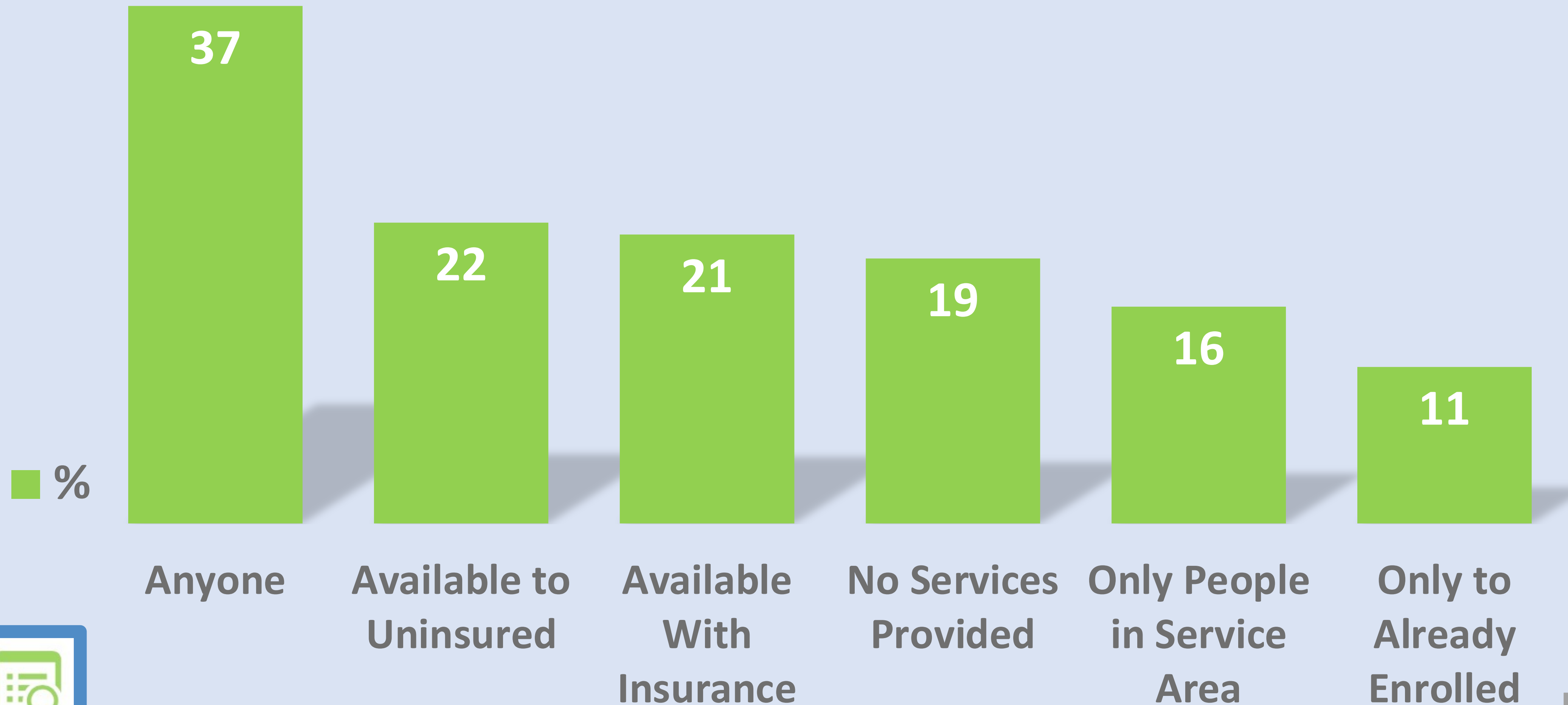
Training



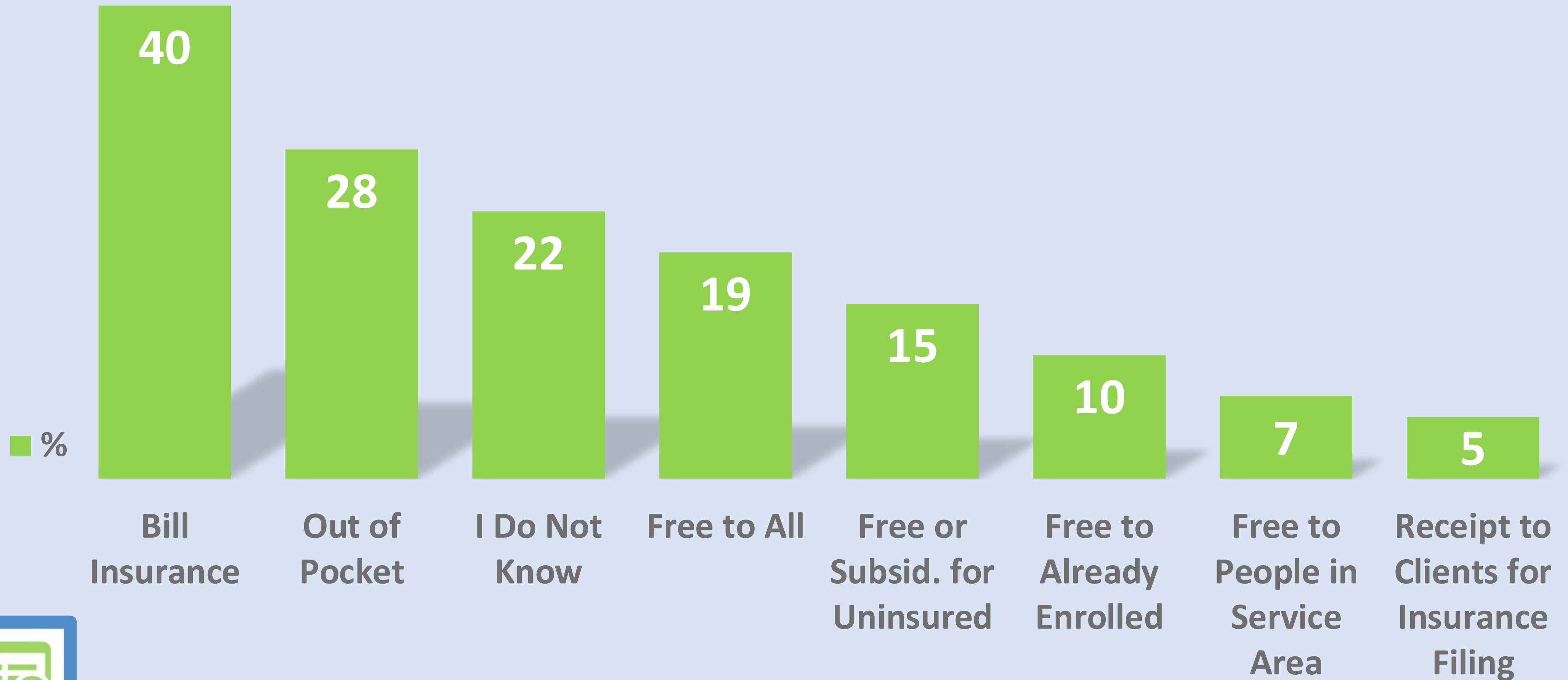
Services Provided



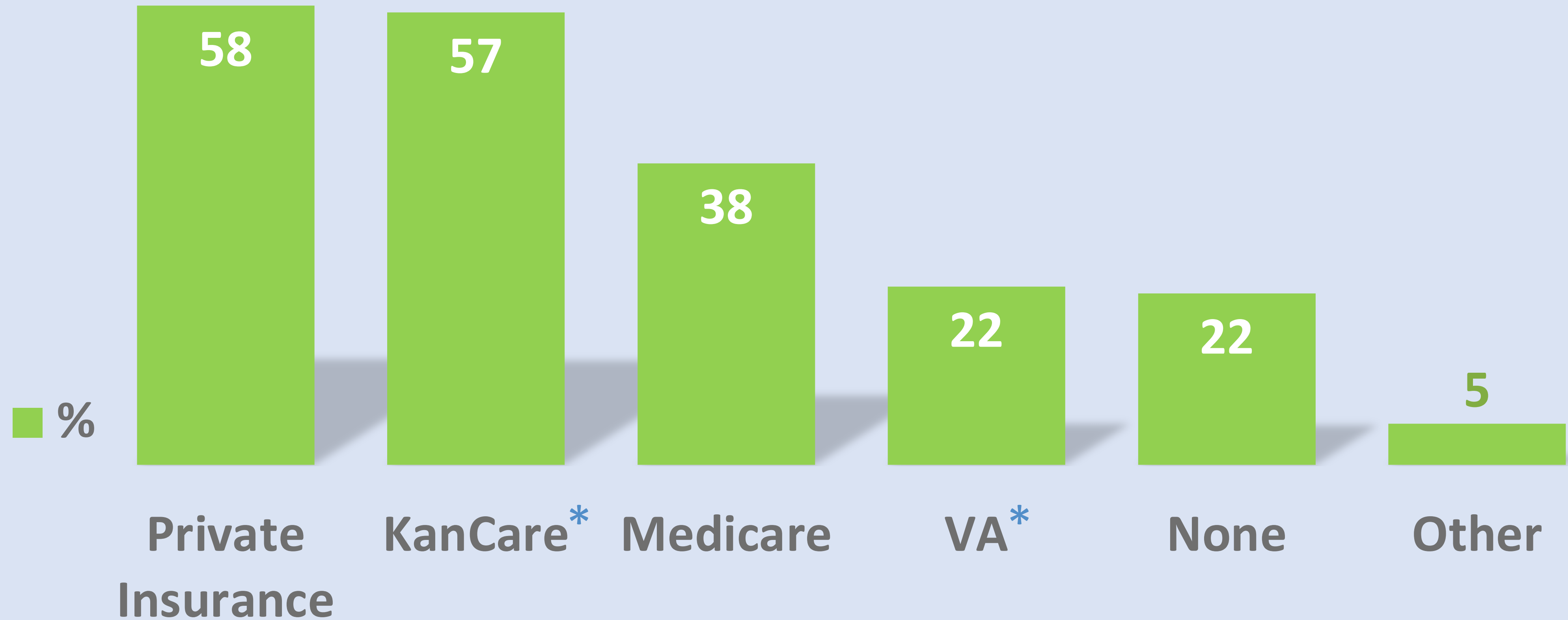
Tobacco User Access



How Clients Pay



Insurance Type Accepted



*

KanCare: Kansas Medicaid

VA: Veterans Affairs

Billing Codes Used



TDT: Tobacco Dependence Treatment

Sample Provider Directory



County	Organization and Tobacco Dependence Treatment Provider	Tobacco Dependence Treatment Services and Payment/Insurance Accepted
Barton	Heart of Kansas Family Health Care, Inc. 1905 19th St Great Bend, KS, 67530 (620) 792-5700	Tobacco Dependence Treatment Services: Counseling (Individual) Cessation Meds (Prescribe) Insurance Accepted: KanCare, Medicare, VA, Private Insurance
Barton	St. Francis Ministries 1508 Main St Great Bend, KS, 67530 <u>Myers, Deborah</u> (620) 617-4504	Tobacco Dependence Treatment Services: Counseling (Individual) Insurance Accepted: KanCare, Private Insurance
Brown	Hiawatha Community Hospital Family Practice 300 Utah Hiawatha, KS, 66434 <u>Bigham, Bryon</u> (785) 742-2161	Tobacco Dependence Treatment Services: Counseling (Individual) Cessation Meds (Prescribe) Insurance Accepted: KanCare, Medicare, VA, Private Insurance
Butler	South Central Mental Health Counseling Center (SCMHCC) 221 W King St Andover, KS, 67002-8964 <u>Mukwindidza, Susan</u> (TTS Trained) (316) 733-5047	Insurance Accepted: KanCare, Medicare, VA, Private Insurance



Discussion: Importance of State Data

- To identify the disproportionately impacted by tobacco

- ✓ People with mental illness
- ✓ People with Medicaid
- ✓ The uninsured

e.g.



- To identify gaps

- ✓ In health insurance coverage
- ✓ In capacity at the health care provider level

- To identify key partners



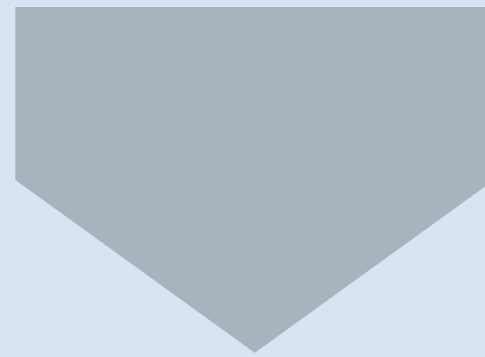
(Centers for Disease Control and Prevention, 2020; Center for Community Health and Development, 2022a-d)



Affordable Care Act (ACA)

Mandated for Most Private Health Insurance Plans

Comprehensive Tobacco Cessation Coverage



- ✓ **No-cost access to:**
 - All 3 forms of counseling
 - All 7 FDA-approved medications
- ✓ **2 quit attempts per year**
- ✓ **4 counseling sessions and 90 days of medications per quit attempt**

(Patient Protection and Affordable Care Act of 2010)



Health Insurance Coverage By Plan Type

Tobacco Dependence Treatment Benefits

Insurance Plan Type	Medications	Counseling	Quit Attempt per Year	Cost Sharing	Prior Auth.
Medicare	Spray, inhaler, bupropion, varenicline. Part D may choose to cover additional medications.	Individual (limit 4)	Up to 2	No for counseling	
Medicaid (all enrollees)	All 7 FDA-approved medications				
Medicaid (pregnant individuals)	All 7 FDA-approved medications	All forms			
Medicaid Expansion	All 7 FDA-approved medications (90 days)	All forms (limit 4)	2	No	No
KanCare (Kansas Medicaid)	All 7 FDA-approved medications Combination	All forms, unlimited annual and lifetime (99406, 99407, S9453)	4	No	No
State Health Insurance Marketplace	All 7 FDA-approved medications (90 days)	All forms (limit 4)	2	No	No
Employer-Sponsored Insurance	All 7 FDA-approved medications (90 days)	All forms (limit 4)	3	No	No
Grandfathered Health Plans	No requirements				
Short-Term Limited Duration Plans	Not considered health plans under the Affordable Care Act				

(ALA, 2020b)

Health Insurance Benefits in Kansas

Benefits for tobacco dependence treatment:

- **Are most generous in KanCare** (covers 14% of Kansans)
- **Can vary between private insurance plans** (cover 74.8% of Kansans)
- **Can come with a premium surcharge of up to 50%**
- **Are difficult to gauge because of lack of transparency / data**



Health Insurance Benefits in Kansas

Benefits for tobacco dependence treatment:

- **Kansas State Employee Health Plan benefits are not as generous as KanCare benefits** (3 versus 4 quit attempts)
- **Are not required in non-ACA-compliant plans**
- **Do not apply to the uninsured** (9% of Kansans)



(ALA, 2020b; Kansas Hospital Association, [n.d.]; The University of Kansas Cancer Center, 2018; U.S. Census Bureau, 2022)

Need for Medicaid Expansion

In Kansas



- **Would allow ~145,000 Kansans to receive health insurance coverage under Medicaid**
- **Would decrease the burden of tobacco on the population's health and the state's coffers**



(The Commonwealth Fund, 2021)

Underutilization of Strategies



At the
Provider
Level

- **Training** (counseling; billing)
- **Counseling**
- **Prescribing medication**
- **Billing for tobacco dependence treatment**
- **Referring to the quitline**
(\$0.45 versus \$3,122 per tobacco user / year in Kansas)




(Campaign for Tobacco-Free Kids, 2022; North American Quitline Consortium, 2021)

System-Level Barriers



Barriers to Treatment

- Variability of benefits in health insurance
- Prior-authorization, duration limits, cost sharing, surcharge, number of quit attempts
- Non-ACA-compliant plans
- Lack of transparency from various players
- **Provider level: billing, accepting insurance, training**



(ALA, 2020b; Bloom et al., 2018; Clinical Practice Guideline Treating Tobacco Use and Dependence 2008 Update Panel, Liaisons, and Staff, 2008; U.S. Census Bureau, 2022)

Needed Policies



- **Increase reimbursement rate for treatment**
- **Increase provider types who can bill for treatment**
- **Enhance benefits in SEHP to match KanCare and then mandate enhanced benefits in all private health insurance**
- **Eliminate tobacco surcharge**
- **Increase funding for tobacco control**
(now \$1M, only 9% of recommended amount by CDC; tobacco industry spends \$8.4 billion on marketing per year)



(ALA, 2022; National Institute of Health, 2021; U.S. Federal Trade Commission, 2019)

Needed Policies

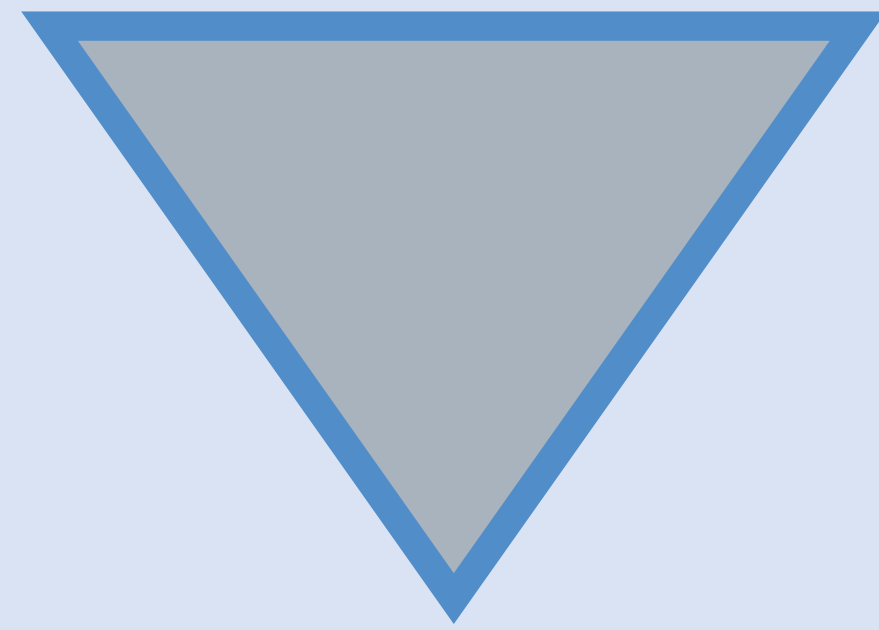


- **Increase tobacco tax**
- **Flavor ban**
- **Tobacco retail licensing**
- **Smoke-free bans** (casinos, tribal, e-cigarettes, parks)
- **Age restriction**



(ALA, 2020a, 2022; Bader et al., 2011; Boon, 2021; CDC, 1998, 2021; Ding, 2003; Gadomski et al., 2010; Hill, 2020; Ripley-Moffitt et al., 2010; Romano et al., 2019; Substance Abuse and Mental Health Services Administration, 2021; Testimony in Support of HB 2231, 2018; U.S. Food and Drug Administration, 2021; World Health Organization, 2008; Wray et al., 2021)

Limitations



- Lack of transparency
- Data quality (self-report – information bias)
- Sample size
- Data collection instrument design improvements needed

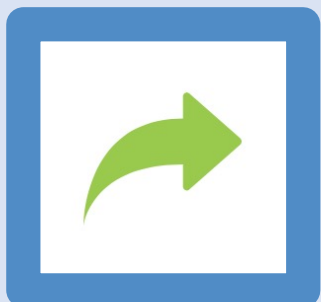


Conclusion

Study suggests many gaps remain in Kansas in:

- **Health insurance coverage of tobacco dependence treatment**
- **Capacity for health care providers to leverage recommended, evidence-based psychopharmacological strategies**

Improvements in these levers would help increase the number of tobacco users who quit



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Thank You

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