

Tobacco Treatment is Integral to Care Coordination

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(OCK) Survey

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01.

Patient Population/Study Description

- OneCare Kansas Target Population
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- Study Description



OneCare Kansas Target Population

OCK Description

OCK is a comprehensive method of care coordination for Medicaid members with persistent mental illness or chronic health conditions.

When creating a Health Action Plan, patients are screened for tobacco use.

Tobacco Consequences

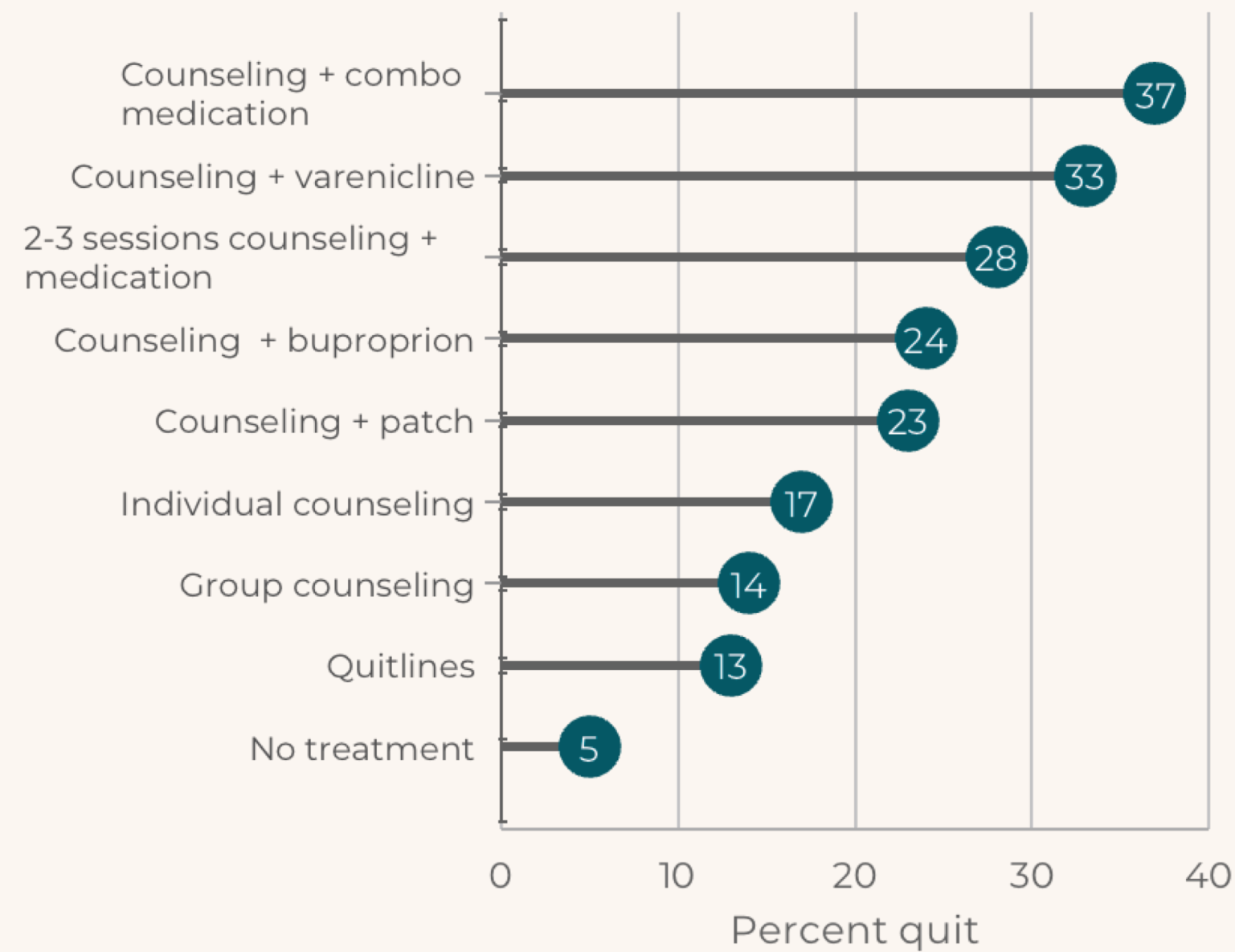
OCK's smoking prevalence ranges from 34-57%.

Smoking is the #1 cause of death in people with mental illness/addiction, causing 50% of deaths in patients with schizophrenia, depression, and bipolar disorder.

Quitting tobacco improves mental health.

Kansas Medicaid Coverage

Percent quit at 6-12 months for different treatments



- Unlimited individual counseling/group therapy
- Quitline
- 5 forms of nicotine replacement therapy that do not require prescription (gum, patch, inhaler, nasal spray, lozenge)
- 2 non-nicotine medications that require prescription (Bupropion hydrochloride, Varenicline)
- No prior authorization, co-pay, dollar limits
- Covered for 4 quits per year

Clinical practice guidelines recommend interventions for ALL tobacco users, including motivational interventions for those not ready to quit.

Study Description

These facilities had more than 25 engaged clients who use tobacco.

Facilities were surveyed for their tobacco dependence treatment, in-house cessation services, attitudinal practices, and perceived barriers.

10 OCK programs were surveyed.

Bert Nash Community Mental Health Center

Comcare of Sedgwick County

Community Health Center of SE Kansas Inc

Compass Behavioral Health

Healthcore Clinic Inc

High Plains Mental Health Center

Horizons Mental Health Center

Mental Health Association of South Central Kansas

Southeast Kansas Mental Health Center

Valeo Behavioral Health Care

02.

Current Challenges/Barriers

- Importance of Training
- Attitudinal Barriers
- Tobacco-free Policies
- Readiness to Quit



The Importance of Training

Tobacco dependence treatment is not a requirement in training programs for psychiatrists, psychologists, or mental health counselors.

Several training opportunities are available for OCK staff. These programs cost money, but scholarships are often available.

- Kansas Tobacco Cessation Help (KaTCH)
- Tobacco Treatment Specialist Training offered at KU Med



Attitudinal Barriers

Examples of problematic attitudes

- “Treating tobacco is not my job”
- Underestimate client’s desire to quit
- High rates of provider tobacco use
- Belief that tobacco use is less serious than other issues

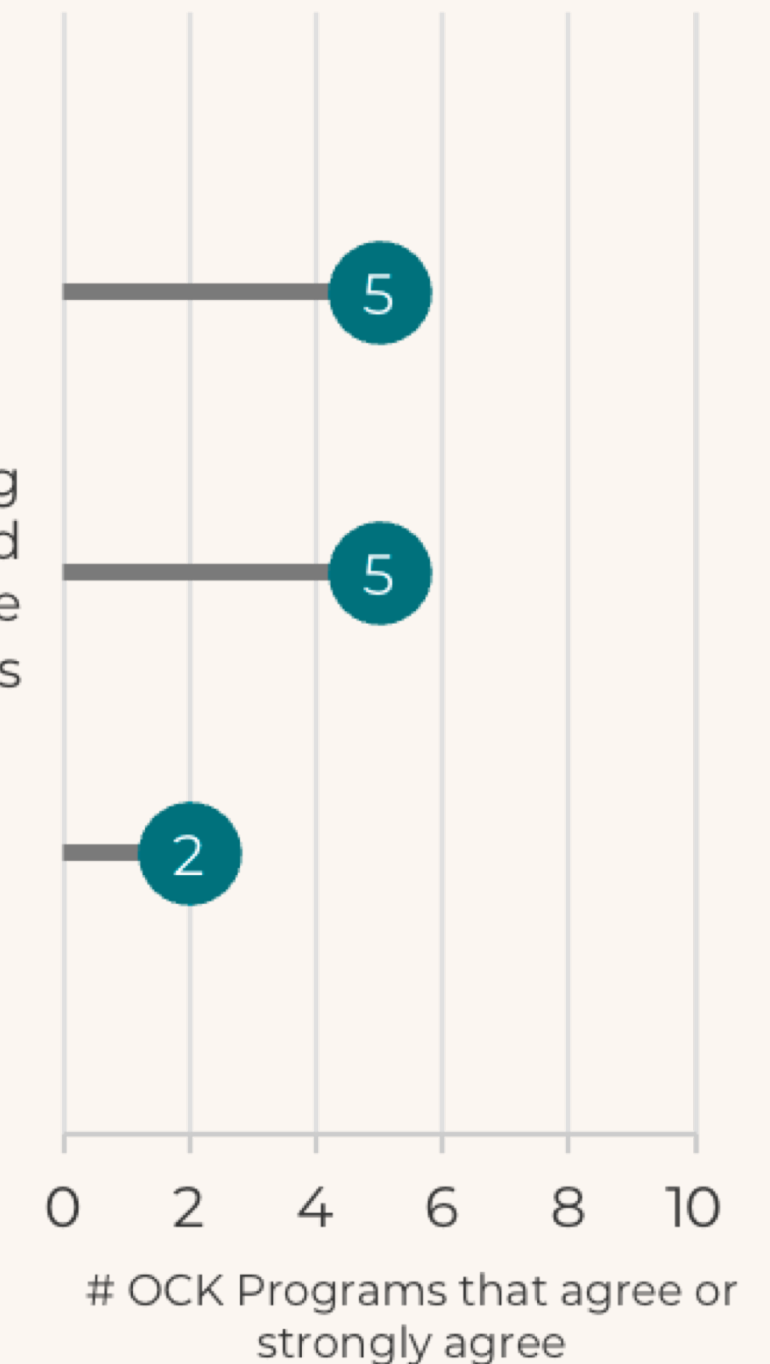
Many facilities had *favorable* attitudes towards treating tobacco and agreed that

- Tobacco is as harmful as other drugs
- Tobacco dependence causes problems for clients
- Smoking has immediate effects on client lives
- It is not better to smoke than use other drugs
- Treating tobacco dependence should be part of OCK’s mission
- Treating tobacco does not hinder client recovery

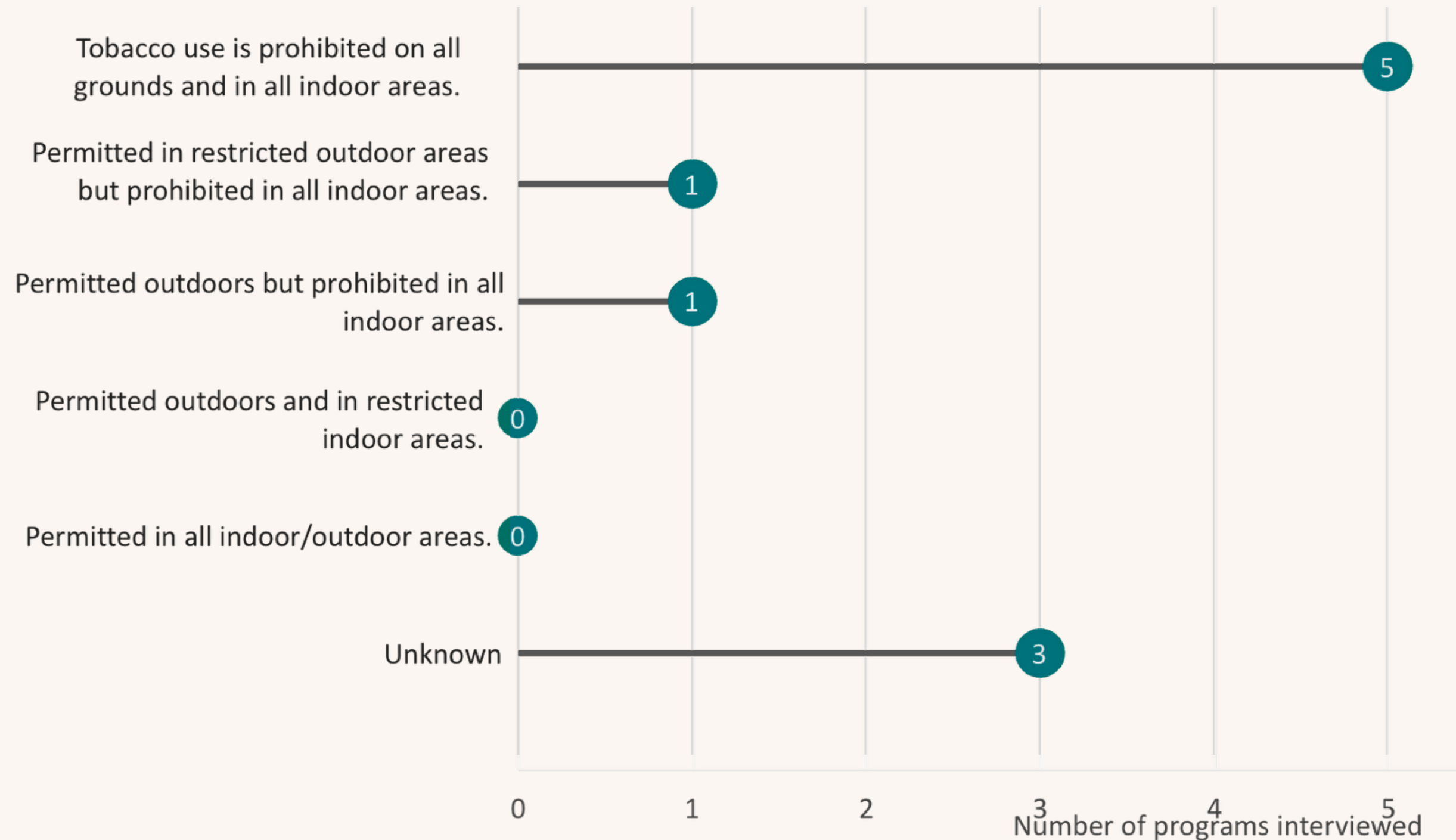
Smoking helps client's cope with the stress in their lives.

Quitting smoking makes anxiety and depression worse for our clients

It's unfair to take client's tobacco away from them



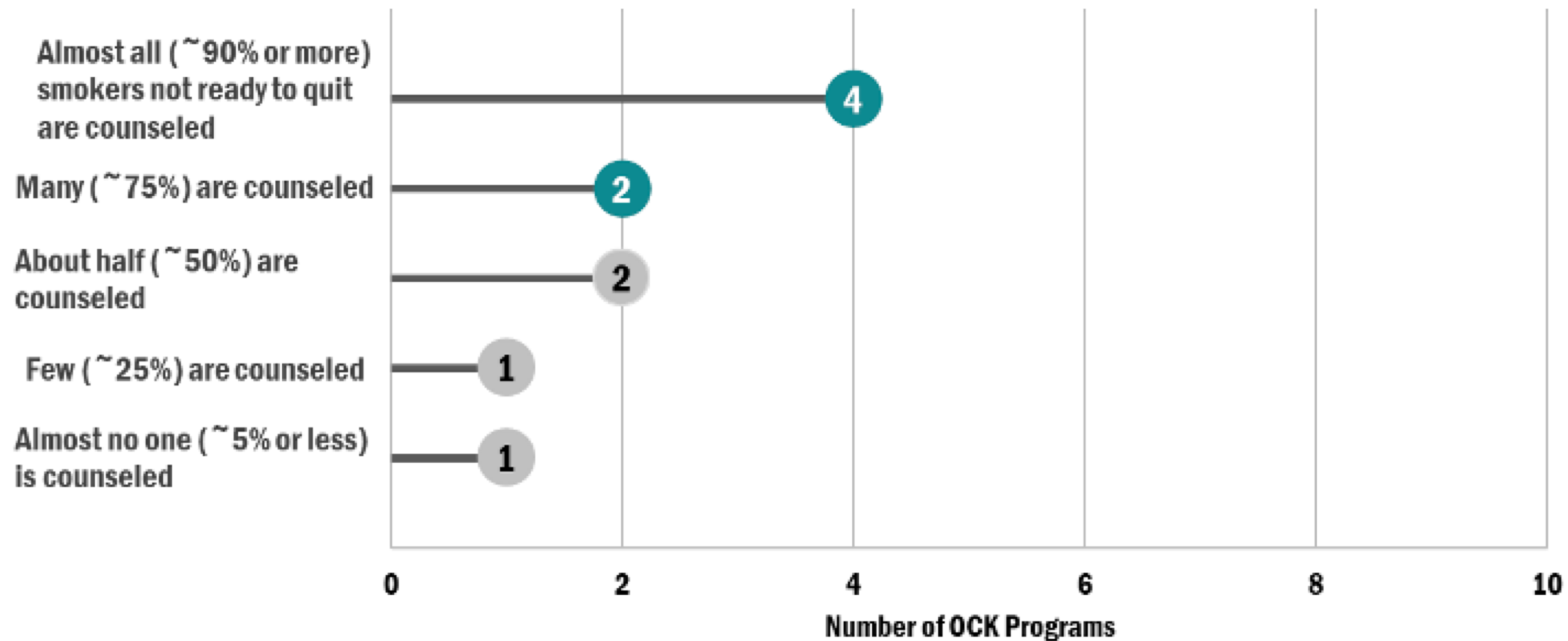
Tobacco Free Policies At OCK Programs



Data Source: Kansas Tobacco Guideline for Behavioral Health Self Assessment 2022.

Readiness to Quit

A majority of OCK agencies used motivational interviewing with $\geq 75\%$ of their smokers not ready to quit to increase their readiness to stop using tobacco



03. Implementing Evidence Based Treatment

- Counseling and Medication
- Information and Referrals

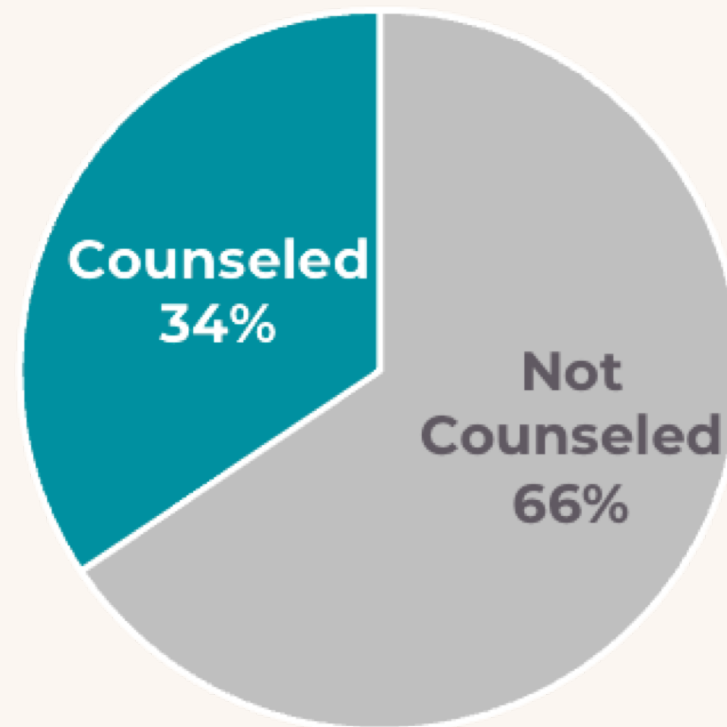


Tobacco Treatment

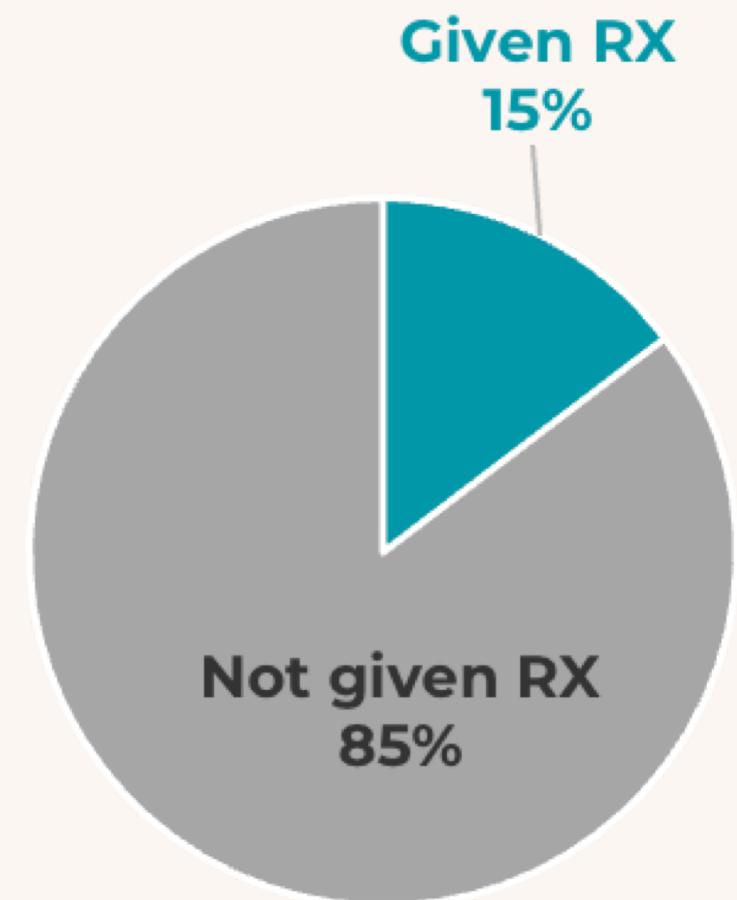
Counseling + Medication more than double the client's chances of quitting tobacco.

Many programs did not provide evidence-based treatment.

Tobacco users counseled

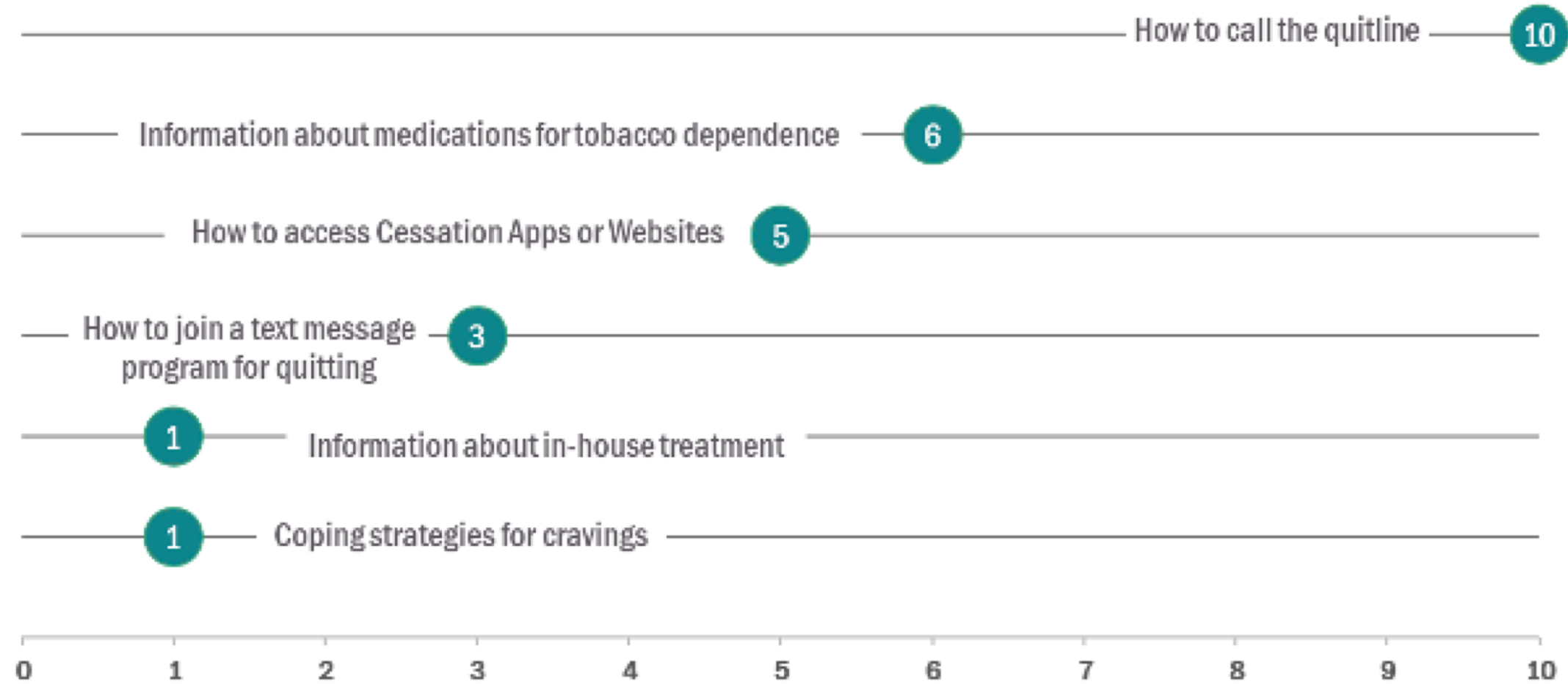


Tobacco Users given prescription



Information and Referrals

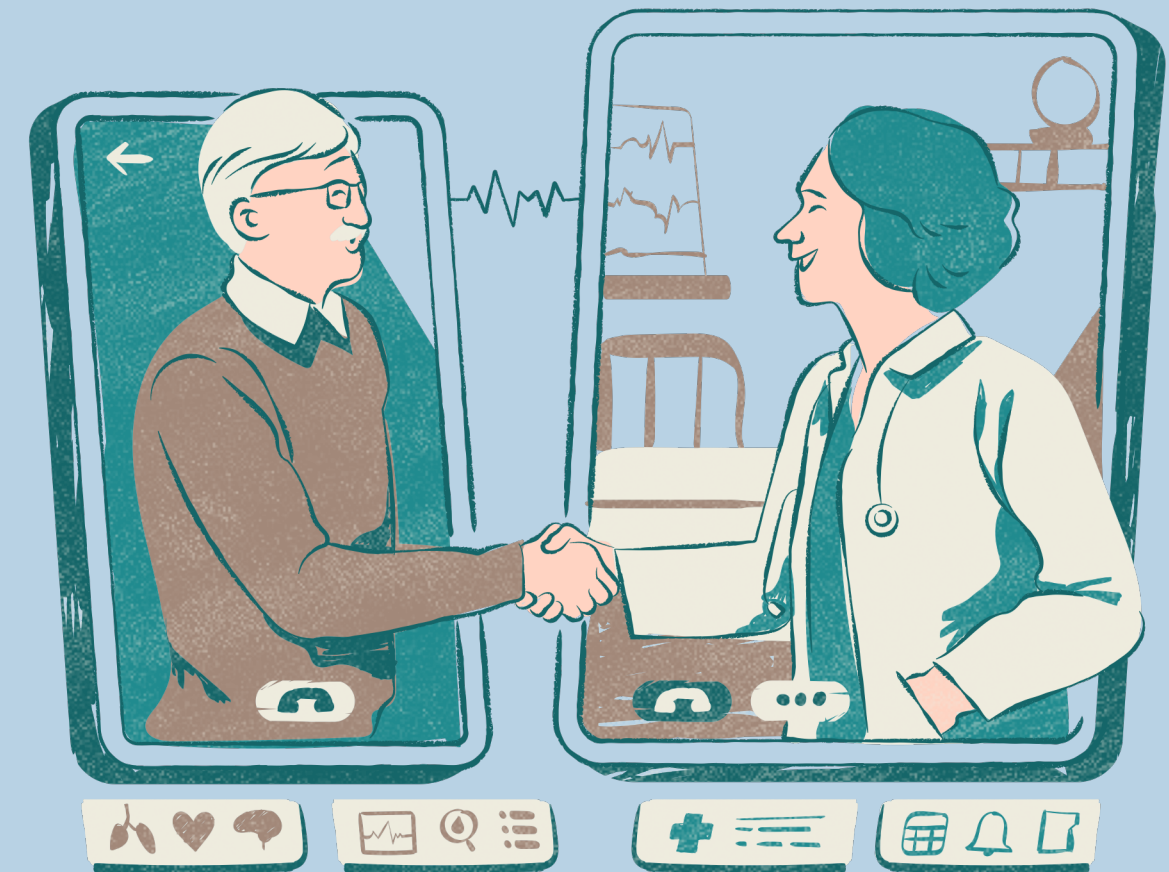
More programs give information about the quitline & medications than about online or in-house resources, or coping strategies



For ready to quit smokers, most OCK programs referred users to the quitline for counseling. Facilities were **more likely to refer** to other organizations rather than in-house treatment.

04. Summary and Recommendations

- Recommendations
- Conclusion



Recommendations

- Develop strategy for training staff in how to provide evidenced-based treatment
- Provide tobacco treatment to staff who smoke
- Provide on-site evidenced-based treatment for tobacco (counseling + medication)
 - Limit referrals to other agencies
- Provide motivational interviewing as an intervention to everyone regardless of readiness to quit.
- Adopt comprehensive tobacco-free policies

In Conclusion

01.

Current treatment barriers include: tailored staff education, attitudes regarding tobacco treatment, and access to on-site treatment.

02.

Medicaid provides excellent benefits for evidence-based tobacco treatment, but many patients are not receiving these services.

03.

Staff in behavioral health settings are skilled at motivation interviewing which makes them effective providers of tobacco treatment for all users.

Thank you!

Looking forward to
hearing your
thoughts!



Resource Slide

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- Fiore MC, Jaén CR, Baker TB, et al. Treating Tobacco Use and Dependence: 2008 Update. Quick Reference Guide for Clinicians. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. April 2009.
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