

Oregon Health Plan – Managed Care Organizations | 2012 Tobacco Cessation Services Survey

This survey collects information on how Managed Care Organizations screen Oregon Health Plan Members for tobacco use and provide tobacco dependence and cessation services.

Dental Care Organizations and Mental Health Organizations are encouraged to complete as much of this survey as is applicable to services they provide.

Please email your completed surveys and any supporting documents to susan.e.good@state.or.us and sarah.e.bartelmann@state.or.us by close of business on Friday, March 16, 2012.

Managed Care Organization (MCO) Name:

Date of Survey Response:

MCO Contact Person for Tobacco Cessation Services:

Address:

Phone:

Fax:

Email:

Section A: Assessment of Tobacco Use

Please note: tobacco use may include cigarettes, cigars, cigarillos, smokeless tobacco (including Snus), dissolvable tobacco products (including strips, sticks, and orbs), and hookah/shisha. Tobacco use may also include e-cigarettes.

1. How does the MCO identify tobacco users?
2. Does the MCO assess tobacco use status of all members?
3. Which staff are responsible for identifying tobacco users?
4. Where is tobacco use status documented? (Check all that apply)
 - Patient chart/record
 - Health Risk Assessment
 - Claims data
 - New patient/Health History forms
 - Electronic Health Record/Electronic Medical Record
 - Other (please describe) _____

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Section B: Marketing/Promotion of Services

1. Where is information about tobacco cessation available to members? (Check all that apply)
 - Member handbook
 - New member packet
 - MCO website
 - Mailing to identified tobacco users
 - Other (please describe) _____

2. Describe any promotion and/or outreach to MCO members related to tobacco cessation services over the last 12 months.

3. List any educational materials that promote cessation, provide information about the health risks of tobacco use, or how to quit that are available to members?

Section C: Available Services

1. What types of tobacco cessation counseling services are available to Oregon Health Plan members? Please specify how frequently a member can access any type of counseling (e.g., number of enrollments/year, number of counseling sessions, or any other limitations on enrollment).

Available (Y/N)	Counseling Services	Amount of service available	Referral Required?
	Individual counseling with primary care provider		
	Individual counseling with other health professional		
	Group counseling with primary care provider		
	Group counseling with other health professional		
	Group counseling with specific curriculum (e.g., Freedom From Smoking)		
	Telephonic counseling provided by quit line vendor*		
	Telephonic counseling provided "in-house"		

**Note: if the MCO does not directly contract with Alere Wellbeing, Inc. or another Quit Line vendor for these services, please respond "No". MCO members in these plans receive the TPEP 1-call program.*

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2. Please provide any additional details about the types and level of tobacco cessation counseling services available to members.

3. What types of 1st line Nicotine Replacement Therapy and cessation medications are available to Oregon Health Plan members? Fill out the table below with any covered products and requirements.

Tobacco Cessation Product	Prescription required?	Prior Auth. required?	Quit Date required?	Co-Payment required?	Courses/Year?*
Nicotine Gum					
Nicotine Patch					
Nicotine Lozenge					
Nicotine Nasal Spray					
Nicotine Inhaler					
Bupropion SR					

**For each product, please also specify the length of a typical course. For example, two courses of Bupropion are covered and each course is 12 weeks, resulting in 24 weeks of total coverage per year.*

4. What types of 2nd line treatments are available to Oregon Health Plan members? Fill out the table below for any covered products and requirements.

Tobacco Cessation Product	Prescription required?	Prior Auth. required?	Quit Date required?	Co-Payment required?	Courses/Year?*
Varenicline					
Clonidine					
Nortriptyline					

**For each product, please also specify the length of a typical course. For example, two courses of Bupropion are covered and each course is 12 weeks, resulting in 24 weeks of total coverage per year.*

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5. For any pharmacotherapy listed in either table above that requires prior authorization, please explain why the prior authorization is needed and how it is used by the MCO.
6. What, if anything else not covered in the above tables, is required to receive pharmacotherapy? (e.g., enrollment in behavioral/counseling program, letter of intent to quit).
7. If applicable, describe any differences between tobacco cessation services offered to Medicaid and Commercial members.

Section D: Community Resources

1. Does the MCO recommend or refer members to community-based cessation resources? If yes, describe how these referrals are made and documented. Is there a follow-up protocol for referrals?
2. How did the MCO decide on these resources? Do community-based resources made available to members need to meet certain criteria? How often does the MCO review the quality, availability or viability of these resources?

Section E: Cultural Competency

What special efforts and resources (if any) are in place to meet the tobacco dependence treatment needs of:

- a. Populations known to have tobacco use rates higher than the general population? (e.g., Native Americans, African-Americans, LGBT, etc)
- b. Non-English speaking MCO members?
- c. Individuals with limited formal education and limited health literacy?
- d. Individuals with mental health conditions and/or chemical dependency?

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Section F: Policy

This section assumes the MCO has a tobacco dependence treatment policy. If the MCO does not have a tobacco dependence treatment policy, or other internal guidelines that specify how tobacco cessation services are provided, please first specify what guidance of standards that MCO uses and then answer the following questions as thoroughly as possible.

1. If the MCO has any new tobacco dependence treatment policies or guidelines, or if any existing policies or guidelines have been updated since the 2011 Tobacco Cessation Services Survey, please attach them with your response.
2. How was this tobacco dependence treatment policy created and/or revised? Describe any guidelines or resources that were used to create (or revise) the policy.

Section G: Providers

1. How are providers made aware of tobacco cessation services and policies? (Check all that apply)
 Provider manual Provider website/Intranet Staff training(s)
 In contract Other (please describe) _____
2. Describe any training provided to staff and/or providers on tobacco cessation services. Who provided the training?
3. How does the MCO ensure providers are aware of and implementing tobacco-related policies or guidelines? Is provider performance (e.g., referrals, motivational interviewing) assessed?

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Section H: Quality Assurance and Evaluation

1. Describe any quality assurance standards that are in place for:
 - Counseling
 - Community Resources
 - Other (please describe) _____
 - Pharmacotherapy
 - Educational Materials
 - Provider Referrals
 - Cultural Competency
2. Describe any steps the MCO is taking to meet Meaningful Use or Joint Commission measures for tobacco cessation services.
3. Does the MCO know the tobacco use prevalence among its Oregon Health Plan members?
If yes, what is the most current known prevalence?
4. Please report on as many of the following metrics (for the past calendar year) as possible:

Number/percent of tobacco users:
 - a. ...asked about tobacco use status:
 - b. ...receiving counseling/motivational interviewing:
 - c. ...participating in tobacco cessation class/group program:
 - d. ...calling/enrolling in telephonic counseling:
 - e. ...referred to other counseling services:
 - f. ...receiving pharmacotherapy:
5. Report any quit rates known (describe how this quit rate is being calculated):