

Behavioral Health Tobacco Cessation Webinar



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Agenda

Welcome/Introduction

- Epidemiology
 - National and Indiana trends
- Behavioral Health Implications
- Treatment
 - Barriers & Options
 - Quitline Services & Programs/Plans
 - CareSource Resources
 - Call To Action
- Questions



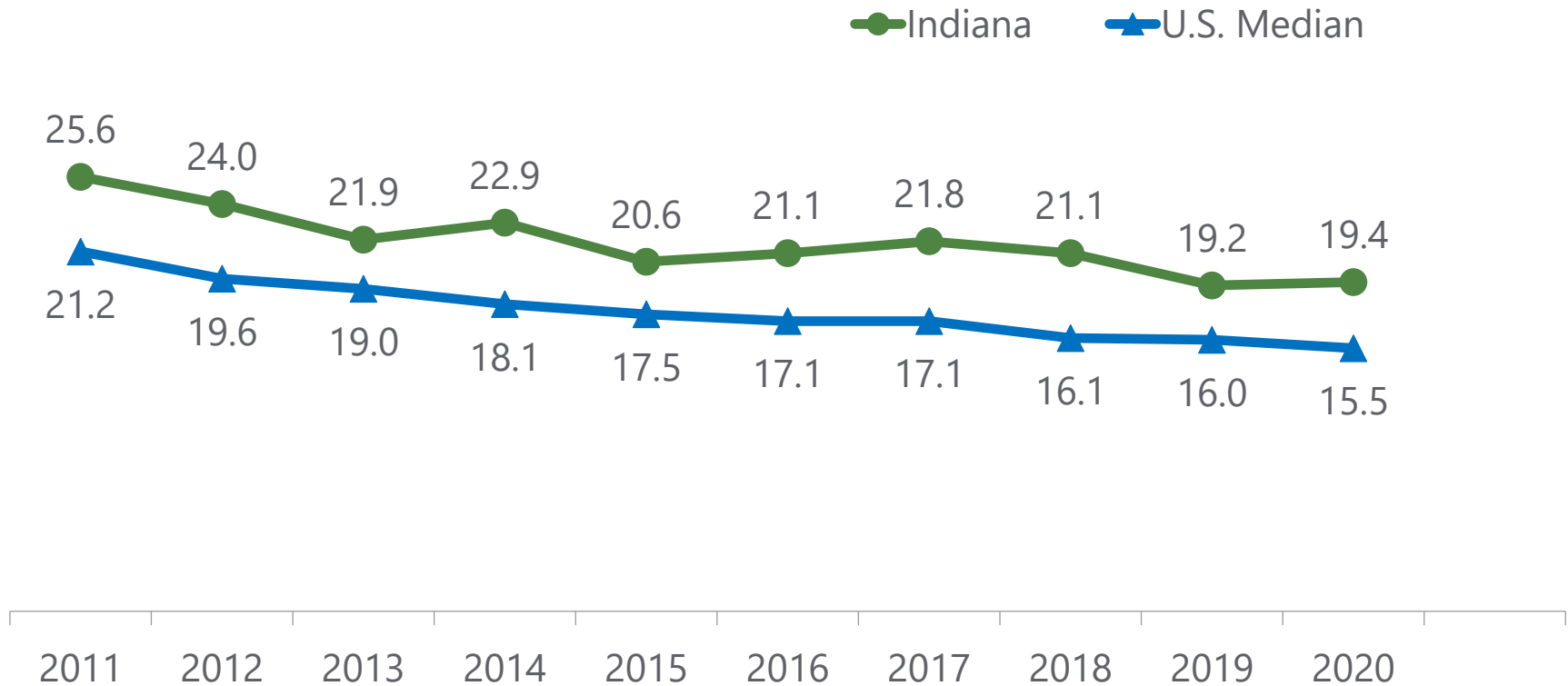


Epidemiology



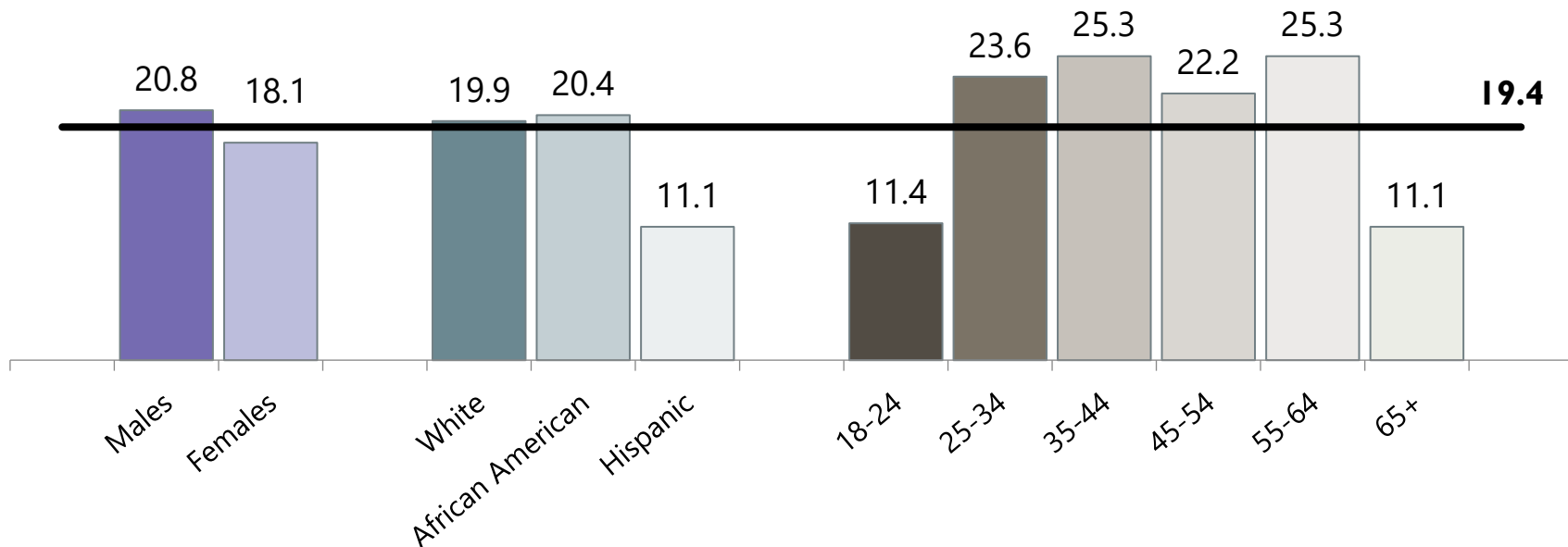
Current Smoking Trends

Even with the **significant decline in smoking since 2011**, the smoking rate among adults in **Indiana** remains **higher** than what we see across the **United States**.



Current Smoking: 2020 Demographics

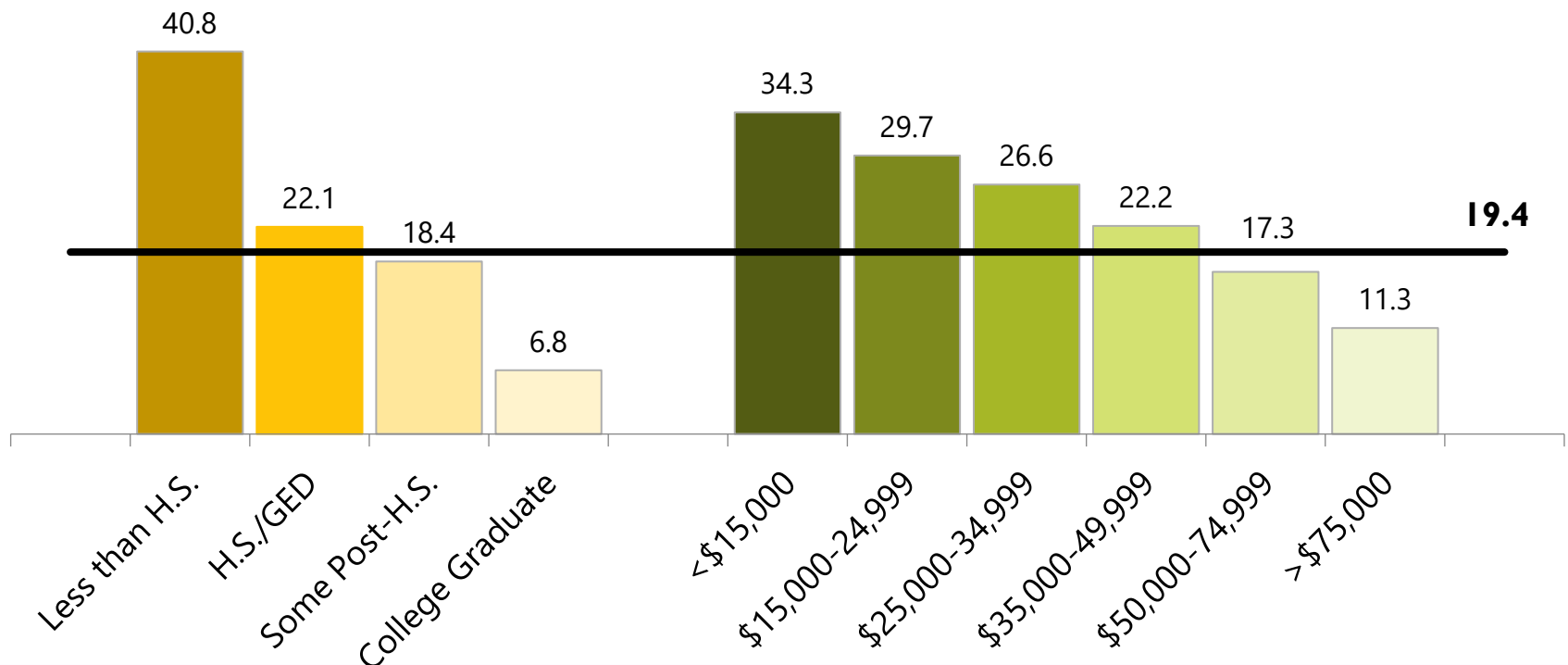
Rates of smoking were **significantly lower** among **Hispanic adults** compared to **African American and white adults**. Additionally, those **18-24 and 65 or older** smoked at **significantly lower** rates compared to those **25-64**.



Note: Race and ethnicity are treated as mutually exclusive categories.

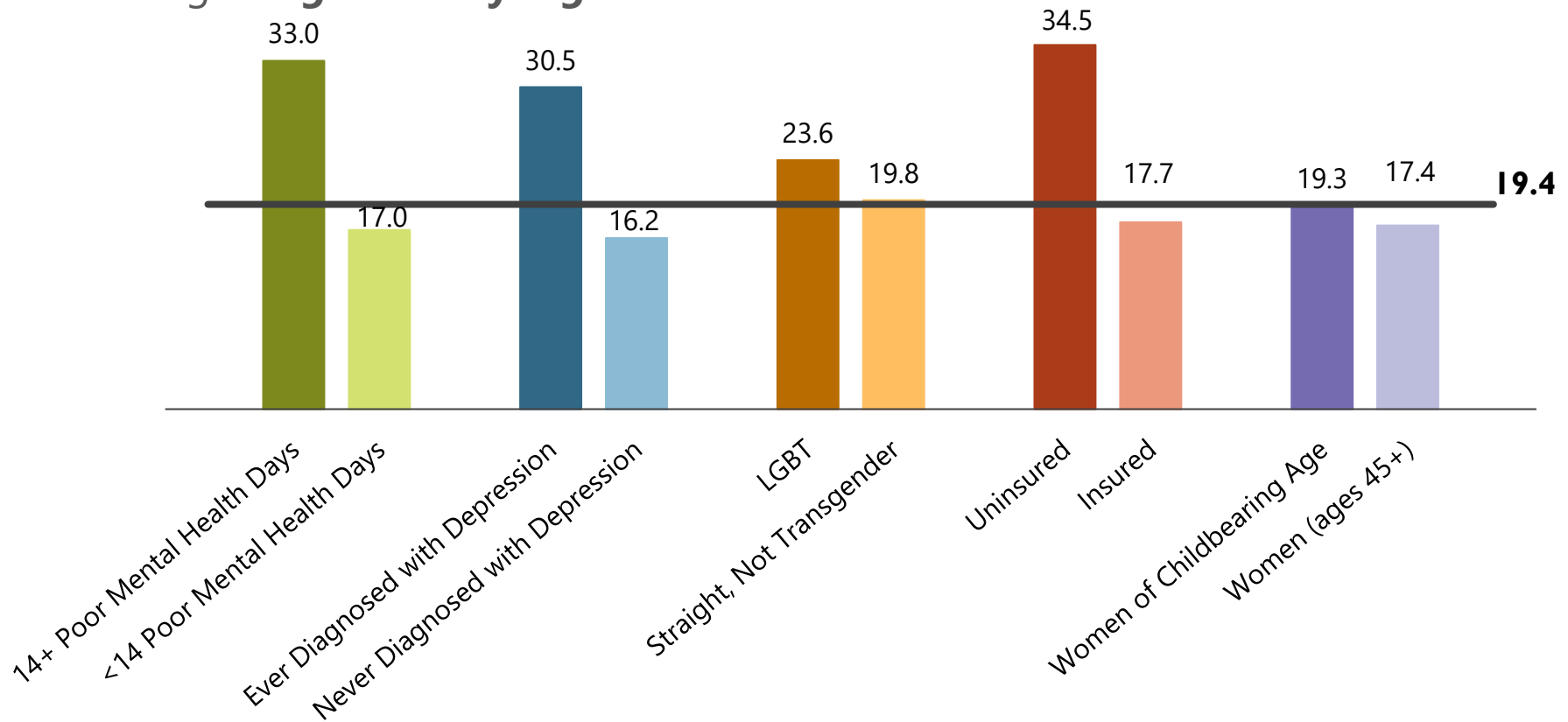
Current Smoking: 2020 Demographics

Those with less than a **high school education** smoked at a **significantly higher** rate than other education levels. Those making **>\$75,000** smoked at a **significantly lower** rate than other income levels.

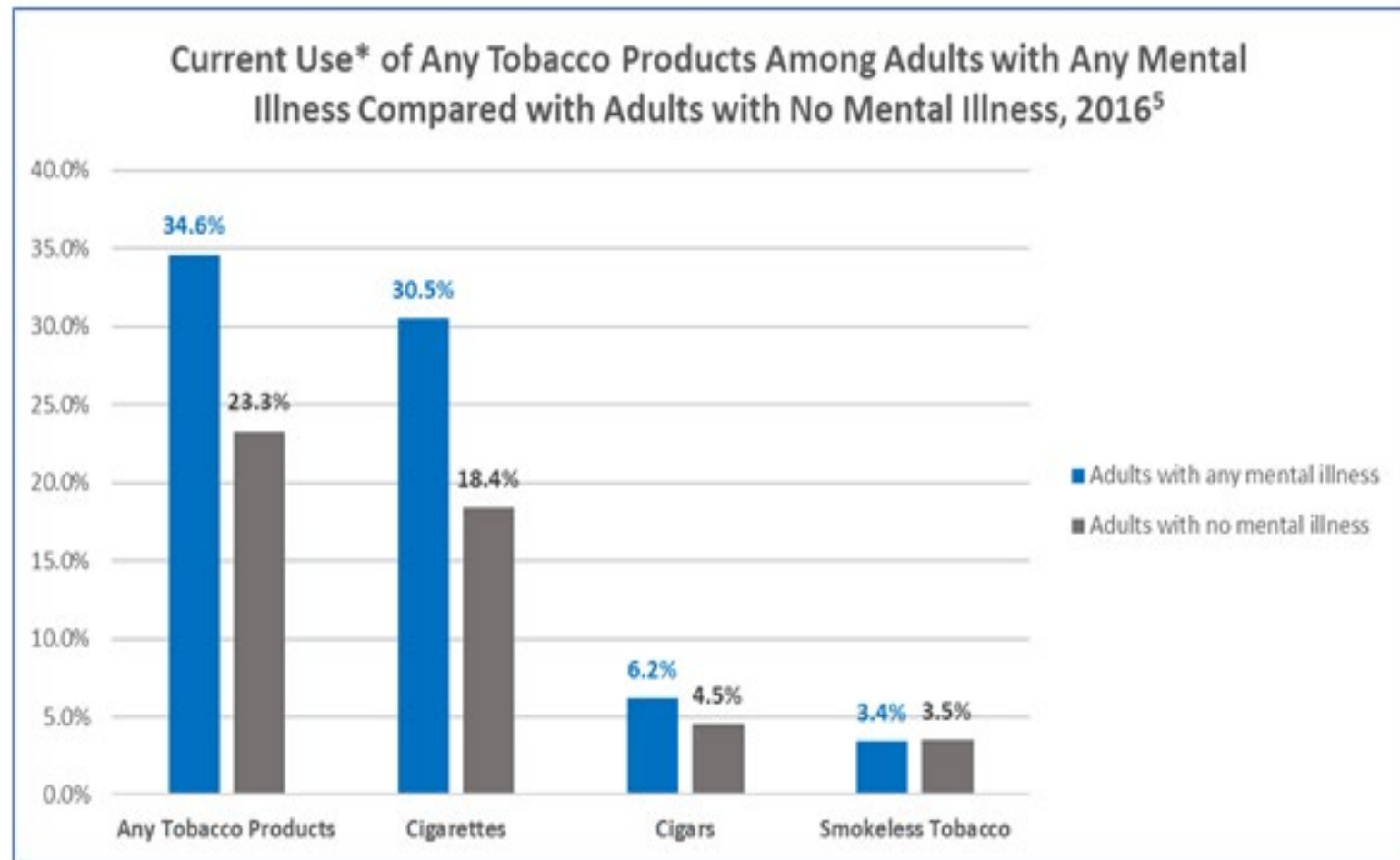


Current Smoking: 2020 Marginalized Populations

Hoosier adults who are **uninsured**, reported **14 or more poor mental health days**, or **have been diagnosed with depression** reported smoking at **significantly higher** rates.



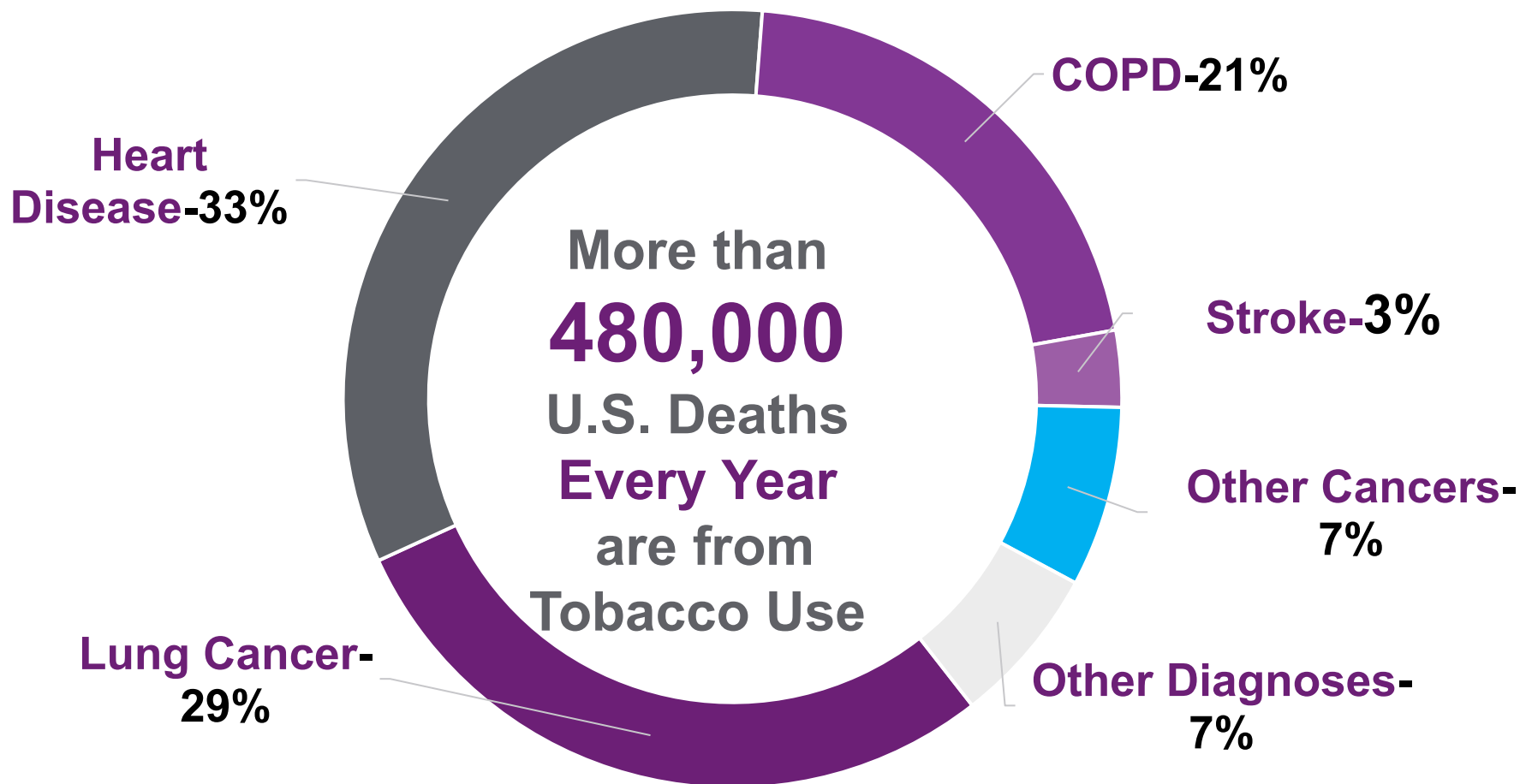
National Tobacco Use Trends



[Tobacco Use and Quitting Among Individuals With Behavioral Health Conditions_CDC.pdf](#)



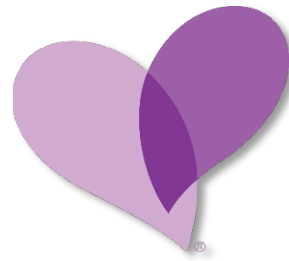
U.S. Annual Adult Deaths from Smoking



Note: Average annual number of deaths for adults aged 35 or older, 2005-2009

**Nearly 50% of annual deaths occur
among consumers with behavioral health conditions!**





Behavioral Health Implications



Dopamine Reward Pathway

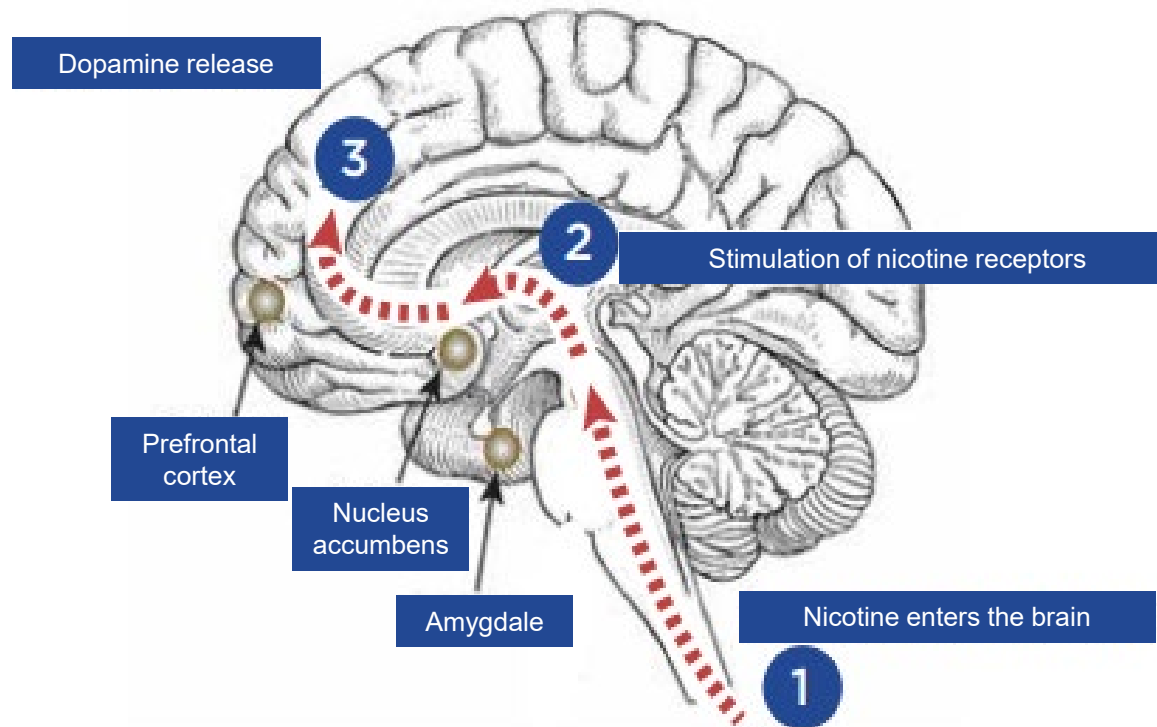


Image adapted from: Wand, G. (2008). The influence of stress on the transition from drug use to addiction. *Alcohol Research & Health*, 31(2), 119-136



Nicotine Affects the Levels of Many Neurotransmitters

Nicotine	Dopamine	Pleasure, Appetite Suppression
	Norepinephrine	Arousal, Appetite Suppression
	Acetylcholine	Arousal, Cognitive Enhancement
	Glutamate	Learning, Memory Enhancement
	Serotonin	Mood Modulation, Appetite Suppression
	Beta-Endorphin	Reduction of Anxiety and Tension
	Gaba	Reduction of Anxiety and Tension

Adapted from Benowitz, N. L. (2008). Neurobiology of nicotine addiction: implications for smoking cessation treatment. *American Journal of Medicine*, 121(4), 3.



Adverse Health Effects of Tobacco Use on Persons with Behavioral Health Conditions



Nicotine has mood-altering effects that can temporarily mask the negative symptoms of mental illness, putting people w/ mental illness at higher risk for cigarette use & nicotine addiction.



Tobacco smoke can interact with and inhibit the effectiveness of certain medications taken by mental health and substance abuse patients.



Persons with SUD who smoke cigarettes are four times more likely to die prematurely than those who do not smoke.



People with mental illness or substance use disorders die up to 10-25 years earlier than those w/o these disorders; many of these deaths are caused by smoking cigarettes.



The most common causes of death among people with mental illness are heart disease, cancer, and lung disease, which can all be caused by smoking.



Health Disparities for Individuals with mental health



Among Adults with Any Mental Illness (AMI)

- Adults with AMI are more likely to smoke (27% compared to 16%)
- Smoke more cigarettes (2 packs more per month)
- Smoking can impact the efficacy of prescribed therapies

The smoking prevalence for those with SMI is between 44 and 64%, while it is only 14% for the general population



Misperception on Treatment

Table1. Significant barriers clinicians mentioned in pretraining survey on treating tobacco use among behavioral health patients (a)

Item	N	%
Patients have more immediate problems to address	16	89
Patients are not motivated to quit	15	83
Other practice priorities reduce my ability to address smoking with my patients	12	67
Time with patients is limited	11	61
Too few cessation programs are available	11	61
Patients usually fail to quit	10	56
Staff are unfamiliar with interventions to help smokers quit	10	56
My experience in intervening with smokers is limited	9	50
Reimbursement for tobacco counseling is limited	8	44
Colleagues do not believe in the efficacy of cessation interventions	2	11
Administrators do not believe in the need for cessation interventions	1	6

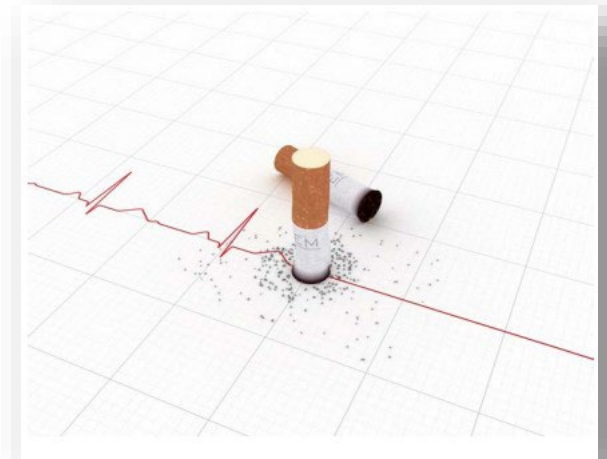
(a) N=18 training participants (data missing for 2 participants)



Health Disparities for Individuals with Mental Health & SUD

What we know:

- Individuals with mental health (MH) and substance use disorders (SUD) use tobacco at rates 2-4x higher than the general population and have lower quit rates
- On average, less than 60% of MH/SUD treatment facilities screened clients for tobacco use in 2018



Why the Disparities?

- Members with SMI have low access to tobacco cessation treatments
- Mental health providers have the lowest rates of intervention with tobacco use of any specialty
- Rates of screening patients for tobacco use are declining by Psychiatrist
- New approaches are needed to ensure individuals who smoke with SMI have access to effective tobacco cessation treatment



Myths About Tobacco Use and Behavioral Health Consumers

- **Myth:** “They can’t quit”
 - **Fact:** *Quit rates same or slightly lower than general population*
- **Myth:** “Quitting worsens recovery from the mental illness”
 - **Fact:** *Not so. Quitting increases sobriety for individuals with alcohol use disorder*
- **Myth:** “It is a low priority problem”
 - **Fact:** *Tobacco-related diseases are the biggest killer for those with mental illness or substance use disorder.*



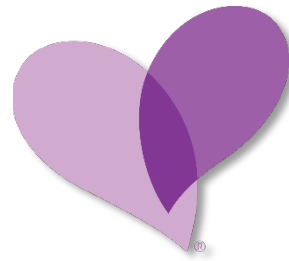
WHAT WE KNOW

- **Smoking exacerbates symptoms of behavioral health conditions:**
 - Greater depressive symptoms
 - Greater likelihood of psychiatric hospitalization
 - Increased suicidal behavior
 - Drug and alcohol-use relapse
- **Tobacco cessation can have mental health benefits**



Tobacco dependence treatment, during addictions treatment, is associated with a 25% increased likelihood of long-term abstinence from alcohol and illicit drugs.





Treatment



TOBACCO DEPENDENCE: 2-PART PROBLEM

Tobacco Dependence

Physiological

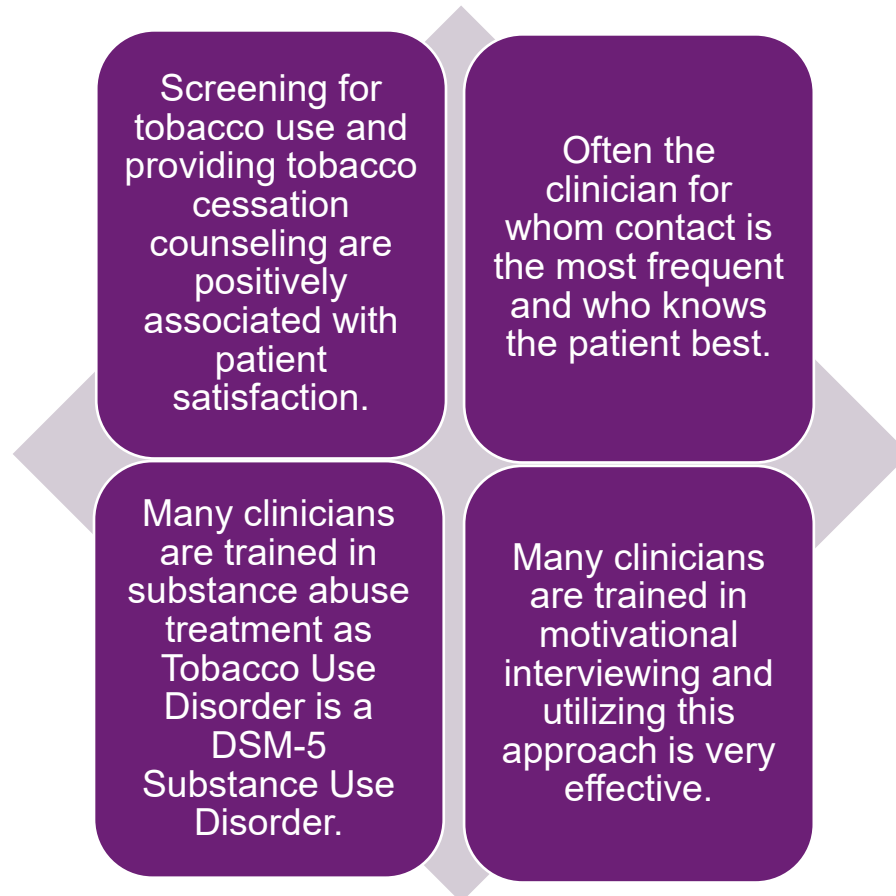


Behavioral

Treatment should address the
physiological and behavioral aspects of
dependence.



Why Should Behavioral Health Clinicians Address Tobacco?



Failure to address tobacco use tacitly implies that quitting is not important.



Effective Interventions

Intervention	Effectiveness
<ul style="list-style-type: none"> • Prescription for varenicline, nicotine replacement therapy, bupropion, nortriptyline or cytisine 	<ul style="list-style-type: none"> • 5-15 percentage point increase in quit success in those using it to try to quit (highest with varenicline and nicotine patches plus faster acting nicotine replacement therapy)
<ul style="list-style-type: none"> • Behavioral support, either face to face or by telephone 	<ul style="list-style-type: none"> • 3-10 percentage point increase in long-term quit success among those using it to try to quit for multi-session support delivered by trained specialists, the effect apparently being additive with pharmacotherapy
<ul style="list-style-type: none"> • Brief physician advice to smokers 	<ul style="list-style-type: none"> • 1-3 percentage point increases in long-term smoking cessation rate in all those receiving it regardless of initial motivation to quit
<ul style="list-style-type: none"> • Printed self-help materials 	<ul style="list-style-type: none"> • 1-2 percentage point increase in long-term quit success in those using it to try to quit compared with nothing
<ul style="list-style-type: none"> • Increasing the financial cost through increasing excise duty and reducing illicit supply 	<ul style="list-style-type: none"> • 1-2 percentage point reduction in prevalence for 10% increase in cost of smoking increases cessation and reduces initiation
<ul style="list-style-type: none"> • Anti-tobacco marketing campaigns 	<ul style="list-style-type: none"> • Effect on cessation and initiation varies with content and intensity of campaigns
<ul style="list-style-type: none"> • Peer-led school-based anti-smoking programs and social competence training 	<ul style="list-style-type: none"> • Reduction in youth uptake varies with content and intensity of the program



Proactive Outreach

Increase access to tobacco cessation treatment among individuals who smoke with SMI

Enhance evidence-based cessation treatment

Increasing counseling and medication utilization and tobacco abstinence among patients



Summary

Tobacco use disparities with the SMI population continues to exist. Smoking rates are 3 to 5 times higher among individuals with mental illness or SUD, compared to the general population.

Approximately half of all tobacco-related deaths each year are among persons with behavioral health conditions.

Tobacco use exacerbates symptoms of behavioral health conditions and negatively affects treatment and recovery. **Tobacco treatment, during addictions treatment is associated with a 25% increase in long-term recovery.**

To maximize success, tobacco cessation interventions should include behavioral counseling and one or more medications for tobacco treatment.



Bottom Line

- You can be the difference maker in the lives of many. Nicotine dependence is a chronic relapsing disease. Ideally, individuals who use tobacco should be offered treatment for tobacco cessation at every visit, regardless of their level of readiness to quit.



- It's time to make effective tobacco cessation treatment readily available to all smokers, today!





A photograph of an older Black couple smiling and embracing on a beach. The man is in the foreground, wearing a green polo shirt, and the woman is behind him, wearing a white shirt. They are both smiling broadly. The background shows a sandy beach, the ocean, and distant hills under a clear sky.

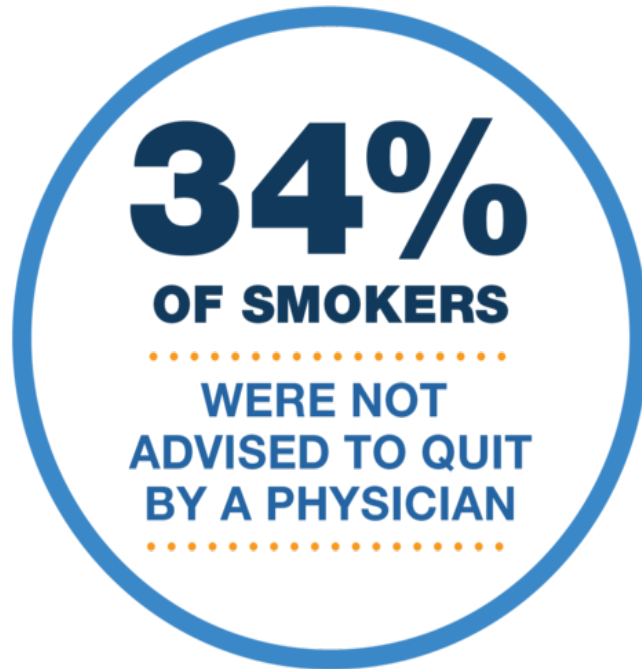
Enjoy Living
Tobacco-Free

**MAKE
SOMEDAY
TODAY.**

**Quit Now Indiana and
call the Indiana Tobacco
Quitline**

**QUIT
now**
INDIANA
1.800.Quit.Now

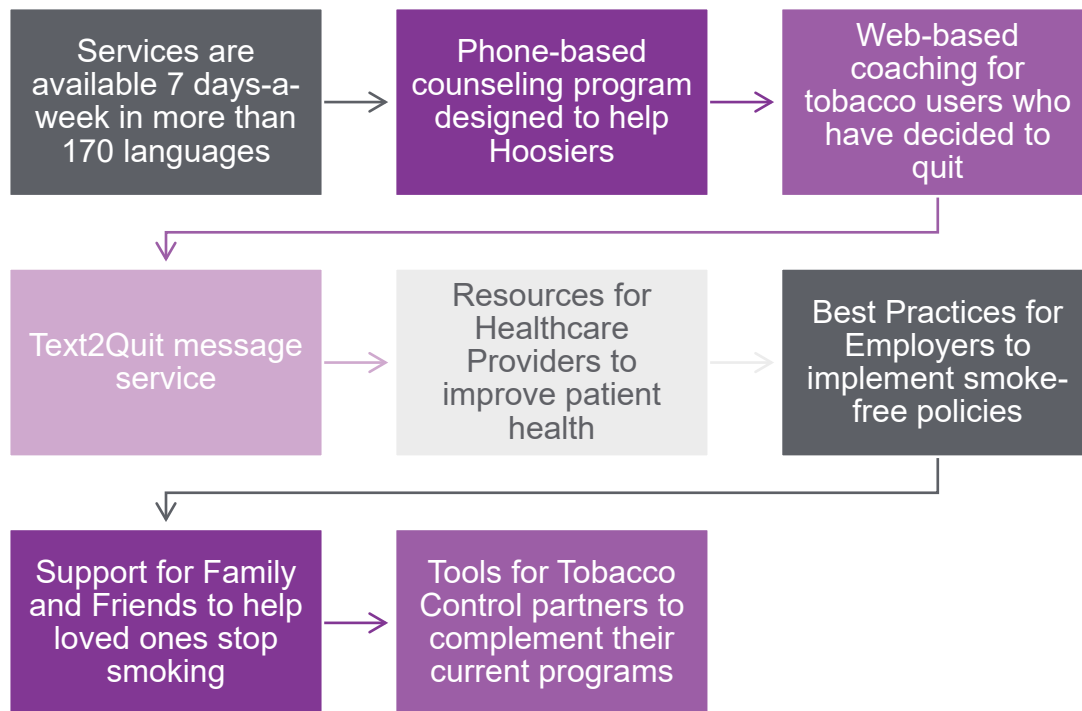




Healthcare Providers

Many individual who use tobacco want to quit. Getting started often takes support and motivation from a trusted source. If a physician advises a patient to quit just one time, it helps to double their chance for success. Patients trust their health provider and they need guidance.





Quit Now Indiana



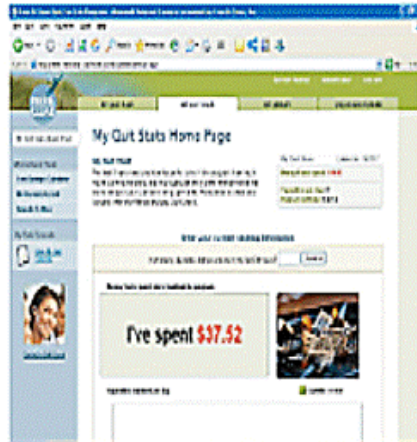
Indiana Quitline Program



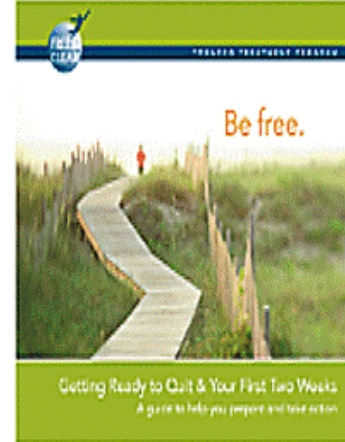
QUIT COACH®
Specialized
Training



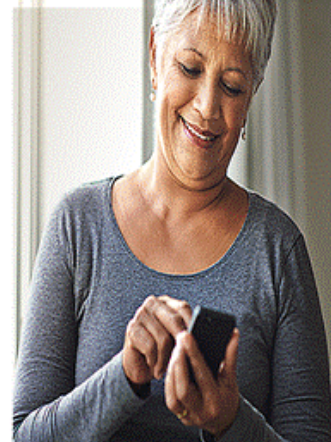
MEDICATION
Nicotine Gum, Patches
or Lozenges



WEB COACH®
Fully
Integrated



QUIT GUIDES
Stage
Based



TEXT2QUIT®
Messages
and Tips





Each plan is different, but all quit plans will include counseling sessions and a quit kit.



Individuals who may want to quit may be encouraged to contact their physician for cessation medications and will be given information about community quit programs.



Even if a person is not ready to quit, the Quitline staff will help them figure out what they can do to prepare themselves to successfully quit.

Quit Plans





Each person will build their own *Quitting Plan* by identifying the steps they will take to complete each of these key behaviors.



Participants agree on how they will overcome personal challenges, environmental or behavioral barriers to their success.



Web Coach® program will help the participant overcome such barriers by learning and taking actions to complete during the course of their individual experience.



The Quitting Plan may then be printed or emailed for offline reference.



Web Coach® Services





Text2Quit® sends up to 300 messages tailored to an individual's quit plan.



Quit call reminders and prompts sent so the quitter can instantly connect with a Quit Coach®



Medication reminders and other helpful suggestions



Tips and games to help manage urges and craving



Mobile tracking of tobacco usage, urges, cost savings and other measures

Text2Quit®



The Participant Experience

Registration

- Demographics collected
- Descriptions of service provided
- Ship stage-based Quit Guide
- Direct transfer to Quit Coach



Quit Guides

- Mail within 24 hours direct
- Stage-based materials
- Low literacy level
- Includes Ally Guide

Initial Intervention

- Tobacco use history
- Develop personal profile
- Develop Quit Plan
- Set Quit Date
- Decision support for medication



NRT/Medication

- Enrollment in Multiple Call Program
- Sent Directly to Eligible Participants

Follow Up Sessions

- Proactive session scheduled near quit date & after to prevent slips & relapse
- Medication use support
- Unlimited inbound support



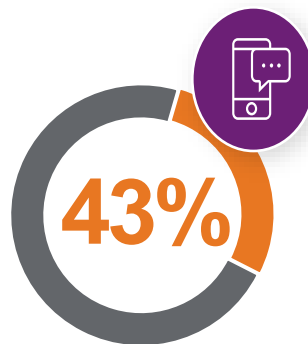
End of Program Call

- Outbound call 7 months post-enrollment by non-quit coach to assess quit status and satisfaction with program

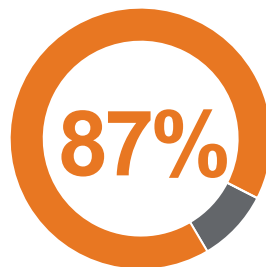


Indiana Tobacco Quitline Quit Rate and Satisfaction

Research shows that **only 4–7%** of tobacco users who try to quit smoking on their own are successful.



had quit 7 months after receiving **phone** treatment



would recommend the **phone** program to other tobacco users

Recent Quitline Program Evaluation reports the Quitline Behavioral Health Program at a 96% satisfaction rate and a 42% quit rate



Behavioral Health Program Eligibility

Question #1: *“Do you currently have any mental health conditions, such as:”*

- **Bi-Polar Disorder** – *automatically offered enrollment*
- **Schizophrenia** – *automatically offered enrollment*
- Drug or Alcohol Use Disorder (SUD)
- Generalized Anxiety Disorder
- Post Traumatic Stress Disorder (PTSD)
- Depression
- Attention Deficit Hyperactivity Disorder (ADHD)

Question 2: *“Do you think that these mental health conditions or emotional challenges might interfere with your ability to quit?”*

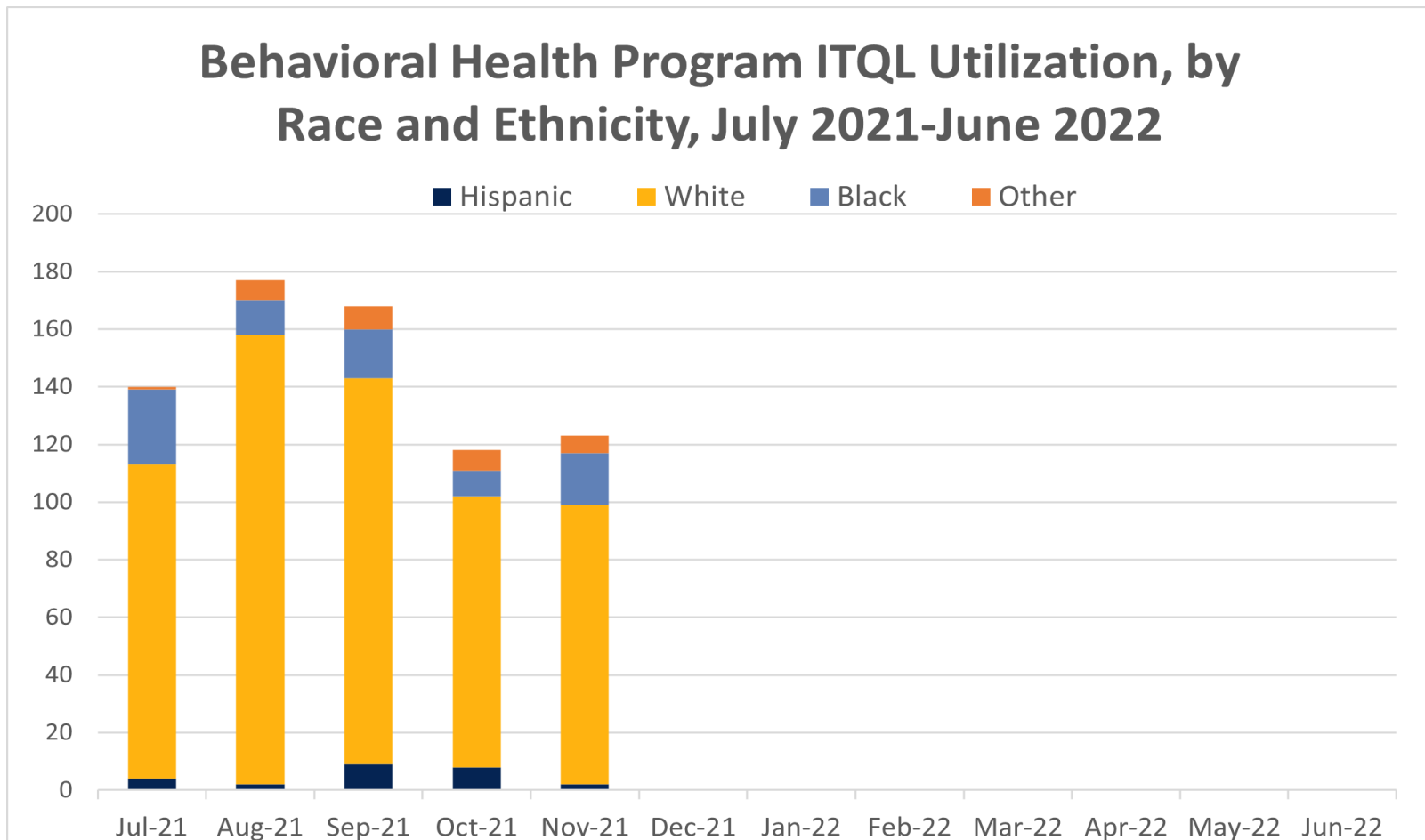
- If “yes”, then caller is offered enrollment!



Behavioral Health Tobacco Cessation Program



Indiana Tobacco Quit Line Utilization



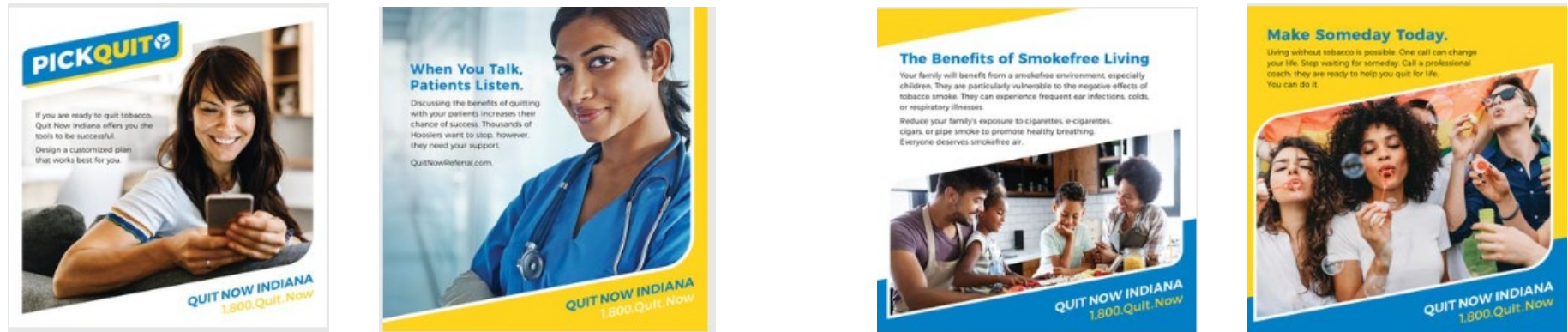
Promotional Materials

Quit Now Offers Free Materials

Mini Posters



Palm Cards



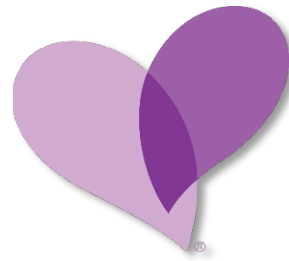
How to order: <https://www.quitnowindiana.com/provider-materials>



Important Reminders

- The Indiana Tobacco Quitline will contact patients within **24 – 48 hours** of receiving the referral
- Calls to patients may appear as an “**unknown**” or “**800**” number on the caller ID
- Quitline will make **5 attempts to reach referred patients**
- Quitline will leave a voicemail only if permission was given in the referral information
- Organizations should receive a participant outcome report detailing the patient’s referral status within two weeks of making referral





Provider Billing



Indiana Medicaid Billing & Reimbursement

CPT Code	Description
99406	Smoking and tobacco use intermediate counseling, greater than 3 minutes up to 10 minutes
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes
D1320	Tobacco counseling for the control and prevention of oral disease

Did You Know?

No limit on tobacco dependence counseling per member per calendar year, for procedure codes **99406** and **99407**

Omit U6 Modifier

Billing modifier U6 for claims using code 99407 is no longer required

Removal of the previously established requirement to obtain **prior authorization (PA)** if exceeding **180 days** of tobacco cessation therapy

These updates in tobacco dependence counseling will be reflected in the following code tables: Mental Health and Addiction Codes
Telemedicine Service Codes & Vision Services Codes



For additional information please review the IHCP bulletins: BT201681 and BT201921

Who can bill for tobacco dependence treatment services?

Physician
Physician's Assistant
Psychologist
Pharmacist

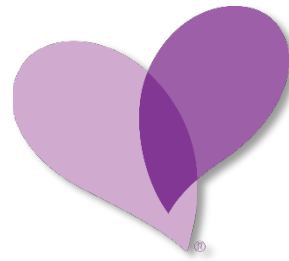
Nurse Practitioner
Registered Nurse
Clinical Nurse
Specialist

Optometrist
Dentist
Certified Nurse
Midwife

Licensed Clinical
Social Worker
Licensed Marriage
and Family Therapist

Licensed Mental
Health Counselor
Licensed Clinical
Addictions Counselor

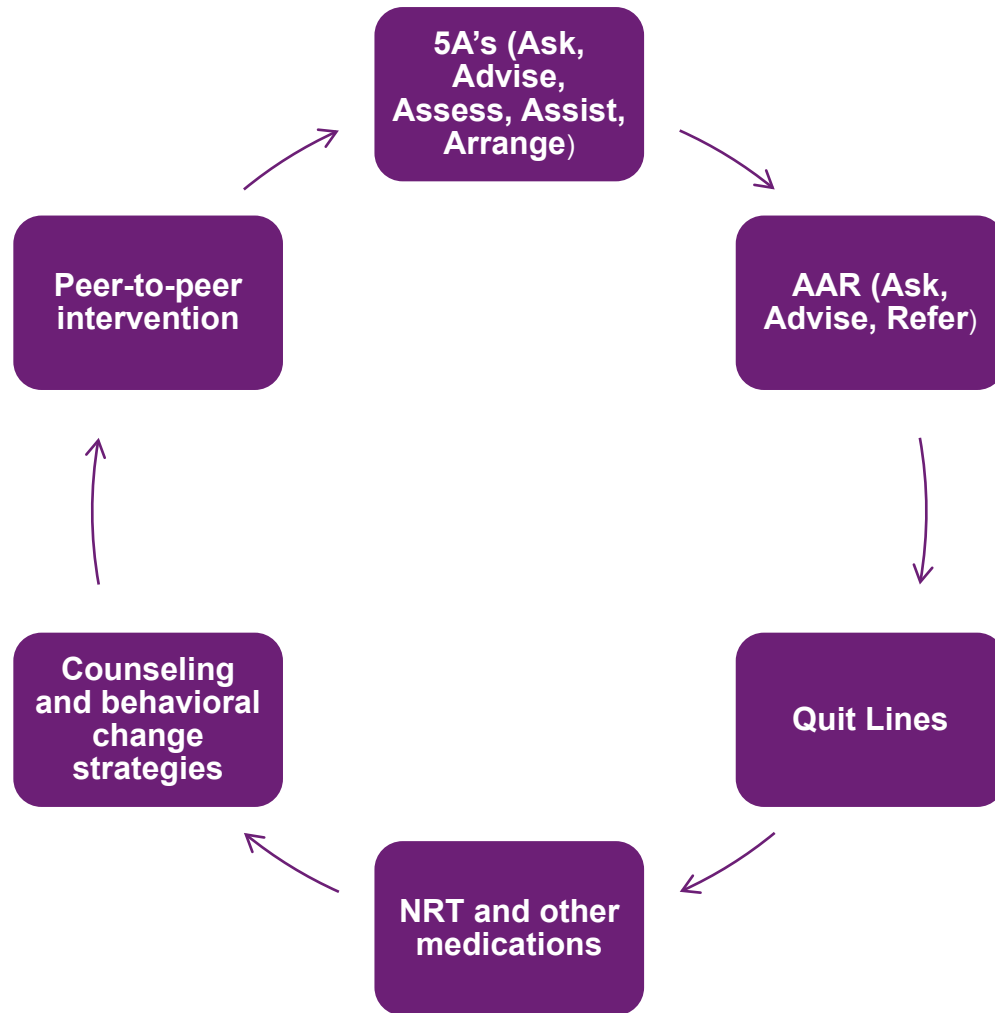




CareSource Tools & Resources



Tools for Tobacco Treatment



If You Have Limited Time...

ASK

ADVISE

REFER



CareSource Tobacco Cessation Treatment Options

Medications

- NRT Gum
- NRT Patch
- NRT Lozenge
- NRT Inhaler**
- NRT Nasal Spray**
- Bupropion
- Varenicline (Chantix)

Counseling

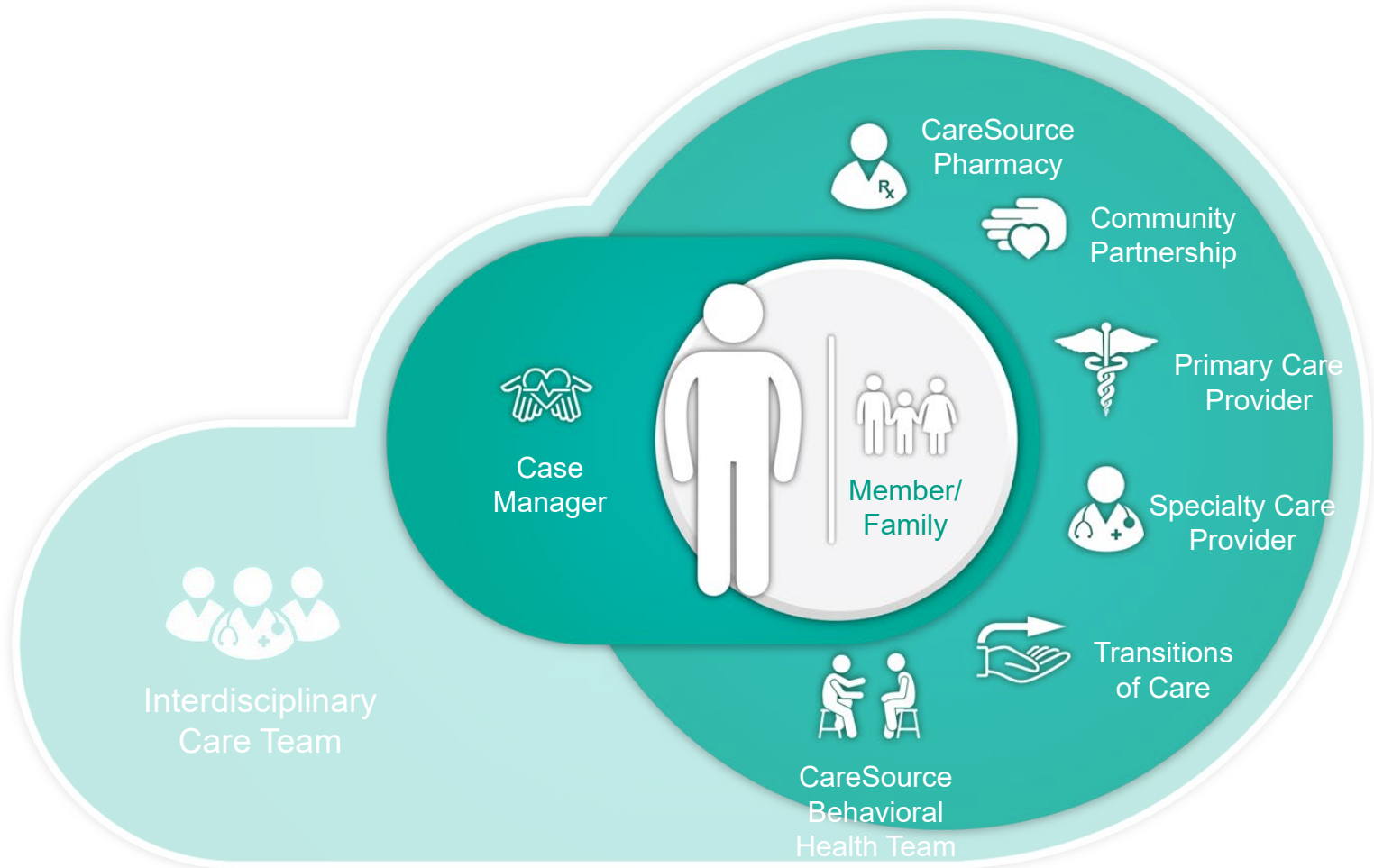
- Individual Therapy
- Group Therapy
- Phone/Quit Line

For additional information please review the IHCP bulletin: BT201921

**Requires prior authorization for Medicaid



Integrated Care Management



Tobacco Cessation



Each year smoking kills more people than all traffic accidents, illegal drugs, alcohol, firearms and HIV/AIDS. Smoking also causes many health issues such as:

- heart disease
- cancer
- breathing problems
- dental problems
- eye and ear problems
- bone problems, and
- reproductive problems



If you feel you or someone you know would benefit from tobacco cessation services, please call **1-800-QUIT-NOW** (1-800-784-8669).


CareSource

Quitting smoking and/or the use of tobacco can help you. It can help you with asthma, diabetes, stroke, cancer, COPD or heart disease.

When you have **asthma** and smoke, you are more likely to have an asthma attack. If you stop smoking you will be able to better control your asthma symptoms. You may also need less medicine.

Smoking when you have **diabetes** raises your risk of having a stroke. It can also cause your blood sugar medicine or shots to not work as well.

Smoking can cause cancer nearly anywhere in your body. As long as you are smoking, you are at a higher risk for cancer.

Smoking when you have **COPD** makes it much harder for you to breathe. This is because the smoke is damaging your lungs. Smoking can also cause serious lung infections like pneumonia. When you quit smoking, the smoke is not hurting your lungs anymore. Your breathing should also get better. You will also be less likely to get lung infections. If you quit smoking your risk of stroke, COPD, cancer, nerve damage and other problems improves. This is if you don't start smoking again.

Smokers with heart disease have double the risk of having a heart attack than do non-smokers. Smoking increases your blood pressure and heart rate which damages your blood vessels and increases your chance of having a stroke. If you quit smoking, your blood pressure and heart rate go down. Your risk of having a heart attack or stroke also goes down. The damage to your blood vessels starts to heal when you quit smoking.

Tobacco Use Includes:

- Smoking cigarettes, cigars, pipes or hookah
- Chewing tobacco
- E-cigarettes and vaping
- Snuff



CareSource Rewards for Quitting Tobacco Use

Tobacco Cessation Activity	Reward Amount	Plan
1st call with Indiana Tobacco Quitline Coach	\$35	HIP
3rd call with your Quit Coach	\$10	HIP and HHW
5th call with your Quit Coach	\$10	HIP and HHW
Starting medicine to help you quit * (Talk to your doctor to get a prescription. You can also talk with your Quit Coach from the Indiana Quitline.)	\$20	HIP
Keep taking prescribed medicines to help you quit*	Up to \$60	HIP
See a counselor to help you quit smoking or using tobacco products *	\$30	HIP
Go to counseling for up to 6 weeks*	\$20	HIP
Finish online courses through MyHealth**	Up to \$15	HIP
Total Reward Amount (HIP):	\$200	

HIP – Healthy Indiana Plan

HHW – Hoosier Healthwise

Rewards based on claims are logged once claims are sent by providers and processed by CareSource. It can take a few weeks to show rewards for these activities in your MyHealth Account.

* Talk with your doctor or your Quit Coach from the Indiana Quitline about quitting tobacco use. Your doctor or Quit Coach can help decide what medications or counseling will be the best fit for you.

**You can get online tools and rewards information at MyHealth. Go to MyCareSource.com® and click the MyHealth icon under “My Plan” to get started.

Reference:

https://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/index.htm

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WHAT IS VAPING?

Vaping is the inhaling of a vapor created by an electronic cigarette (**e-cigarette**) or other vaping device.

E-cigarettes are battery-powered smoking devices. They have cartridges filled with a liquid that usually has nicotine, flavorings, and chemicals. The liquid is heated into a vapor, which the person inhales. That's why using e-cigarettes is called "vaping."



CareSource complies with applicable state and federal civil rights laws and does not discriminate on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status.

Si usted o alguien a quien ayuda tienen preguntas sobre CareSource, tiene derecho a recibir esta información y ayuda en su propio idioma sin costo. Para hablar con un intérprete, Por favor, llame al número de Servicios para Afiliados que figura en su tarjeta de identificación.

如果您或者您在帮助的人对 CareSource 存有疑问，您有权 免费获得以您的语言提供的帮助和信息。如果您需要与一位翻译交谈，请拨打您的会员 ID 卡上的会员服务电话号码。

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OMPP Approved: 08/15/2019

VAPING AND E-CIGARETTES

MEDICAID



WHAT ARE THE HEALTH EFFECTS OF VAPING?

Vaping puts nicotine into the body. Nicotine is very addictive and can affect brain development. Because vaping is new, we don't know how it affects the body over time. We do know that the nicotine in e-cigarettes:

- Is very addictive.
- Can slow brain development in kids and teens. It can affect memory, concentration, learning, self-control, attention and mood.
- Can increase the risk of other types of addiction as adults.

E-cigarettes also:

- Irritate and damage the lungs.
- Can lead to smoking cigarettes and other forms of tobacco use.

Some people use e-cigarettes to vape marijuana, THC oil, and other dangerous chemicals. These drugs irritate the lungs and affect how someone thinks, acts and feels.

How Do E-Cigarettes Work?

There are different kinds of e-cigarettes. A popular e-cigarette many people may have heard of is the Juul®. It looks like a flash drive and can be charged in a computer's USB port. It makes less smoke than other e-cigarettes, so some teens use them at home and in school. The Juul's nicotine levels are similar to a cigarette's.

Is it Safer to Not Vape Every Day?

Even if someone doesn't vape every day, they can still get addicted. How quickly someone gets addicted varies. Some people get addicted even if they don't vape every day.

What About E-cigarettes That Don't Have Nicotine?

Most e-cigarettes do have nicotine. Even those that don't do have chemicals in them. These chemicals can irritate and damage the lungs. The long-term effects of e-cigarettes without nicotine are not known.

Help kids and teens who want to quit:

- Decide why they want to quit. Write it down or put it in their phone. They can look at the reason(s) when they feel the urge to vape.
- Pick a day to stop vaping. They can put it on the calendar and tell supportive friends and family that they're quitting on that day.
- Get rid of all vaping items.
- Download tools like apps and texting programs to their phone. They can help with cravings and give encouragement to stop vaping.

- Avoid triggers that make them want to vape. This can be staying away from situations and people who will be vaping.
- Come up with a way to say no when someone asks if you want to vape.
- Understand withdrawal. Nicotine addiction leads to very strong cravings for nicotine. It can also lead to:
 - headaches
 - feeling tired, cranky, angry, or depressed
 - trouble focusing
 - trouble sleeping
 - hunger
 - restlessness

The signs of withdrawal are strongest in the first few days after stopping. They get better over the following days and weeks.

What Else Can Parents Do?

Help kids learn the risks of vaping and take control of their health. You can:

- Suggest that your child look into local programs and websites that help people quit vaping. Your health care provider can help you and your child find the right support.
- Lend your support as your child tries to quit.
- Set a good example by taking care of your own health. If you smoke or vape, make the promise to quit.



CareSource Behavioral Health Tobacco Cessation Provider Toolkit



<https://www.caresource.com/documents/rr2022-in-med-p-1503800-behavioral-health-provider-tobacco-cessation-toolkit-in-web/>





Call to Action

How often do you
screen patients for
tobacco
dependence?

How often do you
provide training to
clinicians and staff
on tobacco
treatment?

How often are
providers referring
patients and
following up to see if
patients have
engaged in the Quit
Now program?



Questions?

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