

D. Main Section of the proposal (not to exceed 10 pages)

1. Overall Aim & Objectives:

The goals of the *Increasing Cessation Access for All Nevadans (I-CAAN)* project are to increase the number of Nevada healthcare practitioners advising their patients to quit smoking, and to increase the number of Nevadans accessing cessation resources. Medicaid recipients smoke at a significantly higher rate than the population as a whole, thus the *I-CAAN* project will address that disparity by focusing efforts on impacting the Medicaid population. The potential reach for this project is 213,000 Nevadans who smoke.¹

The American Lung Association in Nevada's (ALAN) specific two-year objectives include:

1. Train 500 healthcare practitioners to perform brief interventions with tobacco users, with an emphasis on provider serving the Medicaid population;
2. Provide 500 healthcare practitioners with detailed information on the smoking cessation resources available to Nevadans interested in quitting smoking;
3. Incorporate delivery of brief interventions with tobacco users into the Healthcare Effectiveness Data and Information Set (HEDIS) Compliance Assessments, impacting at least 50 of Amerigroup's practices serving Medicaid recipients in the first two years;
4. Generate 400 calls to the Nevada Tobacco Users Helpline or American Lung Association's Lung Helpline from healthcare practitioner referrals; and
5. Deliver *Freedom From Smoking (FFS)* cessation classes to 150 low-income individuals via community partners that reach Medicaid recipients.

ALAN will launch a statewide project to reduce smoking rates in Nevada, especially among the Medicaid population. ALAN and its partners will train healthcare providers to perform brief interventions with tobacco users; raise awareness among healthcare providers of the cessation resources available; institute long-term systemic changes by incorporating brief interventions into one of Nevada's Medicaid contractor's Healthcare Effectiveness Data and Information Set (HEDIS) Compliance Assessments with its providers; and increase access to cessation classes through community partners serving the Medicaid population.

This project is focused on improving health equity in Nevada as it weaves broad-reaching population-based interventions (i.e., Quitlines) and systems-change approaches (i.e., incorporating brief interventions into compliance assessments for healthcare practices), with

¹ The average number of patients per primary care provider is 2,000 a year. 21.3% percent of Nevadans smoke (much higher among Medicaid population), equating to at least 426 patients per provider who smoke x 500 providers reached through this project = potential impact on at least 213,000 Nevadans who smoke.

individual-level strategies targeted at a population experiencing great tobacco disparity (i.e., offering group cessation clinics through community partners reaching low-income Nevadans).

2. Current Assessment of Need in Target Area:

The Issue

Nevada has the ninth highest smoking rate in the country with 21.3 percent of adults currently smoking.² Smoking rates among those with an annual income of less than \$15,000 is more than 35 percent. In Nevada, low-income families can receive healthcare coverage through the state's Medicaid program. There were 290,435 Nevadans enrolled in Medicaid in 2009,³ 62 percent of whom smoke.⁴ Nevada's Medicaid policy provides coverage for pharmacotherapy,⁵ but many healthcare practitioners and patients are not well-informed and thus do not take advantage of the cessation benefits available.

According to the Nevada Division of Healthcare Financing and Policy, the number of Medicaid recipients utilizing their cessation benefit is a small percentage of those who smoke. As an example, data presented at the *Increasing Cessation Access for All Nevadans* Summit in 2010, showed that during the first 10 months of 2010, only 2,387 Medicaid recipients had taken advantage of their cessation benefit for prescription drug coverage. Given that approximately 180,070 Nevada Medicaid recipients smoke⁶, that equates to less than two percent of recipients accessing proven-effective pharmacological smoking cessation aids.⁷

The Gap

There is a gap between the cessation resources available and the awareness and utilization of the resources. This project will provide essential education to healthcare providers about how to perform a brief intervention with tobacco users and refer to community resources which, in Nevada, include the Nevada Tobacco Users Helpline, *Freedom From Smoking (FFS)* group clinics and *FFS Online* web-based program, and Pfizer's *Beat the Pack*, among others.

Sixty-two percent of Nevada smokers report wanting to quit.⁸ Unfortunately, despite the majority of smokers wanting to quit and the availability of a state quitline, just over one percent

² The Burden of Tobacco Use in Nevada, 2012:

http://health.nv.gov/PDFs/Tobacco/TobaccoBurdenDocument_FINAL.pdf

³ Kaiser Family Foundation, *State Health Facts: Nevada*:

<http://www.statehealthfacts.org/profileind.jsp?rep=73&cat=4&rqn=30>

⁴ Armour BS, Finkelstein EA, Fiebelkorn IC. State-level Medicaid expenditures attributable to smoking. *Prev Chronic Dis* 2009;6(3):A84. http://www.cdc.gov/pcd/issues/2009/jul/08_0153.htm

⁵ Centers for Disease Control: *Smoking and Tobacco Use State Highlights: Nevada*:

http://www.cdc.gov/tobacco/data_statistics/state_data/state_highlights/2010/states/nevada/index.htm

⁶ 62% of 290,435 Medicaid recipients smoke = 180,070

⁷ Presented by Nevada Division of Healthcare Financing and Policy on October 21, 2010 in Reno, Nevada at the I-CAAN Summit

⁸ Nevada Tobacco Profile, 2006: <http://health.nv.gov/PDFs/Tobacco/2006profile.pdf>

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of smokers call the Nevada Tobacco Users Helpline.⁹ Research shows that physician recommendations to quit smoking are highly effective. In 2007, 83 percent of physicians surveyed reported advising their patients who smoked to quit, but only a third discussed counseling options or prescribed FDA-approved cessation aids. Only seven percent of physicians referred to a quitline and in Nevada, 88 percent of physicians were not aware of the Nevada Tobacco Users Helpline.¹⁰

The *I-CAAN* project seeks to increase the number of practitioners advising their patients to quit, referring them to community resources, and prescribing pharmacological cessation aids, as supported through Nevada Medicaid benefits. Training healthcare practitioners to perform brief interventions is essential, but ALAN recognizes that training alone is not enough. It is essential that performing brief interventions become integrated into the healthcare system, which is why ALAN will be working with Amerigroup to add brief interventions into their HEDIS assessments with their Medicaid provider network. Doing so will provide an element of accountability and incentive for practices to commit to performing brief interventions with tobacco users.

Previous Successful Efforts

This project builds on three previously successful efforts. Firstly, the concept for the project emerged from the *Increasing Cessation Access for All Nevadans (I-CAAN) Summit*, which was made possible through a partnership between ActionToQuit and the Pfizer Foundation. ALAN was a recipient of the State Grant Program, enabling ALAN to hold Nevada's first summit on tobacco cessation resulting in development of the state's first Action Plan to address cessation. The project proposed here would directly address one of the key barriers identified in the Plan: *"lack of knowledge by healthcare providers... serving Medicaid population... of available cessation services in Nevada."*

Secondly, ALAN has been providing brief intervention trainings in Clark County since 2010 thanks to funding through a *Communities Putting Prevention to Work* grant. Last year, ALAN trained 170 healthcare providers and lay people to perform brief interventions. ALAN also provided a fax referral form for physicians to use which generated 186 calls from the Nevada Tobacco Users Helpline to individuals interested in quitting smoking. Nevada Rural Hospital Partners through its contractor, Nevada Tobacco-Free Babies, has been providing training to rural areas of the state through a March of Dimes grant. Last year, 188 individuals were trained to provide brief interventions through that project.

Finally, the American Lung Association's *Freedom From Smoking* program is an evidenced-based program that provides participants with social support while educating them about the seven

⁹ Centers for Disease Control: *Smoking and Tobacco Use State Highlights: Nevada*:

http://www.cdc.gov/tobacco/data_statistics/state_data/state_highlights/2010/states/nevada/index.htm

¹⁰ Physician Behavior and Practice Patterns Related to Smoking Cessation, Report Prepared for American Legacy Foundation by the Association of American Medical Colleges, 2007

<https://members.aamc.org/eweb/upload/Physician%20Behavior%20and%20Practice%20Patterns.pdf>

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FDA-approved pharmacological smoking cessation aids. Since 2010, ALAN has been expanding the availability of *FFS* through valuable partnerships with community organizations that serve populations disparately impacted by tobacco use, including the low-income population. This targeted approach has proved to be a valuable compliment to population-based strategies such as the Quitline, especially for populations with disproportionately high tobacco use rates. Last year, ALAN trained 39 individuals as *Freedom From Smoking* facilitators at key community groups such as Community Outreach Medical Center, the Gay and Lesbian Center of Southern Nevada, Rafael Rivera Community Center, the Salvation Army, Tropicana Mobile Home Park, Victory Missionary Baptist Church, US Veterans Initiative¹¹, and others; this resulted in 266 individuals quitting smoking.

The *I-CAAN* project will enable ALAN and partners to build on its strong foundation of successful smoking cessation programming, while providing the opportunity to coordinate population-based, systems-change, and targeted interventions; target and expand the reach; and evaluate the impact at a statewide level.

6. Technical Approach, Intervention Design and Methods:

Addressing the Need

For this project ALAN will partner with Amerigroup, one of the two statewide contractors administering Medicaid in Clark and Washoe Counties, to offer one-hour brief intervention trainings to their provider network. ALAN will contract with Nevada Rural Hospital Partners, which is working with the Tobacco-Free Babies project, to train providers serving rural Medicaid recipients. The training will coach providers to ask patients if they smoke, advise them to quit, and connect them with cessation support (counseling, pharmacologic, etc.). ALAN will provide healthcare practitioners with a listing of cessation resources as well as information about reimbursement for brief interventions and Medicaid benefits for smoking cessation.

Meanwhile, ALAN will expand availability of local cessation programs by encouraging sites that are likely to reach Medicaid recipients to provide its *Freedom From Smoking* cessation program. ALAN will build on existing partnerships with mental health and substance abuse treatment facilities, veterans groups, faith groups, and other social service organizations to support and/or train additional facilitators. *FFS* offers a structured, systematic approach to quitting that is based on proven addiction and behavior change models. *FFS* includes education about pharmacotherapy as well as provides participants with valuable social support.

ALAN will also collaborate with Amerigroup's Quality Control nurses who conduct HEDIS Compliance Assessments so that performing brief interventions with tobacco users is integrated as one of the performance measures in the assessment. ALAN will ensure the Quality Control nurses are trained in brief intervention and can accurately inform healthcare providers

¹¹ The US Veterans Initiative submitted a letter of collaboration for this project but it was not included due to the limit of 3 letters.

of the practice. Finally, ALAN will recognize individual providers or practices that show a commitment to promoting cessation such as through referrals to the Tobacco Users Helpline.

ALAN will work with the Nevada Tobacco Users Helpline, Amerigroup, and the Office of Medicaid to track referrals and access to cessation benefits so that the impact of the project can be assessed.

Partner Roles

Key partners in the *Increasing Cessation Access for All Nevadans* project include Amerigroup and Nevada Rural Hospital Partners. Letters of commitment from each are included with this proposal. As one of the two Medicaid providers in the state, Amerigroup will provide ALAN with access to its provider network to disseminate the cessation resource guide and to promote brief intervention trainings. Additionally, Amerigroup will incorporate use of brief interventions into its annual HEDIS compliance checks that are conducted with their providers. Nevada Rural Hospital Partners' role in the project will be to oversee the brief intervention training delivery to rural Medicaid providers through its partnership with the Nevada Tobacco-Free Babies project. Together, Amerigroup and Nevada Rural Hospital Partners will provide valuable access to the healthcare providers serving Nevada's Medicaid population. ALAN is also optimistic that during the course of this project, it will be able to expand its partners to include Nevada's other Medicaid contractor, United Healthcare (currently senior leadership for United Healthcare is represented on ALAN's board and ALAN has successfully partnered with United Healthcare on other projects).

Program Feasibility and Sustainability

The *I-CAAN* project combines several program elements that have already been completed successfully. For example, ALAN has already established a partnership with the Nevada Tobacco Users Helpline whereby ALAN promotes use of a fax referral form by healthcare practitioners and NTUH tracks those referrals. Likewise, both ALAN and Nevada Rural Hospital Partners/Tobacco-Free Babies have a proven track record of providing brief intervention trainings throughout the state. Both organizations are trusted and well-known resources for this training.

The impact of the *I-CAAN* project will extend beyond the funding timeframe. Once trained, healthcare providers can continue to counsel patients on an ongoing basis and the cessation resources that will be promoted are low-cost or no-cost and are largely provided through resources outside of this grant. Perhaps most significant to ensuring sustainability is ALAN's systems-change approach by working with Amerigroup to integrate brief interventions into the HEIDUS review process, thus ensuring that healthcare providers remain engaged in translating theory into practice. As ALAN works to expand *I-CAAN* to include United Healthcare, it will strive to ensure that a systems-integration element is included with that partnership as well.

4. Evaluation Design:

Metrics and Data Collection

The chart below outlines the data sources and collection process that will be used to evaluate progress toward achieving this project’s intended outcomes.

| <u>Objectives</u> | <u>Data Source</u> | <u>Data Collection Process</u> |
|--|--|--|
| Train 500 healthcare providers to perform brief interventions with tobacco users, with an emphasis on those serving the Medicaid population | Training registration forms | The American Lung Association in Nevada and Nevada Rural Hospital Partners (via Tobacco-Free Babies) will collect registration forms for all brief intervention trainings. Information will be compiled quarterly. |
| Provide 500 healthcare providers with detailed information on the smoking cessation resources available to Nevadans interested in quitting smoking | Tracking form | ALAN and Rural Hospital Partners will complete tracking form when the cessation resource guide is distributed to healthcare practitioners (such as at a training or through a mailing) and when it is downloaded from ALAN’s and other partners’ web sites. Numbers will be compiled quarterly. |
| Incorporate delivery of brief interventions with tobacco users into the Healthcare Effectiveness Data and Information Set (HEDIS) Compliance Assessments, reaching at least 50 Medicaid provider practices | HEDIS assessment form HEDIS reviews report | Once brief interventions are included in Amerigroup’s HEDIS compliance check forms, ALAN will obtain a copy of the assessment. Quality Control Nurses conduct HEDIS reviews between February and May and ALAN will obtain a report from Amerigroup following the reviews to track the number of practices that were reached each year. |
| Generate 400 calls to the Nevada Tobacco Users Helpline or American Lung Association’s Lung Helpline from healthcare practitioner referrals | Nevada Tobacco Users Helpline’s Provider Referral Report | The Nevada Tobacco Users Helpline will provide a quarterly report to ALAN tracking the number of fax referral forms it received from healthcare practitioners. |
| Deliver <i>Freedom From Smoking</i> | <i>FFS</i> Member | ALAN will follow-up with <i>FFS</i> facilitators to |

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| (FFS) cessation classes to 150 low-income individuals via community partners that reach Medicaid recipients | Information Forms | obtain Member Information Forms which are completed by FFS participants. ALAN will compile participation data on a quarterly basis. |
|---|-------------------|---|

During this project, ALAN will be in close communication with Amerigroup and Nevada’s Office of Healthcare Financing and Policy to examine *I-CAAN*’s impact on the number of Medicaid recipients who are accessing their cessation benefits. There is an extraordinarily small amount of money to support tobacco control efforts in Nevada which limits the amount of cessation activity taking place in the state. Though this is extremely unfortunate for Nevada, it does provide the opportunity to get a clear sense of the direct impact that the *I-CAAN* project has on reducing smoking rates among Medicaid recipients.

Project Beneficiaries

Direct beneficiaries of this project include healthcare practitioners serving Medicaid recipients who will receive training on conducting brief interventions with tobacco users and greater information on the resources available for Nevadans interested in quitting smoking. Additional beneficiaries include Nevada’s Medicaid recipients who will receive coaching from their healthcare practitioners and more information on the resources available to help them quit smoking. Finally, Nevada as a whole stands to benefit from the reduction in cost to treat tobacco-related illnesses as smoking rates among Medicaid recipients goes down.

Dissemination of Project Outcomes

Reducing smoking rates among the Medicaid population is a priority for many states and the American Lung Association in Nevada looks forward to opportunities to share the outcomes and lessons learned from the *Increasing Cessation Access for All Nevadans* project. ALAN will seek opportunities to present project results through state and national conferences such as the National Conference on Tobacco or Health, Nevada Public Health Association Conference, or American Public Health Association Conference; as well as through national networks such as the North American Quitline Consortium, Association for the Treatment of Tobacco Use and Dependence, and others. Finally, ALAN’s affiliation with a national organization provides ample opportunity to disseminate findings throughout its national network as well as to partner with other Lung Associations across the country that are interested in replicating the *I-CAAN* project.

ALAN has enjoyed a long-standing collaboration with Pfizer in Nevada and would welcome any recommendations for further ways to expand the impact of this project and share project outcomes.

E. Detailed Work Plan and Deliverables Schedule (not to exceed 2 pages):

For this project the American Lung Association in Nevada will partner with Amerigroup to offer one-hour brief intervention trainings to their provider network. ALAN will contract with Nevada Rural Hospital Partners, which is working with the Tobacco-Free Babies project, to train providers serving rural Medicaid recipients. ALAN will provide healthcare practitioners with a listing of cessation resources as well as information about reimbursement for brief interventions and Medicaid benefits for smoking cessation. Meanwhile, ALAN will expand availability of local cessation programs by training sites that are likely to reach Medicaid recipients to provide its *Freedom From Smoking* cessation program.

ALAN will also collaborate with Amerigroup’s Quality Control nurses who conduct HEDIS Compliance Assessments so that performing brief interventions with tobacco users is integrated as one of the performance measures in the assessment. ALAN will work with the Nevada Tobacco Users Helpline, Amerigroup, and the Office of Medicaid to track referrals and access to cessation benefits so that the impact of the project can be assessed.

| Objectives and Activities | 2013 | | | | 2014 | | | |
|--|---------|----------|---------|---------|---------|----------|---------|---------|
| | Dec-Mar | Apr-June | Jul-Sep | Oct-Dec | Jan-Mar | Apr-June | Jul-Sep | Oct-Dec |
| 1. Train 500 healthcare providers to perform brief interventions with tobacco users, with an emphasis on those serving the Medicaid population | | | | | | | | |
| • Identify Medicaid providers in Amerigroup’s network | X | | | | | | | |
| • Subcontract with Rural Hospital Partners to conduct rural trainings | X | | | | | | | |
| • Schedule/promote trainings | X | | X | | X | | X | |
| • Conduct trainings statewide | X | X | X | X | X | X | X | X |
| 2. Provide 500 healthcare practitioners with detailed information on the smoking cessation resources and reimbursement information | | | | | | | | |
| • Develop and update listing of smoking cessation resources in Nevada | X | | X | | X | | X | |
| • Post resource list on ALAN web site | X | | X | | X | | X | |
| • Meet with Amerigroup, Rural Hospital Partners, etc. to determine how to distribute information to practitioners | X | X | | | X | X | | |
| • Provide resource listing during trainings | X | X | X | X | X | X | X | X |
| • Research Medicaid reimbursement guidelines and coding for brief intervention, cessation counseling, and pharmacologic aids | X | X | | | | | | |

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| • Work with Office of Medicaid, Amerigroup, and other partners to determine best way to present this information to healthcare practitioners | | X | X | | | | | |
| • Provide information on reimbursement during brief intervention trainings | | | X | X | X | X | X | X |
| 3. Incorporate delivery of brief interventions with tobacco users into the HEDIS Compliance Assessments, reaching at least 50 Medicaid provider practices | | | | | | | | |
| • Meet with Amerigroup to have brief interventions added to HEDIS assessments; revise as necessary | X | | | | X | | | |
| • Amerigroup conducts HEDIS reviews | X | X | | | X | X | | |
| • Amerigroup sends data to ALAN | | X | X | | | X | X | |
| • Meet with United Healthcare to propose similar collaboration as with Amerigroup | | | X | X | X | X | | |
| 4. Generate 400 calls to the Nevada Tobacco Users Helpline or American Lung Association's Lung Helpline from healthcare practitioner referrals | | | | | | | | |
| • Update fax referral form | X | | | | X | | | |
| • Meet with NTUH to confirm process for fax referral forms and tracking procedures | X | | | | | | | |
| • Include fax referral form in brief intervention trainings | X | X | X | X | X | X | X | X |
| • Post fax referral on ALAN web site | X | | | | | | | |
| • Obtain data from NTUH | | X | X | X | X | X | X | X |
| 5. Deliver <i>Freedom From Smoking (FFS)</i> cessation classes to 150 low-income individuals via community partners that reach Medicaid recipients | | | | | | | | |
| • Identify community groups that serve Medicaid population | X | | | | X | | | |
| • Train <i>FFS</i> facilitators | X | | X | | X | | X | |
| • Provide program materials for <i>FFS</i> | | X | X | X | X | X | X | X |
| • Collect and compile registration and evaluation materials | | X | | X | | X | | X |
| Assess overall program impact and share results and lessons learned | | | | | | | | |
| • Meet with Office of Medicaid and Amerigroup to assess/monitor impact <i>I-CAAN</i> is having on recipients accessing cessation | | | X | X | X | X | X | X |
| • Share results and lessons-learned | | | | | | | X | X |