

Supporting Tobacco Cessation for Adults with Mental Health and Substance Use Disorders Enrolled in Medicaid and CHIP Transcript

[Narrator] Supporting Tobacco Cessation for Adults with Mental Health and Substance Use Disorders Enrolled in Medicaid and the Children’s Health Insurance Program, or CHIP.

People with mental health conditions and substance use disorders are more likely to use tobacco products than those without these conditions.

Smoking-related illnesses are among the leading causes of death for people with mental health and substance use disorders. Specifically, smoking is linked to worse symptoms and outcomes, such as hospitalizations and substance use relapses, and heavily contributes to the leading causes of death, including cancers, and heart disease.

Quitting smoking not only positively impacts a person’s physical health, but quitting can also be good for their mental health. State Medicaid and CHIP programs can do much to support tobacco cessation by expanding coverage and improving access to tobacco cessation services.

Studies have shown that interventions, such as counseling and pharmacotherapy, to help people quit smoking during substance use treatment or recovery, can increase the likelihood of long-term abstinence from substance use by 25%.

Clinical practice guidelines recommend that providers offer all adults who smoke counseling and pharmacotherapy, which includes nicotine replacement therapy like the patch and other medications. However, providers don’t always talk about tobacco cessation with patients, and less than half of mental health and substance use treatment facilities provide tobacco cessation counseling.

Research has demonstrated that individuals with mental health and substance use disorders want to quit smoking and have a better chance of quitting successfully with evidence-based interventions.

But there are several barriers and misconceptions to addressing tobacco cessation in mental health and substance use disorders care settings.

[Jessica T. Lee, MD] As a lung doctor, I see many patients with mental health and substance use disorders who have struggled with quitting smoking. While difficult, quitting smoking can be really empowering, and help people make other healthy choices.

Some patients worry about how quitting could impact their treatment plans, and I share with them the evidence showing that quitting smoking can support treatment of mental health and substance use disorders, for example, how quitting can actually improve symptoms of depression and anxiety.

[Narrator] We’ll describe five strategies Medicaid and CHIP programs can use to increase and support tobacco cessation among adults with mental health and substance use disorders.

Strategy 1: Remove barriers to care, such as limits on the duration of cessation treatment or annual or lifetime caps on the number of times a beneficiary can receive treatment, or copays on treatments. Removing limits is important as it often takes adults multiple attempts to quit before they are successful.

Strategy 2: Increase screening and counseling activities and create separate billing for tobacco treatment services. Separate billing allows providers and the state to monitor cessation screening and counseling, and supports quality improvement activities, such as incentive programs and monitoring.

Strategy 3: Offer technical assistance to health plans and providers. For example, Medicaid and CHIP programs can share data with providers on their patient's tobacco cessation efforts, connect providers and health plans to other state programs and resources, such as quitlines, and offer coaching on quality improvement best practices.

Strategy 4: Require contracted providers, such as hospitals, to implement tobacco-free policies. Creating tobacco-free care settings can be a critical step in helping change misperceptions about tobacco use and treatments for mental health and substance use disorders and help create environments that support recovery.

Strategy 5: Expand the types of providers able to provide tobacco cessation counseling to include peer specialists and certified tobacco treatment specialists. Peer specialists have been successful in supporting the recovery process and can help others through shared understanding. Expanding the types of providers who can bill for services extends the reach of treatment beyond the clinical setting into the everyday environment and supports patients in initial and continued tobacco cessation.

By promoting access, availability, and utilization of tobacco cessation treatment, Medicaid and CHIP programs can improve the health and health care of beneficiaries with mental health and substance use disorders.

[Jessica T. Lee, MD] I tell patients how much I want to support them and encourage counseling and medications to help them quit. I emphasize that I'll continue to support them, because it so often takes more than one try to quit for good, and I want my patients to feel comfortable sharing what's going on in their lives. This is especially important because people with mental health and substance use disorders may need more intensive and longer treatment to quit smoking. We should applaud every time a patient tries to quit and congratulate them every step along the way.

[Narrator] To learn more about how your state can improve tobacco cessation among adults with mental health and substance use disorders, visit the Improving Tobacco Cessation webpages on [Medicaid.gov](https://www.medicaid.gov) by scanning the QR code shown here or reaching out to CMS through the quality improvement technical assistance mailbox: MedicaidCHIPQI@cms.hhs.gov

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