

State Stories on Tobacco Cessation: Oregon: Quit Tobacco in Pregnancy (QTiP) Program

[Voiceover] State Stories on Tobacco Cessation.

Oregon: Quit Tobacco in Pregnancy, or QTIP, program.

This video is part of a series highlighting successful tobacco cessation strategies for populations at an elevated risk for tobacco use.

Medicaid and CHIP agencies may consider implementing these strategies into their programs.

[Jacqueline Moreno] Hi, I'm Jacqueline Moreno, the Senior Community Health Analyst for Lane County Public Health in Oregon. Today, I want to talk to you about our Quit Tobacco in Pregnancy program. It supports pregnant and postpartum people enrolled in our Medicaid agency, the Oregon Health Plan, to quit smoking. I'll be joined today by Tara DeVee.

[Tara DeVee] Hi, I'm Tara DeVee. I'm a volunteer and a member of the Lane County Community Advisory Council. And I'll also be sharing how Lane County collaborates with the many communities we serve.

[Jacqueline Moreno] Oregon has 16 Coordinated Care Organizations or CCOs. These CCOs are community-based, integrated networks of health care providers working with their local communities to provide care to Medicaid beneficiaries in their region.

The CCOs in Lane County, recognizing the importance of prevention, set aside funds to support the implementation of prevention strategies through a partnership with Lane County Public Health. The Quit Tobacco in Pregnancy program, or QTIP, is one of the strategies supported by this CCO funding.

The prevention strategies supported by Lane County CCOs are overseen by the Community Advisory Council, or CAC, with support from staff at Lane County Public Health. The CAC is made up of local community members and county government representatives.

In 2012, after finding that almost 30% of pregnant Medicaid members were smoking during pregnancy, the CAC identified tobacco cessation among pregnant members as a priority. The CAC reviewed the evidence and engaged the provider community and ultimately suggested an incentive program for tobacco cessation.

In 2013, Lane County launched an incentive program, known today as QTIP, or Quit Tobacco in Pregnancy. Medicaid members in Lane County are the primary population that the program serves. However, Lane County Public Health also contributes funds to ensure any pregnant person in Lane County can participate in the program, regardless of their health insurance payer.

While most of the referrals to the program come from the WIC program, the Women, Infants and Children program, we also do direct outreach to OB offices, who can also refer patients, and we have done some print advertising for the program allowing pregnant people to self-refer and contact us directly.

The QTIP program has two types of incentives: participation incentives and cessation incentives.

Participants that stay engaged in the program can select gifts, like diaper bags, blankets, diapers, kids' books, and so on. Gifts can be chosen for enrolling in the program, for utilizing the Quit Line, and for utilizing cessation coaching with our QTIP Coordinator, who is a trained tobacco treatment specialist.

Participants that abstain from smoking are also eligible for monetary incentives. Cessation is verified by a carbon monoxide monitor at 3 points during pregnancy, at least 4 weeks apart each. Eligible participants receive graduated incentives in the form of gift cards. Participants can receive \$50 at each postpartum visit as well - \$50 each at 6 weeks, 3 months, and 6 months postpartum, to encourage staying tobacco-free during the postpartum period.

While providing participants with tools and resources to help them stay quit postpartum is an important part of the program, the primary goal of QTIP is to help participants stop smoking during pregnancy. About 30% of participants are successful in completely abstaining from smoking – as measured by earning incentives at 3 points during pregnancy. About half of participants are able to successfully abstain for at least some portion of their pregnancy.

Since QTIP was implemented, tobacco use has fallen in the 1st and 3rd trimester of pregnancy in the Medicaid population in both Oregon and Lane County, however, the change in the third trimester use among Lane County Medicaid members is greater than the change that we observe in the Medicaid population for Oregon overall.

We have birthweight data for about half of our participants, and based on the data we have, it seems that even being partially successful in abstaining (or earning 2 incentives) also improves birth outcomes.

Now, Tara DeVee, a member of the Community Advisory Council is going to speak about the history of the program and lessons learned over the years.

[Tara DeVee] Thank you, Jacqueline. We've learned a lot and we're still learning.

Initially, QTIP was called the "Tobacco Cessation Incentive Program" and was administered through our local OB offices. But, after the 1st year, it was very clear that the medical office staff just didn't have the capacity to implement and track the program. So we approached our Women, Infants, and Children program, the WIC program, about collaborating and they agreed to operate the program. The program was re-branded as QTIP and re-launched, and participation almost doubled in the first year.

One limitation of QTIP is that it is currently limited to combustible cigarettes. This is because carbon monoxide monitoring does not allow us to confirm quitting electronic cigarettes, so we cannot provide incentives for electronic tobacco use. However, our team is exploring supporting clients who are using other substances, including cannabis, in an attempt to meet the emerging need of our population.

Another great opportunity is to improve retention rates. About 35% of enrollees drop out of the program during the prenatal period. We looked at the characteristics of participants who dropped out to see if there were differences from those participants who stayed. The analysis suggests that enrolling on the same day referred to the program increased retention. A quality improvement project was initiated to change the enrollment process and we're working to collect that data to confirm whether same-day enrollment works to improve retention.

The CAC, again, that's the Community Advisory Council, continually monitors the QTIP program and helps with quality improvement strategies as needed. Now back to you, Jacqueline.

[Jacqueline Moreno] Thanks Tara. In response to the COVID-19 pandemic, the QTIP program pivoted to a virtual and phone-based coaching model. Clients are able to check in with the QTIP coordinator via phone, and can even check in briefly and receive tips via text. While it is not feasible to verify quit status

via carbon monoxide monitoring at this time, the program has been using the honor system, while setting clear expectations that when safe to do so, the in-person CO monitoring will resume.

The virtual model also allows for flexible incentives – for example, gift cards can be sent via mail.

As Tara noted, we are also reviewing the ways to improve program retention and engagement and hope to implement new strategies as in-person services resume.

We so appreciate having had this opportunity to share our QTIP program with you, as this program has offered immediate and long-term benefits to the pregnant people that we serve and to our community. If you have any questions or comments about this presentation, please feel free to contact our program staff through the email posted on this slide. And again, thanks so much for your time.

[Voiceover] We hope that these videos have you considering how to start a tobacco cessation program in your state.

Here are a few tips from the QTIP program. Find partners to work with – your public health agency can be a good place to start.

Remember that Managed Care, and Managed Care-like organizations, can bring unique resources to quality improvement work.

For more information and quality improvement support, contact CMS at MedicaidCHIPQI@cms.hhs.gov.

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