State Medicaid and CHIP Improving Tobacco Cessation Driver Diagram and Change Ideas

Background

A driver diagram shows the processes or systems that affect the aim of your quality improvement (QI) project and determine what you need to do to improve outcomes. Use the state Medicaid and CHIP (MAC) tobacco cessation driver diagram on the next slide to plan your state's tobacco cessation QI project. Here are some suggestions to begin:

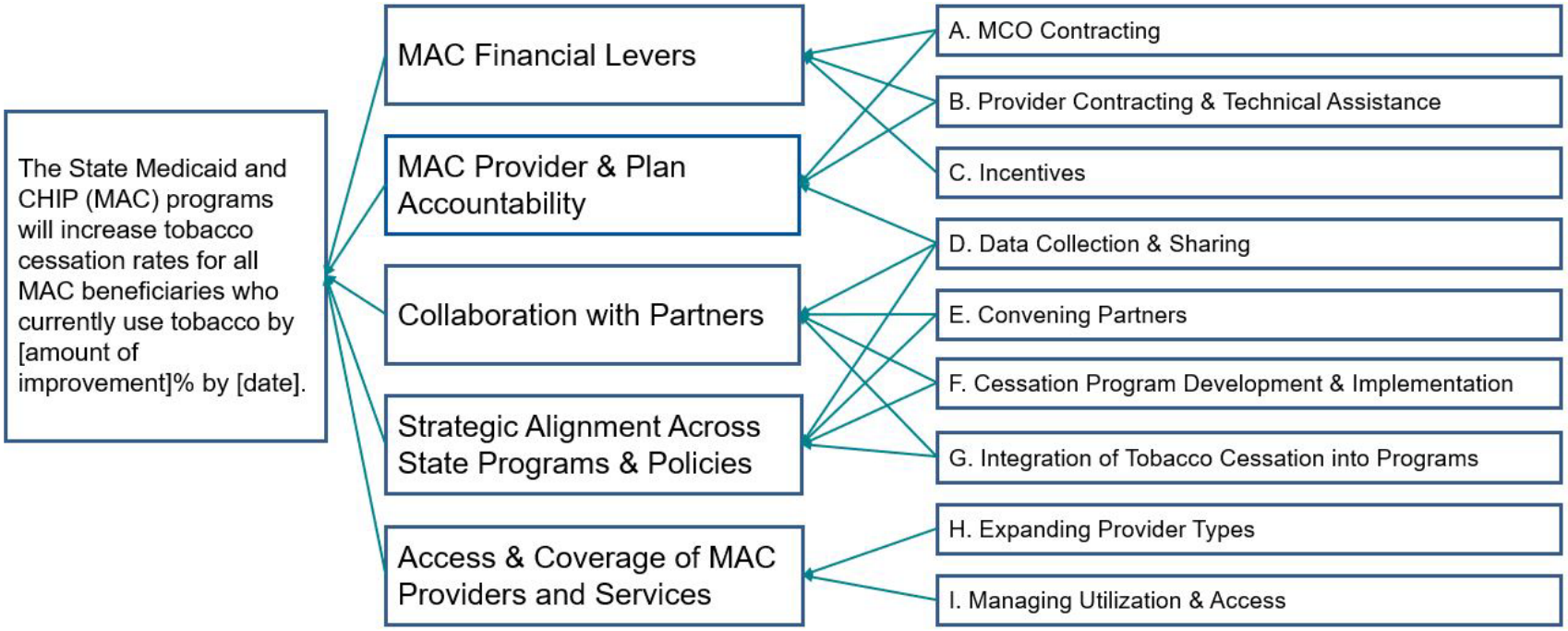
- Develop an aim statement for your state's tobacco cessation QI work. A good aim statement is specific, measurable, and answers the questions, "For whom, how much, and by when?" It should be brief, easy to understand, and should not include background or side issues. An example aim statement is given on the driver diagram.

- Add primary drivers. Primary drivers are the high-level processes, structures, or norms in the system that must change to achieve your aim. While all the primary drivers are necessary to achieve your aim, begin your QI project by focusing on one or two primary drivers and then grow your activities over time to address the other drivers.

- Add secondary drivers. Secondary drivers expand an understanding of the primary drivers and are action-oriented, addressing the steps in a process, time-bound moments, or norms where changes are made to bring about improvement. Secondary drivers will help lead you to testable change ideas.

- Develop change ideas tables. Change ideas describe the specific, testable actions that can be taken to impact the secondary driver, the related primary driver, and achieve your aim. Change ideas should be evidence- or experience-based. The change ideas in the following tables were gathered from research, case studies, expert opinions, and other resources. Where available, the resources have been referenced. Short descriptions accompany Medicaid-specific experiences. Where no reference has been provided, the change ideas comes from subject matter experts consulted to develop this driver diagram.

Figure. State Medicaid and CHIP Improving Tobacco Cessation Driver Diagram



The driver diagram has the following relationships:

- Aim Statement: The State Medicaid and CHIP (MAC) programs will increase tobacco cessation rates for all MAC beneficiaries who currently use tobacco by [amount of improvement] % by [date]. The aim statement is affected by five primary drivers. Each primary driver is affected by 2-4 secondary drivers.
    - Primary Driver 1: MAC Financial Levers. This primary driver is affected by three secondary drivers:
        - MCO Contracting
        - Provider Contracting & Technical Assistance
        - Incentives

- Primary Driver 2: MAC Provider & Plan Accountability. This primary driver is affected by three secondary drivers:
  - MCO Contracting
  - Provider Contracting & Technical Assistance
  - Data Collection & Sharing
- Primary Driver 3: Collaboration with Partners. This primary driver is affected by four secondary drivers:
  - Data Collection & Sharing
  - Convening Partners
  - Cessation Program Development & Implementation
  - Integration of Tobacco Cessation into Programs
- Primary Driver 4: Strategic Alignment Across State Programs & Policies. This primary driver is affected by four secondary drivers:
  - Data Collection & Sharing
  - Convening Partners
  - Cessation Program Development & Implementation
  - Integration of Tobacco Cessation into Programs
- Primary Driver 5: Access & Coverage of MAC Providers and Services. This primary driver is affected by two secondary drivers:
  - Expanding Provider Types
  - Managing Utilization & Access

Table: State Medicaid and CHIP Improving Tobacco Cessation Change Ideas

Secondary Driver **A. MCO Contracting.** Medicaid and CHIP (MAC) programs can use managed care organization (MCO) contracts to require MCOs to provide tobacco cessation services and engage in quality improvement activities.	
Change Activity	**Evidence, Resources, & Case Studies**
A1. Require MCOs cover all cessation treatments (FDA-approved nicotine replacement therapy (NRT) and counseling).	Colorado Medicaid (Health First Colorado) removed copays for all FDA-approved cessation medications. Kentucky Medicaid and Missouri Medicaid (MO HealthNet) began covering all tobacco cessation treatments and removed multiple barriers to access to treatment including copayments, prior authorizations, limits on durations, and limits on the number of quit attempts. **Additional evidence and resources:** • Effects of Medicaid Coverage on Receipt of Tobacco Dependence Treatment • Does State Medicaid Coverage of Smoking Cessation Treatments Affect Quitting? • Reducing Tobacco Use and Secondhand Smoke Exposure
A2. Require MCOs to include tobacco cessation treatment as part of their value-added services.	Texas Medicaid MCO offers an online nicotine recovery program through a web and mobile app that provides resources to help members meet their nicotine recovery goals. This online resource provides ideas and education such as expert videos interactive activities and stories of hope.
A3. Require MCOs to implement tobacco cessation-related performance improvement projects (PIPs).	Virginia Medicaid started a rapid-cycle PIP focused on reducing tobacco use in pregnant members. The Medicaid program selected the topic and focus population, and MCOs selected their own strategies to reduce tobacco use based on MCO-specific process mapping and failure modes effects analysis.
A4. Include tobacco cessation metrics into the state's value-based purchasing (VBP) program.	Oregon Medicaid (Oregon Health Plan) incorporated a tobacco cessation-related incentive metric into the Coordinated Care Organizations (CCO) Quality Incentive Program. Following the introduction of the metric, CCOs began offering comprehensive cessation benefits, beneficiaries reported increased cessation assistance from their providers, and Oregon reported a decline in smoking prevalence among Medicaid enrollees.

Secondary Driver

A. MCO Contracting. Medicaid and CHIP (MAC) programs can use managed care organization (MCO) contracts to require MCOs to provide tobacco cessation services and engage in quality improvement activities.

Change Activity	Evidence, Resources, & Case Studies
A5. Require MCOs to send providers information regarding beneficiary tobacco cessation needs.	Recommended by **subject matter experts**.
A6. Require External Quality Review Organization (EQRO) to include tobacco metrics in the annual External Quality Review (EQR) to assess MCO performance.	**Virginia Medicaid** reported MCO-level rates of medical assistance with smoking and tobacco use cessation measures in their annual EQR reports.

Secondary Driver

B. Provider Contracting & Technical Assistance (TA). Medicaid and CHIP (MAC) programs and managed care organizations (MCOs) can use provider contracts to require the use of tobacco screening and cessation services. They can also work directly with providers and offer training related to best practices and available cessation programs.

Change Activity	Evidence, Resources, & Case Studies
B1. Include tobacco cessation metrics in the state's value-based purchasing (VBP) program.	**Oregon Medicaid (Oregon Health Plan)** incorporated a tobacco cessation-related incentive metric into the Coordinated Care Organizations (CCO) Quality Incentive Program. Following the introduction of the metric, CCOs began offering comprehensive cessation benefits, beneficiaries reported increased cessation assistance from their providers, and Oregon reported a decline in smoking prevalence among Medicaid enrollees.

Secondary Driver

B. Provider Contracting & Technical Assistance (TA). Medicaid and CHIP (MAC) programs and managed care organizations (MCOs) can use provider contracts to require the use of tobacco screening and cessation services. They can also work directly with providers and offer training related to best practices and available cessation programs.

Change Activity	Evidence, Resources, & Case Studies
B2. Provide billing code guide to assist providers in reporting use of tobacco cessation and services.	**Massachusetts Medicaid (MassHealth)** launched a highly effective smoking cessation program that included an innovative widespread **communications campaign** directed at Medicaid **clinicians**. Over the first two years, 37% of Medicaid beneficiaries who smoked used the benefit.
B3. Provide TA and training to care professionals on cessation screening and best practices, such as the 5As (**Ask, Advise, Assess, Assist, Arrange**).	**Oklahoma Medicaid (SoonerCare)** launched the **SoonerQuit Prenatal Initiative** which included expanded TA to providers to help patients quit smoking. Facilitators offered hands-on TA and education for an extended period, including educating all medical office staff about tobacco cessation treatment best practices, such as using the 5As, and benefits and resources available for pregnant individuals.
B4. Require contracted providers to implement tobacco-free health care settings.	**North Carolina Medicaid (Division of Medical Assistance)** required Medicaid-contracted providers to implement a tobacco-free policy covering any portion of the property on which the participating provider operates that is under its control as owner or lessee, including buildings, grounds, and vehicles. **Michigan Medicaid (Medical Assistance)** Region 10 Prepaid Inpatient Health Plan (PIHP) partnered with Community Mental Health Service Programs (CMHSPs) to create tobacco-free campuses. Counter to staff expectations, there were no beneficiary objections to the policy.

Secondary Driver

C. Incentives. Medicaid and CHIP (MAC) programs and managed care organizations (MCOs) may offer, or partner with other organizations to offer, financial or other incentives to engage beneficiaries in tobacco cessation treatment.

Change Activity	Evidence, Resources, & Case Studies
C1. Provide financial or material incentives to beneficiaries for participating in tobacco cessation services or using quitlines.	**California Medicaid (Medi-Cal)** launched **Incentives to Quit Smoking (MIQS)** that provided eligible Medi-Cal smokers with a $20 gift card if they called the CA Smoker's Helpline and engaged in counseling. **Connecticut Medicaid (HuskyHealth)** participated in the **iQUIT program**, a partnership between local mental health authorities (LMHAs), Federally Qualified Health Centers (FQHCs), and primary care providers (PCPs). The program offered counseling and training sessions, peer coaching, and other cessation interventions. Beneficiaries received financial rewards for reaching specific cessation milestones in the program. **Wisconsin's First Breath program** provided pregnant Medicaid members with **incentives** to participate in counseling treatment or to contact the state quitline. Members who participated in quitline or counseling treatment received gift cards for both participation and quitting.
C2. Provide financial or material incentives to beneficiaries for successfully quitting.	**Colorado Medicaid (Health First CO)** partnered with the **Baby & Me Tobacco Free Campaign (BMTF)** to help new parents refrain from smoking. Four in-person prenatal counseling sessions were conducted, and a Carbon Monoxide breath test was performed during the last two visits. If the breath monitor was <6ppm, the participant received a $25 diaper voucher each session. **Oregon Medicaid (Oregon Health Plan)** Lane County Medicaid Coordinated Care Organization (CCO) launched the **Quit Tobacco In Pregnancy (QTiP) program** in partnership with Lane County Public Health. The QTiP program provides graduated incentives to pregnant and post-partum individuals to quit tobacco.

Secondary Driver

D. Data Collection & Sharing. Medicaid and CHIP (MAC) programs can use data to monitor tobacco cessation at the state, plan, and provider levels. Monitoring data at various levels and stratifying it by important beneficiary characteristics can help MAC programs identify areas needing additional technical assistance (TA). Sharing data with partners and the public can help providers and managed care organizations (MCOs) understand areas in need of improvement, and guide providers and plans to implement quality improvement activities.

Change Activity	Evidence, Resources, & Case Studies
D1. Report tobacco cessation measures in the state's annual External Quality Review (EQR) technical report at various levels (including state and MCO levels) and by beneficiary characteristics.	**Virginia Medicaid** reported MCO-level rates of medical assistance with smoking and tobacco use cessation measures in their publicly available **annual EQR reports**.
D2. Create a Memorandum of Understanding (MOU) to share data between state quitlines and other agencies and partners.	**Vermont Medicaid (Green Mountain Care)** worked with VT's Tobacco Control Program and the Department of Vermont Health Access (DVHA) to share Medicaid cessation service utilization data, which informed an understanding of cessation techniques and tools utilized by beneficiaries. Data-sharing protocols were created to provide ongoing monitoring of the use of nicotine replacement therapy (NRT) and Current Procedural Terminology (CPT) codes, quitline data, survey data, outreach activities, and policy changes. Data were documented and shared quarterly. **Oklahoma Medicaid (SoonerCare)** partnered with other agencies and departments to gather data about the costs of providing cessation medications, and the number of individuals the removal of NRT caps would impact. Using this data, OK Medicaid calculated the potential return on investment (ROI). This evidence supported the removal of caps on access to non-nicotine cessation medications, such as bupropion.
D3. Leverage Electronic Health Records (EHRs) for referring beneficiaries for tobacco cessation services	Recommended by **subject matter experts**. For example, an opt-out process can be used to **automatically refer** to tobacco use treatment.

Secondary Driver

E. Convening Partners. Medicaid and CHIP (MAC) programs and managed care organizations (MCOs) can find and foster opportunities to connect with tobacco cessation partners to create strong referral programs. Convening partners can also create opportunities for shared learning.

Change Activity	Evidence, Resources, & Case Studies
E1. Partner with MCOs, providers, and the state quitline to create standardized referral processes.	**Oregon Medicaid (Oregon Health Plan)** created a closed-loop electronic referral system using Electronic Health Records (EHRs) across 9 rural health systems in central OR to increase usage of the state quitline.
E2. Partner with social service agencies, such as Women, Infants & Children Nutrition Program (WIC), Supplemental Nutrition Assistance Program (SNAP), and Child Protective Services (CPS) to screen and refer beneficiaries to tobacco cessation services and/or the state quitline.	**Oregon Medicaid (Oregon Health Plan)** Quit Tobacco In Pregnancy (QTiP) program in Lane County was established as a partnership between a local **Medicaid Coordinated Care Organization (CCO)**, Trillium Community Health Plan, the Lane Community Health Council, and local WIC offices. The QTiP program provided graduated incentives to pregnant and post-partum individuals to quit tobacco with proof of abstinence through carbon monoxide testing.

Secondary Driver

F. Cessation Program Development and Implementation. Medicaid and CHIP (MAC) programs can find programmatic opportunities to lead, participate in, amplify, or launch tobacco cessation initiatives with other state agencies.

Change Activity	Evidence, Resources, & Case Studies
F1. Create designated cross-agency positions focused on tobacco cessation strategies and coordination.	**Colorado Medicaid (Health First Colorado)** worked collaboratively with the **CDC's 6|18 initiative**, resulting in two new cross-agency positions responsible for identifying opportunities for interagency collaboration and strategic alignment between Colorado Medicaid (Health First Colorado) and Colorado Public Health Department.

Secondary Driver

F. Cessation Program Development and Implementation. Medicaid and CHIP (MAC) programs can find programmatic opportunities to lead, participate in, amplify, or launch tobacco cessation initiatives with other state agencies.

Change Activity	Evidence, Resources, & Case Studies
F2. Enter cost-sharing arrangements with the state quitline.	**Maryland (Medical Assistance)** executed a **Memorandum of Understanding (MOU)** to secure Medicaid administrative match for quitline services. This allowed the state tobacco control program to claim the 50% federal matching rate for allowable quitline expenditures.

Secondary Driver

G. Integration of Tobacco Cessation into Programs. Medicaid and CHIP (MAC) programs and managed care organizations (MCOs) can integrate tobacco cessation activities into other initiatives, such as chronic disease management or prenatal/postpartum programs.

Change Activity	Evidence, Resources, & Case Studies
G1. Integrate tobacco cessation into other disease management or health promotion programs, such as those aimed at asthma, weight management, and prenatal and postnatal care.	Recommended by **subject matter experts**. See example of **Integrating Asthma Education and Smoking Cessation for Parents**.
G2. Include tobacco cessation as a goal in the state's managed care quality strategy.	Recommended by **subject matter experts**.

Secondary Driver

H. Expanding Provider Types. Medicaid and CHIP (MAC) programs and managed care organizations (MCOs) can increase access points to tobacco screening, medications, and cessation supports by expanding the list of provider types who can be reimbursed for tobacco cessation services.

Change Activity	Evidence, Resources, & Case Studies
H1. Reimburse additional provider types such as community health workers, community treatment teams, social workers, therapists, and pharmacists to screen for and provide tobacco cessation services.	Colorado Medicaid (Health First Colorado) expanded its list of providers who can screen, prescribe, and offer tobacco cessation services to include pharmacists and home visiting nurses. Vermont Medicaid (Green Mountain Care) authorized pharmacists to prescribe tobacco cessation therapy. North Dakota's Department of Public Health trained Tobacco Treatment Specialists to provide tobacco cessation counseling and pharmacotherapy. Tobacco Treatment Specialists work with physicians to support patients in tobacco cessation. **Additional evidence and resources:** • Effectiveness of Two Community Health Worker Models of Tobacco Dependence Treatment Among Community Residents of Ohio Appalachia • Provision of Clinical Preventive Services by Community Pharmacists • Effectiveness of Intervention to Implement Tobacco Cessation Counseling in Community Chain Pharmacies • Tobacco Control Network: 2022 Policy Recommendations Guide
H2. Cover telemedicine options for tobacco screening and services.	**Recommended by subject matter experts:** • Telehealth as a Vehicle to Support Tobacco Cessation • Tobacco Cessation Telehealth Guide • Identifying Pathways to Quitting Smoking via Telemedicine-delivered Care

Secondary Driver

I. Managing Utilization and Access. Medicaid and CHIP (MAC) programs and managed care organizations (MCOs) can ensure tobacco cessation services are accessible without utilization management or, if necessary, with minimal management.

Change Activity	Evidence, Resources, & Case Studies
I1. Eliminate barriers to access to treatment such as service limits and prior authorizations.	Oklahoma Medicaid (SoonerCare) and New York Medicaid removed caps on access to non-nicotine cessation medications, such as bupropion, and calculated the potential return on investment if cessation medications were fully covered by Medicaid. **Additional evidence and resources:** • State Medicaid Coverage for Tobacco Cessation Treatments and Barriers to Accessing Treatments — United States, 2008–2018
I2. Cover telemedicine options for tobacco screening and services.	**Recommended by subject matter experts:** • Telehealth as a Vehicle to Support Tobacco Cessation • Tobacco Cessation Telehealth Guide • Identifying Pathways to Quitting Smoking via Telemedicine-delivered Care
I3. Integrate mail pharmacy benefit into cessation programs including the quitline.	California Medicaid (Medi-Cal) Incentives to Quit (MIQS) project mailed free nicotine patches to eligible beneficiaries who called the California Smoker's Helpline.
I4. Require MCOs cover all 9 cessation treatments (7 FDA-approved nicotine replacement therapy (NRT) and 3 forms of counseling).	Colorado Medicaid (Health First Colorado) removed copays for all 7 FDA-approved cessation medications. Kentucky Medicaid and Missouri Medicaid (MO HealthNet) began covering all 9 tobacco cessation treatments and removed multiple barriers to access to treatment including copayments, prior authorizations, limits on durations, and limits on the number of quit attempts. **Additional evidence and resources:** • Effects of Medicaid Coverage on Receipt of Tobacco Dependence Treatment • Does State Medicaid Coverage of Smoking Cessation Treatments Affect Quitting? • Reducing Tobacco Use and Secondhand Smoke Exposure

- This communication was printed, published, or produced and disseminated at U.S. taxpayer expense.
- This document contains links to non-United States Government websites. We are providing these links because they contain additional information relevant to the topic(s) discussed in this document or that otherwise may be useful to the reader. We cannot attest to the accuracy

of information provided on the cited third-party websites or any other linked third-party site. We are providing these links for reference only; linking to a non-United States Government website does not constitute an endorsement by CMS, Department of Health and Human Services, or any of their employees of the sponsors or the information and/or any products presented on the website. Also, please be aware that the privacy protections generally provided by United States Government websites do not apply to third-party sites.

- MACs, MCOs, and any potential partner organizations remain responsible for ensuring compliance with applicable law, including federal fraud and abuse laws.
- All activities should be conducted in accordance with all applicable federal legal requirements.