



## PREVENTION OPPORTUNITIES UNDER THE BIG SKY

### Tobacco Use is High among Montana Adults Covered by Medicaid & Most Want to Quit

During the past decade, smoking by adults decreased in Montana from 22% in 1998 to 17% in 2009.<sup>1</sup> However, smoking among specific populations, such as low-income adults, remains much higher than in the general population. Tobacco use remains the single most preventable cause of premature death in Montana.<sup>2</sup> Smoking-related healthcare expenditures cost the Montana Medicaid program approximately \$67 million each year.<sup>3</sup> Addressing the disproportionately high prevalence of smoking and use of other tobacco products in these populations is a priority of the Montana Department of Public Health and Human Services (DPHHS). This issue of *Montana Public Health* presents data from a December 2010 telephone survey of a sample of adults aged 18 to 64 enrolled in Medicaid (N=726).

**Demographic characteristics** Over two-thirds (68%) of the respondents were women. Nearly one-half were between the age of 18 and 34 years (43%), and 18% of Medicaid enrollees were American Indian. Survey respondents were, on average, slightly older than the general Medicaid population, but were representative with respect to gender and race.

**Tobacco Use** Thirty-eight percent of the respondents were current tobacco users. Based on this prevalence estimate, approximately 14,000 of the 36,899 adults aged 18 to 64 enrolled in Medicaid currently use tobacco. Tobacco use among respondents varied significantly by gender; 44% of men compared to 35% of women either smoked cigarettes or used smokeless tobacco.

**Cessation** Three-quarters (76%) of respondents who use tobacco reported that they want to quit, and 63% reported having tried to quit in the previous year. However, few had used recommended cessation methods during their last quit attempt, including: calling a quitline, participating in cessation counseling, or using cessation medication. Women were significantly more likely than men to have called the quitline or participated in cessation counseling.

Of respondents who saw a healthcare professional in the previous year, 76% reported that their tobacco use status was assessed during their visit. Significantly more women than men reported being advised to quit by their healthcare professional (Table).

Nearly all tobacco users (91%) were aware of the Montana Tobacco Quit Line. However, only half of tobacco users were aware of coverage of cessation medications while two-thirds were unaware of the cessation counseling benefit (Table).

**Recommended ways to quit** Previous studies indicate that cessation counseling by a health care professional in combination with cessation medications, such as Nicotine Replacement Therapy or varenicline (Chantix®), significantly increase the likelihood of tobacco cessation.<sup>4</sup>

Telephone quit lines have also shown to be a cost effective method to deliver population-based cessation services.<sup>5</sup> Since its initiation in 2004, the Montana Tobacco Quit Line (1-800-QUITNOW) has served over 52,000 Montanans. Eight percent of these callers were enrolled in Medicaid and 36% had no health insurance. For Medicaid enrolled persons the Medicaid Program provides comprehensive tobacco cessation coverage including reimbursement for counseling and coverage of cessation medication.

**Table. Tobacco use and cessation among adults aged 18 to 64 years enrolled in Medicaid, by gender, Montana, 2010.**

	Women % (n)	Men % (n)	Total % (n)
Tobacco user	35 (172)	44 (104)	38 (276)
Want to quit	76 (121)	75 (61)	76 (182)
Tried to quit (past year)	63 (104)	62 (58)	63 (162)
During last quit attempt :			
Called quit line	15 (16)*	5 (3)	12 (19)
Participated in cessation counseling	11 (11)*	0 (0)	7 (11)
Used cessation medications	46 (48)	36 (58)	43 (71)
Assessed for tobacco use during visit <sup>†</sup>	76 (121)	75 (61)	76 (182)
Advised to quit during visit <sup>†</sup>	77 (118)*	55 (44)	70 (162)
Aware of Medicaid coverage of:			
Cessation medications	52 (89)	45 (47)	49 (136)
Cessation counseling	34 (59)	36 (37)	35 (96)

\*p ≤ 0.05

<sup>†</sup> Among respondents who reported visiting a healthcare professional in the previous 12 months

**Medicaid Cessation Initiative** Beginning in January 2011, the Tobacco Use Prevention Program in partnership with Medicaid has implemented a multi-pronged approach to reduce the prevalence of tobacco use among Medicaid beneficiaries. This includes public awareness campaign, direct mail outreach to adults enrolled in Medicaid, outreach to providers including physicians, mid-level practitioners, and dentists, and outreach to state and local agencies serving this population. The goal of this program is to

a) increase awareness of adults enrolled in Medicaid about the cessation benefits provided by Medicaid, b) increase cessation attempts by Medicaid enrollees, c) increase utilization of the quit line by Medicaid enrollees, and d) reduce the prevalence of tobacco use among adults enrolled in Medicaid. This intervention is based on the recent experience from the Massachusetts Department of Health and Human Services where a similar approach led to a significant reduction in smoking among adults enrolled in Medicaid from 38% at baseline to 28% after initiating comprehensive cessation coverage.<sup>6</sup>

**Recommendation: Encourage Eligible Patients to Use Medicaid Coverage for Tobacco Cessation**

**Cessation counseling**

- **Up to three minutes** of cessation counseling is **reimbursed as part of** a standard evaluation and management office visit.
- **More than three minutes** of cessation counseling is **reimbursed as a separate service** at two levels, intermediate (>3 to 10 minutes) and intensive (>10 minutes).
- **There is no limit** on number of counseling sessions that can be reimbursed.

**Cessation medications**

- Medicaid pays for two tobacco cessation trials a year of either generic bupropion, Chantix<sup>®</sup>, or nicotine patches.
- Four-month trials are allowed for combined therapy using nicotine patches and generic bupropion.
- Nicotine gum is only authorized when clients cannot use patches or approved smoking cessation products, due for example, to an allergy or intolerance to the patch adhesive.
- Cost share for tobacco cessation products is 5% of the Medicaid allowed reimbursement, with a minimum of \$1 and a maximum of \$5 per prescription. The maximum cost sharing payment per patient shall not exceed \$25 per month.

For more information about Medicaid coverage of cessation medications or counseling contact Connie Olson at colson@mt.gov or (406) 444- 3995 or for information on the Montana Tobacco Quit Line contact Heather Beck at hbeck@mt.gov or (406) 444-7373.

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2,250 copies of this public document were published at an estimated cost of \$0.619 per copy, for a total of \$1,394.94, which includes \$472.72 for printing and \$922.22 for distribution.  
 March 2011 Vol 6 Issue 3



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