



Integrating "Best Practices" for Tobacco Use and Exposure: An Ethical Responsibility – A Moral Imperative

presented by:

Mary Gilles, MD; Sher Todd, PhD, MSN, CNS, RN;
& Anne Fulton-Cavett, JD

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CTFA Best of the West Conference

Educational Objectives

1. Explore patient, provider and healthcare system roles and responsibilities in tobacco dependence and treatment.
2. Outline code of ethics, quality measures, regulatory issues, and reimbursement implications for tobacco dependence interventions in the healthcare setting.
3. Describe 3 barriers to implementing tobacco dependence interventions in a healthcare practice setting and 3 solutions.
4. Describe 3 tobacco dependence/SHS avoidance interventions to use in a healthcare practice setting.
5. Explain how patient counseling benefits both the patient and the provider.
6. List at least 3 liability risks involved in failing to provide patient assessment and counseling in a complete manner.

Presentation Outline

1. Explore patient, provider and healthcare system roles and responsibilities in tobacco dependence and treatment.
 - ◆ **Patient Responsibility**
 - ◆ **Health Professional Responsibility**
 - ◆ **Health System Responsibility**
2. Outline code of ethics, quality measures, regulatory issues, and reimbursement implications for tobacco dependence interventions in the healthcare setting.
 - ◆ **Association Leadership**
 - WHO
 - VA
 - ◆ **Regulator Involvement**
 - NCOA
 - JCAHO
 - CMS

Patient Responsibility

- There are many examples of initiatives that are meant to promote personal responsibility:
 - ◆ Some employers won't hire tobacco users.
 - ◆ Employees may receive incentives to participate in health screening, fitness or tobacco cessation programs.
 - ◆ Health insurance may cost less for nonsmokers.
 - ◆ A national survey in July 2006 estimated that 53% of Americans think it is "fair" to ask people with unhealthy lifestyles to pay higher insurance premiums.
- Redesign of West Virginia Medicaid program (under Deficit Reduction Plan of 2005) has become a leading but controversial example of efforts to reward personal responsibility. (5/06)
 - ◆ Reduced basic benefits to healthy children and adults.
 - ◆ Enhanced benefits for members who sign "Medicaid Member Agreement".
 - ◆ To keep their enhanced benefits, members must keep appointments, receive screenings, take meds, and follow health improvement plans.

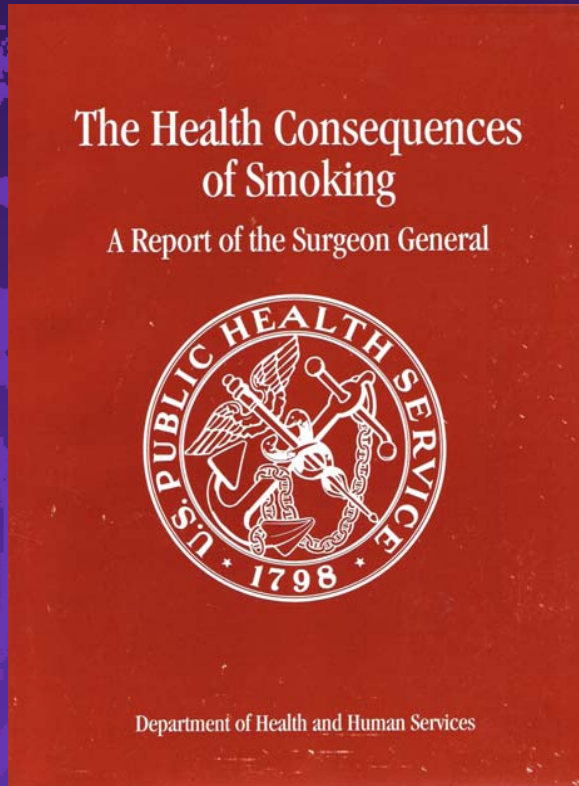
Health Professional Responsibility

- **What is Health Professional's Responsibility?**
 - ◆ **Patient responsibility is at odds with current models of doctor-patient relationship. Treatment is negotiated, taking into account desirable behaviors and achievable ones, renegotiation is often necessary. (NEJM 2006; 355: 756-758)**
- **Should physicians and other health professionals be placed in position to have to monitor patient compliance, especially if linked to benefits?**
- **What is health professionals role in tobacco cessation?**
 - ◆ **PHS Clinical Practice Guideline Recommendations (5As)**
 - ◆ **Many resources are available, ADHS/TEPP, NCI, etc.**

Health System Responsibility

- Code of Ethics
- Quality Measurement
- Regulatory Issues
- Reimbursement Implications

Key Source: 2004 US Surgeon General's Report



http://www.cdc.gov/tobacco/sgr/sgr_2004/index.htm

The Health Consequences of Smoking—Database

<http://apps.nccd.cdc.gov/sgr/>

Dr. Carmona

- **“As in many areas of public health there is a need to improve the dissemination, adoption, and implementation of effective, evidence-based interventions, and to continue to invest in new methods to prevent and reduce tobacco use.”**

World Health Organization

WHO Code of Practice on Tobacco Control for Health Professional Organizations (14 points total):

- Encourage and support their members to be role models.
- Assess and address the tobacco consumption patterns and attitudes of their members.
- Make their own organization's premises tobacco free.
- Advise members to routinely ask patients and clients about tobacco consumption and exposure to tobacco smoke—using evidence based approaches.
- Refrain from accepting any kind of tobacco industry support.
- Dedicate financial and other resources to tobacco control.

CODE OF PRACTICE ON TOBACCO CONTROL FOR HEALTH PROFESSIONAL ORGANIZATIONS



HEALTH PROFESSIONALS AGAINST TOBACCO
#1. BE A ROLE MODEL



HEALTH PROFESSIONALS AGAINST TOBACCO
#2. ASSESS AND ADDRESS TOBACCO



HEALTH PROFESSIONALS AGAINST TOBACCO
#3. SUPPORT TOBACCO-FREE PREMISES AND EVENTS



HEALTH PROFESSIONALS AGAINST TOBACCO
#4. DISCUSS TOBACCO TOO



HEALTH PROFESSIONALS AGAINST TOBACCO
#5. ADVISE ON CESSATION



HEALTH PROFESSIONALS AGAINST TOBACCO
#6. EDUCATE ABOUT TOBACCO



HEALTH PROFESSIONALS AGAINST TOBACCO
#7. PARTICIPATE IN WORLD NO TOBACCO DAY



HEALTH PROFESSIONALS AGAINST TOBACCO
#8. REJECT TOBACCO MONEY



HEALTH PROFESSIONALS AGAINST TOBACCO
#9. DO NOT PARTNER WITH THE TOBACCO INDUSTRY



HEALTH PROFESSIONALS AGAINST TOBACCO
#10. BAN TOBACCO PROMOTION



HEALTH PROFESSIONALS AGAINST TOBACCO
#11. SUPPORT THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL



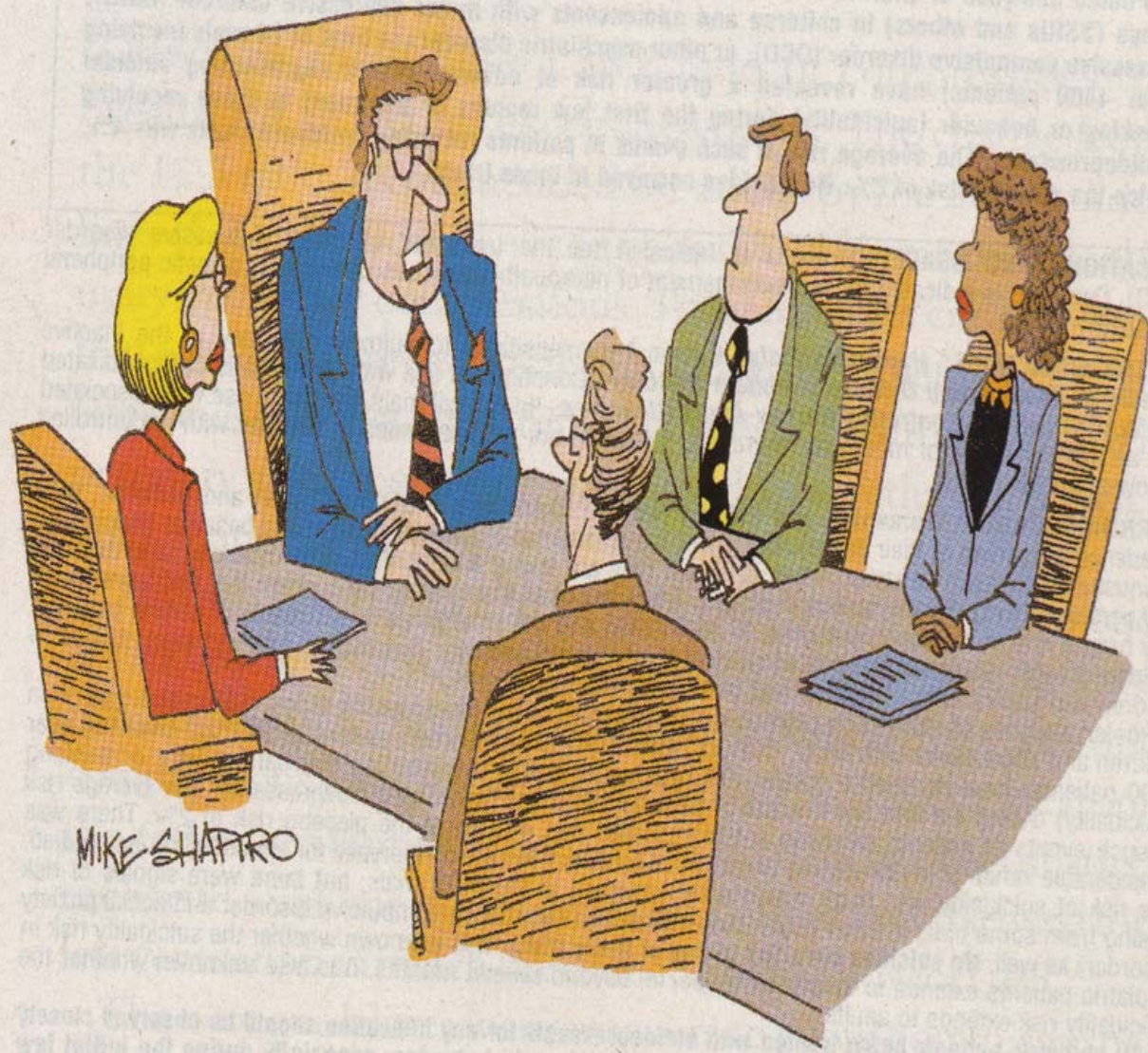
Health professionals are a nation's voice in ethics, medicine, epidemiology, occupational, pharmaceutical and other branches of health and well-being. The role and image of the health professional is essential in promoting tobacco-free lifestyles and cultures. Through their professional position, they can help people to give advice, guidance and resources to those who are at risk and for health officials. They can also help people through their connections by advocating policy change for better tobacco control.

The code of practice for health professionals is a guideline to tobacco control measures and to representatives from non-tobacco health professional organizations worldwide. It sets a action plan that outlines the concrete role that health professionals in self and organizations can play according to tobacco control and public health goals, including support for the WHO FCTC process.

In order to contribute actively to the reduction of tobacco consumption and related tobacco control in the public health agenda at national, regional and global levels, it is strongly urged that health professionals in organizations will:

1. Drawings and support their members to be role models and not using tobacco and for promoting a tobacco-free culture.
2. Assess and address the tobacco...
3. Include tobacco control in the agenda of all relevant health-related meetings and conferences.
4. Assess their members to smoking and partner and clients about to have cessation and exposure to tobacco smoke using evidence-based approaches and best practices, give advice on how to quit smoking and assess appropriate follow-up of those who quit.
5. Advocate health professionals and organizations to include tobacco control in their health promotion and education programmes.
6. Actively participate in World No Tobacco Day every 31 May.
7. Refrain from accepting any kind of tobacco industry support – financial or otherwise – and from involving in the tobacco industry and encourage their members to do the same.
8. Ensure that their organizations have a stated policy on any commercial or other form of industry-related tobacco-related visit or have members in the tobacco industry through a declaration of interest.
9. Prohibit the sale or promotion of tobacco products on their premises and encourage their members to do the same.
10. Advocate that governments in the process leading to sign the FCTC ratification and implementation of the WHO Framework Convention on Tobacco Control.
11. Encourage financial and other resources to be used to fund and develop tobacco control in the implementation.

Ethics of Tobacco Dependence Treatment



"I'm not in favor of eliminating ethics altogether. I just want to put a cap on them so they don't get out of control."



**MY HEALTH...
IT'S LIVING MY LIFE**

- **At VA's nationwide tobacco cessation counseling and medications are provided regularly. Patients are asked, assessed and assisted visits routinely.**
- **The VA uses a team, supportive approach.**

Measuring Quality

- **“We--both doctors and institutions--are also beginning to gather the skills to figure out the answers to some very complex questions: **How do you measure quality? How do you improve quality?** What is the right set of **carrots and sticks?** We have to figure out these things, and we might as well start out on relatively straight-forward things, such as giving vaccinations and counseling people about smoking, before we move on to much more complex things like the management of inpatients and outpatients with **multiple overlapping illnesses.**”**

--Robert Wachter, MD, Chief Medical Service UCSF, IMWR Aug 2006

- Accordingly, most of today's quality measurement look at, "Did I do the right things?" rather than "How did the patients do?" because the former does not depend so much on case-mix adjustment.
- Also it is pretty easy to measure most processes: Did you do the right thing-yes or no? That list of rights things comes from smart scientist looking at evidence and declaring that there is a link between these processes and meaningful outcomes, such as mortality. *Dr. Wachter*

NCQA and JCAHO Regulations

- As of 1/03, health plans must include measures for smokers to attain NCQA accreditation.
 - ◆ Telephone survey of members (HEDIS)
 - ◆ “Did you receive advice to quit, medication information or referral to services from your healthcare provider?”
- As of 7/02, JCAHO has required hospitals to show documentation of counseling for inpatients with:
 - ◆ Acute Myocardial Infarction
 - ◆ Congestive Heart Failure
 - ◆ Community Acquired Pneumonia

National Committee for Quality Assurance (NCQA)

- Private, not-for-profit organization dedicated to improving health care quality
- Best known for its work in assessing and reporting on the quality of the nation's managed care plans through accreditation and performance measurement programs.
- Accrediting managed care organizations (MCOs) since 1991
- Uses on-site review, performance measures and member satisfaction surveys

National Committee for Quality Assurance

- Although the MCO accreditation program is voluntary and rigorous, almost half the Health Maintenance Organizations (HMOs) in the nation, covering three-quarters of all HMO enrollees, are currently NCQA reviewed.
- Many large employers will not do business with a health plan that has not earned NCQA's seal of approval.
- More than half of all states recognize NCQA accreditation as meeting certain regulatory requirements for health plans, averting the need for a separate state review.



HEDIS Measures

- **Health Plan Employer Data and Information Set (HEDIS)**
 - ◆ Required for accreditation since 1999
 - ◆ Used by more than 90 percent of U.S. health plans to measure performance on over 60 measures of care and service
- **Consumers and employers who purchase healthcare can compare the performance of managed health care plans**
- **Health plans also use HEDIS results themselves to see where they need to focus their improvement efforts.**

HEDIS Measures

- HEDIS includes over 60 measures:
 - ◆ Asthma Medication Use
 - ◆ Controlling High Blood Pressure
 - ◆ Antidepressant Medication Management
 - ◆ **Medical Assistance with Smoking Cessation**
 - ◆ Beta-Blocker Treatment after a Heart Attack
 - ◆ Breast Cancer Screening
 - ◆ Childhood and Adolescent Immunization Status

HEDIS Medical Assistance with Smoking Cessation Measures

The measure estimates the percentage of members age 18 and older who were either current smokers or recent quitters, were seen by an MCO practitioner in the past year and:

1. **advice** to quit smoking was given.
2. smoking cessation **medications** were recommended or discussed.
3. smoking cessation **methods or strategies** were recommended or discussed.

Advising Smokers to Quit Measure

HEDIS	Advising Smokers to Quit Commercial, Medicaid & Medicare Average Rates 2000 – 2003		
Year	Commercial	Medicaid	Medicare
2003	68.7	65.8	63.3
2002	67.7	63.8	61.5
2000	66.3	63.4	59.3

Joint Commission on Accreditation of Healthcare Organizations

- The Joint Commission (JCAHO) is an independent, not-for-profit organization, established over 50 years ago.
- JCAHO evaluates the quality and safety of care for more than 16,000 health care organizations.
- To maintain and earn accreditation, organizations must have an extensive on-site review by a team of JCAHO health care professionals, at least once every three years.
- Accreditation is awarded based on how well the organization meets JCAHO standards.

JCAHO Accreditation *Performance Measures*

- The Joint Commission on Accreditation of Healthcare Organizations developed an initiative to
 - ◆ integrate performance measurement data into the accreditation process
 - ◆ enable a health care organization to understand how well the organization is doing over time by:
 - **identifying areas of excellence within the organization;**
 - **comparing their performance with that of peer organizations using the same measures; and**
 - **verifying the effectiveness of corrective actions.**

JCAHO Accreditation *Performance Measures*

- Following a pilot study, core performance measures were standardized in 2002 to compare actual results of care across hospitals.
 - Specifications for National Implementation of Hospital Core Measures for 5 medical conditions:
 - ◆ Acute Myocardial Infarction (AMI)*
 - ◆ Congestive Heart Failure (CHF)*
 - ◆ Community Acquired Pneumonia (CAP)*
 - ◆ Pregnancy and Related Conditions
 - ◆ Surgical Infection Prevention
- * *Smoking cessation measures are included for 3 of the 5 conditions*

JCAHO

Minimum Counseling Requirements

- Documentation of **one** of the following:
 - ◆ **Advice** to stop smoking (whether or not currently smoking)
 - ◆ Viewing a smoking cessation **video**
 - ◆ Receiving **brochure** on smoking cessation
 - ◆ Providing **pharmaceutical** cessation aids such as nicotine patch or bupropion

Best Practices Approach

- To have an impact on cessation, behavioral advice and counseling, including videos and brochures, should be provided along with offering pharmaceutical aids.
- All patients with history of **any** tobacco use (cigarettes, cigars, pipes, cigarillos, chew, snuff) should receive tobacco dependence treatment and counseling.

Centers for Medicare and Medicaid Services (CMS)

- CMS administers *Medicare* and *Medicaid*.
- Medicare:
 - ◆ nation's largest health insurance program
 - ◆ covers nearly 40 million Americans
 - ◆ Health Insurance Program for:
 - people 65 years of age and older
 - some disabled people under 65 years of age
 - people with End-Stage Renal Disease (permanent kidney failure treated with dialysis or a transplant).

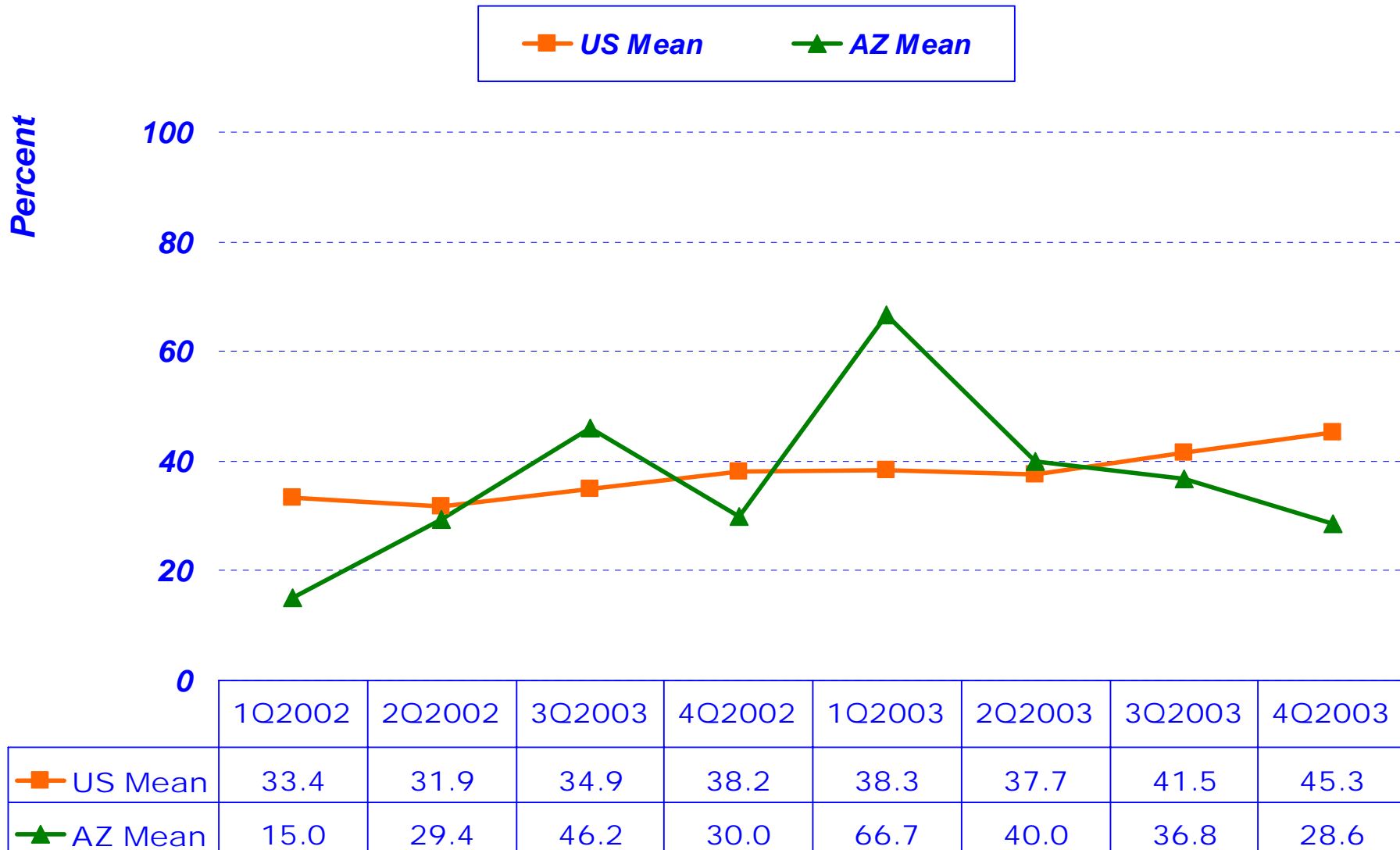
Centers for Medicare and Medicaid Services (CMS)

- **Medicaid:**
 - ◆ **is funded by Federal and State Sources**
 - ◆ **provides health insurance for the poor**
 - ◆ **available only to low-income individuals and families who fit into an eligibility group that is recognized by federal and state law.**
- **In Arizona, Medicaid is managed by:**
 - ◆ **Arizona Health Care Cost Containment System (AHCCCS)**
 - ◆ **AHCCCS contracts with Managed Care Organizations throughout the state to deliver services to enrollees**

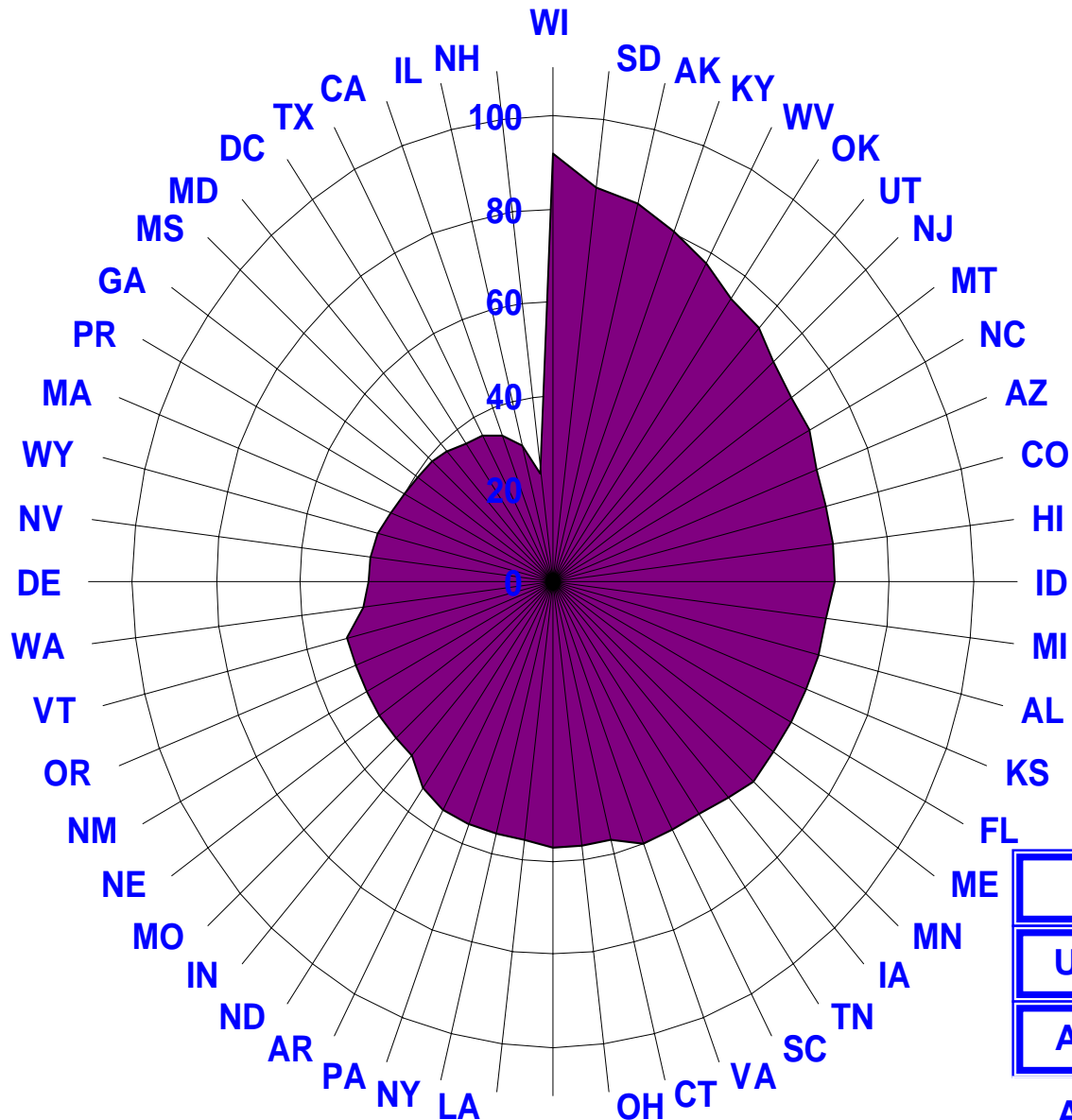
Hospital Quality Initiative (HQI)

- Data now being collected by all hospitals
- Publicly reported on *Hospital Compare*
 - ◆ www.hospitalcompare.hhs.gov
- Ease reporting for hospitals by aligning performance data measures with:
 - ◆ CMS
 - ◆ JCAHO
 - ◆ Hospital Quality Alliance:
 - American Hospital Association, Federation of American Hospitals, Association of American Medical Colleges, AHRQ, AMA, Consumer-Purchaser Disclosure Project, AFL-CIO, AARP, & US Chamber of Commerce.
- Arizona data available from HSAG (Arizona's QIO)

Quarterly Trends in Smoking Cessation Counseling, Pneumonia Patients, January 2002 through December 2003



Smoking Cessation Counseling Among AMI Patients, Variation by State, October 2003 - December, 2003



Range:	23 - 92%
US Mean:	56%
AZ Mean:	67%
AZ Rank:	11th

Source: CMS Quarterly Surveillance, 125 random cases per state.

Medicare Benefits for Tobacco Cessation

- CMS began reimbursing providers for Nicotine Dependence Counseling for Medicare Patients with tobacco related diseases or on medications affected by tobacco in 3/05:
 - ◆ **Diagnostic code: ICD-9: 305.1**
 - ◆ **Reimbursement codes:**
 - G0375 (3-10 min); G0376 (>10 min)
- Medicare Part D covers prescribed (not OTC) tobacco cessation medications.

Potential Negative Financial Impact on Hospitals

- **Public Reporting:**
 - ◆ **Not mandatory, but financial incentives to report**
 - ◆ **Hospitals that do not report on smoking cessation advice/counseling and other quality measures received a 0.4% reduction in Medicare payments in 2005. This has recently been increased to 2%.**
- **CMS pilot projects are evaluating results of bonuses to improve performance.**

What can *we* do?

- **Health care practitioners working**
 - ◆ with patients
 - ◆ within healthcare organizations

- **Public health professionals working to support and influence**
 - ◆ Healthcare practitioners
 - ◆ Healthcare organizations
 - ◆ Employers who purchase healthcare plans

Surgeons General Statement

(Koop, Richmond, Steinfeld: AJPH 2004)

"Tobacco use is a unique cause of death. We are so used to recording the annual toll of nearly half a million deaths that we have become complacent. We write off the victims of tobacco dependence, unlike the victims of any other treatable disease, as if their deaths were acceptable, deserved, or unavoidable.

We know that addiction is not something that must be accepted with resignation but is instead a disorder that can be treated, and treated effectively.

Compelling evidence indicates that we need... more accessible treatment. We need policies that encourage smokers to quit. We need to make it as easy to get treatment as it is to get tobacco."

Tobacco Cessation Resources

ARIZONA SMOKERS' HELPLINE
TOBACCO EDUCATION AND PREVENTION PROGRAM
PROACTIVE REFERRAL FAX

FAX TO:
Arizona Smokers' Helpline
1-877-908-8161
Toll-free fax number

FROM: (Stamp or write in your contact information here)

Client Consent and Personal Information Section:
 I understand that the Arizona Smokers' Helpline will be contacting me with quit tobacco information, community referrals and/or counseling. My participation is voluntary. I understand that any information I provide will be kept confidential. I give the Helpline and the referring agency or physician permission to discuss my quit status.

Client's Name (please print) _____ Client or Guardian's Signature _____
 Verbal consent received _____
 Person obtaining verbal consent (sign and print) _____
 Date: ___/___/___ Client Date of Birth _____ Best time to call client: _____
 Home to 12pm 12pm to 5pm
 5pm to 8:30pm Specific: _____
 Spanish Speaker English Speaker

Client's Address _____
 Phone: home work other _____

Referring Agency Section: Please CHECK ALL THAT APPLY for Client:
 Adult Youth Youth Division Pregnant/post-partum WIC CP Completed

Intra-Agency Section:
 If your agency is receiving a proactive referral, please track the client contact information below, and fax this form back to the agency that sent you this fax: _____ (referring agency's fax number)

Attempt	Date	Time	Result
1			<input type="checkbox"/> Reached, accepted services <input type="checkbox"/> Reached, declined services <input type="checkbox"/> Not reached
2			<input type="checkbox"/> Reached, accepted services <input type="checkbox"/> Reached, declined services <input type="checkbox"/> Not reached
3			<input type="checkbox"/> Reached, accepted services <input type="checkbox"/> Reached, declined services <input type="checkbox"/> Not reached

Comments _____

Arizona Smokers' Helpline • P.O. Box 210482 • Tucson, Arizona 85721 • 800-556-6222 • FAX 877-908-8161
 A collaboration with the Arizona Department of Health Services, county health departments, and the Arizona College of Public Health
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- **Arizona Smokers' Helpline (ASH Line)**
 - ◆ 1-800-556-6222
 - ◆ Spanish Cessation Services
 - ◆ Web-Based Cessation www.ASHLine.org
- **ADHS TEPP Community-Based Local Projects**
 - ◆ Every County and Most Intra-Tribal Jurisdictions

ADHS TEPP Half-Price Medication Vouchers

NCI Quit Line 1-800-QUIT NOW (National Quitline)

