Improving Access to Care: Smoking Cessation Operational Solutions to Improve Health Literacy: At the Intersection of the Affordable Care Act and Health Literacy

Who is smoking?

bers with chronic tobacco use

	(All) - (All) - (All) -								SEX	96		%
									FEMALE	14.7	MALE	19.6
	Column Le <mark>.</mark> H Mbr Ct	4	T	Z of Tot		atel X of To	AZ	16%	AGE		EMPLOYMENT	
HISPANIC	125,910	96.#X	***	3.2%	130,0\$4	100.0×			18-24	18.9	Employed for wages	15.9
<18 18-45 46-64	74,924 34,408 10,455	93.5%		0.02 6.5% 11.8%	74,950 36,816 11,852	100.0% 100.0% 100.0%	Medicaid	32%	25-34	21.1	Self-employed	18.3
65+ © CAUCASIAM	6,123 100, \$12	94.7%	343	5.3%	6,466 113,373	100.0%	Mercy Care Plan Diagnosed	7%	35-44	16.7	Out of work	29.7
<18 18-45	40,028 36,992	84.8%	-	0.1× 15.2×	40,080 43,618	100.0× 100.0×		1	45-54	18.6	Homemaker	10.8
46-64 65+ © AFRICAN AMERIC	16,545 7,247 29,764	89.0×	4,986 897	23.2% 11.0% 7.5%	21,531 8,144 32,162	100.0× 100.0× 100.0×	Members		55-64	19.2	Student	16.1
<18 18-45	15,327	99.9%	11	0.1%	15,338	100.0%	(Medicaid		65 or more	9.5	Retired	10.6
46-64 65+	3,021 866	87.0%	129	22.0× 13.0×	3,872 995	100.0% 100.0%	members)				Unable to work	32.1
© UNKNOWN <18 18-45	30,018 12,902 8,767	100.0%	5	6.12 0.0% 8.6%	31,961 12,907 9,595	100.0× 100.0× 100.0×			STATUS		INCOME	
46-64	4,088 4,261	\$3.3%		6.4%	4,909 4,550	100.0%			Married	11.5	< \$25,000	22.7
ASIAM/PACIFIC <18	10.0\$2 4,049		310	3.0x	10.392 4,050	100.0×	Call to Act	ion	Divorced	27.7	\$25,000-\$34,999	20.3
18-45 46-64	3,265 1,366	92.4%	112	4.6% 7.6%	3,423 1,478	100.0% 100.0%	*Gap in acces		Widowed	13.5	\$35,000-\$49,999	18.1
65+ ALASKAM/AMER (18)	1,402 \$,790	95.0×	39 461 5	2.7% 5.0% 0.1%	1,441 9,251 4,839	100.0× 100.0× 100.0×	care	55 10	Separated	29.6	\$50,000-\$74,999	13.0
<18 18-45 46-64	4,834 3,181 630	90.3%	340	9.7% 14.2%	4,839 3,521 734	100.0%	Care		Never married	20.1	>\$75,000	10.1
65+ © MO ETHNICITT <18	145 2.050 1,250	92.4% 97.6% 100.0%	12 50	7.6× 2.4× 0.0×	157 2,100 1,250	100.0× 100.0× 100.0×			Unmarried Couple	29.2		
18-45 46-64 65+	395 167 238	89.3%		2.7% 10.7% 7.4%	406 187 257	100.0% 100.0% 100.0%			EDUCATION		RACE/ETHNICITY	
Grand Tatal	307,426				329,323	100.0X	Drives the need		Less than High School	20.3	White, Non-Hispanic	18.2
							culturally sensiti plain language	ve and	High School Graduate/GED	22.9	Black, Non-Hispanic	24.1
Within the plan, disparities are exacerbated by the							approach and outreach with community, providers and agencies.		Some College/ Tech School	17.1	Other race, Non-Hispanic	20.4
decrease in diagnosis of non-Caucasian compared to Caucasian									College Graduate	8.5	Hispanic	14.3

Arizona Demographic

able 1: 2012 Arizona BRFSS, demographics o

Phase 1: **Create Call to Action** Impact Analysis

Driver/Challenge

C-Certain groups including African Americans, American Indians, Asian-Pacific Islanders and migrant farm workers show disproportionately high morbidity and mortality rates associated with tobacco use. Factors such as age, ethnicity and income can contribute to health disparities within a given population.

C-In order to fully implement a successful initiative, the core elements of an organization need to work together to screen for tobacco use, offer a solution to quit, and link to coaching and care.

D –In a series of voter-approved propositions, AZ increased state sales tax on tobacco products, required a portion of tobacco taxes be spent on tobacco prevention. D-Maricopa County Health Assessment indicated that 3 of the 5 top health priorities are impacted by tobacco usage.

D–On May 2, 2014, the U.S. Departments of Health and Human Services, Labor and Treasury issued guidance, in the form of an FAQ, on insurance coverage of tobacco cessation as a preventive service. The guidance states that, to comply with ACA preventive services requirements, health plans should, for example, screen for tobacco use.

Impact

MercyCare Plan continues to work to improve the delivery of care and reduce disparities among at risk populations. We do this through internal infrastructure, partnerships and referrals. Mercy Care Plan compares AZ demographics to identify where disparities exist in membership and conduct targeted community outreach and partnerships to close gaps.

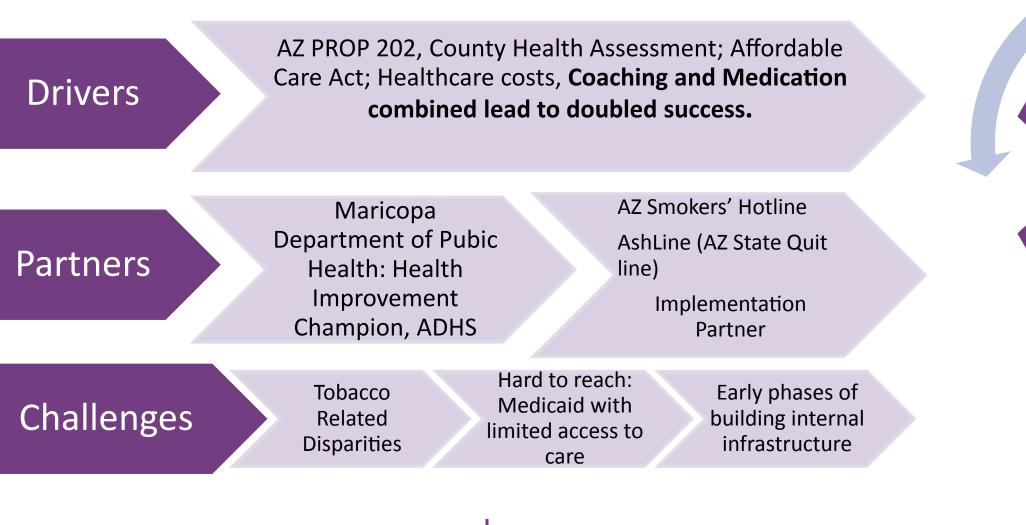
Mercy Care Plans launched a softpilot using only the referral process. A short term increase in referrals followed by inactivity indicated that the referral process alone is not an effective solution. Developed a system-level change which included: training providers, staff and case managers on using ASK process; created tools and metric to track and measure results; designed proactive referral process; and developed outreach activities to teach community and members about tobacco cessation.

MercyCare Plan continues to work with AZ Department of Health Services Bureau of Tobacco and Chronic Disease to leverage programs and partner to improve the delivery of care and reduce disparities among at risk populations.

Mercy Care Plan is integrating a system-level approach to implement a proactive referral program to the AZ Smokers' Quit line and process: Ask Advise and Refer. This makes the most successful clinic interaction; thereby, increasing provider referrals and internal staff referrals.

Our Strategy

To improve the health of our members through a system-level approach to education, outreach and referral. We do this by implementation of the ASK(screening for tobacco), Advise and Refer process and in partnership with the community, government agencies and other sponsors.



4-Phase Methodology



Phase 2: **Develop system-level** infrastructure



Start with Executive Sponsorship: Highest level in the organization-identified this as owner of health initiative*

- Willing to speak up on strategy implementation
- Willing to put resources (human, financial and time) into the action plans
- Willing to apply rewards and consequence management

Smoking cessation treatment coverage¹⁷⁻¹⁹

Arizona Medicaid/AHCCCS plans cover all FDA-approved over-the-counter and prescription smoking cessation aids.¹⁷



HAVE ACCESS TO HEALTH INSURANCE THAT COVERS SOME FORM OF **SMOKING CESSATION TREATMENT 18,19**

SMOKING BANS

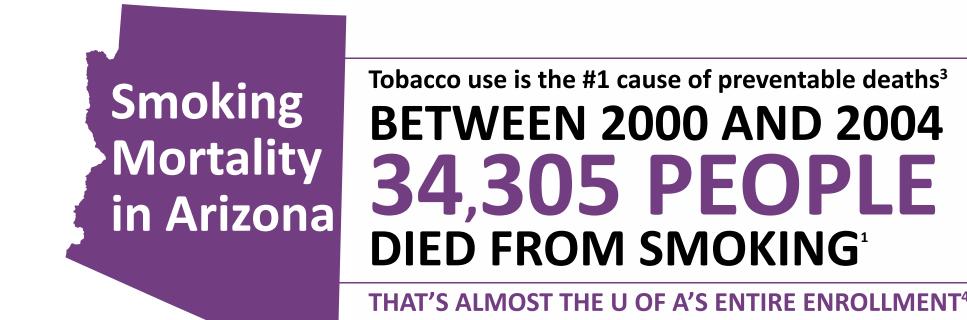
Smoke-Free Arizona Act Landmark statute prohibiting smoking in enclosed public places and workplaces, including restaurants and bars.¹⁰



Coaching &

Medication

success



Direct medica price in Arizona ^{6,7} roductivity costs7 THE PRICE SOCIETY PAYS

\$726 PER RESIDENT OF ARIZONA PER YEAR^{2,9}

Phase 3: Link tobacco users to care We can't do it alone! Involve the community

Identify members to refer for tobacco cessation:

Tobacco-related medical

costs in Arizona \$2.62 billion per year⁹

- Proactive referrals to coaching through pharmacy
- usage reports on daily basis given to case managers
- Use of predictive pathways for identification of users identified as smokers Leverage services
- Share resources and key messages
- Use community data for creating business case
- Use community data for understanding community demographics
- Partner with community partners who serve the under-served members

Our Primary Partners:

- ASHLine
- Maricopa Department of Public Health

Resources and Linkages:

- AZ Dept. of Health Services
- American Lung Association

Update county website: one source for linkage to care

Coaching & Medication < = doubled success!

Phase 4: Measure results

- Data comparisons of referrals to coaching
- Data comparisons of baseline demographic and increased diagnosis
- Increased pharmacy use
- Increased tobacco use diagnosis



Ask, Advise, Refer



Talking about Quiting Tobacco

Quitting tobacco is tough, but YOU can make a difference! Tobacco users are more likely to quit successfully when you spend just a few minutes discussing their tobacco use and offering them resources to help them quit. Ask, Advise, Refer – a quick, effective way to offer members help with the quit process.

Step 1. ASK-all members about tobacco use at every visit.

Step 2. ADVISE – all tobacco users to quit. Use clear, personalized language. Be supportive!

Step 3. REFER—tobacco users interested in quitting to ASHLine.

