

# Making Cents of Cancer Coverage: How Providers Can Support Behavioral Health Patients in Financing Cancer Care



National Behavioral Health Network  
*For Tobacco & Cancer Control*

Comprehensive Cancer Control Webinar Series  
October 17, 2017 2:00 PM EDT



## National Behavioral Health Network

*For Tobacco & Cancer Control*

- Jointly funded by CDC's *Office on Smoking & Health & Division of Cancer Prevention & Control*
- Provides resources and tools to help organizations reduce tobacco use and cancer among people with mental illness and addictions
- 1 of 8 CDC National Networks to eliminate cancer and tobacco disparities in priority populations

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# Community of Practice participating organizations

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- Edgewater Systems for Balanced Living, Gary, IN
- Health Solutions, Pueblo, CO
- Integral Care, Austin, TX
- Meridian Health Services, Muncie, IN
- Mental Health America of Los Angeles, Long Beach, CA
- Northwest Alabama Mental Health Center, Jasper, AL
- Oakland County Community Mental Health Authority, Auburn Hills, MI
- Saginaw County Community Mental Health Authority, Saginaw, MI
- Shiawassee County Community Mental Health Authority, Owosso, MI
- West Texas Centers for MHMR, Big Spring, TX



# Webinar Technology

- Webinar is being recorded. All participants will be placed in “listen-only” mode.
- You must dial-in into the conference line and input your unique passcode.
- Submit questions using the Q & A pod.
- Tech Support can be reached at 1-888-523-8445.



# Agenda

- Laura Hale – American Lung Association
- Shannon Morris – American Cancer Society
- Dr. Diane Beneventi – MD Anderson Cancer Center
- Q & A
- Wrap-up



**Laura Hale** is a Program Manager for the American Lung Association. In her nationwide capacity, she provides expertise and technical assistance on tobacco cessation coverage issues to state programs and national partners. At the local level, Laura also oversees a smoke free multi-unit housing initiative in the nation's capital, where she provides technical assistance for property managers seeking to end in-unit smoking. Laura studied sociology and women's, gender, and sexuality studies at American University in Washington, DC.

# **Tobacco Cessation Coverage Policy**

*October 17, 2017*

*Laura Hale*

*Program Manager*

*American Lung Association*

# Overview

- Background
- Types of Healthcare Coverage and Requirements
- Resources







# Background

# Comprehensive Benefit

- 3 Types of Counseling
  - Individual (face-to-face)
  - Group
  - Phone
- 7 Medications
  - 5 NRTs (Gum, Patch, Lozenge, Nasal Spray, Inhaler)
  - Bupropion
  - Varenicline



## Common Barriers to Access Care

- Cost Sharing
- Prior Authorization
- Duration Limits
- Yearly or Lifetime Limits
- Dollar Limits
- Stepped Care Therapy
- Required Counseling



# Quitting Tobacco

In 2015:

- 68 percent of smokers wanted to quit
- 55.4 percent had tried to quit
- Half received advice to quit from a provider
- Only 1/3 of smokers who tried to quit used an evidence-based cessation treatment
- Only 1 in 10 smokers had quit successfully



# **Types of Healthcare Coverage: Cessation Coverage Requirements**

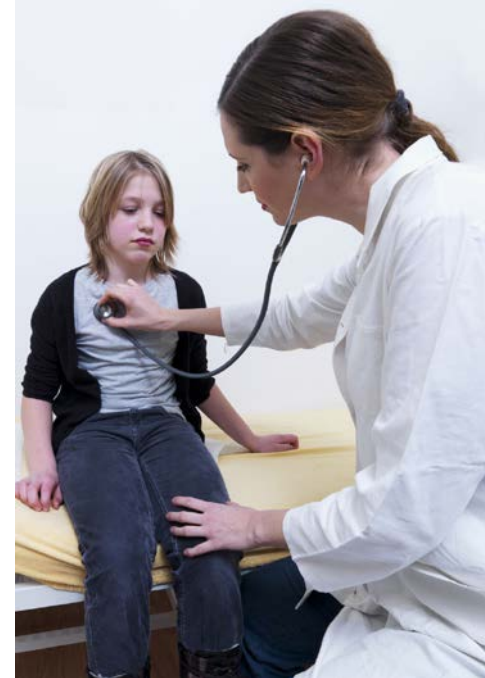
# General Overview

- Private/Commercial
  - Group (employment-based)
  - Individual Market (direct purchase)
- Government
  - Medicare
  - Medicaid
  - Other government (VA, Tri-Care, etc.)



## Medicaid – Standard/Traditional

- Population prior to Medicaid expansion
- Low-income or some other “needy” group
- Eligibility criteria vary by state
- Some federal requirements
- Program administered by the state
- Combination of Federal and State funding (FMAP)



# Standard Medicaid – Medications Requirement

- Section 2502 of the Affordable Care Act (ACA) removed tobacco cessation medications from the exclusions list.
- Counseling not addressed.
- Many States are still not covering all 7 Food and Drug Administration (FDA)-approved medications.
- Allows states to still charge a co-pay.





## Medicaid – Pregnant Women

- 2010 ACA requirement
  - All pregnant women on Medicaid have access to all treatments with no cost sharing.
  - Written into the Law- ACA Section 4107
  - Includes all FDA-approved pharmacotherapy and counseling



# Medicaid expansion

- Covers all individuals up to 138 percent of the Federal Poverty Level (FPL)
- 138 percent of FPL is \$16,643 for an individual and \$33,948 for a family of four
- Federal government pays for most of the cost
- Must cover the Essential Health Benefits (EHB)
- Expansion is optional for states



# Private Coverage – Exchange/ Marketplace

- Affordable Care Act Impact
  - Individual Marketplaces
  - Rating Rules
  - Essential Health Benefits
  - Premium Assistance (100 - 400 percent of the Federal Poverty Level)
  - Cost Sharing Subsidies (Up to 250 percent of the Federal Poverty Level)





### Private Insurance – Employer Sponsored

- Employers and plans make decisions
- Can be fully insured or self-insured
- Covers the largest segment of the population
- Trend towards self-insured plans
- Geography Matters
  - Single State vs. Multi-State Employer
  - Decisions made at corporate headquarters
  - Plan is based on the headquarters state



# Private Insurance – Fully Insured vs. Self Insured

## Fully Insured Plans

- > Premium paid to a insurer (typically split between employee and employer)
- > Health insurer (company assumes the risk)
- > Regulated by State Insurance Commissioner

## Self Insured Plans

- Employees will still pay a premium
- Employer assumes the risk for the care
- Employer determines what benefits to cover
- Frequently a health plan administers the plan
- Regulated by Department of Labor

## ACA Preventive Services Requirements

### This Requirement

- > Almost all private plans
- > Plans sold in the exchanges
- > Small group plans
- > Individual plans
- > Medicaid expansion plans

### Difference Requirements

- Medicare
- Standard Medicaid Plans
- Grandfathered Plans

# Essential Health Benefits

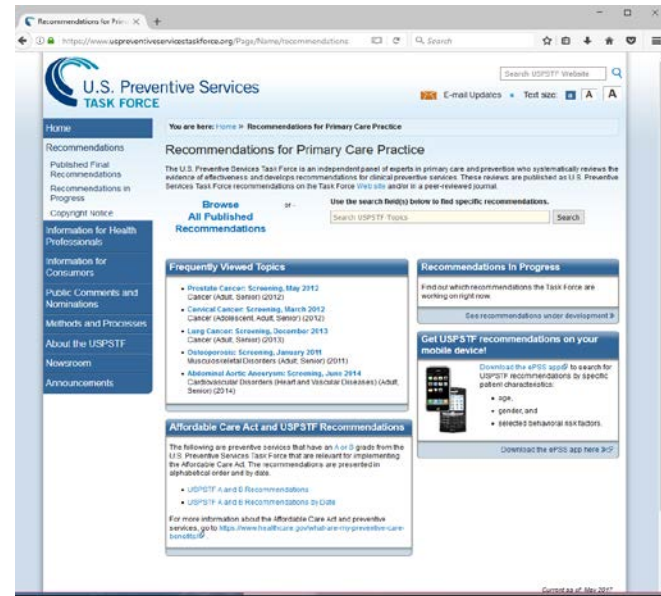
- ACA requires most plans to cover a minimum set of benefits: the Essential Health Benefits (EHB). The types of plans include: Private Plans, Exchange plans and Medicaid expansion plans.
- Includes the Preventive Services requirement.





# ACA Preventive Service Requirement

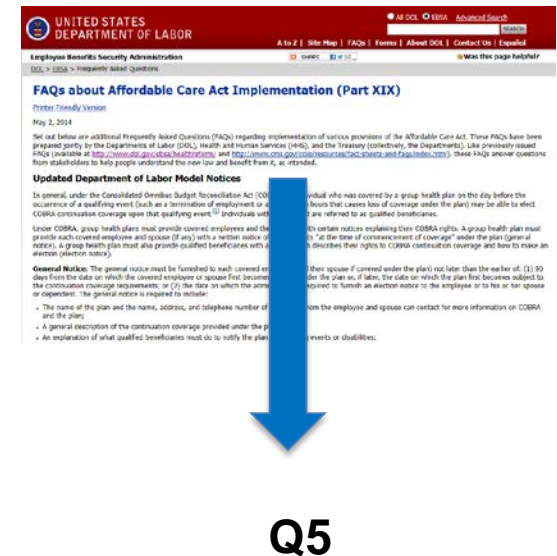
- ACA requires most private plans, including any plan sold on the exchange and Medicaid Expansion plans, to cover without cost-sharing all services given an 'A' or 'B' grade by United States Preventive Services Task Force (USPSTF).
- Tobacco Cessation receives an 'A' grade





# Cessation Guidance FAQ

- On May 2, 2014 the Departments of Labor, Treasury and Health and Human Services issued a FAQ guidance on how the tobacco cessation recommendation should be implemented.
- Tobacco Cessation Guidance
  - At least 2 quit attempts per year, with each quit attempt including:
    - No cost-sharing\*
    - No prior authorization
    - At least 4 sessions of individual, group and phone counseling
    - At least 90 days of all FDA-approved smoking cessation medications, when prescribed

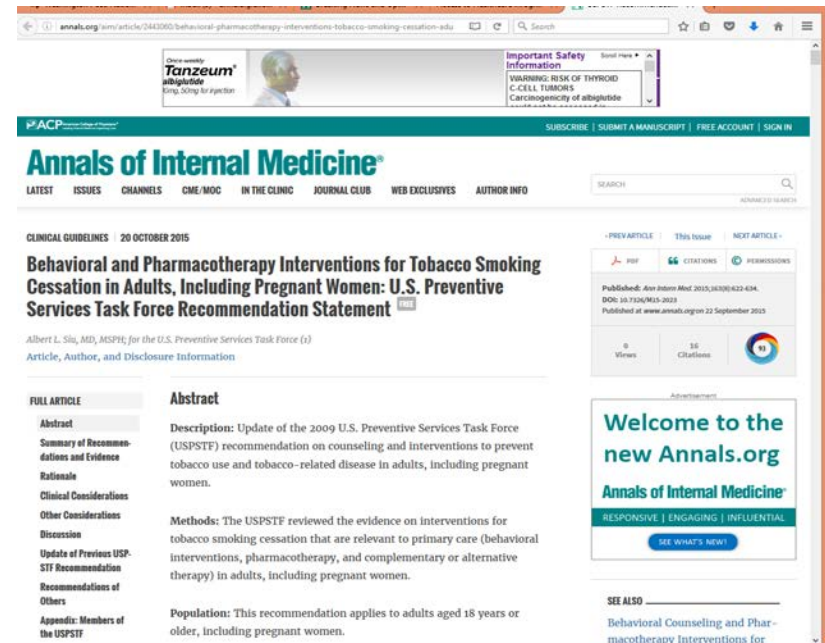


Q5

\*cost-sharing prohibited by law: Patient Protection and Affordable Care Act, 42 U.S.C. § 18022 (2010)

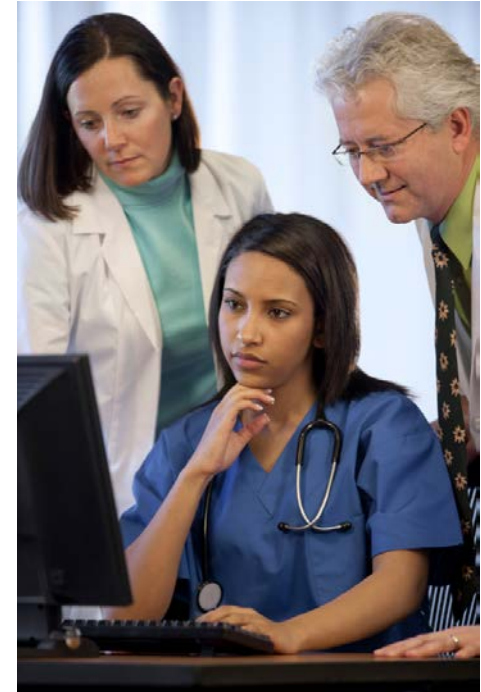
# September 2015 USPSTF Updated Cessation Recommendation

- In September 2015, the USPSTF updated their recommendation, reaffirming the “A” grade for tobacco cessation.
- Found that both counseling and pharmacotherapy are effective to help smokers quit.
- States are responsible for implementation for private plans.



# What does it mean?

- Studies have suggested that many private plans in the exchanges are not covering all cessation treatments and in some cases are imposing cost-sharing and other barriers.
- Information on coverage is often conflicting and confusing
- Some states are reaching out to large private employers to improve coverage.
- Some states have reached out to their Insurance Commissioner to ask for a bulletin or consumer alert clarifying what needs to be covered.



# Medicare

- Health coverage for people over 65
- Funded by the federal government and member premiums
- There are 4 Parts
  - A: Hospitalization
  - B: Outpatient care
  - C: Medicare Advantage
  - D: Prescription Drug
- National Coverage Determinations



# Medicare Tobacco Cessation Coverage

- Coverage Includes:
- Group and Individual Counseling (4 sessions per quit attempt; 2 quit attempts per year)
- Medications (Part D Plans)
  - NRT Nasal Spray
  - NRT Inhaler
  - Bupropion
  - Varenicline
- Cost-sharing and other barriers may apply



# Other Types of Health Coverage

- Tricare – Military and Military Families
- Veteran's Healthcare (VA)
- Still a sizable population that is uninsured
  - States that haven't expanded Medicaid
  - Premiums are still too expensive
  - Undocumented immigrants





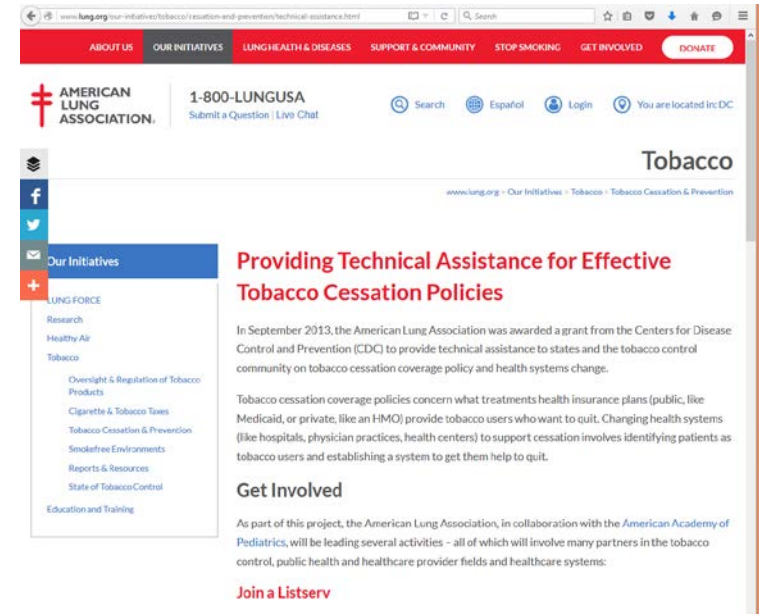
# Tobacco Surcharges

- Variation in insurance premiums based on a policyholder's tobacco use
- Also referred to as tobacco premiums, premium/rate differentials, non-smoker discounts
- ACA allows surcharges of up to 50 percent for tobacco use in group & individual markets (subsidies do not apply to tobacco surcharges)
- States can limit or prohibit the surcharge



# Lung.org/Cessation TA

- Listservs
- Local Lung Association
- Resource Library: [www.lung.org/cessationta](http://www.lung.org/cessationta)
- ACA Toolkit: [www.lung.org/acatoolkit](http://www.lung.org/acatoolkit)
- Cessation Guidance Toolkit: [www.lung.org/cessationguidance](http://www.lung.org/cessationguidance)
- Working with healthcare enrollment assistors: [www.lung.org/assistorstoolkit](http://www.lung.org/assistorstoolkit)
- Technical assistance





## Contact Information

Laura Hale

[Laura.Hale@lung.org](mailto:Laura.Hale@lung.org)



**Shannon Morris**, Service Delivery Senior Manager at American Cancer Society's National Cancer Information Center (NCIC), supports specialists working directly with constituents who have been touched by cancer to provide lifesaving services such as lodging, transportation, health insurance and cancer information. She provides oversight and guidance to several ACS programs and initiatives including the Health Insurance Assistance Service (HIAS) which provides critical information regarding health insurance options to cancer patients, survivors and those concerned about a possible diagnosis. Shannon started her career with ACS over 13 years ago, and has had a variety of roles including Patient Navigator, Cancer Information Specialist and was one of the founding members of the Health Insurance Assistance Service.

# ACS Resources and the Health Insurance Assistance Service (HIAS)



# Background on HIAS



# Health Insurance Assistance Service Goals

- Provide consistent and unbiased information about health insurance options to over 65,000 callers since HIAS was created in April of 2005
- Document patient cases that illustrate barriers to insurance Adequacy, Availability, Affordability and Aministrative Simplicity
- Share patient stories and advocate for public policy change
- Track implementation of the Affordable Care Act



# HIAS Video

<https://www.youtube.com/watch?v=8oZ9v2Be0Ls>



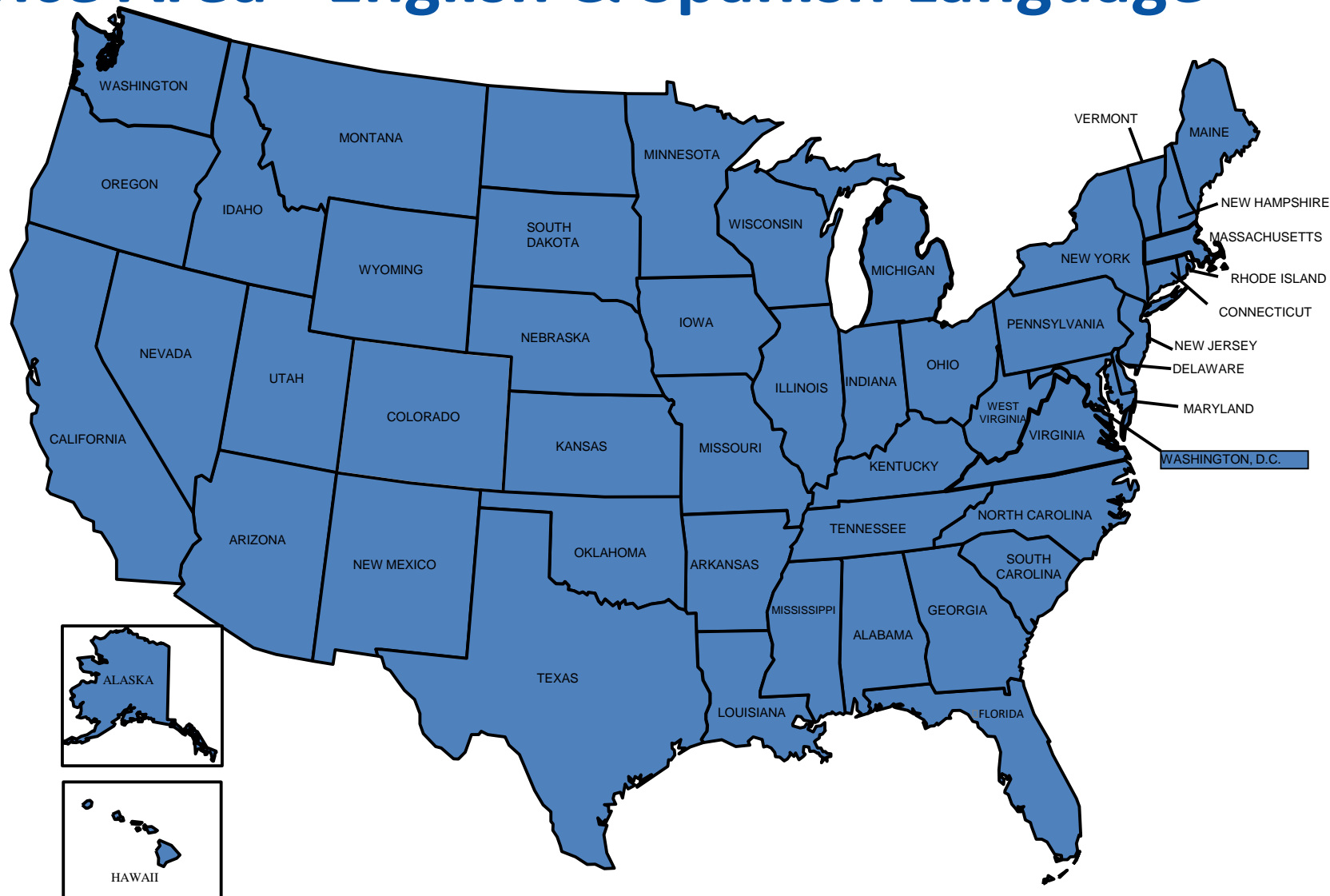
# Who is calling?

- No single caller profile
- Three main groups:
  - Uninsured
  - Insured facing a transition
  - Insured with affordability and/or adequacy issues



This is HIAS caller “Raina” who had insurance when she faced thyroid cancer, but still faced financial debt that resulted in her medical bills being turned over to collection agencies.

# Service Area - English & Spanish Language





# How HIAS Helps





Patient, family member, friend, or healthcare professional calls 800-227-2345. NCIC specialist refers to HIAS for health insurance information



HIAS PRS receives request, performs assessment, probes to understand referral, explains HIAS, clarifies what they have heard to see how they can help.



HIAS PRS gathers details such as DOB, health insurance history, income, etc. to prepare for discussion of available health insurance options.



HIAS PRS provides health insurance options and discusses insurance questions and issues.



HIAS PRS uses Society resources to help with other needs the constituent might have (e.g. questions about treatment options, where to locate a treatment center, assistance with transportation or support)

# Details of the Service

- Help callers obtain and maintain private health insurance, find solutions to allow for this
- Provide information, not advice
- Careful, complete documentation
- When callers cannot afford private health insurance, educate on ways to seek medical care as an uninsured person

# Program Description

- This program provides service to cancer patients, people with symptoms, and cancer survivors (or someone calling on their behalf) who are struggling with health insurance-related problems.
- This program can assist in identifying health insurance options for which you might be eligible, and advocating for large-scale public policy change.
- While this program does not *provide financial assistance* to patients, it helps patients navigate insurance-related issues.
- This program is also able to discuss options with someone's current coverage and situation, such as insurance appeal processes and co-pay relief organizations. In addition, the Health Insurance Assistance Service is interested in learning patient stories for advocacy purposes.

# How We Help Future Constituents

Work with ACS CAN to identify disparities

- Legislative Action
  - BCCEDP/BCCPTA
  - Hearings



Media Attention

- CBS News
- ABC News
- CNN.com
- New York Times
- Wall Street Journal
- National Public Radio
- Consumer Reports
- Self Magazine
- USA Today
- US News and World Report
- Los Angeles Times
- Washington Post
- Associated Press
- TIME Magazine
- A2C Campaign
- PBS Documentary
- AARP

[And HIAS data published in the Journal of Cancer Education!](#)

# Historical Volume

2015

3,221  
Cases

2016

2,684  
Cases

# What is out of scope for HIAS?

HIAS does not assist with the following:

- life, dental, supplemental and vision insurance
- constituents seeking health insurance information from U.S. territories, such as Puerto Rico, the U.S. Virgin Islands and Guam
- patients currently receiving ongoing assistance from **Medicare** or **Medicaid** programs (someone seeking a Medicare supplement is **not** eligible; a patient **losing** N is eligible)



# Tools and Resources

## **Refer constituents to 800-227-2345**

- A specialist will assess and address needs 24/7
- One of 8 HIAS PRS will contact the constituent if there is a health insurance need
- Available Monday – Friday, 7:00 a.m. – 6:00 p.m. CT



# ACS Resources





# National Cancer Information Center (NCIC)

- Located in Austin Texas
- Over 500 staff in a variety of roles
  - Cancer Information Specialists
  - Cancer Resource Specialists
  - Patient Resource Specialists
  - Support Staff
    - Quality, Reporting, Leadership, etc.
- Available 24 hours a day, 7 days a week



# ACS Programs

- Road to Recovery
- Hotel Partners Program
- Reach to Recovery
- Look Good Feel Better
- Wigs
- Database of over 40,000 local and national resources



# National Resources Spotlight

- Medication Assistance
  - NeedyMeds
    - [www.needymeds.org](http://www.needymeds.org)
  - Partnership for Prescription Assistance (PPA)
    - [www.pparx.org](http://www.pparx.org)
- CancerCare
  - [www.cancercares.org](http://www.cancercares.org)



# National Co-Pay Assistance Resources

- HealthWell Foundation
  - [www.healthwellfoundation.org](http://www.healthwellfoundation.org)
- Good Days from CDF (formerly Chronic Disease Fund)
  - [www.mygooddays.org](http://www.mygooddays.org)
- Patient Advocate Foundation (PAF)
  - <http://www.patientadvocate.org>



[cancer.org](http://cancer.org) | 800.227.2345





**Dr. Diane Beneventi** is an Assistant Professor in the Department of Behavioral Science at University of Texas MD Anderson Cancer Center. She has served as a supervisor in the MD Anderson Tobacco Treatment Program for the past five years and has been a licensed psychologist for 17 years. She is also a Certified Tobacco Treatment Specialist.



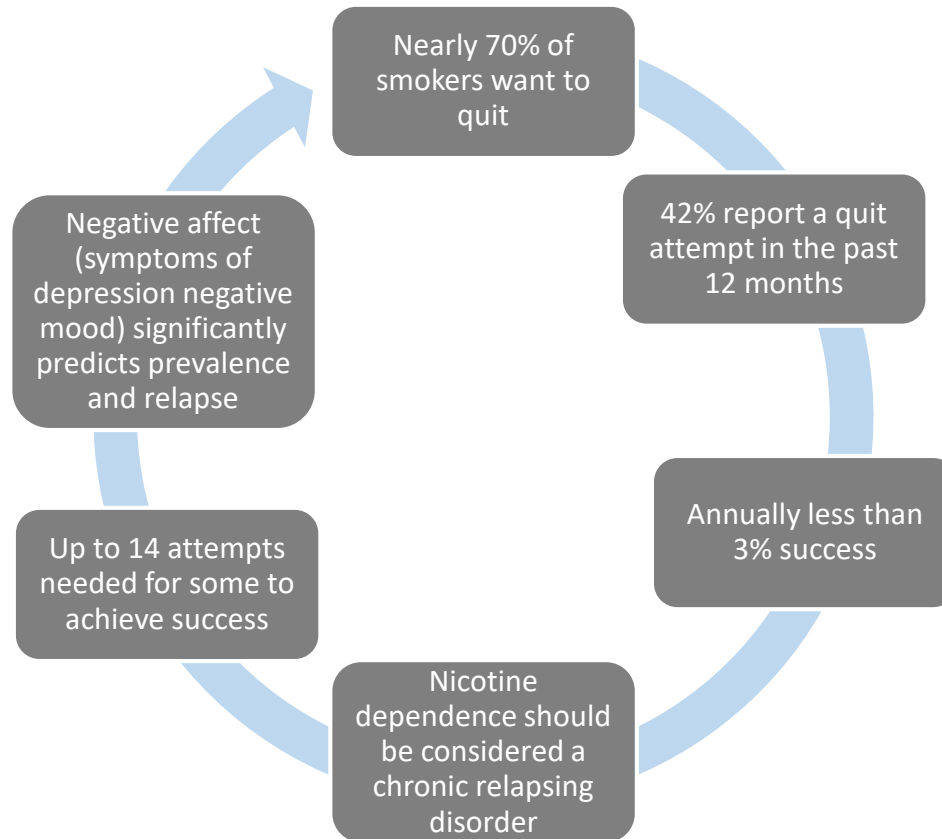
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# Tobacco Cessation Treatment Protocol and Outcomes at UT MD Anderson Cancer Center

**Dr. Diane Beneventi**  
**Assistant Professor - Tobacco Treatment Program**  
**Department of Behavioral Science**  
**The University of Texas MD Anderson Cancer Center**  
[DMBeneventi@MDAnderson.org](mailto:DMBeneventi@MDAnderson.org)  
[713-563-5835](tel:713-563-5835) (V) [713-794-4730](tel:713-794-4730) (fax)



# Need for Cessation Intervention



# Tobacco Treatment Program (TTP)

- Mission: To evaluate and treat all MD Anderson Cancer Center patients, their cohabitants, employees, employee spouses and their dependents who self-report as current tobacco users or recent quitters
- Center of Excellence since 2006:
  - Outcomes
  - Research
  - Customer service



MD Anderson

Tobacco Treatment Program

Take your health in a new direction.

# TTP Funding

- University of Texas MD Anderson Cancer Center receives funding from state appropriations as part of the Texas Master Settlement Agreement (MSA).
- This funding is then allocated to several service line items at the institution. The TTP is one of the beneficiaries of this funding mechanism.



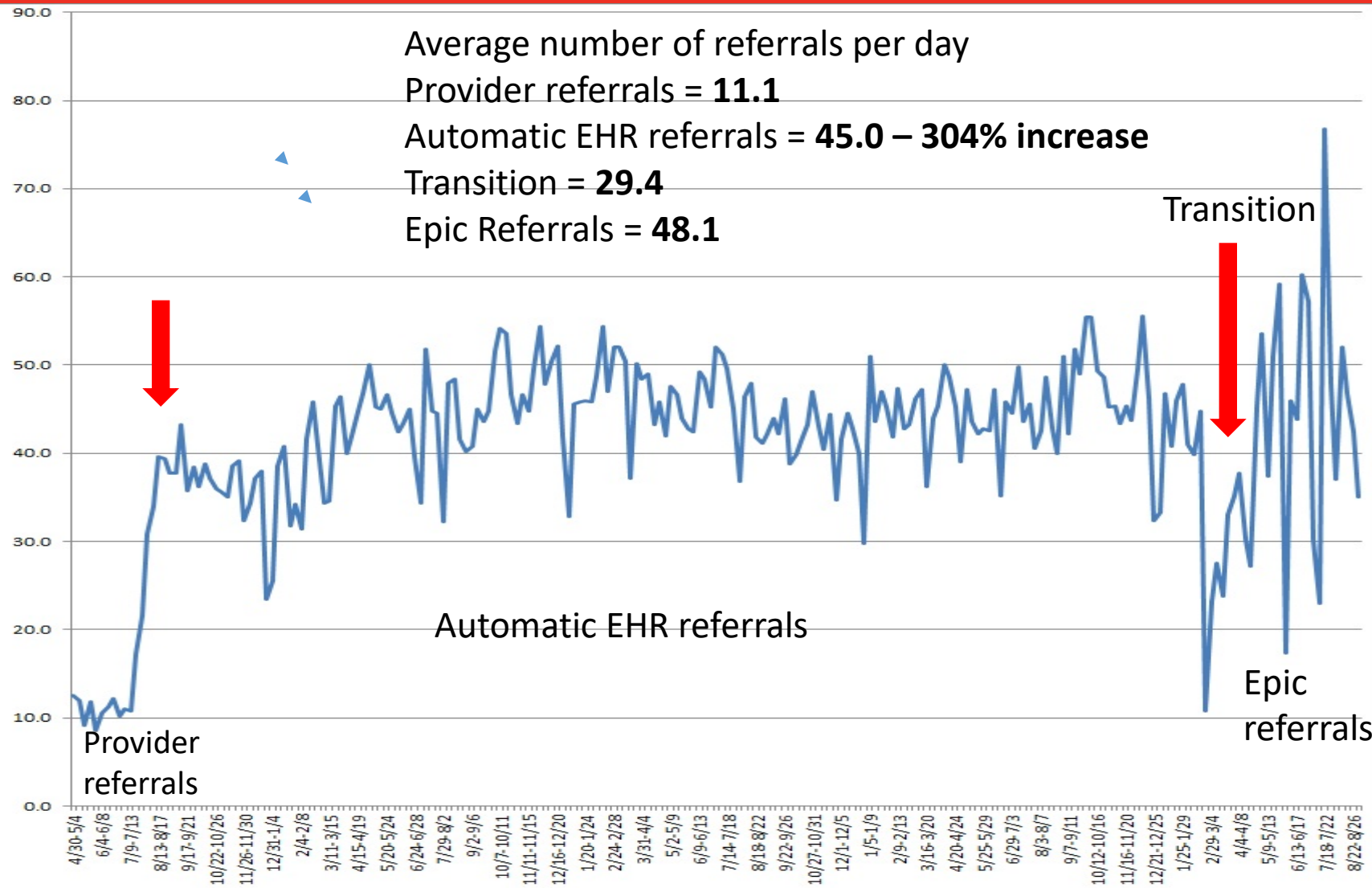
# TTP Comprehensive Approach: *Evidence-Based, Outcomes-Driven*

- Professional evaluation of tobacco use, assessment for depression, anxiety, insomnia, alcohol use, etc.
- 6 – 8 intensive therapy sessions
- Proactive medication management using 1<sup>st</sup> line, 2<sup>nd</sup> line, and off-label medications
- Identification & referral for psychiatric comorbidities
- Long term follow-up every 3 months for up to a year
- Multidisciplinary team approach to maximize patient outcomes

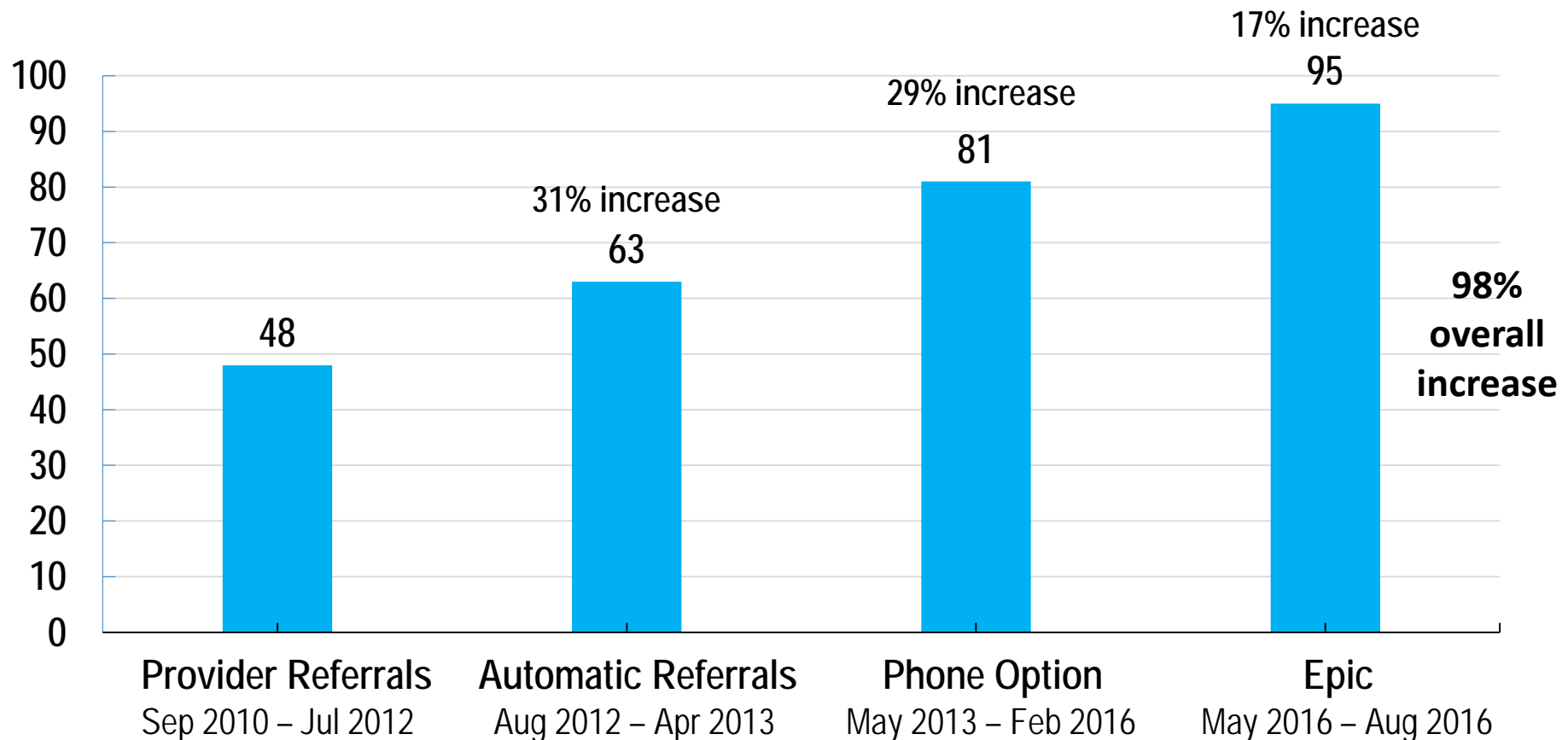
# Referral Tracking

## Average Number of Referrals per Day by Week

April 30, 2012 through August 31, 2016



# Average Number of Patients Per Month 2010 – 2016 Referral Tracking



# EPIC Screen Shot

Hyperspace - DUNC TOBACCO TREATMENT - MD Anderson Production Environment - JAMES S.

Epics Telephone Call Refill Patient Lookup Remind Me Patient Education Link Pt Research Studies Study Maintenance - View Only Cancer Network

Print Secure Log Out Help

Epicoare Search

Patient, Test T

Male, 47 y.o., 01/01/1970, MRN: 2113175, CSN: None

Code Status: Not on file  
Allergies: No Known Allergies  
FYI: None  
Isolation, Organism: None, None

Current Location: None  
Last Height: None  
Last Weight: None  
BSA: None

Last BMI and %ile: None  
PCP Gen: None  
Care Team: Research: None

Need Intep: None  
Out of Hospital DNR?: None  
Implants: None  
MyMDAnderson: Active

Blood Type: None  
CrCl: None  
Patient Class: None

Home Center...

### Chart Review

Snapshot Encounters Notes Labs Imaging Meds Episodes Surgeries Signed Consents Procedures LDAs Consults Other Orders Anesthesia Records Media Letters

Report: TTP Snapshot

Chart Review

History

Create Encou...

Test T Patient  
47 year old male  
1/1/1970

Recent Visits with You  
[More...](#)

1111 Bagby St  
Houston TX 77007  
404-404-4411 (M)

Comm Pref:

#### Problem List

None

#### Appointments for Next 30 Days

None

#### Vitals

No data recorded

#### Flowsheet Report

\*\* Patient has no data for this report \*\*

#### Oncology History

No history exists. [Create History](#)

#### Medical History

None

#### Surgical History

None

#### Survivorship

No cancer problems

#### Specialty Comments

No comments regarding your specialty

#### Preferred Pharmacies

None

#### Medications

Outpatient Medications  
None

#### Allergies

No Known Allergies

#### Relevant Encounters (Maximum of 5 visits)

Date	Type	Department	Provider	Description
------	------	------------	----------	-------------

#### Health Maintenance

None

#### Social History

Not yet reviewed

#### Family History

None

#### Reminders and Results

None

#### Care Team and Communications

PCPs  
No PCP set

PCPs Type

JAMES S. 1 Future/Standing Orders Pt Unread Msg Alerts

9:06 AM 8/2/2017


# Medical History Screen Shot

Hyperspace - DUNC TOBACCO TREATMENT - MD Anderson Production Environment - JAMES S.

Epic


Appts Telephone Call Refill Patient Lookup Remind Me Patient Education Link Pt Research Studies Study Maintenance - View Only Cancer Network

Patient, Test T


**Patient, Test T**  
Male, 47 y.o., 01/01/1970,   
MRN: 2113175  
CSN: None

Code Status: [Not on file](#)  
Allergies: No Known Allergies  
FYI: None  
Isolation, Organism: None, None

Current Location: None  
Last Height: None  
Last Weight: None  
BSA: None

Last BMI and %ile: None  
PCP Gen: None  
Care Team:   
Research: None

Need Intep: None  
Out of Hospital DNR?: None  
Implants: None  
MyMDAnderson: Active

Blood Type: None  
CrCl: None  
Patient Class: None  




Home Center...

Episcore Search

History


GENERAL  
Medical  
Surgical  
Family  
SOCIAL  
Substance & Sex...  
Socioeconomic  
Social Documenta...  
SPECIALTY  
Birth

Medical History

 Add  Pertinent Negative

No medical history on file

☒ Mark as Reviewed ☐ Never Reviewed

 Restore ☒ Close F9

[Medical history audit trail report](#) | [Pertinent negative audit trail report](#)

Previous F7 Next F8

JAMES S. 1 Future/Standing Orders Pt Unread Msg Alerts 9:09 AM 8/2/2017



# Smoking Status Screen Shot

Hyperspace - DUICK TOBACCO TREATMENT - MD Anderson Production Environment - JAMES S.

Epic - Appts Telephone Call Refill Patient Lookup Remind Me Patient Education Link Pt Research Studies Study Maintenance - View Only Cancer Network

Patient, Test T

Epixcare Search

**Patient, Test T**  
Male, 47 y.o., 01/01/1970,

MRN: 2113175  
CSN: None

Code Status: Not on file  
Allergies: No Known Allergies  
FYI: None  
Isolation, Organism: None, None

Current Location: None  
Last Height: None  
Last Weight: None  
BSA: None

Last BMI and %ile: None  
PCP Gen: None  
Care Team:   
Research: None

Need Interp: None  
Out of Hospital DNR?: None  
Implants: None  
MyMDAnderson: Active

Blood Type: None  
CrCt: None  
Patient Class: None

Home Center...

**History**

GENERAL  
Medical  
Surgical  
Family  
SOCIAL  
Substance & Sex...  
Socioeconomic  
Social Documenta...  
SPECIALTY  
Birth

**Substance & Sexuality**

Smoking Status:

Start Date:

Quit Date:

Types: Cigarettes Pipe Cigars Electronic cigarette

Packs/Day:

Years:

Comments:

Smokeless Tobacco:

Types: Snuff Chew

Quit Date:

Alcohol Use: Yes No

Drinks/Week:  Glasses of wine  
 Cans of beer  
 Shots of liquor  
 Standard drinks or equivalent  
 Not specified

Alcohol/Week:

Comments:

Drug Use: Yes No

Types: IV Other Cocaine Marijuana  
Methamphetamines Amphetamines  
Amyl nitrate Anabolic steroids Barbiturates  
Benzodiazepines "Crack" cocaine Codeine  
Fentanyl Flunitrazepam GHB Hashish  
Heroin Hydrocodone Hydromorphone  
Ketamine LSD MDMA (ecstasy) Mescaline  
Methaqualone Methylphenidate Morphine  
Nitrous oxide Opium Oxycodone PCP  
Mushrooms Solvent inhalants Angel Dust  
Inhalant (Pam, s ... Over the counter ...  
Prescription med ...

Use/Week:

Comments:

Sexually Active: Yes No Not Currently

Birth-Control/Protection: Condom Pill Diaphragm IUD Surgical Spericide Implant Rhythm Injection Sponge Inserts Abstinence Other Cervical cap OCP Coitus interruptus Patch Post-menopausal None

Partners: Female Male

Comments:

Audit Trail Report

JAMES S. 1 Future/Standing Orders Pt Unread Msg Alerts 9:21 AM

# Assessment Screen Shot

Hyperspace - DUIC TOBACCO TREATMENT - MD Anderson Production Environment - JAMES S.

Epic - Appts Telephone Call Refill Patient Lookup Remind Me Patient Education Link Pt Research Studies Study Maintenance - View Only Cancer Network

Print Secure Log Out Help Epiccare Search

Patient, Test T

Patient, Test T

Male, 47 y.o., 01/01/1970, 🌱

MRN: 2113175

CSN: None

Code Status: Not on file  
Allergies: No Known Allergies  
FYI: None  
Isolation, Organism: None, None

Current Location: None  
Last Height: None  
Last Weight: None  
BSA: None

Last BMI and %ile: None  
PCP Gen: None  
Care Team: 🧑🏻  
Research: None

Need Intep: None  
Out of Hospital DNR?: None  
Implants: None  
MyMDAnderson: Active

Blood Type: None  
CrCt: None  
Patient Class: None

Home Center...

History

GENERAL

Medical

Surgical

Family

SOCIAL

Substance & Sex...

Socioeconomic

Social Documenta...

SPECIALTY

Birth

## Substance & Sexuality

Smoking Status:

Smokeless Tobacco:

Unknown

Start Date:

Types:

Snuff Chew

Quit Date:

Quit Date:

Types:

Cigarettes Pipe Cigars Electronic cigarette

Packs/Day:

Years:

Comments:

Alcohol Use:

Yes No

Drinks/Week:

Glasses of wine  
 Cans of beer  
 Shots of liquor  
 Standard drinks or equivalent  
 Not specified

Alcohol/Week:

Comments:

Drug Use:

Yes No

Types:

IV Other Cocaine Marijuana  
Methamphetamines Amphetamines  
Amyl nitrate Anabolic steroids Barbiturates  
Benzodiazepines "Crack" cocaine Codeine  
Fentanyl Flunitrazepam GHB Hashish  
Heroin Hydrocodone Hydromorphone  
Ketamine LSD MDMA (ecstasy) Mescaline  
Methaqualone Methylphenidate Morphine  
Nitrous oxide Opium Oxycodone PCP  
Mushrooms Solvent inhalants Angel Dust  
Inhalant (Pam, s ... Over the counter ...  
Prescription med ...

Use/Week:

Comments:

Sexually Active:

Yes No Not Currently

Birth-Control/Protection:

Condom Pill Diaphragm IUD Surgical Spermicide Implant Rhythm Injection Sponge Inserts Abstinence Other Cervical cap OCP Coitus interruptus Patch Post-menopausal None

Partners:

Female Male

Comments:

Category Select

Search:

△ Title

- Current Every Day Smoker
- Current Some Day Smoker
- Former Smoker
- Heavy Tobacco Smoker
- Light Tobacco Smoker
- Never Assessed
- Never Smoker
- Passive Smoke Exposure - Never Smoker
- Smoker, Current Status Unknown
- Unknown If Ever Smoked

10 categories loaded.

Accept Cancel

Audit Trail Report

JAMES S.

1 Future/Standing Orders Pt Unread Msg Alerts

9:14 AM



# Assessment Review Screen Shot

Hyperspace - DUNC TOBACCO TREATMENT - MD Anderson Production Environment - JAMES S.

Epic

Appts

Telephone Call

Refill

Patient Lookup

Remind Me

Patient Education Link

Pt Research Studies

Study Maintenance - View Only

Cancer Network

Print

Secure

Log Out

Help

EpicCare

Search

Patient, Test T

Male, 47 y.o., 01/01/1970

MRN: 2113175

CSN: None

Code Status: Not on file

Allergies: No Known Allergies

FYI: None

Isolation, Organism: None, None

Current Location: None

Last Height: None

Last Weight: None

BSA: None

Last BMI and %ile: None

PCP Gen: None

Care Team: No

Research: None

Need Intep: None

Out of Hospital DNR?: None

Implants: None

MyMDAnderson: Active

Blood Type: None

CrCl: None

Patient Class: None

Home Center...

History

GENERAL

Medical

Surgical

Family

SOCIAL

Substance & Sex...

Socioeconomic

Social Documenta...

SPECIALTY

Birth

Start Date:

Quit Date:

Types:

Packs/Day:

Years:

Comments:

Alcohol Use:

Drinks/Week:

Alcohol/Week:

Comments:

Sexually Active:

Birth-Control/Protection:

Partners:

Comments:

Mark as Reviewed

Never Reviewed

Restore

Close

F9

Types:

Quit Date:

Cigarettes

Pipe

Cigars

Electronic cigarette

Snuff

Chew

Alcohol Use:

Yes

No

Drinks/Week:

Glasses of wine

Cans of beer

Shots of liquor

Standard drinks or equivalent

Not specified

Alcohol/Week:

Comments:

Drug Use:

Yes

No

Types:

IV

Other

Cocaine

Marijuana

Methamphetamines

Amphetamines

Amyl nitrate

Anabolic steroids

Barbiturates

Benzodiazepines

"Crack" cocaine

Codeine

Fentanyl

Flunitrazepam

GHB

Hashish

Heroin

Hydrocodone

Hydromorphone

Ketamine

LSD

MDMA (ecstasy)

Mescaline

Methaqualone

Methylphenidate

Morphine

Nitrous oxide

Opium

Oxycodone

PCP

Mushrooms

Solvent inhalants

Angel Dust

Inhalant (Pam, s ...

Over the counter ...

Prescription med ...

Use/Week:

Comments:

Sexually Active:

Yes

No

Not Currently

Birth-Control/Protection:

Condom

Pill

Diaphragm

IUD

Surgical

Spermicide

Implant

Rhythm

Injection

Sponge

Inserts

Abstinence

Other

Cervical cap

OCP

Coitus interruptus

Patch

Post-menopausal

None

Partners:

Female

Male

Comments:

Mark as Reviewed

Never Reviewed

Restore

Close

F9

Audit Trail Report

Previous

F7

Next

F8

# A Proactive Treatment Model Operating System-Wide within MD Anderson

- Referral to the TTP is automatic and not provider dependent

- Automatic identification of smokers and recent quitters (within 12 months) on the EHR triggers action from the TTP staff

- Response/triage is made within 3 business days

- Four Available Treatment options



# Treatment Options for Every Patient

## Self-Help & follow-up

Every patient is called (4X). If not reached, materials are sent & followed in 3 months  
Self-Help Packet includes tip guide, local and web resources and medication information

## Motivational Enhancement

- All reached patients receive a motivational intervention on first call from bachelor level support staff to assess smoking status, readiness to quit and patient preferences
- Can be triaged to counselor, scheduled for in-person or phone-option or receives self-help plus 3 mos. follow-up. All patients accepted regardless of motivation level.

## Phone Only

- Telephone counseling only, similar to in-person, but no medication consultation with program physician, or program provided medication. Keeps same counselor, schedules follow-ups as in-person
- Also receives all self-help information and offer to send information or consult with their physician for Rx

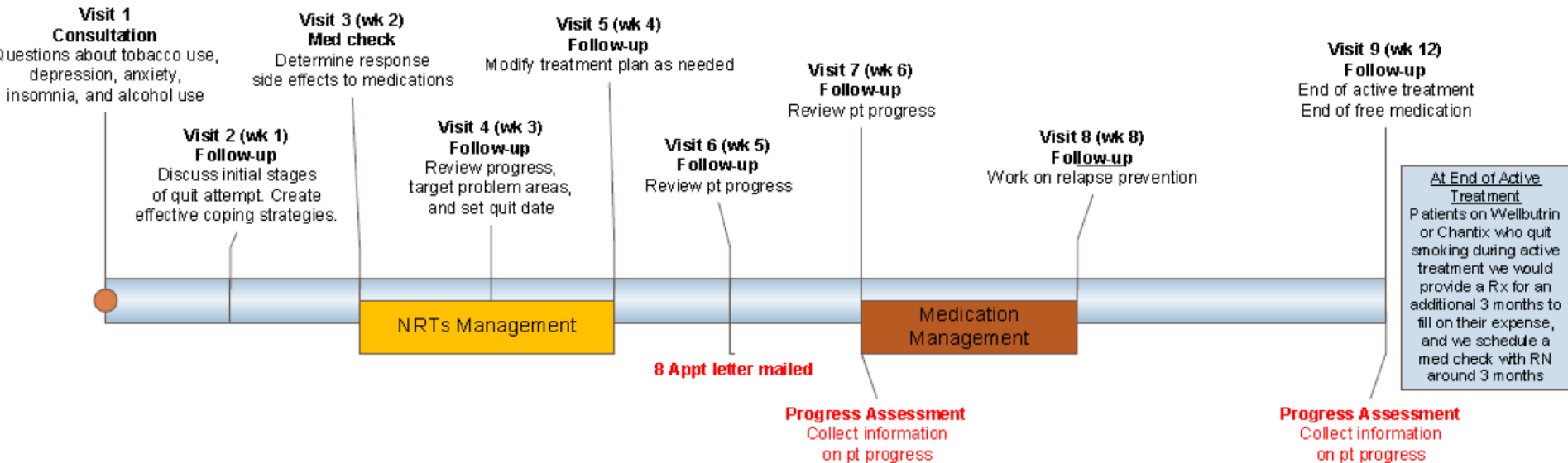
## Comprehensive

Highly individualized treatment done by Masters level professionals (assigned at consult)  
Address motivation, cancer care, psychosocial and financial stress, mental health concerns.  
Pharmacotherapy-full range of monotherapies; combinations & on-going management/change

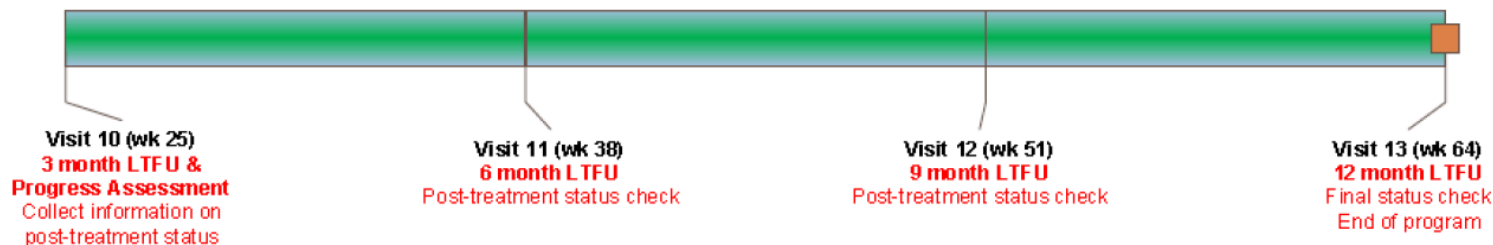
# TTP Overview

Updated 9-28-12

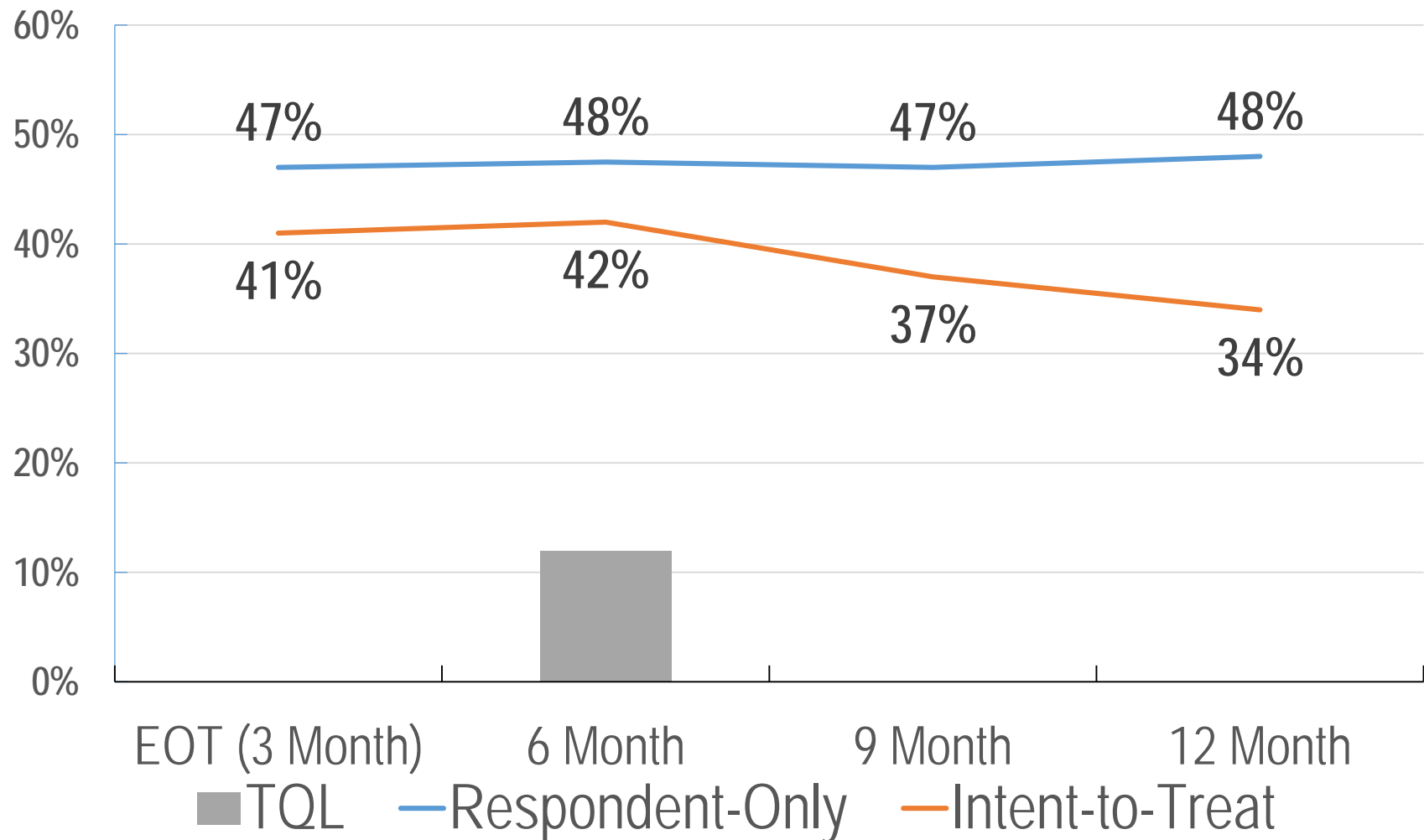
## Active Treatment Timeline Clinician roles & RA roles



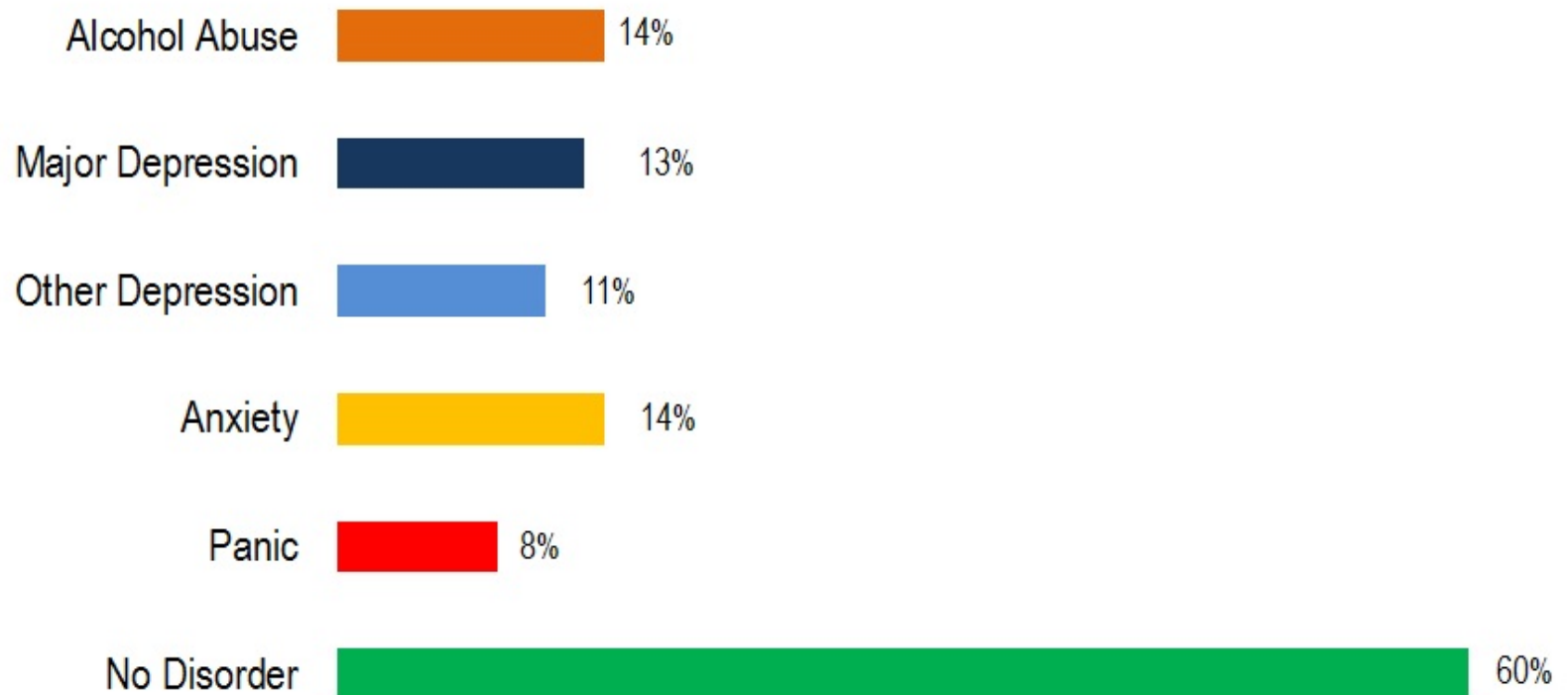
## Long Term Follow Up (LTFU) Timeline



# Cessation Rates 2012 – 2015

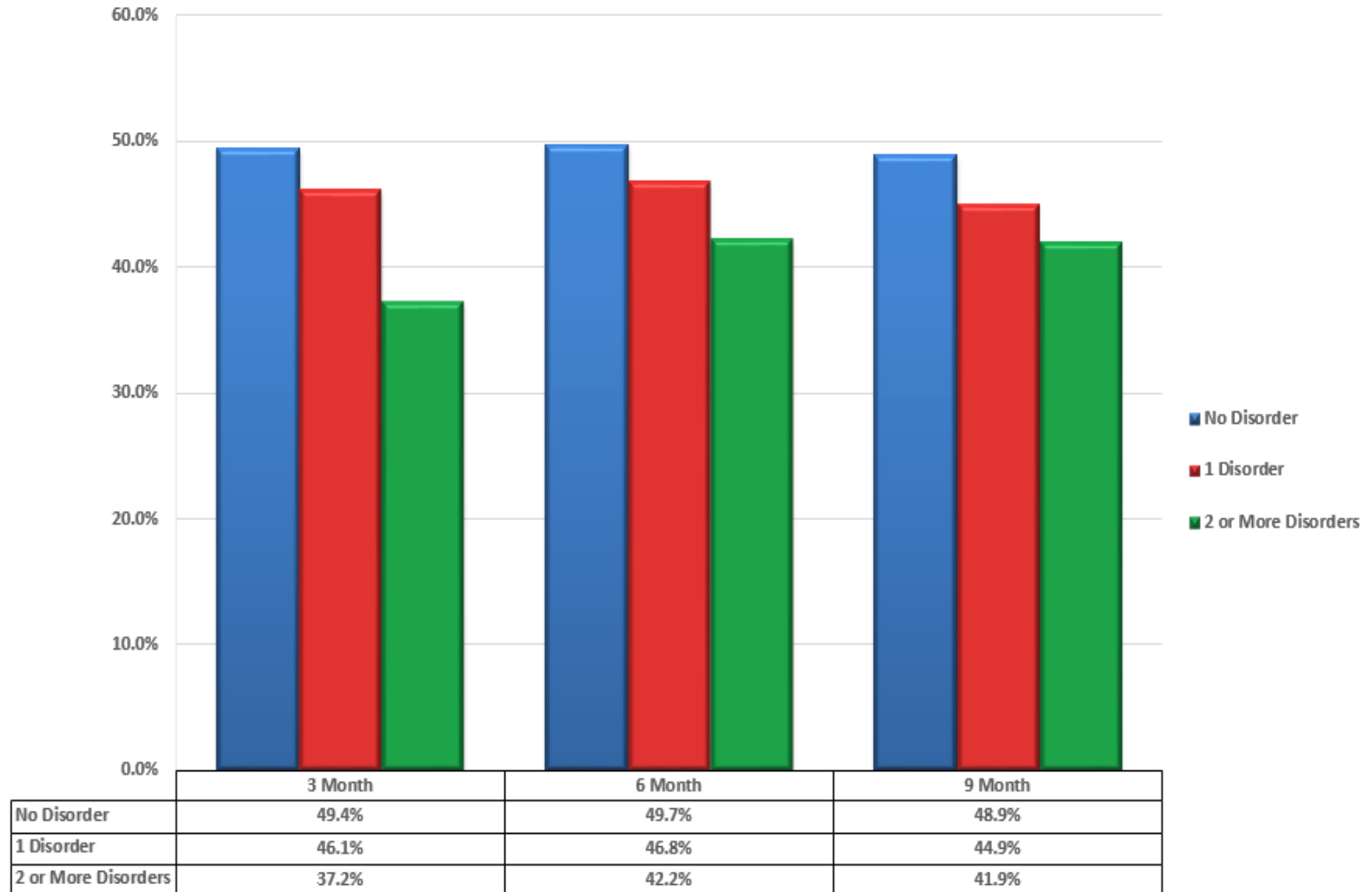


# Patient Characteristics FY-2014: Psychiatric Comorbidities

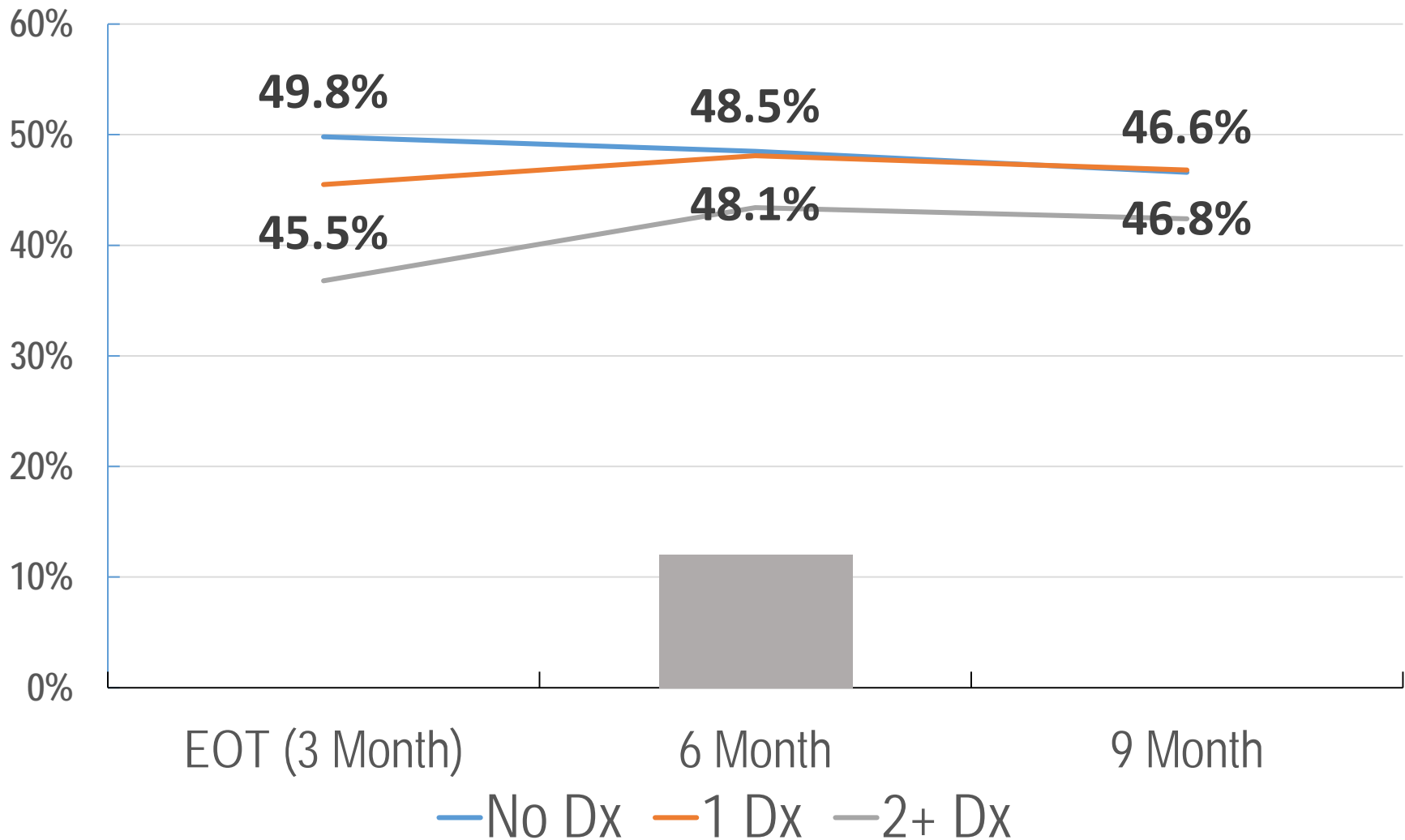




# Tobacco Use and Behavioral Health Disorders Cont.



# Cumulative Cessation Rates



# Acknowledgements

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## Program Clinical Staff

Counseling Team – Diane Beneventi, PhD  
Leanne Witmer, MA LPCS – Sr. Counseling Associate  
Chinyere Eigege, MSW – Counseling Associate  
Mark Evans, MSW, LCSW – Sr. Counseling Associate  
Nancy Huang, M.A., LPC – Sr. Counseling Associate  
Jummy Iyiola, M.A., LPC – Counseling Associate  
Melissa Macomber, M.A., LPC – Counseling Associate  
James Staley, M.A., LPC – Counseling Associate  
LaDonna Malone, MA., LPC-Counseling Associate  
Elham Babaie, MA., LPC Counseling Associate  
John Najera, MA., LPC-Counseling Associate

## Medical Team

Maher Karam-Hage, MD  
Roberto Gonzalez, MD  
Sheila Kitaka, PA – Physician Assistant  
Rosario Wippold, RN, M.P.H. – Research Nurse

## Program Support Staff

Joy Neal – Senior Administrative Assistant

## Research Team

Isamar Ortiz – Research Assistant  
Kaylon White – Research Assistant  
Valeria Velazques – Research Assistant  
Kathleen Quick – Research Coordinator  
Rory Crossin – Research Coordinator  
Danielle Grbavac – Research Coordinator  
Monica Tortolero – Sr. Research Coordinator

## Data Team

Rudel Rymer – Senior Applications Systems Analyst  
Bryce Reinesch – Associate Programmer Analyst

## EndTobacco Team

Jennifer Cofer, MPH, CHES - Director  
Alex Hurst, MHA - Program Manager  
Andrea Antwi, MPH – Program Coordinator



# Questions?

To ask a question, type it into the  
Questions box in your WebCast  
window.

A screenshot of a WebCast window titled "Q & A". The window has a large empty text area for questions. At the bottom, there is a text input field with the placeholder text "Type your question here." and a speech bubble icon to its right. The top right corner of the window contains icons for a document, a person, and a menu.



# Reminders:

- Please Complete Evaluation
- Recording will be available in 48 hours at [www.BHtheChange.org](http://www.BHtheChange.org)
- Webinar Archives for this series is also at [www.BHtheChange.org](http://www.BHtheChange.org) under View all resources



# Thank you for joining us!

*As you exit the webinar, please do not forget to  
complete the survey.*

Thank you!