

WMC DSRIP PPS Project Plans

Application Section 4

Submitted December 22 2014

4.b.i Promote tobacco use cessation, especially among low SES populations and those with poor mental health

Project Response & Evaluation:

Partnering with Entities Outside of the PPS for this Project

Please provide the name of any partners included for this project outside of the PPS providers. This may include an entity or organization with a proven track record in addressing the goals of this project.

Entity Name
Center for a Tobacco Free Hudson Valley (an affiliate of the American Lung Association) Tobacco Free Action Communities in Ulster, Dutchess, and Sullivan Counties Westchester Institute for Human Development (WIHD)

1. Project Description and Justification

1a. Utilizing data obtained from the Community Needs Assessment (CNA), please address the identified gaps this project will fill in order to meet the needs of the community. Please link the findings from the Community Needs Assessment with the project design. For example, identify how the project will develop new resources or programs to fulfill the needs of the community.

Smoking is the leading preventable cause of death in the United States. In our region, the highest rates of smoking, which exceed the NYS Prevention Agenda objective of 15%, are seen in Sullivan (24.5%), Delaware (22.9%), Ulster (21.1%), Dutchess (16.1%) and Orange (15.7%) Counties. Our CNA revealed that populations of lower socioeconomic status experience higher rates of smoking than higher income groups. Tobacco use is also a concern among adults with behavioral health conditions whose smoking rates average 32%, exceeding the 24% prevalence goal set by the NYS Prevention Agenda. In Sullivan County, 48% of adults with a behavioral health condition smoke; in Delaware, Dutchess, and Ulster Counties 37-39% of adults with a behavioral health condition smoke.

It is not surprising that health conditions related to tobacco use, including respiratory cancer, chronic obstructive pulmonary disease (COPD), and bronchiectasis, are prevalent throughout our region. When COPD and bronchiectasis are examined by volume of Medicaid beneficiaries, the neighborhoods with the highest counts of beneficiaries relative to the rest of the region are in populous regions, such as southern and northwestern Westchester County (Yonkers/New

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Rochelle and Peekskill areas), central and eastern Rockland County (Spring Valley and Haverstraw areas), eastern Orange County (Newburgh), western Dutchess County (Poughkeepsie), and to a lesser degree central Sullivan County (Monticello/Harris area). Respiratory cancer hospitalization rates evidenced a hot spot centered in Kingston, a cluster in southern Westchester, and a geographically small cluster around Somers.

Our PPS will work to reduce overall smoking prevalence in the region with special attention to Medicaid beneficiaries living with the added stress of socioeconomic disadvantages, chronic behavioral health conditions or developmental disabilities (DD). All three PPSs in our region have agreed to work with local County Health Departments and advocacy groups, specifically the Center for a Tobacco Free Hudson Valley (an affiliate of the American Lung Association) and Tobacco Free Action Communities, to develop a region-wide tobacco cessation campaign based on U.S. Preventive Services Task Force (USPSTF) guidelines for treating tobacco use. The campaign will align messaging and each PPS will implement the campaign among participating providers. The PPSs will also collaborate to share best practices on tobacco free outdoor policies (i.e., templates for policies and strategies for overcoming barriers); work with Medicaid MCOs to expand coverage for tobacco cessation counseling and for prescription and over-the-counter medications; and develop strategies to educate Medicaid providers about increased coverage and promote smoking cessation benefits.

A special focus of the our PPS campaign will be to enable health information technology to promote smoking cessation counseling. Wherever feasible, our PPS will assist all types of providers to build EHR templates to prompt providers to complete the “5 A’s” of effective smoking cessation counseling – ask, advise, asses, assist, arrange – and refer smokers to the NYS Smokers' Quitline.

b. Please define the patient population expected to be engaged through the implementation of this project. The definition of patient population be specific and could be based on geography, disease type, demographics, social need or other criteria.

Our target population is all smokers in our region receiving health care services from PPS providers or community-based organizations. Under the umbrella of the Regional Clinical Council, comprised of representatives of all three PPSs in our broader region, we will convene a tobacco cessation campaign committee to develop messaging for a region-wide public health campaign. We anticipate the committee will include representatives from local County Health Departments and tobacco cessation advocates such as the Center for a Tobacco Free Hudson Valley and Tobacco Free Action Communities.

Our PPS will also develop outreach materials for use by medical, dental, behavioral health and DD providers that encourage patients to ask their providers about smoking cessation and to educate and remind providers how to provide and bill for tobacco cessation services. Patient-facing outreach materials will be tailored to appeal to special populations, such as those with behavioral health conditions. Provider-facing materials will address concerns from the

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provider's point of view; for example, how to appropriately dose smoking cessation aids for patients taking anti-depressants or anti-psychotic medications. In some cases, patients with behavioral health conditions may be using tobacco to mask symptoms or medication side effects. Some patients might be more affected by nicotine withdrawal than others; patients prone to panic attacks may have a harder time quitting because the symptoms of withdrawal — such as increased heart rate — can trigger a panic attack or they find the effects of nicotine beneficial. Research has shown that nicotine can improve attention and concentration, an appealing benefit for some behavioral health patients.

Our tobacco cessation campaign materials will encourage referrals to the NYS Smokers' Quitline, and the PPS will assess our campaign's impact by monitoring the Quitline's county specific engagement rates that are published monthly. Medicaid MCOs will be invited to participate in the campaign committee and asked to monitor rates of prescription and over-the-counter smoking cessation aids, as well as smoking cessation counseling for their enrollees in the our region. Our goal is to see an increase in smoking cessation activity broadly across the region and for the Medicaid population in particular.

c. Please provide a succinct summary of the current assets and resources that can be mobilized and employed to help achieve this DSRIP Project. In addition, identify any needed community resources to be developed or repurposed.

There are several community-based organizations in the region that are currently working toward our PPS' project goals and have strong relationships with PPS providers including the Center for a Tobacco Free Hudson Valley, an affiliate of the American Lung Association, and the Tobacco Free Action Communities in Ulster, Dutchess, and Sullivan counties. For example, the Center for a Tobacco Free Hudson Valley has strong relationships with FQHCs in seven of our PPS' counties and works with providers to develop and implement tobacco dependence treatment policies that follow national Public Health Service (PHS) guidelines and to integrate these policies into providers' screening systems and workflow. Crystal Run Healthcare (CRHC), a multispecialty group practice with over 300 physicians, is another asset as a PPS Participant. CRHC has already adopted a tobacco-free outdoor policy at its locations, follows the PHS guidelines for treating tobacco use, uses EHRs to remind providers to complete the 5 A's including appropriate and electronic referrals to the NYS Smokers' Quitline, and promotes tobacco cessation counseling among all smokers, including people with disabilities.

To promote tobacco cessation among Medicaid beneficiaries, our PPS will develop targeted outreach materials for the populations served by physicians, dentists, pharmacists, behavioral health and DD providers. Materials will be modeled on a very successful tool a PPS Participant developed to assist physicians and patients with discussions of obesity and will serve the dual purpose of encouraging patients to discuss smoking with their provider while educating providers about USPSTF and PHS guidelines for tobacco cessation counseling. Materials will be distributed through our tobacco cessation campaign with the goal of encouraging Medicaid

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providers to engage in tobacco cessation counseling; materials will include payer-specific instructions on how to bill for services for all provider types.

As noted in our CNA, tobacco use is high among adults with behavioral health conditions, making this group a critical population to reach with this project. However tobacco cessation can be particularly difficult for patients who are heavily dependent on nicotine and find the routine of smoking to be soothing. The PPS will leverage the Center for a Tobacco Free Hudson Valley's model to integrate tobacco screening and cessation counseling into provider and community-based organizations' workflows. This model has been successfully implemented by providers in our region, such as Putnam Family and Community Services which provides behavioral health services. There, tobacco screening has been integrated with intake procedures and cessation activities and follow up activities have been incorporated into the permanent job description of an on staff nurse. The Regional Clinical Council will provide a forum for identifying and sharing best practices like Putnam Family and Community Services' approach across PPSs.

Another resource the PPS can employ is the mobile dental van run by the Westchester Institute for Human Development (WIHD). WIHD provides a range of medical services for children and adults with disabilities. The mobile van travels throughout our region and can serve as conduit to dental care services, as well as tobacco use cessation services. Utilizing a mobile van will be particularly useful in reaching populations with disabilities and in the areas identified by our CNA as Health Professional Shortage Areas, specifically Yonkers, Mt. Vernon, Monsey/New Square, Newburgh, and Middletown.

d. Describe anticipated project challenges or anticipated issues the PPS will encounter while implementing this project, and describe how these challenges will be addressed. Examples include issues with patient barrier to care, provider availability, coordination challenges, language and cultural challenges, etc. Please include plans to individually address each challenge identified.

To address time constraints and competing priorities for providers, our PPS will expand the use of EHR prompts for tobacco use screening and counseling, especially the 5 A's, and automate patients referrals to the NYS Smokers' Quitline. We will work with PPS Participants to implement the most automated solution feasible for their unique circumstances. When automation is not feasible or is in progress, waiting room flyers will encourage patients to discuss tobacco cessation and serve as regular reminders to providers.

Quitting smoking is more difficult for patients with behavioral health issues. Our PPS will distribute provider-facing guidelines for this population on dosing of smoking cessation aids and adjusting psychotropic medications.

Dental, behavioral health and DD providers may be unaware of Medicaid coverage for smoking cessation and billing requirements that vary by payer. To encourage additional tobacco

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screening and counseling, we will educate all eligible provider types on evidence-based treatment guidelines and work with Medicaid MCOs to clarify billing and reimbursement policies as needed. The Regional Clinical Council will also work collaboratively to pursue expanded Medicaid and health plan coverage of tobacco dependence treatment counseling and medications as gaps in coverage are identified.

Achieving consensus on a region-wide tobacco cessation campaign through the Regional Clinical Council will be time intensive, especially due to the need to refine messaging for target subpopulations. To mitigate the potential impact of delays, our PPS will work in parallel on other needed campaign content so that materials can be produced quickly and efficiently when the Regional Clinical Council reaches agreement on campaign tactics messaging.

e. Please outline how the PPS plans to coordinate on the DSRIP project with other PPSs that serve and overlapping service area. If there are no other PPS within the same service area, then no response is required.

As a patient-centered model of care, DSRIP allows patients to receive care from any provider, some of whom may participate in multiple PPSs. Cross-PPS collaboration, coordination and alignment of clinical implementation will be critical to achieving DSRIP goals across our region and New York State. The three PPSs serving the Hudson Valley and Delaware County, led by Montefiore Medical Center, Refuah Health Center, and WMC, will establish a provider-led Regional Clinical Council that supports the development of a regional system of efficient and effective care, patient safety, and continuous quality improvement.

The Council, with input from providers, payers, government agencies, and others, will review DSRIP project and implementation plans and make recommendations to align overlapping project approaches. Region-wide coordination, common requirements, and similar expectations will minimize providers' implementation burdens and create consistent, high quality experiences for patients. The Council will identify region-wide care improvement goals and serve as a forum for sharing and evaluating proven and promising clinical strategies and practices. The Council will support the rapid and widespread adoption of agreed-upon clinical protocols and evidence-based practices across the region and its payers.

Continuing the cooperation that resulted in the creation of a common Community Needs Assessment, the PPSs in our region have embraced cross-PPS collaboration throughout the selection, design, and development phases of their respective DSRIP projects. To date, the PPSs have committed to coordinate implementation in three critical areas: behavioral health crisis intervention and coordination with local County Departments of Health and Mental Health; protocols for patient consent and physician connectivity to HealthlinkNY (RHIO); and a tobacco cessation public health campaign.

The PPSs will also collaborate to share best practices on establishing tobacco free outdoor policies (templates for policies, strategies for overcoming barriers) and to work with Medicaid

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MCOs to develop consistent language around expanded coverage for tobacco cessation counseling and for prescription and over-the-counter medications.

f. Please identify and describe the important project milestones relative to the implementation of this project. In describing each of the project milestones relative to implementation, please also provide the anticipated timeline for achieving the milestone.

Our PPS will: (1) initially survey PPS Participants about their outdoor policies, share best practices, and re-survey Participants by DY2 to assess progress in implementing tobacco-free outdoor policies; (2) convene a region-wide tobacco cessation campaign committee by DY1; (3) engage Medicaid MCOs around coverage and payment by the end of DY1; (4) survey PPS Participants about USPSTF and PHS guidelines, use of EHRs to facilitate 5 A's, and referrals to the NYS Smokers' Quitline by mid DY1, and subsequently promulgate best practices by DY2; (5) launch a campaign to promote tobacco cessation among all eligible providers by late DY1; and (6) develop targeted outreach materials for special populations (dental, behavioral health, and DD patients) by DY2.

2. Project Resource Needs and Other Initiatives

DSRIP projects will be evaluated based upon the overall scale and broadness in scope, in terms of expected impact the project will have on the Medicaid program and patient population. Those projects larger in scale and impact will receive more funding than those smaller in scale/impact. Progress towards and achievement of PPS commitments to these scale measures as provided in the application will be included in achievement milestones for future PPS funding. In order to assess scale, please complete the following information:

2a. Will this project require Capital Budget funding? (Please mark the appropriate box below)

Yes	No
	X

Please describe why capital funding is necessary for the Project to be successful.

2b. Are any of the providers within the PPS and included in the Project Plan PPS currently involved in any Medicaid or other relevant delivery system reform initiative or are expected to be involved in during the life of the DSRIP program related to this project's objective?

Yes	No
X	

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If yes: Please identify the current or expected initiatives in which the provider is (or may be) participating within the table below, which are funded by the U.S. Department of Health and Human Services, as well as other relevant delivery system reform initiative(s) currently in place.

Name of Entity	Medicaid/Other Initiative	Project Start Date	Project End Date	Description of Initiatives
The Greater Hudson Valley Family Health Center, Inc.	Health Center Program (Section 330) Grant Program (HRSA)	6/1/12	5/31/17	Supports the provision of care to medically underserved areas and populations in the service area.

2c. Please describe how this proposed DSRIP project either differs from, or significantly expands upon, the current Medicaid initiative(s) identified above. A PPS may pursue a DSRIP project that exists as part of another effort if the PPS can demonstrate a significant enhancement to the existing project.

Our PPS will build on work done by the Greater Hudson Valley Family Health Center when reaching out to the target population. This project will significantly expand on this work by extending services to the attributed population.