American Lung Association in Nevada

Increasing Cessation Access for All Nevadans (I-CAAN)

Please answer the following three questions and submit as a Word file or PDF (2 pages max.) via Dropbox:

1. *What, if any, proposed activities were not completed? Briefly describe those activities, the reasons they were not completed and your plans for carrying them out.*

We had hoped to evaluate the impact of our statewide brief intervention trainings by reviewing the increases in the number of Medicaid recipients referred to the Nevada Tobacco Users Helpline (NTUH). However, this evaluation was made impractical by two major institutional changes during the grant period:

1) NTUH ceased providing state quitline services in July 2014 and was replaced by the National Cancer Institute as an interim provider until National Jewish Health became the state's quitline service provider as of November 2014. Although we were able to access numbers from NTUH through July 2014, we were not able to do a pre- and post-grant analysis.

2) One work around which we are pursuing is to obtain the numbers of Medicaid recipients who accessed cessation services pre- and post-grant to determine if there was a possible increase due to the increased performance of brief interventions by Medicaid providers. Unfortunately, these numbers would be skewed by the greatly increased numbers who obtained coverage through the Medicaid expansion under the Affordable Care Act.

In addition, to these two challenges to evaluating our results, we also were unable to complete our objective to incorporate the delivery of brief intervention trainings into the Healthcare Effectiveness Data and Information Set (HEDIS) assessments performed by the quality assessment nurses for our two managed Medicaid providers.

The challenge is the patchwork quality of Medicaid coverage for Nevada residents. The state provides a fee-for-service Medicaid plan or "straight" Medicaid that provides coverage for two cessation interventions per year and includes coverage for nicotine replacement therapy and other pharmacotherapies. However the state's managed Medicaid providers are not contracted with the state to provide cessation services for their plan members, therefore they have no incentive to include tobacco dependency treatment as a HEDIS performance measure and to include brief intervention training as a HEDIS quality improvement project. So we had no traction for a partnership. We hope that this will change under the tobacco dependency treatment mandates through the Affordable Care Act.

2. *Briefly tell us about any other unexpected issues, concerns or successes you have had during this reporting period.*

One unexpected success was our partnership with University Medical Center to assist them in becoming a tobacco-free campus. UMC is Southern Nevada's public health hospital and is the teaching hospital in Southern Nevada for the University of Nevada School of Medicine (UNSOM). They were also the last hospital campus to allow smoking by patients, staff and visitors.

The American Lung Association was invited to participate in a committee to create and implement UMC's tobacco-free campus policy. We strongly advocated for a 100% tobacco free campus to include ENDs (electronic nicotine delivery devices). Once the policy was adopted we worked closely with UMC's employee assistance program (EAP) representative to provide positive messaging for employees and visitors. We also were able to provide brief intervention trainings for department staffs throughout the hospital.

One initial challenge was a provision in the Service Employees International Union (SEIU) contract that required the provision of a smoking area for employees. UMC moved forward with the implementation of the tobacco-free campus policy for patients and visitors, while continuing to negotiate with SEIU (whose rep recently quit smoking). Finally, with the negotiation of a new contract, the provision for an employee smoking area was removed and now the hospital will be 100% tobacco free. The American Lung Association has continued to participate by providing UMC's EAP rep training as a Freedom From Smoking facilitator to provide intensive interventions for tobacco dependency for employees who smoke and want to quit.

3. *Is there anything else you want to tell SCLC or Pfizer?*

Thank you. Through the Increasing Cessation Access for All Nevadans (I-CAAN) grant we were able to expand our brief intervention trainings and tobacco cessation services into rural Nevada through our new partnership with the Nevada Statewide Coalition Partnership who was a sub-grantee.

In addition, through my participation in SCLC's Beyond the 5As Conference, I gained information and new ideas that I have begun to use to encourage hospitals to implement JCAHO's optional tobacco treatment measurement set and to provide guidance for those hospitals who are interested in adopting comprehensive cessation services to move into compliance with the JCAHO guidelines.