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.

To reach and engage providers to address tobacco cessation with their Medicaid (MA) patients, MDQuit established contacts at the organizational level of each of the Maryland Managed Care Organizations (MCO) and conducted training with both non-clinical staff and providers to generate awareness regarding tobacco use and cessation challenges, the Maryland Tobacco Quitline (1-800-QUIT-NOW), our smoking cessation trainings for clinicians, and our Fax to Assist program. MDQuit initially proposed to train providers within the largest three (3) statewide MCOs; we expanded our training to all eight (8) MCOs to be more inclusive after consulting with State Medicaid representatives and the MCO Board of Medical Directors. Due to this expansion, we were unable to hire training and evaluation coordinators within each MCO as originally proposed. Since it was not feasible to hire a coordinator at each of the 8 MCOs, we hired a consultant with extensive experience with the administration of Medicaid in Maryland and with MA providers to serve as an overall liaison to coordinate activities across all the MCOs. The role of the consultant enabled us to reach all 8 MCOs but our goal of providing in-person smoking cessation training to the individual healthcare providers through each of the MCOs proved to be unfeasible. This would have been more time intensive than originally anticipated since most MCOs did not have large training meetings so we would have to reach individual provider groups who often participated in multiple MCOs. In addition, the absence of in-house coordinators at each of the individual MCOs limited our ability to gain access to conduct chart reviews and evaluate the implementation of the 5 A's/A3C by providers at individual medical practices. However, MDQuit did make connections with administrative and health services arms of Maryland MCOs and offered in-person training and materials to groups and created promotional messages to be inserted into in MCO provider newsletters, announcements on our website [MDQuit.org], and highlighted this initiative with MA providers at our annual Best Practices conference.

We also encountered difficulties with regard to conducting in-person trainings for providers and practices which impacted our ability to evaluate changes in attitudes and perceptions (using pre- and post-training surveys). Though a brief (12-item) knowledge, attitudes/perceptions, and behaviors (KAB) questionnaire was created as proposed, we decided to discontinue these evaluations after administering them at one MCO in-person training since the process of completing pre- and post-KAB questionnaires was too time-consuming and did not reach the larger number of trainees who were electronically connected to the main training site. Thus, we decided to prioritize training and discussion time over evaluating our training impact on KAB. Similarly, we decided that it was not feasible to include such an extensive evaluation as a component of our online training due to the need for brevity in physician/medical staff training, along with our inability to offer CMEs as an incentive to complete these evaluations. In regards to the adoption of the 5 A's in each of the MCOs (via chart review on subsample), the expansion of MCOs made this micro-level assessment unfeasible. As a result, we did not meet our goals of evaluating implementation of the 5 A's/A3C (via chart reviews) at individual medical practices serving high volumes of Medicaid patients as originally proposed.

2. Briefly tell us about any other unexpected issues, concerns or successes you have had during this reporting period.
Successes
- As a result of this project, MDQuit offers online and on-site tobacco cessation training to Medicaid providers in order to meet the unique needs of individual providers and practices across the State. Our online training option (detailed in the next paragraph) allows healthcare providers to choose from a selection of modules to fit their training needs and covers core content areas. As resources allow, we continue to offer on-site training to providers and practices that are interested. MDQuit tailored and delivered training on the A3C brief intervention and basic motivational enhancement skills to a total of 181 Medicaid (MA) personnel, including physicians and other health services staff, across all eight (8) Maryland Managed Care Organizations (MCO). These trainings were delivered as a series of MCO-level in-person training -- with electronic connection from the main sites to distance sites to allow for remote participation. Given the growing demands on physicians' time, we developed and taught this simplified version of the 5 A's clinical model (i.e., A3C model), in which physicians and other health professionals are encouraged to 1) ask about tobacco use, 2) advise patients who use tobacco to quit, and 3) assess patient readiness to quit and connect those who are ready to quit directly to the evidence-based cessation resources (i.e., pharmacotherapy and/or the Maryland Quitline using MDQuit's "Fax to Assist" referral program).

- During the project period we shifted our focus to online training in light of our more comprehensive approach and limited direct access to providers. At the end of the project period we created several online programs to insure that the dissemination and impact of the MA initiative continues well past funding. Several self-paced online training courses, covering the same material as our in-person Medicaid MCO, trainings were developed during the project period and launched at the end of June 2015. The two online training courses created were:

1) *Fax to Assist*: In approximately 20min., this training teaches medical, social services, or other healthcare providers and professionals interested in helping clients who smoke how to use the Fax to Assist referral program -- a convenient and more immediate way to refer clients who smoke to Maryland's Quitline for free tobacco cessation counseling services. Trainees receive information on Quitline services, directions on how to make effective fax referrals, and materials to begin a fax referral program in your organization.

2) *Addressing Tobacco in the Medicaid Population*: Marketed specifically to MA Providers this online training program allows the provider to choose from five (5) brief training modules to fit their identified training needs. Individuals who complete this training also will be certified as MDQuit "Fax to Assist" providers. Topics covered in the online training include: Brief overview of tobacco use among Medicaid population; Best practices for tobacco cessation: How to conduct a brief intervention (A3C model); Information about the Maryland Tobacco Quitline's cessation services; Overview of Nicotine Replacement Therapy (NRT) and cessation medications; Behavioral changes that promote cessation; Motivational Enhancement Strategies; and CPT codes for tobacco cessation counseling.

Additionally, MDQuit created a new video in which a local psychiatrist who specializes in treating substance use disorders (including tobacco) described the physiological nature of tobacco dependence, and discussed key strategies for prescribing nicotine replacement therapy (NRT) and anti-craving medications (e.g., Varenicline and Bupropion) to patients who smoke. This video was incorporated into our in-person and online training formats, and represents a particularly helpful resource for providers.

- MDQuit created a series of seven (7) "Connect to Quit Corner" newsletter messages aimed at MA providers, and three (3) newsletter messages aimed at MA consumers. Over the project period these messages reached an estimated 7,437* providers and over 72,000** consumers who are affiliated with one or more of the eight (8) MCOs. The provider messages focused on informing providers about best practices for tobacco cessation (e.g., A3C intervention steps, using NRT), resources available to patients in Maryland (e.g., Quitline and our Fax to Assist program), and promoting MDQuit's MA-focused provider trainings and our online Fax to Assist certification program. MA consumer messages promoted use of the Quitline and informed consumers of the specialized Quitline services available to pregnant women and youth (aged 13-17).
  Estimate is based on the number of primary care providers enrolled in four (4) Maryland MCOs. Data gathered from Maryland's statewide managed care program, HealthChoice, reported on 10/7/2014. These data reported likely include some overlap due to the ability of providers to participate in more than one MCO.
  **Estimate is based on the number of consumer newsletters sent by 3 Maryland MCOs. Data gathered from managers of individual MCO newsletters. These reported estimates likely includes some overlap due to enrollment periods and plan changes that occur within the year.

- Quite notably, MDQuit was able to work with all eight (8) MCOs in Maryland to ensure that tobacco cessation counseling visit CPT codes were opened to providers for reimbursement for both intermediate (3-10 minutes, CPT 99406) and intensive (>10 minutes, CPT 99407) cessation interventions. Opening up these CPT codes was a critical step in promoting provider use of the A3C intervention taught in our trainings. We also urged Medicaid administrators to include all smoking cessation medications in the MCO formularies.

Unexpected Issues/Concerns
- Although MDQuit anticipated in-person and online training time to be a substantial barrier among physicians, we made it our priority to balance provision of adequate evidence-based tobacco cessation training to MA providers with ensuring brevity of trainings and limited evaluation.

- The process of developing our online training took longer than anticipated due to the need for MDQuit staff to research, acquire, and familiarize ourselves with specialized online training software (i.e., Adobe Captivate) and a learning management system (i.e., Litmos) suited to our project training needs. Moving forward, MDQuit plans to reach a larger number of MA providers by focusing our efforts on promoting enrollment in our online training (launched in June 2015). Online learners is has been tailored to be flexible so that it can be completed based on provider identified training needs and is self-paced. We hope this training format may be better suited to the availability and needs of MA providers across the State.