

Case Western Reserve University

Smoking Cessation for People with Mental Health and/or Substance Abuse Disorders – Expanding Capacity in Ohio’s Medicaid Health Homes

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.*

All proposed activities (training and consultation) were completed. The proposal outlined conducting eight (8) regional one-day trainings. In fact, we conducted thirteen (13) regional one-day trainings. In addition, we proposed we would conduct eight (8) group consultation activities. In fact, we conducted nine (9) group consultation activities.

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

Successes: (1) We exceeded the number of activities we proposed. (2) Participants were very pleased with the content and format of the activities delivered (overall rating of 4.2 on a 5-point scale). (3) We conducted a post-test for the training activities. Post-testing measures knowledge acquisition (a critical step in changing practice). The average post-test score was 90 (median: 93 – out of a possible 100). Ninety percent (90%) of respondents scored eighty (80) or higher on the post-test. (4) We exceeded the number of group consultations. (5) We have received 1,029 hits to our YouTube Channel tobacco-related videos (not a part of this grant but a resource made available to participants).

(6) At the initiation of this grant, of the approximately 241,000 Ohioans active in the CBHO system, the state claims database showed that only 1,321 clients (0.5%) received services for Nicotine Dependence. Based on data available for Health Home enrollees (between October 1, 2012 and March 31, 2014), there were 7,146 Health Home enrollees. Of that number, 2,966 (42%) were identified as tobacco users (expectation is that 100% were screened for tobacco use though that number was not reported – 42% is much lower than expected in this population so it is presumed not all Health Home enrollees were screened for tobacco use). Of the 2,966 tobacco identified users, 1,518 (51%) had a claim submitted for a tobacco cessation (pharmacological) intervention – one hundred times the pre-project rate! It is important to note here that the data only represent pharmacological interventions. It is unknown the proportion of clients who received a psychosocial intervention with or without the pharmacological intervention. In addition, providers were trained in a stage-based motivational approach to tobacco intervention. The claims data only capture pharmacological interventions – presumably for people in the action stage of readiness. It is likely a higher percentage of clients received stage-based motivational interventions concerning their tobacco use that are not captured in the claims data reported.

Unexpected Issues: This grant was to coincide with the initiation of Health Homes for people with SPMI in Ohio. The state had set a phase-in plan – beginning Phase 1 in October 2012 with five (5) counties (of the 88 counties in Ohio) with the plan for implementing state-wide by June 2013. Based on lessons learned from the Phase 1 Health Homes, the state delayed the additional Phases while they refined the approach. Phase 2 did not start implementation until July 2014.

It is important to note that one of the lessons learned during Phase 1 implementation was that the data being reported from the claims database did not match the providers' internal tracking of services. Therefore it is likely that the 42% identification rate and the 51% (pharmacological) intervention rate reported above are an underestimation.

The delay in the implementation of Health Homes appeared to have had an impact on interest in the training and consultation activities – as non-Health Home providers waited to see what the modified approach was going to be. Our Center adjusted the marketing to downplay the Health Home portion of the activities and highlighted the major goal of the grant – to expand and enhance the capacity of Ohio's healthcare professionals to provide evidence-based tobacco treatment. The grant had always had the intention of involving the other healthcare professionals who work with clients in the Ohio behavioral health care system. In addition to the 31% of participants from one of the Health Home providers, the participants represented the full service system who work with people with SPMI. Among these providers are community behavioral health providers not providing the Health Home service: 46% of our participants (including 24% of CBH providers who have independently built integrated primary-behavioral healthcare service arrays within their centers); hospitals: 5%; managed care organizations: 8% (who provide care coordination to Health Home and non-Health Home enrollees); local and state-level policy-makers: 4%; and local Department of Health tobacco cessation providers: 0.5%.

The identification and intervention rates reported above are only available for clients enrolled in the Health Homes. It is not known how many additional clients also received screening and stage-based, motivational interventions.

Our projected reach (based on the Phase-in schedule for the Health Homes) was 1,000 healthcare professionals. Among the thirteen (13) training activities, we reached approximately 610. The group consultation activities reached approximately 77. (These numbers are potentially an underestimation as it was unknown exactly how many participants joined by phone – e.g. 4 people calling in from the same location may only be represented as 1 or 2 in the above count.)

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

Thank you very much for the opportunity to disseminate this critical information about not only the impact of tobacco on the lives of people with SPMI but the tools to do something about it. We are planning to offer the training series again in the next six (6) months and are looking for future funding opportunities to expand tobacco services.