

OREGON HEALTH PLAN

Tobacco Cessation Services: 2011 Survey of Fully Capitated Health Plans and Dental Care Organizations

This report provides a summary of how Oregon Health Plan Managed Care Organizations provide tobacco dependence and cessation services to their members, a required benefit since 1998. Content includes assessment of tobacco use, marketing and promotion of services, available services, community resources, cultural competency, policy, and quality assurance and evaluation. This survey was fielded in January/February 2011.



May 2011



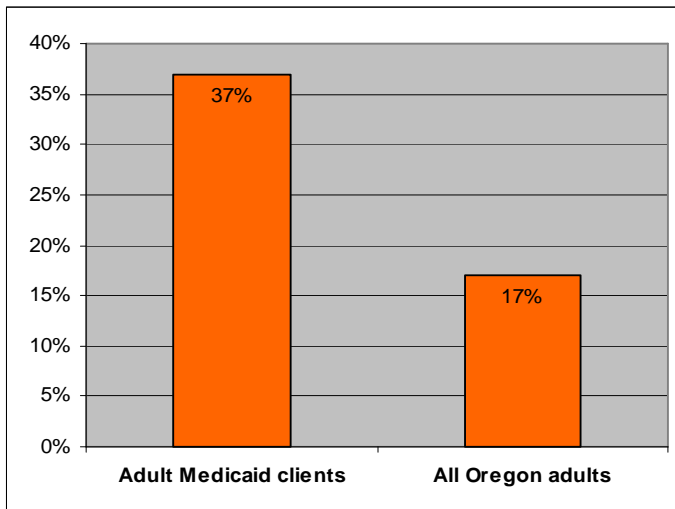
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INTRODUCTION

Tobacco use is the leading cause of preventable death and disease in Oregon. Each year, tobacco use kills almost 7,000 Oregonians and secondhand smoke causes an additional 800 deaths. Adult Medicaid clients are nearly twice as likely to smoke as Oregon adults in general.¹

Adult Smoking Status, 2007



Studies have shown that economic status is the single greatest predictor of tobacco use.

Certain racial and ethnic groups, low literacy populations and those living in poverty bear a disproportionate burden of tobacco use, related illnesses and deaths.

The economic burden of tobacco is devastating. In addition to the negative health effects, the economic burden of tobacco use is also significant. Tobacco use costs Oregonians more than \$2 billion annually in direct medical expenditures and lost productivity due to early death.² In Oregon, direct Medicaid costs related to smoking are an estimated \$287 million per year. This is equivalent to approximately 10 percent of total annual expenditures for Medicaid in Oregon.

Tobacco users want to quit smoking. In Oregon, among adult current smokers, 69 percent would like to quit smoking and 47 percent have tried to quit in the past year.³ While quitting is not easy, and may take several attempts, studies show that tobacco users are two times more likely to quit successfully if they receive help, specifically counseling and medication.⁴

¹ Behavioral Risk Factor Surveillance System (BRFSS) 2007, Consumer Assessment of Healthcare Providers and Systems (CAHPS) 2007.

² Smoking-Attributable Morbidity, Mortality and Economic Costs (SAMMEC) 2004

³ Tobacco Prevention and Education Program. *Oregon Tobacco Facts & Laws*. Portland, Oregon: Oregon Department of Human Services, Oregon Public Health Division, 2010

⁴ Treating Tobacco Use and Dependence: 2008 Update – Clinical Practice Guidelines. U.S. Department of Health and Human Services, Public Health Service.

ABOUT THE TOBACCO CESSATION SERVICES ANNUAL SURVEY

2011 is the first year the Division of Medical Assistance Programs (DMAP) has systematically assessed how contracted Managed Care Organizations screen for tobacco use and provide the required tobacco dependence and cessation services benefit to Oregon Health Plan members.

The Oregon Health Plan – Managed Care Plan Tobacco Cessation Services Annual Survey 2011 replaces the Tobacco Cessation Matrix, which was used until 2009. Survey content was based on Clinical Practice Guidelines, Treating Tobacco Use and Dependence: 2008 Update.

Information collected in this survey can be broadly summarized in the following categories:

- **Assessment:** How tobacco users are identified, how is tobacco use status documented
- **Counseling:** What types of cessation counseling are available, the extent of the benefit, and how counseling services are accessed (e.g., referrals, provider initiates, etc).
- **Pharmacotherapy:** What types of tobacco cessation products are available, how many courses per year are available, and any requirements for accessing these products (e.g., prior authorizations, co-payments, etc).
- **Outreach:** How cessation services are promoted to tobacco users, how staff and providers are trained, and what special efforts and resources are in place to meet the tobacco dependence treatment needs of special populations (e.g., non-English speaking members, limited formal education, limited health literacy).
- **Quality Assurance and Evaluation:** What quality assurance standards are in place, types of monitoring or assessment systems, evaluation of services, and any available metrics for calendar year 2010.

This report provides a high-level summary of these categories for each of the Fully Capitated Health Plans, and a brief summary for each of the Dental Care Organizations, reflecting the applicable categories and services they provide Oregon Health Plan members.

ABBREVIATIONS AND ACRONYMS USED IN THIS REPORT

5As – A set of clinical practice guidelines for treating tobacco use and dependence in patients:
Ask, Advise, Assess, Assist, and Arrange (Follow-up).

ACOG – American Congress of Obstetricians and Gynecologists

ADAPT – Chemical dependency and substance abuse service provider

CAHPS – Consumer Assessment of Healthcare Providers and Systems Survey

ED – Emergency Department

EHR/EMR – Electronic Health Record/Electronic Medical Record

ENCC – Exceptional Needs Care Coordinator

FCHP – Fully Capitated Health Plan

IP – In-Patient

MVBCN – Mid-Valley Behavioral Care Network

NRT – Nicotine Replacement Therapy

OHP – Oregon Health Plan

PA – Prior Authorization

PCP – Primary Care Provider

Rx – Prescription

TPEP – Tobacco Prevention and Education Program

FULLY CAPITATED HEALTH PLANS SURVEY SUMMARY

Tobacco cessation services provided to Oregon Health Plan members varies considerably by plan. While each Fully Capitated Health Plan provides some level of coverage for cessation counseling and medications, many plans do not routinely promote these available benefits to members or ensure provider performance related to tobacco cessation, resulting in low utilization of services.

Assessment

- While all 15 plans have some method of identifying tobacco use status, only two report systematically assessing tobacco use status for every member.
- All 15 plans have some method of documenting tobacco use status at the provider level: four use electronic medical records to document tobacco use, and one plan is currently able to identify tobacco using members at the plan level.

Counseling

All 15 plans provide some form of cessation counseling. All 15 cover individual counseling with primary care providers, in addition:

- Twelve plans cover individual counseling with other health professionals (e.g., nurse, health educator).
- Twelve plans cover group counseling in any form (primary care providers, other health professionals, specific curricula – such as the American Lung Association’s Freedom From Smoking program).
- Eight plans cover any form of telephonic counseling (via Quit Line vendor or “in-house”)

Pharmacotherapy

All 15 plans provide coverage for nicotine patches, Wellbutrin, and Chantix.

- Of the other four FDA-approved medications for smoking cessation: Twelve plans cover nicotine gum; ten cover nicotine lozenges; six cover nicotine nasal spray; and six cover the nicotine inhaler.
- Five plans provide coverage for all seven FDA approved smoking cessation medications.

Regarding access to pharmacotherapy products:

- Thirteen plans require a prior authorization for at least one of their covered products.
- Six plans require enrollment in a counseling program to receive covered products.
- Three plans require a documented quit date set before receiving covered products.

CARE OREGON

Assessment

- Tobacco users are identified through:**
 5As brief intervention during PCP visits; Case Management; Medical charge review; Pharmacy claims for NRT; Emergency room and inpatient claims with tobacco dependency claims.
- Tobacco use status is documented in:**
 Clinical medical file (or EMR) with PCP.

Tobacco Use Prevalence:
36%
CAHPS 2010

Counseling

Cessation Counseling	Level of Service	Referral
✓ Individual with PCP	10 sessions/12 mos.	None needed
✓ Individual with other health professional	10 sessions/12 mos.	None needed
✓ Group with PCP	10 sessions/12 mos.	None needed
✓ Group with other health professional	10 sessions/12 mos.	None needed
Group with specific curriculum	--	--
✓ Telephonic with quit line vendor	1 enrollment/12 mos.	None needed
Telephonic with "in house" staff	--	--

Pharmacotherapy

Product	Courses/Year*	Co-Payment
✓ Nicotine Gum	1	No
✓ Nicotine Patch	1	No
✓ Nicotine Lozenge	1	No
✓ Nicotine Nasal Spray	1	No
✓ Nicotine Inhaler	1	No
✓ Bupropion SR	1	No
✓ Varenicline	1	No

Prior Authorizations:
 Required for lozenge, nasal spray, and inhaler to control costs (more expensive than generic NRT products).

Other Requirements: None

*1 course = 12 weeks

Outreach & Training

- **Promotion of Cessation Services (past 12 months):**
Proactive phone contact to members filling NRT Rx; “While You Were Smoking” outreach to identified tobacco users w/asthma related ED visits or IP stays.
- **Staff/Provider Training:**
Prescription pads and benefits summary sheets sent to contracted chemical dependency and mental health providers; Information in Provider webpage/ newsletter; Quality Improvement coordinates clinic staff training.
- **Cultural Competency:**
Materials and Quit Line counseling in Spanish; Materials are below 6th grade reading level; Outreach to chemical dependency and mental health providers.

Available Materials

- CareOregon website
- “You Can Quit Smoking” and “Good Information for Smokers” – US DHHS
- “Quit For Life” educational packet – Free & Clear
- “Need Help Putting Out that Cigarette” booklet - ACOG

Quality Assurance & Evaluation

In 2010:

- 3,460 members used NRT alone or with counseling
- 1,891 received Stop Smoking packet
- 1,803 were referred to Free & Clear; 640 enrolled (from all referral sources).
- 643 used counseling alone or with NRT
- 21% of Free & Clear program enrollees were quit (30 day quit rate)

- **Quality Assurance Standards:**
None are in place at this time.
- **Monitoring & Evaluation:**
No formal assessment of provider performance; Optional cessation metrics for Primary Care Renewal Clinics (14 of 17 participating clinics reported these; eight clinics met target of 85% patients screened for tobacco use).
- **Number/Percent of Tobacco Users:**
Using CAHPS and claims data.

“Although the concept is strongly supported, none of the [Primary Care Renewal] clinics have been able to report on the cessation counseling metric yet – due to a lack of reliable data and/or sources for the data. We are keeping the metric as an option.”

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CASCADE COMPREHENSIVE CARE

Assessment

- **Tobacco users are identified through:**
Member self-report; Chart notes; Claims data;
Intake assessment at clinics.
- **Tobacco use status is documented in:**
Chart notes.

Tobacco Use Prevalence:
39%
CAHPS 2007

Counseling

Cessation Counseling	Level of Service	Referral
✓ Individual with PCP	No limits	Self
✓ Individual with other health professional	No limits	Self
Group with PCP	--	--
Group with other health professional	--	--
✓ Group with specific curriculum	No limits	Self, PCP
Telephonic with quit line vendor	TPEP 1-call	--
Telephonic with “in house” staff	--	--

Pharmacotherapy

Product	Courses/Year	Co-Payment
✓ Nicotine Gum	152 pieces	No
✓ Nicotine Patch	100 patches	No
✓ Nicotine Lozenge	152 pieces	No
Nicotine Nasal Spray	--	--
Nicotine Inhaler	--	--
✓ Bupropion SR	No limit	No
✓ Varenicline	24 weeks	No

Prior Authorizations:
Required for all Products to ensure attendance in smoking cessation program

Other Requirements:
Program enrollment; Quit Date; Must see doctor to access second course of NRT.

Outreach & Training

- **Promotion of Cessation Services (past 12 months):**
Notice of tobacco cessation classes in member handbook;
Identified tobacco users receive an invitation letter to next session of classes.
- **Staff/Provider Training:**
Training is done in annual PCP staff education classes;
Notices of tobacco cessation policy mailed to all PCP offices.
- **Cultural Competency:**
No special efforts or resources to meet tobacco dependence treatment needs of specific populations;
Mental health smoking cessation project in progress.

Available Materials

- Freedom From Smoking workbook and cd

Quality Assurance & Evaluation

In 2010:

- 406 identified tobacco users
- 375 invited to cessation classes
- 40 attended cessation classes
- 0 referred to other counseling
- 45 received pharmacotherapy

- **Quality Assurance Standards:**
None are in place at this time.
- **Monitoring & Evaluation:**
Not evaluating provider performance (e.g., referrals, motivational interviewing).
- **Number/Percent of Tobacco Users:**
No way to identify and count every tobacco user. Claims data does not capture every tobacco users.

“We do not have a way to identify and count every tobacco user on our plan at this time. Our claims report is vastly under reported as not all providers code for tobacco abuse.”

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CENTRAL OREGON INDIVIDUAL HEALTH SOLUTIONS

Assessment

- Tobacco users are identified through:**
 Wellness Survey for new members; Providers and Nurse Case Managers; Members contacting Cessation Coordinator; Pharmacy claims
- Tobacco use status is documented in:** Medical record. No reportable field in electronic medical records for documenting tobacco use.

Tobacco Use Prevalence:
41%
CAHPS 2007

Counseling

Cessation Counseling	Level of Service	Referral
✓ Individual with PCP	No limits	None needed
✓ Individual with other health professional	No limits	None needed
✓ Group with PCP	No limits	None needed
✓ Group with other health professional	No limits	None needed
✓ Group with specific curriculum	No limits	None needed
Telephonic with quit line vendor	TPEP 1-call	None needed
✓ Telephonic with “in house” staff	No limits	None needed

Pharmacotherapy

Product	Courses/Year*	Co-Payment
✓ Nicotine Gum	960 pieces	No
✓ Nicotine Patch	70 patches	No
✓ Nicotine Lozenge	960 pieces	No
Nicotine Nasal Spray	--	--
Nicotine Inhaler	--	--
✓ Bupropion SR	168 tabs	No
✓ Varenicline	Case by case	No

Prior Authorizations:
 Only required for Varenicline if exceeding FDA recommended limits (> 12 weeks)

Other Requirements: None

*Approximately a 10-12 week supply

Outreach & Training

- **Promotion of Cessation Services (past 12 months):**
Information on tobacco cessation included in member newsletters.
- **Staff/Provider Training:**
Providers sent letters with 5As outline, Clinical Practice Guideline website, and reminder to ask patients about tobacco use status at each visit.
- **Cultural Competency:**
MH Providers have been offered cessation training; Materials available in Spanish; interpreters available; Reading level taken into account for materials.

Available Materials

- No information available

Quality Assurance & Evaluation

In 2010:

- 1,986 diagnosed tobacco users received any cessation services
- 24 received provider counseling
- 227 accessed cessation services
- 852 received pharmacotherapy

- **Quality Assurance Standards:**
Standards for Counseling, Pharmacotherapy, and Community-based Resources.
- **Monitoring & Evaluation:**
Medical records are reviewed for documentation standards, including annual assessment of tobacco use status and advice to quit.
- **Number/Percent of Tobacco Users:**
Using CAHPS data.

“The only quit rate that is tracked is related to the assistance provided to members by the COIHS Tobacco Cessation Coordinator. No members remained tobacco free as a result of assistance from the COIHS Tobacco Cessation Coordinator in 2010.”

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DOCTORS OF THE OREGON COAST SOUTH (DOCS)

Assessment

- **Tobacco users are identified through:**
3As brief intervention during PCP visits; Daily review process by DOCS UR Team.
- **Tobacco use status is documented in:**
Progress notes, referral requests for NRT, and case management notes.

Tobacco Use Prevalence:
42%

CAHPS 2007

Counseling

Cessation Counseling	Level of Service	Referral
✓ Individual with PCP	No limits	None needed
✓ Individual with other health professional	10 sessions/3 mos.	Self, Any*
Group with PCP	--	--
✓ Group with other health professional	10 sessions/3 mos.	Self, Any*
✓ Group with specific curriculum	10 sessions/3 mos.	Self, Any*
✓ Telephonic with quit line vendor	1 enrollment/12 mos.	None needed
✓ Telephonic with "in house" staff	10 sessions/3 mos.	None needed

**Any healthcare provider can refer to services*

Pharmacotherapy

Product	Courses/Year*	Co-Payment
✓ Nicotine Gum	1	No
✓ Nicotine Patch	1	No
Nicotine Lozenge	--	--
Nicotine Nasal Spray	--	--
Nicotine Inhaler	--	--
✓ Bupropion SR	1	No
✓ Varenicline	1	No

Prior Authorizations:

Required for nicotine gum and Varenicline

Other Requirements:

Must attend a Quit Tobacco Use 101 workshop to receive pharmacotherapy. Workshop can be repeated to access additional pharmacotherapy.

*1 course = 3 months

Outreach & Training

- **Promotion of Cessation Services (past 12 months):**
Annual health survey assesses interest in cessation. Interested members receive flyer listing available services; Quit Tobacco Use 101 workshop publicized in local media; Customer service and case management.
- **Staff/Provider Training:**
Quarterly provider education sessions and 1:1 calls.
- **Cultural Competency:**
Interpreter services in 6 languages; Individualized services for members with limited education and/or health literacy; Collaboration with Mental Health and ADAPT to meet members needs, onsite case management.

Available Materials

Quit Tobacco User Services Flyer is updated annually and available at:

- All providers' offices
- Customer Service
- Workshops
- ADAPT

Quality Assurance & Evaluation

In 2010:

No metrics available.

- **Quality Assurance Standards:**
None are in place at this time.
- **Monitoring & Evaluation:**
Provider performance monitored through the referral process.
- **Number/Percent of Tobacco Users:**
Unable to report.

“DOCS made the decision to partner with ADAPT to provide a more ‘robust’ offering of tobacco cessation services to meet the needs of our membership.”

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DOUGLAS COUNTY IPA (DCIPA)

Assessment

- **Tobacco users are identified through:**
Provider visits.
- **Tobacco use status is documented in:**
EMR office visit note and provider chart notes.

Tobacco Use Prevalence:
46%

CAHPS 2007

Counseling

Cessation Counseling	Level of Service	Referral
✓ Individual with PCP	No limits	None needed
Individual with other health professional	--	--
Group with PCP	--	--
✓ Group with other health professional	No limits	None needed
✓ Group with specific curriculum	No limits	Letter
Telephonic with quit line vendor	TPEP 1-call	--
Telephonic with "in house" staff	--	--

Pharmacotherapy

Product	Courses/Year	Co-Payment
Nicotine Gum	--	--
✓ Nicotine Patch	2	No
Nicotine Lozenge	--	--
Nicotine Nasal Spray	--	--
Nicotine Inhaler	--	--
✓ Bupropion SR	2	No
✓ Varenicline	2	No

Prior Authorizations:

Required for nicotine patch, brand name Bupropion, and Varenicline to monitor compliance and progress, and ensure referrals to behavioral programs.

Other Requirements:

Letter of intent to attend local smoking cessation class.

Outreach & Training

- **Promotion of Cessation Services (past 12 months):**
Cessation literature, including information about classes and medications, is sent out in new member packets, member handbook, and available online.
- **Staff/Provider Training:**
Information and articles on Provider web pages and newsletter.
- **Cultural Competency:**
Materials available in a variety of languages upon request; Cessation program for members with mental health and chemical dependency issues through ADAPT.

Available Materials

- Quit Smoking Video

Quality Assurance & Evaluation

In 2009:

- 24 members completed a 6-week course of NRT.

- **Quality Assurance Standards:**
Standards for Educational Materials and Community-based Resources.
- **Monitoring & Evaluation:**
Provider performance is not assessed.
- **Number/Percent of Tobacco Users:**
Not currently tracking.

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FAMILY CARE, INC.

Assessment

- **Tobacco users are identified through:**
Health Risk Assessments; PCP visit assessment
- **Tobacco use status is documented in:**
Health Risk Assessments; Pharmacy reporting

Tobacco Use Prevalence: 38%

CAHPS 2007

Counseling

Cessation Counseling	Level of Service	Referral
✓ Individual with PCP	No limits	Self, PCP
✓ Individual with other health professional	No limits	Self, PCP
Group with PCP	--	--
Group with other health professional	--	--
Group with specific curriculum	--	--
✓ Telephonic with quit line vendor	2 enrollments/12 mos.	Self, PCP
✓ Telephonic with “in house” staff	No limits	Self, PCP

Pharmacotherapy

Product	Courses/Year	Co-Payment
✓ Nicotine Gum	1	No
✓ Nicotine Patch	1	No
✓ Nicotine Lozenge	1	No
Nicotine Nasal Spray	--	--
Nicotine Inhaler	--	--
✓ Bupropion SR	1	No
✓ Varenicline	1	No

Prior Authorizations:
Not required

Other Requirements:
None

Outreach & Training

- **Promotion of Cessation Services (past 12 months):**
Tobacco Cessation brochures distributed at health fairs, provider offices, new member enrollment packet, babycare packet, and online.
- **Staff/Provider Training:**
None.
- **Cultural Competency:**
Materials available in Spanish; Interpreter services available; Alternative formats and accommodations available upon request.

Available Materials

- FamilyCare website

Quality Assurance & Evaluation

In 2010:

No metrics available.

- **Quality Assurance Standards:**
None are in place at this time.
- **Monitoring & Evaluation:**
Provider performance is not assessed.
- **Number/Percent of Tobacco Users:**
Not currently tracking.

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INTERCOMMUNITY HEALTH NETWORK

Assessment

- **Tobacco users are identified through:**
Patient inquiries during office visits.
- **Tobacco use status is documented in:**
Medical record at PCP office.

Tobacco Use Prevalence:
43%
CAHPS 2007

Counseling

Cessation Counseling	Level of Service	Referral
✓ Individual with PCP	No limits	None needed
✓ Individual with other health professional	No limits	None needed
Group with PCP	--	--
Group with other health professional	--	--
Group with specific curriculum	--	--
✓ Telephonic with quit line vendor	1 enrollment/12 mos.	None needed
Telephonic with “in house” staff	--	--

Pharmacotherapy

Product	Courses/Year	Co-Payment
✓ Nicotine Gum	16 weeks	No
✓ Nicotine Patch	16 weeks	No
✓ Nicotine Lozenge	Per PA	No
✓ Nicotine Nasal Spray	Per PA	No
✓ Nicotine Inhaler	Per PA	No
✓ Bupropion SR	16 weeks	No
✓ Varenicline	16 weeks	No

Prior Authorizations:
Required for lozenge, nasal spray, and inhaler to ensure appropriate utilization.

Other Requirements:
None.

Outreach & Training

- **Promotion of Cessation Services (past 12 months):**
Cessation brochure to all new and re-enrolled members;
Cessation resources listed in quarterly member newsletter.
- **Staff/Provider Training:**
Annual provider education; Policies and procedures in provider manual and website.
- **Cultural Competency:**
Materials translated into other languages as requested;
Member materials written at or below 6th grade reading level.

Available Materials

- Tobacco Cessation Brochure
- Newsletter Articles:
 - Allergies & Smoking
 - Strokes & Smoking
 - Insomnia & Nicotine
 - Sleep Apnea & Tobacco
 - Osteoporosis & Smoking
 - Benefits of Quitting Smoking to Help Avoid Type 2 Diabetes
 - Benefits of Quitting Smoking to Prevent Heart Disease in Women

Quality Assurance & Evaluation

In 2010:

43% tobacco use prevalence.

No other metrics available at this time.

- **Quality Assurance Standards:**
Standards for Educational Materials and Cultural Competency.
- **Monitoring & Evaluation:**
Provider performance is not assessed at this time.
- **Number/Percent of Tobacco Users:**
Unknown. Using CAHPS data when available.

"IHN has had a Tobacco Cessation Policy since 1997."

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KAISER PERMANENTE

Assessment

- **Tobacco users are identified through:**
Verbal inquiry (Medical Assistants are expected to ask every member at every office visit).
- **Tobacco use status is documented in:**
EMR, under social history.

Tobacco Use Prevalence:
31.8%

KPNW January 2011

Counseling

Cessation Counseling	Level of Service	Referral
✓ Individual with PCP	No limits	None needed
Individual with other health professional	--	--
Group with PCP	--	--
Group with other health professional	--	--
✓ Group with specific curriculum	No limits	None needed
✓ Telephonic with quit line vendor	1 enrollment/12 mos.	None needed
✓ Telephonic with "in house" staff	No limits	None needed

Pharmacotherapy

Product	Courses/Year	Co-Payment
✓ Nicotine Gum	No limits	No
✓ Nicotine Patch	No limits	No
Nicotine Lozenge	--	--
Nicotine Nasal Spray	--	--
Nicotine Inhaler	--	--
✓ Bupropion SR	No limits	No
✓ Varenicline	No limits*	No

Prior Authorizations:
Not required

Other Requirements:
Must also be enrolled in a behavioral program.

*only available if other medications have been tried and were unsuccessful.

Outreach & Training

- **Promotion of Cessation Services (past 12 months):**
Newsletter articles; Member handbook; Health Education Services catalog; Customized cessation messages in the “after visit summary” handout.
- **Staff/Provider Training:**
Information available through KPNW internal website; Workflow prompts built into EMR; Information in staff emails, presentations and regional trainings.
- **Cultural Competency:**
Materials and counseling available in Spanish; Interpreter services available; Materials are below 8th grade reading level.

Available Materials

- “Willingness to Quit” tool on www.kp.org
- Brochures for medical offices
- Flyers for exam rooms and lobbies

Quality Assurance & Evaluation

In 2010:

- 288 calls from OHP members
- 20 enrolled in online program
- 16 enrolled in Quit Line
- 50 received NRT, 187 received Bupropion, 10 combination, and 30 received Varenicline.

- **Quality Assurance Standards:**
Standards for Counseling, Pharmacotherapy, Community-based Resources, and Educational Materials.
- **Monitoring & Evaluation:**
Successful performance is measured by evaluating the clinical outcome of tobacco use prevalence in membership.
- **Number/Percent of Tobacco Users:**
31.8%

“Any and all patient care staff is responsible for identifying tobacco users.”

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LANE COUNTY IPA (LIPA)

Assessment

- **Tobacco users are identified through:**
Office visits
- **Tobacco use status is documented in:**
Provider clinical dictation; Claims for tobacco cessation counseling.

Tobacco Use Prevalence:

44%

CAHPS 2007

Counseling

Cessation Counseling	Level of Service	Referral
✓ Individual with PCP	No limits	Self, PCP
Individual with other health professional	--	--
Group with PCP	--	--
Group with other health professional	--	--
Group with specific curriculum	--	--
✓ Telephonic with quit line vendor	1 enrollment/12 mos.	Self
Telephonic with "in house" staff	--	--

Pharmacotherapy

Product	Courses/Year	Co-Payment
✓ Nicotine Gum	6 months	No
✓ Nicotine Patch	90 days	No
✓ Nicotine Lozenge	6 months	No
✓ Nicotine Nasal Spray	6 months	No
✓ Nicotine Inhaler	6 months	No
✓ Bupropion SR	90 days	No
✓ Varenicline	168 days	No

Prior Authorizations:

Required for gum, lozenge, nasal spray, inhaler, and Varenicline.

Other Requirements:

To access gum, nasal spray or inhaler, member must demonstrate tried/failed first-line medications (patch, Bupropion, and Varenicline).

Outreach & Training

- **Promotion of Cessation Services (past 12 months):**
Member newsletter article.
- **Staff/Provider Training:**
Information provided in newsletters and phone conversations with staff and providers; Through provider relations representative.
- **Cultural Competency:**
Member newsletter available in Spanish; Materials written at 6th grade level; Providers educated on using plain language.

Available Materials

- Quit Line contact info
- Description of services

Quality Assurance & Evaluation

In 2010:

- 438 members received counseling
- 70 accessed Quit Line counseling
- 1,502 received pharmacotherapy

- **Quality Assurance Standards:**
None.
- **Monitoring & Evaluation:**
Not evaluating provider performance.
- **Number/Percent of Tobacco Users:**
No way to assess the total number of tobacco users or those asked about tobacco use status without conducting a chart review.

“Many members are not motivated to quit, no matter how bad their health is impacted.”

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MARION-POLK COMMUNITY HEALTH PLAN

Assessment

- **Tobacco users are identified through:**
Office visits.
- **Tobacco use status is documented in:**
Electronic Health Record, in social history.

Tobacco Use Prevalence:

34%

CAHPS 2007

Counseling

Cessation Counseling	Level of Service	Referral
✓ Individual with PCP	No limits	Self, PCP
✓ Individual with other health professional	No limits	Self, PCP
✓ Group with PCP	No limits	Self, PCP
✓ Group with other health professional	No limits	Self, PCP
✓ Group with specific curriculum	No limits	Self, PCP
Telephonic with quit line vendor	TPEP 1-call	Self
Telephonic with "in house" staff	--	--

Pharmacotherapy

Product	Courses/Year*	Co-Payment
Nicotine Gum	--	--
✓ Nicotine Patch	2	No
Nicotine Lozenge	--	--
Nicotine Nasal Spray	--	--
Nicotine Inhaler	--	--
✓ Bupropion SR	2	No
✓ Varenicline	1	No

Prior Authorizations:

Required for patch after the first course. Required for Varenicline.

Other Requirements:

Quit Date, Enrollment in behavioral program.

*2-3 weeks/course for the patch;
6 months/course for Bupropion.

Outreach & Training

- **Promotion of Cessation Services (past 12 months):**
Member handbook; Tobacco use information on mvipa.org; HealthCoach4Me.com (GlaxoSmithKline).
- **Staff/Provider Training:**
Information in the provider manual and Policy Tech system.
- **Cultural Competency:**
Materials at 6th -8th grade reading levels; Mental health providers with MVBCN provide addiction counseling.

Available Materials

Information on Tobacco Use at www.mvipa.org includes:

- The Real Cost of Smoking video
- The Benefits of Quitting
- Cessation coverage details
- Patient Toolkit (GSK)
- Links to ACS and CDC materials

Quality Assurance & Evaluation

In 2010:

446 members received pharmacotherapy for tobacco cessation.

- **Quality Assurance Standards:**
None at present. All PCPs will be in compliance with Meaningful Use requirements in the future.
- **Monitoring & Evaluation:**
Not evaluating provider performance at this time.
- **Number/Percent of Tobacco Users:**
Could report on members managed by MPCHP providers using EHR and extrapolate results to all members. Not tracking quit rates.

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MID-ROGUE IPA (MRIPA)

Assessment

- Tobacco users are identified through:**
 Monthly report regarding prescriptions for cessation; Member chart notes; Health Risk Assessment questionnaire; Case/Disease management intake questionnaire
- Tobacco use status is documented in:**
 Spreadsheet (Rx data and member assessments)

Tobacco Use Prevalence:
40%
CAHPS 2007

Counseling

Cessation Counseling	Level of Service	Referral
✓ Individual with PCP	No limits	None needed
✓ Individual with other health professional	No limits	None needed
✓ Group with PCP	No limits	None needed
✓ Group with other health professional	No limits	None needed
✓ Group with specific curriculum	No limits	None needed
Telephonic with quit line vendor	TPEP 1-Call	None needed
✓ Telephonic with “in house” staff	No limits	None needed

Pharmacotherapy

Product	Courses/Year*	Co-Payment
✓ Nicotine Gum	2	No
✓ Nicotine Patch	2	No
✓ Nicotine Lozenge	2	No
✓ Nicotine Nasal Spray	2	No
✓ Nicotine Inhaler	2	No
✓ Bupropion SR	No limit	No
✓ Varenicline	6 months	No

Prior Authorizations:
 Required for lozenge, nasal spray and inhaler – demonstrate why member cannot tolerate patch or gum. Required for Varenicline after 3 courses.

Other Requirements:
 None.

*1 course = 8 weeks

Outreach & Training

- **Promotion of Cessation Services (past 12 months):**
New member, ENCC, and maternity packets; Flyers at OHP events; Member newsletters; Outreach for new parents, pregnant members, and Babies in the Library project; Cessation support in obesity pilot project.
- **Staff/Provider Training:**
Annual training for staff on policies; Information in provider newsletters and intranet; 5As training available for interested providers; Faxes to all PCPs.
- **Cultural Competency:**
Materials in Spanish; Interpretive and sign language services available; Printed information at the 6th grade reading level; 2011 PIP with mental health organization to help members with mental illness quit tobacco.

Available Materials

- Cessation Class Flyer
- I Quit Book
- Thinking about Quitting Book
- Quitting for Life Handbook
- Quit Smoking for Baby & You
- Quitting Smoking (trifold)
- Health Consequences of Smoking

Quality Assurance & Evaluation

In 2010:

- 961 prescriptions for tobacco cessation products were filled
- 31 members participated in face-to-face or group counseling
- >1,000 members called Smoking Cessation Facilitator
- 27% Quit Rate

- **Quality Assurance Standards:**
Standards for Pharmacotherapy, Educational Materials, and Cultural Competency.
- **Monitoring & Evaluation:**
Evaluates tobacco cessation program annually. Tracking quarterly indicators.
- **Number/Percent of Tobacco Users:**
Unknown.

“Mid Rogue offers comprehensive services without barriers to all our OHP members and counseling to the community.”

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ODS COMMUNITY HEALTH, INC.

Assessment

- **Tobacco users are identified through:**
Monthly medical and pharmacy claims review;
OHP Health Risk Assessment; Pharmacy Data;
Health Coaching Programs screening.
- **Tobacco use status is documented in:**
Spreadsheet tracking all members who receive
cessation information.

Tobacco Use Prevalence:
35%

CAHPS 2007

Counseling

Cessation Counseling	Level of Service	Referral
✓ Individual with PCP	10 sessions/3 mos.	None needed
✓ Individual with other health professional	10 sessions/3 mos.	None needed
✓ Group with PCP	10 sessions/3 mos.	None needed
✓ Group with other health professional	10 sessions/3 mos.	None needed
Group with specific curriculum	--	--
Telephonic with quit line vendor	TPEP 1-Call	None needed
Telephonic with "in house" staff	--	--

Pharmacotherapy

Product	Courses/Year	Co-Payment
✓ Nicotine Gum	12	No
✓ Nicotine Patch	12	No
✓ Nicotine Lozenge	12	No
✓ Nicotine Nasal Spray	12	No
✓ Nicotine Inhaler	12	No
✓ Bupropion SR	12	No
✓ Varenicline	12	No

Prior Authorizations:
Required for all products to ensure
safe and appropriate use of the
medication.

Other Requirements:
None.

Outreach & Training

- **Promotion of Cessation Services (past 12 months):**
Identified tobacco users receive letter explaining benefits, health risks, and Quit Line flyer; Health Coaching programs.
- **Staff/Provider Training:**
Regular provider mailings; Provider handbook; Provider website; Provider workshops; Motivational Interviewing trainings; Annual customer service staff trainings.
- **Cultural Competency:**
Materials in Spanish; Printed information below the 6th grade reading level and reviewed for health literacy criteria.

Available Materials

- Benefits Letter
- Quit Line Flyer
- Health Risks of Secondhand Smoke

Quality Assurance & Evaluation

In 2010:

- 85 members enrolled in Quit Line counseling.

- **Quality Assurance Standards:**
Standards for Pharmacotherapy, Educational Materials, and Cultural Competency. .
- **Monitoring & Evaluation:**
Assesses tobacco use screening annually.
- **Number/Percent of Tobacco Users:**
Unknown.

“It is not possible to determine a quit rate for ODS OHP medical members with the current data available.”

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OREGON HEALTH MANAGEMENT SERVICES (OHMS)

Assessment

- Tobacco users are identified through:**
 All members are asked about tobacco use status at least annually. Chart review, utilization review, case management, and authorization process may also be used to identify tobacco users.
- Tobacco use status is documented in:**
 Medical record.

Tobacco Use Prevalence:
46%

CAHPS 2007

Counseling

Cessation Counseling	Level of Service	Referral
✓ Individual with PCP	No limits	None needed
✓ Individual with other health professional	No limits	PCP initiates
Group with PCP	--	--
Group with other health professional	--	--
✓ Group with specific curriculum	No limits	None needed
Telephonic with quit line vendor	TPEP 1-Call	--
✓ Telephonic with "in house" staff	No limits	None needed

Pharmacotherapy

Product	Courses/Year*	Co-Payment
Nicotine Gum	--	--
✓ Nicotine Patch	2	No
Nicotine Lozenge	--	--
Nicotine Nasal Spray	--	--
Nicotine Inhaler	--	--
✓ Bupropion SR	2	No
✓ Varenicline	2	No

Prior Authorizations:

Required for all products to ensure that drug utilization is within OHMS guidelines and also to initiate internal case management for tobacco cessation.

Other Requirements:

None.

*1 course = 90 days

Outreach & Training

- **Promotion of Cessation Services (past 12 months):**
Member handbook; Flyers for cessation classes displayed and mailed out periodically; Identified tobacco users receive proactive calls from ENCC and Smoking Cessation Counselor.
- **Staff/Provider Training:**
Provider manual, newsletter, and website; Regular training on procedures and benefits related to cessation; Provider meetings.
- **Cultural Competency:**
Translator available as needed; Collaborative project to improve outreach to mentally ill population for tobacco cessation services.

Available Materials

Educational mailing to members wishing to quit includes:

- Congratulatory letter
- Cessation Class information
- Health Benefits of Quitting Smoking – ALA
- Partners for a Healthy Baby

Quit Line brochures available.

Quality Assurance & Evaluation

In 2010:

At least 153 unique members received pharmacotherapy for tobacco cessation.

- **Quality Assurance Standards:**
Standards for Counseling, Pharmacotherapy, and Educational Materials.
- **Monitoring & Evaluation:**
Provider performance is not assessed at this time.
- **Number/Percent of Tobacco Users:**
OHMS will begin reporting on tobacco users referred to counseling services in 2011.

“Also notable is that 23% of those who smoke are under the age of 35.”

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PROVIDENCE HEALTH ASSURANCE

Assessment

- **Tobacco users are identified through:**
Vital signs assessment during office visit; Health Risk Assessment for all new OHP members.
- **Tobacco use status is documented in:**
Case Management electronic file; Patient chart.

Tobacco Use Prevalence:

36%

CAHPS 2007

Counseling

Cessation Counseling	Level of Service	Referral
✓ Individual with PCP	No limits	None needed
✓ Individual with other health professional	No limits	None needed
Group with PCP	--	--
Group with other health professional	--	--
✓ Group with specific curriculum	No limits	Self, PCP
✓ Telephonic with quit line vendor	No limits	Self, PCP
Telephonic with "in house" staff	--	--

Pharmacotherapy

Product	Courses/Year*	Co-Payment
✓ Nicotine Gum	1	No
✓ Nicotine Patch	1	No
✓ Nicotine Lozenge	1	No
✓ Nicotine Nasal Spray	1	No
✓ Nicotine Inhaler	1	No
✓ Bupropion SR	1	No
✓ Varenicline	1	No

Prior Authorizations:

Required for all products to ensure member is enrolled in smoking cessation program or medical rationale on file.

Other Requirements:

Enrollment in a cessation program or medical rationale why member cannot participate.

*1 course = 8 weeks (NRT, bupropion) or 12 weeks (varenicline)

Outreach & Training

- **Promotion of Cessation Services (past 12 months):**
Member mailing to identified smokers twice/year. Care Management sends information to members interested in quitting. Providers distribute printed materials.
- **Staff/Provider Training:**
Provider Relations staff trains providers on guidelines, including tobacco cessation.
- **Cultural Competency:**
Counseling and materials available in other languages; Member materials are 6-8th grade level.

Available Materials

Mailing to identified tobacco users includes:

- Reasons to Quit
- Links to Providence's smoking cessation website

Quality Assurance & Evaluation

In 2010:

- 998 members were identified as tobacco users
- 100% of identified tobacco users received mailer with cessation resources
- 180 received Quit Line counseling
- 46 enrolled in cessation classes

- **Quality Assurance Standards:**
Standards for Counseling, Pharmacotherapy, and Educational Materials.
- **Monitoring & Evaluation:**
Provider performance is not assessed at this time.
- **Number/Percent of Tobacco Users:**
Unknown.

"OHP members have always had tobacco cessation services and deterrent medications covered in full."

Contact Information

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TUALITY HEALTH ALLIANCE

Assessment

- **Tobacco users are identified through:**
Health Risk Assessment for new members; Chart review; Claims data review
- **Tobacco use status is documented in:**
Medical record.

Tobacco Use Prevalence:
31%
CAHPS 2007

Counseling

Cessation Counseling	Level of Service	Referral
✓ Individual with PCP	No limits	None needed
✓ Individual with other health professional	No limits	None needed
Group with PCP	--	--
Group with other health professional	--	--
✓ Group with specific curriculum	No limits	None needed
Telephonic with quit line vendor	TPEP 1-call	None needed
Telephonic with "in house" staff	--	--

Pharmacotherapy

Product	Courses/Year*	Co-Payment
✓ Nicotine Gum	2	No
✓ Nicotine Patch	2	No
✓ Nicotine Lozenge	2	No
Nicotine Nasal Spray	--	--
Nicotine Inhaler	--	--
✓ Bupropion SR	2	No
✓ Varenicline	2	No

Prior Authorizations:
Required for additional courses after initial two courses.

Other Requirements: None.

*1 course = 6 weeks

Outreach & Training

- **Promotion of Cessation Services (past 12 months):**
Quarterly newsletter includes cessation class listing; Identified tobacco users are notified of group cessation classes at Tuality Health Education Center.
- **Staff/Provider Training:**
Quarterly clinical meetings with providers, office managers and referral specialists; Provider newsletter; Provider website.
- **Cultural Competency:**
All literature and educational material is provided in English and Spanish, other languages and translators available if requested; Notices of classes provided at 6th grade level.

Available Materials

- Quit Line Brochures
- Health Education Center class and event catalog
- Educational Materials

Quality Assurance & Evaluation

In 2010:

- 380 members identified as tobacco users.
- 231 members received pharmacotherapy

- **Quality Assurance Standards:**
Standards for Pharmacotherapy, Educational Materials, and Cultural Competency.
- **Monitoring & Evaluation:**
Provider performance is not assessed at this time.
- **Number/Percent of Tobacco Users:**
Unknown.

“THA Case Management is notified when a member completes a class and will do follow up calls to support the member in the process and maintenance of smoking cessation.”

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DENTAL CARE ORGANIZATIONS SURVEY SUMMARY

Contracted Dental Care Organizations (DCOs) are required to provide tobacco dependency and cessation services by developing and implementing evidence-based guidelines that reference accepted published standards for tobacco interventions in a dental office setting.

As a minimum, contracted DCOs shall use the “2A’s and an R” model:

- Ask patients about their tobacco-use status at each visit and record information in the chart;
- Advise patients on their oral health conditions related to tobacco use and give direct advice to quit using tobacco and a strong personalized message to seek help;
- Refer patients who are ready to quit utilizing internal and external resources to complete the remaining three A’s (Assess, Assist, Arrange) of the standard intervention protocol for tobacco users.

Assessment

- Of the eight DCOs, seven have some method of identifying tobacco use status. Four DCOs ask about tobacco use on health history forms or new patient forms.
- Seven DCOs record tobacco use status in patient charts or medical history forms.

Counseling

- Seven DCOs provide tobacco cessation counseling through dental providers, dental assistants, and/or registered hygienists.
- Seven DCOs refer patients to the Quit Line, and five DCOs make referrals to medical providers, primary care tobacco counselors, or other resources.

ACCESS DENTAL PLAN, LLC

Assessment

- **Tobacco users are identified through:** Primary Care Dentists, Hygienists and support staff make inquiries at the time of service; Patient also completes a health history form with an indication of tobacco use and type.
- **Tobacco use status is documented in:** Patient chart.

In 2010:

Tobacco cessation counseling was provided to approximately 100 unique patients.

Counseling

Individual counseling with provider and hygienists. No limitation on frequency of counseling services.

Outreach & Training

- **Promotion of Cessation Services (past 12 months):** No special promotion or outreach.
- **Cultural Competency:** Print materials available in Spanish and English; Tobacco cessation materials online available in 5 languages; Will translate any documents upon request.
- **Quality Assurance:** Reviews utilization data to determine frequency of tobacco cessation codes charged. Follow up with providers.

Available Materials

- Quit Line information
- Commercial Products
- ADA Flyers

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Advantage Dental Services

Assessment

- **Tobacco users are identified through:** Questions on new patient forms: “Do you use tobacco products” If yes, “Do you want to quit?”
- **Tobacco use status is documented in:** Patient forms

Counseling

Individual counseling with providers.

Outreach & Training

Promotion of Cessation Services (past 12 months):

- If patient shows interest in quitting, dental hygienist conducts 5As.
- Patients are also referred to the Quit Line and back to their medical provider for additional information.

Available Materials

DCO does not hand out any materials.

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CAPITOL DENTAL CARE/MANAGED DENTAL CARE

Assessment

- **Tobacco users are identified through:** Medical history questions, asked by providers and dental office staff
- **Tobacco use status is documented in:** Patient chart

Counseling

Individual counseling with provider regarding oral cancer, oral cancer screening, referral to other resources (dependant on provider awareness and interest).

Outreach & Training

- **Promotion of Cessation Services (past 12 months):** Quit Line pamphlets in dental offices; Information on website; Occasional member mailings.
- **Staff/Provider Training:** Tobacco related policies covered at doctor meetings, provider newsletters, and on plan website. Provider performance is not assessed.

Available Materials

- Quit Line brochures
- Oral Cancer brochures

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FAMILY DENTAL CARE

Assessment

- **Tobacco users are identified through:** Providers, including dental assistants and registered hygienists; Health History question.
- **Tobacco use status is documented in:** Health History forms.

Family Dental Care is aware of 6 teen and 788 adult tobacco users (40% adult prevalence).

80% have been asked about tobacco use status.

Counseling

Individual counseling is available through the Quit Line. Dental Providers do not offer cessation counseling services.

Outreach & Training

- **Promotion of Cessation Services (past 12 months):** Referrals to the Quit Line; Mailed flyer; Posters in offices.
- **Cultural Competency:** Translation services available.

Available Materials

ADA flyers and new materials currently being developed.

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MULTICARE

Assessment

- **Tobacco users are identified through:** Providers, including dental assistants and registered hygienists. Providers are directed to ask about tobacco use at every visit.
- **Tobacco use status is documented in:** Encounter forms; Patient charts. Counseling is documented as procedure code D1320.

Tobacco Counseling was offered to 448 OHP members in August 2010 (358 were MultiCare).

Additional data available.

Counseling

Individual counseling with providers, hygienists, and dental assistants is available during visit. Providers refer patients to a primary care social worker/tobacco counselor, or to the Quit Line.

Outreach & Training

- **Promotion of Cessation Services (past 12 months):** No special promotion or outreach.
- **Cultural Competency:** Materials available in Spanish and Russian.

Available Materials

Tobacco education pamphlets and Quit Line brochures available in all clinics.

Contact Information

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ODS COMMUNITY HEALTH, INC. (DENTAL)

Assessment

ODS OHP Dental expects its participating dentists to Ask, Advise, Assess, Assist and Refer members who use tobacco products for help through their primary care physician and their OHP medical plan.

Counseling

ODS asks that all providers take an active part in tobacco cessation services based on the 5As.

Outreach & Training

- **Promotion of Cessation Services (past 12 months):** Refer patient to medical plan and/or to the Quit Line.
- **Cultural Competency:** No information available.

Available Materials

No information available.

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WILLAMETTE DENTAL

Assessment

- **Tobacco users are identified through:**
Any provider with direct patient care, including dental assistants and registered hygienists; Medical and dental history.
- **Tobacco use status is documented in:**
Medical and dental history (voluntary diagnostic code for providers to use).

Currently, Willamette Dental has record of 3,587 current OHP tobacco users.

Counseling

Individual counseling with providers, hygienists, and dental assistants. Clinician policies support use of the 5As.

Inquiry on tobacco use status made at every appointment, as part of updating medical and dental history, as well as through an oral health risk assessment at each appointment.

Outreach & Training

- **Promotion of Cessation Services (past 12 months):** No special promotion or outreach.
- **Cultural Competency:** Materials available in Spanish.

Available Materials

Willamette Dental education material available on the intranet and at each office.

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