OPQC
Ohio Perinatal Quality Collaborative

Improving Smoking Cessation During Pregnancy

Smoke Free Families Project

Ohio
Department of Medicaid
John R. Kasich, Governor
Barbara R. Sears, Director

Table of Contents

Executive Summary

Smoking is one of the most important modifiable causes of poor pregnancy outcomes in the United States, and is associated with maternal, fetal, and infant morbidity and mortality (ACOG, 2020). Smoking increases the risk for congenital anomalies; perinatal complications, such as preterm birth, fetal growth restriction, and placental abruption; miscarriage and stillbirth; and neonatal or pediatric complications, such as sudden infant death syndrome and impaired lung function in childhood (USPSTF, 2015). Despite this information, smoking during pregnancy remains prevalent in many communities. The National Vital Statistics System reported that in 2016, 7.2% of women who gave birth smoked cigarettes during pregnancy (Drake, Driscoll & Mathews, 2018). Unfortunately, this rate is significantly higher in Ohio with smoking rates double that of the national average at 14.4%.

As healthcare providers, we have an obligation as well as an opportunity to help women quit smoking to improve their health and that of their children. Based on a good-quality systematic review of 86 studies done in 2013, the USPSTF (2015) found that behavioral interventions in pregnant women, including behavioral counseling, feedback, health education, incentives, and social support, are effective at improving rates of smoking cessation as well as perinatal health outcomes. Pregnancy is often the best time to approach smokers about quitting. The OPQC Smoke Free Families project utilized an approach that included the 5A's (Ask, Advise, Assess, Assist, Arrange) and Motivational Interviewing (MI) as key elements to assist pregnant women in their smoking cessation efforts. The 5A's is an office-based intervention that clinicians can use to systematically identify pregnant women who smoke and offers treatment or referral to a smoking cessation resource. Included in the 5A's is a short counseling session with pregnancy-specific educational materials and referral to additional smoking cessation resources. OPQC's Smoke Free Families project in collaboration with clinicians has developed a 5A's Intervention Worksheet for use by maternity care providers. This tool has provided clinicians with an effective and consistent method to approach smoking cessation with pregnant women.

Women who indicate that they are not ready to quit smoking can benefit from consistent motivational approaches by their health care providers (ACOG, 2020). Motivational interviewing (MI) is a collaborative conversation style for strengthening a person's own motivation and commitment to change. MI has proven successful in determining a pregnant woman's willingness to quit and to help influence behavior change through techniques such as open-ended questions, affirmation and reflections of feelings and statements, along with summarization.

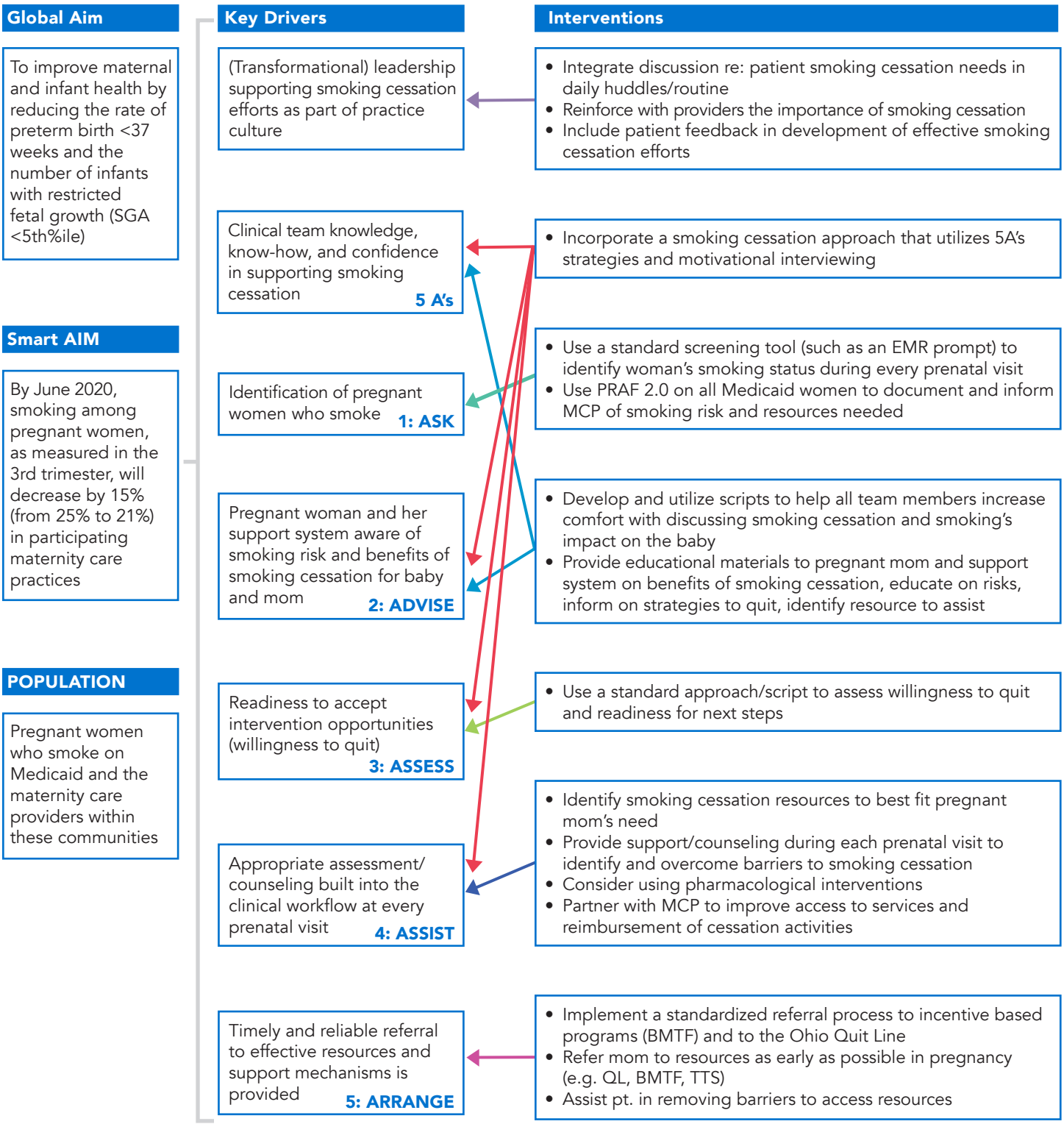
Using evidenced based interventions and improvement science, the OPQC Smoke Free Families statewide project teams:

- Successfully developed standardized approaches to identifying current and former tobacco users during pregnancy.
- Enhanced the ability of team members to effectively connect with patients using the skills of motivational interviewing to improve tobacco cessation counseling.
- Improved awareness and utilization of additional resources within their communities to further support tobacco cessation for the women and their families.

This change package aims to share key strategies which may be adapted and replicated at your organization to better support women in smoking cessation during pregnancy.

Key Driver Diagram

The following key driver diagram is the model used by Smoke Free Families teams to develop and test process improvement work surrounding smoking cessation during pregnancy. The key drivers are the factors that contribute to achieving the aim. The interventions are change concepts that impact the key drivers.



How to use this Change Package and Tools

A change package is a concise document that includes ideas and inspiration for teams seeking to apply quality improvement methods to increase the effectiveness and efficiency of their care processes and outcomes. Change packages focus on a specific condition, care process, or health system feature and generally include background material; a summary of evidence or best practices; and specific tools, strategies, and examples that can be applied to improvement work.

Cigarette smoking is a significant and preventable cause of poor pregnancy outcomes. This change package outlines proven quality improvement strategies and specific techniques for maternity care providers to use in assisting pregnant women who use tobacco to stop smoking successfully.

Forming Your Team and Understanding Your System

Forming a project team, including a prenatal care provider (obstetrician, other physician, nurse practitioner, or midwife), a nurse, and an administrative staff member, is the first step in beginning your improvement work. Ask other stakeholders, such as tobacco treatment specialists and managed care plan representatives to join your team.

Your team should begin with a thorough review of your site's current efforts to help pregnant women stop smoking. Ask all members of your team to complete a Systems Inventory *(See Appendix A)* and then discuss the findings together. Did everyone have the same responses? Your conversation should result in a consensus on your current practices before moving to the next steps.

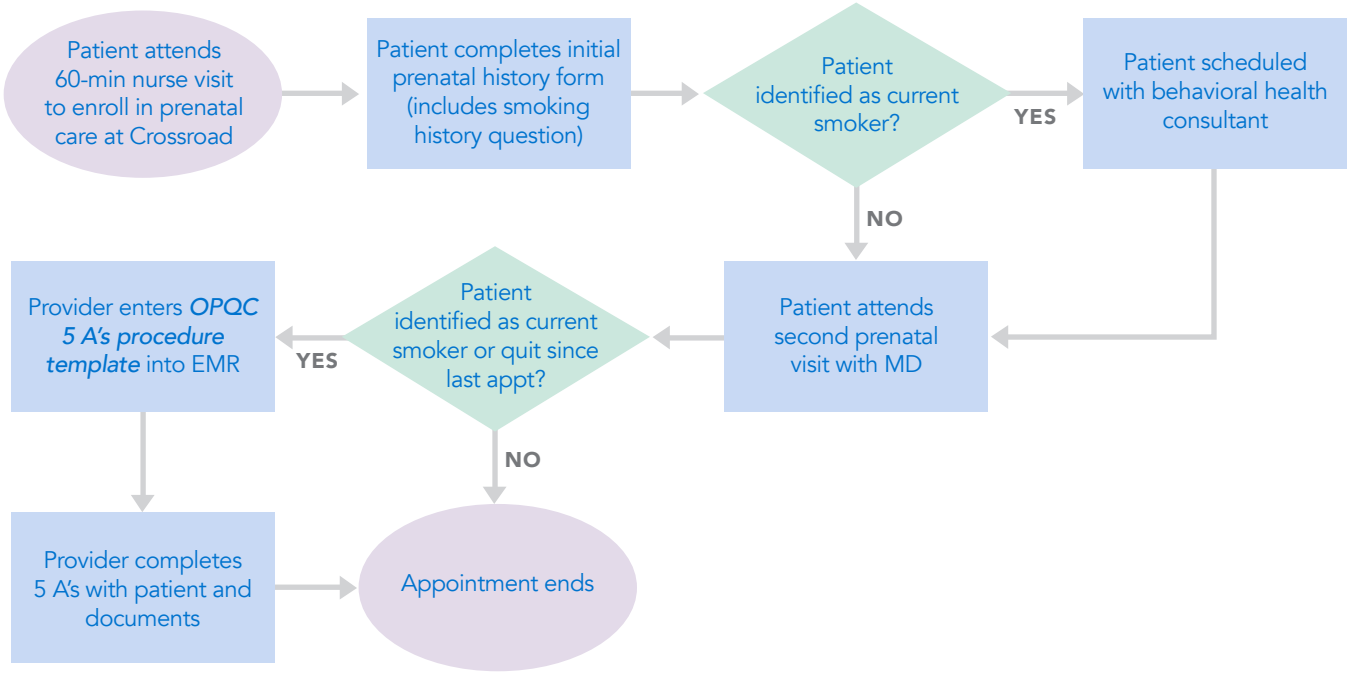
Mapping Your Current Process for Treatment of Women with Smoking and Tobacco Use

A process map, or flow chart, is a diagram that shows each step in a process that a team wants to understand. The beginning and end points of the process are depicted by *ovals*; actions are described in *rectangles* connected by arrows pointing in the direction that the process should flow. When there are options to choose from, a *diamond-shaped box* indicates a decision step for which a "yes" or "no" answer may be chosen. Understanding your current process can help identify priority areas to test new interventions. You may find additional tools and resources to create your process map *here*.

Some key questions to consider when creating your process map are:

- What does your current process look like?
- What are the key steps? Who are the key actors?
- Are all clinicians and staff aware of and follow this process?
- How are patients and families involved in the process?
- Where are the most common barriers to successful smoking cessation?

Below is an example of a process map from Crossroad Health Center for identification of smoking and treatment.



Mapping the process from the perspective of various stakeholders, e.g., patients, referral sources, and administrative staff as well as nurses and physicians can be helpful in identifying areas for improvement and coming to consensus on where barriers exist in the system.

Pregnancy Risk Assessment

Individualized patient risk assessment is a key component of providing smoking cessation support during pregnancy. A key element of the OPQC Smoke Free Families project includes three questions that address smoking risk and assessment of needs. These ask whether a patient is:

1. Currently smoking or using tobacco products?
2. Willing to consider quitting smoking or using tobacco products during pregnancy?
3. Willing to accept referral to smoking/tobacco cessation resources?

In Ohio, the Ohio Department of Medicaid's preferred method for notification of pregnancy for all women on Medicaid is the electronic Pregnancy Risk Assessment Form (PRAF 2.0). These questions are included in the PRAF 2.0 which is required for all Medicaid insured women who are pregnant. They report the pregnant woman's needs for referral to the appropriate resources and provide maternity care providers with data to assess their smoking cessation efforts. Care providers can implement the 5A's, Motivational Interviewing, and other support in tobacco cessation without the PRAF 2.0. The 5A's worksheet created and tested by OPQC can be incorporated into a variety of office settings, including Home Visiting Agencies.

For more information on PRAF 2.0 please see *Appendix B*.

Key Driver #1

A change strategy is an approach to change found to be useful in developing specific ideas that lead to improvement. The following interventions were tested by OPQC Smoke Free Families teams and refined based on key learnings.

KEY DRIVER #1:
TRANSFORMATIONAL LEADERSHIP SUPPORTING SMOKING CESSATION EFFORTS AS PART OF PRACTICE CULTURE

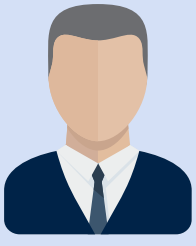
CHANGE STRATEGIES:

- **Integrate discussion regarding patient smoking cessation needs in daily huddles/routine**
- **Reinforce with providers the importance of smoking cessation**
- **Include patient feedback in development of effective smoking cessation efforts**

Ensuring leaders are champions for quality improvement work is a critical prerequisite for transformation in care. In OPQC's Smoke Free Families project, providers demonstrated leadership by committing to completing the 5As and recognizing the importance of testing small changes even with limited resources. Leaders can also impact improvement by assisting with building new processes into the larger medical system for sustainability. Without leadership support teams are unlikely to see an impact on a population's smoking rate. Consider how leadership at all levels and disciplines, as well as patient partners, will be included when you form your initial team and keep them involved throughout the project.

NURSING AND SUPPORT STAFF LEADERSHIP

PHYSICIAN LEADERSHIP



ADMINISTRATION

PATIENT AND FAMILY PARTNERSHIPS

KEY DRIVER #2:
CLINICAL TEAM KNOWLEDGE, KNOW-HOW, AND CONFIDENCE IN SUPPORTING SMOKING CESSATION

CHANGE STRATEGY:

- **Incorporate a smoking cessation approach that utilizes 5A's strategies and motivational interviewing**

5A's Overview and Intervention Worksheet

The 5A's (Ask, Advise, Assess, Assist, Arrange) is an office-based intervention to be used under the guidance of trained practitioners to help pregnant women quit smoking. Office-based protocols that systematically identify pregnant women who smoke and offers treatment or referral have been proven to increase quit rates (ACOG, 2020). A short counseling session that combines the 5A's with pregnancy-specific educational materials and referral to additional smoking cessation resources is an effective smoking cessation strategy. With the input of maternity care providers, the OPQC Smoke Free Families project created an Intervention Worksheet based on the 5A's to provide clinicians with an effective method to achieve smoking cessation for pregnant women. Knowledge of the use of the 5A's, health care support systems, and pharmacotherapy add to the techniques providers can use to support perinatal smoking cessation.

Pregnancy Risk Assessment Form (PRAF 2.0) Questions

For Ohio Medicaid patients, specific sections of the 5A's Intervention Record were included on the PRAF 2.0 intake form. For more information about this process, including how data are entered into PRAF 2.0 please see *Appendix B*.

"Using the 5 A's at every visit with my prenatal patients who use tobacco during pregnancy keeps me accountable to using an evidence-based method to encourage smoking cessation during pregnancy. The 5 A's help me avoid making assumptions, open up an honest and non-judgmental dialogue with my patient and ensure I am offering the right kind of support to help her meet her goals."

Christine Furgason, MD, Women's Health Director, Crossroad Health Center

TOOL: 5A'S OVERVIEW & INTERVENTION WORKSHEET

5A's Intervention Record
OPQC Perinatal SFF v. 13, 6/28/19

DATE ____ / ____ / ____ Staff Initials: _____

Select one:

☐ Initial Visit GA _____

☐ Follow up Visit (24+ weeks) GA _____

Patient Information:

First Name: _____ Last Name: _____

DOB: _____ (MM/DD/YYYY) Zip Code: _____

Instructions: Complete 5A's Intervention Record on all initial pregnancy visits. If pt. replies YES to any questions in column 1 (Ask), complete form and then again at > 24 week follow up visit.

1. ASK

Smoking/Tobacco Status: Is the pt. currently smoking?

○ YES →

Cigarettes/day _____

○ NO

○ Quit after pregnancy confirmed

○ Quit prior to pregnancy

○ Never

Does the pt. use other tobacco products such as vaping (E-cig) smokeless tobacco, cigars, black & mild or hookahs?

○ YES →

○ NO

2. ADVISE

(Proceed if YES answered to any questions in column 1.)

Was strong advice to quit addressing any of the following topics provided by clinical team members?

✓ Benefits of quitting

✓ Harms of smoking/tobacco

✓ Difficulty of quitting

✓ Risks of secondhand smoke exposure

○ YES

○ NO

3. ASSESS

Is the woman willing to quit during pregnancy?

○ YES →

○ NO

○ Undecided

○ Not Assessed

IF NO OR UNDECIDED:

1. Offer personalized, relevant feedback about the importance of quitting
2. Explore perceived pros and cons of smoking and quitting
3. Discuss the 5R's of quitting tobacco use

4. ASSIST

Were self-help materials on smoking/tobacco cessation provided?

○ YES

○ NO

Was a quit date set?

○ YES

____ / ____ / ____

○ NO

Was pharmacotherapy recommended?*

○ YES

○ NO

*Should not replace counseling

5. ARRANGE

Was referral to a smoking/tobacco cessation resource provided?

○ YES

○ NO

○ Provided at previous visit

What resources were offered:

(check all that apply)

○ Managed Care Plan Assistance

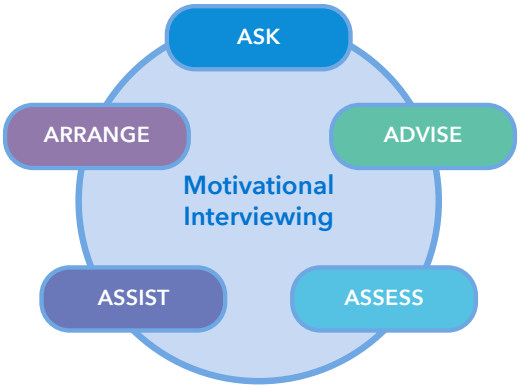
○ Tobacco Treatment Specialist/Program

○ Quit Line

○ Baby and Me Tobacco Free

○ Other: _____

click to view full-size



Motivational Interviewing Overview

Addiction to and dependence on cigarettes has physiologic and psychologic features that require a wide variety of cessation techniques and therapies. Women who indicate that they are not ready to quit smoking can benefit from consistent motivational approaches by their health care providers (ACOG, 2020). Motivational Interviewing is defined as a directive, client-centered counseling style for eliciting behavior change by helping clients explore and resolve ambivalence (Hettema, Steele, Miller, 2005). Recognizing the dynamics of an individual woman's readiness to change her behavior is integral to this approach and has proven to be an effective smoking cessation tool for clinicians working with pregnant women. MI will be discussed further under the Assess *(Key Driver #5)* Change Concepts section.

Getting Started

STEP 1

Introduce 5A's worksheet with your clinical team, begin PDSA testing and establish process for spread.

STEP 2

Incorporate Motivational Intervieiwng techniques with your patients.

STEP 3

Assess success of interventions with 5A's worksheet and Motiviational Interviewing. Continue PDSA's to improve processes.

KEY DRIVER #3:
IDENTIFICATION OF PREGNANT WOMEN WHO SMOKE

CHANGE STRATEGIES:

- **Use a standard screening tool (such as an EMR prompt) to identify a woman's smoking status during every prenatal visit**
- **(In Ohio) Use the PRAF 2.0 for all Medicaid women to document and inform Managed Care Plans of smoking risk and the resources needed to help them quit.**

Overall rates of smoking in pregnancy are declining but in Ohio, **1 in 7 women** report smoking during pregnancy, which is **twice** the national average (*Martin, Hamilton, Osterman, Driscoll, & Drake, 2018*). Characteristics of women most likely to smoke include white race, lower level of educational attainment, and individuals who are uninsured or utilize Medicaid. Those between the 20 and 24 years of age have the highest prevalence of maternal smoking in the United States at any time during pregnancy. Stigma about smoking during pregnancy may cause some patients to feel uncomfortable about discussing whether they smoke and how much. In a study completed by Dietz et al. (2011), 22.9% (95% CI: 11.8, 34.6) of pregnant smokers did not disclose that they smoked. This rate was much higher than the percentage of nonpregnant smokers who did not disclose that they smoked (9.2%, 95% CI: 7.1, 11.2).

ASK

Smoking/Tobacco Status:
Is the pt. currently smoking?

○ YES

Cigarettes/day _____

○ NO

- ○ Quit after pregnancy confirmed
- ○ Quit prior to pregnancy
- ○ Never

Does the pt. use other tobacco products such as vaping (E-cig) smokeless tobacco, cigars, black & mild or hookahs?

○ YES

○ NO

KEY TAKEAWAYS – ASK

Important first step to identify women who need counseling and support

- Not just smokers, but also women who recently quit
- Ask about other tobacco products

Make it a routine part of your office system

- Document smoking status in a place that is seen by every staff member
- Every patient, every time!
- Make note of progress towards goal. Even if woman has not completely quit, perhaps she has cut down the number of cigarettes smoked each day.
- Find the best way to track and store the 5A's worksheet that makes it easy for your team to do routinely. Some practices have incorporated this in their EMR.
- Many states have incentives for providers to use tools related to pregnancy risk assessment. See Appendix B for additional information about the PRAF 2.0 in Ohio.

Role of the Healthcare Professional

- Women are more likely to quit in pregnancy than any other time in their lives
- A conversation with a medical professional is an important foundation for smoking cessation

Key Driver #4 — **ADVISE**

KEY DRIVER #4:
PREGNANT WOMAN AND HER SUPPORT SYSTEM AWARE OF SMOKING RISK AND BENEFITS OF SMOKING CESSATION FOR BABY AND MOM

CHANGE STRATEGIES:

- **Develop and utilize scripts to help all team members increase comfort with discussing smoking cessation and smoking's impact on the baby**
- **Provide educational materials to pregnant mom and support system on benefits of smoking cessation, educate on risks, inform on strategies to quit, identify resource to assist**

Advice to quit should be clear, strong, and personalized with direct messages about the benefits of quitting for both the mom and baby. Although clinicians are acutely aware of the danger smoking poses to infants and the long-term health risks for mothers, it is common for patients to minimize risks. Focusing on negative perinatal complications, such as preterm birth, fetal growth restriction, and placental abruption may be ineffective for patients who believe they are not at risk. Describing the positive effects of smoking cessation is more likely to appeal to the patient's desire to be a good mother and that health benefits for mom and baby begin immediately.

For more information on Smoke Free Families educational resources visit ohiosmokefreefamilies.org.

ADVISE

(Proceed if YES answered to any questions in column 1.)

Was strong advice to quit addressing any of the following topics provided by clinical team members?

✓ Benefits of quitting

✓ Harms of smoking/tobacco

✓ Difficulty of quitting

✓ Risks of secondhand smoke exposure

◯ YES

◯ NO

KEY TAKEAWAYS – ADVISE

Smokers advised to quit by a healthcare provider are twice as likely to want to quit smoking *(Kruger, Shaw, Kahende & Frank, 2012)*

Providing Advice About Smoking/Tobacco Cessation

Allow time for patient education about the harms of tobacco use

- Congenital malformations
- Fetal growth restriction
- Stillbirth
- Placental abruption and previa
- Preterm birth
- Infant death

Discuss benefits of quitting smoking with patients such as:

- Increased chance of having a healthy, full term pregnancy
- Children less likely to have asthma and other associated issues

Be Strong and Clear

Personalize Your Advice

Ex: "While we are going to do X, Y, and Z to help reduce your risk of recurrent PTB, one of the most important things that you can do to reduce your risk is quit smoking."

What to Emphasize?

- Never too late to quit… and quitting is the goal
- Smoke free home and car during pregnancy and after birth
- Avoid secondhand smoke

Advise All Recent Quitters To Remain Smoke-Free

Congratulate patient for not smoking and reinforce the importance of staying smoke-free and avoiding situations where others are smoking. Be sure to follow-up on smoking status during future visits.

KEY DRIVER #5:
READINESS TO ACCEPT INTERVENTION OPPORTUNITIES (WILLINGNESS TO QUIT)

CHANGE STRATEGY:

- **Use a standard approach/script to assess willingness to quit and readiness for next steps**

Once the clinician has advised the patient of the risk of smoking and the benefits of smoking cessation, the clinician assesses the patient's willingness to quit. Ask every tobacco user if she is ready to make a quit attempt. For women who indicate that they want to quit the clinician should move on to the nest step – **Assist**. For women who indicate that they are not yet ready to quit, the clinician should use motivational interviewing techniques designed to increase the patient's motivation to quit smoking.

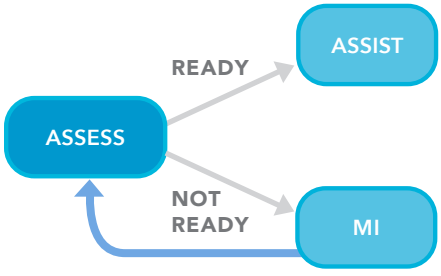
Motivational Interviewing (MI)

Motivational Interviewing is a collaborative conversation style for strengthening a person's own motivation and commitment to change. Key components are **Motivation + Ambivalence**.

Motivation is FUNDAMENTAL to change and is comprised of **three elements**:

- **Importance** of the change: willingness, desire or perceived importance
- **Confidence** about being able to change: self-efficacy
- **Readiness** to make the **change**: priorities

These three elements are not the same and impact motivation differently.



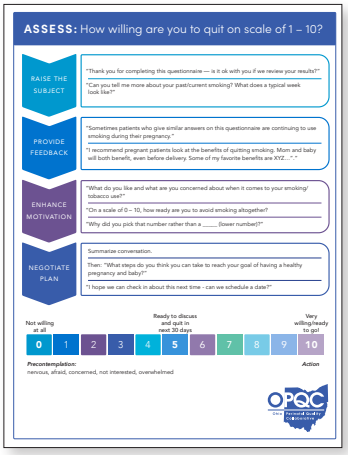
Ambivalence refers to having mixed or conflicted feelings (pro vs. con). It is a normal part of any change process and is usually connected to fears and concerns. Motivational Interviewing attempts to help the client resolve ambivalence so that he/she can progress towards change.

Having your team utilize a standard approach and scripting that includes Motivational Interviewing, can greatly improve the likelihood that your patient will be willing to attempt smoking cessation.

"The decision to stop smoking can be difficult for pregnant moms. Motivational Interviewing identifies what mom's current thoughts are around stopping and is a useful tool to move her along the change process."

Polly Morgan RN, BSN, MSEd
Help Me Grow Brighter Futures

TOOL: MI SCRIPT – WILLINGNESS TO QUIT



click to view full-size

TOOL: MOTIVATION SCALING

click to view full-size

Four Counseling Skills Used in Motivational Interviewing

1. **O**pen-ended question/open-ended statement
2. **A**ffirm their feelings/thoughts using reflection
3. **R**eflections of feeling; reflection of actual statements
4. **S**ummarize what was said while posing the next step back to the individual

ASSESS

Is the woman willing to quit during pregnancy?

- ○ YES
- ○ NO
- ○ Undecided
- ○ Not Assessed

IF NO OR UNDECIDED:

1. Offer personalized, relevant feedback about the importance of quitting
2. Explore perceived pros and cons of smoking and quitting
3. Discuss the 5R's of quitting tobacco use

KEY TAKEAWAYS – ASSESS

Using MI in your practice:
Ask if the patient is ready to quit. Remember, MI is a style of conversation, think about forming a script for the open-ended questions and statements that you can use to start the conversation.

O **Use Open-Ended Questions/Statements:** Listening is the most critical action for the clinician, allowing the patient to do most of the talking. Use open-ended questions/statements such as:

- "Where are you in the quit process?"
- "Talk to me about your concerns."

A **Provide Affirmations:** Statements and gestures that recognize client strengths and actions that signal positive change.

- "Your response to that challenging situation was very insightful."
- "Your motivation to quit smoking shows how dedicated you are to the health of your baby."

R **Provide Reflections:** This demonstrates active listening and can be accomplished by simply repeating or paraphrasing.

- "Quitting smoking is difficult for you because… [repeat what the patient told you]"

S **Summarize:** Provide a recap of the conversation and pose the next step back to the individual

- "On the one hand, you really want to quit smoking for your health, but you are worried because so many of your friends and family members smoke that you're afraid that quitting will affect your relationships. So where do we go from here?"

KEY DRIVER #6:
APPROPRIATE ASSESSMENT/ COUNSELING BUILT INTO THE CLINICAL WORKFLOW AT EVERY PRENATAL VISIT

CHANGE STRATEGIES:

- **Identify smoking cessation resources to best fit pregnant mom's need**
- **Provide support/counseling during each prenatal visit to identify and overcome barriers to smoking cessation**
- **Consider using pharmacological interventions**
- **Partner with Managed Care Plans to improve access to services and reimbursement of cessation activities** (See *Appendix C* for Ohio MCP resources)

In the **Assist** step, clinicians provide support/counseling during each prenatal visit to identify and overcome barriers to smoking cessation, provide pregnancy-specific self-help materials, attempt to set a quit date and assess if patient is appropriate for pharmacological interventions. A very useful way to begin counseling is to work with the patient to set a quit date. ACOG recommends the use of a Quit Contract (ACOG, 2011) or record the agreed-upon quit date in patient education material to be given to the patient to formalize the patient's decision to quit smoking. The quit process is difficult. Many individuals who quit smoking make multiple attempts before success.

TOOL: **QUIT CONTRACT**

QUIT CONTRACT

I agree to stop smoking on _____
Quit Date

I understand that stopping smoking is the single best thing I can do for my health and the health of my baby.

_____ _____
Patient's signature Clinician's signature

_____
Today's date

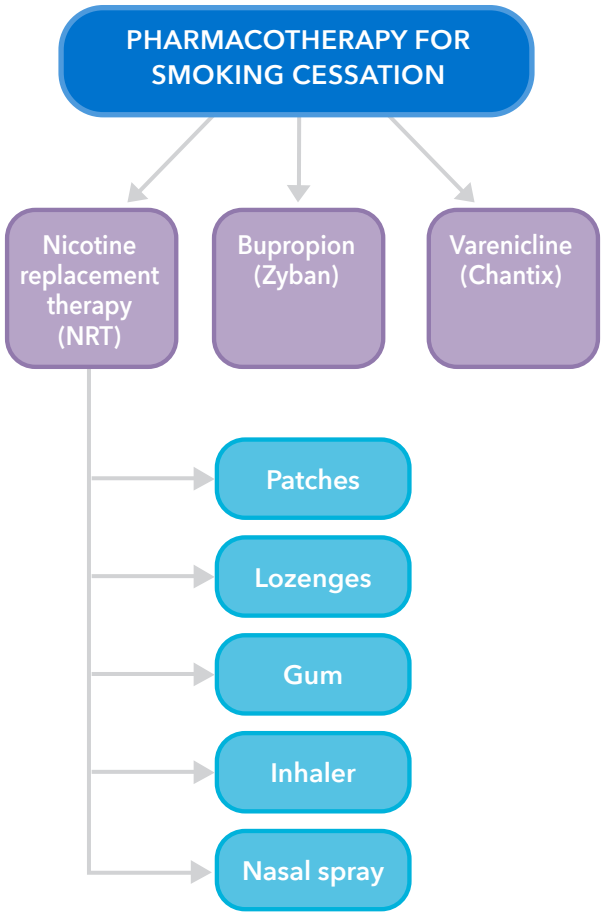
click to view full-size

Providing problem-solving techniques to help the patient manage their cravings, withdrawal symptoms, or social situations also increases the likelihood of success. Patients may feel overwhelmed by the potential barriers to quitting. Clinicians can help pregnant women start small by identifying one or two areas of focus and provide problem-solving techniques, including pregnancy specific materials, to help address potential problems.

Pregnancy-specific self-help materials are an important part of aiding in smoking cessation efforts and should reinforce counseling offered in the **Assist** step. The Ohio Department of Health offers a variety of pregnancy specific smoking cessation materials that are readily available clinician and patient use.

Pharmacotherapy in Pregnancy

Psychosocial Interventions are the first line therapy for pregnant women. Pregnancy-tailored smoking cessation counseling is given the highest recommendation from USPSTF with a 44% higher rate of abstinence compared to "usual care" leading to a decreased risk of a low birth weight infant and lower rates of NICU admission. However, when a tobacco user does not successfully complete a quit attempt with psychosocial interventions alone, treatment specialists may suggest pharmacology. The most common form of pharmacotherapy used in pregnancy is Nicotine Replacement Therapies (NRT). This form of therapy provides the tobacco user with a small amount of nicotine to help curb the symptoms of withdrawal and help to manage cravings. NRT comes in multiple forms including a transdermal patch, gum, nasal spray, inhaler, and lozenges. Additional smoking cessation medications include oral medications like Bupropion (Zyban) and Varenicline (Chantix), however there is less information regarding the effectiveness and safety of these forms of pharmacotherapy in pregnancy.



HELP DEVELOP A QUIT PLAN

- Set a quit date
- Anticipate challenges and ways to avoid them
- Ask her to remove tobacco products from environment

PROVIDE PRACTICAL COUNSELING AND SUPPORT

- Stress that abstinence is the goal
- Talk about past quit attempts
- Focus on problem solving skills
  - ID triggers to smoking and discuss how to avoid them
  - Learn strategies to cope with cravings and withdrawal symptoms

PROVIDE SUPPLEMENTAL MATERIALS

- Smoke Free Families toolkit
- ACOG – "It's time to quit smoking" pamphlet
- Smokefree.gov

REFER TO SMOKING CESSATION PROGRAMS

- Ohio Quit Line
- Baby & Me Tobacco Free
- Local resources
  - Community Cessation Initiative
  - Tobacco Treatment Specialist

As pharmacotherapy has not been widely studied in women who are trying to become pregnant, currently pregnant, or breastfeeding, the decision to start pharmacotherapy should be a shared decision made by the patient and her obstetric provider. The best candidates for this type of therapy are heavy smokers (i.e. greater than 10 cigarettes per day) who are motivated to quit but have not been successful with counseling alone. Providers should ensure that all pregnant women have thoroughly exhausted behavioral intervention therapies prior to encouraging the use of pharmacology.

Managed Care Plans

Partnering with Managed Care Plans (MCP) can improve access to smoking cessation services offered specifically by the MCP that may better fit your patient's needs. In addition to providing additional smoking cessation resources, Medicaid and Managed Care Plans provide reimbursement for smoking cessation activities completed in the office. Clinicians can bill for time spent counseling on smoking cessation with the individual patient as well as group activities. More details on billing codes and procedures can be found on the Medicaid Billing for Tobacco Cessation Treatment – Medical Settings guidelines in ***Appendix C***.

American College of Obstetricians and Gynecologists:
Use of nicotine replacement therapy should be considered only after a detailed discussion with the patient of the known risk of continued smoking, the possible risks of nicotine replacement therapy, and need for close supervision.

If nicotine replacement therapy is used, it should be with the clear resolve of the patient to quit smoking.

Hints for Pharmacotherapy Use

Nicotine patch – apply every 24 hrs
- Greater than 10 cigarettes/day – start with 21 mg patch
- 10 cigarettes or less/day – start with 14 mg patch

Nicotine gum – "chew and park"
- No food for 30 min before or during use
- No more than 1 piece per hour
- 2 mg for most women (smoke <25 cigarettes/day)

Bupropion – 150 mg tablet
- Start 1 week prior to quit date
- Dose increase: 150 mg daily x 3 days, then increased to BID

ASSIST

Were self-help materials on smoking/tobacco cessation provided?

◯ YES

◯ NO

Was a quit date set?

◯ YES

____ / ____ / ____

◯ NO

Was pharmacotherapy recommended?*

◯ YES

◯ NO

*Should not replace counseling

KEY TAKEAWAYS – ASSIST

Action 1: Help the woman develop a Quit Plan

- Set a quit date
- Anticipate challenges and ways to avoid them
- Remove tobacco products from her environment

Action 2: Provide practical counseling and support

- Stress that abstinence is the goal
- Talk about past quit attempts
  - Focus on problem solving skills
  - Identify the woman's triggers to smoke and discuss how to avoid them
  - Learn strategies to cope with cravings and withdrawal symptoms

Action 3: Provide supplemental materials

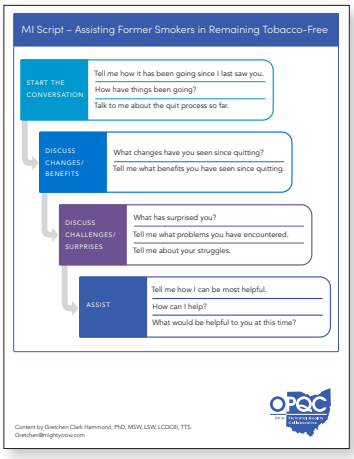
- Smoke Free Families toolkit
- ACOG – "It's time to quit smoking" pamphlet
- Smokefree.gov and Become a Smoke Free Woman
- Cradle Cincinnati Quit Journal

Action 4: Refer to smoking cessation programs

- Ohio Quit Line
- Baby & Me Tobacco Free
- Local resources
  - Community Cessation Initiative
  - Tobacco Treatment Specialist

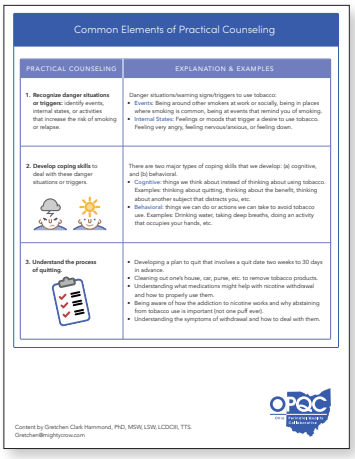
Follow-up to see if additional support is needed. Ask patient if resources are helpful or if another tool would be better.

TOOL: MI SCRIPT – ASSISTING FORMER SMOKERS IN REMAINING TOBACCO-FREE



click to view full-size

TOOL: MI SCRIPT – COMMON ELEMENTS OF PRACTICAL COUNSELING



click to view full-size

KEY DRIVER #7:
TIMELY AND RELIABLE REFERRAL TO EFFECTIVE RESOURCES AND SUPPORT MECHANISMS IS PROVIDED

CHANGE STRATEGIES:

- **Implement a standardized referral process to incentive-based programs (Baby and Me Tobacco Free) and to the Ohio Quit Line**
- **Refer mom to resources as early as possible in pregnancy**
- **Assist patient in removing barriers to access resources**

The fifth and final step in the 5 A's approach is to arrange timely and reliable referral to effective resources and support mechanisms. Encouragement to attend or participate in a smoking cessation program is essential as the patient may feel it is not worthwhile or that they can quit on their own. It is important to refer your patient to the program that best fits their needs. Many patients are motivated by incentive-based programs such as Baby and Me Tobacco Free, however this may not be available in all areas and requires periodic face-to-face meetings. The Ohio Quit Line provides telephone tobacco cessation services, offering help and support to pregnant women all through the process of quitting smoking and is available throughout the state. Organizations should identify resources in your state that can support smoking cessation efforts.

ARRANGE

Was referral to a smoking/tobacco cessation resource provided?

- ◯ YES
- ◯ NO
- ◯ Provided at previous visit

What resources were offered:
(check all that apply)

- ◯ Managed Care Plan Assistance
- ◯ Tobacco Treatment Specialist/Program
- ◯ Quit Line
- ◯ Baby and Me Tobacco Free
- ◯ Other: _____

KEY TAKEAWAYS – ARRANGE

Smoking Cessation Resource Highlights

Ohio Quit Line:

- A counseling session takes place during the first call. There are a total of five scheduled sessions, however, patients can call anytime if they need extra help.
- If appropriate, free nicotine replacement therapy is available.
- Sign up to receive motivational text messages to help in the quit process.
- Follow up phone call occurs ~ 7 months to check in.

Baby and Me Tobacco Free:

- Pregnant women eligible to enroll into the program are referred to their local agency implementing the program.
- Women attend four **prenatal** counseling cessation sessions to receive education and support for quitting smoking and staying quit, and test using a carbon monoxide (CO) monitor (breath test).
- At **prenatal** sessions 3 and 4, if the women test tobacco free, they may receive their first two diaper vouchers.
- **After the birth of the baby, women return monthly** to continue CO monitoring and if proven to be smoke-free, receive a monthly diaper voucher for up to twelve months postpartum.
- A smoker who lives with the pregnant woman can also enroll into the program and if successfully quits smoking, may receive diaper vouchers during the postpartum period.

Tobacco Treatment Specialist (TTS):

- TTS professionals are trained to provide effective, evidence-based interventions for tobacco dependence
- NAADAC, the Association for Addiction Professionals, in partnership with the Association for Treatment of Tobacco Use and Dependence, Inc. (ATTUD), and the Council for Tobacco Treatment Training Programs (CTTTP) offers the National Certificate in Tobacco Treatment Practice (NCTTP)

Measures

Key measures were chosen at the beginning of the Smoke Free Families Project to guide improvement efforts, including both process and outcome measures. The 5A's Intervention Tool provides the framework to gather patient data for the measures listed below and can be utilized by clinics to get started in tracking your improvement work. Additionally, OPQC has developed Ohio-specific 5A's intervention tools which indicate which data should be entered into a patient's PRAF 2.0 form (*Appendix B*). For higher level data, quality collaboratives may consider partnering with state agencies and/or utilizing existing databases to track population-based measures and link patient data to vital statistics.

"Reviewing the data we have collected about the effect of the Smoke Free Family 5As tools on quit efforts helps to engage and motivate our team to continue reliably implementing these evidence informed interventions."

Michael P. Marcotte, MD
Director of Quality and Safety for Women's Services, TriHealth
OPQC Obstetrical Clinical Lead

During the OPQC collaborative, a subset of the following measures was hand-collected, and later submitted electronically through the online pregnancy notification form (PRAF 2.0):

Process Measures

- Number of women who are screened using the 5A's
- Number of women for whom a pregnancy risk assessment screening is complete (for Ohio providers, PRAF 2.0)
- Number of women who are referred to smoking cessation resources if they are willing to quit smoking (example, the Ohio Quit Line, Baby and Me Tobacco Free, counseling from a Tobacco Treatment Specialist, resources from Managed Care Plan, or other)
- Use of a standard screening tool or prompt to:
  - Identify and re-assess a pregnant patient's smoking/tobacco use during pregnancy
  - Assess a pregnant patient's willingness to quit smoking/tobacco use during pregnancy
- Use of a standard script to help all team members increase comfort with discussing smoking/tobacco cessation with pregnant patients.

Outcome Measures

- Is the woman smoking or using tobacco at the beginning of her pregnancy (ideally first trimester)?
  - If patient is smoking, how many cigarettes a day?
  - If patient reports smoking in initial visit, is the woman smoking in the third trimester? If yes, how many cigarettes a day?
  - Based on the measures above, what percentage of women who were smoking at their initial pregnancy appointment and quit smoking or reduce the number of cigarettes smoked per day by the end of the pregnancy?
- Percent of women delivering at or after 37 weeks
- Percent of women delivering between 32 and 37 weeks
- Percent of women delivering before 32 weeks
- Percent of infants born with birth weight >2500 g
- Percent of infants born small for gestational age (SGA)

Additional Considerations Related to Data Collection

In the Smoke Free Families project, OPQC partnered with the Ohio Department of Medicaid and the Government Resource Center to use data from the Ohio Department of Medicaid PRAF 2.0 to track progress of the quality improvement interventions. OPQC also worked with the Ohio Department of Health Vital Statistics and the Government Resource Center to link project data with birth registry data from Vital Statistics. OPQC recommends that those wishing to implement the Smoke Free Families project consider the following:

If you are a practice:

- Consider which key process measure are feasible to measure, increasing the use of the 5As worksheet, ensuring staff are trained in MI, increasing the number of women who quit smoking based on your team's interventions, etc.

If you are a regional or state collaborative:

- Consider which process measures make sense for your project and practice sites.
- Identify existing data infrastructure that could be leveraged to track progress on outcomes (e.g. smoking cessation, premature birth).

References

Blatt, K., Moore, E., Chen, A., Hook, J. V., & Defranco, E. A. (2015). Association of Reported Trimester-Specific Smoking Cessation With Fetal Growth Restriction. Obstetrics & Gynecology, 125(6), 1452-1459. doi:10.1097/aog.0000000000000679

Chamberlain C, O'Mara-Eves A, Oliver S, et al. Psychosocial interventions for supporting women to stop smoking in pregnancy. Cochrane Database Syst Rev. 2013;10(10):CD001055. Published 2013 Oct 23. doi:10.1002/14651858.CD001055.pub4

Dietz, P. M., Homa, D., England, L. J., Burley, K., Tong, V. T., Dube, S. R., & Bernert, J. T. (2011). Estimates of Nondisclosure of Cigarette Smoking Among Pregnant and Nonpregnant Women of Reproductive Age in the United States. AMERICAN JOURNAL OF EPIDEMIOLOGY, 173(3), 355–359. https://doi.org/10.1093/aje/kwq381

Drake P, Driscoll AK, Mathews TJ. Cigarette Smoking During Pregnancy: United States, 2016. NCHS Data Brief. 2018;(305):1–8. Retrieved from https://www.cdc.gov/nchs/data/databriefs/db305.pdf

Hettema J, Steele J, Miller WR. (2005). Motivational interviewing. Annu Rev Clin Psychol;1:91–111.

Kruger, J., Shaw, L., Kahende, J., & Frank, E. (2012). Health care providers' advice to quit smoking, National Health Interview Survey, 2000, 2005, and 2010. Preventing Chronic Disease, 9, E130. Retrieved from http://search.ebscohost.com/login.aspx?direct=true&db=mnh&AN=22814236&site=eds-live&scope=site

Martin, J., Hamilton, B., Osterman, M., Driscoll, A., and Drake, P. (January 2018). Births: Final Data for 2016. National Vital Statics Reports 67 (1). Retrieved from https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_01.pdf

Smoking Cessation During Pregnancy, A Clinician's Guide to Helping Pregnant Women Quit Smoking. 2011 Self-instructional Guide and Tool Kit. An Educational Program from the American College of Obstetricians and Gynecologists.

Tobacco and Nicotine Cessation During Pregnancy: ACOG Committee Opinion, Number 807. Obstet Gynecol. 2020;135(5):e221–e229. Retrieved from https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2020/05/tobacco-and-nicotine-cessation-during-pregnancy

USPSTF. (September 2015). Final Summary: Tobacco Smoking Cessation in Adults, Including Pregnant Women: Behavioral and Pharmacotherapy Interventions. Retrieved from https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions1

Acknowledgments

OPQC

Faculty Leads
Carole Lannon, MD, MPH
Jay Iams, MD
Michael Marcotte, MD
Heather Frey, MD
Michael Krew, MD, MS
Heather Kaplan, MD, MSCE

Project Management Team
Jennifer Terry, MHA
Michelle Spotts
Tracey Flynn

Quality Improvement Team
Mary Bauer, MSHS, RD, LD
Andrea J. Hoberman, MPH

Program Advisors
Gretchen Clark Hammond, PhD, MSW, LSW
Sandy Fuller, MEd
Karen Hughes, MPH

Data Management Team
Maurizio Macaluso, MD, DPH
Justin Bates, MA
Emily Chesnut, BA
Michael (Scot) Fague, BSMIS
Rushi Goswani, MBBS, MPH, CPH
Pierce Kuhnell, MS
Melanie Miner, BS, BA
Kristin Tillman, BA

PARTICIPATING SMOKE FREE FAMILIES TEAMS

Ohio State University
Tri Health
Mount Carmel
Genesis
Grant County
Lane Woman's Health
Help Me Grow
Third Street, OB/GYN
Crossroad Health Center

The OPQC Smoke Free Families Project is funded by the Ohio Department of Medicaid and administered by the Ohio Colleges of Medicine Government Resource Center. This project supports the Ohio Department of Health Smoke Free Families initiative. The views expressed are those of the authors and do not represent the views of the state of Ohio or federal Medicaid programs.

Appendix

A. Smoke Free Families Clinical Systems Inventory

Section I: **5As**

1) Our practice incorporates a smoking/tobacco cessation approach that utilizes 5A's strategies	Do not understand what is meant by "5A's" method Not done currently Planned In the process of implementing Part of our practice
2) Our practice incorporates a smoking/tobacco cessation approach that uses motivational interviewing	Do not understand what is meant by "motivational interviewing" techniques Not done currently Planned In the process of implementing Part of our practice

Section II: **ASK**

3) Our practice utilizes a standard screening currently tool/prompt to identify a pregnant woman's smoking/tobacco use status during initial prenatal visit	Not done currently Planned In the process of implementing Part of our practice
4) Our practice utilizes a standard screening tool/prompt to re-evaluate a pregnant woman's smoking status during every prenatal visit for those with a positive smoking/tobacco use	Not done currently Planned In the process of implementing Part of our practice
5) Our practice is using the PRAF 2.0 on all pregnant women on Medicaid to inform the Medicaid Managed Care Plan of smoking/ tobacco risk and resources needed	Do not know what the PRAF 2.0 is Not done currently Planned In the process of implementing Part of our practice Not planning to implement

Section III: **ADVISE**

6) Our practice utilizes scripts to help all team members increase comfort with discussing smoking/tobacco cessation and smoking's impact on the baby	Not done currently Planned In the process of implementing Part of our practice
7) Our practice provides educational materials about smoking/tobacco cessation to a pregnant mom and her significant other(s)	Not done currently Planned In the process of implementing Part of our practice

Section IV: **ASSESS READINESS TO QUIT**

8) Our practice bills and receives reimbursement for smoking cessation activities with pregnant women	Not done currently Planned In the process of implementing Part of our practice
9) Our practice assesses the pregnant woman's willingness to quit and next steps using a standard approach (e.g. ready to quit, not ready to quit, etc.)	Not done currently Planned In the process of implementing Part of our practice

Section V: **ASSIST**

10) Our practice has a system in place to provide on-site educational support/counseling during every prenatal visit for smoking/tobacco cessation	Not done currently Planned In the process of implementing Part of our practice
11) Our practice offers pharmacological interventions for smoking/tobacco cessation such as nicotine replacement therapy (NRT) or bupropion for appropriate patients	Not done currently Planned In the process of implementing Part of our practice

Section VI: **ARRANGE**

12) Our practice refers pregnant women to a certified tobacco treatment specialist (CTTS) or community tobacco cessation program	Not done currently Planned In the process of implementing Part of our practice Not available
13) Our practice refers eligible women to the Baby and Me Tobacco Free smoking cessation program	Do not have knowledge of this program Not done currently Planned In the process of implementing Part of our practice
14) Our practice refers eligible women to the Ohio Quit Line smoking cessation program	Do not have knowledge of this program Not done currently Planned In the process of implementing Part of our practice

B. Ohio Resources / PRAF 2.0

Ohio's electronic Pregnancy Risk Assessment Form (PRAF 2.0)

The Ohio electronic Pregnancy Risk Assessment Form (PRAF 2.0) PRAF 2.0 is required for all Medicaid-insured pregnant women. This system streamlines communication to ensure every patient receives the care and services they need during and after pregnancy. Completing PRAF 2.0 immediately notifies the Ohio Medicaid and eligibility system of a member's pregnancy to ensure:

1) Medicaid coverage during prenatal and postpartum period
2) Automatic managed care plan referral to assist the member in obtaining additional needs or services
3) Automatic referral to Home Health agency for critical pregnancy resources such as treatment for high risk progesterone candidates, and
4) Automatic referral to ODH Home Visiting services.

A PRAF 2.0 should be completed and submitted at the initial visit and repeated whenever changes occur. Care providers are reimbursed for PRAF 2.0 submission and may receive additional incentive from the Managed Care Plans. In Ohio, you can be reimbursed for submitting a PRAF 2.0 form for pregnant patients on Medicaid once a trimester, as well as any time there is a significant change in medical history (ex. diagnosis of GSD or HTN, identify need for Progesterone, etc.). This reimbursement is separate from billing for tobacco cessation treatment (*see Appendix C*).

Resources about the PRAF 2.0 for Care Providers:

- Information about the PRAF 2.0 through the Ohio Department of Medicaid (ODM) is available here, including:
  - Provider User Manual
  - Information on billing for the PRAF 2.0
  - FAQ's about the PRAF 2.0
  - Link to the Nurture Ohio Portal (where PRAF 2.0 data is stored)
  - Contact information for support through ODM (Progesterone_PIP@medicaid.ohio.gov)
- Informational webinars and a checklist for getting started on the PRAF 2.0 are available on OPQC's website here
  - PRAF 2.0: "Getting Started" Webinar Recording
  - PRAF 2.0: "Next Steps" Webinar Recording
  - Checklist: Quick Steps to Access the PRAF 2.0/. . Nurture Ohio Web Based System

The sections highlighted below in yellow are also included on the ODM Nurture Ohio PRAF 2.0 intake form. It is important for teams to establish a process that includes the entry of the information in the highlighted columns into the PRAF 2.0. Through the Nurture Ohio system, you will be able to analyze your practice's performance on the Ask, Assess and Arrange elements of the 5As.

5A's Intervention Record
OPQC Perinatal SFF v. 13, 6/28/19

DATE ____ / ____ / ____ Staff Initials: _____

Select one:

☐ Initial Visit GA _____

☐ Follow up Visit (24+ weeks) GA _____

Patient Information:

First Name: _____ Last Name: _____

DOB: _____ (MM/DD/YYYY) Zip Code: _____

Instructions: Complete 5A's Intervention Record on all initial pregnancy visits. If pt. replies YES to any questions in column 1 (Ask), complete form and then again at > 24 week follow up visit.*

**Highlighted sections below contain questions from PRAF 2.0.*

1. ASK

Smoking/Tobacco Status: Is the pt. currently smoking?

○ YES →

Cigarettes/day _____

○ NO

○ Quit after pregnancy confirmed

○ Quit prior to pregnancy

○ Never

Does the pt. use other tobacco products such as vaping (E-cig) smokeless tobacco, cigars, black & mild or hookahs?

○ YES →

○ NO

2. ADVISE
(Proceed if YES answered to any questions in column 1.)

Was strong advice to quit addressing any of the following topics provided by clinical team members?

✓ Benefits of quitting

✓ Harms of smoking/tobacco

✓ Difficulty of quitting

✓ Risks of secondhand smoke exposure

○ YES

○ NO

3. ASSESS

Is the woman willing to quit during pregnancy?

○ YES →

○ NO

○ Undecided

○ Not Assessed

IF NO OR UNDECIDED:

1. Offer personalized, relevant feedback about the importance of quitting
2. Explore perceived pros and cons of smoking and quitting
3. Discuss the 5R's of quitting tobacco use

4. ASSIST

Were self-help materials on smoking/tobacco cessation provided?

○ YES

○ NO

Was a quit date set?

○ YES

____ / ____ / ____

○ NO

Was pharmacotherapy recommended?*

○ YES

○ NO

*Should not replace counseling

5. ARRANGE

Was referral to a smoking/tobacco cessation resource provided?

○ YES

○ NO

○ Provided at previous visit

What resources were offered:
(check all that apply)

○ Managed Care Plan Assistance

○ Tobacco Treatment Specialist/Program

○ Quit Line

○ Baby and Me Tobacco Free

○ Other: _____

click to view full-size

C. Managed Care Plans (MCP) Services and Reimbursement Guide

Medicaid Billing for Tobacco Cessation Treatment-Medical Settings

In 2015, the Ohio Medicaid smoking rate was 40.1%[i]. This is nearly double the 2015 overall adult smoking rate in Ohio of 21.6%[ii]. As a provider, you can make an impact on reducing tobacco use by asking your patients if they smoke, providing even brief counseling, pharmacotherapy and referral to cessation resources. Ohio Medicaid covers tobacco cessation treatment for patients enrolled in Medicaid fee-for-service and Medicaid Managed Care. The Ohio Department of Health created the following chart to assist providers.

	Medicaid Fee-for-Service		Medicaid Managed Care Plan (MCP) (Providers are encouraged to check with each MCP with questions about billing instructions or coverage policies.)				
Service (code)	**Modifier Required**	**Reimbursed Amount**	**Buckeye Community Health Plan**	**CareSource**	**Molina Healthcare of Ohio**	**Paramount *Advantage***	**United Healthcare Community Plan**
99406 Individual Tobacco Counseling (greater than 3 and up to 10 minutes)	Requires Modifier 25*	$9.43	Yes	Yes	Yes	Yes	Yes
99407 Individual Tobacco Counseling (greater than 10 minutes)	Requires Modifier 25*	$19.00	Yes	Yes	Yes	Yes	Yes
S9453 Smoking Cessation classes, non-physician provider, per session	---	$14.52	Yes	Yes	Yes	Yes	Yes
Federally Qualified Health Centers (FQHCs)/Rural Health Clinics (RHCs) Service Codes: 99406 and 99407	T1015 w/ a U1 modifier when eligible provider renders the service (FQHC or RHC medical service)	FQHCs and RHCs may be paid their pre-established per visit payment amount for FQHC or RHC medical services	Yes	Yes	Yes	Yes	Yes
Medications	FDA Approved		FDA Approved				

Ohio Department of Health

Last Updated: October, 2018

continued on next page

C. Managed Care Plans (MCP) Services and Reimbursement Guide

	Medicaid Fee-for-Service		Medicaid Managed Care Plan (MCP) (Providers are encouraged to check with each MCP with questions about billing instructions or coverage policies.)				
Service (code)	**Modifier Required**	**Reimbursed Amount**	**Buckeye Community Health Plan**	**CareSource**	**Molina Healthcare of Ohio**	**Paramount *Advantage***	**United Healthcare Community Plan**
Quit Line Services	Unlimited access to Ohio Tobacco Quit Line by calling 1-800-Quit Now		Unlimited access to Ohio Tobacco Quit Line by calling 1-800-Quit Now	Unlimited access to Ohio Tobacco Quit Line by calling 1-800-Quit Now	Unlimited access to Ohio Tobacco Quit Line by calling 1-800-Quit Now	Unlimited access to Ohio Tobacco Quit Line by calling 1-800-Quit Now	Unlimited access to Ohio Tobacco Quit Line by calling 1-800-Quit Now
Pharmacotherapy restrictions	No restrictions		No restrictions	Chantix – prior authorization required after 6 months/year; Nicotrol is non-preferred - requires a 30 day trial of gum, lozenge or patches and a clinical reason for both oral inhaler and nasal inhaler; quantity limits for gum, lozenge, & patches	Step therapy required for Chantix, Prior Authorization required for Nicotrol inhaler and spray	Chantix- 2 times a year limit for smoking cessation trials that have to be 6 months apart	Chantix – limited to 6 months/year, Nicotrol requires prior authorization
Provider Services	1-800-686-1516		1-866-296-8731	1-800-488-0134	1-855-322-4079	1-800-891-2542	1-800-600-9007

*Only required if an office visit is performed on the same day as tobacco cessation service.
-No Copays for Fee-for-Service or Medicaid Managed Care.

Value-Based Purchasing (VBP)
Ohio's models for VBP (episodes of care and patient-centered medical homes) include tobacco use as a significant risk factor. Payment is risk-adjusted for this variable. ***Subsequently, it is in the clinician's best interest to use an ICD-10 code to document the tobacco use status of all patients seen.*** F17 codes are used if the patient is dependent on tobacco. Z codes are used if the patient is not dependent on tobacco. Additionally, identification of this code on a claim will allow for feedback to clinicians and hospital systems as it relates to tobacco use.

General Medicaid Fee-for-Service Considerations
All codes must be billed through a Medicaid provider.
Medicaid fee for service allows the following provider types to receive reimbursement for tobacco cessation counseling: advanced practice nurses, clinics, dentists (please refer to the *Medicaid Billing for Tobacco Cessation Treatment-Dental Settings*), freestanding birth clinics, outpatient hospital clinics, physicians, physician assistants and psychologists. Independently licensed social workers, clinical counselors, chemical dependency counselors, and marriage and family therapists can also receive reimbursement for tobacco cessation counseling. Dependently licensed practitioners may provide these services incidental to a physician service or under physician supervision. Providers billing on professional claims utilizing CPT procedure codes MUST include modifier 25 to be identified as a separately identifiable service. CPT procedure codes not accompanied by modifier 25 will be considered incidental to patient visit and may be rejected. FQHC or RHC claims for smoking cessation services rendered by an eligible practitioner of FQHC medical services (see OAC Chapter 5160-28) should be submitted as an FQHC or RHC medical visit using T1015 with a U1 modifier and procedure code 99406 or 99407.

Ohio Department of Health

Last Updated: October, 2018

continued on next page

C. Managed Care Plans (MCP) Services and Reimbursement Guide

Medicaid Managed Care Plans (MCPs)
All MCPs are required to cover tobacco cessation counseling and medications. Limits and prior authorization requirements may vary by health plan. Providers can contact the MCP's Provider Services Department at the phone number identified on page 1 of this document with questions or concerns.
FQHCs and RHCs may submit a claim to ODM for a supplemental (wraparound) payment if the amount the MCP pays for tobacco cessation services is less than the FQHC or RHC's pre-established per visit payment amount for FQHC or RHC medical services.

Effective Screening for Tobacco Dependence
The "gold standard" approach to tobacco cessation treatment is known as *The 5As Model*[iii].

- **ASK** the client about smoking status
- **ADVISE** to quit smoking with personalized messages
- **ASSESS** willingness to quit
- **ASSIST** with motivational interviewing, self-help materials, problem solving, skills training, and social support. This could also involve making referrals to other treatment providers.
- **ARRANGE** to follow-up during subsequent visits

The 5As can be incorporated into existing practice protocols in a number of ways, often depending on the size of the office and shared responsibilities in patient treatment.

Medications
Ohio Medicaid covers all seven of the FDA approved medications for tobacco cessation – five forms of nicotine replacement therapy (patches, gum, lozenges, inhalers and sprays), antidepressants, and nicotinic receptor agonists. Prescriptions are required for all medications, including over-the-counter medications.[iv] The cessation medication coverage does not have significant lifetime limits, annual limits, or limits of duration of treatment.

Ohio Tobacco Quit Line
The telephonic delivery of counseling services is an evidenced-based strategy for tobacco cessation. The Ohio Tobacco Quit Line, through the Ohio Department of Health, offers tobacco cessation counseling services for Ohioans. Those seeking assistance with quitting tobacco products can be referred to 1-800-QUIT-NOW. Participants enrolled in the program are offered a five-call proactive counseling series and access to nicotine replacement therapy, if eligible.
Please email tobaccoprevention@odh.ohio.gov with any questions or concerns.

[i] Ohio Medicaid Assessment Survey, 2015, http://grc.osu.edu/OMAS
[ii] Behavioral Risk Factor Surveillance System, 2015, https://www.cdc.gov/brfss/index.html
[iii] https://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/5steps.html
[iv] Ohio Medicaid Pharmacy Program, http://pharmacy.medicaid.ohio.gov/

Ohio Department of Health

Last Updated: October, 2018

Managed Care Plan Services (Ohio)

Referral Type	Buckeye Community Health Plan	CareSource	Molina Healthcare of Ohio	Paramount Advantage	United Healthcare Community Plan
Internal Programs	Puff Free Pregnancy	Quit for 2	–	–	–
Local Community Programs	Yes	No	Yes	Yes	Yes
State Programs	BMTF Ohio Quit Line	Ohio Tobacco Quit Line	Ohio Tobacco Quit Line, BMTF	Ohio Tobacco Quit Line, Community Cessation Initiative	Ohio Tobacco Quit Line
Other Programs	–	Community Based Health Center provider and/or Behavioral Health Centers	–	–	–

5A's Intervention Record
OPQC Perinatal SFF v. 13, 6/28/19

DATE _____ / _____ / _____ Staff Initials: _____

Select one:

☐ Initial Visit GA _____

☐ Follow up Visit (24+ weeks) GA _____

Patient Information:

First Name: _____ Last Name: _____

DOB: _____ (MM/DD/YYYY) Zip Code: _____

Instructions: Complete 5A's Intervention Record on all initial pregnancy visits. If pt. replies YES to any questions in column 1 (Ask), complete form and then again at > 24 week follow up visit.

1. ASK

Smoking/Tobacco Status: Is the pt. currently smoking?

○ YES →

Cigarettes/day _____

○ NO

○ Quit after pregnancy confirmed

○ Quit prior to pregnancy

○ Never

Does the pt. use other tobacco products such as vaping (E-cig) smokeless tobacco, cigars, black & mild or hookahs?

○ YES →

○ NO

2. ADVISE

(Proceed if YES answered to any questions in column 1.)

Was strong advice to quit addressing any of the following topics provided by clinical team members?

✓ Benefits of quitting

✓ Harms of smoking/tobacco

✓ Difficulty of quitting

✓ Risks of secondhand smoke exposure

○ YES

○ NO

3. ASSESS

Is the woman willing to quit during pregnancy?

○ YES →

○ NO

○ Undecided

○ Not Assessed

IF NO OR UNDECIDED:

1. Offer personalized, relevant feedback about the importance of quitting
2. Explore perceived pros and cons of smoking and quitting
3. Discuss the 5R's of quitting tobacco use

4. ASSIST

Were self-help materials on smoking/tobacco cessation provided?

○ YES

○ NO

Was a quit date set?

○ YES

_____ / _____ / _____

○ NO

Was pharmacotherapy recommended?*

○ YES

○ NO

*Should not replace counseling

5. ARRANGE

Was referral to a smoking/tobacco cessation resource provided?

○ YES

○ NO

○ Provided at previous visit

What resources were offered:

(check all that apply)

○ Managed Care Plan Assistance

○ Tobacco Treatment Specialist/Program

○ Quit Line

○ Baby and Me Tobacco Free

○ Other: _____

5A's Intervention Record
OPQC Perinatal SFF v. 13, 6/28/19

DATE _____ / _____ / _____ Staff Initials: _____

Select one:

☐ Initial Visit GA _____

☐ Follow up Visit (24+ weeks) GA _____

Patient Information:

First Name: _____ Last Name: _____

DOB: _____ (MM/DD/YYYY) Zip Code: _____

Instructions: Complete 5A's Intervention Record on all initial pregnancy visits. If pt. replies YES to any questions in column 1 (Ask), complete form and then again at > 24 week follow up visit.*

**Highlighted sections below contain questions from PRAF 2.0.*

1. ASK

Smoking/Tobacco Status: Is the pt. currently smoking?

◯ YES →

Cigarettes/day _____

◯ NO

◯ Quit after pregnancy confirmed

◯ Quit prior to pregnancy

◯ Never

Does the pt. use other tobacco products such as vaping (E-cig) smokeless tobacco, cigars, black & mild or hookahs?

◯ YES →

◯ NO

2. ADVISE

(Proceed if YES answered to any questions in column 1.)

Was strong advice to quit addressing any of the following topics provided by clinical team members?

✓ Benefits of quitting

✓ Harms of smoking/tobacco

✓ Difficulty of quitting

✓ Risks of secondhand smoke exposure

◯ YES

◯ NO

3. ASSESS

Is the woman willing to quit during pregnancy?

◯ YES →

◯ NO

◯ Undecided

◯ Not Assessed

IF NO OR UNDECIDED:

1. Offer personalized, relevant feedback about the importance of quitting
2. Explore perceived pros and cons of smoking and quitting
3. Discuss the 5R's of quitting tobacco use

4. ASSIST

Were self-help materials on smoking/tobacco cessation provided?

◯ YES

◯ NO

Was a quit date set?

◯ YES

_____ / _____ / _____

◯ NO

Was pharmacotherapy recommended?*

◯ YES

◯ NO

*Should not replace counseling

5. ARRANGE

Was referral to a smoking/tobacco cessation resource provided?

◯ YES

◯ NO

◯ Provided at previous visit

What resources were offered:
(check all that apply)

◯ Managed Care Plan Assistance

◯ Tobacco Treatment Specialist/Program

◯ Quit Line

◯ Baby and Me Tobacco Free

◯ Other: _____

ASSESS: How willing are you to quit on scale of 1 – 10?

RAISE THE SUBJECT

"Thank you for completing this questionnaire — is it ok with you if we review your results?"

"Can you tell me more about your past/current smoking? What does a typical week look like?"

PROVIDE FEEDBACK

"Sometimes patients who give similar answers on this questionnaire are continuing to use smoking during their pregnancy."

"I recommend pregnant patients look at the benefits of quitting smoking. Mom and baby will both benefit, even before delivery. Some of my favorite benefits are XYZ…"."

ENHANCE MOTIVATION

"What do you like and what are you concerned about when it comes to your smoking/ tobacco use?"

"On a scale of 0 – 10, how ready are you to avoid smoking altogether?

"Why did you pick that number rather than a _____ (lower number)?"

NEGOTIATE PLAN

Summarize conversation.

Then: "What steps do you think you can take to reach your goal of having a healthy pregnancy and baby?"

"I hope we can check in about this next time - can we schedule a date?"

Precontemplation:
nervous, afraid, concerned, not interested, overwhelmed

Action

OPQC
Ohio Perinatal Quality Collaborative

Scaling

0 1 2 3 4 5 6 7 8 9 10

Not At All Important — Somewhat Important — Very Important — Extremely Important

Importance

0 1 2 3 4 5 6 7 8 9 10

Not At All Important — Somewhat Important — Very Important — Extremely Important

Confidence

0 1 2 3 4 5 6 7 8 9 10

Not At All Important — Somewhat Important — Very Important — Extremely Important

Readiness

OPQC Ohio Perinatal Quality Collaborative

QUIT CONTRACT

I agree to stop smoking on _____

Quit Date

I understand that stopping smoking is the single best thing I can do for my health and the health of my baby.

_____ _____

Patient's signature Clinician's signature

_____

Today's date

MI Script – Assisting Former Smokers in Remaining Tobacco-Free

START THE CONVERSATION

- Tell me how it has been going since I last saw you.
- How have things been going?
- Talk to me about the quit process so far.

DISCUSS CHANGES/ BENEFITS

- What changes have you seen since quitting?
- Tell me what benefits you have seen since quitting.

DISCUSS CHALLENGES/ SURPRISES

- What has surprised you?
- Tell me what problems you have encountered.
- Tell me about your struggles.

ASSIST

- Tell me how I can be most helpful.
- How can I help?
- What would be helpful to you at this time?

Content by Gretchen Clark Hammond, PhD, MSW, LSW, LCDCIII, TTS.
Gretchen@mightycrow.com

OPQC Ohio Perinatal Quality Collaborative

Common Elements of Practical Counseling

PRACTICAL COUNSELING	EXPLANATION & EXAMPLES
1. **Recognize danger situations or triggers:** identify events, internal states, or activities that increase the risk of smoking or relapse.	Danger situations/warning signs/triggers to use tobacco: • Events: Being around other smokers at work or socially, being in places where smoking is common, being at events that remind you of smoking. • Internal States: Feelings or moods that trigger a desire to use tobacco. Feeling very angry, feeling nervous/anxious, or feeling down.
2. **Develop coping skills** to deal with these danger situations or triggers. 	There are two major types of coping skills that we develop: (a) cognitive, and (b) behavioral. • Cognitive: things we think about instead of thinking about using tobacco. Examples: thinking about quitting, thinking about the benefit, thinking about another subject that distracts you, etc. • Behavioral: things we can do or actions we can take to avoid tobacco use. Examples: Drinking water, taking deep breaths, doing an activity that occupies your hands, etc.
3. **Understand the process of quitting.** 	• Developing a plan to quit that involves a quit date two weeks to 30 days in advance. • Cleaning out one's house, car, purse, etc. to remove tobacco products. • Understanding what medications might help with nicotine withdrawal and how to properly use them. • Being aware of how the addiction to nicotine works and why abstaining from tobacco use is important (not one puff ever). • Understanding the symptoms of withdrawal and how to deal with them.

OPQC Ohio Perinatal Quality Collaborative