

Attachment A: **TEMPLATE FOR TRANSFORMATION PROJECT SUGGESTIONS**

For projects to be considered for inclusion in the Medicaid Transformation Project List, please provide the information requested in the template. We are looking for summarized information – **2-3 pages maximum per project**. Please email completed templates by **January 15, 2016**, to [MedicaidTransformation@hca.wa.gov](mailto:MedicaidTransformation@hca.wa.gov) with the subject **Medicaid Waiver Project**. Thank you for your interest and support.

<b>Contact Information</b>	<p>Marguerite Ro                  Director of Chronic Disease &amp; Injury Prevention, Public Health- Seattle &amp; King County                  Tel: 206-263-8811                  Email: <a href="mailto:marguerite.ro@kingcounty.gov">marguerite.ro@kingcounty.gov</a></p> <p>DOH was involved in developing this project suggestion</p>
<b>Project Title</b>	<i>Utilizing Community Health Workers for the delivery of tobacco interventions</i>
<b>Rationale for the Project</b>	
<p>The project centers on Community Health Workers (CHWs) delivering cessation services provided to clients in both clinical and community settings. Tobacco use is the main cause of preventable disease and death in Washington State, killing about 7,600 people every year. It is the nation's number one cause of preventable death, killing 480,000 people in the U.S. each year. Another 8.6 million people have a serious illness related to smoking. Once CHWs are trained in treating tobacco and nicotine addiction, CHWs can serve as a means of improving health outcomes for populations suffering from chronic diseases by delivering tobacco interventions with every client. CHWs are already assisting clients by presenting appropriate options for their disease. It is a natural fit to utilize CHWs as the vehicle to reach (the often) underserved communities as they discuss heart disease, asthma, diabetes, etc. It is necessary to prevent these diseases to worsen. In addition, CHWs have more time with patients than medical providers and can be more accessible as well.</p> <p>In 2010, a report by the Institute of Medicine entitled “<i>A Population-based Policy and Systems Change Approach to Prevent and Control Hypertension</i>” further supported these findings by recommending the deployment of CHW as a population-based strategy for heart disease and stroke prevention. It is routine that CHWs act in the delivery of prevention and health promotion programs. Since hypertension is directly related to tobacco use, tobacco must be addressed in conjunction with their disease.</p> <p>CHWs typically see Medicaid recipients who remain at high risk and suffer disproportionately from tobacco-related illness and death. For example, treating tobacco users with chronic disease presents additional challenges. They can experience increased hospitalization time, complications, and increased risk of death. They continue to smoke at nearly twice the rate of the general population. CHWs are well-trained in addressing chronic diseases, many of which are the result of tobacco use. So it is critical for CHWs to directly address tobacco use as they counsel their clients on chronic disease management.</p> <p>U. S. Preventative Services (USPS) recommends using the 5As; ASK-all health professionals ask all adults whether they smoke, ADVISE them to quit, assess readiness to quit, ASSIST in quitting, and ARRANGE for follow up. Research related to CHWs as tobacco cessation counselors is limited. However, evidence shows that CHWs are influential, credible, and supportive to patients in need of health education services. CDC has already compiled evidence-based research that supports the effectiveness of CHWs in the Community Health Worker Toolkit. The toolkit also includes information that state health departments can use to train and further build capacity for CHWs</p>	

in their communities, as well as helpful resources that CHWs can use within their communities. In addition, the Washington State Department of Health is developing a tobacco cessation module for their statewide CHW training program that will be in place by Fall of 2016.

Based on evidence from 80 studies, the Community Preventive Services Task Force recommends team-based care to improve blood pressure control. In a team-based care model, a multidisciplinary team that includes the patient, the patient’s primary care provider, and other professionals such as nurses, pharmacists, dietitians, social workers, and CHWs, coordinate comprehensive disease management plans. CHWs are front line public health workers who serve as a critical link between communities and healthcare systems. They are trained to provide culturally appropriate information and health education, offer social support and informal counseling; connect Medicaid beneficiaries with the services they need; all in which align with tobacco interventions.

Specific subpopulations and high poverty neighborhoods have high rates of smoking, difficulties with quitting, and disproportionate tobacco-related health disparities. Prior research utilizing conventional “outsider driven” interventions targeted to individuals has failed to show effective cessation outcomes. This project idea fits appropriately with the objectives for Medicaid, since recipients will be receiving the support and services and is a natural role for CHWs. Reimbursements to CHW can possibly assist more recipients in increased quit attempts, modified behavior change, maintenance of being tobacco-free, and allowing for follow up to stay quit. These areas align with constructs associated with social determinants of health and Healthy People 2020 objectives.

**Project Description**

*Which Medicaid Transformation Goals<sup>1</sup> are supported by this project/intervention? Check box(es)*

Improve population health, focused on prevention

*Which Transformation Project Domain(s) are involved? Check box(es)*

Health Systems Capacity Building

Care Delivery Redesign

Population Health Improvement – prevention activities

**Region:** More than a third of adults on Medicaid smoke. Regions impacted by the project include WA State and could lead to similar coverage in other states. The target populations include patients with asthma, heart disease, obesity, and other chronic risk factors and diseases, who may likely suffer from mental illness and/or substance use disorder. Target populations also include pregnant women who are current and former tobacco users.

**Transformation Goal:**

WA Common Measure Set: Tobacco: % of Adults who smoke cigarettes

**Project goals, interventions, and outcomes:**

Goal: To implement community health worker-delivered cessation services targeting Medicaid tobacco users

Outcome: Ultimately the goal is for CHWs to incorporate tobacco interventions, thereby reducing high blood pressure and diabetes and other chronic disease risk factors among all participants. Additionally, the project aims to increase the number of participants who may have a medical home but have not responded to the usual interventions and may require enhanced lifestyle support through the services offered by CHWs.

In 2000, Tobacco Free El Paso was an American Legacy Foundation initiative committed to create reliable and accessible tobacco cessation services for low-income, predominant Hispanic populations. Throughout the years, they worked with local agencies such as Texas Tech University’s Community Partnership clinics and Centro San Vicente to train CHWs/*promotores* (and other health care providers) to identify patients, and deliver a comprehensive tobacco cessation service that incorporated the use of nicotine replacement therapies as referred by the providers, and counseling sessions administered by *promotores*.

**Potential partners, systems, and organizations.**

Engagement of multi program entities is needed to achieve the results of the proposed project, including but not limited to: potential partners, systems, and organizations; health and social service providers, public housing providers, housing authority administrators, mental health and substance abuse organizations, community clinics and hospitals, community health workers, community based organizations, and community clinics, food banks, multi-cultural health organizations, churches, pharmacies, and grocery outlets, DSHS, Department of Health, Public Health programs.

**Core Investment Components**

Core components include:

- creating a tobacco curriculum for CHWs, providing trainings for CHWs,
- integrating tobacco into EMRs and other tracking related systems,
- institutionalizing interventions into daily tasks.

Best estimate: not yet costed out

# served: If enacted, CHWs could reach an estimated 30,000 smokers, on an annual basis.

Implementation time: To fully implement the project will take up to one year.

ROI: A study done on Washington State tobacco prevention and cessation spending from 2000-2009 showed that for every \$1 spent, the state saved \$5 in reduction of hospitalizations for heart disease, stroke, respiratory disease and cancer caused by tobacco use. These estimates don't include physician, pharmaceutical, and rehabilitation costs, as well as lost productivity for people and families. Total cost savings per hospitalization could more than double if these factors are included. The savings estimate also doesn't factor in many other health conditions that don't require hospitalization.

**Project Metrics**

Efforts to establish benchmark performance ahead of proposed project implementation include strategy sessions, creating an advisory group, collaborating with behavioral health and community partners.

Outcomes:

- Any tobacco use (adults/youth)
- Cigarette smoking (adults/youth)
- Smokeless tobacco user (adults)

<sup>i</sup> Transformation goals as stated in Washington's Medicaid Transformation waiver, <http://www.hca.wa.gov/hw/Documents/waiverappl.pdf>:

- Reduce avoidable use of intensive services and settings such as acute care hospitals, nursing facilities, psychiatric hospitals, traditional LTSS and jails.

## Development of Washington State Medicaid Transformation Projects List – December 2015

---

- Improve population health, with a focus on prevention and management of diabetes, cardiovascular disease, pediatric obesity, smoking, mental illness, substance use disorders and oral health; that is coordinated and whole-person centered.
- Accelerate the transition to value-based payment, while ensuring that access to specialty and community services outside the Indian Health system are maintained for Washington's tribal members.
- Ensure that Medicaid per-capita cost growth is two percentage points below national trends.