

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>	Marguerite Ro Director of Chronic Disease & Injury Prevention, Public Health- Seattle & King County Tel: 206-263-8811 Email: marguerite.ro@kingcounty.gov
<b>Project Title</b>	<i>Prevent tobacco use and promote cessation, especially among low SES populations and other targeted populations (e.g. communities of color, individuals with poor mental health)</i>
<b>Rationale for the Project</b>	
<p>Tobacco use is the main cause of preventable disease and death in Washington State, killing about 7,600 people every year. Approximately 12% or about 182,500 King County adults smoke cigarettes. Among youth (8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grade), 8% report cigarette smoking, and a staggering 23% of youth reporting any tobacco use. Although smoking rates have declined in recent decades -- disparities by income, race/ethnicity, and gender are persistent. There is a long list of illnesses attributable to smoking including: lung cancer, oral cancer, heart disease, stroke, chronic obstructive pulmonary disease, and other respiratory diseases.</p> <p>Nationally, smoking-attributable health care costs are staggering including Medicaid expenditures. Annual smoking-attributable costs range between \$289-332.5 billion, including \$132 – 176 billion for direct medical care of adults (Surgeon General’s Report on Tobacco, 2014).</p> <p>There is a robust evidence base for effective tobacco control interventions. The Institute of Medicine, the Centers of Disease Control and Prevention, and the Surgeon General’s Office all recommend the implementation of a comprehensive tobacco control program. A comprehensive tobacco control program necessitates a coordinated effort among public health, healthcare, behavioral health, and other community stakeholders to prevent initiation of tobacco use, promote and assist tobacco users to quit, and to create a tobacco-free environment that is the social norm.</p>	
<b>Project Description</b>	
<p><i>Which Medicaid Transformation Goals<sup>1</sup> are supported by this project/intervention? Check box(es)</i></p> <p><input checked="" type="checkbox"/> Improve population health, focused on prevention</p> <p><i>Which Transformation Project Domain(s) are involved? Check box(es)</i></p> <p><input checked="" type="checkbox"/> Health Systems Capacity Building</p> <p><input checked="" type="checkbox"/> Care Delivery Redesign</p> <p><input checked="" type="checkbox"/> Population Health Improvement – prevention activities</p> <p><b>Region:</b> This project could be regional or statewide. More than a third of adults on Medicaid smoke. 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.</p>	

**Relationship to Transformation goals:** Tobacco prevention and cessation would support Medicaid Transformation goals by cost savings and improving population health for Medicaid recipients. Common measure: % adults who smoke cigarettes

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

Population-level goal: To prevent the initiation of tobacco use and to assist current tobacco users with quitting.  
System-level goal: To make available a comprehensive tobacco control program that reaches all populations, but particularly those that are vulnerable or where there are documented disparities

Central to the project are regional stakeholder groups that can assure that community needs and priorities are addressed. Efforts can be targeted to populations or geographies with a high proportion of Medicaid-eligible persons.

Potential project components include:

1. Adopt tobacco-free policies across sectors and environments (e.g. health systems; behavioral health facilities; schools; public facilities)
2. Implement the US Public Health Services Guidelines for Treating Tobacco Use
3. Support modification of electronic medical records to prompt providers to complete 5A's
4. Create universal, consistent health insurance benefits for tobacco dependence treatment and benefits for prescription and over-the-counter cessation medications.
5. Promote community-based cessation counseling among all smokers, including people with behavioral health conditions.
6. Develop and implement targeted prevention efforts to address the use of e-cigarettes and other vaping devices..

Linkages to other transformation initiatives: There are significant opportunities to connect these interventions to other transformation initiatives. As the health care delivery system moves to more fully integrate physical and behavioral health services and provide "whole person" care, referral and linkage mechanisms to the services provided in the community – including those providing tobacco cessation – can be developed. Connections can also be cultivated to other health system transformation efforts, such as programs providing physical/behavioral health integration.

Potential partners: In King County, potential partners include schools/school districts, health care providers, health plans, community-based organizations, city governments, community based organizations, food banks/meal programs, community centers, etc. Public Health – Seattle & King County has a positive track record in partnering with community groups to implement successful programs. Selected strategies would be developed and implemented based upon specific community interests and assets.

**Core Investment Components**

Activities:

- (1) Identify partners to participate in working collaboratively on the project
- (2) Coordinate with selected partners to identify specific strategies for implementation
- (3) Identify and provide the specific resources needed for each project
- (4) Begin implementation
- (5) Provide technical assistance, support, and other resources to communities
- (6) Evaluate, refine, and identify lessons learned

*Cost Estimate:* This is a very scalable project. The amount of funding will drive the number of projects, partners, and communities for this work. From past experience, it is imperative to have subject matter expert staff housed at Public Health – Seattle & King County to be close partners with the community. Funding for specific projects and community partners is also a must. A \$1 million investment could pay for 1-2 Public Health staff, and 6-7 community projects for full implementation including staff time, supplies, materials, etc.

*Full Implementation:* For example, Public Health – Seattle & King County is a very experienced health department with deep ties and connections to community partner and we could scale up very quickly and begin implementation within a few months.

*Return on Investment:*

**Including comprehensive tobacco cessation services in Medicaid insurance coverage can result in substantial savings for Medicaid programs.** Every dollar invested in the Massachusetts Medicaid Tobacco Cessation Program led to an average savings of \$3.12 in cardiovascular-related hospitalization expenditures. These savings were realized within one year of the benefits being used. (Richard, et al, 2012)

**Smoking cessation reduces Medicaid claims.** When Massachusetts implemented and aggressively promoted a smoking cessation benefit with minimal co-payments to all Medicaid enrollees, smoking prevalence among enrollees dropped 26 percent in the first two and a half years.(Land et al, 2010) Analysis of Medicaid claims data also found a 46% decrease in the likelihood of hospitalization for heart attacks, and a 49 percent decrease for other coronary heart disease diagnoses during this same time period.(Land et al 2010)

**Project Metrics**

- Any tobacco use
- Cigarette smoking
- Smoke free environments
- Smokeless tobacco users

<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.
- 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.