

MaineHealth

Pilot Project: Integrating Tobacco Treatment into an Opioid Treatment Program

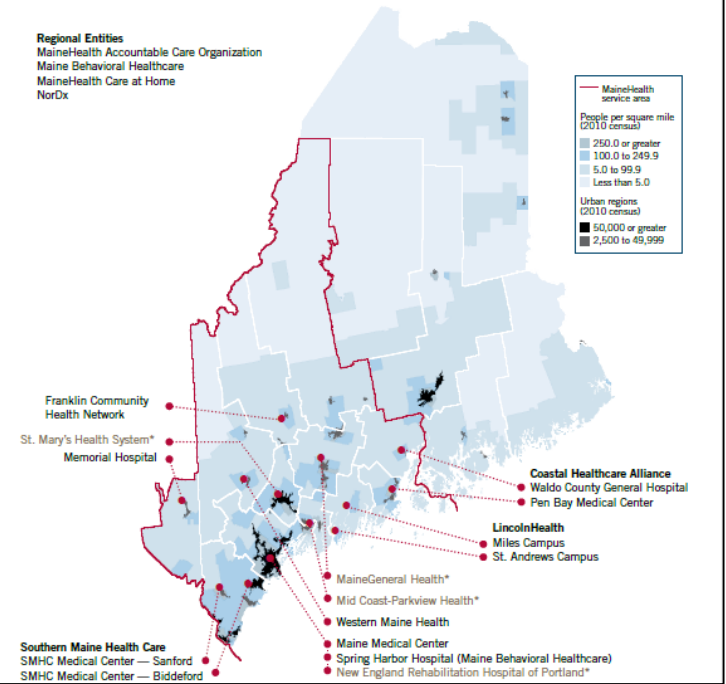
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NCTOH Merged Sub-plenary Session:
“Integrating Tobacco Cessation into Behavioral Healthcare:
Improving Access in a High Prevalence Population”

An integrated not for-profit health system with 19,000+ employees serving 12 counties in Maine & New Hampshire, dedicated to a vision of *working together so our communities are the healthiest in America*



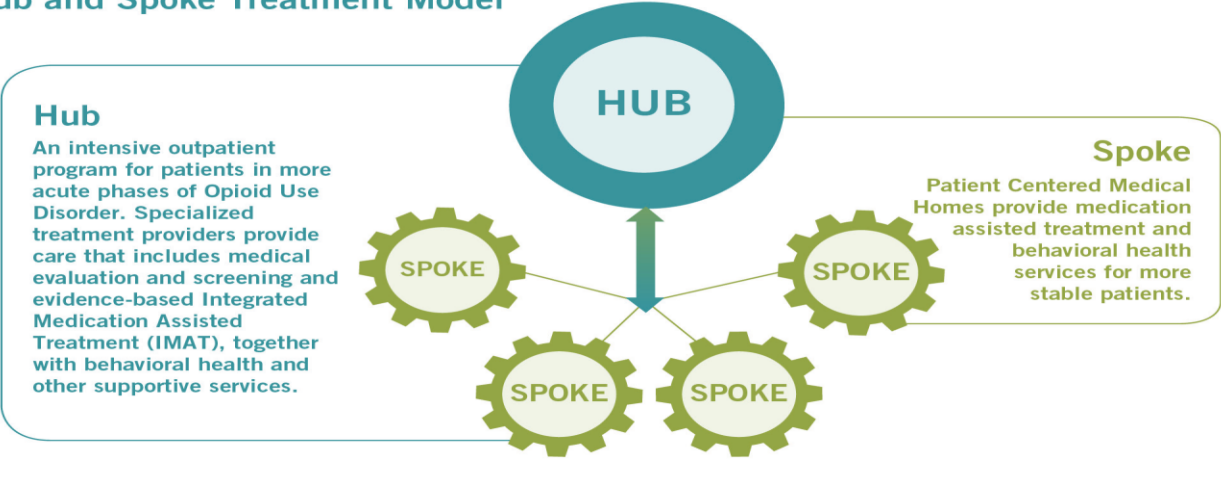
Collaboration of MaineHealth Programs



MaineHealth

Integrated Medication Assisted Treatment (IMAT)

Hub and Spoke Treatment Model



93 clients
7 staff
90% of clients use tobacco

Hub and spoke model (Biddeford IMAT is one of the Hubs)

Components of Project

1. Attitudes and Beliefs
2. Assessments
3. Referrals to the Maine Tobacco HelpLine
4. Treatment planning/goal development
5. Materials
6. Integrating tobacco treatment into existing groups
7. Billing for tobacco treatment services
8. Staff training



1. Attitudes and Beliefs

Tobacco Treatment and the Behavioral Health Population

- Not interested in quitting
- Can't quit
- Hurts recovery from co-occurring SUD/MHD
- Need tobacco for self-medication
- Last pleasure



Smoking-Cessation-Whack-A-Mole Model

Attitudes and Beliefs: Recovery

- Addictions thrive in an environment of other addictions
 - Recovery supports recovery



- Most people who use tobacco want to quit
 - Clients have a right to tobacco treatment services



2. Assessment

More than asking questions: An Important Access Portal

- Electronic Medical Record:
 - 100% assessed for tobacco use
 - 100% assessed for interest in quitting
 - Open-ended inquiry about interest in quitting
- Enhanced assessment questions
 - Counselor Hand-out
 - » Age of first use
 - » Any previous quit attempts
 - » Medications used
 - » Importance and Confidence
 - » Type(s) of tobacco
 - » Time to first cigarette (tobacco) upon waking

3. Referral to the Maine Tobacco HelpLine

- All those assessed as positive for tobacco use informed of MTHL
- All interested in quitting are offered a direct referral to MTHL
 - This EMR does not allow for electronic referrals
 - » Faxed referrals
 - » Integrated into work flow
 - » Tracked by MTHL

Maine Tobacco HelpLine Referral Form

Fax this form to 663-5102 or email: helpine@tobaccoofmaine.org

Date sent: ___/___/___

Information About Clinician Making Referral

Practice/Hospital: Maine Behavioral Healthcare IMAT

Clinician Making Referral: _____ Department: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Information About Patient/Client Being Referred

Patient/Client: _____ Date of Birth: ___/___/___

Street Address: _____

City: _____ State: _____ Zip: _____

If inpatient, estimated date of discharge: ___/___/___

To be Completed by Patient/Client

Phone where you can be reached: _____ Will you need translation services? ☐ Yes ☐ No

☐ Deaf/TTY ☐ Language (specify): _____

Please check the BEST time frame for the HelpLine to reach you, Monday-Friday.


☐ 8am-12pm ☐ 12pm-3pm ☐ 3pm-6pm ☐ 6pm-8pm

If we don't reach you, we will leave a message with a call back number. Check this box if you do not want a message left. ☐

I authorize the Maine Tobacco HelpLine to contact me. (sign below)

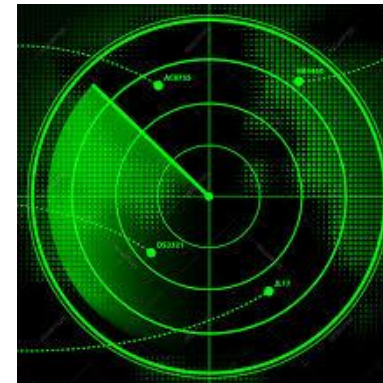
Patient/Client Signature: _____
(If patient/client unable to sign, person making referral may sign off to indicate verbal consent.)

Questions? Call the Maine Tobacco HelpLine at 1-800-207-1230

4. Treatment Planning

- A tobacco treatment goal is offered, to add to the treatment plan for all those who use tobacco
- Sample set of goals provided to clinicians
 - They also developed their own
 - Collaborate with clients on goal development
- Entered in to EMR
 - Over the course of pilot program, staff developed and entered tobacco treatment plan 95% of the time (from “0”)



Treatment Plan keeps on Radar Screen

"I'm trying to recover from drug/alcohol addiction. What should I do about my smoking?"

Based on \$7.37 per pack

Packs per Day	Cost each Day*	Cost each Week	Cost each Month	Cost each Year
½ pack	\$3.69	\$25.83	\$110.70	\$1346.85
1 pack	\$7.37	\$51.59	\$221.10	\$2680.05
1 ½ packs	\$11.06	\$77.42	\$331.80	\$4036.90
2 packs	\$14.74	\$103.18	\$442.20	\$5380.10
2 ½ packs	\$18.43	\$129.01	\$552.90	\$6726.95
3 packs	\$22.11	\$154.77	\$663.30	\$8070.15

* <http://fairreporters.net/health/prices-of-cigarettes-by-state/>

With the money I save, my plan for rewarding myself is:

MaineHealth
Center for Tobacco
Independence

Revised 02/09/20

Nicotine Replacement Therapy (NRT)
Dosing with Nicotine Replacement Therapy often requires an individualized approach, adapted for a patient's unique characteristics. Monitor and adjust dose based on withdrawal symptoms, cravings and confidence.

Combination therapy has been found to generally be more efficacious than monotherapy.

[illegible]

and strong desires to smoke are very real. One simple strategy to help picking up a cigarette is to ask oneself what else might be going on that could be contributing to the urge to smoke.

Am I	Hungry, Angry, Lonely or Tired?
A - Angry	
L - Lonely	

Pro	Con	Strategy
<p>There is a natural feeling to smoking. Smokers sometimes become addicted to smoking by associating feelings.</p> <p>A cigarette is needed to feel better.</p>	<p>Am I lonely?</p> <p>Feeling alone isolated and bored is another kind of hunger.</p> <p>Smokers may be used to turning to a cigarette at times when the friend needed.</p> <p>Perhaps a cigarette is not the friend needed when feeling lonely.</p>	<p>Strategy</p> <p>There are other choices to create new habits; can become a supportive friend, counselor or professional, counselor for support on a support group.</p> <p>Quitting smoking can be one possibility; napine a better life.</p>
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Center for Tobacco
Independence

www.ctimaine.org/resources/provider-tools/pilot

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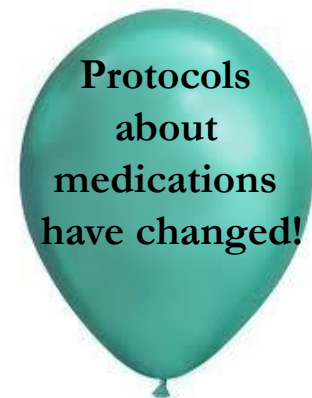
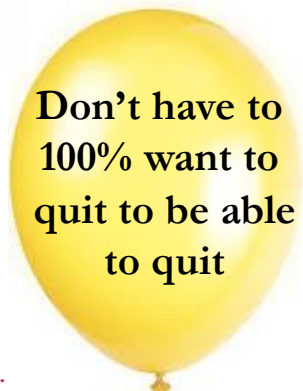
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6. Integrated into Group Work

- Topic of tobacco routinely integrated into existing groups
- Develop a group culture in which tobacco use discussion is normalized
- Allows for and encourages group support, regardless of readiness to quit
- The overall message is that it is a safe topic to discuss



Open-ended Discussion: common themes



Group Work: Unanticipated Directions

CO Monitor



PowerPoint Presentation



Other Treatment Modalities

- Individual Counseling
- Dedicated tobacco group
- Explored Nicotine Anonymous as non-treatment alternative

7. Billing Guidance for Tobacco Treatment Services

Quick Guide for Tobacco Treatment Billing

For Behavioral Health Programs in Maine

As with other disorders recognized by the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), tobacco use disorder can, with some exceptions, be treated in the behavioral-health setting as a billable service. Use of the appropriate diagnostic and billing codes and appropriate documentation are essential for successful billing.

1. Situations not requiring separate billing for tobacco treatment:

- a. Assessing and addressing tobacco use during a session which is otherwise devoted to treatment of a co-occurring behavioral health disorder (such as anxiety, alcohol use disorder, etc.) does not require separate billing for tobacco treatment if
 - a) The clinician or client raise and discuss the topic of tobacco use in relation to its impact on the primary behavioral health disorder. This can be subsumed as part of the primary disorder, under that disorder's billing code.
 - b) Tobacco counseling lasts less than three minutes; it is considered part of the standard Evaluation and Management (E/M) service.
 - c) The tobacco counseling takes place in a setting where services are bundled, such as some Intensive Outpatient Programs (IOP) which may bill per diem or hospitals where prices are set by Medical Severity Diagnosis Related Grouping (MS-DRG). Check program contracts.

2. Billing for tobacco treatment:

- a. When the focus moves to treatment of tobacco use disorder, a tobacco diagnosis code should be used. If the client is being seen for another disorder, this will require a separate note in the clinical record and separate billing. This session can take place before or after another session including on the same day (1)
- b. Some commonly used ICD-10 diagnosis codes used, if appropriate, given your patient's or client's situation, may include:

☐ **Diagnosis Codes (2)**

F17.21 Nicotine dependence, cigarettes
F17.210 uncomplicated
F17.211 in remission
F17.212 with withdrawal
F17.218 with other nicotine-induced disorders
F17.219 with unspecified nicotine-induced disorders
F17.22 Nicotine dependence, chewing tobacco
F17.220 uncomplicated
F17.221 in remission
F17.222 with withdrawal
F17.228 with other nicotine-induced disorders
F17.229 with unspecified nicotine-induced disorders

Billing Codes

Billing Codes	Treatment Length	Tobacco Cessation Treatment Services
99406	3-10 minutes	Smoking and Tobacco Cessation Counseling, individual, intermediate
99407	Greater than 10 minutes	Smoking and Tobacco Cessation Counseling, individual, intensive
99411	30 minutes	Preventive Medicine, Group Counseling (Tobacco Cessation Group Counseling)
99412	60 minutes	Preventive Medicine, Group Counseling (Tobacco Cessation Group Counseling)

Documentation

In all cases, documentation is important, including the following elements:

- The patient's diagnosis that indicates the need for treatment such as tobacco use disorder, with descriptors. The extent of patient's use: type of tobacco used, how much/often, and motivation. A brief description of the therapy provided; proposed quit date or other goal, and additional referral or medications that were suggested (or prescribed).

Who can bill for tobacco treatment?

MaineCare (Maine's Medicaid Program) (3):

Licensed Alcohol and Drug Counselors (LADC) Certified Alcohol and Drug Counselors (CADC) Licensed Clinical Psychologist Licensed Clinical Social Worker (LCSW) Licensed Clinical Professional Counselor (LCPC) Licensed Marriage and Family Therapist (LMFT)	Physician (MD or DO), Registered Nurse (APRN), who meet the education and experience as defined in the regulations for Licensing/Certifying of Substance Abuse Programs in the State of Maine. Registered Professional Nurse certified as a Psychiatric Nurse or Advanced Practice Psychiatric and Mental Health
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Medicare: (5)

Clinical psychologists Clinical social workers Physical therapists Occupational therapists	Physicians Physician assistants Nurse practitioners Clinical nurse specialists Certified nurse midwives
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8. Tobacco Treatment Training

- Additional Clinical Outreach Trainings (1-hour)
- Basic Skills Training (1-day)
- Intensive Skills Training (2-days)
- Tobacco Treatment Conference (2-days)
- CTI Webinars (1-hour)

<https://ctimaine.org/>

Some Outcome Highlights

- Discussion of tobacco treatment integrated into 28 scheduled groups
- In final two months of pilot program
 - Tobacco treatment goals negotiated and entered for 95% of new clients
 - 100% of new clients assessed as current tobacco users offered referral to the MTHL
 - 17% accepted referrals to the MTHL
- Subsequent to conclusion of pilot program
 - Barriers to Billing through the EMR resolved
 - Billing guidance disseminated to all MBH programs

Going Forward

- Memorandum of Understanding between CTI and MBH (30+ clinical programs, including one psychiatric hospital)
- BHI (Behavioral Health Integration) Tobacco Treatment Workgroup
- Approached by Clinical Leadership of the 12 MBH residences
- Tobacco Treatment Billing training for all MBH programs
- Provider Engagement with MBH programs
- Poised to impact the Maine CDC statewide program

Contacts

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