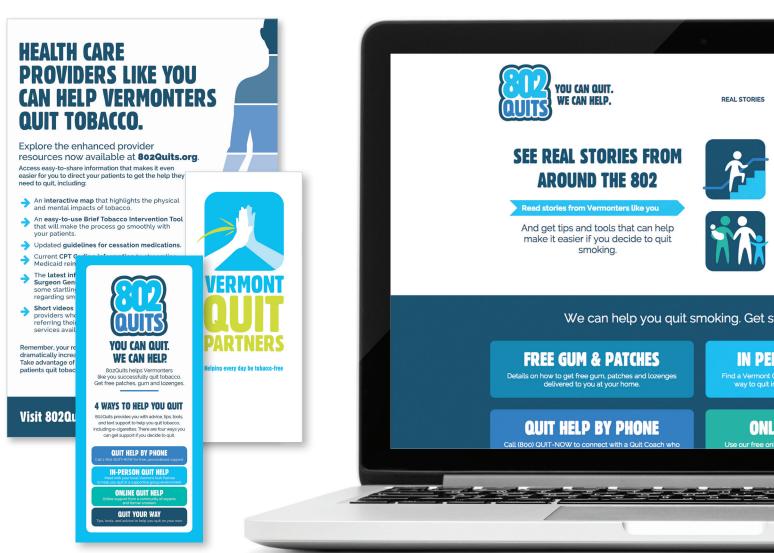


EFFECTIVELY REACHING THE MEDICAID POPULATION WITH TOBACCO CESSATION

Vermont's Collaborative Marketing Strategy between Medicaid and Tobacco Control



SYSTEMS CHANGE



DATA SHARING

AUDIENCE APPROPRIATE = **PROMOTION**



117% INCREASE

in coaching calls completed by Medicaid clients

112% INCREASE

in Medicaid registrants to 802Quits cessation programs **Despite reductions** over the past decade, tobacco use among low-socioeconomic status (SES) Vermonters is widespread. For those living at or below 250% of the Federal Poverty Level, the smoking rate is 29% compared to 18% among the overall population. Partnering with VT Medicaid is the most effective method to reach a population that is disproportionately impacted by tobacco.

Statewide research with rural adult smokers of low-SES (HH income <\$30,000; high school or less) led to a collaborative marketing strategy with the Department of Vermont Health Access and the Vermont Department of Health, resulting in increased Quitline calls and Quit Online activity, Quit Partners group counseling, guit tool requests, and doubled completed Quitline counseling sessions for Medicaid beneficiaries.

SYSTEMS CHANGE

Regular meetings between the VT Tobacco Control Program (VTTCP) and Vermont Medicaid resulted in:

- Activating three CPT codes for tobacco counseling: smoking and tobacco use cessation counseling visits for individuals 3 - 10 minutes and greater than 10 minutes, and smoking and tobacco use cessation counseling visit for groups greater than 10 minutes
- Moving from single-acting NRT to dual to increase chances of a successful quit

DATA SHARING

Data shared on a regular basis includes use of CPT codes by provider type, NRT use, provider referrals to the Quitline, and following hospital admissions for four related health conditions.

AUDIENCE APPROPRIATE PROMOTION

Primary research resulted in revamping and rebranding the cessation program to 802Quits; branding the statewide network of quit counselors to VT Quit Partners; optimizing the website for mobile phone; focusing on personal stories through testimonials; and supporting all media by social media, digital promotions, and online web vignettes.

Medicaid provided the VT Medicaid beneficiary mailing list (18-65 yrs), and collaborative mailings from both Medicaid and the VTTCP were sent. Follow-up mailings were sent to providers to inform about new CPT codes. These communications were supplemented by Medicaid's annual newsletters and targeted low-income media buvs using "Tips from Former Smokers." Finally, a new section on 802Quits.org dedicated to providers further emphasizes their crucial role in quitting success.

ONGOING EVALUATION

VT Medicaid and VTTCP will supplement their data sharing with a multi-phased evaluation 2015/2016. Elements of the partnership to be evaluated will include obstacles for providers in using the codes, hospitalization on four related health conditions, and economic benefit evaluation.



(last year 87%) in coaching calls completed by Medicaid clients when comparing Jan 2013-Aug 2013 coaching calls completed (194) to Jan 2015-Aug 2015 coaching calls completed (421).

MEDICAID REGISTRANTS

% change in registrants from Jan 2013-Aug 2013 vs. Jan 2015-Aug 2015

INCREASE registrants to the Quitline

238% in Medicaid INCREASE registrants to Quit Online

in Medicaid

in Medicaid

COMPARING

2015 (Jan 1 - Sept 27, 2015) **2013** (Jan 1 - Sept 27, 2013)

MOBILE VISITS INCREASED BY

TABLET VISITS **INCREASED BY 161**%

HMC Advertising Richmond, VT 802.434.7141 **WEAREHMC.COM**

REBECCA BROOKES, B.A., Chronic Disease Information Director Vermont Department of Health, Burlington, VT email: rebecca.brookes@state.vt.us





