

Cessational News

SUMMER 2011

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Funded by the
NYS Department of Health
Tobacco Control

THE NEW YORK STATE
SMOKERS'
QUITLINE
1-866-NY-QUITS
(1-866-697-8487)

NY State's Medicaid Program Expands Coverage for Smoking Cessation Counseling

Effective April 1, 2011, NY State's Medicaid program expanded coverage of smoking cessation counseling (SCC) to **ALL Medicaid enrollees**. Each Medicaid enrollee will be allowed 6 counseling sessions during any 12 continuous months which must be provided on a face-to-face basis.

Claims for SCC must include the appropriate SCC CPT Procedure Code. Only one procedure code per day may be billed.

- **99406** - Intermediate SCC, 3 to 10 minutes
- **99407** - Intensive SCC, greater than 10 minutes (billable as an individual or group session; using the 'HQ' modifier to indicate a group SCC session, up to eight patients in a group).

Smoking cessation counseling complements the use of prescription and non-prescription smoking cessation products. These products are also covered by Medicaid. Preventing and reducing tobacco use are the most important public health actions that can be taken to improve the health of New Yorkers, and comprehensive smoking cessation coverage - which includes counseling and medication - works. Medicaid is government-funded health care that pays the medical expenses of people who are unable to pay some or all of their own medical expenses. This expansion of Medicaid coverage is important for several reasons, including:

- Tobacco use costs each New York State household an average of \$889 annually in local, state and federal taxes to cover tobacco-caused costs to government.
- Tobacco use costs New York State over \$8 billion per year in smoking-related healthcare costs.

- According to the 2009 New York Adult Tobacco Survey, 48 percent of all smokers are on Medicaid or have no health insurance.
- While approximately 15.5% percent of New Yorkers smoke, 30 percent of Medicaid recipients are smokers.
- Smokers on Medicaid were more likely to have attempted to quit smoking in the past year than those with private insurance. However, the smokers on Medicaid were less likely to quit smoking successfully than those with private health insurance.

Cigarette use still results in an estimated 25,500 deaths in New York each year. Additionally, despite the statewide decline, tobacco use remains higher among certain population groups. Just released in June 2011, the Centers for Disease Control and Prevention report, *Cigarette Smoking – United States, 1965–2010**, found that, “In addition to racial/ethnic disparities in cigarette smoking, other groups have higher prevalence of cigarette smoking, with higher use reported among persons with low socioeconomic status; persons with histories of mental health and substance abuse conditions. Addressing health disparities is an important part of improving the overall health of the American public. It's critical that we assist Medicaid recipients with their quit smoking attempts. Not only are Medicaid recipients more likely to be smokers, but they also are less likely to receive cessation assistance. The expansion of Medicaid's services to include smoking cessation counseling will help New Yorkers. And Medicaid's expanded services will make this approach more affordable for many people.”

At a time when all eyes are focused on health care reform, escalating medical costs, and childhood obesity, cigarette smoking remains by far the most common cause of preventable death and disease in the U.S.

Disparities in Smoking Prevalence

Important strides have been made in tobacco control, in terms of both interventions (tax hikes and laws creating smoke-free workplaces) and outcomes (smoking prevalence that has more than halved since the early 1960s, it is tempting to believe that the battle is largely won and that we should move on to other pressing public health issues. But the prevalence of smoking in the United States hovers at 20%, more than 8 million people are sick or disabled as a result of tobacco use, and smoking kills 450,000 Americans annually. If no additional progress is made in reducing smoking-initiation rates and increasing cessation rates, the prevalence of smoking in the United States will decline only to 16.7% by 2020 and will stabilize at 13.5% shortly after midcentury, and millions of people will die prematurely. We need to understand the epidemiology of smoking, look at the current state of tobacco control, and determine what more can be done; then we need to do it.

Smoking today is concentrated disproportionately in lower socioeconomic

classes. For example, the self-reported smoking rate is 1% among U.S. physicians but more than 30% in some blue-collar populations. Smokers are much more likely than nonsmokers to have chronic diseases such as diabetes, chronic obstructive pulmonary disease, and asthma. People with chronic mental illness or substance-use disorders are particularly vulnerable: in addition to being more likely than other Americans to smoke, they smoke more cigarettes per day and have a harder time quitting.

Lack of insurance, childhood obesity, and tobacco use are very different public health challenges, requiring different solutions. But all three threaten the most vulnerable Americans. By assuming that the tobacco war has been won, we risk consigning millions of Americans to premature death.

Excerpt from "Don't Forget Cigarettes" by Steven A. Schroeder, MD and Kenneth E. Warner, PhD which appeared in the Perspective section of the New England Journal of Medicine 10.1056/NEJMD1003883

www.nysmokefree.com/ConfCalls/

Lunch and Learn for You & Your Staff

The **NYS Tobacco Cessation Centers** coordinate **Collaborative Conference Calls** on a regular basis. The calls are from 12Noon to 1PM and focus on key smoking-related topics.

To enter a drawing for a free lunch for your staff, register for the next conference call at:

www.nysmokefree.com/ConfCalls

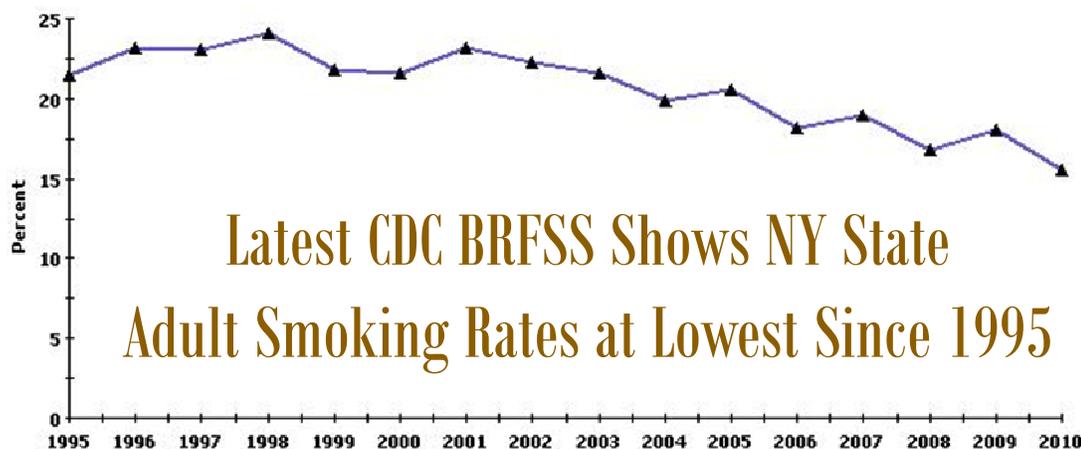
FAX the names of the staff who will be participating to one of us and we will select at random, a group to win a free lunch:

FAX

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Future dates and topics:

9/7/2011 - "Medicaid and the Expanded Smoking cessation Counseling Benefit"



The most recent CDC Behavioral Risk Factor Surveillance Survey (BFRSS) shows smoking rates in New York State on a downward trend. New York's 2010 Adult Smoking Rate is at 10.5%, down more than 8 percentage points from 1995.

New York State Tobacco Control has been a national leader in fighting tobacco use by establishing an effective program,

a strong smoke-free workplace law and a high cigarette tax of \$4.35 per pack.

The NYS Tobacco Control Program (NYTCP) implements evidenced based and promising strategies to prevent and reduce tobacco use. The NYTCP envisions a tobacco-free society for all New Yorkers.

CDC website: <http://apps.nccd.cdc.gov/brfss/>

NYS Tobacco Control Program Funding Cut by 27% for 2011-2012

This year the Republican Senate proposed funding the Tobacco Control Program (TCP) at the same level as the Governor: \$58,415,000; the same as 2010-2011, however, the Democratic Assembly proposal eliminated funding for the program completely. In the end the program was funded at \$41.4 million, a 27% reduction from 2009-2010. In 2008-2009 the TCP had already seen its budget slashed by 20%!

Tobacco control programs play a crucial role in the prevention of many chronic conditions such as cancer, heart disease, and respiratory illness. Comprehensive tobacco prevention and cessation programs prevent kids from starting to smoke, help adult smokers quit, educate the public, media and policymakers about policies that reduce tobacco use, address disparities, and serve as a counter to the ever-present tobacco industry marketing.

In the CDC's *Best Practices for Comprehensive Tobacco Control Programs*, they recommend that states establish tobacco control programs that are comprehensive, sustainable, and accountable and include state and community interventions, public education interventions, cessation programs, surveillance and evaluation, and administration.

What this means is that there will be changes to our program here in the North Country. Most evident will be the loss of free Nicotine Replacement Therapy (NRT), which includes nicotine patches & gum for our providers to give to their patients. There will also be a reduction in the number of hospital based Quit Tobacco Workshops offered throughout our catchment area. Be assured that we will continue to provide evidenced based training on the treatment of tobacco use and dependence in health care settings throughout Jefferson, Lewis, and St. Lawrence counties.

1995	21.5%
1996	23.3%
1997	23.1%
1998	24.1%
1999	21.8%
2000	21.6%
2001	23.2%
2002	22.3%
2003	21.6%
2004	19.9%
2005	20.5%
2006	18.2%
2007	18.9%
2008	16.8%
2009	18.0%
2010	15.5%

15.5%

FACSIMILIE TRANSMITTAL SHEET

To: Tobacco Cessation Center of Northern New York (315) 519-1898 Jefferson & Lewis Counties
 (315) 261-6400 St. Lawrence County

From: _____ FAX: (315) _____

RE: Patient Education Materials and Training Request

Date: _____



Serving St. Lawrence, Jefferson and Lewis Counties

- NYS Smokers' Quitline Cards
- NYS Smokers' Quitline "Break Loose" Pamphlets
- Quit Kits
- PHS Clinical Practice Guideline: Treating Tobacco Use And Dependence, 2008 Update
- How Tobacco Smoke Causes Disease (CDC 2010 Surgeon General's Report)
- In-Service Presentation for _____ staff:
of staff
 - Evidence Based Tobacco Dependence Treatment
 - How to Counsel Patients Ready to Quit Smoking
 - Pharmacotherapy for Tobacco Cessation
 - How to Motivate Patients Not Ready to Quit
 - NY State Smoker's Quitline "Refer to Quit"
 - Other: _____

Contact Information:

Name: _____ Practice: _____

Address: _____

Phone: (____) _____ E-mail: _____