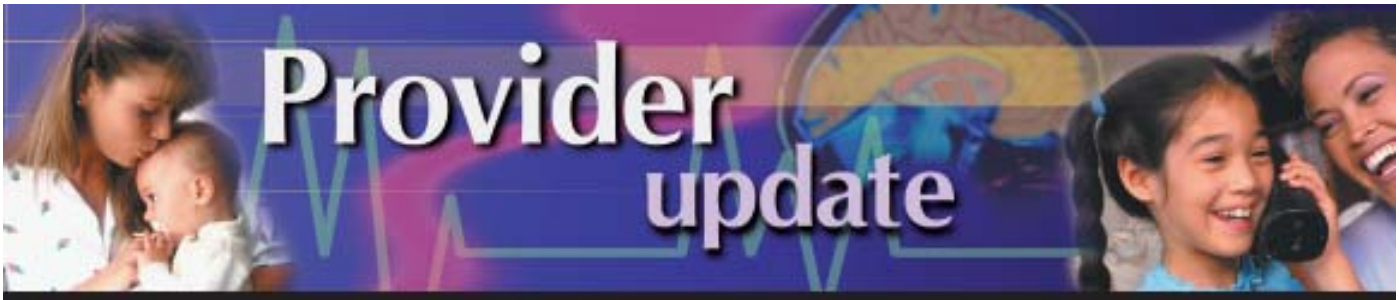

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A Winning Combination for Tobacco Dependence Treatment

By Stephanie Cobble, M.D., and Amber Jaworsky, M.S.

If you only had one tool to save your patients' life, which would you choose? Mammogram? PSA? Colonoscopy? Blood pressure? Pap smear? Lipid profile? Or would you take a moment to encourage your patient to quit smoking?

No other clinical intervention can reduce illness, prevent death or increase quality of life more effectively than tobacco cessation. By taking an extra moment during each patient encounter, you can change the course of your patient's life.

Where do you start?

Review the U.S. Public Health Service's *Clinical Practice Guidelines on Treating Tobacco Use and Dependence*, available on the Internet at http://www.surgeongeneral.gov/tobacco. This research-supported guide, the gold standard in effective cessation interventions, challenges clinicians to aggressively motivate and help their patients to quit using tobacco products.

Learn about the "Five A's," which prompt you to start a dialogue with your patients. It's as simple as

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To make these effective treatments more accessible, Oklahoma Medicaid now covers Zyban and most over-the-counter smoking cessation aids without prior authorization for up to 90 days. Treatment beyond 90 days requires proof of enrollment in a behavior modification program.

40 Years Later, Pregnant Smokers Still Need Help Quitting

It's been 40 years since the Surgeon General first issued a Report on Smoking and Health, warning Americans that tobacco use caused cancer and other diseases and that smoking during pregnancy could adversely affect the health of both mother and child.

Since that time, tremendous advances have been made in the study of tobacco use among pregnant smokers and its relationship to infant health, but the battle to discourage smoking during pregnancy has yet to be won.

In 1964, the report noted that smoking mothers had lower birthweight babies, said Cathy Melvin, Ph.D., MPH, chairwoman of the National Partnership to Help Pregnant Smokers Quit and director of the Smoke-Free Families National Dissemination Office.

"However, at that time, it was unclear whether this had any long-term health effects," Melvin said. "Today, we know that tobacco use during pregnancy is the number one cause of preventable complications such as miscarriage, ectopic pregnancy, premature delivery, stillbirth and Sudden Infant Death Syndrome."

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A Winning Combination (cont'd from page 1)

asking patients if they use tobacco products. If they do, **advise** them to quit, using a clear, strong and personal message. The next step is to **assess** patients' willingness to quit and **assist** them by providing medication and referrals to community resources. And last, but not least, a**rrange** for patients to return for follow-up. According to the clinical practice guidelines, tobacco users are more successful in their quit attempts when a physician takes a moment to address tobacco cessation.

Who else can help?

Remember you are not alone in the fight against tobacco dependence.

If you refer your patients to the Oklahoma Tobacco Helpline for free telephone-based counseling, it doubles their chances of success in trying to quit smoking. Your patients can access the Helpline by calling our toll-free number, (866) PITCH-EM (866-748-2436). With your patient's permission, you also can fax a referral to the Helpline at (800) 483-3114 to have a specialist proactively call your patient to get the process started.

Helpline specialists provide free one-time or ongoing telephone-based behavioral counseling, information, self-help materials and referrals to community resources to all Oklahomans who desire to quit smoking or using other tobacco products.

The Oklahoma Tobacco Helpline is funded by the Oklahoma Tobacco Settlement Endowment Trust. The Center for Health Promotion in Tukwila, Wash., was selected through a competitive bid process to provide Helpline services using empirically validated counseling protocols and an experienced, professional staff.

What are my treatment options?

Use a combination of interventions for greater success. Along with counseling your patients and referring them to the Helpline or other behavioral programs, use pharmacotherapy and nicotine replacement therapy if indicated.

Quitting can be a long, hard process. Make it a little easier by offering FDA-approved cessation drugs such as bupropion (Zyban/Wellbutrin) and nicotine inhalers, nasal sprays, gums, patches and lozenges. To make these effective treatments more accessible, Oklahoma Medicaid now covers Zyban **and** most over-the-counter smoking cessation aids without prior authorization for up to 90 days. Treatment beyond 90 days requires proof of enrollment in a behavior modification program.

What do I do when former smokers slip?

Nicotine is a very powerful and addictive drug. Expect and explain that it may take five to 10 attempts before your patient may be able to

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Pregnant Smokers (continued from page 1)

Smoking during pregnancy accounts for 10 percent of all infant deaths in the United States each year – approximately 1,000 babies, she added.

"In the last 40 years, social acceptance of smoking during pregnancy has declined, as have smoking rates for pregnant women. Yet, in some ways, the strong prohibition against it has made reaching pregnant smokers even more difficult," Melvin said. "They are left on the fringes of tobacco cessation treatment, advocacy and support. A significant number – 11 percent to 20 percent of pregnant women – still smoke and still need the best assistance and cessation services we can offer them."

"Pregnant women need help and support to successfully quit. By offering them access to appropriate treatments now, we can look back in another 40 years and see generations of healthier families and lower health care costs."

Most pregnant smokers want to quit but are unaware of the resources available to help them. The women also have other things in common: Most of them are young, have less than a high school education and lack access to quality health care.

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Pregnant Smokers
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Yet they do respond to effective treatments. A counseling-based cessation treatment known as the "Five A's" (see front page article) can double – and in some cases, triple – cessation rates.

"Medicaid coverage of tobacco cessation counseling is one of the most important things we can do to increase access to this treatment," Melvin said. It is estimated that 25 percent to 50 percent of all pregnant women receive their health insurance coverage through Medicaid.

With low-cost, best-practice treatment programs available, states can actually save money by offering cessation services to pregnant smokers, she added. Providing counseling to pregnant smokers on Medicaid would reduce smoking prevalence by 18 percent, avoiding nearly $10 million in Medicaid costs alone per year.

"Pregnant women need help and support to successfully quit," she said. "By offering them access to appropriate treatments now, we can look back in another 40 years and see generations of healthier families and lower health care costs."

Pharmacy Benefit Expanded for Adult Clients

The prescription limit for all adult Medicaid clients was increased to six per month, with a maximum of three brand-name prescriptions, effective Jan. 1, 2004, said Nancy Nesser, D.Ph., J.D., OHCA's pharmacy director.

Prescriptions may be filled for the greater of 100 units or a 34-day supply.

Home- and Community-Based Waiver clients, including those on the ADvantage waiver, will be able to receive an additional seven generic prescriptions per month without prior authorization.

Waiver clients who require more than three brand-name prescriptions or more than 13 total prescriptions per month will be monitored through a medication management program with a prior authorization process for medically necessary drugs beyond the limit, Nesser said.

The change on prescription limits comes as part of establishing one pharmacy benefit for all Medicaid clients since the HMO programs at Oklahoma Medicaid stopped providing services after Dec. 31, she said.

"To ensure continuity of care, OHCA will work with providers to assist clients in receiving their medications," Nesser said.

If the medication is currently covered by OHCA, providers can file claims as usual. OHCA has loaded prior authorizations from the various health plans into the system, so the claims will go through.

If a claim doesn't go through and the client previously received the prescribed medication, then a prior authorization request indicating in the diagnosis field that the client was previously receiving the drug from a ***SoonerCare*** managed care plan will handle the situation.

Providers are encouraged to visit OHCA's Web site regularly for more detailed information about pharmacy changes. Enter http://www.ohca.state.ok.us in your browser. Select the "Provider" bar, then click on "Pharmacy" and then choose "Updates." You can also reach the pharmacy help desk at (405) 271-6349 or toll-free at (800) 831-8921.

Dietary Counseling Covered for Some Patients

It seems that almost every day, there's a new study released outlining the dangers of obesity or a sedentary lifestyle.

For some Medicaid patients, learning to improve their nutrition and increase activity is critical to controlling their medical conditions.

In some of those cases, they may qualify for two hours of nutritional counseling per year. The coverage, which must be prescribed by a physician, is available to both adults and children. The client must meet face-to-face with the dietitian, and the dietitian must have a current contract with OHCA.

Nutritional counseling is covered if it is ordered expressly for diagnosing, treating, preventing or minimizing the effects of an illness.

Treatment of obesity is not covered unless there is documentation that the obesity is a contributing factor in another illness.

"Providers may order nutritional counseling for patients with diabetes, high cholesterol or other illness if dietary counseling would improve that situation," said Kathe Eastham, R.N., with OHCA disease management.

Eastham said she is especially concerned about children, who are developing lifelong habits during their formative years.

"Parents need to educate children about how important proper diet and exercise are to a developing body," she said. For example, the trend for children to consume more soft drinks and less milk is leading to an increase in childhood bone fractures, since the majority of calcium absorption takes place in the early years.

Encouraging children to have a more active lifestyle and spend less time watching television and playing video games also is important, she added.

Poor nutrition and food choices and declining levels of exercise have only one outcome, Eastham said.

"You slowly gain weight and develop a pattern of inactivity, and the end result is an unhealthy adult," she said. "Nutritional counseling helps patients make healthy choices about food, and we encourage all our clients to exercise more."

Providers also are urged to recommend exercise for their patients with arthritis, she said. Exercise helps patients fight the stiffness that occurs with the disease and helps them sustain mobility.

"You have to keep moving with arthritis, or you seize up," Eastham said. "Walking is good, but water activities, like water aerobics, are even better because they are lower impact."

Eastham suggested downloading materials from the "Shape Up America" Web site, www.shapeup.org. The organization, founded by former U.S. Surgeon General C. Everett Koop, offers information on everything from how to start a walking program to learning how to gauge food portions.

"There are good articles available there, or providers can call me and I'll help them get what they need," Eastham said. She can be reached at (405) 522-7155.

She also offered other suggestions that providers can share with patients:

- Instead of soft drinks, encourage children to drink more milk and adults to drink more water for hydration and better functioning of the body.
- Learn more about nutrition and make healthier food choices, especially when it comes to snacks. Leave junk food out of your diet.

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Transition to Primary Care Case Management Commences

SoonerCare Choice enrollment as of Feb. 1, 2004, was 175,894 members. This included the rollout of the Southwest service area. About 15,000 beneficiaries in Comanche, Jackson, Kiowa and Tillman counties entered the ***Choice*** program, with an 83 percent provider alignment rate. Members are enrolled with a primary care provider/case manager (PCP/CM) who is a physician, physician assistant or nurse practitioner. As a primary care case management delivery system, the ***Choice*** program pays contractors a partial capitation in advance to furnish specified primary and preventive care services.

SoonerCare has been actively recruiting former providers in the ***Plus*** program that was operated by health maintenance organizations (HMOs). Ninety-six percent of the former ***Plus*** physicians in the Southwest area are contracted in the ***Choice*** network as Primary Care Provider/Case Managers. In addition, new providers who had not previously contracted in the ***SoonerCare Plus*** or ***Choice*** programs have also joined the network. The ***SoonerCare Choice*** program is open for new contractors year-round.

Two additional service areas are scheduled for transition to the ***SoonerCare Choice*** program. The ***Choice*** rollout for the Northeast service area is March 1, 2004. An estimated 65,000 beneficiaries will be enrolled in the ***Choice*** program from that area. The ***SoonerCare Choice*** rollout for the Central service area is scheduled for April 1, 2004. Enrollment for this service area is estimated at more than 106,000.

SoonerCare Choice has sponsored 47 enrollment fairs throughout the service areas to educate former ***Plus*** members about the program and assist with PCP/CM alignment.

Dietary Counseling (continued from page 4)

- Exercise for 30 minutes at least three times a week. Walking is often the easiest and most effective way to get started.
- Help your children make healthy choices about diet and exercise, and make sure they receive health exams every year.
- Take the stairs instead of the elevator, if you are able.
- Practice good dental care. Brush your teeth at least twice a day.
- If you are a diabetic on insulin, have a check-up every three months.

"Parents need to educate children about how important proper diet and exercise are to a developing body."

Winning Combination (continued from page 2)

stop successfully. Think of nicotine addiction as a chronic condition; when tobacco users relapse, it's the disease that has come out of remission. Be prepared to see these patients repetitively until they have enough resources and skill sets to overcome their addiction.

Helping tobacco users to quit surmounts almost anything else physicians can do to improve their patients' health; you can make a difference.

"I approach my patients with a positive and encouraging attitude. A little humor can go a long way. The way I see it, if my patients adopt a healthier lifestyle, they aren't at the doctor's office or in the hospital. The fewer sick patients I have, the less work I do. That way we both get to spend more time with our families. Now isn't that a win-win situation?" said Stephanie Cobble, M.D.

News You Should Know

1 Primary care providers and case managers should know that more specialty visits are permitted for adult patients each month.

Effective Jan. 1, adults in the ***SoonerCare Choice*** program can now be referred for up to four specialty visits per month for some services.

Members must have a referral from the PCP/CM for services to be considered for payment. PCP/CM visits are unlimited.

Adults in the fee-for-service program may now receive a total of four provider visits per month. Those visits can be to either a primary care provider or specialist.

Submitting a paper medical authorization request by mail is an unnecessary duplication of services if you've already filed a request for services on OHCA's Web site.

2 Submitting a paper medical authorization request by mail is an unnecessary duplication of services if you've already filed a request for services on OHCA's Web site, said Melody Fish, manager of the medical authorization unit.

"If you enter a request online, you don't need to follow that up with an HCA-12A hard copy," she said, since the online request automatically generates a prior authorization number. Sending in a hard copy of the requests causes duplicates to be entered into the EDS system, generating a second authorization number, Fish said.

If you need to send in supporting documentation for a Web-generated request, do a "print screen" of your online request for medical authorization and attach that to the documentation, she said.

3 Now that ***SoonerCare Plus*** has been discontinued, it's important for all providers to have current fee-for-service and ***SoonerCare Choice*** contracts on file.

Providers can obtain the contracts by calling the OHCA Provider Customer Service lines, (405) 522-6205 or toll-free at (800) 522-0114.

After dialing the customer service number, enter "1" at the prompt asking if you are a Medicaid provider. When you are asked for your Medicaid provider number, enter "#5," and you will be transferred to the provider contracts unit.

Contracts may also be downloaded from the OHCA's Web site at http://www.ohca.state.ok.us/provider/contracts/conttypes/.

Providers with questions about behavioral health may call behavioral health's toll-free number, (800) 652-2010.

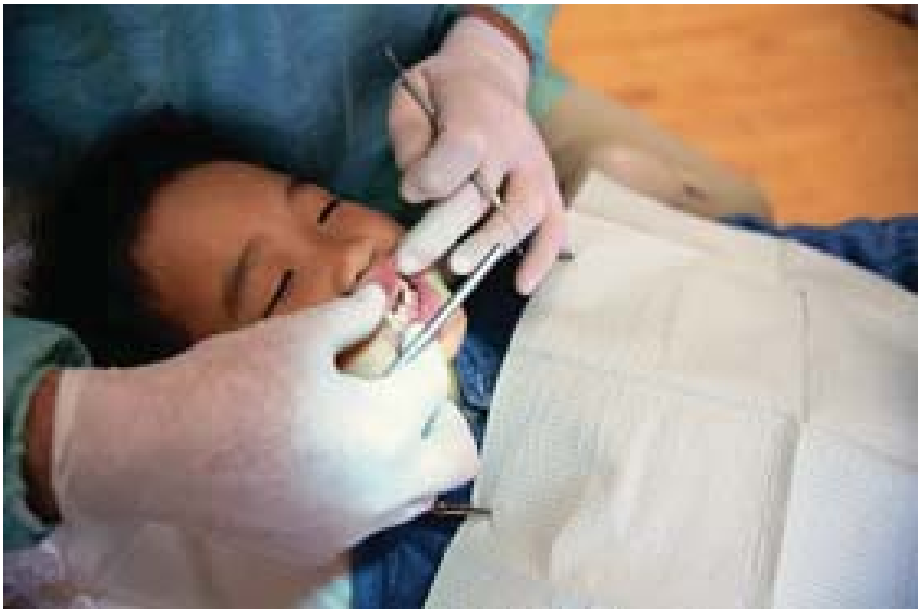
New Laws Can Increase Children's Access to Dental Health Services

by Belinda Rogers, C.I.M.I., C.D. (D.O.N.A.), Oklahoma Institute for Child Advocacy

Two bills affecting dental health care became law at the end of Oklahoma's 2003 legislative session. HB 1443 and HB 1445 provide for improved access to oral health care and create the opportunity for dental hygienists and dental assistants to play a new role in improving oral health in our state.

Oral health affects overall health. Tooth decay is the most common chronic childhood disease in America, and it accounts for 1.5 million days of missed school every year. Belinda Rogers, chairwoman of the Oklahoma Oral Health Coalition, has said that for children in low- and moderate-income families, the number of school days missed because of dental problems is disproportionately higher than among other children.

The two new laws allow dental hygienists and dental assistants to work outside the dental office in treatment facilities under the supervision of a dentist. The definition of treatment facilities includes "public or private schools, patient of record's private residence, accredited dental college, accredited dental hygiene program, or such other places as are authorized by the rules of the Board of Dentistry." This definition would include a Head Start center under the category of "public or private schools."



The laws allow dental hygienists to go to treatment facilities, as long as a dentist is supervising their work, and dental assistants to accompany a dentist to a treatment facility. The laws also allow dental hygienists to perform procedures on patients during an initial visit in a treatment facility without the dentist having first examined the patient, as long as the dentist has provided written authorization. The dental hygienist could not perform a second set of procedures without the authorizing dentist examining and accepting the patient for dental care.

Tooth decay is the most common chronic childhood disease in America.

This is good news for Head Start programs. The Oklahoma Health Care Authority has stated that an initial dental exam provided by a dental hygienist authorized as described above does meet the EPSDT requirement for the child's first dental exam. This should assist programs in meeting the 45-day deadline for those examinations. The child will still need to be referred to a dentist for needed follow-up care.

Physicians and dental care providers are encouraged to work with local Head Start programs to explore ways to develop working relationships to maximize the new opportunities to improve oral health care among the lowest income populations.

New Phone Contact Set for Dental Calls

Any provider calls relating to dental care should be directed to (405) 522-7401, said Ella Matthews, dental manager.

That includes calls regarding medical authorization for dental procedures.

Dental services were moved to a separate department to improve service and save providers from additional phone transfers, Matthews said.

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Please submit any questions or comments to Jo Kilgore in the Oklahoma Health Care Authority's Public Information Office at 405-522-7474.

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