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HEALTH INSURANCE COVERAGE FOR TOBACCO DEPENDENCE

Survey of Managed Care Organizations in Texas

Phyllis Gingiss, Dr.P.H.
Melynda Boerm, M.Ed.

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Phyllis Gingiss, Dr.P.H. is Professor of Public Health Education, University of Houston, and Adjunct Professor of Family and Community Medicine, Baylor College of Medicine. She is Director of the Health Network for Evaluation and Training Systems (NHETS), University of Houston and serves as Principal Investigator for the Texas Tobacco Prevention and Control Research and Evaluation Project conducted at the University of Houston.

Melynda Boerm, M.Ed. is Program Director for the Texas Tobacco Prevention and Control Research and Evaluation Project conducted by HNETS at the University of Houston

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INTRODUCTION

This report is the second in a series designed to ascertain and follow the extent and nature of tobacco cessation coverage provided to Texans through their Managed Care Organizations (MCOs).

A survey of the largest MCOs in the state was conducted in the Summer and Fall, 2004. The study consisted of two phases. In Phase I medical directors were identified and contacted by phone to ascertain contact information and identify key changes made organizationally since the last survey. Phase II, based on a modified edition of a national survey developed by the American Association of Health Plans ⁽¹⁾, examined the scope and nature of tobacco cessation services provided in Texas.

METHODS

Participants

A two-step process was used to identify eligible MCOs. The original sample was derived using the list of the top 40 Managed Health Care Organizations for 2002, published by the Texas Department of Insurance in their 2003 report ⁽²⁾. This list was based on the percentage of market share derived from total written premiums. First, the 40 largest companies were evaluated for inclusion in the study based on criteria determined by the study committee. This process resulted in an initial sample of 19 eligible organizations (see Figure 1).

Figure 1. Criteria for HMO Inclusion or Exclusion

Inclusion	1) HMOs with $\geq 0.5\%$ of the written premium market share on the Texas Department of Insurance Top 40 HMO Lists (2).
Exclusion	1) HMOs listed on the Texas Department of Insurance Top 40 HMO Lists that no longer offer services in Texas. 2) HMOs listed on the Texas Department of Insurance Top 40 HMO Lists that have merged with other insurance companies or have been bought out by another insurance company. 3) HMOs listed on the Texas Department of Insurance Top 40 HMO Lists that specifically specialize in dental coverage. 4) HMOs that are totally comprised of specialized health plans such as: CHIP, Veteran's Affair, Medicaid, Medicare, Indian Health Services, catastrophe, indigent health care, or disability.

Second, those MCOs that participated in our 2002 survey that were not included in the sample were added. There were eight MCOs that had participated in the survey in 2002 but were eligible for exclusion from this sample because, according to the 2003 report, they represented less than 0.5% of the market share. However, since they participated in 2002 survey, for follow

up purposes, we chose to include them in the 2004 sample. This resulted in a final sample of 27 MCOs.

Of note, the tracking of eligible companies over the two-year period following our earlier report ⁽³⁾, as presented in Table 1, emphasizes the transitory status of managed care organizations. When the 1999 and 2001 Top 40 HMO lists used in the previous report was initially analyzed for selection, six companies were excluded because they focused exclusively on dental benefits, two companies were no longer conducting business in Texas, and eleven had been bought out or had merged with other insurance companies. Even after adding companies from the 2001 list, three additional HMOs went out of business, one merged with another company, and five focused entirely on special populations.

Among the 2003 Top 40 HMO List ⁽²⁾, four companies were eliminated because they focused directly on dental benefits and one was eliminated because it focused exclusively on special populations. Since the publication of the 2003 Top 40 HMO List, one additional company has merged into a larger organization which provides HMO insurance coverage, as well as other insurance services. All data reported for that organization is classified under its previous entity since we are unable to determine the proportion of market share that the original company contributed to the larger parent organization.

Table 1. Profile of 2003 HMOs Eliminated from Study Since 2001

Top 40 HMO List	1999 & 2001	2003
Purchased by or merged with other companies	11	-
Exclusively provide dental care	6	4
No longer conducting business in Texas	2	-
2001 Top 40 HMO List		
Focus exclusively on special populations (e.g. Medicare, Medicaid, and CHIP)	5	1
Out of business	3	-
Merged with another company	1	-

Instruments

For Phase I, a phone interview questionnaire was developed to ascertain demographic and contact information about the identified organizations. Either the Medical Director or a designee participated.

For Phase II, a 12-item written survey instrument (see Appendix A) was developed and administered in the Summer and Fall, 2004. The Phase II questionnaire was based on a national questionnaire used by the American Association of Health Plans, with modifications made for Texas ⁽³⁻⁴⁾. Questions were designed to be compatible with a similar survey HNETS conducted in 2002 for follow-up purposes. The questionnaire consisted of six parts: 1) Background; 2) Clinical guidelines used with regard for smoking cessation; 3) Benefit design and coverage; 4) Information systems and measurement of provider and patient practices; 5) Cessation programs and prevention activities; and 6) Future goals for tobacco control. The instrument included multiple choice, fill in the blank, and open response questions.

Organizations were requested to complete the written Phase II questionnaire with regard to their best-selling commercial health care product. “Best-selling” was defined as “the general medical/surgical package with the largest number of commercial members.”

Procedures

The survey was conducted in two phases during the Summer and Fall, 2004. Initially, general current contact information such as the name, phone number and e-mail address of the Medical Director was confirmed by phone. Participants in the earlier study, typically medical directors, and those added to our list in 2004, were notified of the study through e-mail and print, followed by a project representative who made telephone contact. Background information was gathered such as changes in organizational structure, personnel or mergers.

Once Phase I information was collected, the original contact person, either agreed to personally complete the more detailed Phase II written questionnaire or indicated an individual in their organization to contact to complete the survey. The identified individual was then contacted by phone, fax, and/or email and asked to complete the Phase II survey instrument. All written questionnaires were initially sent, with personalized cover letters, to the person designated in the earlier phone interviews. Follow-up consisted of both e-mail and paper editions. Interestingly, the use of e-mail as the primary means of data gathering was based on the preferences of participants in the earlier study. This approach was very effective; the majority of respondents did so via e-mail.

Analysis

SPSS software was used in all analysis. Frequencies and percentages are used to describe study results.

RESULTS

Section 1. Background

A. Participants

Among the 27 organizations in the final sample, 14 (52%) completed and returned the survey. Based on the 2003 Top 40 Managed Health Care Organizations in the Texas Department of Insurance Report (which included 2002 data), this collective group of respondents represents 48% of the market share of written premiums in Texas. Furthermore, the respondents include six of the top ten HMOs in regard to total ending enrollment published by the Texas Department of Insurance for 2003 (2).

The majority (71%) of those persons completing the survey were Medical Directors. Other respondents included: Director of Health Services, Executive Director of Quality Assurance, and Vice President of Quality Control.

B. Description of Participating Organizations

Half (50%) of the 14 responding organizations offered both HMO and PPO plans; the balance only offered HMO plans to enrollees. When asked the Department or Committee responsible for directing tobacco control activities, 43% reported they did not have any tobacco control activities or task forces. Among the balance, 43% stated their health education/promotion department directed tobacco control activities, followed by their quality control or management department (21%), Pharmacy and therapeutics departments (14%) or other sources (21%), such as a disease management vendor. Almost half (46%) of the 14 organizations had no department or other organizational entity responsible for directing tobacco control activities. None of the plans funded one or more part-time or full-time tobacco control program staff positions.

C. Number of Texans Enrolled in Most Typical, Best-Selling Plans

Approximately one-third (38%) of participants reported their typical best-selling plan reached less than 25,000 Texans, while 59% stated their best-selling plan served \geq 100,000 Texans (see Table 2).

Table 2. Enrollment in Most Typical, Best-Selling Health Insurance Plans

Total enrollment	N*	%
Less than 25,000	5	38%
25,001 – 50,000	1	7%
50,001 – 100,000	-	-
100,001 – 250,000	5	38%
250,001 – 500,000	1	7%
More than 500,000	2	14%

*N=14

Section 2: Benefits Design/Coverage

A. Use of Clinical Guidelines

Over two-thirds (71%) of the organizations did not have a written tobacco cessation protocol or policy for their enrollees. Among the four organizations who reported using a guideline to develop their tobacco cessation plan, one used the 2000 Public Health Service (PHS) *Clinical Practice Guideline: Treating Tobacco Use and Dependence*⁽⁵⁾ and another used the 1996 AHCPR *Smoking Cessation: Clinical Practice Guidelines*⁽⁶⁾. An additional plan used an internal or “home grown” guideline. The remaining program reported using APA comprehensive guidelines.

B. Coverage of Tobacco Cessation Pharmacotherapies

Approximately 40% of participants reported coverage for at least one form of pharmacotherapy (i.e., nicotine replacement therapy, Bupropion/Zyban or Wellbutrin). Bupropion/Zyban was most

frequently reported to be covered (43%), followed by Wellbutrin use for smoking cessation (36%), as presented in Table 3. However, coverage was limited. For example, only half of those covering Bupropion provided annual coverage. None provided lifetime coverage.

Table 3. Pharmacotherapies Covered by Participating Plans

Pharmacotherapy	Covered	
	N*	
Bupropion (Zyban)	6	43%
Wellbutrin	5	36%
NRT available by prescription	2	14%
NRT only with enrollment in cessation program	1	7%

*Multiple Responses

C. Tobacco Cessation Intervention Coverage

Organizations were requested to indicate all behavioral interventions they cover. As shown in Table 4, few interventions were covered by any of the 14 plans.

Among the plans, three (21%) replied that patients are able to self-refer to their plan's smoking cessation counseling. Most (50%) indicated the question was not applicable since they did not offer such services.

Table 4. Tobacco Cessation Intervention Coverage

Behavioral Interventions	Fully Covered	
	N*	
Face-to-face counseling	1	7%
Individual counseling for pregnant women	1	7%
Group counseling or classes	2	14%
Self-help materials booklets, videos, audiotapes, tailored mailings	2	14%
Telephone counseling	2	14%
Other – Comments:	3	21%
1) Refer to the Quitline		
2) Physician visit for addiction counseling		

*Multiple Responses

Section 3: Information Systems and Measurement

A. Current Information System Applications

Four (29%) participants stated the medical groups they contract with maintain an information system for individual patients (e.g. patient encounters and/or clinical information).

B. Required or Requested Provider Activities

At least ten of the 14 (71%) of HMOs require or request that the providers they contract with carry out multiple tobacco-related documentation activities. Three *require* providers to ask new patients about their smoking status and two *require* that they document smoking status in the patient's record. At least eight *request* that the providers document smoking status in the patient's medical record (57%), and half request that they ask new patients about their smoking status and that they include smoking status as a vital sign (i.e. ask about smoking status at each visit). Approximately a third (36%) request that smoking status be recorded on an electronic medical record.

Section 4: Cessation Programs and Prevention

A. Specific Plan Strategies to Address Smoking Cessation at Key Intervention Periods

When asked about specific strategies to address smoking cessation, over a half (n=8) of participants (57%) said their plan had one or more specific strategies to address smoking cessation for patients with special health needs or conditions. However, only a limited number of organizations covered any of the designated periods. The intervention periods addressed most often was smoking cessation during pregnancy (29%) and treatment for chronic illness (29%). Three provided for cessation post-MI and two covered pediatric visits. (see Table 5).

Table 5. Presence of Strategy to Address Smoking Cessation at Key Times

Intervention Periods	N*
Pregnancy	4
Pediatric Visits	2
Treatment for other chronic illness	4
Post-MI	3
Adolescence	1
Hospitalization	1
Postpartum visits	-

*Multiple Responses, N=14

B. Activities Required of Providers

Among the responding 14 organizations, none required specific activities from their providers except to provide basic teaching instruction on smoking cessation (n=1) or use of the American Heart Association program (n=1).

C. Awareness of the TDH/American Cancer Society Quitline

Over half (57%) of the HMO's were aware of the American Cancer Society Quitline; 21% encourage provider referrals or encourage member use (see Table 6).

Table 6. Awareness of the TDH Quitline

Level of Awareness	N*	%
Not aware	6	43%
Aware but don't encourage use**	5	36%
Aware and directly encourage member use***	1	7%
Aware and encourage provider referrals	2	14%

*N=14

D. Interest in working with TDH to Promote the Quitline

Nine of the 14 participating plans (64%) indicated interest in working with TDSHS to promote the Quitline. Another three (21%) were not sure or were not familiar with the Quitline.

Section 5: Future Tobacco Control Plans

Comments made by the HMO providers when asked to describe their future goals for tobacco control activities included the following:

- Continue to provide smoking cessation, utilization of programs to all members especially those with chronic disease, through My Choice, a member driven program to encourage compliance with smoking cessation
- We have just started a TLC Program, The Last Cigarette. Rolling out in Texas next year.
- Encourage and facilitate all smokers to stop.
- Encourage State to increase tax per pack to \$2.00. Our self insured groups have a premium surcharge monthly for those who smoke. State law prohibits same for HMO fully insured groups.
- Value added smoking cessation program for Medicaid and CHIP members with household smokers.

- The University Health System's Health Education Dept has a tobacco cessation program that we are looking at.
- In the CHIP program smoking cessation was removed as covered benefit. Legislators need to add it back.

SUMMARY AND RECOMMENDATIONS

The results of this survey were similar to those reported in 2003⁽³⁾. HMO's infrastructure support for tobacco control had not substantively changed from 2002 to 2004 and adequate internal support for tobacco control did not exist in either year. Many of the slight differences reported may be attributed to the turnover in staff among those completing the surveys, organization changes in several of the HMOs, and inclusion of some new plans in the study.

One has to examine percentages with caution, especially when making comparisons across multiple survey periods, due to the small sample size.

The following key findings from this study are contrasted below to 2002 results.

- None of the plans report funding full-time or part-time tobacco control staff positions in 2004. In 2002 one plan reported a full-time staff.
- Over two-thirds of the 14 HMOs participating in 2004 do not have a written tobacco cessation protocol or policy for enrollees. These results are similar to those obtained in 2002.
- In 2002 and 2004 only two HMOs reported use of established national clinical guidelines for planning.
- Approximately 40% of the plans surveyed in 2004 provided full coverage for at least one form of pharmacotherapy (nicotine replacement therapy, Bupropion/Zyban or Wellbutrin). Bupropion/Zyban was the most likely to be in fully covered in 2004, closely followed by Wellbutrin. However, neither pharmacotherapy was covered in over half of plans in 2004. In 2002 slightly more than half of the plans stated they covered Wellbutrin. In 2004 the question was rewritten to specify "Wellbutrin for smoking cessation." This may have accounted for some discrepancies in responses. Continued follow-up will be necessary to explain the scope and nature of these differences in coverage. As in 2002, most of the 2004 participants provided only limited duration of coverage.
- Few plans (<20%) covered any behavioral interventions for cessation in 2004. This is less than coverage reported in 2002. However, in both survey years, less than half of plans provided coverage for any behavioral interventions.
- Only one of every five plans continues to provide for patient self-referral to smoking cessation counseling services.
- Less than a third of plans in 2004 or 2002 maintained an information system for individual patients that could be used to identify individual enrollees who smoke.

- Few plans *require* providers to ask new patients about their smoking status or document smoking status in the patient’s medical record. However, approximately half indicated they *request* providers to document patient smoking status, include smoking status as a vital sign or ask for smoking status of new patients.
- In 2004, over half of respondents were familiar with the American Cancer Society Quitline, in contrast to approximately a third in 2002. In 2004, approximately two of every three plans indicated interest in working with TDSHS to promote the Quitline.

IV. Recommendations

The following recommendations are suggested as means to expand tobacco cessation insurance coverage for Texans.

- Promotion of public-private partnerships to:
 - Promote use of the Public Health Service’s clinical practice guidelines to guide treatment and reimbursement for tobacco dependence
 - Encourage use of better tracking systems that can monitor enrollees’ use of tobacco
 - Support the Quitline
- Establish a partnership between TDSHS, Texas Association of Health Plans and other key players with a commitment to reducing tobacco dependency.
- Work with the Texas Health Care Information Council to ensure that future reports on the quality of care provided by Texas HMOs include the HEDIS “advising smokers to quit” measure. Michigan and North Carolina publish “report cards” that provides models for rating health plans on tobacco cessation services.
- Continue to publicize availability of Medicaid and Medicare cessation coverage.
- Build on existing coalitions to leverage interest by numerous public and private organizations to mobilize public and peer pressure to encourage health plan inclusion of greater cessation coverage. Models can be drawn from the experiences in other states. For example, Arizona, Michigan, and North Carolina have innovative programs that encourage health plans to voluntarily increase coverage for tobacco cessation treatment.
- Texas could establish state requirements that insurers covering state employees offer cessation coverage such as pharmaceutical prescriptions to assist in tobacco cessation. This could set an example for other plans to follow (See, e.g., HB 88 filed by McClendon).

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Contact Information:

Dr. Phyllis Gingiss, Principal Investigator. University of Houston, Department of HHP, Houston, TX 77204-6015. 713/743-9843 or 713/743-9954 (HNETS office). pmgingiss@uh.edu

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APPENDIX A

Managed Care Organizations: Survey of Texas HMO Provisions of Tobacco Cessation Services

BACKGROUND

1. What types of plans do you offer?
- HMO only
 PPO only
 HMO and PPO
2. IF both HMO and PPO plans, what is the overall percentage of enrollment for each?
- HMO: _____ %
PPO: _____ %

1. Within your organization, which departments or entities have primary responsibility for directing tobacco control activities?

Department or Committee:

- No tobacco control activities
 Tobacco control task force
 Health education/promotion department
 Quality or management department
 Pharmacy & therapeutics department
 Other (specify): _____

For this survey, answer the following questions about your plan's "best-selling" managed care product in Texas. "Best-selling" means the general medical/surgical package with the largest number of commercial members.

2. What is the number of Texans enrolled in your most typical, best-selling health insurance plan?
- Less than 25,000
 25,001 – 50,000
 50,001 – 100,000
 100,001 – 250,000
 250,001 – 500,000
 500,001 or more

SECTION 1. Clinical Guidelines

1. Does your plan use a written clinical guideline concerned with smoking cessation? (Check one.)
- Yes. Our plan uses the 1996 U.S. AHCPR Practice Guideline on Tobacco Cessation.
 Yes. Our plan uses the 2000 Public Health Service (PHS) Guideline on Tobacco Use and Dependence.
 Yes. Our plan uses an internal or "home grown" guideline.
 Yes. Other. Please specify: _____
 No.
-

SECTION 2. Benefits Design/Coverage

1. Which of the following tobacco cessation pharmacotherapies are covered by your plan?

Intervention	Covered		If covered, are there limits on:			
			Annual coverage		Lifetime coverage	
	Yes	No	Yes	No/NA	Yes	No/NA
Nicotine replacement therapy (NRT): Over the counter gum and/or patches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRT: Prescription gum, patches, nasal spray, inhaler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NRT: Only with enrollment in cessation program (e.g., face-to-face counseling, telephone counseling, clinics)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bupropion (i.e., Zyban)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wellbutrin for smoking cessation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Which of the following tobacco cessation counseling or self-help materials are covered by your plan?

(Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Telephone counseling | <input type="checkbox"/> Self-help materials (booklets, videos, audiotapes, tailored mailings) |
| <input type="checkbox"/> Face-to-face counseling | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Group counseling or classes | <input type="checkbox"/> Other. Please describe: _____ |
| <input type="checkbox"/> Individual counseling for pregnant women | |

3. Are patients able to self-refer to your plan's smoking cessation counseling services?

- Yes
 No
 Not applicable – no services exist

SECTION 3. Information Systems and Measurement

1. Does your plan or the medical group(s) that you contract with maintain an information system that contains patient and clinical information to identify individual enrollees who smoke?

- Yes
 No

2. Are the providers in your plan required or requested to ask and to record the following activities?

Activity	Required	Requested	No
Ask new patients about their smoking status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Include smoking status as a vital sign (i.e. ask about smoking status at every visit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Document smoking status in the patient's medical record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Record smoking status on electronic medical record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 4. Cessation Programs and Prevention

1. Does your plan have one or more specific strategies to address smoking cessation for patients with special health conditions or needs?

Yes No

1a. If yes, check all that apply. If no, skip to question 2.

- | | |
|---|---|
| <input type="checkbox"/> Adolescence | <input type="checkbox"/> Pediatric visits (second hand smoke) |
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Post-MI |
| <input type="checkbox"/> Postpartum visits (relapse prevention) | <input type="checkbox"/> Treatment for other chronic illness |
| | <input type="checkbox"/> Hospitalization |

2. Do you require any tobacco related activities from your providers?

Yes No

2a. If yes, check all that apply. If no, skip to question 3.

- Strongly advise all patients who smoke to quit.
- Refer the patient who smokes to intensive treatment when the physician considers it appropriate or the patient prefers it.
- Arrange for follow-up with patients who are trying to quit smoking.
- Ensure that support staff are trained to counsel patients about smoking.
- Have literature about smoking cessation and the health risks of smoking readily available in waiting rooms and exam rooms.
- Encourage parents who smoke to provide a smoke-free environment for their children at home and in day care.
- Refer smoking patients to the American Cancer Society Tobacco Quitline funded through Texas Department of State Health Services.
- Refer smoking patients to volunteer health agencies (e.g. American Lung Association).
- Other. (please describe): _____



3. Which statement below best describes your healthcare system’s awareness and use of the American Cancer Society Tobacco Quitline funded by Texas Department of State Health Services?
(Check all that apply.)

- No, not aware
- Yes, aware but don’t encourage use
- Yes, aware and encourage provider referrals
- Yes, aware and directly encourage member use

4. Is your healthcare system interested in working with the Texas Department of State Health Services on encouraging awareness and use of the American Cancer Society Tobacco Quitline to promote tobacco cessation?

- Yes
- No
- Not sure – not familiar with it

5. Does your plan fund one or more tobacco control program staff positions?
(Check all that apply)

- Yes, full-time
- Yes, part-time
- No

SECTION 5. Tobacco Control

1. Please describe your future goals for tobacco control activities. _____

Thank you for completing this survey.

Please return the survey within 5 business days.

When completing this survey via email, please “save” the file as a Word document, and then email it as an attachment to: KGreer@mail.coe.uh.edu

Or mail or fax the completed survey to:

Mail:
University of Houston
Texas Tobacco Prevention and Control Study
3855 Holman, Garrison #104
Houston, Texas, 77204-6015

Fax:
Kay Greer
713/743-9231 fax
713/743-9954 phone