

KCC Lung Cancer Network Notes and Action

Steps re: Implementation of SB 89

Foundation for a Healthy KY Offices

1640 Lyndon Farm Ct. #100, Louisville, KY

11 am – 1 pm

6/19/2017



Key Takeaways and Next steps:

- Send survey and develop “working groups” that can meet via webinar/conference call focused on different audiences
- Find out what is already developed by partner organizations
- Find out what insurance plans are included this legislation “17A” and those who are not “18A” – define better.
- Unified messages – all use the same for consistency (messages on accurate benefits, changes to benefits, stigma, use of medications)
- Correct and consistent language – frame the message accurately
- Include information on stigma
- Develop FAQ’s and get to all professional organizations for newsletters, listservs and conferences
- Include all clinicians (physicians, nurses, dentists, pharmacists, coders, billers, other providers)
- Need to target high smoking populations (less than high school diploma, less than 25K, etc.)
- Key Opportunity – explore partnering with Pharmacists

Needs

Clinicians/Health Professionals:

- Training – all clinicians
- Need correct content
- Need to increase expectation that there are resources that can help smokers successfully quit
- FAQ – what has changed, clarify what is covered, how to code
 - Find the gatekeeper for various organizations
 - All health professionals, coders, etc need to be trained using the same and correct language and messages
- Clinicians/health professionals need to understand that medications work to help people quit (misinformation is prevalent)
 - Include NRT/pharmacotherapy “tips and tricks”
- KMA has educational modules that include coding packages and “7 Myths”

- TAKE AWAY – reach to all clinicians/health professionals (physicians, nurses, dentists, pharmacists, coders, billers, etc..)
 - Professional Association/Organizational newsletters and listservs
 - Professional Association/Organization’s conferences
 - Unified and consistent messages
 - Within health systems
 - Outside of health systems
 - Be sure to include diverse clinicians – dentists, pharmacists, etc.
 - Consider hospital-based policies
 - Consider pharmacy-based policies
 - Local health departments

Health Plans and Insurance Companies:

- Documents and FAQ’s need to have correct content and language
- Understanding coding is key
- HSP & HER information transfer

Smokers/Consumers:

- Use plain language and correct information
- What has changed? What are my benefits and how do I use them?
- Personal narratives and stories are important especially in rural communities
- Be aware of potential stigma in how messages are framed
- Use partners and CVS to promote the information and resources
- Target populations with the highest rates of smoking initially

Opportunities and Other Ideas/Comments:

- Pharmacists
 - Often the most accessible clinician – especially in rural communities
 - Looking for ways to collaborate with other clinicians, health professionals and organizations
- Display Quitline information where NRT are sold (ie. CVS)
- Stigma
 - Be aware that stigmas exist
 - Everyone deserves access to healthcare and benefits
 - Clinicians/health professionals can increase stigmas
 - Patients feel stigmatized and don’t use benefits
 - NRT can be seen as cheating – NRT empowers people to successfully quit
 - TAKE AWAY: Need to message and frame carefully and accurately

Quit Now Kentucky Notes and Discussion (beyond slides) – 6/19/2017:

- Free NRT now turned off b/c all funds have been used
- The 6 month quit rate data refers to 6 months after completion of the program
- Must go through insurance for NRT unless uninsured, mental hospital, etc...
- There is no signage where tobacco products are sold
- Marketing:
 - Small business cards that providers hand out to patients
 - Provider referral system – opt-out electronic referral system
 - KCP provides provider education around the state and includes Quit Now Kentucky information
- Coaches come from all over the world
- This is a great ROI when you compare cost of smoking, with cost of the quitline
- Funding – CDC funded. There has been an additional grant from CDC last 5 years to help with online options, NRT – that grant coming to an end. Funding is at risk – may have to look at limiting eligibility
- ACA funding for cessation and the CDC Office for Smoking and Health is under threat of reduced funding
- MSA funding only 2% of what is recommended for tobacco prevention and control
- Quitline doesn't yet ask about lung cancer screening – this is a newer concept throughout the nation and many states have not had the leadership of KY to include lung cancer screening in cessation conversations. At the moment there is a large section during intake that asks about mental health issues – a focus of National Jewish at this time.
- KY BRFSS will ask about lung cancer screening this year – new data on this after 2017

Attendees:

Trish Freeman (UK College of Pharmacy and KY Pharmacists Association), Jeff Talbert (UK College of Pharmacy), Zim Okoli (UK College of Nursing/Eastern State Hospital), Elizabeth Anderson-Hoagland (KDPH Tobacco Prevention and Cessation Program), Alex Gilpin (Barren River District Health Department), Jerone Farley (Markey Cancer Center Affiliate Network-MCCAN), Cheri Tolle (MCCAN), Allyson Yates (KY LEADS Collaborative), Lindy Lady (KMA), Sangill Tsai (Humana -Care Source), Amanda Bucher (UK BREATHE), Kerri Verden (KDPH Tobacco Prevention and Cessation Program), Erin Hill (KDPH Tobacco Prevention and Cessation Program), Joyce Jacobs (St. Elizabeth), William Wrightson (VA Medical Center, Louisville), Rob Arnold (Aetna), Tami Cappelletti (American Lung Association), Celeste Worth (Ky Cancer Program/KY LEADS), Debra Armstrong (KCP), Debbie Zuerner Johnson (Owensboro Health), Nancy Alvey (Survivor), Audrey Darville (UK Healthcare, UK College of Nursing), Nazenin Asseff (Aetna), Margot French (Passport Health Plan), Hiram Polk (KDPH), Angela Criswell (LCA), Sandi Knight (ACS), Jeff Vella (ACS), Jack Hillard (KCF), Krista MacArthur (Norton Prevention Wellness), Steve Cambron (Department of Behavioral Health Developmental and Intellectual Disabilities),

Amy Barkley (Campaign for Tobacco Free Kids), Leeann Cornelius (KDPH Tobacco Prevention and Cessation Program), Jamie Studts (UK/KY LEADS), Diana Koonce (KCF), Kylie Velez (Ky Center for Smokefree Policy), Brian Boisseau (KDPH, Chronic Disease), Tonya Chang (American Heart Association), Carolyn Chou (Pfizer), Jude Gallagher (Humana), Heather Wehrheim (American Lung Association), Ed Gallagin (Louisville Metro Public Health & Wellness), Kathryn Parrish (Runswitch Public Relations), Judy Baker (Medicaid), Bobbye Gray (KDPH Tobacco Prevention and Cessation Program), Laura Krueger (KET), Erica Palmer Smith (ACS CAN), Elizabeth Holtsclaw (ACS), Emily Beuaregard (Kentucky Voices for Health), Ellen Schroeder (ACS), (Katie Bathje (KCC), Kristian Wagner (KCC), Jennifer R. Knight (KCC)