

Update on Rewards To Quit (R2Q) Initiatives

3/17/14

The R2Q program began enrolling participants in April of 2013. Currently, there are 702 enrolled participants. This represents approximately 65% of projected enrollment for year three of the grant (See table). Participants are randomized into either a control or an incentive group to test the efficacy of monetary incentives on quitting smoking. Enrollment rose in Fall, 2013 due in part to participation by CHC, Inc. which includes 12 individual sites.

Group Counseling

As of November 1, 2013, group smoking cessation counseling became a Medicaid reimbursable service for behavioral health and substance abuse clinics, as well as federally qualified health centers. DSS recently received approval from OPM to move forward with reimbursement of smoking cessation group counseling at hospital-based outpatient clinics. Clinics will receive \$15 per person per group, and hospitals will receive \$30 per person per group. Participants in the incentive group who attend a group smoking cessation counseling session will receive \$15 per session.

Quitline

DSS has executed Memorandum of Agreement with DPH to exchange data on calls made by Medicaid members. Effective December 18th, 2013 Quitline began collecting data on the number of Medicaid members using its services. A weekly report of these calls is matched with a list of active R2Q participants. Those in the incentive group of the program receive \$5 for every call made to the Quitline. As of 3/5/14, 120 calls have been made by 45 R2Q members. (See table)

Evaluation of Program Outcomes

Evaluation of clinical outcomes for the R2Q grant will commence in May. A set of enrollment and service visit data, including specific information about each participant, will be provided to the evaluation team, RTI International. RTI will match this against claims data to analyze trends in utilization, pre- and post-enrollment in R2Q.

Provision of FTE's in Selected Sites

Thirty active and potential sites have been identified to receive either a full or half-time staff person to support administrative functions associated with the enrollment of participants in the R2Q Program. Sites were selected on the basis of serving large numbers of enrollees and potential enrollees. To date, 12 sites have been approved for the funding and contracts are in process. This is expected to increase participation in the initiative.

DMHAS Partnership

Individuals with severe and persistent mental illness have been targeted for participation in R2Q based on their high incidence of smoking. In support of serving these individuals, R2Q has also sought to recruit behavioral health clinics. While the program has been successful enrolling private local mental health authorities, it has not had a similar response from the State-operated mental health authorities. One of the challenges associated with recruitment of these LMHAs is developing a mechanism to deploy the above mentioned grant-funded staff.

Solicitation of Hospital-Based Primary Care and Behavioral Health Clinics

R2Q is preparing to reach out to hospital-based clinics. Their participation is expected to further increase participation in the project.

R2Q Data as of 3/17/2014

Total Program	Apr-13	May-13	13-Jun	13-Jul	13-Aug	13-Sep	13-Oct	13-Nov	13-Dec	Jan-2014	Feb-2014	March-2014	Totals
Active Participating Sites	1	2	2	0	2	1	3	5	5	0	2	0	23
Total Current Enrollment	2	16	16	38	47	17	134	137	94	106	58	37	702
Total Current Males	1	6	7	16	16	4	60	62	39	53	27	17	308
Total Current Females	1	10	9	22	31	13	74	75	55	53	31	20	394
Total Ineligible	0	4	2	7	2	1	7	4	4	7	2	1	40
Total Pregnant	0	0	0	1	0	0	1	0	1	1	0	0	4
Total CO Service Visits	0	7	26	32	51	64	67	77	117	120	138	75	698
Total Negative CO Visits	0	3	7	10	29	46	53	42	75	79	95	45	440
Total NRT's Svc Visits	0	1	2	2	2	0	7	24	30	15	16	6	99
Total Individual Counseling Visits	0	14	41	52	61	55	102	131	169	197	206	101	1,129
Total Group Counseling Sessions								Added as service					14*
Total # Calls to Quitline									Added as incentive				120**

*Data Source: DSS Data Warehouse Due to one year timely filing by providers, and that infrastructure was being put in place to provide group smoking cessation counseling, the data on group counseling is scarce.
 **Data Source: Weekly Quitline reports from Alere Wellbeing as of 3/5/14