

SoonerQuit Prenatal Helps Obstetric Care Providers Address Patients' Tobacco Use

SoonerCare trained 48 prenatal care providers to effectively incorporate tobacco cessation into routine patient care, potentially resulting in long-term behavior changes among providers.

Oklahoma has some of the highest rates of [tobacco use](#) in the nation, including among pregnant women. More than 34 percent of Oklahoma's new mothers smoke just before pregnancy and nearly one in five continue throughout pregnancy. Among women with Medicaid-funded prenatal care or delivery, 25 percent smoke during pregnancy. Tobacco use during pregnancy is one of the greatest predictors of poor outcomes, such as placenta previa and abruption, miscarriage, ectopic pregnancy, and premature rupture of membranes, but many adverse outcomes can be prevented.

The SoonerQuit Tobacco Cessation Initiative launched in April 2010 with the long-term goal of improving birth outcomes by reducing rates of tobacco use during pregnancy and postpartum, thereby improving healthcare quality and reducing the Medicaid costs associated with smoking. The state Medicaid agency, the Oklahoma Health Care Authority, partnered with Oklahoma's Tobacco Settlement Endowment Trust and the Oklahoma State Department of Health to fund and administer the SoonerQuit Prenatal Initiative. The program's main objective was to arm Medicaid's

obstetric care providers with the education and tools to help their patients quit smoking.

- Sixty-eight percent of participants say Oklahoma's SoonerQuit helps patients develop personalized tobacco cessation plans and follow-ups.
- The Oklahoma Tobacco Helpline has seen a 36 percent increase in the number of pregnant women using their services.

Steps Taken:

- SoonerQuit Prenatal trained 48 providers—mostly in the urban Oklahoma City and Tulsa areas—who oversee the majority of births in the state, including those covered by Medicaid.
- The initiative recognized two challenges to changing provider behavior: Altering established patient care routines is difficult, and providers are hesitant to ask patients about poor habits if they cannot offer resources to help them get healthy.
- To overcome these barriers, SoonerQuit Prenatal used the innovative practice facilitation approach, in which facilitators go into a practice and offer hands-on technical assistance and education for an extended period of time.
- SoonerQuit facilitators taught everyone—from the doctors to the front office staff—about best practices in tobacco cessation and educated them about the resources and benefits available to pregnant women who want to quit.
- Facilitators reviewed the practices' systems and routines to look for ways to seamlessly incorporate tobacco cessation into patient care, such as using chart stickers to remind physicians to ask about tobacco use.
- SoonerQuit leveraged resources that Medicaid provides. For example, pregnant Medicaid beneficiaries are eligible for all FDA-approved quitting aids—patches, gum, lozenges, and prescription medication—without cost sharing.
- SoonerCare paid physicians to counsel patients about quitting using the [Five As of smoking cessation methodology](#), in which the physician helps patients develop a personalized plan to quit and then follows up to make sure the patients reach their goal.

- The Oklahoma Tobacco Helpline calls patients whose doctors refer them, which has the psychosocial effect of making people feel like they are starting the quitting process with a support network. Pregnant women and others receive one-on-one quit counseling, specialized materials, and referrals to community resources. Patients who want sustained assistance receive telephone-based coaching throughout the quitting process.

Results:

- SoonerQuit's mid-program evaluation showed that the practice facilitation approach effectively changed provider behavior.
- SoonerQuit ended in 2012 and is a model for other public health initiatives looking to produce lasting results, long after the funding for a particular program is gone.
- The Oklahoma State Department of Health expects provider behavior changes to continue, sustaining gains over the long term because providers now effectively incorporate tobacco cessation into routine patient care.
- Ninety-three percent of participating providers reported that they now manage pregnant tobacco users more effectively, and they now inquire about tobacco use during the first prenatal visit.
- Sixty-eight percent of providers say they now provide Five As counseling.
- Since the initiative started, the Oklahoma Tobacco Helpline has seen a 36 percent increase in the number of pregnant women using their services. Before joining SoonerQuit, only 17 percent of providers reported ever making a fax referral to the helpline. At follow-up, 73 percent of the participating providers reported making a fax referral.

Lessons Learned:

- SoonerQuit was successful in part because facilitators found willing partners in the providers, who were eager for the sort of hands-on, intensive technical assistance the Practice Facilitation approach offers.
- An overwhelming majority of SoonerQuit providers reported confidence in their ability to provide effective tobacco cessation intervention. If providers feel that their efforts are effective, they are likely to continue.
- Medicaid reimbursement and the quitting aids available without cost sharing to beneficiaries are additional incentives for physicians to continue tobacco cessation counseling.
- A separate program called SoonerQuit for Women was a media campaign directed at mostly low-income women of childbearing age and included [television commercials](#), billboards, and bus ads. The ads told women to contact their providers about quitting and informed them that Medicaid would cover most costs associated with tobacco cessation. This program likely contributed to the success of SoonerQuit Prenatal and was sponsored by the same collaborating agencies.
- The collaborative relationship between the Oklahoma Health Care Authority (Medicaid), Oklahoma's Tobacco Settlement Endowment Trust and the Oklahoma State Department of Health was crucial to the success of these and other public health programs. Because Oklahoma's smoking rates are so high, tobacco cessation is woven through all the initiatives these agencies work on.



Prenatal Smoking Cessation in Oklahoma

- The agencies often blend their resources, including funding and staff time. Bimonthly meetings gave agency representatives an opportunity to connect and ensure they were each aware of the other's work and available resources.

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