7/12/23 NiTR Expert Panel Meeting Outline and Notes

Meeting outline

Topic
Introductions and icebreaker
Project updates
Review new contract/SoW
New expert panel member(s)?
Billing guide progress
Wrap-up and adjourn

Notes

- 2023 - 2024 SOW - #1 feedback:
    - Would be helpful to have a site/central location that providers can go to for resources: a way for providers to access TA, workflow documents for various types of positions (providers, TPEP, etc.) related to NRT (Training vs product vs support)
    - How would we change minds/beliefs/behaviors about nicotine dependence Tx? What would be the approach to creating change?
        - Proposed - more trainings for providers
            - How to bring trainings to the population of providers that are less active or not seeking out the info
    - Expand on what “cultural beliefs” means
        - Means professional culture - probably need to look into a language change
    - Titles of documents and trainings - change language to capture/engage those who are dismissive of tobacco cessation
    - Look into OHA messaging of tobacco and vape. Engage in a convo with OHA on appropriate and consistent language/messaging used by them in the different departments (TPEP, BH/MH, etc.)
    - Like the idea of having a central resource location and trainings on BH and tobacco. The more options the better and keep reminding them, providers are busy with large caseloads

    - Gather info on the “quitting nicotine helps quit other substances too” messaging. Expand messaging to have more than one hook to engage the variety of providers and their variety of interests/lack of interest
    - Practice model bullet - where can tobacco cessation fit into the “meet them where they’re at” model of SUD Tx
    - Tobacco cessation is not a conversation that is commonly brought up in Tx facilities. Celebrating milestones is effective for patients. Incentives for providers, like CE credits is helpful to attach to trainings
    - It would be helpful to educate a broader audience. Support is needed for BH providers, from leadership, policy decision makers, general public, etc.
        - https://www.cdc.gov/tobacco/disparities/what-we-know/behavioral-health-conditions/pdfs/behavioral-health-p.pdf
        - https://jamanetwork.com/journals/jama/article-abstract/2788777#:~:text=In%20a%20meta%2Danalysis%20including,brief%20advice%20or%20usual%20care.
    - Who else needs to be at the table for residential treatment programs - need child care licensing folks
        - Has a policy at her facility - will send it out
    - Different types of programs are going to have really different needs
    - Working on messaging across audiences - changing culture in leadership, with providers, etc.
- Billing guide:
    - Talked to the billing team about the guide - but they don’t bill at all because they don’t get any money from it. This is a barrier on a system level - not enough reimbursement for facilities to make money on it. Knowing that their facility doesn’t bill for nicotine tx changes commitment to billing guide
    - Potentially add reimbursement rates to billing guide
    - The piece on coverage for minors conflates Quit Line and NRT prescription; makes it seem like the QL is providing NRT to minors
    - How are reimbursement rates set?
        - Happens at a higher level than we are operating (ie federal)
        - Nicotine treatment is built in with other topics; never billed independently
        - We need to explore if there are opportunities for raising reimbursement rates
            - Or can we explore providing information around billing under different codes?