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Quit Tobacco in Pregnancy (QTiP) An incentive program for pregnant women

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### In the beginning...

- Oregon Health Plan (OHP) created in 1994 with CMS waiver
- 2010 Affordable Care Act – expand access to care and improve health
- 2012 Oregon receives CMS waiver to create Coordinated Care Organizations (CCOs)





### What is a CCO?



Integration and coordination of benefits and services

Local accountability

Standards of care

Global budgets

Redesigned health care delivery system

Triple Aim

Lower cost Better care



## Trillium Community Health Plan: commitment to prevention



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- \$1.33 per member per month for primary prevention
  - Staff at Lane County Public Health
    - Epidemiologist
    - Prevention coordinator
      - School-based prevention staff
    - Advisory group staff
  - Primary prevention programs

### **Prevention Priorities**



- Reduce tobacco use among pregnant women and people with behavioral health conditions
- Reduce childhood obesity
- Improve immunization rates
- Improve mental health outcomes





# Pregnant smokers in Lane County



Prevalence	Oregon	Lane County
Prenatal – Total*	12%	15%
Prenatal – Medicaid	22%+	est. 30%+**
Adult – Total*	17%	18%
Adult – Medicaid	37%	34%++



<sup>\*</sup>Tobacco Prevention and Education Program. Lane County Tobacco Fact Sheet 2011. Portland, Oregon: Oregon Health Authority, Oregon Public Health Division, 2010.

<sup>\*</sup>Burden of Tobacco Among Medicaid Clients in Oregon. Oregon Department of Human Services: Public Health Division, Tobacco Prevention and Education Program, 2007

<sup>\*\*</sup>Based on WIC data and Community Health Center chart audit of Lipa/Trillium patients who were pregnant between 2009-2012

<sup>\*\*</sup>Oregon Health Plan Tobacco Cessation Services: 2012 Survey Report



### **Research on incentives**

- Donatelle, et. al., 2004
  - Incentives have potential to motivate shortterm quit & can be effective during pregnancy
- Cochrane Review, 2009
  - Smokers who received incentives do no better than those who did not once incentives are removed
- Tappin, et. al., 2015
  - Cessation rates during pregnancy in the incentive group significantly higher than in the control group



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### Goals of an incentive program



NO MATTER HOW LATE IN YOUR PREGNANCY IT WILL STILL POSITIVELY AFFECT YOUR baby to quit smoking The less exposure THE BETTER! NOW IS A GOOD TIME TO QUIT SMOKING. QTIP CAN HELP! For support and to learn how to earn up to \$250 for quitting call 541-682-4440 QTIP Andum wicom.

- Reduce tobacco use during pregnancy
- Improve birth outcomes
  - Provide cessation support during pregnancy
- Prevent postpartum relapse
  - Provide support and resources to maintain abstinence



# **Starting with TCIP (Tobacco Cessation Incentive Program)**



- Administered in OB offices
- Urine test to verify cessation
- Graduated incentive at 3 points in pregnancy and at 6 weeks postpartum





### **Problems with TCiP**



- Low enrollment
- Many women lost to follow-up
- Insufficient data to determine success
- Urine test results were frequently ambiguous
- Clinic staff did not have sufficient time to offer support/education
- Not able to support women after 6 weeks postpartum



### **Switching to QTiP**



- Moved to WIC
- Dedicated staff to program
- Added participation incentives
- Added postpartum incentives at 3 months
   & 6 months



QUIT SMOKING, QTIP CAN HELP!

For support and to learn how to earn



### **Quit Tobacco in Pregnancy**



- Quit validated by CO monitor
- Graduated prenatal incentive, checked at 3 points during pregnancy
  - **\$20, \$30, \$50**
- Participation incentives for use of cessation supports
- Postpartum incentive \$50 each at 6 weeks, 3 months, 6 months





### **How it works: Enrollment**



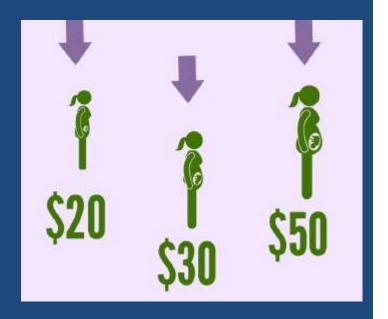
- Pregnant women identified as a tobaccousers and referred to the program
  - Eligibility
    - Smoking at time learned about pregnancy
    - 4 weeks or more from EDD
- At enrollment, participants receive a material incentive and make a quit plan



# How it works: Prenatal Cessation



- Women are eligible for incentive visits 3 times during pregnancy:
  - 4-6 weeks post enrollment, \$20
  - 4-6 weeks post 1<sup>st</sup>visit\$30
- 4-6 weeks post 2<sup>nd</sup> visit:
   \$50





# How it works: Prenatal Support



- During pregnancy participants can receive other material incentives (diaper bags, blankets, clothing, etc.) for accessing cessation support
  - From the Quit Line
  - From a counselor of their choice
  - From a facilitated cessation group
  - From sessions with QTiP coordinator



# How it works: Postpartum Cessation



- Once the participant delivers the baby:
  - 6 week visit, \$50 gift card
  - 3 month visit, \$50 gift card
  - 6 month visit, \$50 gift card
- Participants can also receive material incentives for accessing cessation support during the postpartum period





### **QTiP Results: Enrollment**



- Since 2015, over 300 pregnant smokers have participated in QTiP
- 55% of pregnant smokers referred to QTiP chose to enroll
- 25% of women referred were lost to follow-up (no response to efforts to enroll)
- 15% declined to enroll
- 88% of women are referred by WIC staff



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## QTiP Results: Prenatal cessation



- More than 30%
   achieve/maintain
   cessation during
   pregnancy
- About 20% of participants are still abstaining from tobacco at 6 months postpartum





### **Prenatal cessation**



- 66% of participants were smoking at enrollment
- Almost half of participants achieve cessation by the 1<sup>st</sup> incentive visit
- About 25% are quit during the third trimester



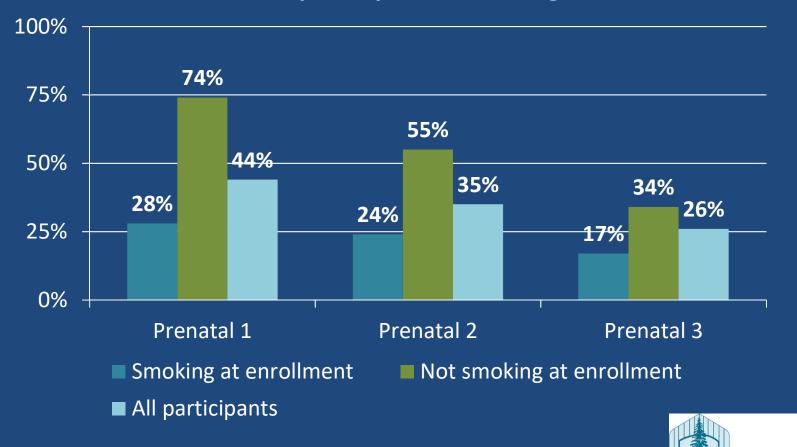


### **Prenatal cessation**



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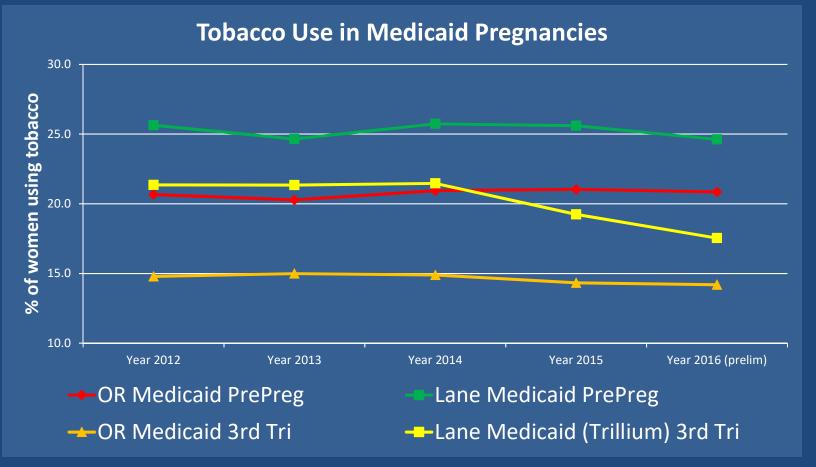
### Percent of QTiP participants achieving cessation



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# Quit Tobacco in Pregnancy (QTiP)





Oregon Center for Health Statistics \*2016 data is preliminary





### **Postpartum cessation**

- 29% of eligible participants came in for 3 month visit
  - 83% were quit
    - 24% of all eligible participants were quit
- 20% of eligible participants came in for 6 month visit
  - 87% were quit
    - 17% of all eligible participants were quit



### **Birth Outcomes**



- Premature birth:
  - Passed 3<sup>rd</sup> Prenatal visit: 8%
  - Failed 3<sup>rd</sup> Prenatal visit:19%\*
- Low birth weight:
  - Passed 3<sup>rd</sup> Prenatal visit: 7%
  - Failed 3<sup>rd</sup> Prenatal visit: 11%







### QTP Quit Tobacco in Pregnancy

### **Key Learnings and Next Steps**

- Incentives do help cessation rates during pregnancy
- 2. Incentives may not be enough to keep participants engaged during postpartum period
- 3. We need to better understand why some smokers do not wish to engage in the program



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### **Questions?**

### **Contact:**

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