POLICY BRIEF

CA Quits: Advancing Tobacco Treatment with Medi-Cal for Health Systems Change

BACKGROUND

Over 2016-2026, CA Quits has been advancing tobacco treatment with health systems and Medi-Cal through shared learning and the implementation of population health strategies for quality and equity. California Medicaid (Medi-Cal) covers over 40% of California's 3 million tobacco users, and Medi-Cal members have higher tobacco use rates than the general population.[1] As Medi-Cal transforms for population health, prioritizing tobacco prevention and treatment is critical,[2] as key gaps in quality and equity are noted for populations including youth with behavioral health issues, racial/ethnic groups, and people with or without chronic disease.[3-5] A UCSF study[6] shows that a 1% decrease in California Medicaid smoking prevalence will reduce Medicaid costs by $630.2 million the following year.

ACTIVITIES AND STRATEGIES

Engaged Over 100 Statewide Clinics and Partners

- Tobacco Learning Collaborative (TLC): The TLC supports the 50 public hospital clinics[7] in the Department of Health Care Services' Quality Incentive Pool program, many who are reporting on the tobacco quality metrics
    - Promoting comprehensive, patient-reported tobacco screening, including e-cigarettes/vapes
    - Integrating treatment referral with Kick It California (KIC), pharmacists, or public health partners
    - Closing care gaps with proactive outreach strategies to unassisted tobacco users
- Medi-Cal Managed Care Plan (MCP) Workgroup: The MCP workgroup has shared population health strategies by trailblazer MCPs including agreements set up with the Kick It California (KIC) quitline
    - Identifying members who use tobacco
    - Assisting with member health education and pharmacist-led cessation support
    - Implementing proactive outreach strategies with KIC and Community Health Workers (CHWs)
- Annual CA Quits Champions Meetings: The meetings disseminate tobacco treatment best practices and population health strategies to a broad audience of health care and public health partners
- CA Quits Resources: The UC Quits Online Education Modules are available for free Continued Medical Education credit.[8] The CA Quits Toolkit provides key components for clinic implementation.

IMPROVING THE TOBACCO QUALITY METRIC FOR HEALTH CLINICS AND PLANS

Clinics: Tobacco Quality Metric Improvement

CA Quits helped Medi-Cal require public hospital clinics to expand their quality reporting requirements: separating the screening and counseling rate (2021), including vape use (2024), and including patients 12 years and older (2025).

Figure 1 shows the median rates for 17 large and 16 small public hospital clinics reporting on 2021 to 2023 counseling rates, which have improved each year.

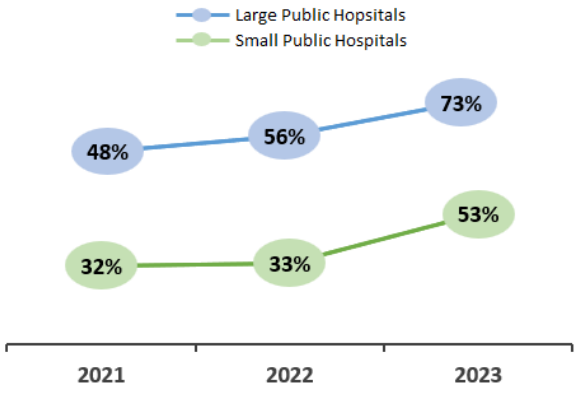
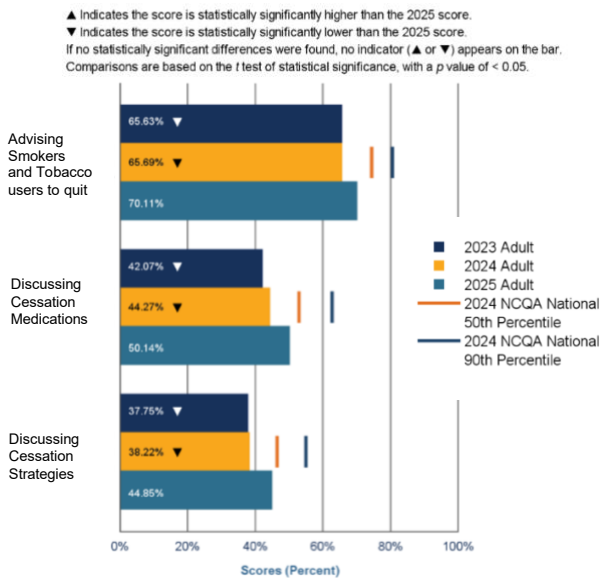


FIGURE 1: Tobacco Users Counseled

Plans: New Population-based Tobacco Quality Metric in 2026

FIGURE 2: DHCS CAHPS Tobacco Measure, 2023-2025



For 2026, the National Committee for Quality Assurance (NCQA) approved the new HEDIS measure Tobacco Use Screening and Cessation Intervention (TSC-E) for all members 12 years and older.[9] Figure 2 is a DHCS graph of the old measure using the 2023-2025 Consumer Assessment of Healthcare Providers and Systems (CAHPS),[10] which surveys only a small sample of members and many MCPs had missing data. The CAHPS tobacco metric shows that California MCPs were consistently *below the national 50th percentile*, showing a need for improvement.

- UC Davis Health and Inland Empire Health Plan (representing the only Medicaid plan), beta-tested the measure for NCQA in 2024

NEXT STEPS: CA QUITS

As Medi-Cal transforms under CalAIM to prioritize quality, population health, and health equity, MCPs face challenges identifying tobacco users and addressing disparities in tobacco treatment utilization. MCPs, clinics, and KIC need to align reporting. Continued funding is essential to sustain CA Quits as a strategic health systems change partner **beyond June 30, 2026**. Key future priorities include:

- Prioritize the MCPs implementation of the new NCQA TSC-E measure, now recommended for 2028 Medicaid Child and Adult Core Sets[11] and may be considered for 2027 to avoid measurement gap, and update the DHCS All Plan Letter 16-014
    - Build capacity on smoking for a future NCQA lung cancer screening quality metric
- Promote population health strategies, especially for CalAIM priority groups (behavioral health, youth, and maternal health), rural communities, and people with chronic disease including cancer[12]
- Strengthen cross-sector and county-level partnerships, including public health tobacco prevention programs, community pharmacies, and behavioral health
- Integrate tobacco treatment with provider and CHW training and outreach

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