Tobacco use is the leading cause of preventable disease, disability, and death.\(^1\) California Medicaid ( Medi-Cal) covers over 40% of California’s 3 million smokers and Medi-Cal members have higher tobacco use rates than the general population.\(^2\) Tobacco treatment and cessation has immediate health benefits for maternal child health, behavioral health, and chronic disease prevention and treatment.

From 2018-2023, CA Quits was funded to advance health systems change.\(^3\) Clinics are incentivized to report on quality metrics, including for “Tobacco Assessment and Counseling.” Medi-Cal managed care plans (MCPs), which cover 80% of Medi-Cal members, have cessation medication and counseling benefits. Public health partners like the free state quitline, Kick It California (KIC), and local health departments can facilitate treatment.

**OBJECTIVE**

To advance tobacco treatment with Medi-Cal across clinics, MCPs, and public health partners with shared learning and strategies for collective impact and health systems change.

**ACTIVITIES**

- Conducted an annual Tobacco Learning Collaborative (TLC) with the Department of Health Care Services for public hospital clinics, which expanded to include community clinics and public health partners.

- Facilitated quarterly Tobacco Workgroup meetings with MCPs to promote tobacco treatment to members. Promoted trainings and resources with Medi-Cal provider programs funded by Proposition 56: ACEs Aware, CalHealthCares, and CalMedForce.

- Collaborated with local and state public health departments and programs to build capacity on tobacco treatment, including with maternal health and oral health.

- Disseminated best practices across the three sectors (clinics, MCPs, public health) with an annual CA Quits Champions’ Meeting.
1. The CA Quits TLC engaged over 100 statewide clinics and partners over 5 years (see map and sidebar), as featured nationally in CDC Best Practices. As clinics seemed to cap their performance on the tobacco quality metric, CA Quits successfully advocated for Medi-Cal to require public hospital clinic reporting that focused on counseling smokers.

2. Five MCPs have become trailblazers by establishing contracts with KIC to provide nicotine patches with counseling outreach (Health Net, LA Care, Molina), providing gift card incentives with group classes (Kern Family Health Care), conducting tailored mailing outreach with KIC (Molina), and partnering with pharmacists (Partnership Health Plan).

3. Public health departments already promote KIC and several led health systems change initiatives with local clinics, community-based organizations, and MCPs. CA Quits also worked to update local public health department cessation activities, the state cessation plan, and maternal health data and resources.

**NEXT STEPS: CA QUITS (2023-2026)**

Medi-Cal is undergoing a major transformation (CalAIM) that is focused on quality, population health, and health equity. However, MCPs are challenged with identifying the population of members who use tobacco and there are racial/ethnic disparities in tobacco treatment utilization. Latino Medi-Cal members who smoke are less likely to be advised to quit than their non-Latino White counterparts. CA Quits will renew its focus working across public hospital clinics and MCPs on the following:

- Develop and promote population health strategies
- Evaluate population health data for health equity
- Facilitate collaborations with local and statewide public health partners

**References**

7. California Department of Health Care Services, Managed Care Quality and Monitoring Division. 2017-18 Tobacco Cessation Focused Study Report. Dec 2018