

# CHOICES: An Innovative Program for Addressing Tobacco Use in Mental Health Consumers

by Jill M. Williams, M.D.

Tobacco dependence is a tremendous health care problem and studies indicate that 50 – 90% of individuals with mental illness are tobacco dependent, rates that are 2-4 times greater than the general population. Smokers with psychiatric disorders have an increased risk for tobacco-caused medical illnesses and yet most mental health centers do not provide tobacco treatment and most treatment programs for tobacco do not target the mentally ill. A unique consumer-driven initiative can help to facilitate a different perspective for tobacco control within mental health systems that has not been previously tested. Outreach to professionals has had limited success in addressing tobacco in mental health settings as evidenced by the continued low rates of nicotine dependence diagnosis and treatment planning. Consumers who support tobacco treatment often lack the knowledge and skills needed to advocate for changes within the mental health system. Efforts toward increasing advocacy and awareness for tobacco dependence treatment among mental health consumers and creating a network for peer referrals for treatment may ultimately drive greater systems change.

Dr. Jill Williams, Associate Professor of Psychiatry at UMDNJ, has been working with the Mental Health Association of New Jersey (MHANJ), and the State of New Jersey, Division of Mental Health Services (DMHS) to increase the demand for tobacco services among mental health consumers. This partnership brings the expertise in tobacco dependence and mental health from a university setting directly to a consumer-run organization and also facilitates direct communication with state leadership. These partners have begun other collaborations as well in the area of tobacco and mental health. Dr Williams has consulted with the MHANJ Public Policy Committee in initiatives to develop statewide tobacco policies. Together they have begun to give presentations on addressing tobacco at statewide and national consumer conference events, which have been well received by consumer audiences.

This work has led directly to the founding of a new organization called CHOICES, which stands for “Consumers Helping Others Improve their Condition by Ending Smoking.” CHOICES is an important name, which symbolizes hope for mental health consumers and empowers them with the belief that they have a choice to not smoke or use tobacco products. This innovative project, funded by a grant from the American Legacy Foundation, will employ mental health peer counselors, called Consumer Tobacco Advocates, to communicate the message to smokers with mental illness that addressing tobacco is important. Their goal is to educate and motivate other consumers with mental illness to seek tobacco dependence treatment. Consumer



Tobacco Advocates will serve as consultants to other consumers and agencies to assist them with linkages to treatment, referrals, advocacy, support and the provision of educational materials. Other goals of this project are to create and distribute resource materials targeting an audience of smokers with mental illness in New Jersey. This includes a quarterly CHOICES informational newsletter on tobacco, and a directory of tobacco treatment providers, which can be used to link consumers to treatment. It is hoped that CHOICES could develop, in the future, into a larger organization and resource for mental health consumers, their family members, and mental health professionals.

## Important Information for Medicare Providers!

Effective July 5, 2005, the following codes should be used when providing intermediate or intensive cessation counseling.

**G0375** – Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes. Short Descriptor: Smoke/Tobacco Counseling 3-10

**G0376** – Smoking and tobacco-use cessation visit; intensive, greater than 10 minutes. Short Descriptor: Smoke/Tobacco Counseling greater than 10.

The coverage is limited to beneficiaries who use tobacco and have a disease or adverse health effect found by the US Surgeon General to be linked to tobacco use or who are taking certain therapeutic agents whose metabolism or dosage is affected by tobacco use as based on Food and Drug Administration approved information. Patients must be competent and alert at the time that services are provided. Two attempts are covered each year and each attempt may include a maximum of four intermediate or intensive sessions. A maximum of 8 sessions in a 12-month period are covered. The qualified practitioner and the patient have flexibility to choose between intermediate or intensive cessation strategies for each session.

Providers are reminded that they should keep a file appropriate documentation in the patient's medical records to adequately demonstrate that Medicare coverage conditions were met for any services provided and billed to Medicare for smoking and tobacco use cessation counseling.