

## Additional File 1. Survey questions discussed in this article

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### Survey Question:

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**Which type of healthcare system do you represent? (If you represent more than one type, please request an additional survey)**

- MCO Commercial
  - MCO Medicare
  - MCO AHCCCS
  - VA
  - IHS
  - other (specify)
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**Which of the following best describes the total enrollment of your Arizona healthcare system membership? (check only one)**

- Less than 25,000
  - 25,001 to 50,000
  - 50,001 to 100,000
  - 100,001 to 250,000
  - 250,001 to 500,000
  - More than 500,000
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**What percent of your healthcare system enrollment receives its care through the following delivery models? (your answers should total 100%)**

- \_\_\_% Group
  - \_\_\_% Staff
  - \_\_\_% Independent Practice Association
  - \_\_\_% Direct Contract
  - \_\_\_% Network
  - \_\_\_% Other (specify)
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**What is the tax status of your healthcare system?**

- For profit
  - Not for profit
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**Please indicate which if any of the following accreditations are held by your healthcare system. (check all that apply)**

- NCQA (National Committee for Quality Assurance)
  - JCAHO (Joint Commission on Accreditation of Healthcare Orgs.)
  - URAC (Utilization Review Accreditation Commission)
  - Other (specify)
  - None
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**Does your healthcare system collect and/or report HEDIS (Health Employer Data and Information Set) data? (check only one)**

- Collects
  - Collects and reports
  - Reports
  - Neither collects nor reports
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**Does your healthcare system have an in-house tobacco-free workplace policy for employees?**

- Yes
  - No
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**Is your healthcare system aware of tobacco cessation and prevention guidelines? (mark all that apply)**

- AHCPR (Agency for Health Care Policy & Research)
  - \_\_\_ No
  - \_\_\_ Yes
  - \_\_\_ If yes, please indicate implementation (full, partial, none)
  - US Public Health Service
  - \_\_\_ No
  - \_\_\_ Yes
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\_\_\_ If yes, please indicate implementation (full, partial, none)

NCI (National Cancer Institute)

\_\_\_ No

\_\_\_ Yes

\_\_\_ If yes, please indicate implementation (full, partial, none)

VA (Veterans' Affairs)

\_\_\_ No

\_\_\_ Yes

\_\_\_ If yes, please indicate implementation (full, partial, none)

Other (Specify)

\_\_\_ No

\_\_\_ Yes

\_\_\_ If yes, please indicate implementation (full, partial, none)

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**Does your healthcare system have a written tobacco cessation protocol/policy for enrollees?**

Yes

No

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**Which of the following barriers limit the feasibility of fully implementing tobacco cessation and prevention guidelines or policies in your healthcare system? (mark all that apply and rank the top three barriers with 1 being the greatest barrier)**

**Barrier Rank**

\_\_\_ Insufficient staff

\_\_\_ Cost of implementing guidelines

\_\_\_ No evidence for cost-effectiveness of guidelines

\_\_\_ Limited access to tobacco cessation programs

\_\_\_ Takes too much time away from patient care duties by clinicians

\_\_\_ Guidelines conflict with internally developed or pre-existing tobacco cessation & prevention guidelines

\_\_\_ Lack of scientific validity/efficacy of guidelines

\_\_\_ Lack of support from upper management

\_\_\_ Lack of requests from plan purchasers

\_\_\_ Other (specify)

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**Please indicate which of the following outside resources in Arizona your healthcare system is aware of and refers members to. (mark all that apply)**

Arizona Smokers' Helpline

\_\_\_ Not aware

\_\_\_ Aware

\_\_\_ Refers to

Arizona Department of Health Services Tobacco Education and Prevention Program Local Projects

\_\_\_ Not aware

\_\_\_ Aware

\_\_\_ Refers to

Other (specify)

\_\_\_ Not aware

\_\_\_ Aware

\_\_\_ Refers to

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**Indicate the status of the following tobacco cessation interventions to**

Telephone Counseling

\_\_\_ Covered for general enrollment

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**your enrollees.**

- Covered for some contracts
- Not covered
- Not available
- Face-to-Face Counseling
  - Covered for general enrollment
  - Covered for some contracts
  - Not covered
  - Not available
- Group Counseling
  - Covered for general enrollment
  - Covered for some contracts
  - Not covered
  - Not available
- Self-help Materials
  - Covered for general enrollment
  - Covered for some contracts
  - Not covered
  - Not available
- Other (Specify)
  - Covered for general enrollment
  - Covered for some contracts
  - Not covered
  - Not available

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**Indicate the coverage for the following tobacco cessation medications to your enrollees.**

- Nicotine gum
    - Covered for general enrollment
    - Covered for some contracts
    - Covered with cessation program
    - Not covered
    - On formulary
    - Paid for OTC
  - Nicotine patches
    - Covered for general enrollment
    - Covered for some contracts
    - Covered with cessation program
    - Not covered
    - On formulary
    - Paid for OTC
  - Nicotine nasal spray
    - Covered for general enrollment
    - Covered for some contracts
    - Covered with cessation program
    - Not covered
    - On formulary
  - Nicotine inhaler
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- Covered for general enrollment
  - Covered for some contracts
  - Covered with cessation program
  - Not covered
  - On formulary
  - Bupropion
  - Covered for general enrollment
  - Covered for some contracts
  - Covered with cessation program
  - Not covered
  - On formulary
- 

**Please identify the barriers that most limited your healthcare system's ability to provide tobacco interventions to your members. (mark all that apply and rank the top three barriers with 1 being the greatest barrier)**

- | <b>Barrier</b>   | <b>Rank</b> |
|--|-------------|
| <input type="checkbox"/> _____ Insufficient funding  |             |
| <input type="checkbox"/> _____ Insufficient resources for clinician training                               |             |
| <input type="checkbox"/> _____ Competing priorities  |             |
| <input type="checkbox"/> _____ Inability to identify tobacco users   |             |
| <input type="checkbox"/> _____ Referral systems not in place   |             |
| <input type="checkbox"/> _____ Insufficient staff  |             |
| <input type="checkbox"/> _____ Lack of evidence of cost-effectiveness of interventions                     |             |
| <input type="checkbox"/> _____ Limited access to tobacco cessation programs                                |             |
| <input type="checkbox"/> _____ Takes too much time away from other clinician requirements for patient care |             |
| <input type="checkbox"/> _____ Lack of continuity of enrollment of members                                 |             |
| <input type="checkbox"/> _____ Lack of scientific evidence validity/efficacy of interventions              |             |
| <input type="checkbox"/> _____ Lack of requests from health plan purchasers                                |             |
| <input type="checkbox"/> _____ Low participation rates by members  |             |
| <input type="checkbox"/> _____ Low member demand for services  |             |
| <input type="checkbox"/> _____ Other (specify)   |             |
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