

# Tobacco Briefing “201”

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Segue Consulting

**Ohio Cessation Benefits Team**



# Overview of Webinar

- Historic context
- Cessation Benefits Team (CBT)
- Regulatory environment
- What should be covered



# History

- During State FY 2010, the Ohio Tobacco Quit Line operated on \$2 million of Master Settlement Award (MSA) funds and \$349,000 of American Recovery and Reinvestment Act (ARRA) Funds.
- MSA funding ended on June 30, 2011.
- If no new source of funding is approved, Ohio's Quit Line will likely close or reduce services.



# ODH Operational Plan: Effective 5/1/12

- Only fee for service Medicaid clients (no managed care plans), uninsured and pregnant women will receive free cessation services from the Ohio Quit Line.
  - These services will be provided until federal funding is depleted
- All other callers may continue to access Quit Line services free of charge only if their health plan or employer joins the Tobacco Collaborative.

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# Mission

- The goals of the CBT:
  - Engage public and private health insurance carriers to provide cessation benefits
  - Identify opportunities to increase sustainability for existing cessation services, including the OH Quit Line.



# Mission

The CBT has committed to the following:

1. Develop cost effective, evidence-based options to deal with the current Quit Line budget crisis.
2. Promote tangible solutions that are cost effective, evidence-based, and use the combined leverage of public and private sectors.

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# Environment

- Ohio's budget challenges occurred at the same time as several important regulations related to tobacco control – all of which promote coverage for Ohioans with health benefits



# Patient Protection and Affordable Care Act (PPACA)

- Effective 9/23/2010, non-grandfathered plans must include ALL United States Preventive Services Task Force (USPSTF) A and B recommendations
- No member cost sharing permitted



# USPSTF A and B Recommendations

A few examples:

- Annual screening for cervical cancer
- Breast and colorectal cancer screening
- Vaccines and immunizations
- Well-baby and well child visits through age 21
- Mental health screening, including substance abuse
- Tobacco use screening and cessation interventions

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# Insurance Exchanges

- Virtual Marketplace
- Initially for Individual and Small Group
- Standardized Products based on Essential Benefits – appears to include tobacco
- Standardized Information on Choices
- Eligibility for Premium and Cost-Sharing Subsidies and Public Programs



# Meaningful Use

- Federal incentive payments for meaningful use of certified electronic health record (EHR) technology
- Payment began in 2011
- Final Stage 1 rule incorporates tobacco into mandatory functional reporting and required core clinical quality measures:
  - *Record smoking status for 50% of patients  $\geq 13$  yrs*
  - *Tobacco use assessment and cessation intervention (NQF 0028)*



# Implications

- Physicians are effectively being required to screen for tobacco due to Meaningful Use.
- Health plans are effectively being required to cover screening and interventions for ALL members due to PPACA.
- Employers can realize a positive ROI for this outlay if it results in fewer smokers.



- *How do the USPSTF recommendations translate into coverage requirements?*



# Baseline Coverage

CBT's recommendation for an evidence-based, cost effective baseline benefit includes:

- at least two smoking cessation attempts per employee per year
- access to all FDA-approved tobacco cessation drugs
- multiple counseling sessions per quit attempt (offered, but not required)



- *How consistent is this with current health plan practice in OHIO?*



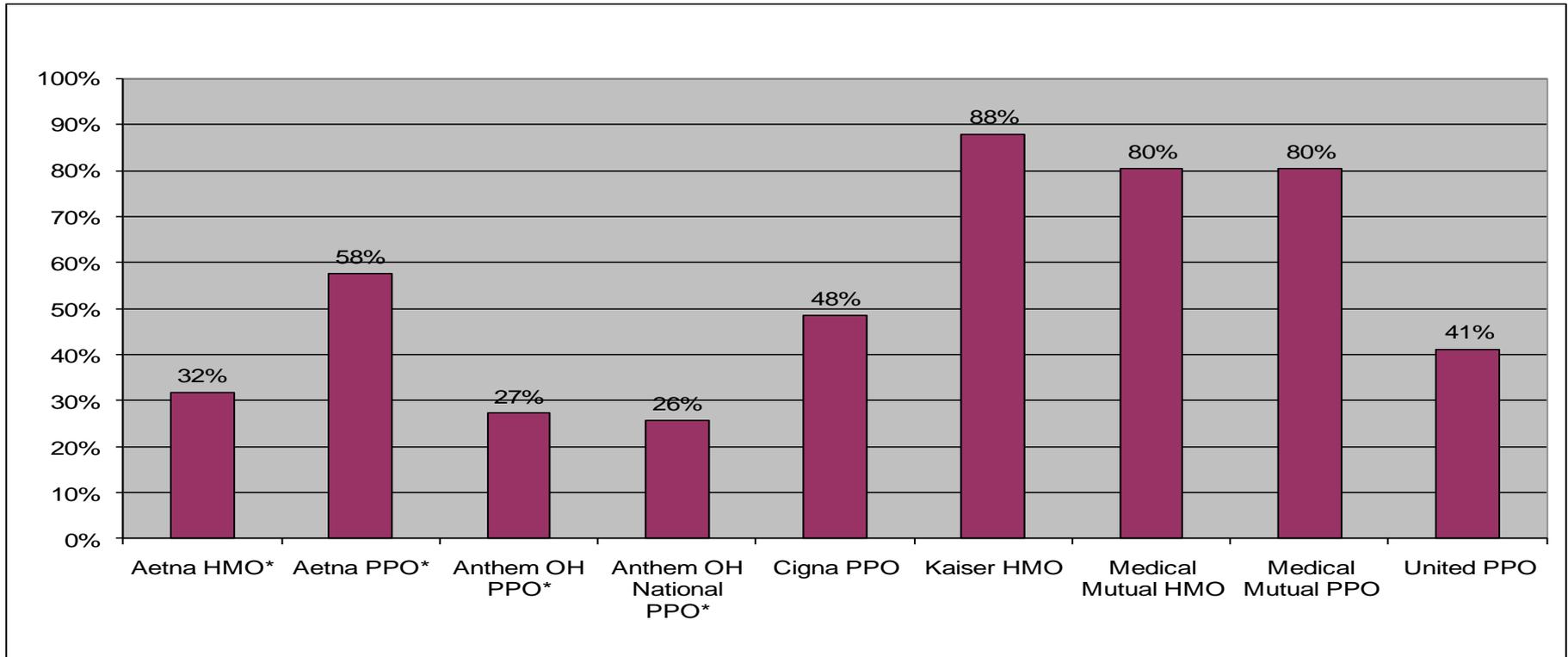
# eValue8 Data

- National Request for Information
- Evidence-based and verified data
- 150 health plans nationally respond
- Sponsored in Ohio by the Health Action Council employer coalition
- Detailed tobacco coverage questions

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# Percentage of Total eV8 Tobacco-Related Points Received (2009 RFI)

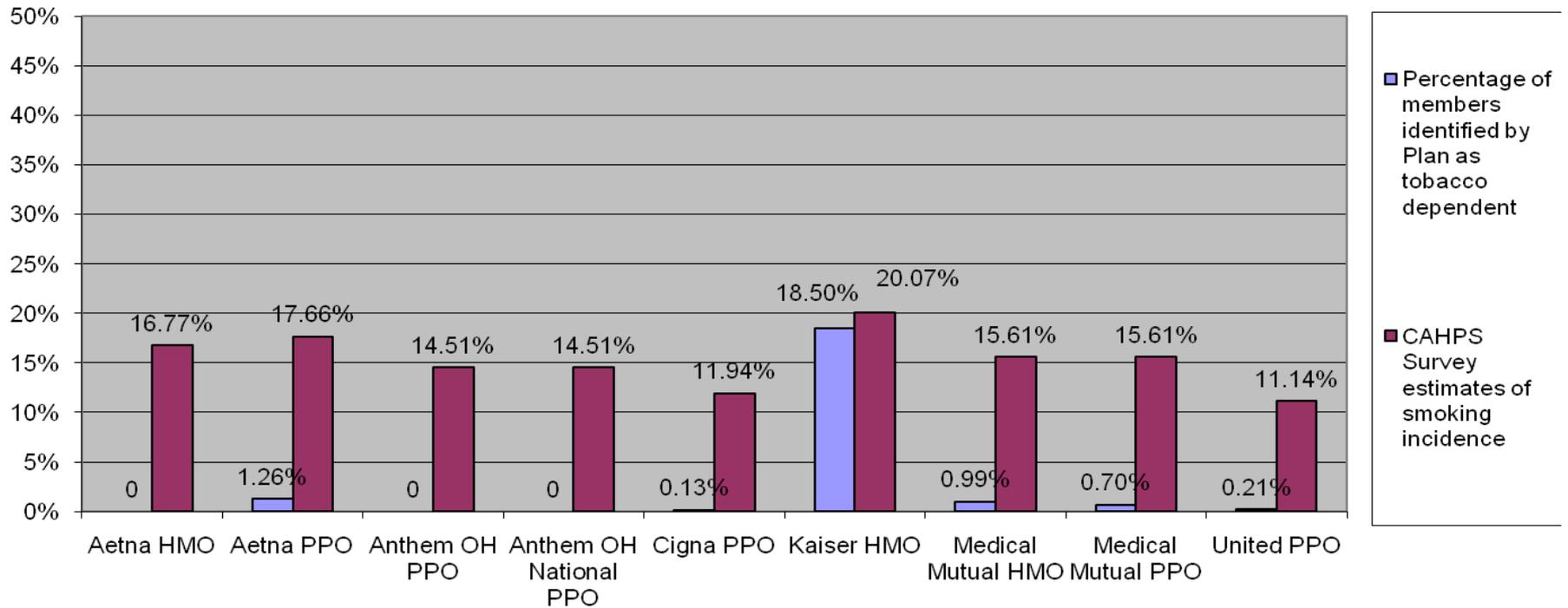


\* Plan did not report CAHPS scores in Question 5.7.13

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## Plan Identification of Smokers vs. CAHPS Survey Estimates



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# Tobacco Dependent Member Identification & Participation

	<i>Aetna HMO</i>	<i>Aetna PPO</i>	<i>Anthem PPO</i>	<i>Anthem PPO Nat'l</i>	<i>Cigna PPO</i>	<i>Kaiser HMO</i>	<i>Med. Mutual HMO</i>	<i>Med. Mutual PPO</i>	<i>United PPO</i>
<i>% of total members in cessation program</i>	<b>0.04%</b>	<b>0.01%</b>	<b>0.55%</b>	<b>NT</b>	<b>0.09%</b>	<b>0.40%</b>	<b>0.07%</b>	<b>0.15%</b>	<b>0.02%</b>

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# Conclusion

- With some exceptions, there is a marked disconnect between what is available on paper and uptake:
  - Administrative confusion regarding eligibility
  - Limited tracking
  - Limited promotion
  - Limited payment to physicians
  - Default reliance on Ohio Quit Line



- *How do we capitalize on these opportunities to promote cessation?*



# EDUCATION & AWARENESS!

- Educate employers regarding ways to make this coverage requirement beneficial to their bottom line
- Educate health plans regarding how to meet this requirement cost effectively



# Key Messages

1. Tobacco cessation coverage is the single most cost-effective health benefit an employer can provide to its employees.
2. If cessation benefits are structured according to medical evidence and appropriately priced and promoted, an employer should generate a positive return on investment in the first year of providing the benefit.
  - Productivity ROI – Year One
  - Medical cost savings (ROI) – Year Two



# Effective Purchasing

Employers should consider:

1. Level of Coverage – Do the preventive services covered include the evidence-based tobacco cessation baseline benefits?
  - At least 2 quit attempts per employee per year
  - Access to all FDA-approved tobacco cessation drugs
  - Multiple counseling sessions per quit attempt (offered, but not required)

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# Effective Purchasing

2. Price – Does the price provide a good value to the employer in terms of utilization and cost?
- If the program is not actively promoted and tracked, the cost can be very high relative to the number of people who use the benefit.
  - Ohio health plan data indicates a range of 0.01 percent to 0.4 percent of members participating in cessation activities. This is very low relative to a 20 percent smoking rate in Ohio.



# Effective Purchasing

3. Outcomes – Can the plan report the percentage of eligible employees that rate participating in the cessation program and a six month or 12 month quit rate? If not, how can the employer ensure value for the money spent?



# The Tobacco Collaborative

The Tobacco Collaborative is a public-private partnership that leverages the buying power of employers, health plans, the Ohio Quit Line and the ODH.

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# The Tobacco Collaborative

- Through it, health plans and employers can purchase nicotine replacement therapy (NRT) at cost and greatly discounted telephonic counseling services:
  - Counseling: \$138 for up to five proactive telephonic coaching sessions (English or Spanish)
  - NRT: \$36 for a two-week or \$57 for a four-week supply, mailed to the individual's home
- Externally validated quit rate: 40%

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# Questions and Issues that May Arise

- *I assume my health plan will take care of covering this mandate*
  - As a purchaser, make sure the coverage is evidence-based, promoted, affordable, and has a documented quit rate or you will pay for something that generates little value.



# Questions and Issues that May Arise

- *In this economy I can't afford another expensive line item of coverage*
  - Tobacco is the single most cost effective benefit an employer can provide (*Washington Business Group on Health, Centers for Disease Control*).
  - A well structured benefit pays for itself in the first year in terms of increased productivity and the second year in terms of medical cost savings.



# Questions and Issues that May Arise

- *Tobacco is so addictive, I'm paying for something that won't actually work*
  - Unlike many difficult behavior or addictive issues, we do have interventions that work
    - Ohio Quit Line has an independently validated quit rate of 40%
    - Chantix has a 44% quit rate
    - Other pharmacotherapies are also effective and have documented quit rates



# Resources

- OH CBT has developed a series of brief documents to assist health plans, employers, providers, and consumers to understand:
  - Tobacco cessation coverage options
  - Federal and state reform requirements around tobacco cessation



# Resources

- Tobacco Cessation Coverage Options
  - Tobacco Cessation Coverage: Federal Health Reform Guidance for Employers
  - Ohio Tobacco Collaborative Overview
  - How Tobacco Hurts an Employer's Bottom Line
  - Recommended Summary Plan Description Language for Employers (Baseline Benefits)
  - Ohio Tobacco Collaborative Quit Line Cost Comparison for PMPM Benefits
- Federal and State Reform
  - Grandfathering Under the Patient Protection and Affordable Care Act
  - PPACA Preventive Care Requirements – Interim Final Rule
  - Meaningful Use for Tobacco
  - USPSTF A and B Recommendation Specific to Tobacco
  - Tobacco Cessation Coverage: Federal Health Reform Guidance for Employers– please see above
- General Tobacco Resources
  - OH CBT Overview
  - Return on Investment (ROI) Overview
  - ROI Citation
  - Employer ROI

<http://www.healthyohioprogram.org/healthylife/tobc2/qsmoking/~/link.aspx?id=4443D0BD2DA245468A8A9CFBE82D4A93&z=z>

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