

Tobacco Briefing

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Overview of webinar

- Evidence – Tobacco Guideline
- Return on Investment
- Historic context – CDC Funding
- Current Ohio Funding
- Ohio Quit Line as of May 2012
- Cessation Benefits Team (CBT)
- Coverage Recommendations
- What You Can Do

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Evidence: Tobacco Guideline

http://www.surgeongeneral.gov/tobacco/treating_tobacco_use08.pdf

Ten Key Guideline Recommendations

The overarching goal of these recommendations is that clinicians strongly recommend the use of effective tobacco dependence counseling and medication treatments to their patients who use tobacco, and that health systems, insurers, and purchasers assist clinicians in making such effective treatments available.

1. Tobacco dependence is a chronic disease that often requires repeated intervention and multiple attempts to quit. **Effective treatments exist**, however, that can significantly increase rates of long-term abstinence.
2. It is essential that clinicians and health care delivery systems consistently identify and document tobacco use status and treat every tobacco user seen in a health care setting.
3. **Tobacco dependence treatments are effective across a broad range of populations. Clinicians should encourage every patient willing to make a quit attempt to use the counseling treatments and medications recommended in this Guideline.**

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Return on Investment

http://healthyohioprogram.org/healthylife/tobcz/oh_cbt.aspx

0.95 to 2.88

- The best data on the state's ROI comes from the American Lung Association, which shows that for every dollar spent on smoking cessation treatment, \$1.26 will be saved.
- America's Health Insurance Plans (AHIP) illustrates the employer's perspective in their ROI calculator, and shows a positive result due to productivity gains in year one of a cessation program.
- AHIP's ROI calculator estimates the ROI of evidence-based cessation interventions over one to five years, with a positive result within three years.

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CDC Funding Recommendations

- Recommendations based on 1999 funding formulas for Statewide programs, Community Programs to Reduce Tobacco Use, Chronic Disease Programs to Reduce the Burden of Tobacco Related Diseases, School Programs, and Enforcement
- **Ohio's 2007 Recommended Annual Total Funding Levels = \$145 million**, with \$44.2 million going to Cessation Interventions.

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OH Tobacco Control Funding

- 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 ends on June 30, 2011.
- Anticipated Federal funding for Ohio's tobacco control program is \$2.1 million.
- Ohio spent 1.5% of CDC-recommended levels in 2011.

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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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Partners include:

- *Employer Coalitions:* Employer Health Coalition of Ohio, Health Action Council.
- *Insurers:* Medical Mutual Insurance Company of Ohio, CareSource, the Ohio Association of Health Plans.
- *Health Care Providers:* Cleveland Clinic, National Jewish Health.
- *Local Health Agencies:* Ashland County-City Health Department.
- *Academic/Community Leaders:* Center for Community Solutions, Kent State University.
- *Advocates:* American Cancer Society, American Heart Association, American Lung Association, Tobacco Free Ohio Alliance.

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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.**

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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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- 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)



Ohio Health Plan Coverage

- 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



Goal: 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 rates 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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