

Ohio Cessation Benefits Team Overview

History

In State FY 2010 (July 1 2010 – June 30 2011), the Ohio Quit Line operated on \$2 million of Master Settlement Award (MSA) funds and \$349,000 of American Recovery and Reinvestment Act (ARRA) funds. The MSA funding ended June 30, 2011.

In 2009, the Tobacco Prevention and Cessation Program (TUPCP), part of the Office of Healthy Ohio at the Ohio Department of Health (ODH), established a strategic plan for sustaining the Quit Line, including the establishment of the Ohio Tobacco Cessation Benefits Team (OH CBT), a public-private partnership that includes leaders from the ODH, Ohio Department of Insurance, Ohio Department of Jobs and Family Services, as well as:

- *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, Ohio Tobacco Control Resource Group.

Mission

The goal of the OH CBT is to engage public and private health insurance carriers to provide cessation benefits for the treatment of tobacco use dependence and to identify opportunities to increase sustainability for existing cessation services, including the OH Quit Line.

The OH CBT has committed to the following:

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

Environment

Ohio's budget challenges occurred at the same time as several important regulations related to tobacco control – all of which promote increased use of cessation services:

- The Food and Drug Administration has released draft tobacco packaging requirements that include graphic warnings and may include a message to call the Quit Line. Experts estimate these will double the call volume for the first two years.
- The Patient Protection and Affordable Care Act (PPACA), passed in March 2009, requires all health plans to provide tobacco cessation coverage at no cost to the consumer. Federal legislation also requires screening for and treatment of tobacco use as a condition of providers receiving financial incentives for adoption of electronic health information exchange.

- Today, 20.3 percent of adult Ohioans still smoke tobacco
- The total annual medical cost from tobacco use in Ohio is \$4.37 billion
- The cost to Ohio Medicaid from tobacco use is \$1.4 billion
- 18,000 Ohioans die annually from tobacco-related illness

Ohio Cessation Benefits Team



Key Ohio Cessation Benefits Team Messages

- Tobacco cessation coverage is the single most cost-effective health benefit an employer can provide to its employees.
- 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.
- The return on investment to employers is positive in the first year due to productivity gains and provides positive medical cost savings in the second year.
- 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, and multiple counseling sessions per quit attempt (offered, but not required).

Employers working with a fully insured or self-insured health plan or independent vendor should consider:

1. Level of Coverage – Do the preventive services covered include the evidence-based tobacco cessation baseline benefits described above?
2. Price – Does the price provide a good value to the employer in terms of utilization and cost?
 - a. Consider use-based pricing which incents the vendor to actively promote the benefit and minimizes the employer's financial risk to only those who attempt to quit.
 - b. If instead the cessation program is priced on a per member per month basis, how does the plan promote the benefit and what kind of participation has been achieved historically?
 - If the program is not actively promoted and tracked, the outlay 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.
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 OH CBT has worked to create a highly cost-effective, evidence-based option to help health plans and employers move toward PPACA compliance.

The Tobacco Collaborative is a public-private cessation product that leverages the buying power of employers, health plans, the Ohio Quit Line and the ODH. Through it, health plans and employers can purchase nicotine replacement therapy (NRT) at cost and greatly discounted telephonic counseling services:

- NRT: \$36 for a two week or \$57 for a four week supply, mailed to the individual's home
- Counseling: \$138 for up to five proactive telephonic coaching sessions (English or Spanish)

The Ohio Quit Line, run by National Jewish Health, reports six month quit rates of 40 percent for Ohio. Although priced on a per use basis, the negotiated rates translate to less than \$0.20 per member per month.

For general information regarding the Ohio Cessation Benefits Team and cost-effective options for supporting tobacco cessation in Ohio, please contact Mari-jean Siehl at 614-644-1113 or mari-jean.siehl@odh.ohio.gov.

Ohio Cessation Benefits Team

