Collaborating to help Oregon tobacco users quit

Why HBOS?
Some Background

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Senate Bill 734: January 1, 2010

- A health benefit plan (see ORS 743.730) must provide payment, coverage or reimbursement of at least $500 for a tobacco use cessation program for a person enrolled in the plan who is 15 years of age or older.
- Medicare, Medicaid, and self-insured are exempt.
  - Medicare program provides some benefits.
  - Medicaid programs and many self-insured were already providing good benefits.
- Established consistency between public and private plan benefits.

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Collaboration for Improvement

- HBOS was formed as a collaboration of health plan representatives and members of the health care community.
- Mission: How to design benefit required by SB 734 for best outcome; promote as Oregon standard of care.

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Benefit of the Benefit

- When treatment is aligned with evidence base and best practices, result is better health, better productivity, and reduced cost.
- Aligning tobacco cessation coverage as a health care industry:
  - Ensures greater effectiveness and efficiency across all health plans and health care providers.
  - Ensures the best opportunity to help Oregon reduce the human and financial toll of tobacco.

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Why require coverage?

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Tobacco use persists*

- Tobacco use in Oregon:
  - Is declining; but over 514,000 adults still smoke and 112,000 use smokeless.
  - Is linked to heart diseases, cancer, respiratory disease, and many other diseases.
  - Contributes to nearly 7,000 deaths annually.
  - Cost nearly $2.4 billion in 2009.

*Oregon Tobacco Facts & Laws
http://public.health.oregon.gov/PreventionWellness/TobaccoPrevention/Documents/tobfacts.pdf

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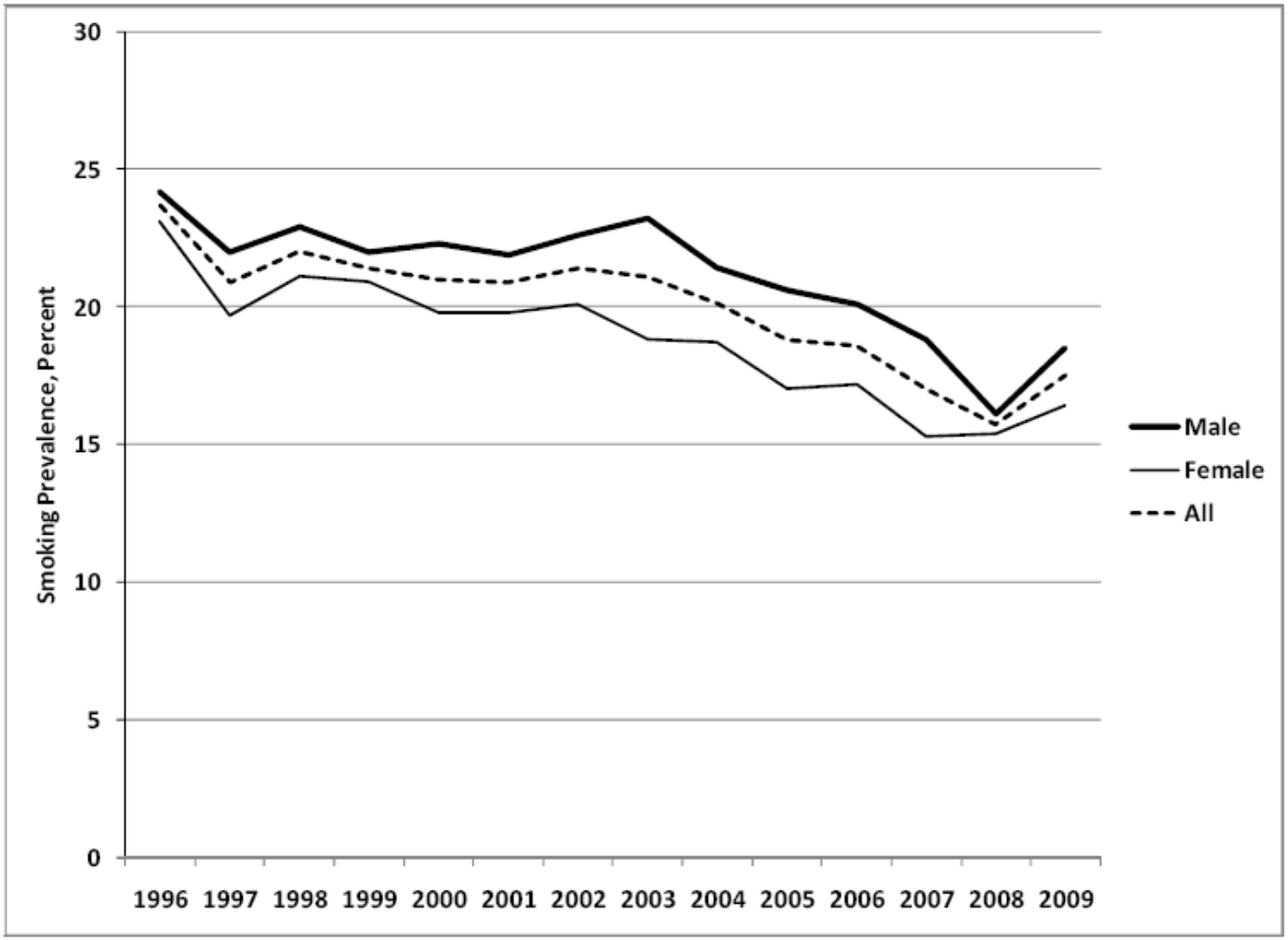
Chart 3: Adult cigarette smoking by sex, 1996 through 2009



Source:
Oregon Behavioral Risk Factor Surveillance System

Quitting is a struggle for most

- Nicotine is addictive but helps people feel "normal."
- Tobacco *smoke* (and residue) is harmful vs. nicotine.
- MOST try to quit on their own, and most fail.

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Treatment works

- Proven, evidence-based treatment combines medications with coaching/counseling programs.
- Doubles or triples success rates.
- With treatment, more will quit & quit sooner, reducing costs and suffering.

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HBOS Benefit Design Considerations

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Not all tobacco users are alike

- Some quit more easily & need less treatment
- Some have serious medical conditions & difficult circumstances; need more assistance.
- Most treatment recommendations are general.
- HBOS recommendations: designed to meet a wider spectrum of needs.

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Flexibility is necessary

- Tobacco dependence is a chronic, relapsing condition – similar to chronic diseases.
- Patients vary in treatment needs.
- Access to extended treatment and re-enrollment is needed for some tobacco users.
- Purpose is to keep tobacco users engaged long enough to be successful.
- Sustaining treatment is more effective than stopping too soon, relapsing, and restarting.

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Evidence is clear: more is better

Estimated Costs by Treatment Option*			
Option	**Odds ratio[1]**	**Estimated quit rates[1]**	**Estimated costs[4]**
Counseling alone	1.5 (1.3-1.8)	16.2 (14.0-18.5)	$175
Medications alone			
NRT/Bupropion	1.9-2.0 (1.7-2.2)	23.4-24.2 (21.3-26.4)	$167
Varenicline	3.1 (2.5-3.8)	33.2 (28.9-37.8)	$246
All types counseling + medications (includes individual/groups)	1.4 (1.2-1.6) vs. meds. alone	27.6 (25.0-30.3)	$300-$400 individual $250-$300 group
Quitline counseling + medications	1.3 (1.1-1.6) vs. meds. alone	28.1 (24.5-32.0)	$350-$400

[1]Fiore MC, Jaén CR, Baker TB; et al. *Treating Tobacco Use and Dependence: 2008 Update*. Rockville, MD: US Dept of Health and Human Services; May 2008.

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Helping tobacco users quit is smart business

- Reduces health care costs.
  - Health care costs for smokers are as much as 40% higher.[1]
- Improves productivity.
  - Smoking employees spend an average of 18 days a year on smoking breaks.[2]

1. Barendregt JJ et al. The health Care Costs of Smoking, New Eng J Med, 1997
2. Halpern MT et al. Impact of Smoking Status on Workplace Productivity. Tob Cont, 2001.

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Helping tobacco users quit is smart business

- Cuts down on sick leave.
  - Smoking employees are absent from work for sickness at least 26% more than nonsmokers.[1]
- Helps people make better health decisions.

[1]Halpern MT et al. Impact of Smoking Status on Workplace Productivity. Tob Cont, 2001.

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The Recommendations

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Identify tobacco users in health plans and help enroll in tobacco cessation services.

- Screen for 15 and older at every visit; refer to programs for treatment.
- Identify through Health Risk Appraisals.
- Prompt program registration through promotions in member communications.

The benefit will only work if it used. Smokers often do not seek help but will respond if help is offered. Proactive outreach is needed to help members enroll. Making enrollment easy and without barriers will ensure that they do.

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Use evidence-based treatment methods

- Cover more than one program option:
  - Individual programs
  - Group programs
  - Quitlines
- Cover a selection of prescription AND non-prescription medications; adjust to patient needs.
  - Prescription: Chantix, Wellbutrin, nicotine inhaler and nasal spray.
  - Non-prescription: nicotine patches, gum, lozenges

Members need options to match the right treatment to individual needs.

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Annual benefit coverage for medications and programs separately and in combination

- Coverage needs to be flexible.
- Cover program and/or medications; avoid linking.
- Cover single medications (e.g. Chantix) AND combination medications (e.g. patch and gum).

When the benefit is flexible, it is easier to match the services with member needs, making it more likely that the benefit will be used.

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Annual access to extended treatment.

- Cover 2 or more quit attempts annually; provide options for re-enrollment.
- Cover longer (sequential) quit attempts as needed for relapse prevention.

Like any treatment, some need more and some need less.

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Cost-sharing

- Keep cost-sharing (member out-of-pocket costs) the same as for other medical services.
- May be considered part of preventive services; cost-sharing may be waived.

Cost is a deterrent to using the benefit. Keeping cost sharing at the usual co-pay rate or waiving the cost entirely will help increase use of the benefit.

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Benefit applies to reimbursement for services of program based treatment professionals.

- Cover identification of smokers and referral for treatment under routine health care.
- Cover specialized program services by trained professionals under benefit.

The services will be more effective when delivered in a specialized program by professionals trained in tobacco dependence treatment.

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Measure outcomes

- Track and review provider performance
- Track and review program enrollment and rates of participation.
- Track quit rates at 6 and 12 months for quality improvement.

Quality improvement will help make sure the benefit is delivering the results that are needed.

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Recommendations Summary

- Make it flexible: provide options.
- Make it easy: remove barriers.
- Make it visible: communication and outreach.
- Make it work: identify QI goals, monitor results.

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Economics

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What will this cost?

- Estimated average annual cost of $350 per member who uses benefit.
  - Some use more, some use less.
- Compare to the cost of treating one case of lung cancer at $40,000 (2002)[1] or one low birth weight baby at $50,000 (2008)[2].

[1]Robin Yabroff. Cost of Initial Cancer Care Climbed Between 1991 and 2002, as Radiation and Chemotherapy Treatments Increased. JNCI J Natl Cancer Inst. 100:12, 2008
[2]Thomson Reuters. The Cost of Prematurity and Complicated Deliveries to U.S. Employers. Report prepared for the March of Dimes, October 29, 2008

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Benefit Utilization

- Estimate annual use at 6% of smokers*.
  - With promotion and enrollment assistance.
  - Without promotion and enrollment assistance, utilization is minimal.

** Considered a feasible level of use by the CDC, Office on Smoking and Health, when sufficient promotion and referral are present in health systems.*

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Return on Investment

Estimated Outcomes and Costs by Program Intensity					
Program Intensity	**Quit Rates**[1]	**Enrollment rates**[2a]	**PMPM**[2b]	**ROI**[3] Year 2	Year 5
Low	16%	6%	$.19	$.43	$1.96
High	32%	6%	$.45	$.23	$1.77

[1]Fiore MC, Jaén CR, Baker TB; et al. *Treating Tobacco Use and Dependence: 2008 Update. Rockville, MD: US Dept of Health and Human Services; May 2008.*

[2 a & b] Covering Smoking Cessation as a Health Benefit: A Case for Employers. Milliman, Inc. 2006. http://www.legacyforhealth.org/PDFPublications/Milliman_report_ALF_-_3.15.07.pdf

[3] *A Good Investment in a Bad Economy: The ROI Case for Helping Your Members and Employees Quit Smoking. America's Health Insurance Plans Virtual Seminar. 09/17/09 , Jeffrey L. Fellows, PhD, Center for Health Research, Kaiser Permanente NW.*

[4]Cost estimates provided by Oregon Tobacco Quit Line. Group rates provided by Oregon health plans. Individual rates based on Medicare reimbursement rates in Oregon. Medications costs provided by OHSU Pharmacy Information Service.

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Return on Investment

- Benefits are consistently shown to be cost effective for both employers and health plans.
- ROI improves as more smokers quit.
- Costs increase with program intensity and ROI decreases.
- Employers benefit most from more intensive programs; more smokers quit.

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Join In

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Help make HBOS a standard of care for Oregon

- All Oregon based health plans;
  - Align benefits with the HBOS recommendations
- All health plans operating in Oregon:
  - Use HBOS Recommendations as a basis for standard benefit for all Oregon clients.
- All employers, brokers, and purchasers:
  - Use HBOS recommendations to guide benefit decisions.

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Make HBOS a standard of care for Oregon

- All tobacco users:
  - Ask your health plan about HBOS recommended benefits.
- All advocates:
  - Promote HBOS recommendations for all tobacco users to help lift the burden of tobacco in Oregon.

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HBOS Endorsements

- Aetna
- Kaiser Permanente
- LifeWise Health Plan
- ODS Companies
- Providence Health Plans
- PacificSource Health Plans
- Cigna Health Plan
- Regence BlueCross BlueShield of Oregon

Health Plans

- Oregon Coalition of Health Care Purchasers
- Oregon Health Authority
- American Lung Association in Oregon
- Tobacco Free Coalition of Oregon

Health Organizations

Online tools to get involved

- Review the Recommendations or Recommendation Summary .
- Use the Benefit Comparison chart to see how your benefit compares.
- Access a Return on Investment calculator to find out more about how the benefit can help your organization.

www.smokefreeoregon.com/policy/helping-benefit-oregon-smokers

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Online tools to get involved

- Become an HBOS Endorser, help establish Oregon's standard of care.
- Check the schedule to register for an HBOS workshop or webinar.
- Contact us for questions and to arrange a presentation for your organization.

www.smokefreeoregon.com/policy/helping-benefit-oregon-smokers

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c/o OHSU Smoking Cessation Center

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Partners

- Oregon Health Authority
- Oregon Coalition of Health Care Purchasers
- Oregon Health & Science University
- American Lung Association in Oregon

Sponsor

- Oregon Tobacco Prevention & Education Program, Oregon Health Authority

Development and Coordination

- OHSU Smoking Cessation Center
  Wendy Bjornson, Director
  Elizabeth White, Manager

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