



Helping Benefit Oregon Smokers

June 22, 2010

Meeting Summary

Responses to questions raised at May 11th meeting:

1. Proportion of insured Oregonians covered under self-insured plans? Medicaid?

- a. About 8% of smokers are covered under Medicaid, about 6% under Medicare, and about 32% are uninsured. This leaves about 54% of smokers covered by commercial insurance plans.
- b. The estimated proportion of those insured under self-insurance plans is about 30% vs. 70% under fully insured. SB 734 applies to the fully insured, commercial plans.
- c. The proportion of Oregon smokers affected by SB 734 is about 38%
- d. At present, Medicaid recipients have full coverage for tobacco cessation. Medicare recipients are eligible for counseling from a Medicare licensed health care provider and for medications if they have prescription drug coverage. Medicare recipients covered under managed care plans may have different benefits under those contracts.
- e. Uninsured Oregonians are eligible for minimal services through the Oregon Tobacco Quitline.

2. Estimate of number of quit attempts needed under the benefit

- It is difficult to get a good estimate of the average number of courses of treatment that are needed to successfully quit. A rough estimate is that smokers need 5-7 serious quit attempts to be successful, although some will quit on the first attempt and others will need several more.
- Quitting is a dynamic process that occurs over time and is characterized by periods of abstinence with intermittent relapses before stabilizing into permanent abstinence. Most evaluations of treatments for smoking are done at 12 months after the initiation of treatment (when much of the quitting and relapse process has stabilized) with mid-point evaluations at 6 months.
- For example, among smokers who reported that they had quit by 12 months in the OHSU program, half quit on their first attempt in this program, one-third quit after up to 4 attempts, and 16% tried more than 4 times before quitting.
- This variability in the number of quit attempts that are needed is the reason why the national recommendation is for an annual benefit that includes at least two full courses of treatment (16-20 weeks total) including both pharmacotherapy and counseling.

3. Relative costs by treatment options

Option	Odds ratio	Estimated quit rates	Estimated costs
All types counseling + medications (includes individual/groups)	1.4 (1.2-1.6) vs. medications alone	27.6 (25.0-30.3)	\$300-\$400 individual \$250-\$300 group
Quitline counseling + medications	1.3 (1.1-1.6) vs. medications alone	28.1 (24.5-32.0)	\$350-\$400

Note: the reach of treatment options is important. For example, group programs can be less expensive per person and are effective, but may only be able to reach small groups of people. Individual programs are the most effective but a trained specialist may not be available. Quitlines are widely available and are effective, but some patients may not be willing or able to use telephones. The recommendation is to offer more than one option whenever possible to reach more smokers.

4. Benefit scenarios in different health systems

- The evidence based approach to tobacco dependence treatment includes the steps necessary to initiate treatment with patients. These include screening, advice and referrals by health professionals and promotion programs to prompt self referrals. The following table shows the common referral methods used in health plans.

Method Percentage of Plans Identified as Most Effective*	
Method	% of Plans Identifying as most effective
Patient self-referral	47%
Health Risk Appraisal	37%
PCP referral	11%
Claims data	2%
Electronic Medical Record	1%
Survey/Disease Management	1%

*2008 eValue8 Employer Report: Health Plan Tobacco Cessation Performance

- These referrals can then go to specialists who offer group programs, individual sessions, and/or quitlines. In some cases, the clinician directly monitors treatment through a series of follow-up appointments, although this is the exception.
- The benefit can be administered together or separately. Some health plans offer programs that include medications with the counseling program. Others contract for counseling services separately and cover the medications through the pharmacy benefit.

5. Impact of smoking reduction on health care utilization and productivity.

- To be added