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# Blazing New Trails

## Strategies for Increasing Access to and Utilization of Cessation Services

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Workshop on Coverage for Cessation

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*Phoenix, AZ*

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California Tobacco Control Alliance

# Presentation Goals

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- ◆ Describe health plan-focused, voluntary and collective approach for cessation coverage
- ◆ Share highlights from health care provider outreach efforts
- ◆ Share results from statewide poll of insured Californians
- ◆ Outline strategies for *Smoking Cessation Benefits Everyone* campaign

# Why Advocate for Cessation Services and Treatments?

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- ◆ Clean indoor efforts motivate smokers to attempt quitting
- ◆ Tax increases motivate smokers to attempt quitting
- ◆ We know what works to help people quit – evidence is clear
- ◆ Policy approaches to cessation draw on familiar advocacy strategies and expertise

Existing efforts motivate people to quit – next step is to give them resources to do so successfully

# Cessation as a Component of a Comprehensive Program

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“Programs that successfully assist young and adult smokers in quitting can produce a quicker and probably larger short-term public health benefit than any other component of a comprehensive tobacco control program.”

*Source: CDC Best Practices for Comprehensive Tobacco Control Programs, August 1999*

# Statewide Cessation Objectives

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- ◆ Increase access to services
- ◆ Increase [or build infrastructure for] delivery of services
- ◆ Increase demand for and utilization of services
- ◆ Include all tobacco control advocates in policy advocacy for cessation goals

# Potential Strategies: ACCESS

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- ◆ Collaborative approaches with health plans for cessation benefits
- ◆ Public policy mandates on private health insurers or public programs for coverage of cessation services
- ◆ Voluntary, private policy approaches with employers for worksite programs or benefits purchases
- ◆ Public-private partnerships that “split” coverage of and access to services

# Potential Strategies: UTILIZATION

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- ◆ Education campaign regarding effectiveness, low cost of available services – “normalize” quitting
- ◆ Employer-driven efforts to demonstrate purchasing power and concern for employee health and costs
- ◆ Awareness campaigns for enrollees in public programs with existing benefits
- ◆ Coordination with community-based organizations, quitlines to help smokers understand and use services

# Role of the Health Care System

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- ◆ Population-Based Cessation:
  - 21.4 million residents in state; 63% covered by HMOs
- ◆ Broad reach to diverse populations
- ◆ Long-term integration with medical caregiving
- ◆ Return to principles of health maintenance, wellness
- ◆ Coordinate with external partners (CA Smokers' Helpline, public health departments, community resources)

# Legislative Policy Environment

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- University of California commission to review health mandates
- No significant benefits mandate passed since 2002
- Analysis of Senate Bill 1192 (2003-04 session) damaged prospects of benefit mandate for cessation services
  - Imbedded in mandate for substance abuse parity
  - Cost as primary factor in rejecting cessation coverage
- New Governor as of October 2003

# Other Policy Levers

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## ◆ Regulatory

- Department of Managed Health Care (state regulator specific to HMOs)
- New Director of DMHC
- Dormant prevention priorities report

## ◆ Marketplace

- Business outreach through Smoking Cessation Benefits Everyone
- Visibility in trade and business publications

# Quitting in CA

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- ◆ Adult prevalence rate: 16.6 % (~ 4.2m smokers)
- ◆ 3 out of every 4 smokers would like to stop smoking
- ◆ 62% of California smokers made quit attempt in 1999
- ◆ 25% increase in smokers making quit attempt since 1990
- ◆ Yet rate of successful quitting has not increased
  - 1990: 24 %      1996: 23%      1999: 24%

# Smoking Costs Us All

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- ◆ Economic burden of smoking in CA: \$15.8 billion
- ◆ Direct medical costs alone from tobacco-related illnesses: \$8.6 billion in CA
  - Hospitalizations                      Ambulatory Care
  - Nursing Home Care                      Prescriptions
  - Home Health Care
- ◆ 6-12% of all health care costs are attributable to smoking

# California Cessation Policy Objectives

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Increase access to services

- Cessation benefit proposal

Increase provider capacity to deliver services

- Provider Tool Kit and web site

Increase purchaser and consumer demand for and utilization of services

- *Smoking Cessation Benefits Everyone* campaign

# What is Covered Now? Why isn't this Enough?

- ◆ Coverage is varied among health care purchasers
- ◆ 1999 study: employees in smallest firms have highest smoking rates, but lowest coverage of benefits

Percentage of workers who are smokers, and whose HMO covers some smoking cessation benefits by firm size, California, 1999		
Firm Size (workers)	Smokers	HMO coverage of smoking cessation benefits
3-50	23%	29%
51-999	22%	34%
1000+	17%	46%

Source: "Smoking, Work, and Health: Increasing Access to Effective Smoking Cessation Treatments."  
Helen Halpin Schauffler, Ph.D. and Sara McMenamin, MPH Center for Health and Public Policy  
Studies, University of California at Berkeley

# Industry –Wide & Voluntary Effort

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- ◆ Alleviate adverse selection concerns (i.e. “smokers’ plan”)
- ◆ Level the playing field - no one plan at more of a competitive (financial) disadvantage
- ◆ Enrollee mobility encourages collective action on this issue, results in shared benefits of investments
- ◆ Provide an opportunity for plans to “do the right thing” and include public health priorities in managed care
- ◆ Build a floor for optimal access, plans can choose to move toward a ceiling

# Access : Benefit Adoption

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- ◆ Encouraging voluntary, collective action by major health plans
- ◆ Promoting standard coverage in basic health benefits
- ◆ Amassing economic information to quantify the business case (return on investment; per member per month costs)
- ◆ Leveraging strategies to increase demand

# Access : Benefit Design

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Contents of Alliance cessation benefit proposal:

- ◆ Public Health Service-recommended meds: OTC and scrip; 2 courses/yr
- ◆ Medications and behavioral treatment linked; standard co-pays
- ◆ Coverage for telephone, group, individual counseling
- ◆ Not counted against mental health benefits
- ◆ Average cost: \$0.25 PMPM or \$3 per enrollee, per year



# Utilization: Public Action Campaign

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- ◆ Health insurers – level the playing field
- ◆ Health professionals – reliably deliver effective, evidence-based treatments to all patients
- ◆ Smokers – gain access to treatments that improve the success of quit attempts
- ◆ All health care consumers – save money and save lives when more smokers quit.
- ◆ Employers – healthier, more productive workforce



smoking  
cessation  
BENEFITS  
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# Campaign Goals

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- ◆ Empower smokers and nonsmokers alike to demonstrate need
- ◆ Mobilize health care organizations, professional associations and others to advocate for increased cessation coverage
- ◆ Mobilize purchasers, employers, unions to support cessation coverage
- ◆ Result in increased coverage of cessation services by state's managed care health plans



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# Campaign Tactics

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- ◆ Public opinion poll
- ◆ Key Informant Interviews with Purchasers
- ◆ E-advocacy campaign web site
- ◆ Employer-targeted outreach & leadership
- ◆ Articles in community publications, advocacy alerts, newsletters, electronic updates
- ◆ Media advocacy



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# Statewide Public Opinion Poll

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- ◆ Statewide sample of 600 (publicly or privately) insured Californians – November 2003
- ◆ Conducted by Survey & Policy Research Institute, San Jose State University
- ◆ Goals:
  - Assess insured Californians' attitudes and beliefs about smoking cessation treatments
  - Assess willingness to pay for cessation services
  - Obtain persuasive data for health plan and employer advocacy



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# Poll Highlights

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- ◆ **71%** agree that health insurance companies in California should include treatment for quitting smoking as part of their standard coverage.
- ◆ **61%** agree that smoking costs society so much that it's worth it to pay a little bit more for health insurance to cover medicine and treatment.
- ◆ **52%** would be willing to pay a slightly higher premium - \$3/yr - for including stop-smoking benefits in their health plan.



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## Poll Highlights (continued)

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- ◆ 86% agree that people should take responsibility to quit on their own
- ◆ 79% agree that smoking is an addiction and people need assistance to quit.

# smoking cessation **BENEFITS** everyone



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## Attention Employers and Health Plan Representatives

For more information on the campaign, please contact the California Tobacco Control Alliance at 916.554.0390 or [email us](#). We look forward to working with you!

The cost of  
smoking in  
California is  
\$475 per  
Californian.

ESPAÑOL

## the problem

Health care costs in California are skyrocketing. Costly treatment for long-term chronic diseases, expensive medication costs, high rates of uninsured individuals and many other factors are driving health care costs up. In addition, preventive services, which have the potential to save money, are not a leading priority in today's health care system.

## a solution

Coverage of an effective, cost-saving, preventive treatment — **Universal access to stop smoking services**. Quitting smoking prevents many costly diseases and has been deemed the GOLD STANDARD of preventive interventions. Using proven treatment, including medications and counseling services, can double and even triple a smoker's quit rate. Including comprehensive smoking cessation benefits as a standard part of all health insurance packages benefits everyone. [Learn more...](#)

## what you can do

Encourage health plan executives to prioritize coverage of stop smoking medications and services. Sign the letter below to have your voice heard! We will forward all letters to health plan executives to demonstrate the grassroots support for this policy change.

### Dear California Health Care Leaders,

I urge you to implement the California Tobacco Control Alliance's model smoking cessation benefit into standard health benefits. With your leadership we can reduce health care costs derived from smoking in our state. Implementing the model benefit will:

1. Increase access to services that can double smokers quit rates
2. Decrease the annual \$8.6 billion price tag for smoking-related health care costs in California
3. Provide cost-effective treatment — Treating tobacco dependence has been deemed the "gold standard" of preventive interventions — and can be provided for as little as \$.25 per member/per month

# Campaign Endorsers

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- ◆ American Academy of Pediatrics, California District
- ◆ American Cancer Society, California Division, Inc.
- ◆ American Heart Association, Western States Affiliate
- ◆ American Lung Association of California
- ◆ Asian Pacific Islander American Health Forum
- ◆ Association of Northern California Oncologists
- ◆ California Academy of Physician Assistants
- ◆ California Association of Nurse Practitioners
- ◆ California Black Health Network
- ◆ California Department of Education, Safe and Healthy Kids Program Office
- ◆ California LGBT Tobacco Education Partnership
- ◆ California Medical Association
- ◆ California Smokers' Helpline
- ◆ California Thoracic Society
- ◆ California Tobacco Education and Research Oversight Committee
- ◆ Campaign for Tobacco-Free Kids
- ◆ C-BEACH
- ◆ Center for Health Improvement
- ◆ Center for Health & Public Policy, School of Public Health, UC Berkeley
- ◆ Center for Tobacco Cessation
- ◆ Coalition of Lavender Americans on Smoking & Health
- ◆ Folsom Quick Smog
- ◆ Girls After School Academy
- ◆ Integrating Medicine and Public Health Program
- ◆ Le Club Bag Company
- ◆ Medical Oncology Association of Southern California
- ◆ Perigee Design Inc.
- ◆ Pueblo y Salud
- ◆ RCI Plumbing
- ◆ San Francisco Tobacco Free Coalition
- ◆ San Luis Obispo Tobacco Control Coalition
- ◆ State Building and Construction Trades Council of California
- ◆ SUNSET Russian Tobacco Education Project
- ◆ Thunder Road
- ◆ Tobacco Litigation and Enforcement Section, Office of the Attorney General of California
- ◆ USC/IPR Hispanic/Latino Tobacco Education Network
- ◆ WebRegPro



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# Employer/Purchaser Interviews

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- ◆ 15 interviews conducted February – March 2004
- ◆ Goals:
  - Identify professionals responsible for purchasing employee health plans
  - Understand purchasers' perceptions, attitudes and priorities around smoking cessation benefits
  - Determine effective methods and messages for reaching purchasers with smoking cessation benefit information



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# Companies Interviewed

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- ◆ Size range: 125 – 17,200 employees/ 1.2m members
- ◆ Brown & Toland
- ◆ Capitol Public Radio
- ◆ Douglas Emmett
- ◆ Lendor's First Choice
- ◆ Pacific Coast Producers
- ◆ San Rafael City Schools
- ◆ Sutter Health
- ◆ 1 confidential respondent
- ◆ CalPERS
- ◆ ChevronTexaco
- ◆ Hill Physicians
- ◆ Oracle
- ◆ Robbins Brothers
- ◆ SBC
- ◆ Totality

# Findings: Factors in Benefit Decisions

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- ◆ Cost of benefit (#1)
- ◆ Employee demand (#2)
  
- ◆ Condition cost
- ◆ Condition prevalence
- ◆ Media visibility
- ◆ Company goodwill
- ◆ Belief system about condition

# Findings: Cessation Awareness & Coverage

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Benefit Component	Responses
Counseling + medications	5
Help to quit smoking	5
Different benefits for smokers v. non-smokers	1
Incentives for people to stop smoking	3
Report back to employers on results	2
On-site facilitator, part of worksite wellness	1
Never heard of smoking cessation benefits	4



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# PR & Media Campaign

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- ◆ Targeted outreach to 50 employers
- ◆ General outreach to additional 450 employers
- ◆ California Business Journals
- ◆ National Health Industry Trade Publications
- ◆ Chambers of Commerce
- ◆ PSAs
- ◆ Radio Interviews

# There Are No Butts About it

## Smoking Cessation Benefits Everyone

There's no debating California has made great strides in reducing smoking rates. But the fact remains that smoking in California still adds up to \$8.6 billion in health expenses that cost us all.



That's why Californians are rallying around a cost-saving idea - helping smokers quit. It's simple. When health plans cover proven treatments, smokers are four times more likely to quit, and that benefits everyone.

**Join the movement.**

**Encourage health plans to cover smoking cessation treatments in standard benefits.**

[www.cessationbenefitseveryone.org](http://www.cessationbenefitseveryone.org)

***The California Tobacco Control Alliance Thanks The Following Campaign Endorsers For Doing Their Part***

American Cancer Society, California Division, Inc.  
American Heart Association, Western States Affiliate  
American Lung Association of California  
Asian and Pacific Islander American Health Forum  
Association of Northern California Oncologists  
California Academy of Physician Assistants  
California Association for Nurse Practitioners  
California Black Health Network  
California Department of Education,  
Safe and Healthy Kids Program Office  
California LGBT Tobacco Education Partnership  
California Medical Association

California Smokers' Helpline  
California Thoracic Society  
California Tobacco Education and Research Oversight Committee  
Campaign for Tobacco-Free Kids  
Center for Behavioral Epidemiology and Community Health  
Center for Health Improvement  
Center for Health & Public Policy Studies,  
School of Public Health, University of California, Berkeley  
Center for Tobacco Cessation  
Coalition of Lavender Americans on Smoking & Health  
Folsom Quick Smog  
Girls After School Academy

Integrating Medicine and Public Health Program  
Medical Oncology Association of Southern California  
Pueblo y Salud  
San Francisco African American Tobacco Free Project/Polaris  
San Francisco Tobacco Free Coalition  
San Luis Obispo Tobacco Control Coalition  
Sunset Russian Tobacco Education Project  
Thunder Road Adolescent Treatment Centers  
Tobacco Litigation and Enforcement Section,  
Office of the Attorney General of California  
USC/IPR Hispanic/Latino Tobacco Education Network  
And more than 430 individual Californians



A project of the  
California Tobacco  
Control Alliance

# No Butts About it

**Employee smoking is driving up your health care costs.**

**T**here's no debating California has made strides in reducing smoking. But tobacco addiction is still costing California's private sector \$4.9 billion annually in health care costs. When you figure in higher absenteeism, reduced productivity and increased insurance rates, it adds up to annual business losses of more than \$3,000 per employee who smokes.

Don't overlook the benefits of smoking cessation to your bottom line. Encourage health plans to include treatments to quit smoking within standard insurance benefits.

**There really are no "BUTTS" about it.  
Smoking cessation benefits everyone.**

[www.cessationbenefitseveryone.org](http://www.cessationbenefitseveryone.org)



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# Campaign Results

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- ◆ Prioritized cessation in California
- ◆ Over 590 individual supporters
- ◆ Over 35 organizations and corporation endorsements
- ◆ Outreach to businesses through direct communication, ads and articles
- ◆ Outreach to health plan executives through ads and articles
- ◆ Outreach to the African-American, LGBT and Spanish-speaking communities
- ◆ Communication and ongoing collaboration with the Director of the Department of Managed Health Care

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*“Habit is habit, and not to be flung out of  
the window by any man, but coaxed  
downstairs a step at a time.”*

Mark Twain

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# How to Contact the Alliance:

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[kirsten.hansen@tobaccofreealliance.org](mailto:kirsten.hansen@tobaccofreealliance.org)

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SCBE Website

[www.cessationbenefitseveryone.org](http://www.cessationbenefitseveryone.org)