A Call for ACTTION

Access to Cessation Treatment for Tobacco In Our Nation

An Action Plan to Address the Lack of Access to Tobacco-Use Treatment

November 2008

Development of the Call for ACTTION

Led by Partnership for Prevention, the original planning group for this project included: the American Legacy Foundation, the Automotive Industry Action Group, Navistar, the National Business Group on Health, the UCSF/Smoking Cessation Leadership Center, United Health Plan, the U.S. Centers for Disease Control and Prevention, and the U.S. Centers for Medicare and Medicaid Services. However, a wide array of other leaders and organizations shaped the Call for ACTTION, including the American Cancer Society, American Heart Association, American Lung Association, the Campaign for Tobacco Free Kids, Canyon Ranch Institute, ClearWay Minnesota, Dr. Judy Monroe, North American Quitline Consortium, Robert Wood Johnson Foundation, Dr. Eduardo Sanchez, and three former Health and Human Services Secretaries: Richard Schweiker, Donna Shalala, and Tommy Thompson.

Earlier this year, a strong call for improving access to treatment for tobacco cessation was included in the *National Call to Action on Cancer Prevention and Survivorship*, which was issued by four former U.S. Surgeons General: Richard H. Carmona, M.D., M.P.H., 17th U.S. Surgeon General (2002-2006); David Satcher, M.D., Ph.D., 16th U.S. Surgeon General (1998-2002); Joycelyn Elders, M.D., M.S., 15th U.S. Surgeon General (1993-1994); and Antonia C. Novello, M.D., M.P.H., Dr.P.H., 14th U.S. Surgeon General (1990-1993). The *National Call to Action on Cancer Prevention and Survivorship* was a driving force that provided encouragement to the efforts of the National Working Group for ACTTION.

This effort is sponsored by the American Legacy Foundation, the Centers for Disease Control and Prevention, Partnership for Prevention, Pfizer, the Smoking Cessation Leadership Center and the UnitedHealth Group. The contents of this Call for ACTTION were independently determined by Partnership for Prevention with the active input of the reviewers listed above.

A Call for ACTTION

(Access to Cessation Treatment for Tobacco In Our Nation): An Action Plan to Address the Lack of Access to Tobacco-Use Treatment

GOAL: Expand access to comprehensive tobacco cessation treatment to 50% of smokers by 2015, and 100% by 2020

- **At least 20 percent of the adult population in the U.S. smokes or uses some form of tobacco product.[1]**
- **Only one-third of adult smokers use proven treatments in their quit attempts.[2]**
- **Only 1 in 50 employers in the U.S. offer employees who smoke coverage for all evidence-based treatments proven to increase their chances of quitting. And 1 out of every 5 employers cover none of the effective treatments.[3]**
- **Medicaid coverage varies widely by state, with only one state providing coverage for all recommended treatments.[4]**
- **Medicare currently covers cessation counseling only for smokers who have a disease or an adverse health effect linked to tobacco use, or who are taking a therapeutic agent whose metabolism or dosing is affected by tobacco use.[5]**
- **Inadequate state and federal funding for quitlines across the country has resulted in widely variable access to treatment, with few offering comprehensive treatment (counseling and medication) to all tobacco users interested in receiving treatment.[6]**
- **When health benefits are provided, they are often not promoted, and tobacco users are generally unaware of such benefits.[7]**

Why is Access to Comprehensive Treatment Important?

- Businesses/Employers – Encouraging employees (and their dependents) to quit smoking/using tobacco results in more productive employees and lowers healthcare costs over time. This prudent, forward-looking investment in tough economic times has both short- and long-term benefits.

- Public Health/Tobacco Control – Tobacco use is the number-one cause of preventable death and disease in the United States – we cannot have a healthy population until we dramatically reduce tobacco use in this country.

- Insurers/Health Plans – Employers are interested in prevention to improve the health of employees and to reduce their healthcare costs and improve productivity. Providing comprehensive benefits to help people quit using tobacco reduces healthcare costs and can be used as a marketplace differentiator among competing health plans in attracting new customers and retaining existing customers.

- Policymakers – At a time of record budget deficits and economic uncertainty, helping more tobacco users quit is a critical investment of taxpayer funded healthcare programs and services. Access to preventive services, like tobacco cessation treatments, that are proven to work and save money need to be viewed as foundational elements of any efforts at health reform.

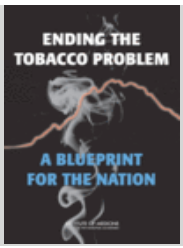
Facts about Tobacco Use and Quitting

- Tobacco use causes or complicates most of the nation's most prevalent and costly chronic diseases (e.g., cancer, heart and lung disease, stroke, asthma).[8]
- Smoking is responsible for over 400,000 deaths each year in the United States[9] and for $193 billion annually in healthcare costs and lost productivity.[10]
    - Approximately 2.4 million cases of tobacco-related cancer were diagnosed in the United States from 1999 to 2004.[11]
    - Half of lifelong smokers will die from a tobacco-related illness, half of these in middle age.[12]
- Tobacco addiction is recognized as a chronic disease, usually requiring multiple quit attempts before the user successfully quits.[13]
    - Approximately 7 out of every 10 tobacco users say they want to quit[14] and more than 40% make a quit attempt each year.[15]
    - Few smokers successfully quit when making an unaided quit attempt.[16] Yet, only one out of every three smokers makes use of evidence-based treatments when trying to quit,[17] treatments that can double or triple success rates.[18]
- Individuals who smoke have higher total medical expenses than do nonsmokers due to their higher burden of illness. Men and women who smoke incur more in lifetime medical expenses – $15,500 and $17,500, respectively – than nonsmokers (in year 2002 dollars).[19]
    - Excess medical expenses due to smoking and smoking-related illnesses cost employers $1,850 per smoking employee (both figures are adjusted to year 2002 dollars).[21]
    - An employer's cost to implement a tobacco cessation program becomes cost-neutral at 3 years and begins to save healthcare dollars at 5 years.[20]

    - Smoking cessation programs are low cost. A comprehensive and effective smoking cessation program will usually cost less than $0.50 per member per month (PMPM).[21]
- In addition to direct medical costs, smokers incur higher costs related to disability, lost productivity, and absenteeism than do nonsmokers.
    - Men who smoke use four more sick days per year than do non-smoking males, and women who smoke use two more sick days per year than do non-smoking females.[22]
    - In 1999, lost productivity due to smoking and smoking-related illnesses cost employers $1,897 per smoking employee.[23]
- The U.S. Surgeon General,[24] the U.S. Public Health Service,[25] the Institute of Medicine (IOM),[26] and the U.S. Preventive Services Task Force[27]have all concluded that evidence-based treatments are effective and their use should be encouraged.
- The National Commission on Prevention Priorities[28] ranked smoking cessation treatment a top-ranked (high impact and cost-saving) preventive service.

What Every Tobacco User Deserves: Barrier Free Access to Comprehensive Treatment

A Widely Shared Vision:

		
PHS Clinical Practice Guideline On Treating Tobacco Use & Dependence 2008 Update	IOM: Ending the Tobacco Problem	CDC Best Practices for Comprehensive Tobacco Control Programs, 2007

According to these reports, there are three critical areas we need to focus on:

1. **Insurance Coverage**: Provide comprehensive coverage for tobacco use treatment under all public and private insurance and eliminate deductibles, co-pays, and other barriers to using effective treatments.

2. **Quitlines:** Increase state, federal, and private funding for state quitline infrastructure and promotion and provide incentives for quality improvement efforts.

3. **Healthcare systems**: Institutionalize the routine treatment of tobacco use in all out-patient and in-patient service delivery.

"Model programs in large managed care plans show that full implementation of the healthcare system changes, quitline services, comprehensive insurance coverage and promotion of the services increases the use of proven treatment and decreases smoking prevalence." – CDC Best Practices

Insurance Coverage

The CDC[29], U.S. Public Health Service[30], and the National Business Group on Health[31] have recommended that every tobacco user have access to comprehensive, evidence-based benefits that give them the best chance to successfully quit. As defined by the CDC[32] a comprehensive tobacco cessation benefit includes:

- Coverage of at least four counseling sessions (individual, group, or telephone) of at least 30 minutes each.
- Coverage of all FDA-approved prescription and over-the-counter medications.
- Coverage of both counseling and medications for at least two quit attempts per year.
- Elimination or minimization of co-pays or deductibles for counseling and medications.

Coverage Recommendations:

- **Ensure that all insurance, managed care and employee benefit plans, including Medicaid and Medicare, contain comprehensive coverage for effective smoking cessation programs – *IOM Blueprint***
- **Eliminate cost and other barriers to treatment for underserved populations, particularly the uninsured and populations disproportionately affected by tobacco use – *CDC Best Practices***
- **Cover treatment for tobacco use under both public and private insurance, including individual, group and telephone counseling, and all FDA-approved medications[33] – *CDC Best Practices***
- **Provide coverage for treatments shown to be effective in the Guideline in public and private health benefit plans – *PHS Clinical Practice Guideline***

Quitlines

CDC's Best Practices[34] calls for increasing support for state quitlines so that they have the infrastructure to provide comprehensive treatment to at least 10% of all tobacco users each year and the robust promotion of quitline services to tobacco users so that they are aware of these services and know how to access them.

Quitline Recommendations:

- **Quitlines can play an important role in reaching and motivating smokers to quit and comprehensive services should be available to every tobacco user each time they try to quit–*IOM Blueprint***
- **Increase the level of investment for telephone-based cessation services…… Sustain, expand and promote the services available through population-based counseling and treatment programs, such as cessation quitlines – *CDC Best Practices***
- **Ensure patient access to quitlines and promote quitline use – *PHS Clinical Practice Guideline***

Healthcare systems

The Public Health Service Guideline provides recommendations for increasing the provision of tobacco use treatment within healthcare systems:

Systems Recommendations:

- **Help state tobacco control agencies work with healthcare partners to increase the demand for effective cessation programs – *IOM Blueprint***
- **Encourage physicians to refer patients to practical counseling services – *IOM Blueprint***
- **Ensure that clinicians and healthcare delivery systems consistently identify and document tobacco use status and treat every tobacco user seen in a healthcare setting – *PHS Clinical Practice Guideline***
- **Implement the healthcare system changes recommended by the PHS Guideline – *CDC Best Practices***

A Plan of Action Is Needed to Achieve Our Goal:

Expand access to comprehensive tobacco cessation treatment to 50% of smokers by 2015, and 100% by 2020

Everyone has a critical role to play. The following are actions that various stakeholders should commit to:

Employers/Employer Organizations:

- Provide barrier free access to comprehensive coverage of all treatments recommended by the PHS tobacco cessation guideline in accordance with model benefit recommendations, including quitline services and over-the-counter medications.

- Promote the company's cessation benefits and provide non-punitive incentives for employees to utilize treatment.

- Provide access to onsite programs and services, and/or contract with the state quitline or with a quitline vendor, to provide telephone counseling services and FDA-approved cessation medications.

- Organize educational programs for employers, unions, and purchasing coalitions on the value and importance of covering comprehensive tobacco-use treatment benefits.

- Support the creation of business incentives (premium discounts, etc.) for the provision of comprehensive cessation benefits.

- Take advantage of the heightened interest in quitting (and increased success) that accompanies worksite or community policy changes, such as smokefree places and increased tobacco taxes, by providing enhanced cessation support prior to, and after, such policy changes.

Insurers:

- Provide comprehensive coverage for all treatments recommended by the PHS tobacco-use treatment guideline into all health plan offerings (individual, group, or telephone counseling, prescription medications, and over-the-counter medications) and inform eligible enrollees of their benefits.

- Support the removal of barriers (e.g., deductibles, co-pays, prior authorization, stepped-care therapy, requiring counseling in order to have medications covered) for cessation treatments.

- Report on the number of covered lives with access to comprehensive treatment benefits.

- Support the creation and implementation of business incentives (public recognition, higher consumer rankings/recognition, etc.) for the provision and use of comprehensive cessation benefits.

- Provide incentives for health systems and providers to improve the delivery of effective treatments.

Tobacco Control/Public Health Advocates:

- Promote the urgency of quitting as early in life as possible.

- Promote the importance of using proven treatments when making a quit attempt.

- Promote the benefit of barrier free access to comprehensive cessation benefits to employers and insurers.

- Support comprehensive coverage for all federal and state employees, and under Medicaid, Medicare, and all publicly funded insurance programs.

- Support state funding of/for cessation services at CDC recommended levels, including funding of state quitlines and their promotion, to guarantee the provision of comprehensive treatment services to all tobacco users interested in quitting.

- Advocate for strong tobacco-use treatment performance measures for accreditation of health plans and hospitals.

- Include strong tobacco-use treatment performance measures in "pay for performance" metrics for healthcare providers and health systems.

- Advocate for the inclusion of access to comprehensive tobacco use treatment in chronic disease and health promotion programs, such as heart disease, stroke, diabetes, cancer, asthma, etc.

- Advocate for funding of media campaigns that encourage cessation, educate tobacco users about effective treatments, and provide information about how to access these treatments.

Healthcare Systems:

- Implement systems that ensure that all individuals seen in the healthcare system are screened for tobacco use.
- Ensure health care providers offer Public Health Service Guideline-recommended treatments to tobacco users at every clinical encounter.
- Develop effective referral systems to community resources, quitlines, and/or tailored print or web-based interventions.
- Develop reporting systems to track and evaluate tobacco cessation screening, treatments and referrals.
- Educate providers regarding appropriate CPT and ICD-10 codes to improve reimbursement.
- Develop competency based cessation training in health professional schools.
- Strengthen Joint Commission, NCQA, and pay-for-performance measures to ensure the routine treatment of tobacco use in all healthcare encounters.

Policymakers:

- Require the reporting by payers (major insurers) of information on the number of covered lives with access to comprehensive smoking cessation benefits through publicly funded health programs.
- Support inclusion of comprehensive coverage in all federally-funded or authorized health programs (e.g., Medicare, Medicaid, FEHBP, ERISA), and within the framework of health reform.
- Examine state and federal insurance regulation definitions of addiction and, where applicable, ensure tobacco-use is included.
- Create incentives for the provision of comprehensive treatment benefits.
- Develop coverage standards and measurements through accrediting bodies (e.g., NCQA, Joint Commission).
- Take advantage of the heightened interest in quitting (and increased success) that accompanies community policy changes, such as smokefree places and increased tobacco taxes, by providing enhanced cessation support prior to, and after, such policy changes.

All Groups:

- Promote the inclusion of highly cost-effective preventive services (e.g., tobacco-use treatment) in health reform proposals.

- Call upon the Healthy People 2020 Advisory Committee to include insurance coverage, quitline access, and use of evidence-based treatments in the most recent cessation attempt as HP2020 measures.

- Actively promote greater access to comprehensive tobacco use treatment services.

- Encourage tobacco-users to advocate for barrier-free access to effective treatment services.

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