



# The Gold Standard

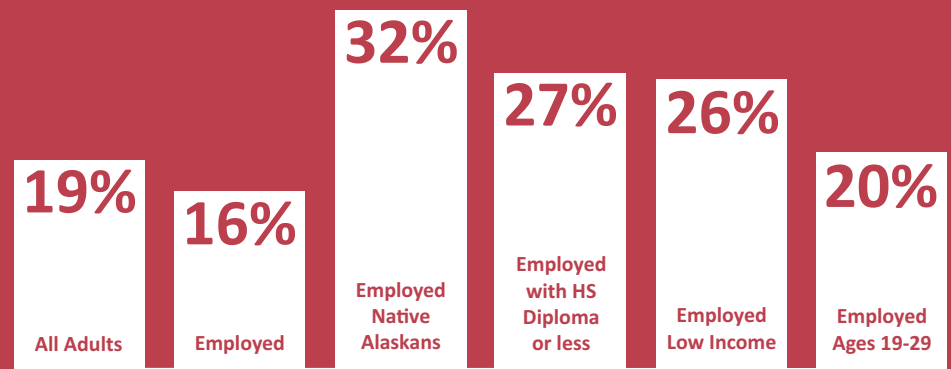
In Tobacco Treatment Benefit Design

## Importance of Tobacco Treatment Coverage

Tobacco use is the number one preventable cause of death in Alaska, killing over 500 Alaskans each year.

- Annually, more Alaskans die from the effects of tobacco-use than from suicide, motor vehicle crashes, chronic liver disease and cirrhosis, homicide, and HIV/AIDS combined.
- In 2007, Alaskans lost \$314 million in direct medical expenditures and an additional \$177 million in lost job-related activity due to tobacco-related deaths. Total tobacco-related costs are underestimated because they do not include costs due to second-hand smoke exposure-related illnesses, death, or loss of job productivity<sup>1</sup>

**In 2009,  
57% of  
Alaska's  
smokers  
were  
employed**



Percentage of Alaskan Adult Populations Who Smoke (2009)

## Why Tobacco Treatment Coverage Makes Sense

Nearly one in five Alaska adults is addicted to tobacco, with significant negative consequences for themselves, their co-workers and their employers

Of current adult tobacco smokers, 71% of smokers would like to quit and 62% of smokers have tried to quit in the past year.<sup>2</sup>

Tobacco treatment services are high-value and cost-effective:

- A 2010 study by Pennsylvania State University suggests that the Alaska-specific benefit to cost ratio for tobacco cessation treatment could reach \$2.30 per dollar spent, depending on the type of intervention.<sup>3</sup>
- Cost analyses have shown that tobacco treatment benefits, from a health plan's perspective, are cost-saving within 3 years. The return on investment per treatment service recipient was \$750-\$1,120 after 5 years.<sup>4</sup>

## Calculate Your Savings from Tobacco Treatment Coverage

Use this calculator to estimate the return on investment from tobacco treatment coverage for your plan: [www.businesscaseroi.org](http://www.businesscaseroi.org)

# What is Gold Standard Coverage? <sup>5, 6</sup>

## 1. Best-practice counseling for treatment

Tobacco-use treatment includes diagnostic and counseling services that combine problem solving and skill training, direct social support, and training in garnering external social support for quitting.

Effective methods of tobacco treatment counseling include: brief counseling [The 5 A's: Ask, Advise, Assess, Assist and Arrange (three minutes or less)], intensive counseling (five to fifteen minutes), telephone-based counseling (four to six sessions) and tailored counseling (specific to the population, e.g. pregnant women).

Effective counseling can be provided in individual, group and phone counseling formats. Such counseling can be delivered by a variety of clinicians, including:

- By or under the supervision of a physician; or
- By health care or counseling professional trained in tobacco use and treatment; or
- By Alaska's Tobacco Quit Line quit coaches (telephone counselors).

## 2. Best-practice pharmacotherapy

Proven pharmacotherapy includes prescription and over-the-counter tobacco treatment aides approved by the U.S. Food and Drug Administration (FDA).

- First-line over-the-counter (OTC) and prescription nicotine replacement products include gum, patches, lozenges, inhalers and nasal sprays.
- Prescription medications include Bupropion (e.g., Wellbutrin and Zyban) and Varenicline (Chantix).

## 3. Unlinked medication benefits

Best-practice standards encourage providers to combine counseling with pharmacotherapy when appropriate. However, medication coverage should not depend on the individual receiving counseling nor vice versa.

## 4. Multiple episodes of treatment with no lifetime limit

Tobacco is highly addictive; therefore, individuals who use tobacco often make multiple quit attempts before achieving long-term abstinence.

- Providing tobacco treatment benefits has been shown to increase the proportion of tobacco users who use tobacco treatment, attempt to quit, and quit successfully.
- Counseling and pharmacotherapy should be available for multiple episodes of treatment per benefit year with no lifetime limit.

## 5. No cost-sharing or deductibles

Multiple studies emphasize that removing all cost barriers to treatment yields the highest rates of tobacco users seeking treatment. With tobacco treatment as a covered benefit, individuals with the benefit were more likely to receive treatment, make a quit attempt, and abstain from using tobacco. Therefore, removal of financial barriers (such as cost-sharing and deductibles) is indicated for successful tobacco cessation.

## 6. Adequate reimbursement for services

Reimbursement for tobacco treatment services should be sufficient to cover the reasonable and necessary costs for the delivery of tobacco treatment services incurred by covered providers and health systems.

## 7. Increase impact to improve quit rates:

- Design benefits to support a variety of best practice treatments to allow individuals to choose the approach that works.
- Extend tobacco treatment coverage to beneficiaries' spouses and dependents.

## Tobacco Cessation Treatment Options

The Centers for Disease Control and Prevention (CDC) 2003 report, “Coverage for Tobacco Use Treatments: Why, What, and How?” states “paying for tobacco cessation treatments is the single most cost-effective health insurance benefit for adults that can be provided to employees.”

- Add/increase coverage of best-practice tobacco treatment services. The CDC estimates that a comprehensive tobacco treatment benefit such as the Gold Standard approach costs \$0.10 to \$0.40 per member per month.<sup>7</sup>
- Promote Alaska’s Tobacco Quit Line, a free service to all Alaskans:
  - Include Alaska’s Tobacco Quit Line logo and information in mailings.
  - Encourage posting Alaska’s Tobacco Quit Line information in highly visible, heavily trafficked areas.
- Use Health Risk Appraisals to identify tobacco users; use high-risk coaching services to encourage and support current tobacco users in their quit attempt(s).
- Consider sending targeted messages based on claims data: ICD-9 codes 305.1 (current user), V15.82 (historic use) or CPT 99406, 99407 (tobacco use counseling).
- Encourage worksites and campuses to adopt tobacco-free workplace policies.
- Ask beneficiaries who have quit tobacco for permission to publicize their stories in mailings and advertisements.

## Tobacco treatment services are high-value and cost-effective.

Cost analyses have shown that tobacco treatment benefits, from a health plan’s perspective, are cost-saving within 3 years. The return on investment per treatment service recipient was \$750-\$1,120 after 5 years.<sup>8</sup>

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