

ACTTION *Access to Cessation Treatment for Tobacco In Our Nation*

National Working Group for ACTTION

November 18, 2008 • Washington, D.C.

Summary of Summit



The overarching goal of the *Call for ACTTION* is to increase the number of U.S. smokers with access to comprehensive tobacco dependence treatment to 50% by 2015 and 100% by 2020.

Executive Summary

On November 18, 2008, in Washington, D.C., the Partnership for Prevention brought together more than two dozen public health leaders to unveil a *Call for ACTTION* (*Access to Cessation Treatment for Tobacco In Our Nation*) to dramatically increase access to and coverage for comprehensive tobacco cessation treatments to help all tobacco users quit. Participants included representatives from four key sectors needed in the fight against tobacco use, including employers/businesses, insurers, policymakers and tobacco control/public health advocates.

Attendees engaged in a day-long dialogue to: establish guiding principles for the *National Working Group for ACTTION*; strengthen partnerships to support change within each sector; share ideas and resources

available for promoting tobacco cessation; and ensure support and access to treatment for the nation's tobacco users. At its core, this working group and *Call for ACTTION* are looking beyond the reasons *why* we need to focus our attention on encouraging tobacco users to quit, and focusing on *how* we can support them by providing access to and coverage for appropriate tobacco cessation treatments and services.

Prior to the start of the Summit activities, the Partnership for Prevention set the stage for the day's agenda by hosting a teleconference for members of the media. Select Summit attendees representing the various sectors – including Ron Finch, National Business Group on Health (employer); Jackie Stiff, United Health Group (insurer); Linda Bailey, North American Quitline Consortium (quitlines); Bernadette Toomey, American Lung Association (tobacco control); and Judy Monroe, Indiana Health Commissioner (policymaker/public health) – offered an overview of the challenges faced in addressing tobacco use and cessation for their sector and how the *Call for ACTTION* was the right solution to address these issues.

Finally, as part of the *Call for ACTTION*, the Partnership for Prevention launched a Web site, www.acttiontoquit.org, the first step in bringing together those interested in providing support to those looking to quit. In addition to the detailed sector-specific recommendations, the site includes videotaped interviews from leaders endorsing the *Call to ACTTION*, including: Dr. Richard Carmona, Former U.S. Surgeon General; Dr. Julie Gerberding, Director, Centers for Disease Control and Prevention; Dr. Eduardo Sanchez, BlueCross BlueShield of Texas and Former Texas Health Commissioner; Dr. Cheryl Heaton, President, American Legacy Foundation; and Cass Wheeler, President, American Heart Association. As the site continues to grow, it will encourage partnership, collaboration and dialogue across all sectors.

If you would like to endorse this *Call for ACTTION*, please send a statement of support with your name, title and affiliation to endorsement@acttiontoquit.org. If you have any questions, please feel free to contact Diane Canova at (202) 833-0009 or dcanova@prevent.org.

ACTION Summit Dialogue

Below are the key takeaways from each sector's discussions, based on the speakers' and attendees' ideas on how the *Call for ACTION* recommendations – specific to each sector (see Appendix A) – can be implemented, while keeping in mind the following overall agenda:

- Promoting the inclusion of highly cost-effective preventive services (e.g., tobacco-use treatment) in health reform proposals
- Calling upon the Healthy People 2020 Advisory Committee to include insurance coverage, quitline access and use of evidence-based treatments in the HP2020 measures
- Actively promoting greater access to comprehensive tobacco use treatment services
- Encouraging tobacco-users to advocate for barrier-free access to effective treatment services

Employers

- In order to have healthy, productive employees, employers need to promote a culture of health, where the focus is on health and not illness.
 - Chronic care accounts for 80% of health care costs, and we need to focus on how to prevent tobacco-related illnesses from occurring and move to a real focus on prevention.
 - Worksite health promotion disappeared in the early 1990s when managed care companies took over benefit services. Now we see resurgence in companies implementing policies and programs.
- Focusing on tobacco cessation – including policies for having a tobacco-free environments and offering cessation benefits – could be seen as the “lowest of the low-hanging fruit.”
 - Tobacco cessation benefits should include coverage for all evidence-based counseling (individual, group and telephone) and FDA approved medications (OTC and prescription).
- Employers today are dealing with the continuing escalation of health care costs within their businesses which is impeding their competitive advantage (domestically and internationally).
 - Need additional research on how much offering preventive services affect worksite attendance (e.g., sick days), productivity, short- and long-term disability, employee assistance usage, among other factors.
- Research tells us that in these tough financial times, any barriers faced by employees that discourage treatment will reduce use of treatment and thereby decrease likelihood of quitting.
 - Tobacco cessation treatment must have a champion within a company – whether it's the high-level leaders, labor representation or employees themselves.

Insurers

- Cost represents a huge barrier for people using tobacco cessation treatment and insurers need to make a very cogent business case as to why tobacco cessation – among all the other priorities that they have – is important and should be considered. Potentially, this could be a way for insurers to be marketplace differentiators.
 - Given the way it is currently set up, there are barriers to routinely deliver tobacco use treatment through the health care system; however, if people don't have coverage, they're much less likely to use treatment and therefore much less likely to succeed in quitting.
 - There are very few organizations in a financial position to be looking at the long-term, as many are trying to fight the battle for the next month or two months. At the end of the day businesses end up having to buy based on price, and benefits managers are, by and large, incentivized for lowering short-term cost, not for long-term gain.
- Two important groups to educate about the advantages of coverage for preventive care – including cessation coverage – are the employee benefits consultants and benefit trusts (e.g., organized labor). These two audiences control an enormous amount of health care.
- There needs to be a “roadmap” that shows: Who is purchasing benefits? Who makes the ultimate decision on coverage and who influences them? Who is influencing employer and insurer decisions?
- Awareness of benefits is a tremendous problem, and a recent study found that beneficiaries with great coverage did not know they had it. Insurers and health plans need to do a better job of communicating coverage information to their beneficiaries and enrollees.

A Call for **ACTION**

Policymakers

- We need to pay attention to Medicaid beneficiaries, a population that smokes at a rate almost 60% higher than the general adult population.
 - This includes increasing the number of states that offer comprehensive cessation benefits to Medicaid beneficiaries (to date there are only seven).
- We need to look at states that are either increasing their tax on tobacco or going smokefree and make sure that those states are offering services at the same time as when smokers/tobacco users will be motivated to quit.
 - When Indiana increased its tobacco tax, it partnered with the state quitline and sent out a toolkit with information on what Indiana payers covered and available treatments.
- Additionally, when we look at what can be done quickly to increase access to cessation, we must look at what we can do to educate consumers about what is available to them.
- We need all of our state Governors to step forward and say this is important under Medicaid and state employee health plans.

Tobacco Control and Public Health Organizations

- Tobacco use is the number one preventable cause of death. If we really want to have a healthy population and improve our leading health indicators, we must address this issue.
 - The tobacco control and public health communities must re-establishment the importance of tobacco control and increase the urgency for helping tobacco users quit successfully.
 - A recent report found that most states fail to adequately protect Medicaid recipients and state employees by providing coverage for treatments and services to help tobacco users quit.
- We need to capitalize on the public health policies that are motivating tobacco users to quit (e.g., smokefree laws, tobacco taxes) by promoting available cessation services.

Health Care Systems

- One problem in providing support is the apparent disconnect that exists between tobacco users and physicians. If the physician isn't in the loop, they can't reinforce the positive effects of quitting on one's overall health.
 - Brief tobacco use interventions in the course of routine primary, dental or pharmacy-based care represent the single most effective and cost-effective source of preventative care.
 - It's only recently that we have defined smoking cessation benefits, and to date physicians have been shaped by the reimbursement model that we have had in place of not paying for preventive care. Now preventive care is covered and it's a matter of educating providers that that care can be offered and they and the patient can be reimbursed both for the counseling the medication.

Quitlines

- Currently, state quitlines serve about half a million smokers every year – just over 1% of the smokers in the U.S. It is estimated that, with additional funding, quitlines could serve up to 10% to 15% of smokers each year, or four to six million smokers.
 - Quitlines could partner with big employers in their state who offer cessation treatment as part of their benefits package to finance and promote quitline services.
 - Increased funding would mean that quitlines could provide access to comprehensive services to everybody who needs support, including all FDA-approved medications.
 - Because a large portion of quitline callers are patients under the Medicare and Medicaid, more federal support is needed (beyond CDC dollars) to maintain the service.
- There is a need to build referral networks so that the medical community, community-based organizations and others can refer people looking to quit into the quitline.
- Quitlines are working to increase their reach into underserved populations who don't always seek care – including those where English is not spoken or is a second language, certain racial/ethnic minority populations, as well as the gay and lesbian community.
 - Other options for increasing reach include allowing OTC medications without co-pays or pre-authorization and providing access to prescription-only medications through quitlines.

A Call for **ACTION**

Next Steps

At the conclusion of the summit meeting, the following items were agreed to as immediate next steps:

- Work on the updated Medicare national coverage decision memo/request.
- Identify tools and instruments to measure progress, by sector, toward achieving the goal of increasing access to comprehensive treatment to 50% by 2015 and 100% by 2020.
- Aggressively examine and pursue opportunities that are presenting themselves in terms of legislative and administrative activity in 2009 (e.g., health care reform, new administration).
- Continue to seek endorsements from organizations and key individuals to create a sense of urgency and importance around the *Call for ACTION*.
- Along with endorsements, secure pledge from organizations to commit to some sort of concrete action to increase access to treatment, whether it's within their own workplace, their sector or in the broader national/state policy arena (or some combination).
- Compile list of relevant resources for each sector and make information available on the Web site.
- Host spring meeting/conference/summit focused on employers and purchasers (including relevant organized labor groups).
- Encourage endorsers to disseminate information on *Call for ACTION* through their respective communications channels (newsletters, listservs, Web sites, conferences) and report back to Working Group on these activities so they can be compiled and tracked.

A Call for **ACTION**

ACTTION Summit Participant List

**Denotes member of National Working Group for ACTTION*

Cathy L. Backinger, Ph.D., M.P.H.

Chief, Tobacco Control Research Branch
National Cancer Institute

Linda A. Bailey, J.D., M.H.S.

President and Chief Executive Officer
North American Quitline Consortium

Paul Billings

Vice President, National Policy and Advocacy
American Lung Association

Julia Cartwright

Senior Vice President, Communications
American Legacy Foundation

John M. Clymer*

Former President
Partnership for Prevention

Ronald A. Finch, Ed.D.*

Vice President
National Business Group on Health

Joseph A. Fortuna, M.D.*

Medical Director of E&C and AHG Divisions
Automotive Industry Action Group

Stephenie Foster

Senior Vice President for Government Affairs
American Legacy Foundation

Tom Glynn, Ph.D.

Director, Cancer Science and Trends
American Cancer Society

Gregg Haifley

Associate Director, Federal Relations
American Cancer Society/Cancer Action Network

Cheryl Heaton, Ph.D.*

President and Chief Executive Officer
American Legacy Foundation

Ami L. Hurd, M.P.H.

Fellow, Tobacco Control Research Branch
National Cancer Institute

Corinne G. Husten, M.D., Ph.D.*

Acting President/Vice President for Policy Development
Partnership for Prevention

Matthew T. McKenna, M.D., M.P.H.*

Director, Office on Smoking and Health
Centers for Disease Control and Prevention

Judy Monroe, MD, F.A.A.F.P.

State Health Commissioner
Indiana State Department of Health

Tracy Orleans, Ph.D.

Distinguished Fellow, Senior Scientist
Robert Wood Johnson Foundation

Abby C. Rosenthal, M.P.H.

Cessation Strategic Coordinator
Office on Smoking and Health
Centers for Disease Control and Prevention

Marcel E. Salive, M.D., M.P.H.*

Director, Division of Medical and Surgical Services
Centers for Medicare/Medicaid Services

Derek Scholes, Ph.D.

Government Relations Manager
American Heart Association

Senator Richard Schweiker

Former U.S. Senator
Former Secretary, U.S. Department of Health
and Human Services

Jacqueline E. Stiff, M.D., M.S.P.H.*

Vice President and Market Medical Director
United Health Group

Bernadette Toomey

President and Chief Executive Officer
American Lung Association

Ann Wendling, M.D., M.P.H.

Director of Intervention Programs
ClearWay Minnesota

APPENDIX A: Call for ACTION Recommendations by Sector

Employers/Employer Organizations

- Provide barrier free access to comprehensive coverage of all treatments recommended by PHS tobacco cessation guideline in accordance with model benefit recommendations, including quitlines and OTC meds.
- Promote company's cessation benefits and provide non-punitive incentives for employees to use 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 creation of business incentives 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.

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/federal insurance regulation definitions of addiction and to 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.

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/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.
- Advocate for strong tobacco-use treatment performance measures for accreditation of health plans, 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.