

Collaboration for Cessation Change

Presentation Overview

- 1. Tobacco Facts
- 2. Benefits of working through IAHU
- 3. Indiana Tobacco QuitLine-Preferred Employer Network
- 4. Additional Resources Available



IAHU + ITPC = Partnering to Lower \$Cost

- Building On...
 Recent reductions in the state's smoking rate for adults and youth
 - 2009 reached the lowest rate of adult smoking in Indiana
 (23%) ever recorded
 - 2007-08 high school and middle school smoking rates cut in half
 - Nearly 400 million fewer packs of cigarettes being sold over the last 9 years



IAHU + ITPC = Partnering to Lower \$Cost

- Building On...
 Employer concern about high cost of tobacco use
 - Over 1 million adult smokers in Indiana
 - Employers spend \$3,391 per smoker per year in direct medical costs and lost productivity
 - A workforce of 500 employees in Indiana will spend on \$389,965 per year in business costs associated with smoking
 - A tobacco free workforce saves employers money through less workers' compensation cost, reduced construction and maintenance costs, and less employee absenteeism



IAHU + ITPC = Partnering to Lower \$Cost

- Building On...
 New Federal Stimulus Grant Funding to ITPC
 - 18 month project
 - Focused on enhancing the Indiana Tobacco Quitline to reach out to employers
 - Window of opportunity that IAUW can capitalize on to provide free "added value"



Benefits Of Working Through IAHU

- Ability to fax refer employees to the quit line
- Materials to educate employees about tobacco use and the Indiana Tobacco QuitLine
- Cumulative data about participating company EE's
- Connection to local cessation specialists
- Updates on new resources, research, and quit line promotional materials
- Discount coupons for NRT's in addition to what is provided by the quit line as an IAHU member





Collaboration with Indiana Tobacco Prevention and Cessation through The Indiana Tobacco Quitline

What Is A Quitline?

- Telephone-based Cessation Services
- Offered Toll-free
- Evidence-based
- Proactive
- Coaches
 - Highly trained in cognitive behavioral therapy
 - 240 hours of training
 - Spanish speaking competency (170 other languages)
 - Educated up to graduate level
 - Over 50% with 3+ years prior experience in counseling



The Program







MEDICATION

Direct Mail NRT, Chantix,

Bupropion







QUIT GUIDES
Stage Based

- Four prearranged appointments w/coach
- Ten prearranged appointments for pregnant woman
- Unlimited call in privileges and access to the web
- Two weeks Free NRT
- Support Materials



The Participant Experience

1. Fax Referral or Person Calls

Quit Now Indiana: A Collaboration for Change



The Program Works

Practices based on 25 yrs of research helped hundreds of thousands of smokers quit & stay quit

- 1. Quit at personal pace
- 1. Choose own Quit Date, personal Quit Coach help prepare & get ready
- 2. Conquer urges to smoke
- 2. Learn when & where urges strike & how to cope & manage stress w/o smoking
- 3. Use Pharmaco so they really work
- 3. Recommend meds right for each participant and teach how to use correctly

4. Don't just Quit, become NON-SMOKER

4. QUIT for good-support to make this the LAST Quit, help with weight issues

QuitLine Effectiveness

- Meta-analysis of 13 studies shows **56%** increase in quit rates when compared with self-help (Stead et al. 2004).
- Surveys indicated that smokers are several times more likely to use the QuitLine than a face-to-face program (McAfee et al. 1998, Zhu & Anderson 2000).
- Accessibility
 - Eliminates many barriers of traditional classes (having to wait for classes to form, needing transportation).
 - Helpful for those with limited mobility and those in rural or remote areas.
 - Appeal to those who are reluctant to seek help provided in a group setting (Zhu & Anderson 2000).

Benefits

- Confidential
- Free
- National call number 1-800-QUIT-NOW
- Provides intensive one on one counseling
- Unlimited access as long as necessary
- HIPAA Compliant Entity
- Assess ability to all tobacco users
- Easy use by employers and participants
- Initial call does not need to be made by tobacco users, but by Quit Coach™





Preferred Employer Network

Preferred Employer = Multiple Benefits

- Lower your health care costs = become a Preferred Employer
- Create platform to help employees quit smoking
- Access to evidence-based professional resources
- Unlimited QUIT NOW fax referral privileges
- Promotional and educational materials
- Data on participating fax referred employees
- Access to local cessation specialists
- Enrollment is quick & simple



Join Our Preferred Employer Network

Preferred Employer Enrollment Form



FAX 1.219.326.6396 www.IndianaTobaccoQuitfine.net

The QUIT NOW Referral Network was developed by Indiana Tobacco Prevention and Cessation (ITPC) to assist health-care providers with providing proven, professional resources to help patients kick their addiction to tobacco. As a Preferred Provider with the QUIT NOW Referral Network, you will receive exclusive tobacco cessation services and materials.

QUIT NOW Referral Network Privileges

The program includes ongoing QUIT NOW communications to keep you upto-date with the latest tobacco issues and research data available. Direct Access to a Cessation Specialist for one-on-one advice and consultation.

QUIT NOW Fax Referral Forms to directly refer patients to the Indiana Tobacco Quitline, which offers specially trained Quit Coaches® to develop individualized quit plans for people who are ready to quit.

The QUIT NOW Referral Toolkit includes:

- QUIT NOW Fax Referral Forms
- Indiana Tobacco Quitline Brochures
- Pharmacotherapy Chart
- Insurance Code Guide for Reimbursement
- Tobacco Cessation Counseling Materials
- Tobacco Cessation Posters

Individual Provider's Name_		
Practice or Organization Na	me	
Type of Practice or Organiza	ition	
Address		
City		ZIP
County		
E-Mail Address		

Please return this form by e-mail to: ITPCQuitLineReferral@itpc.IN.gov or fax the form to 1.219.326.6396

Partnering together to combat tobacco addiction!

YOU ARE READY:

- •Promote the Indiana Tobacco QuitLine to employees
- •Begin referring employees who are ready to quit to 1-800-QUIT-NOW



Fax Referral

Indiana Tobacco Quitline FAX REFERRAL FORM



FAX 1.800.483.3114

EIIIDIOYEI Indiana's Tobacc	o Guilline
Employer Information	Date Fax Sent//
Clinic Name	
Health Care Provider	
Contact Name	
I am HIPAA-Covered Entity (check one) Yes	∐ No ☐ I Don't Know
Fax () Phone (_)
Comments	
PATIENT INFORMATION	
Gender ∐ Male ∐ Female Pregnant? ∐	Yes ∐ No
Patient Name	Date of Birth//
Address	
Primary # (TYPE	Home □Work □ Cell □ Other
Secondary # () TYPE	Home □Work □ Cell □ Other
Language Preference (check one) 🗌 English 🔲	Spanish 🗌 Other
Tobacco Type (check all that apply) $\ igsquare$ Cigarettes	」Smokeless Tobacco ☐ Cigar ☐ Pipe
I am ready to quit tobacco and request me to help me with my quit plan.	the Indiana Tobacco Quitline contact
I do not give my permission to the Indian when contacting me.	a Tobacco Quitline to leave a message
Patient Signature	
The Indiana Tobacco Quitine will call you. Please them to reach you. Note: The Quitine is open 7 do weekend may be made at times other than the s	ays a week; call attempts over a
∐6am-9am ∐9am-12pm ∐12pm≺	3pm ∐3pm-6pm ∐6pm-9pm
# 2000 Fran 8 Class Inc. A	II dishir sacasia d

You fax it... We take it from there...

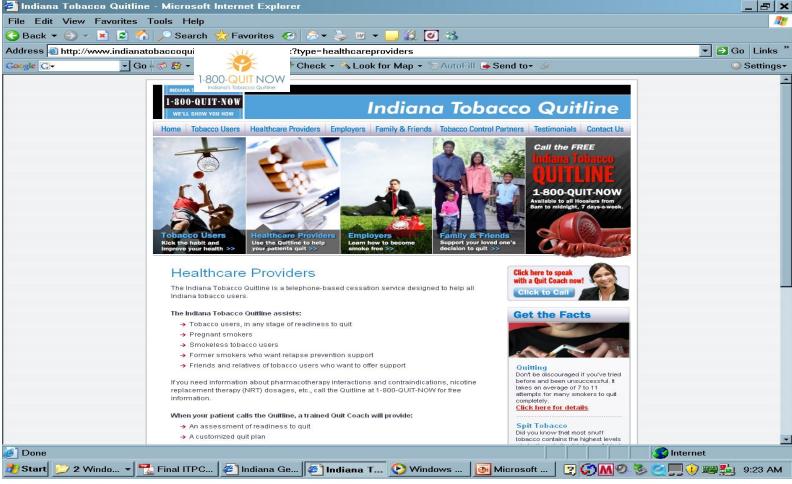
Confidentiality Notice: This facsimile contains confidential information. If you have received this facsimile in error, please notify the sender immediately by telephone and confidentially dispose of the material. Do not review, disclose, copy, or distribute.

Something For Everyone

www.indianatobaccoquitline.net

www.quitnowindiana.com

www.itpc.in.gov



Conclusions

- Treatment of tobacco use = at least same attention that other *chronic diseases* demand
- Achieve by enrolling as Preferred Employer
- Have knowledge of support and utilize resources
- Fax Referral = cornerstone of diverse cessation success
- Additional steps:
- Implement a smoke-free workplace
- Optimize insurance cessation & pharmaco therapy coverage
- Promote workplace wellness for smokers and nonsmokers
- Talk with other employers about the cost savings you've experienced from helping employees quit smoking

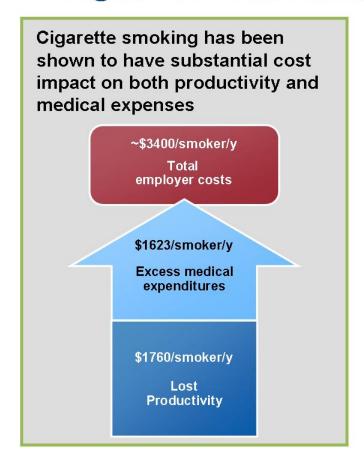


Additional Resources Available Next Steps

Key Takeaways

- Cigarette smoking is highly prevalent. It increases the risk for many serious, chronic health conditions
- Smoking is costly to both consumers and purchasers
- Although the majority of smokers want to quit, few people successfully quit smoking on their own
- Literature shows that more people quit smoking, and remain quit, when both pharmacotherapy and behavioral support are used
- A smoking cessation benefit has been shown to be a valuable investment
- When employers offer smoking cessation benefits, more smokers make quit attempts

Should Employers Be Concerned About Cigarette Smoking?



Excess Medical Expenditures

- Smokers use more health care days
- Smokers incur more direct medical costs
- · Increased insurance premiums for smokers
 - Health
 - Life

Lost Productivity

- Smoking is a leading cause of worker lost production time, even more than alcohol abuse or family emergencies
- Up to 8% of a smoker's workday is spent on smoking-related activities
- Smokers are absent ~2 more days per year than nonsmokers

Bunn WB et al. J Occup Environ Med. 2006;48:1099-1108.

USA Today. Employers charging smokers extra for health insurance. February 27, 2007.

CDC. Coverage for tobacco use cessation treatments: why, what, and how. 2003.

Ohio Department of Insurance. Life insurance guide: how to get the most out of your life insurance. 2005.

CDC. Save Lives, Save Money: Make Your Business Smoke-Free. 2006.

Lesmes GR. Am J Med. 1992;93:48S-54S.

1 in 5 Adults in the US Smokes Cigarettes, and the Majority Want to Quit

- In a 2004 National Health Interview Survey (NHIS)
 - Almost 45 million adults (20.9%) in the United States were cigarette smokers
 - Of which, 36.1 million (81.3%) smoked every day
- >70% of smokers want to quit
 - 30% to 50% of smokers try to quit each year
- The average smoker will try to quit 6 to 9 times in a lifetime
- For smokers who quit unaided, only 5% stay abstinent for 6 to 12 months

American Lung Association. Trends in Tobacco Use. January 2006.

CDC. MMWR Morb Mortal Wkly Rep. 2005;54:1121-1124.

Foulds J et al. Expert Opin Emerg Drugs. 2004;9:39-53.

CDC. Women and Smoking: a Report of the Surgeon General. 2001.

Hughes JR et al. Addiction. 2004;99:29-38.

The Employer's Role: Putting in Place a **Smoking Cessation Benefit**

- A 2001 Centers for Disease Control and Prevention (CDC) survey showed:
 - 66% of Americans <65 years of age are insured through their employer
 - 1 in 4 employers offered any coverage for smoking cessation
 - Just 4% offer benefits at the level the CDC prescribes
- A number of well-respected sources recommend providing a smoking cessation program to employees
 - CDC
 - Milliman
 - National Business Group on Health (NBGH)

"For benefits decision making, the small cost, along with the medical effectiveness, could easily justify covering smoking cessation programs."

 Milliman report—Covering smoking cessation as a health benefit: a case for employers, 2006. CDC. Coverage for tobacco use cessation treatments: why, what, and how. 2006.

Wojcik J. Few employers adopt stop-smoking programs, 2007.

Fitch K et al. Milliman report—Covering smoking cessation as a health benefit: a case for employers. 2006.

Smoking Cessation Coverage Has Been Shown to be a Cost-Effective Benefit

- According to a 2005 analysis by The Partnership for Prevention:
 - Smoking cessation is as cost-effective as childhood immunizations and daily aspirin use
 - Smoking cessation is more cost-effective than other frequently covered adult-disease-prevention interventions such as those for hypertension and high cholesterol
- According to the CDC in 2003, cost analyses show that smoking cessation benefits are either cost-saving or cost-neutral over a period of 3 to 5 years

3 Key Factors Drive the Positive Potential Business Impact of a Smoking Cessation Benefit

- Reduced health care costs
- Reduced absenteeism
- Increased productivity



Most employer-based smoking cessation programs are not comprehensive, according to the US Public Health Service and the CDC

NBGH Survey (October 2007):

506 employers with 1000 or more employees; 50% with <10,000; 50% with ≥10,000

- 78% believe smoking cessation benefits can improve employee health
- 74% believe smoking cessation benefits can decrease health care costs
- ~60% believe that the direct medical costs and lost productivity due to smoking are harmful to a company's bottom line



Percentage of companies offering a comprehensive scientifically based smoking cessation program, as recommended by the US Public Health Service and the CDC



Recommendations for a Comprehensive Smoking Cessation Benefit

- CDC and WHO recommend coverage of comprehensive smoking cessation benefits
 - Counseling and medications
 - At least 4 counseling sessions of ≥30 minutes each
 - Prescription and over-the-counter smoking cessation aids
 - ≥2 smoking cessation attempts per year
 - Eliminate or minimize co-pays or deductibles
- NBGH recommends additional actions to improve impact
 - Offer employees a variety of treatment options
 - Allow individuals to choose their preferred approach
 - Promote telephone quit line
 - Emphasize problem solving and social support
 - Communicate what is available to the employees
 - Extend benefit to treat employee's dependents and spouse
 - Offer incentives to achieve and maintain healthy lifestyles

CDC. Coverage for tobacco use cessation treatments: why, what, and how. 2006.

WHO. Policy recommendations. 2003.

National Business Group on Health, Center for Prevention and Health Services. Reducing the Burden of Smoking on Employee Health and Productivity. 2003.

Cost of Providing the Benefit Is Relatively Inexpensive to the Purchaser

 In a 2006 survey by Milliman Consultants and Actuaries, the per member per month (PMPM) cost for a smoking cessation benefit (pharmacotherapy and behavioral support) historically ranged from \$0.02 to \$0.45

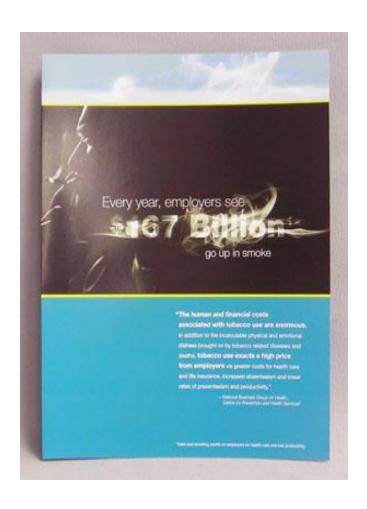
Estimated costs varied depending on the level of coverage (very low to very high)

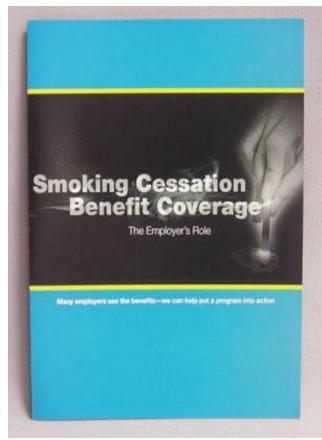
- Very low coverage included self-help booklet and up to 5 telephone counseling sessions
- Very high coverage included pharmacotherapy, primary care physician evaluation with advice, and 12 individual/group therapy sessions
- How does this compare to other common covered conditions?
 - In a 2005 analysis by Express Scripts, the PMPM cost for pharmacotherapy <u>alone</u> for diabetes, hypertension, and depression ranged from \$3.41 to \$7.95 PMPM

"Smoking cessation programs cost little and provide a measurable significant benefit"

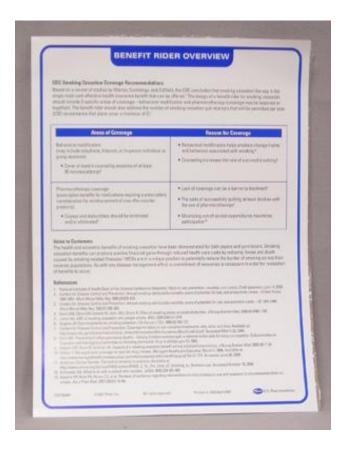
 Milliman report—Covering smoking cessation as a health benefit: a case for employers, 2006

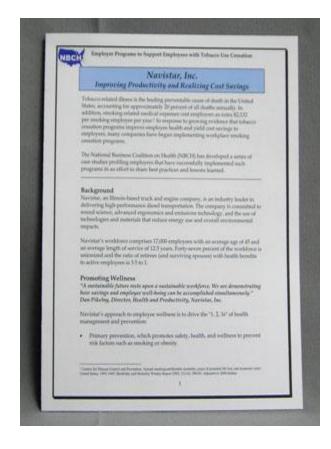
Additional Resources Available for Your Employers



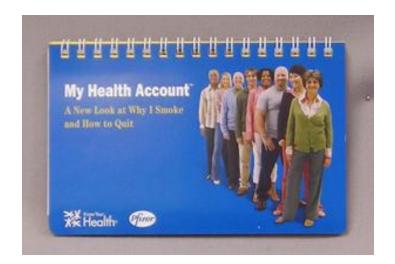


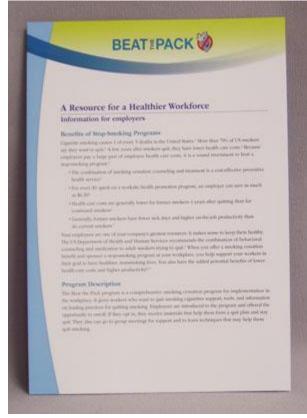




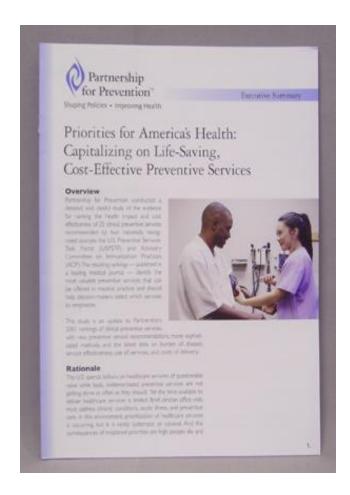
















- Many more resources available to you for use with your employer customers
- For additional information regarding resource description and availability in large quantities, contact:
 - Susan Rider, IAHU srider@gregoryappel.com
 - Rick Panepinto- <u>richard.n.panepinto@pfizer.com</u>
 - Contact info in folder provided today as well



Next Steps

- Become an IAHU member, if not already
 - Membership will be verified prior to distribution of materials.
- Contact Susan Rider srider@gregoryappel.com for materials to present to your employer groups
- Advocate the importance of smoking cessation to your employer groups through the resources provided by our community partners



