

ASTHO Comprehensive Tobacco Cessation Expert Roundtable Summary of Meeting and Expert Recommendations Dec. 13, 2012

Introduction

State and territorial health agencies (S/THAs) play a key role in efforts to reduce tobacco use, tobacco-attributable health disparities, and tobacco-related morbidity and mortality. Comprehensive and sustained statewide tobacco control programs have been shown to reduce smoking rates, tobacco-related deaths, and diseases caused by smoking.¹ A comprehensive program is a coordinated effort to prevent initiation of tobacco use, protect the public from secondhand smoke, and promote smoking cessation. This approach combines social, economic, regulatory, clinical, and educational strategies and complements the World Health Organization's MPOWER² framework (M - Monitor tobacco use and prevention policies; P - Protect people from tobacco smoke; O - Offer help to quit tobacco use; W - Warn about the dangers of tobacco; E - Enforce ban on tobacco advertising; and R - Raise taxes on tobacco). CDC's Tobacco Control State Highlights 2012³ utilizes the MPOWER framework to guide states in implementing and evaluating high-impact strategies.

The Tobacco Control State Highlights 2012 points to only five states providing comprehensive coverage¹ of tobacco counseling and medication for cessation through Medicaid.⁴ The American Lung Association's (ALA) recently-released "Helping Smokers Quit: Tobacco Cessation Coverage 2012"⁵ describes current Medicaid, state employee health plan, and private insurance coverage for tobacco cessation services. According to this report, state employee health plans in four states provided comprehensive tobacco cessation coverage in 2012, and nine states required private insurance plans to cover tobacco cessation treatments.⁶

The Association of State and Territorial Health Officials (ASTHO), the national nonprofit organization representing public health agencies in the United States, the U.S. territories, and the District of Columbia, used these findings to engage health agency and national cessation leadership to identify effective strategies to support implementing comprehensive tobacco cessation services. To accomplish this, ASTHO convened the ASTHO Comprehensive Tobacco Cessation Expert Roundtable on Dec. 13, 2012 in Arlington, Virginia.

The roundtable's objectives included:

- Identifying and discussing current and emerging opportunities for advancing comprehensive tobacco cessation in states and territories.

Key Messages from Recommendations

- Create targeted partnerships to reach high-risk populations, advance evidence-based practice, and identify key policy priorities.
- Tailor materials, strategies, and resources so they will be most effective for specific stakeholders.
- Data collection and program evaluation are essential to determining return on investment (ROI) and advancing tobacco cessation funding.
- Promote the cost savings and ROI of comprehensive tobacco cessation.
- Integrate comprehensive tobacco cessation into existing efforts to expand access.

¹ CDC defines "comprehensive coverage" as coverage that includes all seven FDA-approved medications for smoking cessation and group and individual counseling. To meet ALA's definition of "comprehensive coverage," states must provide coverage for phone counseling as well (in addition to FDA-approved medications and group and individual counseling). Under ALA's definition, only two states provide comprehensive coverage.

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- Discussing strategies that support S/THAs' efforts to advance the cessation agenda through engaging with public and private insurance companies, healthcare providers, and healthcare delivery and other systems.
- Formulating recommendations to S/THAs on how to most effectively leverage current opportunities to strengthen tobacco cessation integration within critical health systems and advance evidence-based, comprehensive cessation practice.

Invited experts highlighted cessation-related opportunities and challenges, discussed how best to advance comprehensive cessation through the Affordable Care Act (ACA), and identified strategies for state and territorial health officials (S/THOs) and ASTHO to guide progress. **Ed Ehlinger (MN)**, chair of ASTHO's Tobacco Issues Forum, facilitated the meeting, which was attended by approximately 30 tobacco experts representing federal agencies, state agencies and state representative organizations, national provider and health systems organizations, national payer organizations, national cessation-focused organizations, national tobacco control partners, and academic research institutions.

Expert Recommendations

The roundtable participants used a consensus model to create recommendations for S/THOs. Recommendations from the roundtable will inform ASTHO's efforts to engage S/THAs in targeted technical assistance to build comprehensive cessation capacity. They will also serve to inform resources promoting tobacco cessation through strengthening the linkages between public health, private and public health insurers, and healthcare delivery systems.

The expert roundtable concluded that there are four key strategies that should be employed to maximize state and territorial comprehensive tobacco cessation programs to align with the recommendations in the ASTHO Tobacco Position Statement:⁷ (1) Promote health systems change, (2) increase impact of quitlines, (3) expand public and private tobacco cessation insurance coverage, and (4) increase the price of tobacco and place limitations on where tobacco use can occur in public spaces.

1. Promote Health Systems Change

Approximately 69 percent of smokers want to quit.⁸ Overall, among current smokers and those who had quit during 2011, 51.8 percent had made a quit attempt for greater than one day during the preceding year.⁹ According to the 2010 National Health Interview Survey, 6.2 percent of smokers had successfully quit within the past year.¹⁰

The HHS "Treating Tobacco Use and Dependence: 2008 Update" outlines effective tobacco cessation treatment using counseling, medication, and healthcare delivery systems.¹¹ One of the report's key findings was that the combination of counseling and FDA-approved medications (over-the-counter and prescription) is more effective than when either of these interventions is used alone. However, only 48.3 percent of smokers who saw a healthcare professional in the past year recalled getting advice to quit, and only 31.7 percent of smokers used evidence-based treatment (counseling and/or FDA-approved medications) when they tried to quit.¹²

Roundtable Recommendations

To promote health systems change, ASTHO should support S/THOs and S/THAs on the following strategies:

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- Create targeted partnerships to include all stakeholders to work collaboratively to promote, document, and evaluate cessation strategies, and assess which partners can lead specific systems change initiatives. These stakeholders include:
 - State health associations.
 - State medical societies and associations (including specific specialties such as pediatricians, ENT, mental health, and dentists).
 - Health societies.
 - Hospital associations.
 - Primary care associations.
 - Community health centers.
 - Rural health associations.
 - Federally qualified health centers.
- Engage with healthcare providers and systems by:
 - Integrating cessation into medical, nursing, pharmacy, dental, and allied health school curricula.
 - Integrating adequate training, resources, and feedback into healthcare systems to ensure that providers consistently deliver treatments.
 - Supporting healthcare provider use of quality improvement measures (e.g., the [Healthcare Effectiveness Data and Information Set](#) and [5 A's](#) of treating tobacco dependence).
 - Partnering with the Public Health Accreditation Board (PHAB) and other accreditation bodies on tobacco cessation measures.
 - Implementing meaningful strategies to reimburse community health workers for services provided.
 - Partnering with hospitals on [Joint Commission tobacco measures](#)¹³ to increase the number of hospitals that meet the measures.
- Coordinate tobacco cessation treatment with treatment for other chronic conditions (e.g., diabetes, heart disease, mental illnesses, etc.).
- Create a strategic state communications plan including comprehensive tobacco goals.
- Integrate tobacco cessation treatment into all state and territorial health associations' policies and strategies.
- Utilize existing data to support systems change by:
 - Incorporating CDC data from the "Tips from Former Smokers" campaign into existing or new tobacco cessation efforts.
 - Assembling state- or territory-specific tobacco data, coordinating the timing of data releases, and ensuring data collection includes information about high-risk populations (for example, LGBT populations).
 - Creating predictive modeling tools about health benefits and the ROI of supporting tobacco cessation.
 - Creating algorithms for hospitals to flag specific populations that have a high tobacco use.
 - Using Center for Medicare and Medicaid Innovation grants to report back to CMS on effective cessation methods.
 - Sharing ideas on how to best use the data from the CDC Tobacco Control State Highlights report.
 - Highlighting examples of success at different levels (e.g., individual, state, and county).

- Disseminate state health rankings.

2. Increase Impact of Quitlines

Quitlines are telephone-based tobacco cessation services that help tobacco users quit. Currently, all 50 U.S. states, the District of Columbia, Puerto Rico, and Guam have quitline services available for residents.¹⁴ In 2012, U.S. quitlines received more than 1.3 million calls from more than 480,000 unique tobacco users.¹⁵ Despite the effectiveness of quitlines, they serve less than 2 percent of tobacco users each year and are not funded at levels recommended by CDC.¹⁶ CDC recommends that each state quitline should aim to reach 8 percent of its state's tobacco users each year and enroll 90 percent of these callers in counseling services.¹⁷ At presently funded levels, it is difficult for state quitlines to fully maximize their value and potential. It is important to note that promoting quitlines requires increased staffing of the quitline that corresponds to the intensity and net effectiveness of any promotional effort to ensure there is adequate capacity to respond to increased call volume.

Roundtable Recommendations

To increase quitlines' impacts, ASTHO should support S/THOs and S/THAs on the following strategies:

- Expand quitline partnerships under ACA implementation by:
 - Educating health plan providers, employers, and health exchanges about importance of cessation coverage and quitlines.
 - Encouraging cost sharing for quitline services under insurance plans.
 - Making tobacco cessation counseling a part of routine healthcare.
- Expand quitline connections with Medicaid to improve its coverage of cessation by:
 - Educating state Medicaid agencies about the importance of coverage.
 - Obtaining administrative matches for quitline services.
 - Promoting state quitline phone numbers through federally funded programs such as Medicaid insurance cards and Women, Infants, and Children (WIC) vouchers.
 - Encouraging Medicaid agencies to contract with pharmacies that can dispense cessation medications to beneficiaries with quitline authorization.
- Engage with healthcare providers and systems by:
 - Working with North American Quitline Consortium on executing e-referrals for quitlines.
 - Increasing the number of tobacco-free hospitals (including psychiatric facilities) and healthcare facilities.
 - Continuing to encourage healthcare providers to use fax referral forms for quitlines.
- Promote quitline quality assurance by:
 - Continuing use of state health departments' high quality quitlines.
 - Launching culturally competent quitlines in many languages (e.g., the Asian Smokers' Quitline based in California).
 - Extending the same type of quality assurance to all cessation services offered within the state via consumer information, report cards, and regulatory action as ACA is implemented.
- Integrate quitline messages and data with CDC's 2014 Tips from Former Smokers campaign.
- Align quitlines with other state health initiatives:
 - Promote quitlines to clinic staff (not just providers) and community-based organizations serving priority populations.
 - Engage media, providers, and health organizations by issuing warnings about tobacco use (similar to Surgeon General warning).

- Advocate for quitlines and their effectiveness.
- Use data to help establish cost-sharing partnerships for quitlines.
- Work with cell phone service providers to allow free calls to quitlines.
- Conduct research to determine how to increase acceptability of quitlines among young adults and minorities.

3. Expand Public and Private Tobacco Cessation Insurance Coverage

The United States Preventive Services Task Force gives tobacco cessation services an “A” grade because “there is a high certainty that the net benefit is substantial” based on consistent evidence “from well-designed, well-conducted studies in representative primary care populations.”¹⁸ ACA requires all new private health insurance plans to cover all “A” and “B” taskforce recommendations with no cost sharing.¹⁹ A 2012 Georgetown University study, “Implementation of tobacco cessation coverage under the Affordable Care Act: Understanding how private health insurance policies cover tobacco cessation treatments,” found that implementing the ACA-required coverage has proven challenging for private insurers, and there is wide variation in the services being covered.²⁰ There are also challenges on the public side of coverage for tobacco cessation. Currently, only five states provide comprehensive tobacco cessation coverage to Medicaid enrollees.²¹

Roundtable Recommendations

To promote the expansion of public and private tobacco cessation insurance coverage, ASTHO should support S/THOs and S/THAs on the following strategies:

- Identify and develop model contract language for insurance plans to address any ambiguity about which cessation treatments must be covered.
- Form cost-sharing partnerships consisting of quitlines, insurance plans, and employers.
- Educate health plans and employers about comprehensive coverage, quitline effectiveness, and their ROI.
- Educate insurance commissioners about the 2012 Georgetown report findings to raise awareness about the challenges to implementing consistent tobacco cessation coverage under the ACA.²²
- Identify opportunities for S/THOs to work with health insurance commissioners on developing contract language.
- Participate in an ASTHO-led survey of S/THOs to identify the state leaders who are regulating insurance.
- Utilize approaches set forth in healthcare reform focused on prevention and health promotion to promote tobacco cessation.
- Communicate with large state employers to emphasize consumer demand for services and identify opportunities to offer employees rewards of up to 30 percent of the cost of coverage for participating in a wellness program and meeting certain health-related standards.
- Partner with state Medicaid directors to make the health and economic case for cessation, reform payment, and structural mechanisms of reimbursement (e.g., package 1115 waivers from Medicaid director).
- Address public health in essential benefits discussions with employers.

4. Increase the price of tobacco and limit tobacco use in public spaces.

Increasing the price of cigarettes, most commonly through excise taxes, has been proven to reduce youth smoking initiation and decrease the prevalence of cigarette use and smoking-related morbidity

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and mortality in the United States.²³ State cigarette taxes range from \$0.17 per pack in Missouri to \$4.35 per pack in New York, with a national average of \$1.49 per pack as of 2013.²⁴ Smoke-free policies are effective not only in reducing exposure to secondhand smoke, but also reducing tobacco use among workers when implemented in worksites.²⁵ Currently, 28 states and the District of Columbia have smoke-free laws in place that prohibit smoking in most public spaces (including workplaces, restaurants, and bars).²⁶

Roundtable Recommendations

- Leverage the implementation of smoke-free policies as opportunities to support cessation efforts.
- Collaborate with and educate governors about the benefits of smoke-free government campuses and vehicles.

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