Engaging Health Plans to Provide Cessation Coverage

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Presentation Objectives

- Identify components and resources for the development of a strategic plan to address tobacco cessation coverage and support.
- Learn processes to build a partnership with shared objectives.
- Learn about specific processes and strategies to engage health plans and employers to provide a tobacco cessation benefit.
- Identify opportunities to increase sustainability for cessation services, including the QuitLine.
Brief History – Colorado

2001  STEPP funded work with health plans and employers

2004 - 2006
  Tobacco Tax and CCIAA
  Objective reporting: HEDIS and eValue8

2007  Colorado Tobacco Control Strategic Plan

2008  -“2008 Update: Treating Tobacco Use and Dependence”
  - STEPP project to explore health plan opportunities
  - Review Committee: 1) request 2) FY09-10 budget allocation

2009  Implementation of “Strategies for Engaging Health Plans with Colorado’s Tobacco Cessation Efforts and Initiatives”
Colorado Process

• Plan/Strategy Development
• Plan Implementation – Phase I
  – Advisory group formation and education
  – Prioritization of strategies
• Plan Implementation – Phase II
  – Leverage successes, stakeholders, legislative process
  – Education and outreach to health plans and employer groups
Plan/Strategy Development

• Identify Colorado baseline health plan coverage
  – HEDIS
  – eValue8
• Research other states
  – Ohio
  – Vermont
  – Minnesota
Plan/Strategy Development

- Colorado health plans’ awareness of and attitudes
  - One-on-one interviews

- Employer/broker awareness of tobacco cessation resources

- Mechanisms to leverage health plans
  - Understand the political environment
  - Identify largest purchasers
Plan/Strategy Development

- Identify QuitLine data
  - Health plan utilization
  - Gaps
- Identify natural partners
  - Health plan associations
  - Health groups
  - Advocacy groups
  - Public Health
  - Chambers
Plan Strategic Recommendations: Six Major Categories

1) Support Health Plan Efforts
2) State as a Purchaser
3) State as a Regulator
4) Support Purchaser Efforts
5) Colorado QuitLine
6) Community Collaboration - Advisory Group
Implementation Plan – Phase I

January 2009- Present

– Partnership formation and education
– Identify additional stakeholders for Partnership
– Promote collaboration to make effective change
– Understand current status of health plan coverage
– Define priorities based on plan recommendations
– Define the “cessation benefit”
Tobacco Cessation and Sustainability Partnership

- Multidisciplinary Group of Stakeholders
  - Employer/purchasers, health care providers, health plans, public health, private and public insurers and advocates
- Mission
  - Encourage private and public health plans to provide a comprehensive and effective tobacco cessation benefit for membership.
  - Identify opportunities to increase sustainability for cessation services, including the Colorado QuitLine.
Partnership Members

Broad range of stakeholders

- Physicians
- Health plans
- Employers
- Advocacy groups
- Public health
- Academia
- Medicaid
- Voluntaries
Education Central Theme to Collaboration

• Public health vs health plan industry
  – Different languages though common desires
• Key to Collaboration
  – Public health educates itself about the private sector, its priorities, and pressure points for decision making
  – Partnership embraced a climate of education
Mandates are the least desirable starting point for improving health plan coverage

- Alienate natural partners (employers and providers)
- Don’t impact large enough sector of the population
Colorado Health Plan Coverage

2007 eValue8 Tobacco Quality Score

15.5 points possible

Plan A  Plan B  Plan C  Plan D  Plan E  Plan F

- Colorado Results
- National benchmark for sister plan
Scope of Health Plan Services (12/07)

• United PPO (national) - 0.3% of its members identified as tobacco dependent and 3.5% of those (0.3%) participate in smoking cessation program

• Cigna HMO/PPO - 0.04% of its members participate in smoking cessation program

• Kaiser Colorado reports 0.5% of members participate in smoking cessation program
Why is health plan coverage so poor?

• No marketplace demand and no accountability

• Coverage decisions are made based on pressure from purchasers—the people or organizations that buy health coverage for their employees

• Many purchasers assume health plans provide coverage
Establishing Priorities

- Recommendations vetted by members of the Partnership.
- Partnership ranked priorities within the overall set of recommendations.
- A group exercise to “vote” on priorities. Members not present voted absentee ballot.
- Remarkable consensus emerged – despite different perspectives.
## Partnership Priorities

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<tr>
<th>Priority Areas</th>
<th>Insurance Sector Impacted</th>
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<tr>
<td>Establish an evidence-based standard to recommend for cessation coverage</td>
<td>Employer and government insured entities (74%)</td>
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<tr>
<td>Promote Medicaid coverage for cessation in accordance with the evidence on effectiveness</td>
<td>Government sector (28%)</td>
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<tr>
<td>Support evidence-based coverage for state employees</td>
<td>Self-insured employer (23%) (State as a subset)</td>
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<tr>
<td>Educate health plans regarding cessation and identify mechanisms to promote coverage</td>
<td>Individual and employer insured; some influence on self-insured (53%)</td>
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<tr>
<td>Develop and use large employer relationships to leverage better health plan coverage</td>
<td>Insured and self-insured employers (46%)</td>
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Priority Area # 1
Evidence-Based Standard for Cessation Coverage

• Defining the “What” of tobacco coverage
• Health plan needs honored
  – Summary Plan Description language
  – General parameters vs prescriptive
• No desire to reinvent the wheel
  – Vetted other organization’s benefit recommendations
• Gold standard versus baseline coverage recommendation
Cessation Benefit Summary Description

- **Screening**
  - Routine screening is a covered benefit

- **Counseling**
  - Offered but not required, multiple courses/year

- **Pharmacotherapy**
  - All FDA approved, at least 2 courses of Rx per year
  - Counseling not a prerequisite

- **Frequency**
  - At least 2 quit attempts/year, not lifetime limits

- **Out-of-Pocket**
  - At least 1 course of Rx/quit attempt is free, minimal-out-of-pocket expense for other coverage
Implementation Plan – Phase II

- Pursue Priorities #2 - #5
- Build capacity of local tobacco programs to work at the community level
- Leverage successes, stakeholders, legislative process
Priority Area #2
Promote Medicaid Coverage

- Medicaid representation on Partnership
- Medicaid-dedicated staff to address the issue
- Understanding current benefit and utilization
- Promotion of benefit
- ROI study
Priority Area #3
Support Coverage for State Employees

• Meeting w/ State Personnel Benefits Director

• Presentation to Benefit Advisory Committee

• RFP for state health benefits release in June 2009 for 5 years
State Resource Book

- Summary Plan Description language
- Draft RFP questions
- Other states’ benefit coverage for employees
  - Coverage levels, incentive structures
- ROI results
  - Medical cost, productivity & drug savings
- Cost effective alternatives
  - Quitline partnership options
Priority Area #4
Educate health plans and identify mechanisms

Convene Health Plan Meeting

- State Personnel release of RFP – largest employer
- Health Plan Association (HPA) relationship
- Invitation from Health Department Medical Director, HPA Executive Director and Partnership
- Post-legislation session climate
Health Plan Meeting Topics

• Recommended benefit design and ROI calculations
• Model RFP/RFI questions
• Current coverage and performance of Colorado plans
• Colorado cessation resources, including the QuitLine
• Examples of cost-effective collaborations in other states
Priority Area #5
Use large employers to leverage better coverage

• Develop employer toolkit and resources
• Focus outreach on largest employers and their representatives
  • NFIB, Minority Chambers, Brokers/Agents
• Educate local tobacco program staff on building support among employer groups
Build Capacity of Local Tobacco Programs

- Develop print resources
- Provide talking points and presentation material
- Education about outreach opportunities
Leverage Success and Ongoing Evaluation

- Monitor successes
- Evaluate initiatives
- Stay flexible and opportunistic
- Revisit priorities for Phase III (2010)
Lessons Learned

- Education is critical – need to speak the same language
- Trade-off between size of Partnership, getting all stakeholders to the table and ability to have all present
- Legislative session creates challenges and opportunities
- Collaborative strategy development initially is key to keeping work on track
- Flexibility and ability to respond opportunistically is important
- Facilitated process helps demonstrate neutrality and gain buy-in
Need More Information

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Tobacco Cessation and Sustainability Materials
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