

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

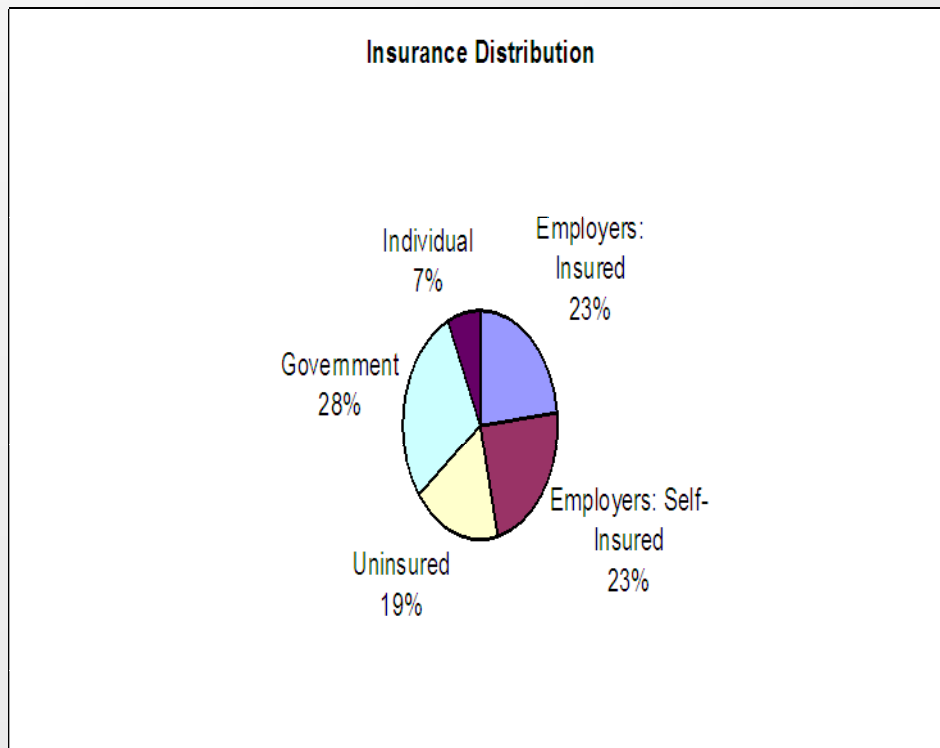
Education Central Theme to Collaboration

- 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

Legislate or Not to Legislate

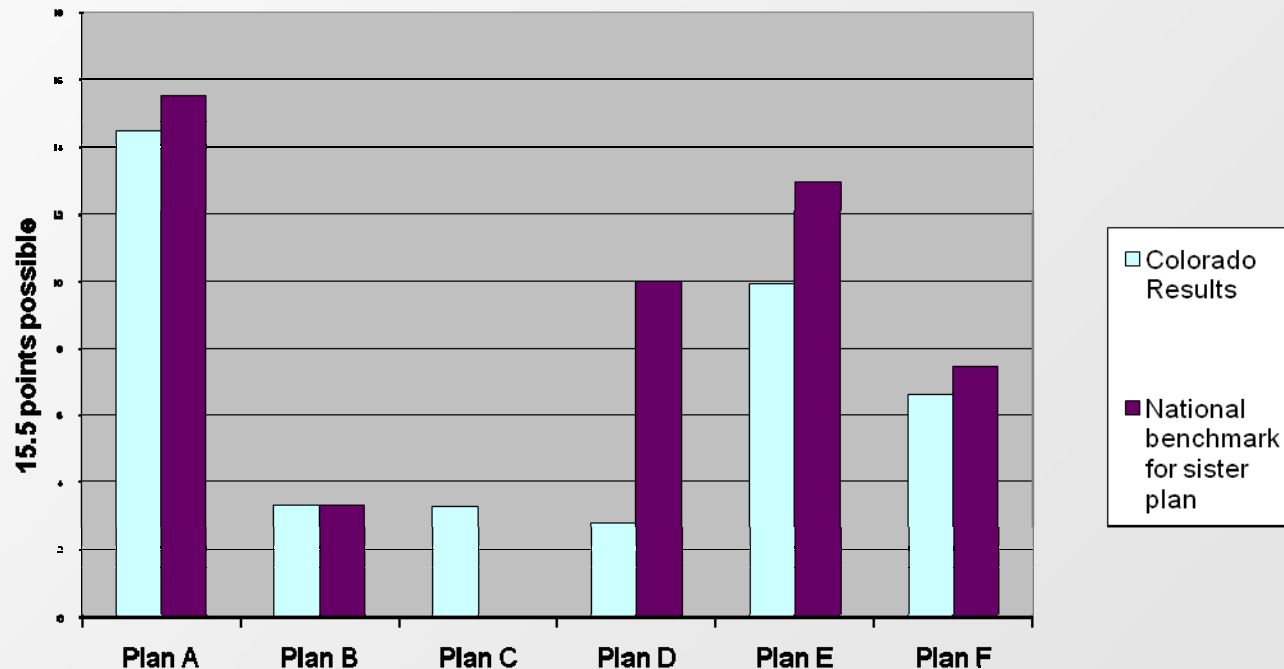
Mandates are the least desirable starting point for improving health plan coverage

- Alienate natural partners (employers and providers)
- Don't impact large enough sector of the population



Colorado Health Plan Coverage

2007 eValue8 Tobacco Quality Score



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

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

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

www.cohealthcareproviders.org