States Advance Cessation Coverage and Quitline Sustainability

September 2014

For the past three years, eleven states (including Arizona, Florida, Kentucky, Maryland, Massachusetts, Nevada, New Hampshire, North Carolina, Rhode Island, Texas and Utah) have participated in the NAQC Public-Private Partnership Initiative to advance tobacco cessation coverage and sustainability of state quitlines. The initiative, funded by the Centers for Disease Control and Prevention, provides support to participating states through webinar presentations/trainings, quarterly discussion groups, one-on-one technical assistance and resources available on the NAQC Public-Private Partnership web-page.

This article will summarize “some” of the key successes, challenges and solutions identified by the participating states as they worked to advance tobacco cessation coverage offered by employers and health plans, and increase awareness of cost-sharing partnerships with the state quitline. For more detailed information about each of the participating states activities, please visit http://www.naquitline.org/?page=PPPstatebriefs.

Public-Private Partnership Framework
The participating states have utilized a 3-phase framework to guide their efforts. The framework consists of completing:

- a comprehensive assessment of cessation coverage among public and private insurers,
- engaging key stakeholders in strategy development and plan development, and
- educating insurers about evidence-based cessation treatment coverage and the state’s available cessation resources.

While the framework is designed to guide a state’s efforts, the approach can vary depending on the support of key stakeholders, the attitude towards tobacco cessation among key decision makers, insurers’ interpretation of the Affordable Care Act (ACA) requirements for cessation coverage, staff resources and skill set and multitude of other variables. For more information on the framework, processes and resources, visit http://www.naquitline.org/?page=PPP.

State’s Assessment of Tobacco Cessation Coverage
The state’s first step in developing cost-sharing partnerships was to complete a statewide comprehensive tobacco cessation assessment. By completing the assessment (http://www.naquitline.org/resource/resmgr/PPP/State_Cessation_Coverage_Ass.doc), states gained a better understanding of the gaps in coverage, identified key stakeholders and identified opportunities for improving comprehensive cessation coverage among private and public insurers. Many states summarized the assessment findings in a comprehensive report that serves as the foundation to their planning and strategic direction.

A common barrier identified by many of the participating states was finding the time, while managing their other responsibilities, to complete the assessment. To address this issue, states partnered or contracted with outside entities to complete their state’s assessment. All of the state’s approaches varied, but the end result was the same -- states obtained the necessary information to develop the strategic direction for their partnership work.
State’s Progress - Completing a Comprehensive Cessation Coverage Assessment

- Massachusetts, Texas and Utah contracted with a consulting firm to complete the assessment and summarize the findings and recommendations in a report.
- Maryland worked with two interns from the Johns Hopkins School of Public Health to assist with completing the assessment. A cessation coverage survey was developed and will be implemented at a later date.
- Nevada and Arizona contracted with a University to complete the assessment and write a comprehensive report.
- Kentucky and North Carolina utilized internal staff to complete the assessment. By completing the assessment themselves, staff gained a better understanding of the health plan industry and built relationships that have been invaluable to their partnership development.
- Rhode Island garnered support from their coalition. The coalition, including representatives of large health plans, assisted in the development and implementation of a cessation coverage survey to better understand what coverage was provided by health plans and employers.
- The New Hampshire Tobacco Prevention and Control Program contracted with the Community Health Institute (CHI)/JSI Research and Training Institute, Inc. and the Institute for Health Policy and Practice through the University of New Hampshire to conduct an environmental scan of NH health plans and large employers to assess potential opportunities to assure financial sustainability of the NH Tobacco Helpline.

Engaging Key Stakeholders

Hosting a statewide summit or coalition provides states with an opportunity to educate key stakeholders and partners about the assessment findings and to collaboratively identify opportunities for improving coverage. Convening representatives from various organizations, such as the state’s health plan association, business groups on health, large employers and health plans, medical societies, advocacy organizations, other state agencies, chambers of commerce, broker associations and hospital associations can stimulate new ideas and solutions for improving access to coverage while gaining support and collaboration. The barrier most frequently identified by participating states about hosting summits or establishing coalitions is identifying the right people and getting them to attend the summit or meetings. Some states have experienced success with hosting large summits, while some states have convened smaller groups resulting in some very good outcomes. A number of states have utilized existing tobacco prevention coalitions and developed smaller work groups to focus on improving access to evidence-based cessation coverage.

State’s Progress - Summits and Coalitions

- Utah hosted a very well attended summit by inviting a recognized business person from the community to open the Summit with a presentation on the implications of the Affordable Care Act. The keynote presentation was followed by a presentation on cessation treatment including the state’s quitline services and opportunities to help expand cessation coverage in Utah. Follow-up meetings were held after the summit with key participants to further explore the opportunities.
- North Carolina’s statewide summit was also well attended with thirty five participants representing universities, health plans, health care systems, hospitals, state and local health departments, foundations, Medicaid, physician groups, and nonprofits of North Carolina in attendance. Participants were invited to attend by the North Carolina Division of Public Health Director to explore strategies for incrementally reaching eight percent or 123,200 of current tobacco users with evidence-based treatment. North Carolina’s Chronic Disease and Injury Section Chief opened the summit with a very compelling presentation on North Carolina’s gaps in cessation coverage and the state’s limited capacity to meet the needs of tobacco users wanting to quit. The presentation is available at http://www.naquitline.org/?page=ResourceCenter
- Arizona’s Bureau of Tobacco and Chronic Disease and ASHLine, the state’s quitline held a summit to convene the state’s largest insurers and employers in the summer of 2013. Unfortunately, attendance at the Summit was very low. However, staff held individual meetings with those insurers and insurance brokers not in attendance to discuss the state’s strategic plan for developing public-private partnerships. These meetings helped to establish a number of new relationships and interest in partnering with ASHLine once the payment mechanism is in place.
- Florida has taken a different approach to engaging stakeholders. They were able to contribute funding to maintain work of the Florida Tobacco Cessation Alliance (FTCA), managed by the American Lung Association of the Southeast. In the coming year, FTCA will focus on developing a 3-year strategic public-private partnership plan, analyzing the statewide assessment data to inform the strategic plan, and engaging health plans and insurance brokers in the process. The FTCA serves as the statewide stakeholder group to assist in advancing quitline cost-sharing partnerships.

This project is made possible with funding from Office on Smoking and Health, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services.
Educating Insurers and Employers

States play a critical role in educating private and public insurers on the importance of covering the costs of providing comprehensive evidence-based tobacco cessation treatments, including quitline services for their members and employees. The recent guidance, “FAQs about Affordable Care Act Implementation” issued by the U.S. Departments of Labor, Health and Human Services, and the Treasury, provides states with the information and credibility to help ensure health plans and employers comply with ACA tobacco cessation requirements. States can position themselves as a resource by educating insurers about the ACA requirements, options for complying with ACA and how to cost-effectively deliver evidence-based cessation services through the state quitline.

State’s Progress - State as an Employer

Many of the participating states identified improving their state employee benefits as a logical first cost-sharing partnership. Typically, the state is the largest employer within the state and is self-insured. A self-insured employer defines their health benefit package and contracts with an insurer for administration services only. Working with a sister-state agency lends a comfort level to staff that are new to this work, while also making substantial gains in coverage for a large group of employees. When successful, states can showcase the state’s employee tobacco cessation coverage to other employers and health plans and demonstrate that providing comprehensive coverage, and ultimately partnering with the state quitline is very doable.

- Utah’s tobacco program has had a long standing cost-sharing agreement with the State of Utah to cover the quitline cost for state employees. Utah’s Public Employees Health Program (PEHP) covers the cost of NRT, Bupropion, Zyban, and Chantix, phone counseling and in-person counseling and also offers a rebate to members who participate in 5 quit line calls and quit for 6 months. The PEHP has recently shifted contracting with the state tobacco program to contracting directly with the state’s quitline vendor.
- Massachusetts was successful in improving state employee benefits by leveraging the inequities of coverage between state employee health plans and showcasing their Medicaid’s robust package of cessation coverage. Through a partnership between the state tobacco program and the Group Insurance Commission, the agency for state employee health benefits, two improvements to coverage for all state employees transpired. All prescription medications approved by the FDA and 300 minutes of counseling through individual, group or telephone modalities are now a covered benefit for all state employees.
- New Hampshire state government is the largest employer in the state. The state is self-insured and contracts with Anthem, a for-profit health insurance company, for plan administration. Employee cessation benefits include all seven FDA-approved NRTs without co-pay, if prescribed by a primary care provider.
- North Carolina has also demonstrated success with their state health plan. The NC State Health Plan (SHP) contracts with the Division of Public Health for QuitlineNC services and reimburses for coaching, quit kits, evaluation and pharmacotherapy. Teachers and state employees covered by the NC SHP. NC SHP coverage also includes individual face-to-face counseling by a physician or behavioral therapist and all FDA approved medications with a co-pay.

State’s Progress - Other Employers

- Through local engagement activities, the Bureau of Tobacco Free Florida community grantees have completed assessments of tobacco use policies and tobacco cessation services and treatments with over 1,300 employers across Florida. Data from these assessments is being compiled and analyzed to improve employer outreach and refine engagement strategies.
- Currently, Kentucky’s funding does not allow for the provision of NRT which led them to work with employers to contract directly with their state quitline vendor to provide NRT to their employees who use the quitline. To date, Kentucky has successfully engaged 3 employers to cover the cost of NRT. Additionally, a local health department, serving 4 counties, covers the cost of NRT for any resident/employee. Kentucky’s long-term goal is to have employers cover the cost of counseling and NRT for their employees.

State’s Progress - Health Plans

- North Carolina through its partnership work has engaged one of the state’s largest health plans to purchase quitline services for its members. The health plan will contract directly with the state quitline vendor. North Carolina Public Health is in the process of finalizing a data use agreement to ensure that quitline data from the health plan is available to the state tobacco program.
• Utah has met with the majority of the state’s health plans over the past year to set the stage for partnering with the state quitline. The message shared was despite the state’s low tobacco use rates, tobacco use is still a problem in Utah with more than 200,000 smokers. Health plans were educated on the state’s quitline services that are available to all residents with the caveat that the state has a finite supply of funding for this service. Plans were also educated on the Affordable Care Act and encouraged to cover all tobacco cessation approved treatments, including all medications and counseling. All health plans were very engaged and are open to receiving updates on the Affordable Care Act.

Addressing Limited Staff Time to Advance Partnership Development
Many of the participating states realized early on in their work that staff time was a limiting factor to advancing partnership development. To address the time constraints, states employed various approaches to getting the work done. A number of states contracted to have their assessments completed (as described above). However, the trend over the past three years has been to dedicate a staff person to the initiative. When staff has dedicated time to complete the work they are able to kindle and foster relationships on an on-going basis and advance cost-sharing partnerships more quickly.

State’s Progress – Dedicated Full Time Equivalent (FTE)
• Arizona currently has one full time equivalent (FTE) dedicated to the partnership initiative and has plans to hire an additional 0.5 FTE to assist with the work. The position was allocated under the state’s ASHline contract. ASHLine announced new leadership in May 2014 and has strengthened its efforts to make the partnership initiative a priority for the coming fiscal years.
• Texas has had a dedicated staff person for over two years. The PPP initiative will be transitioned to the Department’s Wellness Program in the coming months.
• Utah recently received supplemental funding from the Centers for Disease Control and Prevention to support work on the health plan partnership project. A staff member has been hired with 75% of their workload devoted to this purpose.
• North Carolina has a dedicated Tobacco Treatment Specialist whose primary responsibility is promotion of health system change to fully integrate tobacco dependence treatment into clinical care and promoting referrals from health care providers. Having this dedicated FTE allows the Quitline Director to dedicate more time for public-private partnership development.
• Maryland had hired additional staff to take on some of the quitline duties, freeing time for the Maryland Tobacco Quitline Coordinator to focus on cost-sharing partnership development.
• Some participating states are currently exploring the possibilities of hiring dedicated staff through the state’s 5-year CDC grant.

In summary, advancing comprehensive cessation coverage and sustainability of state quitlines requires staff to have a basic understanding of health insurance industry, the state’s key players, insurer cessation coverage and opportunities to partner to improve coverage. Building partnerships takes time, dedicated skilled staff and perseverance. The participating states can now be recognized as experts in quitline partnership development and can serve as resources to other states. Please take time to read the individual state summaries (http://www.naquitline.org/?page=PPP) and feel free to contact staff for more information. A listing of participating states and their contacts are located at http://www.naquitline.org/?page=PPPStateBriefs.

For more information, please contact:

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