

ENVIRONMENTAL ANALYSIS: STRATEGIES FOR ENGAGING HEALTH PLANS WITH THE UTAH TOBACCO QUIT LINE

FEBRUARY 28, 2012

EXECUTIVE SUMMARY

Segue Consulting performed an environmental assessment that included a review of:

- Current Utah Tobacco Quit Line services and reach
- Current Utah Tobacco Quit Line funding
- Utah's estimated health coverage
- Utah commercial health plans
- Utah Medicaid
- Utah's health delivery system
- Utah employers
- Legislative and regulatory issues
- Specific tobacco use and treatment data

Based on this information, Segue Consulting does not recommend that the Utah Department of Health approach Utah health plans seeking reimbursement for their members' use of Utah Tobacco Quit Line services at this time.

Instead, the Department of Health should work with health plans, the Medical Society, the Hospital Association, the Utah Health Insurance Association, and other community partners to communicate the importance of quitline services and to partner on Utah Tobacco Quit Line promotion. Making the Utah Tobacco Quit Line a critical aspect of providing care for local physicians, hospitals, health plans, and employers is the first step of Utah's sustainability road map.

Later, if and when a need arises to secure supplemental funding for the Utah Tobacco Quit Line, the Department of Health will be in a much better position to seek support and direct reimbursement from either health care providers or payers.

I. SEGUE RECOMMENDATIONS

Segue was asked to determine the feasibility of and best strategies for approaching private health plans to support the state's tobacco cessation efforts. Based on the environmental assessment, the following recommendations are offered:

1. Articulate a goal that specifies greater health plan awareness of and support for use of the Utah Tobacco Quit Line as a precursor to pursuing health plan fiscal support of the Quit Line. This is in contrast to focusing primarily on gaining health plan fiscal support of the Utah Tobacco Quit Line.
 - There is no perception that funding for the Utah Tobacco Quit Line is in jeopardy

- Utah has a very low smoking rate so there is a limited sense of urgency by the health plans
 - Without the pressure of an immediate funding crisis as a catalyst, there may not be much response from health plans
2. Work with health plans to promote use of the Utah Tobacco Quit Line by Utah's health care providers.
- Frame this as a way to improve CAHPS scores
 - Work with the American Cancer Society (ACS) on a forum similar to the Quality Forum that took place in 2009
 - Make tobacco cessation a focus and discuss the importance of the Utah Tobacco Quit Line and the ability of physicians to “ask, advise, refer”
 - Discuss potential for need for future support by plans
 - Work with the ACS and the Medical Society to bring health plans together and develop a physician letter and member letter to promote tobacco cessation and the Utah Tobacco Quit Line
 - Note: Last year ACS and some health plans (Select, Altius and Regence) created a physician letter on colorectal cancer screening
 - Bureau of Health Promotion Diabetes Program Health Plan Partnership – look at the role of tobacco in meeting Diabetes certification (NCQA) and other aspects of what the Health Plan Partnership does
 - In light of how protective this partnership is of its members and its hesitation to expand its scope, frame it entirely on the issue of tobacco and diabetes standards
 - Identify if the Partnership is working on self-care issues and if so, would consider including referral information to the Quit Line in its material
3. Create value for voluntary employer and health plan fiscal support of the Utah Tobacco Quit Line through reporting and other options.
- Create a Purchasing Collaborative that includes low cost options for health plan use of the Utah Tobacco Quit Line (as has been done in Colorado and Ohio), as well as warm transfer options
 - Use SelectHealth's warm transfer relationship as a way to introduce the option to other stakeholders (require that warm transfer only be used to refer callers to comprehensive, evidence-based, universally accessible tobacco cessation programs)
 - Determine how many of Utah's largest state-centric employers are members of PEHP and/or Select and therefore already providing indirect compensation to the Utah Tobacco Quit Line (consider reaching out to those large employers that do not work with these health plans to offer access to the Purchasing Collaborative for their employees)
 - Work with National Jewish on creating additional value-added reports for members of a Collaborative (for example, chronic disease reporting)
 - This will also help ensure that PEHP and SelectHealth continue to see value in their independent relationships with the Utah Tobacco Quit Line, thereby reducing the likelihood of moving away from private reimbursement to the Quit Line

4. Pursue existing community partnerships to create higher private market “brand” awareness of TPCP and the Utah Tobacco Quit Line.
 - Coalition for a Tobacco Free Utah, Utah Tobacco Prevention Task Force
 - Expand beyond providers and public health
 - Invite health plan medical directors to participate
 - Ask health plans to identify practices to be trained by local health agencies
 - Ask health plans to collaborate on promoting Utah Tobacco Quit Line to providers
 - Ask health plans to collaborate on promoting tobacco cessation clinical guideline to providers
 - Ask health plans to include messages about tobacco cessation in any communication to providers on meaningful use
 - Ask health plans about their interest in chronic disease and other reporting that may be available from National Jewish
 - Ask health plans to work together to improve UT CAHPS scores
 - Utah Department of Health Tobacco Control Advisory Committee – includes public health as well as American Lung, Heart Association, National Center for Tobacco Free Kids
 - Consider adding a representative from the Medical Society and the Hospital Association
 - Salt Lake Chamber Health Reform Task Force
 - Share information on return on investment for smoking cessation interventions, particularly quitlines, to elicit employer support for adding this to health benefits
5. Identify ways to reestablish Medicaid support for the Utah Tobacco Quit Line.
 - Continue work with State Medicaid to identify ways to draw the federal match for Medicaid use of the Quit Line
 - Consider convening representatives from Molina, Healthy U and Select Access to determine ways to improve the Medicaid-Quit Line relationship
 - Offer the Medicaid plans access to the Purchasing Collaborative and its preferred rates (see above)
 - Monitor Multi-State Collaborative and North American Quitline Consortium for policy advice
6. Determine if there is a way to reach out to participants on the Governor’s Summit Wellness Work Panel.
 - Provide business-centric material on tobacco cessation and economic value of the Quit Line
 - Explore support for common metrics for tracking tobacco cessation (CAHPS)
 - Lt. Governor Greg Bell moderated this panel and may be a potential source of support
7. Explore partnerships in rural areas of the state.

- Reach out to Tooele County to determine if their collaborative work with the local chamber of commerce was successful (explore whether this could serve as a model for other collaborations between local public health and chambers)
 - Encourage partnerships between rural hospitals and local health agencies to pilot meeting new Joint Commission standards.
8. Explore alternate pathways of interest to private health plans for support of the Utah Tobacco Quit Line.
- Patient Centered Medical Home – Determine whether plans other than Select are participating and use their engagement in PCMH to accomplish recommendation #3
 - Joint Commission Tobacco Standards – Discuss potential for hospital support of Utah Tobacco Quit Line with Utah Hospital Association (hospitals other than Intermountain Health)
9. Refine data gathering to position TPCP for more informed interaction with the health plans.
- Provide National Jewish with a more refined list of Utah health plans and have them update their script/choices for enrollment to get a more accurate picture of coverage of QL callers.
 - Determine if it is possible to map health plan market share by the high risk counties and geographic areas (e.g. Southeast, Southwest, Tooele, TriCounty)
 - Determine if it is worth looking at the Frontier population
 - High rates of tobacco use but likely very low total population
 - Is there a dominant health plan to contact?