DIALOGUE ON PROMOTING QUITLINES:
Leveraging the Changing Landscape to Ensure Access to Cessation Treatment

January 25, 2017
2:00 – 3:30 PM EST

We’ll get started at 2:00 pm ET
To mute your line: *1
To unmute your line: *1
For operator assistance: *0
DO NOT PUT YOUR LINE ON HOLD!
DIALOGUE ON PROMOTING QUITLINES:
Leveraging the Changing Landscape to Ensure Access to Cessation Treatment

Agenda Review and Setting the Stage
Tasha Moses and Linda Bailey, NAQC

The Changing Landscape on State and Federal Funding for Quitlines and Tobacco Control Programs
Meg Riordan, Campaign for Tobacco Free Kids

State Progress on Educating and Encouraging Cost-sharing for Quitline Services
Deb Osborne, NAQC

Expanding Access to Quitline Services through Commercial Contracts
Kara Gordon, Optum and Cindy Haugland, National Jewish Health

Questions, Comments, and Discussion
Overview of Technology

- Please keep your phone on Mute during the presentation
  - *1 to Mute
  - *1 to Unmute
- Please make sure your speakers on your computer and webinar portal are muted
- Please do not place your phone on hold.
- Note the feedback status button at the top of the portal screen
- Q&A Function
## Setting the Stage

**FY 2016 Annual Survey Data – First Peek!**

<table>
<thead>
<tr>
<th></th>
<th>TOTAL (#states)</th>
<th>MEDIAN</th>
<th>RANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total QL Budget</td>
<td>$99,899,717 (47)</td>
<td>$1.4M</td>
<td>$101K - $12.9M</td>
</tr>
<tr>
<td>Spending per Smoker</td>
<td>$1.91 (45)</td>
<td>$1.79</td>
<td>$0.20 - $14.69</td>
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</tbody>
</table>
Setting the Stage

In Fiscal Year 2016

- CDC funding accounted for 18% of total quitline funding

- In 13 states, CDC funding accounted for 50% or more of total quitline funding

Source: North American Quitline Consortium, Annual Survey of Quitlines, FY16
Median and Total (sum) State Quitline Budgets

- FY2007: $0
- FY2008: $20,000,000
- FY2009: $60,000,000
- FY2010: $80,000,000
- FY2011: $1,000,000
- FY2012: $1,200,000
- FY2013: $1,400,000
- FY2015: $1,800,000

Total Quitline Budget (sum)
- FY2007: $0
- FY2008: $20,000,000
- FY2009: $60,000,000
- FY2010: $80,000,000
- FY2011: $1,000,000
- FY2012: $1,200,000
- FY2013: $1,400,000
- FY2015: $1,800,000

Moving quitlines forward.
Bottom Line ....

To improve access & availability of QL services, we must engage private sector!

Action: Urgently needed!
2017: A Year of Challenges

The Trump Administration and Congress: Potential Impact on Federal Funding for Tobacco Control
2017: A Year of Challenges
What is at Stake

• Affordable Care Act (ACA)
  – Repeal? Repeal and replace?

• Prevention and Public Health Fund (PPHF)
  – $1 billion in CDC budget
  – Funding for the Office on Smoking and Health at CDC, currently $210 million, funds research, TIPS media campaign, state tobacco prevention programs and state quitlines

• Threat of a repeal real and very serious
Appropriations Process

• FY17 Omnibus – April 2017
  – Currently operating under a Continuing Resolution that expires on April 28th
  – Senate FY17 LHHS approps bill provided for level funding for OSH
  – House FY17 approps bill cut funding for OSH by $110 million

• FY18 Appropriations Bills
  – Continue to be vulnerable to funding cuts
Making the Case

Need to be Very Active in Telling Our Story

• Make quitlines real and concrete – document what they do and their impact

• Members interested in hearing about their own states
  • State by state information about the value of quitlines - # calls to quitline, # of quitters
  • Personal stories of impact

• What are the Implications of large funding cuts?

Voices are Critical!
Strategies and Activities

• Package data and personal stories – share with policymakers
  – Via letter
  – In-District meeting
  – Social media

• Share data and stories with NAQC and TFK

• Generate earned media about quitline and its impact – share clippings/stories with policymakers

• Identify someone who has benefitted and invite them to share their story with policymaker and/or the media

• Invite policymaker to quitline call center
Any Questions?

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Campaign for Tobacco-Free Kids

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States’ Experiences: Key Elements to Successful Quitline Cost-sharing Partnerships

Deb Osborne, MPH
NAQC Public-Private Partnership Manager
January 25, 2017
Public-Private Partnership
NAQC Initiative since 2011

- **Initiative Goal**: Increase the number of private and public insurers who provide comprehensive tobacco cessation coverage and utilize evidence-based treatment services, including quitlines.
- **Participating States**: Arizona, Florida, Kentucky, Maryland, Massachusetts, North Carolina, New Hampshire, Rhode Island, Utah and Washington
Why Cost Share?

“By themselves, public health agencies have insufficient funding and capacity to deliver tobacco use treatment services, create an environment that supports tobacco-use treatment, and manage other aspects of a comprehensive tobacco-use treatment program.”

What is Cost Sharing?

“Cost sharing is defined as the sharing of the financial burden of providing tobacco cessation quitline services between a state agency and other entities which have a vested interest in the provision of cessation services.”

Potential Cost-Sharing Partners

Commercial health plans

Large employers
- State as an Employer
- City and County Municipalities
- Private employers

Public insurance plans
- Medicaid and other public funded plans
Key Elements to Success

Relationship Building – Serve as a Resource

• Educate insurers and employers on evidence-based cessation treatment and benefits
• Use the assessment process to build relationships with key players
• Promote the cost-effectiveness of quitline services and turn-key operation
• Commit to meeting regularly with partners to troubleshoot problems
Key Elements to Success

Partner with other State Agencies

• Build confidence by initiating partnerships with other state agencies or city/county municipalities
• Medicaid and state employee benefits can serve as a model for commercial plans
• Encourage the inclusion of cessation coverage language in the RFP for Medicaid MCOs and state employee benefits
• State agencies can help forge relationships with the private insurance sector
Key Elements to Success

Capitalize on State Legislation

- NC State Health Plan for Teachers and State Employees implemented a premium differential for tobacco users – now pay for coaching, NRT, and outcome evaluation.
- NKU wanted to show their support of faculty and staff when going tobacco free – now pay for NRT for faculty and staff.
- KY – bill introduced requiring all commercial plans and Medicaid to provide cessation coverage.
  
Barriers to Cost-Sharing

Why do employers and insurers choose not to purchase quitline services for their employees/members?
# 1 Barrier to Cost-Sharing

“WHY Pay for Something That is FREE?”
Key Elements to Success

Limited eligibility criteria drives partnerships

- Provide quitline services and NRT to the highest risk populations
  - Better outcomes for those receiving services
  - Drives insurers to purchase quitline services

Service Options

- Starter kits to insured population
- Warm transfer insured callers to plan’s cessation services
- Provide NRT to uninsured and Medicaid recipients
Key Elements to Success

Contracting for Quitline Services

• Service provider contracts directly with the insurer/employer - simplifies process
• State contracts with the employer and/or health plan – ensures state access to all data but time consuming

Resource: Making the case: States engaging public and private payers in covering costs of quitline services (includes service delivery models) Http://www.naquitline.org/?page=PPP
Key Elements to Success

Conclusion

• Seize every opportunity to build relationships – be seen as a resource
• Educate insurers/employers about comprehensive cessation coverage and quitline as a cost-effective cessation resource
• Initiate partnership development with State as an Employer and Medicaid
Key Elements to Success

Conclusion (continued)

• Focus efforts on largest health plans and employers
• Limit services to the uninsured to engage employers and health plans in purchasing quitline services
• Collaborate with state’s quitline service provider to streamline contracting process and partnership efforts
Key Elements of Success

NAQC Resources

PPP WebPage

• Orientation Checklist
• A Promising Practices Report…
• Making the case: States engaging public and private payers in covering costs of quitline services
• Resource Page - compilation of state tools, presentations, ROI, survey templates and more
• Http://www.naquitline.org/?page=PPP
Contact Information

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Public-Private Partnership Manager

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Expanding Access to Quitline Services through Commercial Contracts
Optum State Quitline Tobacco Cessation History

- 30 years of experience
- 18 years operating state-funded Quitlines
- Quitline provider for 27 state Quitlines
- Support 16 public/private cost share partnerships
- Founding member of NAQC
- Ongoing Research (150 publications)
Optum Employer & Health Plan Business

- 835 commercial contracts across the U.S.
  - 800 employer
  - 35 health plan
- 20 state Quitline driven direct contracts with MCO/CCO
- Over 18 million eligible lives

49% quit rate
95% participant satisfaction
97% would recommend the program

1. Employer book of business survey results. Results measured among responders to a survey at six months post-program enrollment, with quit rate success defined as 30+ days of abstinence from all forms of tobacco, cumulative from 2006 to 2015. 2. Employer book of business survey results. Results measured among responders to a survey at six months post-program enrollment, who report being “very satisfied,” “satisfied” and “somewhat satisfied” with the program, cumulative from 2006 to 2015. 3. Quit For Life employer book of business survey results. Results measured among responders to a survey at six months post-program enrollment, who reported they would recommend the program, cumulative from 2006 to 2015.
State Quitline Cost Share Models

• Currently support 16 cost shares with:
  – Health plans
  – Employers
  – State counties
  – Medicaid

• Needs of the state quitline are different from commercial partners

• Support various cost share models and needs:
  – Full reimbursement - partner pays for all services provided under the Quitline
  – Partial reimbursement - partner pays for a portion of the services through Quitline
  – Various reporting and contractual needs between entities
  – Call incentives metrics
  – PBM support
  – Various invoicing structures
Commercial Client Needs

• **Motivation to purchase program**
  – Commercial clients are more focused on an ROI strategy to support purchase of the program
  – Staying competitive, want to be front runner
  – Evidence based services, best in class with proven outcomes
  – Ability to integrate with other wellness programs with single vendor

• **Implementation needs**
  – Different intake needs – less importance on intake data
  – Support call incentives & open enrollment attestations
  – Referral integration with other wellness vendors for members
  – Eligibility verification
  – Quit and satisfaction evaluation of all enrollees
Commercial Client Needs

- **Engagement strategy and marketing support**
  - Benefit design consultation to assist with Affordable Care Act requirements
  - Premium differential strategy, management and reporting
  - Tobacco-free worksite policy development
  - HRA/PBM data feeds for outbound recruitment
  - Vendor integration and referrals
  - Advisement on communications, promotional tools and custom campaigns
How Do State Quitline Services Compare with Services for Commercial Clients?

State Quitlines

- Tobacco Quitlines are a public health approach
- Single call and multiple call lines
- Largely limited to providing OTC NRT starter kits
- SQL callers are more likely to be unemployed and low income than commercial participants
- Quit rates are lower than commercial
- Provide *coordination of care* by triaging Quitline callers to health plans and employers for more comprehensive services

Commercial Clients

- Services are similar to state tobacco quitline but more comprehensive and consistent
- More comprehensive list of FDA approved cessation medications including RX meds
- Full regimen of cessation medications (as opposed to 2 or 4 week kits)
- Client Services assists with promotional activity, engagement strategy and incentives
- Higher participation rates with direct contract due to alignment with existing wellness promotions
Leveraging Commercial Contracts within a Changing Landscape

• **Continue coordination of care by triaging callers to 835 commercial contracts**
  – Maximizes state funds by allowing them to be used for high priority populations
  – Allows insured to receive potentially richer benefit through HP or employer
  – Allows participant to receive premium differential support through commercial contract
  – State receives reach data, but participant enrolls into commercial benefit

• **Explore triaging participants to non-Optum contracts**

• **Service providers leverage commercial expertise to:**
  – Partner with the state to develop a strategy to approach targeted organizations to discuss cost share or direct contract
  – Provide state with necessary tools for initial discussions with health plans/employers to speak the same language
  – Join calls with the state and organizations to help facilitate discussions
Kara Gordon | Optum
Director of Client Services
State Tobacco Quit Lines

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National Jewish Health

Commercial Quitline Contracts
Commercial Contracts

• Partnerships
  ▪ State Partnerships – 800-QUIT-NOW and State website
    (all employees/dependents must live or work in the State)
    ▪ Full Services
    ▪ NRT Partnerships
  ▪ Independent Quitlines – Separate toll-free number and website
    – Branded Program
  ▪ QuitLogix Helpline Programs – Toll-free # - non-branded website
    (then identify w company)
  ▪ Corporate Wellness Platforms – Separate toll-free number and website
Scope of Programs

• 230 + Corporate and Health Plan Clients
  ▪ Health Plans with up to 1.5 to 2M covered lives
  ▪ Employers with < 100 employees up to 1,000’s
Corporate Motivation

- **Differs significantly**
  - Reporting – Individual level data (sign BAA)
  - “Feel it is the right thing to do for employees and dependents”
    - Have a corporate Culture of Health
  - ACA – meeting “reasonable alternative” requirements
    - Some offer to just check the box
    - Others to provide the service
  - Return on Investment
    - All about the $’s
  - Part of a full Wellness Program
    - Offer incentives based on points or completion of program
Contracts

- Small # present RFP’s
- Through our State partners
- Contract QL directly

- Contract Models
  - Usually a one-year contract with auto-renew
  - Small Setup fee and small annual maintenance fee
  - If a State partnership – add clause about contract with the State
  - Always sign a BAA – HIPAA – sharing individual level data
Reach

• Varies significantly
  ▪ Highest reach when program is a requirement for surcharge removal or incentives provided
  ▪ Some are check the box
  ▪ Promotion of program
    ▪ Develop a champion of the program
    ▪ Offer a marketing package
National Jewish Health

- **Perspective**
  - Sustainability of public programs
  - Another channel to market program and increase reach

- **Leverage commercial contracts**
  - New networks
  - Work with local health organizations

- **Role for NAQC**
  - Support with materials/contacts
  - White paper on the changes in national/state funding for quitlines
Contact Information

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Questions, Comments and Discussion
CONTACT US!

If you have any questions regarding the information what was presented during the call or have feedback on how to improve future calls, please contact:

Tasha Moses at 800-398-5489 ext. 702 or tmoses@naquitline.org.

Thank you for your participation!