

# REDUCING HEALTH COSTS IN VERMONT

## through Comprehensive Cessation Coverage and Support

Developed by JSI Research & Training Institute, Inc. on behalf of the Vermont Tobacco Control Program

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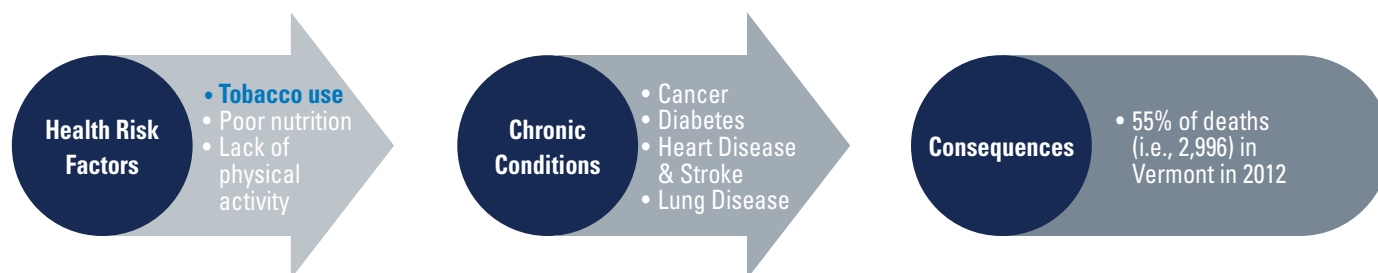
### Tobacco Consequences and Costs

Tobacco use is a major cause of many of the world's top killer diseases. In the United States, smoking causes nearly one in five deaths, including:<sup>1</sup>

- 90% of deaths from lung cancer and 33% of all cancer deaths,
- 80% of deaths from chronic obstructive pulmonary disease (COPD),
- 32% of deaths from coronary heart disease.

Tobacco use is also a leading cause of death in Vermont. It is one of three risk factors that contribute to the most prevalent chronic diseases in the state, resulting in significant morbidity, mortality, and health care costs (Figure 1).<sup>2</sup>

**Figure 1. Vermont's Most Common Health Risk Factors, Chronic Diseases, and their Consequences.**



### In Vermont,

- 18% or 79,000 adults<sup>3</sup> and 13% or 3,620 high school adolescents<sup>4</sup> smoke cigarettes.
- Smoking costs the state approximately \$348 million in medical expenses each year.<sup>5</sup>
- Smoking is attributed to about 1,000 deaths each year.<sup>5</sup>

In addition to the direct and indirect costs of smoking to individuals, tobacco use exacts cost on the health care system, including hospitals and health insurers. Because smokers have poorer overall health and greater morbidity and mortality compared to non-smokers, health insurers pay more to cover the health care costs of smokers (e.g., increased hospitalizations). Smoking-related health care expenditures are estimated to account for up to 14% of the total health care expenditures in the United States.<sup>1</sup>

Directing resources to support health promotion strategies improves health outcomes and reduces costs to the health care system. In fact, an investment of \$10 per person per year in programs aimed to increase physical activity, improve nutrition, and prevent smoking and other tobacco use could save the nation more than \$16 billion annually within five years.<sup>13</sup>

### Tobacco Cessation Coverage is Smart Business

Quitting smoking has immediate and long-term health benefits. Encouraging tobacco users to quit—and supporting them as they quit—is the fastest way to reduce tobacco-related disease, death, and costs. According to the U.S. Public Health Service Clinical guidelines, quit rates are higher when health insurers cover tobacco cessation treatment. Comprehensive smoking cessation programs are cost-effective and relatively low cost for health insurers, typically costing less than \$0.50 per member per month (PMPM).<sup>6</sup>

With evidence showing cost savings to both individuals and health insurers, it makes fiscal sense to maximize the cessation coverage required by the Patient Protection & Affordable Care Act (ACA). Effective in 2010, the ACA requires health insurance plans to cover all U.S. Preventive Service Task Force (USPSTF) A and B recommendations with no member cost sharing, including coverage for behavioral interventions and medication for non-pregnant adults who use tobacco.<sup>7</sup>

### Quit Rates Rise and Health Costs Fall with Comprehensive Cessation Coverage in MA

Massachusetts' expansion of their Medicaid cessation benefit shows that providing an evidence-based cessation benefit including counseling and medications increases use of cessation treatments, reduces smoking rates, improves health outcomes, and decreases medical costs.

- Smoking rates decreased significantly from 38% to 28% over two years,
- Hospitalization rates for heart attacks decreased significantly by 46% among users of the pharmacotherapy benefit, and
- Return on investment was realized, with every \$1 in program costs associated with \$3.12 in medical savings to the Medicaid Program for cardiovascular conditions alone.<sup>8</sup>

## Quitlines Help Smokers Quit

State quitlines are evidence-based accessible cessation resources that can efficiently reach large numbers of smokers.<sup>5</sup> Studies indicate:

- Tobacco users receiving quitline counseling are 60% more likely to quit than tobacco users quitting on their own.<sup>9</sup>
- Tobacco users registered with a quitline and taking cessation medication, such as nicotine replacement therapy (NRT), are 30% more likely to quit compared to those using cessation medications only.<sup>9</sup>

## Partner with the Vermont Tobacco Control Program

The Vermont Tobacco Control Program (VTCP) is a valuable partner in smoking cessation efforts. For example, 802Quits provides health insurers a cost-effective and comprehensive cessation resource to support their members in quitting smoking.

The VTCP provides evidence-based guidance on how to make cessation programs effective and analyze data to track cessation use and health outcomes. During recent years, the VTCP has successfully worked with the Department of Vermont Health Access (DVHA), who administers Vermont Medicaid, to establish a comprehensive cessation benefit for beneficiaries. The VTCP coordinates with DVHA to promote the benefit to Medicaid providers and beneficiaries through tailored communications. Increased utilization of the cessation benefit along with increased use of 802Quits among Medicaid beneficiaries demonstrates the short term success of this mutually beneficial partnership.

For more information on 802Quits and opportunities to collaborate with the VTCP, please contact 1-800-331-5622.

## 802Quits: Vermont's Premier Cessation Resource

802Quits is the Vermont Department of Health's evidence-based state-wide cessation program. It is accessible 20 hours a day, 7 days a week, and is supported and administered by the Vermont Tobacco Control Program. 802Quits offers four ways to access free help with cessation:

- **Quit Online** – 802Quits.org delivers online quit tools and support, including tips, reminder e-mails, online chat groups and text messaging support.
- **Quit by Phone** – Providers and insurers can refer Vermont residents to 1-800-QUIT-NOW to be linked with a trained quit coach who will help residents get ready to quit, and give quit tips, advice and support to help someone stay quit. Registrants may also enroll in free text messaging for additional support. Pregnant smokers receive tailored calls pre- and postpartum, and an incentive for completing calls.
- **Quit in Person** – Certified group coaches are located in each hospital service area and offer community and worksite based support.
- **Quit with NRT** – 802Quits offers free short- and long-acting NRT, such as patches and gum or lozenges, to smokers enrolled in 802Quits.

## Reach and Impact of 802Quits

Vermont's quitline reaches 2.1% of smokers in the state, which is double the national average reach for quitlines. The number of quitline and quit online registrants for 2014 was 1,474 and 2,171, respectively. The largest proportion of users of 802Quits quitline and quit online services were insured by Medicaid (26%), followed by members of Blue Cross Blue Shield of Vermont (15%), Medicare (14%) and the uninsured (14%).<sup>10-11</sup>

In addition to successfully reaching smokers in the state, Vermont's quitline is effective in helping tobacco users quit. In 2014, of the quitline users who had at least one coaching call and consented to a 6-month follow-up call, about 30% reported being smoke-free during the past 30 days.

## Northwestern Medical Center's Investment in Tobacco Control to Promote Community Health

Ensuring that smokers who want help quitting have access to effective cessation assistance and know how to obtain it are key to expanding the reach and impact of 802Quits. Northwestern Medical Center (NMC), a primary care hospital in St. Albans, Vermont, is doing just that. As part of NMC's plan to re-invest a portion of the hospital's budget in health improvement programs, tobacco control efforts are being implemented in six community-based organizations that serve vulnerable populations. NMC is working with organizations to build capacity and systems to support clients by integrating tobacco cessation and referral into the standard of care. This strategy aims to ensure tobacco cessation is addressed and linkages to cessation resources, such as 802Quits, are made available to help smokers quit – as a complement to the hospital's ongoing primary prevention efforts relating to tobacco use. NMC's investment in health promotion will lend to improved health outcomes and reduced costs to the health care system.

<sup>1</sup>U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. CDC. 2014.

<sup>2</sup>Vermont Department of Health. Division of Health Promotion Disease Prevention & Division of Health Surveillance. Personal Communication. November 2015.

<sup>3</sup>Vermont Behavioral Risk Factor Surveillance System. 2014 Data Summary.

<sup>4</sup>Vermont Youth Risk Behavior Survey 2013 Statewide Report.

<sup>5</sup>CDC. Best Practices for Comprehensive Tobacco Control Programs—2014.

<sup>6</sup>Fitch K., Iwasaki K., Pyenson, B., Covering Smoking Cessation as a Health Benefit: A Case for Employers. Milliman, Inc. December 2006.

<sup>7</sup>U.S. Preventive Services Task Force. Tobacco Smoking Cessation in Adults and Pregnant Women: Behavioral and Pharmacotherapy Interventions. September 2015.

<sup>8</sup>CDC. Case Study: The Effect of Expanding Cessation Coverage The Massachusetts Medicaid Cessation Benefit.

<sup>9</sup>Fiore MC, Jaen CR, Baker TB, et al. Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. May 2008.

<sup>10</sup>Vermont Tobacco Control Program. Quitline report data, 2014 - 2015.

<sup>11</sup>Vermont Department of Health. Tobacco Use Dashboard. Accessed November 19, 2015.

<sup>12</sup>Vermont Department of Health. Vermont Tobacco Control Program. Internal Communication. 2015.

<sup>13</sup>Trust for America's Health. Prevention for a Healthier America: Investments in Disease Prevention Yield Significant Savings, Stronger Communities. July 2008.