
Use Your Company's Health Plan to Help Employees and their Families Quit Tobacco

Since your company already pays when people use tobacco, why not come out ahead and provide the help employees want and need to kick their addiction?

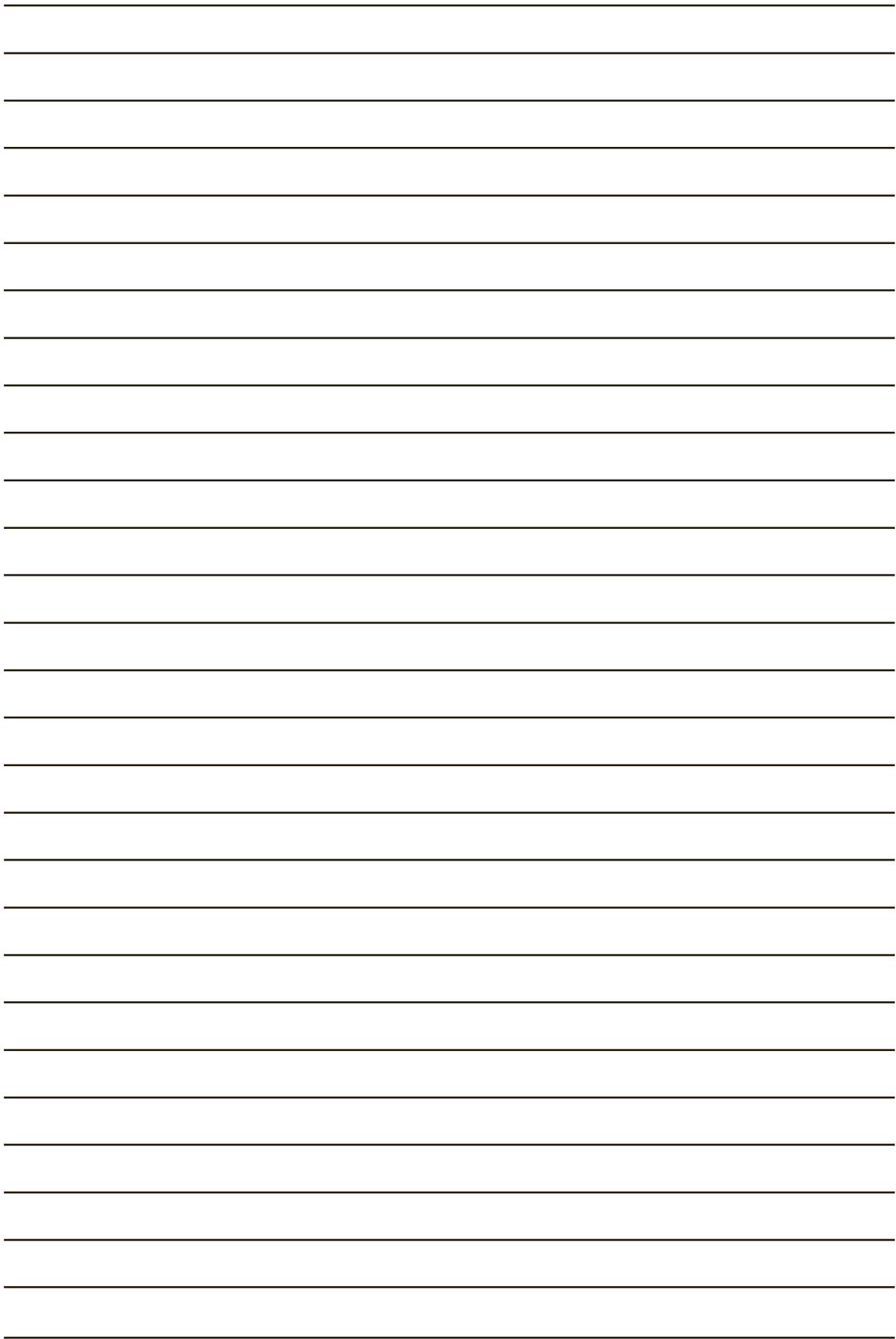
In 1988, Surgeon General C. Everett Koop declared tobacco use an addiction. Research testifies to the grip of nicotine in tobacco. More addictive than heroin or cocaine, nicotine changes the brain's chemistry and becomes necessary in the life of a tobacco user. Once inhaled, nicotine reaches the brain in seven seconds. Tobacco users become dependent upon nicotine's effects when they take smoking breaks at work and smoke or chew while driving, relaxing, feeling stressed or engaging in other activities.

Thus, when people quit tobacco, they not only face the physical challenges of withdrawal, they must also change their daily rituals and stress relievers. Within hours of quitting, they can experience cravings, anxiety, frustration, irritability, loss of concentration, increased heart rate, fatigue or light-headedness. Although most of these symptoms disappear within three weeks, the urge to smoke can recur for months and even years.

Research shows that the most effective tobacco cessation help includes medications to treat withdrawal symptoms of quitting, coupled with counseling to help develop new ways to cope with the behavioral and psychological effects.²⁰ **Businesses that have included a tobacco cessation benefit report that this coverage has reduced total tobacco consumption, increased the number of tobacco users willing to undergo treatment, increased productivity, and increased the percentage of employees who successfully quit.**

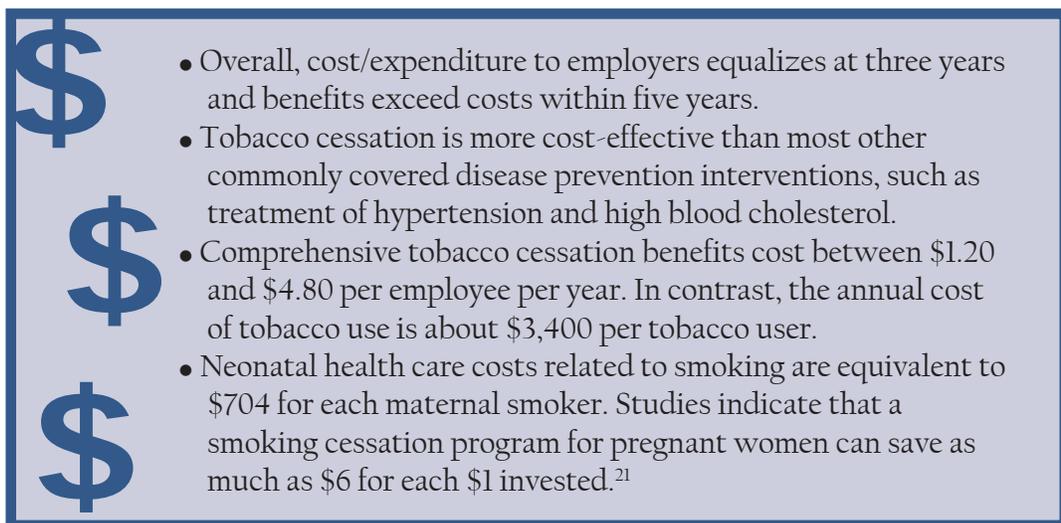
On the following pages we outline common cessation benefits and offer guidelines to follow when shopping for coverage. **Compare what you now spend on tobacco-related illnesses with the cost of providing effective tobacco cessation services for employees.** Then, consider the kinds of help that can double or triple your employees' chances of successfully quitting.

20. Fiore MC, et al. *Treating Tobacco Use and Dependence: Quick Reference Guide for Clinicians*. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service; 2000. Available at <http://www.surgeongeneral.gov/tobacco/default.htm>.



Are Cessation Health Benefits Cost-Effective?

The minor cost of covering tobacco cessation benefits seems insignificant when compared to the major financial burden that tobacco use places on businesses. As health care costs due to tobacco-related illnesses increase, they erode employer profit, which in turn creates a cycle of diminished health care coverage, salaries and other benefits for employees.



- Overall, cost/expenditure to employers equalizes at three years and benefits exceed costs within five years.
- Tobacco cessation is more cost-effective than most other commonly covered disease prevention interventions, such as treatment of hypertension and high blood cholesterol.
- Comprehensive tobacco cessation benefits cost between \$1.20 and \$4.80 per employee per year. In contrast, the annual cost of tobacco use is about \$3,400 per tobacco user.
- Neonatal health care costs related to smoking are equivalent to \$704 for each maternal smoker. Studies indicate that a smoking cessation program for pregnant women can save as much as \$6 for each \$1 invested.²¹

Studies have shown that tobacco treatment is more cost-effective than:

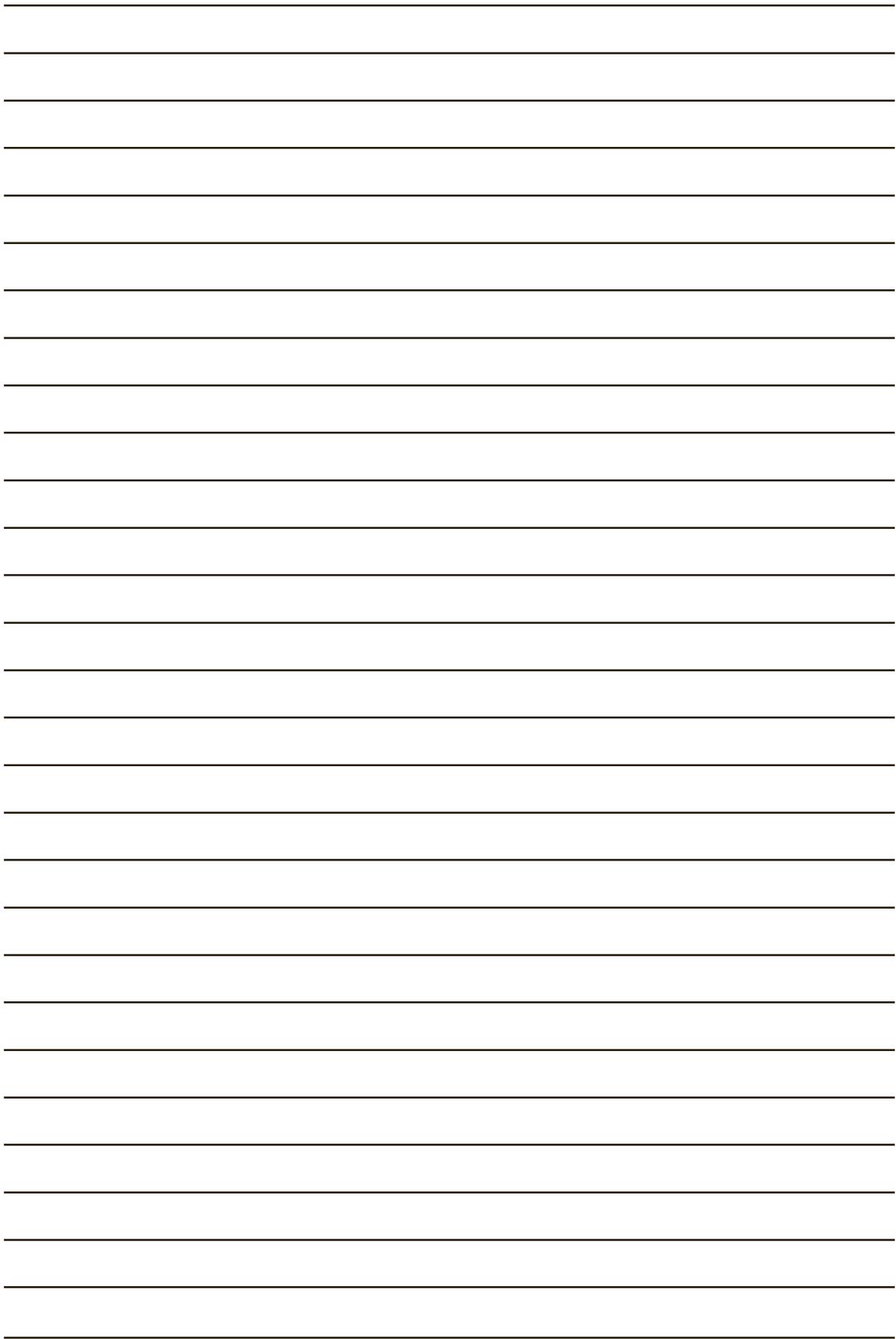
- Mammography
- Colon cancer screening
- Pap tests
- Pharmacologic treatment of mild to moderate hypertension
- Pharmacologic treatment of hypercholesterolemia.²¹

Despite the additional cost of these services and lack of proven return on investment (ROI), they are considered national standards of care and are therefore covered by most insurance plans. Tobacco cessation is the only service with a proven ROI that is also a national standard of care according to organizations such as the Centers for Disease Control and Prevention (CDC), National Institutes of Health (NIH), Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Centers for Medicare and Medicaid Services (CMS), and National Business Group on Health (NBGH).

Investing in tobacco cessation provides a proven return on investment to your company. Recent studies suggest the benefits of cessation outweigh the costs and, in fact, offer a net gain over time. Researchers at the University of Michigan simulated the financial results of a workplace cessation program. The results suggested that, by the third year, the savings to the company matched the total costs of the cessation program. By the fifth year, the financial benefits were almost twice the costs.²²

21. Center for Prevention and Health Services. National Business Group on Health, "Reducing the burden of smoking on employee health and productivity," Issue Brief, 1(5).

22. Warner, KE et al. "Health and economic implications of a work-site smoking cessation program: a simulation analysis." *Journal of Occupational and Environmental Medicine*. 38(10):981-92, 1996.



Because smoking cessation efforts are relatively inexpensive and yield a large, long-term benefit, they help to stem the rising cost of health care. Measures that keep health care costs in check are valuable because it is estimated that a one percent reduction in health care costs could increase retained profits by five percent.²³

According to "Priorities for America's Health," the three most valuable preventive health services that can be offered in medical practice today, each of which save more money than they cost and provide enormous health benefits, are:

1. **Intervening with smokers to help them quit;**
2. Discussing daily aspirin use with at-risk adults to prevent cardiovascular disease; and
3. Immunizing children.

-Partnership for Prevention. "Priorities for America's Health: Capitalizing on life-saving, cost-effective preventive services." May 16, 2006

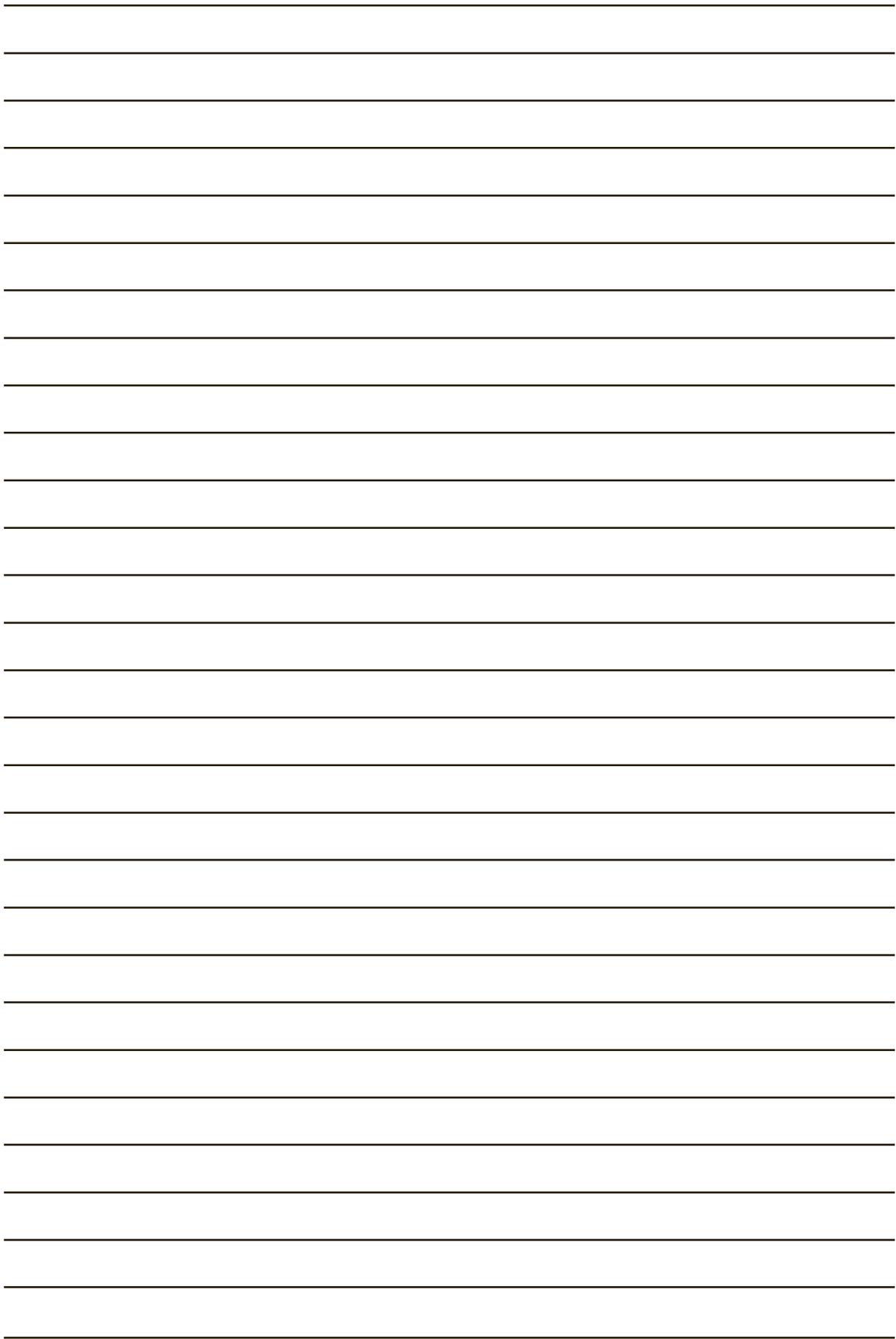
Free Return on Investment (ROI) calculators:

1. Making the Business Case for Smoking Cessation America's Health Insurance Plans (AHIP)
www.businesscaseroi.org
2. Free & Clear, Inc.
www.freeclear.com



TIME AFTER QUITTING	PHYSICAL BENEFITS TO THE SMOKER
2 weeks	Lung function and circulation improve.
9 months	Lungs improve capacity to clear and reduce infection.
1 year	Risk of heart disease drops to half that of a smoker.
5 years	Risk of stroke is the same as that of a non-smoker 5-15 years after quitting.
10 years	Risk of lung cancer is half that of a smoker.
15 years	Risk of heart disease is similar to that of someone who never smoked.

23. Centers for Disease Control and Prevention. *Reducing Tobacco Use: A report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, CDC, Office on Smoking and Health; 2000. Available at http://www.cdc.gov/tobacco/sgr/sgr_2000/index.htm.



Designing Effective Cessation Benefits

The Campaign for Tobacco-Free Kids (TFK) has developed two documents, a **Model Tobacco Use Treatment Benefit** and **Key Elements of a Tobacco Use Treatment Benefit**, to assist employers in developing effective cessation benefits. These documents are a response to several key developments, including:

1. The overwhelming evidence that tobacco use treatment services, such as FDA-approved medications for quitting smoking and behavioral counseling programs, are among the top three most clinically effective, cost effective and cost saving preventive services available to consumers, providers, and purchasers of health care.
2. The recognition by many government and private purchasers and providers of health care that tobacco use and its related death and disease are a major contributor to the costs of health care in the United States.
3. The adoption of proven tobacco control policies, such as increases in the price of tobacco products and comprehensive smokefree laws and policies, that are making it more difficult for tobacco users, particularly smokers, to continue using tobacco and this has provided an important window of opportunity to help tobacco users quit with services we know work.
4. There has been no consensus on what constitutes a “model” or “comprehensive” tobacco use treatment benefit. While many documents make reference to certain aspects of what needs to be in a benefit, most have either been far too brief or far too detailed to be of any practical use.

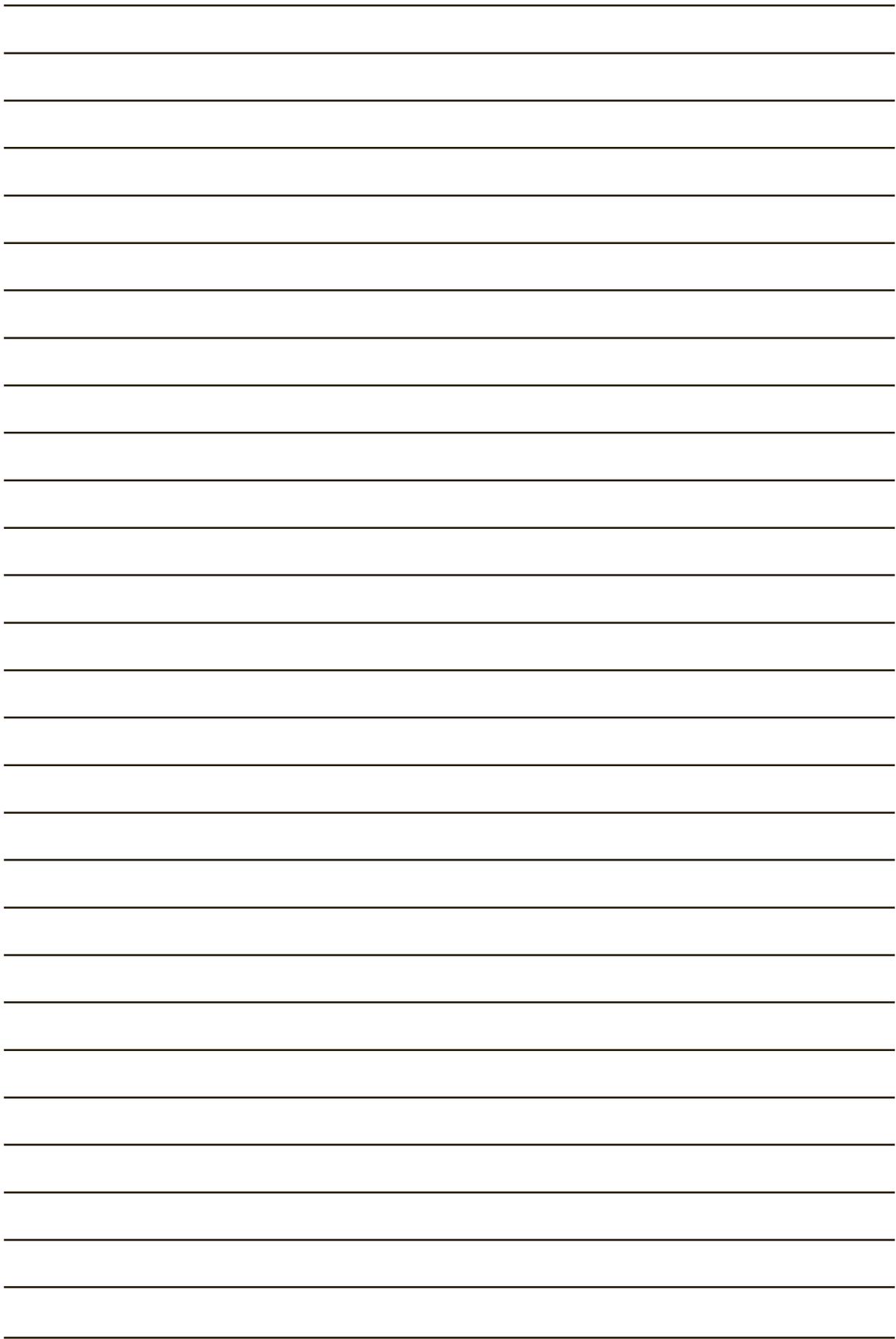
The **Key Elements** document is an excellent tool for helping guide internal decision-making about what ought to be included in a comprehensive treatment benefit while the **Model Treatment** document provides the actual language for the benefit. TFK consulted with a broad range of experts to develop these materials, including experts in the treatment of tobacco use, purchasers of health care, policy makers, and public and private tobacco control experts.

Also, these documents are intended to be reflective of the changing evidence-base in tobacco use treatment and as a result serve to accommodate the evolving evidence of most effective treatments.



ACCESS THESE DOCUMENTS ONLINE

- ➔ **Key Elements of a Model Tobacco Use Treatment Benefit**
<http://www.tobaccofreekids.org/research/factsheets/pdf/0297.pdf>
- ➔ **Model Tobacco Use Treatment Benefit Language**
<http://www.tobaccofreekids.org/research/factsheets/pdf/0298.pdf>
- ➔ **Cover Letter for Model Tobacco Use Treatment Benefit Materials**
<http://www.tobaccofreekids.org/research/factsheets/pdf/0299.pdf>



More on Designing Effective Cessation Benefits

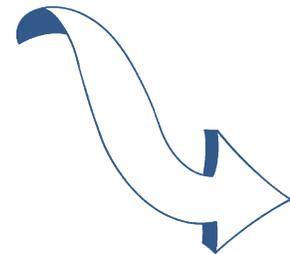
Show tobacco users you want to help them quit and understand the chronic nature of tobacco dependence by designing a benefit that makes it easier for them. The most effective tobacco cessation benefits:

- Pay for counseling and medications, together or separately.
- Cover counseling services, including telephone (quitline), group and individual counseling.
- Offer several counseling sessions over a period of several weeks.
- Require employees to pay no more than the standard co-payment. Data shows that tobacco users rarely use cessation services inappropriately, and are much more likely to quit when no co-payment is required.²³
- Provide at least two courses of treatment – both medication and counseling – per year.
- Offer the FDA-approved medications, including both prescription and over-the-counter nicotine-replacement medication, and Bupropion.

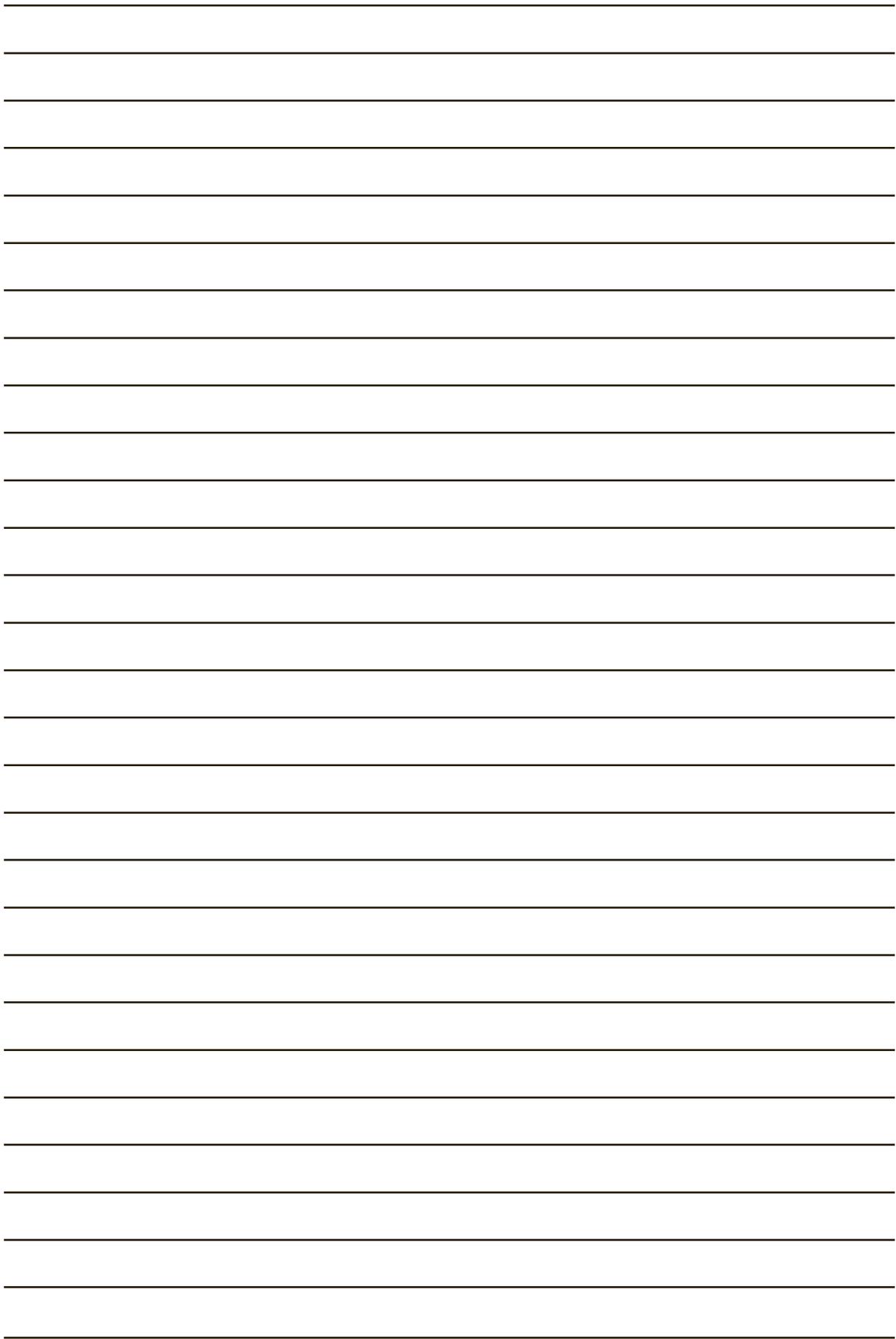
FDA-Approved Prescription and Over-the-Counter Tobacco Cessation Medications

TYPE	FORM	COMMON BRAND NAMES
Over the counter nicotine replacement therapy	Gum	Nicorette®
	Patch	Nicoderm® Habitrol® Prostep®
	Lozenge	Nicotrol® COMMIT®
Prescription nicotine replacement therapy	Inhaler	Nicotrol®
	Nasal Spray	Nicotrol®
Prescription	Pill	Zyban® Wellbutrin® Bupropion® SR Chantix®

Now, consider the questions on the following page when selecting your health plan....



23. Centers for Disease Control and Prevention. *Reducing Tobacco Use: A report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, CDC, Office on Smoking and Health; 2000. Available at http://www.cdc.gov/tobacco/sgr/sgr_2000/index.htm.





'Wise Shopper' Questions to Ask Health Plans

When reviewing current health plans or bidding for a new one, benefits managers can incorporate some or all of the following "wise shopper" questions into written specifications:

- Q: How does the health plan identify and document tobacco users and tobacco cessation interventions?
- Q: Describe your plan design for tobacco cessation (e.g. co-pay, etc.). What counseling (e.g., in person, online, telephone) do you cover, how often is counseling covered annually, and for what period (e.g. 90 days twice per year)?
- Q: List covered tobacco cessation drugs. How frequently are these offered, and for what period annually?
- Q: What over-the-counter and prescription medications, such as nicotine patches and gum are covered? Is there a co-pay? Is the co-pay in line with other medications?
- Q: Who is eligible for tobacco cessation benefits/drugs/counseling? Does this include all covered individuals or only those with a drug benefit? Are dependents covered?
- Q: What other educational or counseling materials do you provide (e.g., hard copy, online, other)?
- Q: Will you provide a photocopy from your standard contract describing covered tobacco cessation benefits?
- Q: How do you motivate healthcare providers to provide tobacco cessation counseling (e.g., withholds, bonuses)?

Questions to Ask Cessation Programs

- Q: What counseling/educational programs exist? Can you guarantee that these include the entire geographic area included in our employee population? Please provide a calendar of programs currently offered and their location(s).
- Q: What are your quit rates and how are they calculated?
- Q: How do you assess the percentage of tobacco users who have received treatment? How is the success of your tobacco cessation initiatives evaluated?

