

UW-Center for Tobacco Research and Intervention (CTRI) Report Coverage of Tobacco Cessation Treatments, Wisconsin 2004

Report Summary

This is the second survey of Wisconsin health plans assessing coverage of tobacco cessation treatments conducted by the UW-Center for Tobacco Research and Intervention (UW-CTRI). Twenty-three health plans responded to the survey about smoking cessation treatments – pharmacotherapies, counseling, and programs or classes – offered to their members. There has been an encouraging increase in the number and variety of options available to Wisconsin residents trying to quit smoking. For example:

- Coverage of pharmacotherapies has improved markedly since the last UW-CTRI survey in 2002. Of the more than 3 million lives covered in this survey, 74% are eligible for at least one pharmacotherapy versus 56% of the nearly 2 million lives covered in the 2002 survey.
- Zyban and the nicotine patch are the most frequently covered tobacco dependence pharmacotherapies followed by nicotine gum, nicotine inhaler, and nicotine spray.
- Some type of cessation counseling -- ranging from brief physician visits to ongoing phone and mail follow-up or quitline -- is available to 81% of the surveyed population.
- Forty-six per cent of the total covered lives in this survey have benefits covering more formal cessation classes or programs, including programs established within the health plan network or schedules of reimbursement for programs outside the network.

The survey shows that some research findings have yet to be translated into insurance coverage benefits. These findings include information about:

- The efficacy of combined medications to increase quit rates.
- The chronic, relapsing nature of tobacco dependence. Nearly all successful quitters experience episodes of relapse before becoming lifelong nonsmokers.
- Emerging evidence about the “business case” for smoking cessation benefits. Many health dollars are saved when smokers quit.
- The potential utility of offering incentives to members to promote cessation.

UW-CTRI 2004 survey

Background

Tobacco dependence is a long-term, chronic disease that remains the single most preventable cause of poor health and early death in the United States ¹. Since the first Surgeon General's Report in 1964 ² on the health consequences of smoking, the prevalence of smoking has declined in the U.S. from 41.9% in 1965 to 21.6% in 2003. Much of this decline is attributable to increased knowledge of the long-term consequences of tobacco use and the emergence of efficacious treatments for tobacco addiction. The publication in 2000 of the Public Health Service Clinical Practice Guideline, *Treating Tobacco Use and Dependence* ³ provided an accessible compendium of the most effective strategies and treatments for tobacco dependence. However, the continuing decline of tobacco use depends, in good measure, on the translation of this evidence-based research into wide practice throughout the healthcare system, including health plan coverage of tobacco cessation treatments. This report describes the current status of tobacco cessation treatments available to insured residents in Wisconsin as of May 2004.

Tobacco use in Wisconsin

Tobacco use in Wisconsin is similar to that of the U.S. population. The Wisconsin Tobacco Prevention and Control Program publication, *Wisconsin Tobacco Facts, 2004* ⁴ cites the following facts about Wisconsin smokers:

- Cigarette consumption by Wisconsin adults has declined from 24.7% of the population in 1990 to 23.3% in 2002, similar to the decline for the total U.S. population of smokers.
- Tobacco-related mortality in Wisconsin accounted for more than 7300 deaths in 2000. This was more than 4 times greater than deaths from motor vehicles, suicide, homicide, and HIV combined ⁵.
- Wisconsin residents, between the ages of 55 and 74, lost approximately 96,000 years of potential life due to smoking related illnesses.
- In Wisconsin, smoking-related illnesses cost an estimated \$1.6 billion annually in direct health care costs and an additional \$1.4 billion in lost productivity.

UW-CTRI survey of health plan coverage for tobacco cessation treatments in Wisconsin

The 2004 survey is the second survey conducted by UW-CTRI; the first was completed in 2002. The 2004 survey has been enlarged in scope as more evidence-based treatments have become available for smoking cessation. UW-CTRI staff conducted the present survey by phone or through an email questionnaire (see appendix A) from March through May of 2004. Twenty-six Wisconsin insurers were contacted and 23 completed the survey, an 88% response rate. The report is based on responses from

these 23 insurers who represent 66.4% of the Wisconsin market share ⁶. The participating 23 health plans cover a total of 3,109,594 lives, which represents 57% of Wisconsin's total population and 66% of all Wisconsin household residents with year-long health insurance ⁷.

Comparison of tobacco dependence treatment coverage in Wisconsin and the United States

Although it is well known that smoking exacts a serious toll on healthcare costs, treatments for tobacco dependence, including pharmacotherapy and counseling, are not uniformly extended to health plan subscribers ⁸. Much progress, however, has been made in this area over the last few years. In 2002, the American Association of Health Plans (AAHP) conducted a survey of 152 health plans representing over 33 million covered lives in the United States ⁹. Their data indicated encouraging advances in health plan coverage for tobacco dependence treatment. The UW-CTRI 2004 survey of 23 Wisconsin health plans covering more than 3 million lives is compared with three key findings from the AAHP survey in Table 1.

Table 1 Percentage of health plans covering selected smoking cessation treatments

Covered benefit	AAHP* 2002 (n=152 plans)	UW-CTRI 2004 (n=23 plans)
At least one type of pharmacotherapy	88%	74%
Over-the counter nicotine replacement therapy	33%	27%
At least one type of behavioral intervention	58%	62%

* American Association of Health Plans: *Addressing Tobacco in Managed Care, Results of the 2002 Survey*.

Survey Data

Comparison of coverage for pharmacotherapies in the 2002 and 2004 surveys

Nineteen Wisconsin health plans participated in both the 2002 and 2004 survey. A comparison of the same 19 health plans participating in both surveys showed increased coverage for three pharmacotherapies. Coverage for Zyban increased by 10%, nicotine patch by 19%, and nicotine gum by 14%. An additional 4 health plans took part in the 2004 UW-CTRI survey which included more questions, and was of a different format than the 2002 survey. Further, a new pharmacotherapy, the nicotine lozenge, was approved by the FDA and became available as an over-the-counter (OTC) product in November 2003. The lozenge, along with other over-the-counter nicotine replacement products, is included on this latest survey. Table 2 details the comparison of coverage for tobacco dependence pharmacotherapies offered by all health plans participating in the two surveys.

Table 2 Number of members and percentage of total covered lives eligible for selected pharmacotherapies in survey years 2002 and 2004

2002 (19 health plans)			2004 (23 health plans)		
Pharmacotherapy	# of eligible members	% of total covered lives (1,862,494)	Pharmacotherapy	# of eligible members	% of total covered lives (3,109,594)
Zyban	1,039,409	56%	Zyban	2,300,129	74%
Nicotine patch	787,992	42%	Nicotine patch	2,085,350	67%
Nicotine gum	354,819	19%	Nicotine gum	1,441,933	46%
Nicotine nasal spray	489,000	26%	Nicotine nasal spray	1,202,182	39%
Nicotine inhaler	475,000	26%	Nicotine inhaler	1,232,182	40%
			Nicotine lozenge	715,217	23%
			OTC medications	848,664	27%
At least one type of pharmacotherapy	1,039,409	56%	At least one type of pharmacotherapy	2,300,129	74%

Zyban and the nicotine patch

As is evident, Zyban and the nicotine patch are widely covered. State of Wisconsin employees and Medicaid and Badgercare enrollees have mandated coverage for these treatments. Only eight of the surveyed health plans allow the option of combination therapy as a benefit of their most popular commercial products. Combination therapy, when covered, is often constrained by type of contract or prerequisite authorizations.

Nicotine gum, inhaler, spray, and lozenge

Nicotine gum, inhaler, and spray, in that order, are the next most widely approved tobacco cessation treatments. However, only four health plans offer all three as part of their most popular commercial product and five health plans offer one or two of these medications. State of Wisconsin employees and Medicaid and Badgercare enrollees have mandated coverage for nicotine spray and inhaler. The nicotine lozenge has been available over-the-counter since November 2003. The lozenge, and other over-the-counter therapies, are covered for about one quarter of insured Wisconsin residents.

Comparison of coverage for tobacco dependence counseling and classes or programs in the 2002 and 2004 surveys

The 2004 survey questionnaire attempted to delineate between cessation counseling, which may include a single, brief encounter or a number of sessions with a counselor, and more formal programs or classes addressing cessation. The question was somewhat open-ended and many respondents provided a description of the type of counseling or classes/programs offered as a benefit to their enrollees. Table 3 and 4 outline counseling and classes or programs within general categories derived from respondent's descriptions.

Table 3 Number of members and percentage of total covered lives eligible for cessation counseling by type of counseling

2004 (23 health plans)		
Breakdown by type of counseling	# of eligible members	% of total covered lives (3,109,594)
Initial 1 hour doctor visit only	489,358	16%
1 hr by phone with trained cessation counselor	422,394	14%
>1 hr by office-based, health care providers	886,947	28%
Support group, phone or mail f/u, web program	183,315	6%
Quitline only	165,928	5%
Full or partial reimbursement after program completion	151,963	5%
Unspecified	230,000	7%
At least one type of cessation counseling (excluding free quitline)	2,363,977	76%

Table 4 Number of members and percentage of total covered lives eligible for cessation classes or programs by type of program

2004 (23 health plans)		
Breakdown by type of program	# of eligible members	% of total covered lives (3,109,594)
Full or partial reimbursement	254,029	8%
Organized classes with nominal fee	23,000	1%
Classes, support groups; no fee mentioned	843,146	27%
Phone or web-based program; no fee	275,598	9%
Unspecified	30,000	1%
At least one type of cessation program	1,425,773	46%

For the more than 3 million Wisconsin residents represented in this survey, 76% have coverage for some type of counseling and 46% have coverage for a variety of programs or classes focused on tobacco cessation. However the scope and format of these services varies a great deal.

Implications for future coverage for tobacco dependence treatment

It is encouraging to note the increase in tobacco cessation treatment coverage offered by health plan providers in Wisconsin over just the past year and a half. It is also heartening to see current cessation research reflected in the focus and complexity of some of the counseling, classes, and programs offered to enrollees.

It is also evident that some shortcomings exist, both in understanding the dynamics of tobacco cessation and nicotine withdrawal and in the measures undertaken to address these issues. For example, despite the accumulating research on the chronic nature of tobacco dependence and the prevalence of relapse^{3,10,11},

- At least 7% of the total covered enrollees have only once-per-lifetime access to cessation pharmacotherapy.
- 7% of enrollees have once-per-lifetime access to cessation programs or counseling.
- For approximately 3% of covered enrollees, reimbursement or other incentives are contingent upon successfully quitting smoking.
- Of those enrollees with access to pharmacotherapy, approximately 26% are not covered for combination therapy. However, the research on the advantages of combination therapy is still emerging¹²⁻¹⁴.

Addressing any shortcomings in coverage will involve continued dissemination of evidence-based research; not only on effective treatments, but also on the cost-effectiveness of health plan coverage for these treatments. There is a clear business case to be made for coverage of tobacco dependence treatment^{8,15}.

Conclusion

Covered treatments for tobacco cessation have increased over the past two years, although Wisconsin still falls short of the national standard for treatment of nicotine dependence. Evidence-based pharmacotherapies, particularly Zyban, along with some type of cessation counseling, are the most widely available treatments. However, there continue to be gaps between research on effective treatments and ensuing access to these treatments as a health plan benefit. In particular, the benefits of combined pharmacotherapies and the cost-effectiveness of smoking cessation programs need greater consideration.

Cessation coverage is one of the UW-CTRI's main outcomes and this survey offers us an opportunity to evaluate the comprehensiveness of coverage for nicotine addiction and our success in disseminating new findings about treatment. Research confirms the cost-effectiveness of evidence-based treatment for this disease and we will continue to improve our research dissemination, particularly about cost-effectiveness. The growth of coverage in Wisconsin over the last two years is very encouraging. With continued effort, the goal of universal coverage for smoking cessation is achievable. We appreciate the assistance of all the health plans that contributed to this report.

References

1. *Reducing Tobacco Use: A Report of the Surgeon General*. US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2000
2. *Smoking and Health*, Report of the Advisory Committee to the Surgeon General of the Public Health Service. US Department of Health, Education and Welfare, 1964
3. Fiore MC, Bailey WC, Cohen SJ, et al.: *Treating tobacco use and dependence: Clinical practice guideline*. Rockville, MD, U.S. Department of Health and Human Services, 2000
4. Tobacco Prevention and Control Program: Wisconsin Tobacco Facts 2004 (PPH 43021). Division of Public Health, Wisconsin Department of Health and Family Services, 2004
5. Wisconsin Department of Health and Family Services, Division of Health Care Financing, Bureau of Health Information: Wisconsin Deaths, 2000 (PHC 5314). December 2001
6. State of Wisconsin, Office of the Commissioner of Insurance: Wisconsin market shares, 2002. Retrieved from: oci.wi.gov/markshar/grpa_h.pdf, 5-28-04
7. Wisconsin Department of Health and Family Services, Division of Health Care Financing, Bureau of Health Information: Initial findings on health insurance coverage, Wisconsin 2002 (PHC 5369). September 2003
8. Colorado Clinical Guidelines Collaborative: Report: The business case for coverage of tobacco cessation, 2003
9. American Association of Health Plans: Addressing tobacco in managed care: Results of the 2002 survey. Presented at Atlanta, GA, April 30, 2003
10. Piasecki TM, Fiore MC, McCarthy DE, Baker TB: Have we lost our way? The need for dynamic formulations of smoking relapse proneness. *Addiction* 2002, 97:1-16
11. Brandon TH, Herzog TA, Webb MS: It ain't over till it's over: The case for offering relapse-prevention interventions to former smokers. *American Journal of the Medical Sciences* 2003, 326:197-200
12. Bohadana A, Nilsson F, Rasmussen T, Martinet Y: Nicotine inhaler and nicotine patch as a combination therapy for smoking cessation. *Archives of Internal Medicine* 2000, 160:3128-3134
13. Sweeney CT, Fant RV, Fagerstrom KO, McGovern JF, Henningfield JE: Combination nicotine replacement therapy for smoking cessation: Rationale, efficacy and tolerability. *CNS Drugs* 2001, 15:453-467
14. Croghan GA, Sloan JA, Croghan IT, Novotny P, Hurt RD, DeKrey WL, Maillard JW, Ebbert LP, Swan DK, Walsh DJ, Wiesenfeld M, Levitt R, Stella P, Johnson PA, Tschetter LK, Loprinzi C: Comparison of nicotine patch alone versus nicotine nasal spray alone versus a combination for treating smokers: A minimal intervention randomized multicenter trial in a nonspecialized setting. *Nicotine & Tobacco Research* 2003, 5:181-187
15. March A: The business case for tobacco cessation programs: A case study of group health cooperative in Seattle. Commonwealth Fund report, No 614 Available at: www.cmf.org 2003

Appendix A

Wisconsin Health Plan Survey Of Tobacco Cessation Coverage

University of Wisconsin Center for Tobacco Research and Intervention (CTRI)

Insurer:

Contact person:

phone:

fax:

email:

We at the UW-Center for Tobacco Research and Intervention are updating our annual survey of health plan coverage for tobacco cessation treatment in Wisconsin. Coverage for this health benefit has been evolving rapidly and we find this information invaluable in helping us monitor our progress as well as provide accurate information to other health plans, agencies and individuals. We hope to compile this information in a report to be shared with selected audiences. These audiences are limited to: The Wisconsin State Department of Health and Family Services, the Wisconsin Tobacco Quit Line, and other insurers, if they express interest. The report would be in the form of a Table of Benefits Offered and would be provided to you to check for accuracy before being completed. Any other reports would present information only in the aggregate.

Is this agreeable to _____? Yes ____ No ____

If no, all information will be reported anonymously

A one-page questionnaire is attached. Thank you so much for your help. I appreciate your taking the time to assist with this.

Sincerely,

Wendy Theobald
UW-CTRI

phone: 608-262-4149

fax: 608-265-3102

email: wt2@ctri.medicine.wisc.edu

Enrollment for _____

Total # of covered lives _____

of State employees _____

of Medicaid/BadgerCare _____

of Employer/Individual _____

of other _____

Smoking cessation benefits

(if you offer various options, please describe **your most popular commercial product**)

Medications/NRTs

Zyban/Wellbutrin Yes ___ No ___ pre-auth ___ co-pay ___ limits _____

other requirements/conditions _____

are **clonidine/nortryptiline** covered if needed as alternative to Zyban? Yes ___ No ___

Nicotine patch Yes ___ No ___ pre-auth ___ co-pay ___ limits _____

other requirements/conditions _____

Nicotine gum Yes ___ No ___ pre-auth ___ co-pay ___ limits _____

other requirements/conditions _____

Nasal spray Yes ___ No ___ pre-auth ___ co-pay ___ limits _____

other requirements/conditions _____

Nicotine inhaler Yes ___ No ___ pre-auth ___ co-pay ___ limits _____

other requirements/conditions _____

Nicotine lozenge Yes ___ No ___ pre-auth ___ co-pay ___ limits _____

other requirements/conditions _____

OTC products Yes ___ No ___ pre-auth ___ co-pay ___ limits _____

Are enrollees able to use **two pharmacotherapies simultaneously** (i.e. Zyban and patch for 3mo. period) within limits of their plan? Yes ___ No ___

Tobacco treatment counseling, classes or programs

Counseling Yes ___ No ___ pre-auth ___ co-pay ___ limits _____

other requirements/conditions _____

Classes Yes ___ No ___ pre-auth ___ co-pay ___ limits _____

or

programs other requirements/conditions _____

Is **initial physician visit** for prescriptions covered? Yes ___ No ___

Are **incentives** offered for cessation program activities? Yes ___ No ___ Type _____