A Call for ACTTION
Increasing Access to Tobacco-Use Treatment in Our Nation

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Abstract: The Consumer Demand Roundtable defined consumer demand for tobacco-use treatments as the degree to which tobacco users who are motivated or activated to quit know about, expect, seek, advocate for, demand, purchase, access, and use tobacco-cessation products and services that have been proven to increase abstinence. Two critical requirements for consumer demand are that tobacco users know about effective treatments and that they have access to these treatments. Despite tobacco use being the leading preventable cause of death in this country, neither of these critical conditions is met in the U.S., particularly for low-income and blue-collar populations, where smoking rates remain highest.
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In November 2008, a National Workgroup released A Call for ACTTION (Access to Cessation Treatment for Tobacco In Our Nation): An Action Plan to Address the Lack of Access to Tobacco-Use Treatment (www.acttiontoquit.org). Its goal is to expand access to comprehensive tobacco-cessation treatment to 50% of smokers by 2015, and 100% by 2020. The Call for ACTTION asks each essential sector (employers/employer organizations, insurers, tobacco control/public health advocates, healthcare systems, and policymakers) to (1) disseminate the Call for ACTTION to their partners and stakeholders, (2) endorse the Call for ACTTION and encourage others to endorse it, (3) take concrete action(s) to increase access to treatment, and (4) encourage their constituents/partners to also take concrete steps to increase access to treatment. Tobacco users want to quit and repeatedly try to quit. They deserve full access to the effective treatments that can help them succeed.

The national Consumer Demand Roundtable defined consumer demand for tobacco-use treatments as the degree to which smokers and other tobacco users who are motivated or activated to quit know about, expect, seek, advocate for, demand, purchase, access, and use tobacco-cessation products and services that have been proven to increase quitting success.[1] Two critical requirements for consumer demand are that tobacco users know about the effective treatments, and that they have access to these treatments. Unfortunately, despite tobacco use being the leading preventable cause of death in this country, neither of these critical conditions is met in the U.S., particularly for low-income and blue-collar populations where smoking rates remain highest.

At least 20% of adults in the U.S. use tobacco.[2] Rates are high for Medicaid recipients, who have a 35% smoking prevalence.[3] Seventy percent of smokers want to quit,[4] and nearly 40% quit for at least a day each year[5]—others do not even make it a full day before relapsing. Because tobacco use is highly addictive,[6] unaided quit attempts have minimal success.[4] Effective treatments (individual, group, and telephone counseling; and seven FDA-approved medications) can double or triple success rates, with combination therapies providing even greater long-term cessation rates.[7] The first evidence-based guideline on effective treatments was published more than a decade ago,[8] but tobacco users still do not have good access to these effective treatments. In particular, low-income smokers are less likely to know about, have access to, or use proven treatments. As a result, only one third of adult smokers use proven treatments in their quit attempts.[9]

The barriers are many. First, treatments are poorly covered under public and private insurance. Only one in 50 employers in the U.S. offer employees who smoke coverage for all evidence-based treatments proven to increase their chances of quitting, and 19% of employers cover none of the effective treatments.[10] Only one state Medicaid program provides coverage for all recommended treatments, and eight state Medicaid programs cover none of the proven treatments.[11] Medicare currently covers cessation counseling only for smokers who have a smoking-related disease or who are taking a med-

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ication whose metabolism or dosing is affected by tobacco use.[12] Even state employees generally have poor coverage for tobacco-use treatment: only five states provide comprehensive coverage, and eight states provide no coverage.[13] Second, healthcare providers do not routinely provide treatment of tobacco use: in a 2001–2003 national survey, tobacco use was assessed at 65% of visits, counseling provided during 20% of visits, and medication prescribed at only 2% of visits.[14] Third, although telephone quitlines could provide free, easily accessible treatment, inadequate state and federal funding means that few state quitlines offer comprehensive treatment (counseling and medication) to all tobacco users interested in receiving treatment.[15] And finally, even when insurance coverage is provided or quitlines services are available, these benefits and services are often not promoted, and as a result, tobacco users do not know how to obtain them.[16]

Increasing access to treatment involves four essential sectors: insurers, insurance purchasers (employers and the federal government), public health (quitlines), and healthcare systems. The essential criteria for adequate access to treatment are (1) comprehensive coverage for tobacco-use treatment under all public and private insurance, and eliminate deductibles, co-pays, and other barriers to using these effective treatments; (2) state, federal, and private funding for state quitline infrastructure and promotion, and incentives for quality improvement efforts; and (3) institutionalizing the routine treatment of tobacco use in all out-patient and in-patient clinical encounters.

The CDC,[17] U.S. Public Health Service (PHS),[7] and the National Business Group on Health[18] have recommended that every tobacco user have access to comprehensive, evidence-based benefits that give them the best chance to successfully quit. As defined by the CDC[19] a comprehensive tobacco-cessation benefit includes: coverage of at least four counseling sessions (individual, group, or telephone) of at least 30 minutes each; coverage of all FDA-approved prescription and over-the-counter medications; coverage of both counseling and medications for at least two quit attempts per year; and elimination or minimization of co-pays or deductibles for counseling and medications.

The CDC's Best Practices[17] calls for increasing support for state quitlines so that they have the infrastructure to provide comprehensive treatment to at least 10% of all tobacco users each year; and for the robust promotion of quitline services so that tobacco users are aware of these services and know how to access them. The PHS Clinical Practice Guideline[7] provides recommendations for ensuring that clinicians and healthcare delivery systems consistently identify and document tobacco-use status and treat every tobacco user seen. Model programs in large managed care plans show that full implementation of the healthcare system changes, quitline services, comprehensive insurance coverage and promotion of the services increases the use of proven treatments and decreases smoking prevalence.[17]

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Employers/Employer Organizations

- Provide barrier-free access to comprehensive coverage of all treatments recommended by the PHS tobacco-cessation guideline in accordance with model benefit recommendations, including quitline services and over-the-counter medications.
- Promote the company's cessation benefits and provide nonpunitive incentives for employees to utilize treatment.
- Provide access to onsite programs and services, and/or contract with the state quitline or with a quitline vendor, to provide telephone counseling services and FDA-approved cessation medications.
- Organize educational programs for employers, unions, and purchasing coalitions on the value and importance of covering comprehensive tobacco-use treatment benefits.
- Support the creation of business incentives (e.g., premium discounts) for the provision of comprehensive cessation benefits.
- Take advantage of the heightened interest in quitting (and increased success) that accompanies worksite or community policy changes, such as smokefree places and increased tobacco taxes, by providing enhanced cessation support prior to, and after, such policy changes.

Insurers

- Provide comprehensive coverage for all treatments recommended by the PHS tobacco-use treatment guideline into all health plan offerings (individual, group, or telephone counseling, prescription medications, and over-the-counter medications) and inform eligible enrollees of their benefits.
- Support the removal of barriers (e.g., deductibles, co-pays, prior authorization, stepped-care therapy, re-

quiring counseling in order to have medications covered) for cessation treatments.
- Report on the number of covered lives with access to comprehensive treatment benefits.
- Support the creation and implementation of business incentives (e.g., public recognition, higher consumer rankings/recognition) for the provision and use of comprehensive cessation benefits.
- Provide incentives for health systems and providers to improve the delivery of effective treatments.

Tobacco Control/Public Health Advocates

- Promote the urgency of quitting as early in life as possible.
- Promote the importance of using proven treatments when making a quit attempt.
- Promote the benefit of barrier-free access to comprehensive cessation benefits to employers and insurers.
- Support comprehensive coverage for all federal and state employees, and under Medicaid, Medicare, and all publicly funded insurance programs.
- Support state funding of/for cessation services at CDC recommended levels, including funding of state quitlines and their promotion, to guarantee the provision of comprehensive treatment services to all tobacco users interested in quitting.
- Advocate for strong tobacco-use treatment performance measures for accreditation of health plans and hospitals.
- Include strong tobacco-use treatment performance measures in pay-for-performance metrics for healthcare providers and health systems.
- Advocate for the inclusion of access to comprehensive tobacco-use treatment in chronic disease and health promotion programs, such as heart disease, stroke, diabetes, cancer, or asthma.
- Advocate for funding of media campaigns that encourage cessation, educate tobacco users about effective treatments, and provide information about how to access these treatments.

Healthcare Systems

- Implement systems that ensure that all individuals seen in the healthcare system are screened for tobacco use.
- Ensure healthcare providers offer PHS Guideline–recommended treatments to tobacco users at every clinical encounter.
- Develop effective referral systems to community resources, quitlines, and/or tailored print or web-based interventions.
- Develop reporting systems to track and evaluate tobacco-cessation screening, treatments, and referrals.
- Educate providers regarding appropriate current procedural terminology (CPT) and ICD-10 codes to improve reimbursement.
- Develop competency-based cessation training in health professional schools.
- Strengthen Joint Commission, National Committee for Quality Assurance (NCQA), and pay-for-performance measures to ensure the routine treatment of tobacco use in all healthcare encounters.

Policymakers

- Require the reporting by payers (major insurers) of information on the number of covered lives with access to comprehensive smoking-cessation benefits through publicly funded health programs.
- Support inclusion of comprehensive coverage in all federally funded or authorized health programs (e.g., Medicare, Medicaid, Federal Employees Health Benefit Program [FEHBP], Employee Retirement Income Security Act [ERISA]), and within the framework of health reform.
- Examine state and federal insurance regulation definitions of addiction and, where applicable, ensure tobacco use is included.
- Create incentives for the provision of comprehensive treatment benefits.
- Develop coverage standards and measurements through accrediting bodies (e.g., NCQA, Joint Commission).
- Take advantage of the heightened interest in quitting (and increased success) that accompanies community policy changes, such as smokefree places and increased tobacco taxes, by providing enhanced cessation support prior to, and after, such policy changes.

All Groups

- Promote the inclusion of highly cost-effective preventive services (e.g., tobacco-use treatment) in health reform proposals.
- Call on the Healthy People 2020 (HP2020) Advisory Committee to include insurance coverage, quitline access, and use of evidence-based treatments in the most recent cessation attempt as HP2020 measures.
- Actively promote greater access to comprehensive tobacco-use treatment services.
- Encourage tobacco-users to advocate for barrier-free access to effective treatment services.

Smoking is responsible for 1200 deaths each day in the U.S. and for $193 billion annually in healthcare costs and lost productivity due to premature death.[20] The only way to reduce these costs is to help tobacco users to quit as early in life as possible. Despite the fact that half of lifelong smokers will die from a tobacco-related illness, we

have somehow concluded that reducing tobacco use to 20% is a "success," and there has been no urgency to aggressively reduce that number. For example, there are only limited media campaigns to increase quit attempts and to promote cessation services such as quitlines, largely because of lack of funding both for the campaigns themselves, but also to provide the quitline capacity to handle the volume of calls that will be generated.[21]

We have no cause to celebrate that nearly half a million people die needlessly each year from a totally preventable cause. As a first step to reducing that toll, we need to increase consumer demand for, and use of, treatment by increasing access to effective treatments and aggressively promoting them to tobacco users. The Call for ACTTION asks each sector to (1) disseminate the Call for ACTTION to their partners and stakeholders, (2) endorse the Call for ACTTION and encourage others to endorse it, (3) take concrete action(s) to increase access to treatment, and (4) encourage their constituents/partners to also take concrete steps to increase access to treatment. Tobacco users want to quit and repeatedly try to quit. They deserve full access to the effective treatments that can help them succeed.

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