



YOU CAN AFFORD TO QUIT SMOKING

Federal Employees Health Benefits

Tobacco Cessation: Case Study



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Foreword

Health insurance coverage for tobacco cessation counseling and medications increases the use of effective treatments. It also increases the number of effective quit attempts.

In this case study, the Office of Personnel Management (OPM) describes its early experience with a comprehensive tobacco cessation benefit for Federal employees, retirees and their families. Health plans participating in the Federal Employees Health Benefits (FEHB) program have provided some level of tobacco cessation coverage to members since 1992. In 2011, in an effort to reduce the incidence of tobacco-related diseases and associated costs, OPM announced an expanded tobacco cessation benefit, requiring all participating health plans to offer evidence-based, comprehensive coverage.

Partnership for Prevention applauds OPM for its enlightened and forward-looking decision to address tobacco use in the Federal employee workforce. All FEHB health plans cover comprehensive tobacco cessation, providing both medication and counseling to all FEHB members with no cost sharing. Partnership believes that this tobacco cessation benefit is a model for all public and private insurers to consider and emulate.

Partnership for Prevention seeks to create a “prevention culture” in America, where the prevention of disease and the promotion of health, based on the best scientific evidence, are the first priorities for policy makers, decision-makers, and practitioners. ActionToQuit is Partnership’s tobacco control policy program dedicated to reducing tobacco-related death, disease and cost through communication, education, and advocacy.

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The Office of Personnel Management Federal Employees Health Benefits

TOBACCO CESSATION BENEFIT

The Office of Personnel Management (OPM) views the health benefits offered through the Federal Employee Health Benefits (FEHB) program as an investment in the health of federal employees, retirees and their families. Tobacco use is costly to employers such as the federal government due to tobacco related medical expenses and lost productivity. According to the Public Health Service guidelines¹:

- accessing proven treatments for tobacco cessation can double a person's chances of quitting smoking;
- coverage of tobacco cessation increases the use of effective treatment and the number of successful quit attempts; and,
- tobacco dependence treatments are both clinically effective and cost-effective.

Background

The FEHB Program covers an estimated 8.2 million persons, including 2.1 million active federal employees, 1.9 million retirees, and approximately 4.2 million spouses and dependents.

The FEHB contracts with almost 100 health insurers who cover a full array of health services for enrollees. Each year, employees and retirees have an opportunity to choose from among more than 200 health plan options. In 2014, 97 insurance carriers offer 256 plans in the FEHB, with varied payment, delivery system, network, cost sharing, and pharmacy arrangements. Service benefit plan, employee organization plan and comprehensive medical plan options are available through commercial insurance carriers or voluntary employee beneficiary associations. Health insurers are required to offer essential health benefits, but vary their benefits designs to suit enrollee needs. The FEHB has not traditionally prescribed a specific service benefit, but is moving toward an active purchaser model.

¹ Fiore MC, Jaén 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.

The FEHB program has focused on providing specific tobacco cessation coverage to members since contract year 1992, and has continued to improve and expand this benefit over the years. In 1992, FEHB health plans were required to provide a benefit for a smoking cessation program with an annual limit of \$100. For the 2002 contract year, plans were encouraged to provide benefits for smoking cessation in line with the Public Health Service's (PHS) treatment guidelines. However, the PHS guidelines did not provide restrictions on annual limits but many FEHB plans maintained \$100 annual limits and other restrictions.

In 2003, FEHB plans were encouraged, but not required, to provide comprehensive tobacco cessation coverage, which resulted in a wide variation of coverage across plans. While all national FEHB health plans provided some cessation coverage, none provided comprehensive coverage. For example, several of the plans specifically excluded cessation medications from prescription medication coverage. Several health plans also included co-payments, dollar limits, and/or other barriers to accessing effective cessation treatments. Some plans still retained the mandated benefit from plan year 1992 where plans were required to provide a benefit for smoking cessation clinics limited to \$100 and applicable to the plan's calendar year deductible.

At the same time, evidence based research was clearly showing that comprehensive tobacco cessation coverage from health plans was the most effective approach to stopping tobacco use. As a result, OPM began to develop a strategy requiring all plans to adhere to evidence based guidelines.

OPM used the evidence based research published in the U.S. Public Health Service Clinical Guideline on *Treating Tobacco Use and Dependence: 2008 Update* to develop the new benefit guidance. On April 7, 2010 OPM sent a carrier letter to all insurance plans in the Federal Employees Health Benefits (FEHB) Program announcing expanded tobacco cessation coverage for current federal employees, federal retirees, and their spouses and dependents. The expanded benefit was required to be offered by all participating FEHB plans effective January 1, 2011. The new benefit provides coverage that is evidence-based, comprehensive, and eliminates most barriers.

The FEHB Tobacco Cessation Benefit

As of January 1, 2011, all health plans in the FEHB program are required to cover:

- At least two quit attempts per year with each attempt including a minimum of four 30 minute counseling sessions. This includes proactive telephone counseling, group counseling and individual counseling.
- All Food and Drug Administration (FDA) approved tobacco cessation medications, including over the counter medications with a doctor's prescription.
- These benefits must be provided with no copayments or coinsurance and not subject to deductibles, annual or lifetime dollar limits.

More information can be found on the OPM.gov website.²

Understanding Tobacco Use in the FEHB Population

One of the biggest challenges faced by the FEHB program has been to determine the tobacco use rate in the Federal FEHB population. The overwhelming majority of FEHB plans state that they cannot identify the number of tobacco users in their populations. Despite the fact that OPM and the FEHB plans are actively communicating the benefit, utilization is lower than expected. More members could benefit from this evidence-based benefit if they could be reliably identified and made aware of the counseling and medications available to them.

In both 2011 and 2012, FEHB plans reported that they use a variety of different methods to capture tobacco use among their member population. In both years, the most common tool used by plans was a health-risk or well-being assessment (over 85% of plans), followed by surveys or other intake information from other disease management programs (over 83%). Plans also reported using primary care provider referral information, claims data, electronic medical records data and enrollment form questions. However, despite the effort to capture this information through multiple mediums, plans are not confident about overall use rates.

Beside disparate data sources from FEHB health plans, there are a variety of public survey tools that measure the use of tobacco in the Federal workforce. There are no surveys that cover the entire FEHB population. Surveys that sample the Federal employee population can serve as

² <http://www.opm.gov/healthcare-insurance/special-initiatives/quit-smoking/>

benchmarks for understanding the rate of use in the FEHB overall. However, tobacco use rates among retirees and dependents may vary from those of employees. Also, not all active Federal employees are enrolled in the FEHB program.

Surveys about tobacco use present many inherent issues such as: the nature of self-reported data, potential hesitation to identify as a tobacco user to an employer, and variations in the type of tobacco used and the frequency of use. Further confounding the issue are the variations in data collection efforts and inconsistent definitions of “tobacco users.” For example, Healthy People 2020 defines smokers as “adults aged 18 years and older who have smoked at least 100 cigarettes in lifetime and who now report smoking cigarettes every day or some days.” Alternate definitions of tobacco users (i.e., responding “yes” to a question such as “do you smoke?”), combined with other issues such as intermittent versus daily tobacco use create variation in tobacco use findings within any given population. The differences in defining tobacco users are important to keep in mind when interpreting results and making comparisons with other data sources.

The Federal Employee Benefits (FEBS) Survey

In 2011 and 2013, OPM included questions about tobacco use and the FEHB tobacco benefit on the Federal Employee Benefits (FEBS) Survey. The 2013 FEBS Survey was administered to a random sample of approximately 40,000 full-time, permanent, non-seasonal executive branch employees of the Federal Government. Employees on-board as of February 2013 were eligible. Only full-time, permanent, non-seasonal, Executive branch employees were included in the 2013 FEBS Survey sample (retirees, postal service workers and contractors were excluded).

To measure tobacco use, survey participants were asked if they had used **any** tobacco products within the past 30 days. In future FEBS Survey administrations, OPM plans to use consistent language when identifying tobacco users for trending purposes.

When respondents were asked if they had used tobacco in the last 30 days, 11.6% reported yes, 22.8% reported that they had used tobacco but more than 30 days ago and 65.6% reported that they had never used tobacco. The FEBS Survey results can be used as a good indicator of the active Federal employees’ tobacco use rate.

Other National Surveys

The table below outlines three nationwide tobacco data collection efforts and demonstrates the ways in which differences in the definitions of Federal employees, tobacco use, and other variables impact tobacco use findings. For example, the nature of each sample makes it possible for postal service employees, active duty military, government contractors and retirees to be included in the research.

Variations in sampling, data collection and question structure and development limit the ability to make direct comparisons between the 2013 Federal Employee Benefits (FEBS) Survey results and the results found from other tobacco studies.

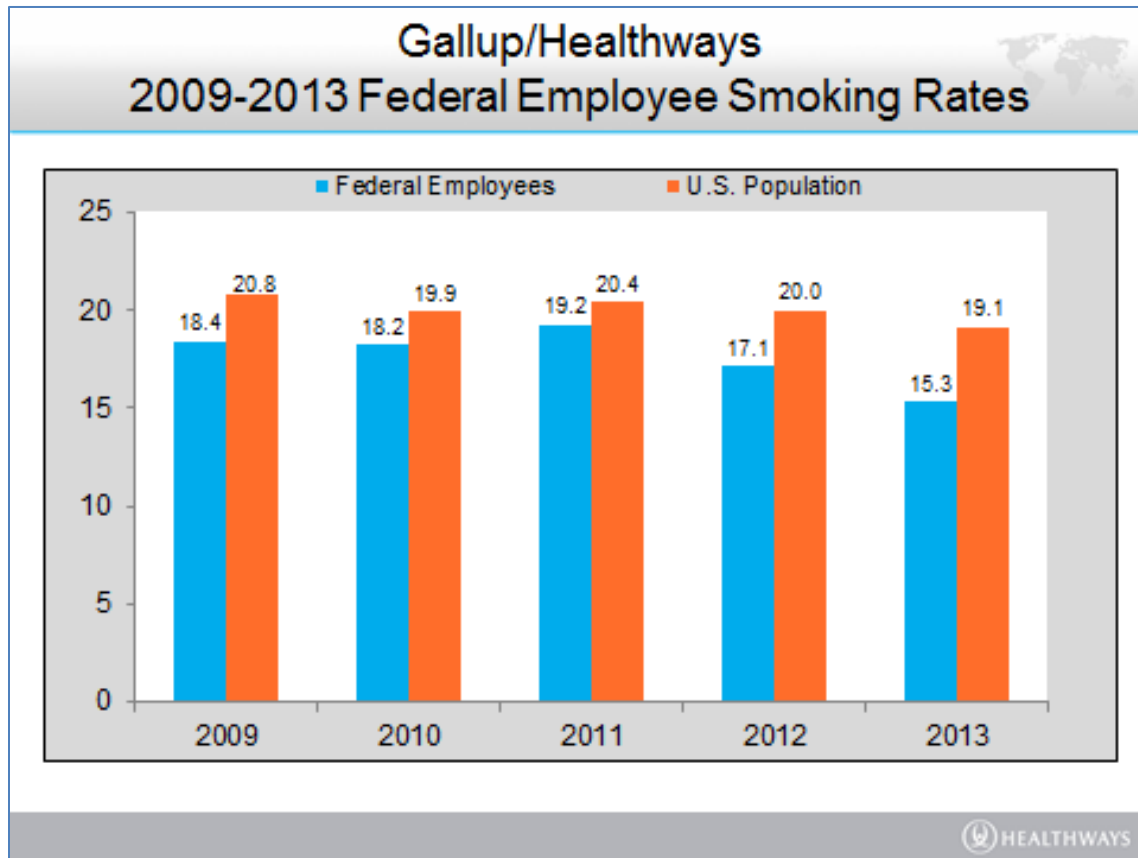
	2010-11 Tobacco Use Supplement to the Current Population Survey (TUS-CPS)	2011 National Health Interview Survey³	Gallup/Healthways Well Being Index
Overview	-Key source of national data: use of tobacco products, tobacco-related norms, attitudes, policies. ⁴ -Conducted via telephone and interviews	-Conducted to monitor the health of the United States population. -Conducted via household interviews	-Comprehensive measure covering six interrelated areas of wellbeing. -Conducted via telephone
Classification of Federal Employee	Reported “federal” as their worker class for either a first or second job.	Selected “A FEDERAL government employee.”	–“Do you currently work for the Federal/State/ Local government?” -Then specified their level of government.
Definition of Tobacco User	“Have you smoked at least 100 cigarettes in your entire life?”	“Do you now smoke cigarettes every day, some days, or not at all?”	“Do you smoke?”
Results⁵	- Current smoker: 11.9% - Former smoker: 19.1% - Never smoked: 69%	Includes “every day” and “some days” smokers: 10.8%	2011: 19.2% 2012: 17.1% 2013: 15.3%

³ http://www.cdc.gov/nchs/nhis/about_nhis.htm#sample_design

⁴ <http://appliedresearch.cancer.gov/studies/tus-cps/>

⁵ Smoking results displayed do not include the use of other tobacco products.

However, for the FEHB program as a whole, including active employees, dependents and retirees, the rate may be closer to the national tobacco use rate. According to the CDC Morbidity and Mortality weekly report⁶, an estimated 43.8 million people, or 19.0% of all adults (aged 18 years or older), in the United States smoked cigarettes in 2011. The Gallup Well-Being index also reported that the adult use rate in the U.S. in 2011 was 19.2%.



OPM has continued a partnership with Gallup/Healthways to monitor and understand the Well-Being Index and the numbers published on active employees. The latest numbers from the index show that rate of tobacco use for active Federal employees has been declining over the last two years. OPM staff talked with Gallup and confirmed these numbers. Looking at the national numbers for this survey also confirms that the Gallup numbers are a good proxy for comparison to CDC for overall averages.

⁶ <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6144a2.htm>

As mentioned above, the use rate in the FEHB population as a whole is probably closer to the national average, however the rates from multiple surveys are showing that active Federal employee numbers are lower than originally thought. Using these numbers as benchmarks, the national number can be considered an upper bound for the FEHB program, while acknowledging that the downward trend reported by Gallup and the lower than expected rates for active employees could serve as proxies for the lower bound. Based on all sources, it is reasonable to assume that the FEHB program numbers are lower than the national average and may be actively declining.

Financial Impact of Tobacco Cessation

In 2012, Berman et al⁷ published a report aimed at understanding the cost to the employer of a tobacco using employee. The report looked at both presenteeism and absenteeism costs, as well as overall medical expenditures. They concluded that an employer spends approximately \$5,816 extra annually to employ a tobacco user vs. a non-tobacco user. Using the results from the FEBS Survey with the numbers from Berman et al., it is estimated that the Federal government is currently spending an excess of \$1.24 billion annually on the active tobacco using population. According to the FEBS Survey, approximately 60% of current users expressed an interest in quitting. If those individuals would quit using tobacco, the Federal government could save approximately \$758 million annually. The FEBS Survey also shows that the majority of tobacco users range from 40-59 years of age. The average retirement age is 60; hence, the impact of a large number of employees in the lower age bands quitting would be quite significant as they still could have approximately 20 years of employment before reaching the average retirement age.

Importance of Communication

Studies show that barrier-free tobacco cessation benefits are most effective when actively communicated to members. This includes repeatedly educating members and providers using a variety of communication methods. Since late 2010 through the present, OPM has actively communicated the benefit to agency benefit officers, agency work-site wellness coordinators, FEHB plans and members. This campaign includes web and print materials for members and for agency and carrier use in promoting the benefit.

⁷ Berman, Micah, et al. "Estimating the cost of a smoking employee." *Tobacco control* (2013).

Tobacco cessation benefits are provided with no copayments or coinsurance to enrollees in an effort to facilitate cessation for Federal employees and their families. As a result, all FEBS Survey respondents viewed questions about the FEHB tobacco cessation benefit in order to assess general employee awareness of the benefit. Nearly 90 percent of participants indicated no prior awareness of the benefit, with only 10.4 percent reporting that they knew about the benefit before participating in the survey.

Of those who were aware of the benefit prior to completing the FEBS Survey, 40.7 percent reported that they heard about the benefit through their employing agency/retirement system and approximately half (53.4 %) reported hearing about the benefit from their health plan. While comparable, the survey results suggest that communication efforts have been slightly more successful through health plans. The most popular medium through which respondents learned about the benefit from their health plan was Open Season materials, while e-mail communication was the most frequently selected method of learning about the benefit through the agency/retirement system. These findings may be helpful to both agencies and health plans in determining the most effective methods of communicating the benefit availability to employees.

In 2011 and 2012, all FEHB plans reported that they actively communicate the tobacco cessation benefit to their members. However, there has been a drop in the number of plans communicating the benefit to providers- in 2012, 84% reported that they were communicating the benefit to providers, while in 2013 only 66% reported communication to providers.

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey is another way to understand if the communication between health care providers and tobacco users is being effectively administered. The CAHPS survey asks consumers and patients to report on and evaluate their experiences with health care. For tobacco cessation, the CAHPS assesses the rate at which health providers advise smokers and tobacco users, who are seen at the point of service, to quit. In 2012 and 2013, approximately 76% of FEHB members 18 years of age and older who were current smokers or tobacco users received cessation advice during the measurement year. Comparing the FEHB CAHPS data to other plans presents a comparison factor to understand how FEHB plans are doing on this measure. In 2013, the national average for PPO plans was

72% and 79% for HMO plans, compared with an average of 76% from both FEHB PPO and HMO plans. FEHB plans are performing relatively well, but there are still missed opportunities to advise members about quitting tobacco use.

As one large plan stated in a recent interview with OPM, provider communications usually focus on what has changed to alert providers to focus on these changes while continuing to provide the same benefits that have not changed. Therefore, many plans do not focus on reminding providers that the tobacco benefit exists. Many plans reported that the communication chain between providers and members is what could change to increase the utilization of the benefit. Plan responses for 2011, 2012 and 2013 indicated that the internet is the preferred medium of reaching members and providers. The FEBS Survey data confirm that the internet is the preferred and most effective medium to convey this information. However, there is still a need to fortify this communication. Plans and providers should focus on reaching 100% of tobacco users who are seen at the point of service.

FEHB Plan Experience

The FEHB program has been actively communicating the benefit to FEHB plans in an effort to keep an open dialogue and to increase awareness. As part of this communication, OPM collects annual information from the health plans about the benefit and utilization, as well as plan administration and challenges.

One interesting thing to note is that many FEHB plans use vendors to administer a tobacco cessation program. While all plans offer counseling and medication through traditional health care providers, when asked to discuss their tobacco cessation programs, they highlighted their vendor services program. Many plans shared that they had a vendor-centered tobacco cessation program prior to the FEHB benefit and were able to use these vendor services to promote and administer the benefit. Another plan mentioned that vendor services are the preferred way of administering tobacco cessation benefits because of the fact that plans are unable to change the way tobacco cessation is provided by health providers at the point of service.

Vendors provide comprehensive services, including but not limited to: online resources, 24-7 telephonic counseling and support, local resources, in-person, internet counseling, and individually tailored programs. When looking at benefit utilization through claims data, there may be an under-reporting effect due to the impact of vendor services. Most plans do not incorporate vendor utilization data into their claims data base. OPM is still exploring this interplay and working with the largest plans to get a better idea of how these vendor services work with the FEHB tobacco cessation benefit.

The examples below are provided from a few of the FEHB plans that discussed the administration of the tobacco benefit with OPM and described how they have set up their tobacco cessation assistance program to provide the greatest opportunity to achieve cessation for their population.

FEP Blue Cross Blue Shield

In order to identify and assist tobacco users in using the tobacco cessation benefit, many plans are also using incentive strategies, the majority through health assessment completion. The Blue Cross Blue Shield (BCBS) Federal Employee Program has implemented the *Breathe for Smoking Cessation* module through the Blue Health Assessment questionnaire.

When members complete the Blue Health Assessment questionnaire, they are entitled to receive a \$35 health account to be used for most qualified medical expenses. For those with Self and Family coverage, up to two (2) adult members, age 18 or over, will be eligible for the \$35 health account.

In addition to the \$35 health account, members are entitled to receive up to an additional \$15 for completing up to three (3) online coaching modules through Blue Health Connection. For each module completed, members receive an additional \$5 credit to their health account.

- The *Breathe for Smoking Incentive* provides FEP members who complete the *Breathe Coaching Session/Module* with free smoking cessation medications prescribed by a physician.

- The *Breathe* Coaching Session is available online through the Blue Health Connection site at www.fepblue.org. It is also available in print version for members who prefer that method.
- Up to 2 adults per contract may earn the incentive, but all adults on the contract can complete *Breathe*. The *Breathe* Coaching Session provides members with a personalized guide to help their smoking cessation efforts. Members can also take advantage of the counseling and classes from Preferred providers.
- Members must have a prescription for the medication in order to receive it at no charge.

BCBS has reported that enhanced incentives, linked with completing the Blue Health Assessment, have increased member engagement. Health and wellness tools have seen a spike in utilization with the current incentive strategy, allowing the plan to reach out to and assist more tobacco users with both counseling and medication at no cost-share.

Aetna

Aetna states that one of the largest impediments to optimal effectiveness of the tobacco cessation program is communication. The plan struggles to identify smokers and thinks that more reliable email contact information from each of their enrollees would be helpful to increase program use. There is also a need for more communication between the agencies and the health plan, as Aetna believes that the workplace is a good place to address current tobacco users. Aetna would support metabolic testing with a lower plan premium as they feel that this would be a more effective way of influencing tobacco use change.

Aetna uses the aetnafeds.com website to let members know about the tobacco cessation benefits offered under the FEHB plans. Members are sent letters and emails (if applicable) to describe the benefits available to them. Further, the Aetna customer service team has access to information about the benefit in their online reference tools so that they are prepared for questions from members.

In addition, the Aetna clinical staff who deal with members (such as disease management nurses) have been notified of the benefit so that when they are working with members who have chronic conditions they can direct them to this benefit to support their smoking cessation goals.

All Aetna FEHB members also have access to the Aetna Navigator secure member website. Aetna sends mailings and e-mails to members encouraging Aetna Navigator registration and completion of the Health Risk Assessment.

On Aetna Navigator, members have access to an online wellness program called *Breathe through Simple Steps to a Healthier Life*. Members who want to quit smoking can get support through the Breathe Program to help reduce cravings, resist relapse and feel healthier. This program teaches about the keys to success, such as ability to cope with stress, prior attempts to quit, support from family and friends, motivation, triggers and more.

The program features:

- Intelligent recruitment email – Members' Health Assessment data is used in an email recommending the program most likely to appeal to them.
- Tailored program plan – Once members complete a program questionnaire, they receive a program plan designed to address their unique needs.
- Newsletters – Members receive a series of 3 newsletters, intended to keep them engaged in their program plan, with additional tips and suggested action items.
- Online supplemental resources – Members have access to online tools and resources that are program-specific, designed to support them as they work towards their health goals.
- Evaluations to gauge program impact – Members are invited to complete evaluations at specific intervals to help gauge the impact of the programs over time.

All Aetna FEHB members also have access to Aetna's Informed Health Line which is promoted in the marketing materials on the website. Aetna's Informed Health Line gives members 24/7 telephone access to registered nurses experienced in providing information on a variety of health topics. The nurses encourage informed health care decision-making and improved patient/provider relationships through information and support. These registered nurses can

provide smoking cessation counseling and can refer the members to customer service for specifics on their benefits.

Group Health Cooperative of Puget Sound

Group Health uses an innovative approach to reach their tobacco using members. They contract with and encourage the use of the Quit for Life® Program. Group Health has concentrated on carefully developing and honing this program to all types of users to help them be successful. The program focuses on managing withdrawal symptoms and identifying triggers that create urges. An essential part of the program is helping users to learn new behaviors and skills to help them remain tobacco-free, including helping them to develop a support network.

All members enrolling in the Quit for Life® Program gets support materials to encourage them, including a workbook to help them be hands on and successful in quitting for good. The program has two options for counseling services so users can pick the one that best meets their needs. Both group and individual program offers are available.

The group option is a support group that meets for five weeks with a maximum of fifteen participants. Each week the group covers topics that are important for success, including nicotine addiction, how to prepare to quit, and how to maintain a tobacco-free lifestyle. Each group class is scheduled with the same fifteen people for five weeks to create a support group beyond the class. Each weekly session is 90 minutes and participants must attend all five sessions. Group Health offers these classes at different locations and times in the Puget Sound region and Spokane. The current schedule has five different locations and multiple days and times at each location for these group classes.

If a Federal Group Health member does not find these group classes to be convenient or if they prefer individual counseling, the program also offers one-on-one assistance. Enrollees in this option will be set up with scheduled personalized telephone counseling sessions along with the program materials available to members enrolled in the group option.

All members have access to Web Coach®, an interactive Web tool that helps members to be connected to quitting tobacco 24 hours a day. The main features of the Web Coach® are:

- Interact with Quit Coaches and peers in the discussion forums
- Track money saved by reducing tobacco usage
- Build a Quit Plan
- Manage stress and avoid weight gain
- Complete exercises to help you with quitting
- Watch videos about key topics on quitting tobacco (such as medications that can help you quit)
- Build a list of allies for support

Mail Handler Health Benefit Plan (MHBP)

The MHBP offers comprehensive tobacco cessation support through their suite of total health and wellness benefits. The plan focuses on providing access to resources to help empower members to take control of their health. Educational materials and access to online tools and nurses are available at all times to provide assistance in the areas of general health and wellness, tobacco cessation, clinical management, health management, kids' health and patient safety.

The tobacco cessation program is provided by QuitPower®. This powerful program gives individual access to a Wellness Coach who can provide specific information and support to tailor a quit plan that fits the individual's life. It's completely personalized, confidential and built to achieve success for each person.

Members call a toll-free number to enroll. A coach works with the member on the first call to discuss wants and needs and pinpoints the challenges and barriers to achieving a tobacco free life. During this initial call, a quit plan is determined, starting with small, lifestyle friendly, changes toward a tobacco free life. As follow up, members have regular 10-20 minute phone calls with their coach to receive answers, advice, support, resources and motivation.

The program also provides up to eight weeks of nicotine replacement therapy at no extra cost when it is part of the recommended cessation plan.

KPS Health Plans

KPS provides coverage for tobacco cessation through their Quit For Life® Program, which uses the prescription drugs and counseling guidance provided by the FEHB benefit. Coverage is provided for tobacco cessation when participating in the Quit For Life® program. Individuals receive coverage of up to two (2) quit attempts per year and a minimum of four (4) counseling sessions that include individual, group, and telephone counseling, along with physician prescribed over-the-counter (OTC) and prescription drugs approved by the FDA to treat tobacco dependence. Members pay nothing for the two quit attempts per calendar year and for physician prescribed over-the-counter and prescription drugs authorized by the Quit For Life® program and approved by the FDA to treat tobacco dependence. For OTC products, users under the age of 18 are to ask a doctor before use. The Quit For Life® program follows the FDA guidance on the treatment courses for prescription drugs.

KPS also provides a direct link on their website to educate members on the FDA recommended treatment course for each quit attempt. The website includes a chart with this guidance which offers a straightforward way to understand what is covered for each medication per quit attempt. This information might encourage tobacco users to begin a quit attempt by being aware of the average length of time recommended and the amount that will be provided to them with no out of pocket expense.

FEHB Claims Utilization Numbers

In order to get a better understanding of benefit utilization and impact, the FEHB program has worked directly with health plans to collect information on claims data. The information gathered is focused on aggregate information to get a general idea of overall utilization.

The plans have submitted information on tobacco cessation counseling and both prescription and over-the-counter medication utilization counts. Though this information is useful, it is also limited in that the counts do not distinguish users across counseling or drug categories. The counts across both categories, counseling and medication, and years show that utilization is increasing across all categories. The increased use of both counseling and medication is encouraging.

Counseling	2011	2012	YOY Change
Unique individuals counseled	21,912	37,249	41.17%
Total claims for counseling	26,980	51,998	48.11%

Prescriptions	2011	2012	YOY Change
Unique individuals meds	132,016	134,258	1.70%
Total claims for meds	344,262	393,348	14.26%

However, due to the fact that the claims data from the plans are just utilization counts, it can't be determined if, or how many, individuals cross categories. The guidelines for the tobacco cessation benefit state that the most effective treatment is a combination of medication and counseling. Based on the fact that the prescription medications should only be prescribed after a counseling visit with a health professional, it is reasonable to assume that many are getting this combination treatment. The snapshot also shows that individuals are getting more than one prescription or using more than one medication for effective treatment.

OPM is set to continue to work with plans and other industry experts to work with claims data. De-identified claims data at the individual level will be used to completely understand the administration and utilization of the benefit. A longitudinal record for each individual will shed light on the effect of the benefit on tobacco related claims and, over the long term, tobacco related disease prevalence. All of these are research priorities for OPM and FEHB health plans.

Next Steps

The Office of Personnel Management is still actively engaged in communicating the tobacco cessation benefit to plans, members and providers. However, it is apparent that the communication strategy, on many levels, needs to be strengthened.

OPM will work to promote communication between the plans and members to create more awareness of the benefit. The current FEBS Survey shows that Federal employees do not have a high level of awareness of the benefit, while the majority of those who use tobacco do want to quit. When they learned about the availability of the cessation benefit through the survey, more

than half of the tobacco-using respondents indicated they would use the benefit. The need to reach tobacco users who want to quit is an obvious opportunity to expand the impact of the program.

The communication between plans and their providers should also be bolstered. Though this communication is a reported challenge for many plans, there should be a concentrated focus on how this communication can be improved. Tobacco users who see a health professional should always be counseled on cessation and given guidance and information at the point of service. OPM will work with plans to promote this communication and set more stringent goals moving forward, measured through the CAHPS survey.

In addition to outreach through the plans, OPM is working with the National Prevention Council to engage other Federal Agencies in promoting the tobacco cessation benefit to their employees. The Office of the US Surgeon General is working closely with OPM to support this outreach.

OPM's overall goals are to: administer this benefit effectively; decrease the overall tobacco use rate; and, reduce the tobacco-related illness burden in the FEHB program. OPM will continue working with FEHB plans and other Federal partners to collect information on tobacco cessation utilization and the effectiveness of this benefit to assess what other steps can be taken to improve health outcomes and achieve overall cost savings.

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<http://www.opm.gov/healthcare-insurance/special-initiatives/quit-smoking/>



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