



NORTH CAROLINA DIVISION OF PUBLIC HEALTH, TOBACCO PREVENTION AND CONTROL BRANCH EXPANDING COMPREHENSIVE COVERAGE FOR TOBACCO CESSATION – A COLLABORATIVE SUMMIT

Million Hearts in Action

[Strategies for Achieving Million Hearts Goals]



Twenty percent or 1.5 million North Carolinians smoke. In 2013, while nearly two-thirds of them tried to stop, only about 15 percent were successful. Too many try to quit on their own without counseling or FDA-approved medications – even though a combination of these aids double or even triple chances of success. To bolster access to existing tobacco cessation options and leverage the Affordable Care Act's recommendations for tobacco treatment, the Tobacco Prevention and Control Branch (TPCB) of the Division of Public Health convened a collaborative Summit with representatives from insurance, health care, business and public health systems to explore strategies for reaching at least 6 percent or 90,360 of current tobacco users with evidence-based treatment.

[Fast Facts]

- North Carolina's smoking rate of 20 percent is higher than the nation's. The Centers for Disease Control reports that 18 percent of U.S. adults smoked cigarettes in 2013.
- 60 percent of North Carolina's smokers failed in their attempt to quit this past year.
- QuitlineNC is reaching little less than 1 percent of the state's tobacco users who want to quit, while the CDC recommends state Quitlines reach 8 percent.
- Tobacco use is responsible for 14,200 deaths in North Carolina each year – and it causes \$3.8 billion in annual medical costs, about \$931 million of which is covered by the state Medicaid program.

[What We Did]

With assistance from the Association of State and Territorial Health Officials (ASTHO), we convened a summit on May 29, 2014 of 35 representatives from universities, health plans, health care systems, hospitals, state and local health departments, foundations, Medicaid, physician groups, and nonprofits.

Summit participants provided context, framing and possibilities from each system's perspective; and they explored how treatment options are funded, managed and promoted, and the limitations on future sustainability.

The meeting, in an atmosphere of shared responsibility, identified important areas of collaborative effort and how to maintain ongoing dialogue – along with helping define vital first steps to allow QuitlineNC funding to reach at least 6 percent of tobacco users who want to quit.

[What We Accomplished]

Blue Cross Blue Shield of North Carolina extended tobacco treatment services to include 90 days of FDA-approved medication and four tobacco cessation counseling sessions for two cycles in a year. There is no co-pay or prior authorization for tobacco treatment services.



BCBS of NC is piloting four QuitlineNC coaching sessions, web-based cessation and text messaging for its self-insured employers. It is expected to reach more than one million covered lives, which includes more than 200,000 tobacco users.

The North Carolina Medical Society Health Plan has decided to purchase eight weeks of nicotine replacement therapy through QuitlineNC for their members who contact QuitlineNC and enroll into the multiple-call program. The health plan covers 27,000 lives.

The State Health Plan for Teachers and State Employees is extending its tobacco treatment services through QuitlineNC. Instead of four calls and eight weeks of nicotine replacement therapy for two cycles a year, the services will include 12 weeks of nicotine replacement therapy. There is no co-pay or prior authorization needed if services are provided via quitline.

[What We Learned]

Here are some insights from the summit:

- Strategic partnerships with employers, health care systems and health plans are critical.
- There is a need for a “level playing field” where all health plans provide the same recommended comprehensive tobacco treatment services.
- Referrals from providers should be easy and to a common, evidence-based source such as the QuitlineNC.
- Quitlines are a good resource for data that is needed by clinicians and investors. Ideally, providers should be able to access Quitline data on their patients’ participation once the referral is made. Payers also should have the option of getting participation data, which could provide needed return-on-investment data.
- Guidance recently released from The U.S. Departments of Health and Human Services for Affordable Care Act tobacco treatment helped promote a “level playing field” for payers.
- Health care systems are all converted or converting to electronic health records which can lead to more referrals to QuitlineNC.

Here are insights from planning the summit:

- It is important to establish “buy-in” from a planning team.
- There is a fine balance between presenting crucial information and soliciting feedback from Summit members.
- Find an excellent facilitator to move Summit members from one topic to another.
- The summit lost some energy and participants after lunch, and in some cases, ended without consensus on clear, concrete next steps
- Ongoing communications and partner relations are keys to success.



[What We Are Doing Now]

- We are working with an MBA student to assess major North Carolina health plans to determine if they meet guidelines of tobacco treatment in the Affordable Care Act.
- The N.C. Chronic Disease and Injury Section, along with clinical and community systems, is exploring development of a concept, known as “NC eHealth Refer and Track” which will track referrals from the clinical setting to self-management services like QuitlineNC; monitor client participation rates; and aggregate health outcomes. TPCB is in discussion with large health plans to develop a bidirectional feed to refer and receive feedback from QuitlineNC through electronic health records.
- TPCB is working with the NC Public Health Foundation to engage health plans and large employers to partner with QuitlineNC.

Tobacco Prevention and Control Branch, Division of Public Health, North Carolina Dept. of Health and Human Services

5505 Six Forks Road, Raleigh, NC 27609

Joyce L. Swetlick, director of cessation

<http://www.tobaccopreventionandcontrol.ncdhhs.gov>

Joyce.Swetlick@dhhs.nc.gov : 919.707.5402

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