



1-800-QUIT NOW

Indiana's Tobacco Quitline

Collaboration for Cessation Change

Presentation Overview

1. Tobacco Facts
2. Benefits of working through IAHU
3. Indiana Tobacco QuitLine-Preferred Employer Network
4. Additional Resources Available

IAHU + ITPC = Partnering to Lower \$Cost

- Building On...
Recent reductions in the state's smoking rate for adults and youth
 - 2009 reached the lowest rate of adult smoking in Indiana (23%) ever recorded
 - 2007-08 high school and middle school smoking rates cut in half
 - Nearly 400 million fewer packs of cigarettes being sold over the last 9 years

IAHU + ITPC = Partnering to Lower \$Cost

- Building On...
Employer concern about high cost of tobacco use
 - Over 1 million adult smokers in Indiana
 - Employers spend \$3,391 per smoker per year in direct medical costs and lost productivity
 - A workforce of 500 employees in Indiana will spend on \$389,965 per year in business costs associated with smoking
 - A tobacco free workforce saves employers money through less workers' compensation cost, reduced construction and maintenance costs, and less employee absenteeism

IAHU + ITPC = Partnering to Lower \$Cost

- Building On...
New Federal Stimulus Grant Funding to ITPC
 - 18 month project
 - Focused on enhancing the Indiana Tobacco Quitline to reach out to employers
 - Window of opportunity that IAUW can capitalize on to provide free “added value”

Benefits Of Working Through IAHU

- Ability to fax refer employees to the quit line
- Materials to educate employees about tobacco use and the Indiana Tobacco QuitLine
- Cumulative data about participating company EE's
- Connection to local cessation specialists
- Updates on new resources, research, and quit line promotional materials
- Discount coupons for NRT's in addition to what is provided by the quit line as an IAHU member



1-800-QUIT NOW

Indiana's Tobacco Quitline

Collaboration *with*
Indiana Tobacco Prevention
and Cessation
through
The Indiana Tobacco Quitline

What Is A Quitline?

- Telephone-based Cessation Services
- Offered Toll-free
- Evidence-based
- Proactive
- Coaches
 - Highly trained in cognitive behavioral therapy
 - 240 hours of training
 - **Spanish speaking competency** (170 other languages)
 - Educated up to graduate level
 - Over 50% with 3+ years prior experience in counseling

The Program



QUIT COACH™
Specialized
Training



MEDICATION
Direct Mail NRT, Chantix,
Bupropion



WEB COACH™
Fully Integrated

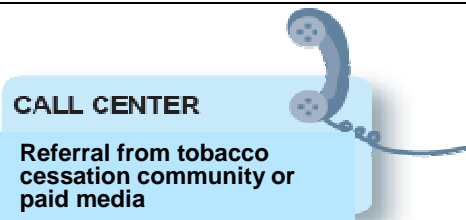


QUIT GUIDES
Stage Based

- Four prearranged appointments w/coach
- Ten prearranged appointments for pregnant woman
- Unlimited call in privileges and access to the web
- Two weeks Free NRT
- Support Materials

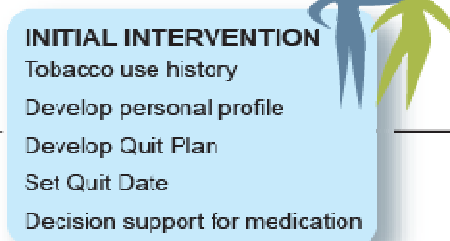
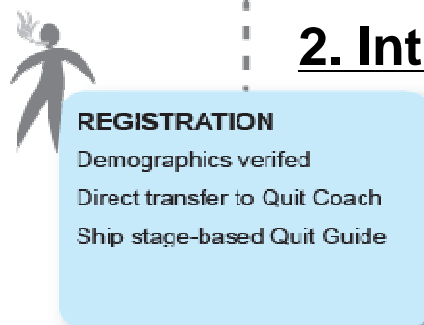
The Participant Experience

1. Fax Referral or Person Calls

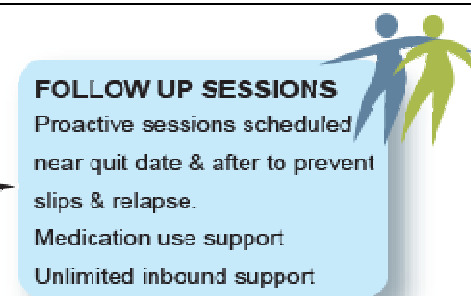


18 yrs. or older

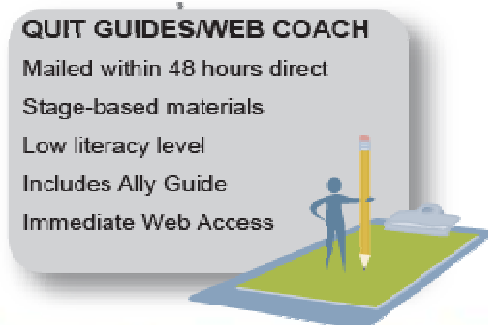
2. Intake Specialist



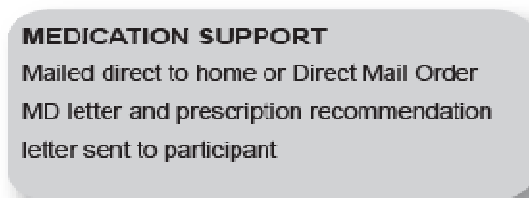
3. Professional Coach



3. Professional Web Coach



4. Physician RX or OTC



The Program Works

Practices based on 25 yrs of research
helped hundreds of thousands of smokers quit & stay quit

1. Quit at personal pace → 1. Choose own Quit Date, personal Quit Coach help prepare & get ready
2. Conquer urges to smoke → 2. Learn when & where urges strike & how to cope & manage stress w/o smoking
3. Use Pharmaco so they really work → 3. Recommend meds right for each participant and teach how to use correctly
4. Don't just Quit, **become** NON-SMOKER → 4. QUIT for good-support to make this the LAST Quit, help with weight issues

QuitLine Effectiveness

- Meta-analysis of 13 studies shows **56%** increase in quit rates when compared with self-help (Stead et al. 2004).
- Surveys indicated that smokers are several times more likely to use the QuitLine than a face-to-face program (McAfee et al. 1998, Zhu & Anderson 2000).
- **Accessibility**
 - Eliminates many barriers of traditional classes (having to wait for classes to form, needing transportation).
 - Helpful for those with limited mobility and those in rural or remote areas.
 - Appeal to those who are reluctant to seek help provided in a group setting (Zhu & Anderson 2000).

Benefits

- Confidential
- Free
- National call number 1-800-QUIT-NOW
- Provides intensive one on one counseling
- Unlimited access as long as necessary
- HIPAA Compliant Entity
- Assess ability to all tobacco users
- Easy use by employers and participants
- Initial call does not need to be made by tobacco users, but by Quit Coach™



1-800-QUIT NOW

Indiana's Tobacco Quitline

Preferred Employer Network

Preferred Employer = Multiple Benefits

- Lower your health care costs = become a Preferred Employer
- Create platform to help employees quit smoking
- Access to evidence-based professional resources
- Unlimited QUIT NOW fax referral privileges
- Promotional and educational materials
- Data on participating fax referred employees
- Access to local cessation specialists
- Enrollment is quick & simple

Join Our Preferred Employer Network

Preferred Employer
Enrollment Form

Preferred Employer Network



1-800-QUIT NOW
Indiana's Tobacco Quitline

FAX 1.219.326.6396
www.IndianaTobaccoQuitline.net

The QUIT NOW Referral Network was developed by Indiana Tobacco Prevention and Cessation (ITPC) to assist health-care providers with providing proven, professional resources to help patients kick their addiction to tobacco. As a Preferred Provider with the QUIT NOW Referral Network, you will receive exclusive tobacco cessation services and materials.

QUIT NOW Referral Network Privileges

The program includes ongoing QUIT NOW communications to keep you up-to-date with the latest tobacco issues and research data available. **Direct Access to a Cessation Specialist** for one-on-one advice and consultation.

QUIT NOW Fax Referral Forms to directly refer patients to the Indiana Tobacco Quitline, which offers specially trained Quit Coaches® to develop individualized quit plans for people who are ready to quit.

The QUIT NOW Referral Toolkit includes:

- QUIT NOW Fax Referral Forms
- Indiana Tobacco Quitline Brochures
- Pharmacotherapy Chart
- Insurance Code Guide for Reimbursement
- Tobacco Cessation Counseling Materials
- Tobacco Cessation Posters

Please enroll me in the QUIT NOW Referral Network. There is no charge for this service.

Individual Provider's Name _____

Practice or Organization Name _____

Type of Practice or Organization _____

Address _____

City _____ State _____ ZIP _____

County _____

E-Mail Address _____

Phone (____) _____ - _____ Fax (____) _____ - _____

Please return this form by e-mail to: ITPCQuitLineReferral@itpc.IN.gov
or fax the form to 1.219.326.6396


Partnering together to combat tobacco addiction!

YOU ARE READY:

- Promote the Indiana Tobacco QuitLine to employees
- Begin referring employees who are ready to quit to 1-800-QUIT-NOW

Fax Referral

Indiana Tobacco Quitline
FAX REFERRAL FORM

**1-800-QUIT NOW**
Indiana's Tobacco Quitline

FAX 1.800.483.3114

Employer

Employer Information Date Fax Sent ____/____/____

Clinic Name _____

Health Care Provider _____

Contact Name _____

I am HIPAA-Covered Entity (check one) Yes No I Don't Know

Fax (____) ____-____ Phone (____) ____-____

Comments _____

PATIENT INFORMATION

Gender Male Female Pregnant? Yes No

Patient Name _____ Date of Birth ____/____/____

Address _____

Primary # (____) ____-____ TYPE Home Work Cell Other

Secondary # (____) ____-____ TYPE Home Work Cell Other

Language Preference (check one) English Spanish Other _____

Tobacco Type (check all that apply) Cigarettes Smokeless Tobacco Cigar Pipe

I am ready to quit tobacco and request the Indiana Tobacco Quitline contact me to help me with my quit plan.

I do not give my permission to the Indiana Tobacco Quitline to leave a message when contacting me.

Patient Signature _____

The Indiana Tobacco Quitline will call you. Please check the BEST 3-hour time frame for them to reach you. **Note:** The Quitline is open 7 days a week; call attempts over a weekend may be made at times other than the selected 3-hour time frame.

6am-9am 9am-12pm 12pm-3pm 3pm-6pm 6pm-9pm

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Confidentiality Notice: This facsimile contains confidential information. If you have received this facsimile in error, please notify the sender immediately by telephone and confidentially dispose of the material. Do not review, disclose, copy, or distribute.

You fax it...
We take it from
there...

Something For Everyone

www.indianatobaccoquitline.net

www.quitnowindiana.com

www.itpc.in.gov

Indiana Tobacco Quitline - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites

Address <http://www.indianatobaccoqui...?type=healthcareproviders> Go Links

Google Go

1-800-QUIT NOW
Indiana's Tobacco Quitline

Indiana Tobacco Quitline

Home Tobacco Users Healthcare Providers Employers Family & Friends Tobacco Control Partners Testimonials Contact Us

Tobacco Users
Kick the habit and improve your health >>

Healthcare Providers
Use the Quitline to help your patients quit >>

Employers
Learn how to become smoke free >>

Family & Friends
Support your loved one's decision to quit >>

Call the FREE Indiana Tobacco QUITLINE
1-800-QUIT-NOW
Available to all Hoosiers from 8am to midnight, 7 days-a-week.

Healthcare Providers

The Indiana Tobacco Quitline is a telephone-based cessation service designed to help all Indiana tobacco users.

The Indiana Tobacco Quitline assists:

- Tobacco users, in any stage of readiness to quit
- Pregnant smokers
- Smokeless tobacco users
- Former smokers who want relapse prevention support
- Friends and relatives of tobacco users who want to offer support

If you need information about pharmacotherapy interactions and contraindications, nicotine replacement therapy (NRT) dosages, etc., call the Quitline at 1-800-QUIT-NOW for free information.

When your patient calls the Quitline, a trained Quit Coach will provide:

- An assessment of readiness to quit
- A customized quit plan

Click here to speak with a Quit Coach now!
Click to Call

Get the Facts

Quitting
Don't be discouraged if you've tried before and been unsuccessful. It takes an average of 7 to 11 attempts for many smokers to quit completely.
[Click here for details](#)

Spit Tobacco
Did you know that most snuff tobacco contains the highest levels

Done

Start 2 Windo... Final ITPC... Indiana Ge... Indiana T... Windows ... Microsoft ... Internet

9:23 AM

Quit Now Indiana: A Collaboration for Change

1-800-QUIT NOW

Conclusions

- Treatment of tobacco use = at least same attention that other *chronic diseases* demand
- Achieve by enrolling as Preferred Employer
- Have knowledge of support and utilize resources
- Fax Referral = cornerstone of diverse cessation success
- Additional steps:
 - Implement a smoke-free workplace
 - Optimize insurance cessation & pharmaco therapy coverage
 - Promote workplace wellness for smokers and nonsmokers
 - Talk with other employers about the cost savings you've experienced from helping employees quit smoking



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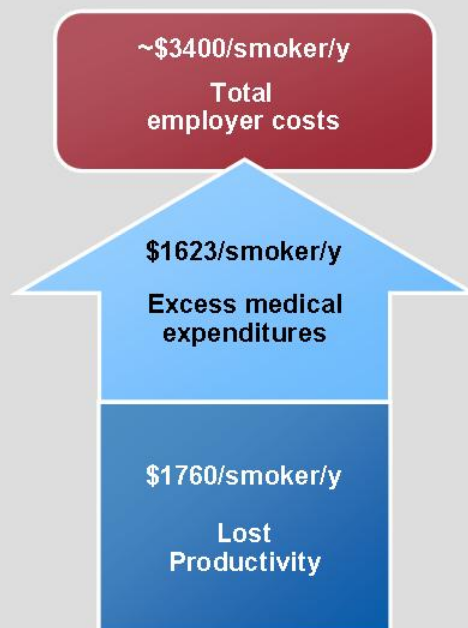
Additional Resources Available Next Steps

Key Takeaways

- Cigarette smoking is highly prevalent. It increases the risk for many serious, chronic health conditions
- Smoking is costly to both consumers and purchasers
- Although the majority of smokers want to quit, few people successfully quit smoking on their own
- Literature shows that more people quit smoking, and remain quit, when both pharmacotherapy and behavioral support are used
- A smoking cessation benefit has been shown to be a valuable investment
- When employers offer smoking cessation benefits, more smokers make quit attempts

Should Employers Be Concerned About Cigarette Smoking?

Cigarette smoking has been shown to have substantial cost impact on both productivity and medical expenses



Excess Medical Expenditures

- Smokers use more health care days
- Smokers incur more direct medical costs
- Increased insurance premiums for smokers
 - Health
 - Life

Lost Productivity

- Smoking is a leading cause of worker lost production time, even more than alcohol abuse or family emergencies
- Up to 8% of a smoker's workday is spent on smoking-related activities
- Smokers are absent ~2 more days per year than nonsmokers

Bunn WB et al. *J Occup Environ Med.* 2006;48:1099-1108.

USA Today. Employers charging smokers extra for health insurance. February 27, 2007.

CDC. Coverage for tobacco use cessation treatments: why, what, and how. 2003.

Ohio Department of Insurance. Life insurance guide: how to get the most out of your life insurance. 2005.

CDC. *Save Lives, Save Money: Make Your Business Smoke-Free.* 2006.

Lesmes GR. *Am J Med.* 1992;93:48S-54S.

1 in 5 Adults in the US Smokes Cigarettes, and the Majority Want to Quit

- In a 2004 National Health Interview Survey (NHIS)
 - Almost 45 million adults (20.9%) in the United States were cigarette smokers
 - Of which, 36.1 million (81.3%) smoked every day
- >70% of smokers want to quit
 - 30% to 50% of smokers try to quit each year
- The average smoker will try to quit 6 to 9 times in a lifetime
- For smokers who quit unaided, only 5% stay abstinent for 6 to 12 months

American Lung Association. *Trends in Tobacco Use*. January 2006.

CDC. *MMWR Morb Mortal Wkly Rep*. 2005;54:1121-1124.

Foulds J et al. *Expert Opin Emerg Drugs*. 2004;9:39-53.

CDC. *Women and Smoking: a Report of the Surgeon General*. 2001.

Hughes JR et al. *Addiction*. 2004;99:29-38.

The Employer's Role: Putting in Place a Smoking Cessation Benefit

- A 2001 Centers for Disease Control and Prevention (CDC) survey showed:
 - 66% of Americans <65 years of age are insured through their employer
 - 1 in 4 employers offered any coverage for smoking cessation
 - Just 4% offer benefits at the level the CDC prescribes
- A number of well-respected sources recommend providing a smoking cessation program to employees
 - CDC
 - Milliman
 - National Business Group on Health (NBGH)

“For benefits decision making, the small cost, along with the medical effectiveness, could easily justify covering smoking cessation programs.”

- Milliman report—Covering smoking cessation as a health benefit: a case for employers, 2006.

CDC. Coverage for tobacco use cessation treatments: why, what, and how. 2006.

Wojcik J. Few employers adopt stop-smoking programs. 2007.

Fitch K et al. Milliman report—Covering smoking cessation as a health benefit: a case for employers. 2006.

Smoking Cessation Coverage Has Been Shown to be a Cost-Effective Benefit

- According to a 2005 analysis by The Partnership for Prevention:
 - Smoking cessation is as cost-effective as childhood immunizations and daily aspirin use
 - Smoking cessation is more cost-effective than other frequently covered adult-disease–prevention interventions such as those for hypertension and high cholesterol
- According to the CDC in 2003, cost analyses show that smoking cessation benefits are either cost-saving or cost-neutral over a period of 3 to 5 years

3 Key Factors Drive the Positive Potential Business Impact of a Smoking Cessation Benefit

- Reduced health care costs
- Reduced absenteeism
- Increased productivity



Most employer-based smoking cessation programs are not comprehensive, according to the US Public Health Service and the CDC

NBGH Survey (October 2007):

506 employers with 1000 or more employees; 50% with <10,000; 50% with \geq 10,000

- 78%** believe smoking cessation benefits can improve employee health
- 74%** believe smoking cessation benefits can decrease health care costs
- ~60%** believe that the direct medical costs and lost productivity due to smoking are harmful to a company's bottom line

2%

Percentage of companies offering a comprehensive scientifically based smoking cessation program, as recommended by the US Public Health Service and the CDC

NBGH = National Business Group on Health.

Finch R. NBGH Web site. <http://www.businessgrouphealth.org/meetings/forum2007/presentations/plenary/plenary6.pdf>. Accessed January 10, 2008.



TM

Recommendations for a Comprehensive Smoking Cessation Benefit

- CDC and WHO recommend coverage of comprehensive smoking cessation benefits
 - Counseling and medications
 - At least 4 counseling sessions of ≥ 30 minutes each
 - Prescription and over-the-counter smoking cessation aids
 - ≥ 2 smoking cessation attempts per year
 - Eliminate or minimize co-pays or deductibles
- NBGH recommends additional actions to improve impact
 - Offer employees a variety of treatment options
 - Allow individuals to choose their preferred approach
 - Promote telephone quit line
 - Emphasize problem solving and social support
 - Communicate what is available to the employees
 - Extend benefit to treat employee's dependents and spouse
 - Offer incentives to achieve and maintain healthy lifestyles

CDC. Coverage for tobacco use cessation treatments: why, what, and how. 2006.

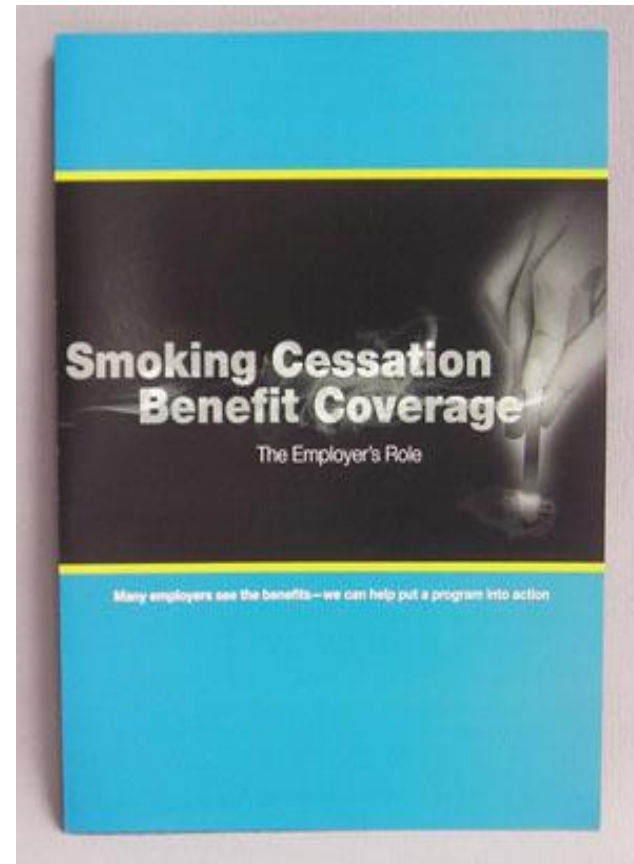
WHO. Policy recommendations. 2003.

National Business Group on Health, Center for Prevention and Health Services. *Reducing the Burden of Smoking on Employee Health and Productivity*. 2003.

Cost of Providing the Benefit Is Relatively Inexpensive to the Purchaser

- In a 2006 survey by Milliman Consultants and Actuaries, the per member per month (PMPM) cost for a smoking cessation benefit (pharmacotherapy and behavioral support) historically ranged from \$0.02 to \$0.45
 - Estimated costs varied depending on the level of coverage (very low to very high)
 - Very low coverage included self-help booklet and up to 5 telephone counseling sessions
 - Very high coverage included pharmacotherapy, primary care physician evaluation with advice, and 12 individual/group therapy sessions
 - How does this compare to other common covered conditions?
 - In a 2005 analysis by Express Scripts, the PMPM cost for pharmacotherapy alone for diabetes, hypertension, and depression ranged from \$3.41 to \$7.95 PMPM
- “Smoking cessation programs cost little and provide a measurable significant benefit”***
- Milliman report—Covering smoking cessation as a health benefit: a case for employers, 2006

Additional Resources Available for Your Employers



Additional Resources

BENEFIT RIDER OVERVIEW

SDC Smoking Cessation Coverage Recommendations

Based on a review of studies by Morris, Carney, and ZFPAH, the SDC concludes that smoking cessation therapy is the single most cost-effective health insurance benefit that can be offered. The design of a benefit rider for smoking cessation therapy is more specific than of coverage – behavioral modification and pharmaceutical coverage may be better or equivalent. The benefit rider should also address the number of smoking cessation quit attempts that will be provided per year SDC recommends that plans cover a maximum of 2.

Area of Coverage	Reason for Coverage
Behavioral modification (they include nicotine, bupropion, or transdermal nicotine or patch treatment) <ul style="list-style-type: none"> • Cover at least 4 counseling sessions of at least 30 minutes each¹ 	<ul style="list-style-type: none"> • Behavioral modification helps smokers change habits and behaviors associated with smoking² • Counseling increases the rate of successful quitting³
Pharmaceutical coverage (prescription benefits for medications requiring a prescription prescription for maintenance of over the counter products) <ul style="list-style-type: none"> • Coverage and distribution should be identical with or without⁴ 	<ul style="list-style-type: none"> • Cost of coverage can be a barrier to treatment⁵ • The odds of successfully quitting are less likely with the use of pharmaceuticals⁶ • Identifying and/or covering over-the-counter nicotine patches⁷

Notes to Customers

The health and economic benefits of smoking cessation have been demonstrated for both smokers and non-smokers. Smoking cessation benefits can be a critical practice for risk reduction and health care costs by reducing disease and death caused by smoking-related diseases (SRDs) and as a unique practice to potentially reduce the burden of smoking as well as the overall population, to allow the disease management effort a commitment of resources to address the potential of benefits to occur.

References

1. National Center of Health Data of the Centers for Disease Control. Smoking cessation coverage and costs. *Health Affairs* 2006; 25: 1000-1005.
2. Morris, Carney, and ZFPAH. Smoking cessation coverage recommendations for health insurance plans. *Health Affairs* 2006; 25: 1000-1005.
3. Morris, Carney, and ZFPAH. Smoking cessation coverage recommendations for health insurance plans. *Health Affairs* 2006; 25: 1000-1005.
4. Morris, Carney, and ZFPAH. Smoking cessation coverage recommendations for health insurance plans. *Health Affairs* 2006; 25: 1000-1005.
5. Morris, Carney, and ZFPAH. Smoking cessation coverage recommendations for health insurance plans. *Health Affairs* 2006; 25: 1000-1005.
6. Morris, Carney, and ZFPAH. Smoking cessation coverage recommendations for health insurance plans. *Health Affairs* 2006; 25: 1000-1005.
7. Morris, Carney, and ZFPAH. Smoking cessation coverage recommendations for health insurance plans. *Health Affairs* 2006; 25: 1000-1005.

NBCH Employee Programs to Support Employees with Tobacco Use Cessation

Navistar, Inc.
Improving Productivity and Realizing Cost Savings.

Tobacco-related illness is the leading preventable cause of death in the United States, accounting for approximately 20 percent of all deaths annually. In addition, smoking-related medical expenses cost employers an extra \$2,332 per smoking employee per year¹ in response to growing evidence that tobacco cessation programs improve employee health and yield cost savings to employers, many companies have begun implementing workplace smoking cessation programs.

The National Business Coalition on Health (NBCH) has developed a series of case studies profiling employees that have successfully implemented such programs in an effort to share best practices and lessons learned.

Background

Navistar, an Illinois-based truck and engine company, is an industry leader in delivering high-performance diesel transportation. The company is committed to sound science, advanced ergonomics and emissions technology, and the use of technologies and materials that reduce energy use and overall environmental impacts.

Navistar's workforce comprises 17,000 employees with an average age of 45 and an average length of service of 12.5 years. Forty-seven percent of the workforce is uninsured and the ratio of retirees (and surviving spouses) with health benefits to active employees is 3.5 to 1.

Promoting Wellness

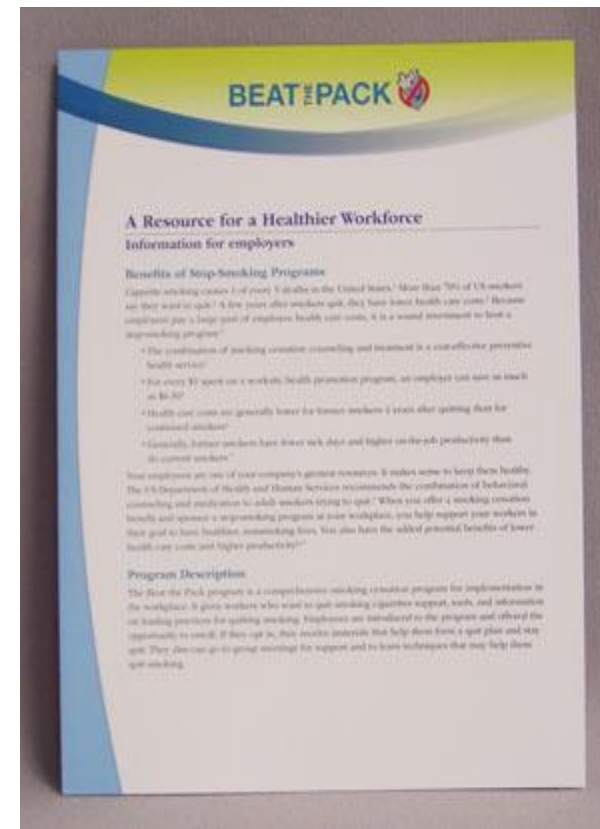
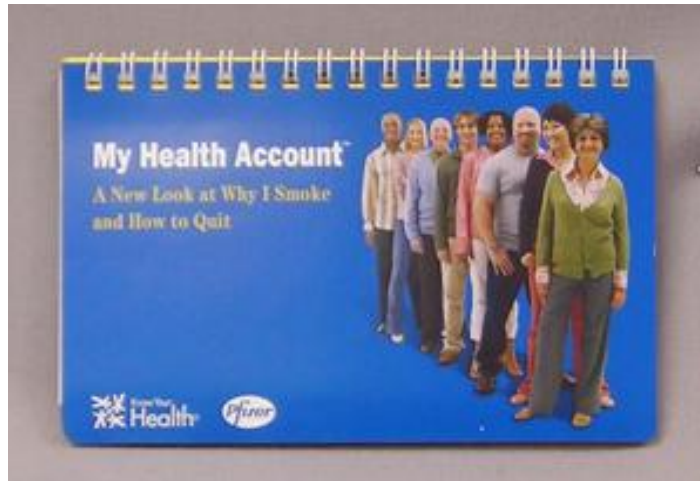
"A sustainable future rests upon a sustainable workforce. We are demonstrating how savings and employee well-being can be accomplished simultaneously."
Don Pilsbury, Director, Health and Productivity, Navistar, Inc.

Navistar's approach to employee wellness is to drive the "3, 2, 1" of health management and prevention:

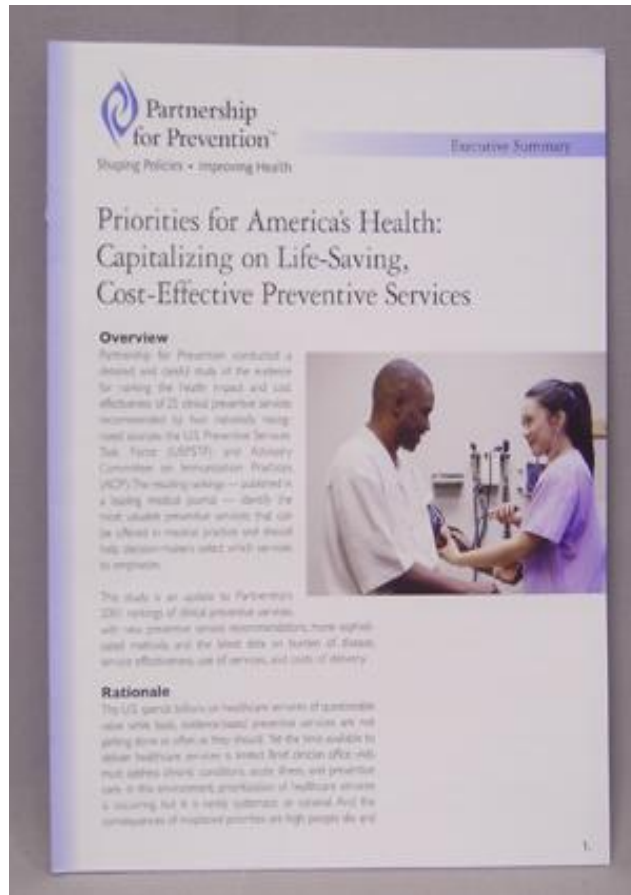
- Primary prevention, which promotes safety, health, and wellness to prevent risk factors such as smoking or obesity.

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Additional Resources



Additional Resources



YOU WANT TO HELP...
AND NOW WE CAN HELP,
@ WWW.SMOKINGCESSATIONCENTRAL.COM

When smokers are ready to quit, providing smoking cessation coverage improves their chances for success. ¹

SMOKING CESSATION CENTRAL
An Online Resource That Helps You...

- Learn the facts about smoking cessation and the positive impact it can have on your bottom line
- Design benefit coverage as identified by leading practices
- Implement a program that will drive use among your smoking population

LET'S HELP YOUR QUITTERS
GET STARTED

Additional Resources

- Many more resources available to you for use with your employer customers
- For additional information regarding resource description and availability in large quantities, contact:
 - Susan Rider, IAHU srider@gregoryappel.com
 - Rick Panepinto- richard.n.panepinto@pfizer.com
 - Contact info in folder provided today as well

Next Steps

- Become an IAHU member, if not already
 - Membership will be verified prior to distribution of materials.
- Contact Susan Rider srider@gregoryappel.com for materials to present to your employer groups
- Advocate the importance of smoking cessation to your employer groups through the resources provided by our community partners



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