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## Be part of the \$400,000,000 health care solution. Make Helping Benefit Oregon Smokers (HBOS) the Oregon standard of care and help tobacco users quit.

Oregonians save \$400 million in medical costs every time we reduce the Oregon smoking rate by ONE PERCENT.<sup>1</sup> The smoking rates have already come down over 6 percentage points from 1996 to 2009. But our smoking rates are still higher than our neighboring states, adding to the cost of health care in Oregon.

- In 1996, 23.7% of Oregon adults smoked. By 2009, the rate had dropped to 17.5%.<sup>2</sup>
- During the same time, smoking rates in California declined from 18.6% to 12.9% and in Washington from 23.4% to 14.6%.<sup>3</sup>

**Oregon has a unique opportunity to leverage the new state requirement to cover smoking cessation into reduced smoking and lower health care costs by making covered benefits more effective. More effective benefits yield better results.**

### We are on our way

In 2009, nearly 50% of Oregon smokers tried to quit, stopping for one day or longer. Over 40% of these smokers tried an over-the-counter nicotine medication to quit and over 30% tried a prescription medication to quit. But, only 8% got the recommended help from a program.<sup>4</sup> Aligning benefits with the HBOS Benefit Recommendations can help improve the effectiveness of tobacco cessation benefits. By improving benefits available for smokers **ALREADY TRYING TO QUIT**, Oregon could see positive results and a positive return on investment.

### Join In

All health plans, employers, brokers, health care purchasers and advocates are needed to Join In.

Start by comparing your benefit to the HBOS Recommendations (see sidebar).

- **Health Plans:** align benefits with the Recommendations and consider using the Recommendations as the basis for a standard benefit offered to all clients.
- **Employers, brokers, and purchasers:** consider using the Recommendations to guide benefit decisions.
- **Advocates:** help by promoting the Recommendations as the basis for services for all tobacco users.

### Want more information?

Go to [www.smokefreeoregon.com/smokefree-places/worksites](http://www.smokefreeoregon.com/smokefree-places/worksites) for more information. You can also contact us directly to answer questions and to arrange a presentation for your organization.

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### Compare your benefit to the HBOS Recommendations

#### **Regular screening and treatment referral.**

- Health Plans – ask about tobacco use at every visit – 15 years + and refer smokers to programs
- Employers – Identify smokers & encourage participation in health appraisals and programs

#### **Evidence-based programs and medications.**

- Effective treatment is evidence-based and flexible
- Have options – alone or in combination
- Counseling – individual, group, and quit line services
- Medications – prescription & non-prescription
- Offer program and medication benefits separately

#### **Annual coverage.**

- People's needs are different
- Cover two or more quit attempts annually
- Structure benefit for options for longer treatment

#### **Limited cost sharing.**

- Limit copayment to same as routine medical services
- Waive copayment completely

#### **Reimbursement.**

- Ensure benefit reimburses trained professional who provide specialized cessation services
- Ensure that asking about tobacco use & program referral is a preventive benefit

#### **Measure outcomes.**

- Track quit rates for enrolled members/employees
- Measure provider performance and member participation rates

Download at  
[www.smokefreeoregon.com/smokefree-places/worksites](http://www.smokefreeoregon.com/smokefree-places/worksites)

## Helping Benefit Oregon Smokers (HBOS)

In 2010, a consortium of Oregon health plans and representatives from the health care community agreed on a common set of benefit design recommendations for tobacco cessation. The Helping Benefit Oregon Smokers Benefit Design Recommendations are a response to Senate Bill 734 requiring that Oregon based health plans offer at least a minimum of \$500 in coverage for tobacco dependence treatment. With this legislation, about 70% of Oregonians became eligible to receive help to quit through their health insurance plans. The Recommendations show how to bring smoking cessation benefits in line with the best science and established standard of care for tobacco cessation.

### Why an Oregon standard of care?

The science for helping people quit has advanced but not all health care benefits are aligned with what is known to be effective. Having a common set of recommendations and encouraging all health insurers and purchasers of health insurance to use them can:

- Establish a community standard that helps both doctors and patients know what treatment will be covered regardless of insurance plan.
- Increase benefit effectiveness. Smokers receiving effective treatment are 2 to 3 times more likely to quit.<sup>5</sup>
- Yield an average savings of \$1900 from the cost of cigarettes per year for tobacco users who quit and save hundreds or thousands of dollars on potential medical care costs.<sup>6</sup>
- Reduce days of work missed due to illness.<sup>7</sup>
- Lead to healthier, smoke free communities.

### Having a standard benefit works: MassHealth

In 2006, Massachusetts passed health care reform giving low income residents access to a standard tobacco cessation benefit. The benefit was easy to access and widely promoted. Results show that 37% of MassHealth smokers used the benefit, smoking prevalence declined by 26%, and cardiovascular claims decreased by nearly half.<sup>8</sup>

## Endorsing Organization

### Endorsing Health Plans

**Aetna®**  
Seattle, WA

**Kaiser Permanente®**  
Portland, OR

**LifeWise Health Plan of Oregon**  
Portland, OR

**The ODS Companies**  
Portland, OR

**Providence Health Plans**  
Portland, OR

**Regence BlueCross Blue Shield of Oregon**  
Portland, OR

### Aligning With Recommendations

**CIGNA® HealthCare**  
Seattle, WA

**PacificSource Health Plans**  
Springfield, OR

### Endorsing Organizations

**American Lung Association® of the Mountain Pacific**  
Tigard, OR

**Oregon Coalition of Health Care Purchasers**  
Portland, OR

**Oregon Health Authority**  
Portland, OR

**Tobacco-Free Coalition of Oregon, Inc.**  
Portland, OR

### Tobacco Facts<sup>2</sup>

- Since 1996, nearly 200,000 Oregonians have quit smoking.
- Today, more than 400,000 Oregon adults still smoke.
- Smoking costs Oregonians \$2.2 billion in health care expense and lost productivity every year and causes untold suffering.
- Most people who smoke want to quit and about half seriously try every year. Only about 10% succeed.

### Quitting is hard

- Tobacco causes a complex dependency that affects people's ability to function, making hard to stop.
- Treatment is like a chronic disease; it takes effort and help over time to find the right combination.
- A few people find quitting easy; most don't.

### Getting help, helps.

- People who get the right treatment are 2-3 times more likely to quit and stay quit.<sup>5</sup>
- To succeed, treatment needs to be evidence-based, designed using best practices, and be easy to access.
- Making quitting easy is smart business. When people quit, health improves, costs go down, and productivity goes up.
- While treatment is cheap compared to all the costs associated with smoking, treatment has not been affordable for many Oregonians before the new law.

## References

1. Campaign for Tobacco-Free Kids. State harms & costs from each one percentage point increase in state smoking. June 15, 2010. [http://www.tobaccofreekids.org/facts\\_issues/fact\\_sheets/toll/us\\_states/](http://www.tobaccofreekids.org/facts_issues/fact_sheets/toll/us_states/)
2. Tobacco Prevention and Education Program. Oregon Tobacco Facts & Laws. Portland, Oregon: Oregon Department of Human Services, Oregon Public Health Division, 2010. <http://public.health.oregon.gov/PreventionWellness/TobaccoPrevention/Documents/tobfacts.pdf>
3. Department of Health and Human Services, Centers for Disease Control and Prevention. State Tobacco Activities Tracking and Evaluation (STATE) System. State Comparison Report. <http://apps.nccd.cdc.gov/statesystem/ComparisonReport/ComparisonReports.aspx>
4. Oregon Behavioral Risk Factor Surveillance System 2009, Oregon Department of Human Services, Oregon Public Health Division.
5. Public Health Service Clinical Practice Guideline: Treating Tobacco Use and Dependence 2008 Update. [www.ahrq.gov/path/tobacco.htm#Clinic](http://www.ahrq.gov/path/tobacco.htm#Clinic).
6. One year savings calculated using the Online Savings Calculator at [www.smokefree.gov/savings-future.aspx](http://www.smokefree.gov/savings-future.aspx)
7. Fitch K, Iwasaki K, Pyneson B. 2006 Milliman, Inc. Covering Smoking Cessation as a Health Benefit: A Case for Employers. American Legacy Foundation. [www.americanlegacy.org](http://www.americanlegacy.org).
8. Land T, Warner D, Paskowsky M, et al. (2010) Medicaid Coverage for Tobacco Dependence Treatments in Massachusetts and Associated Decreases in Smoking Prevalence. *PLoS ONE* 5(3):e9970. doi:10.1371/journal.pone.0009770.
9. Land T, Rigotti NA, Levy DE, et al. (2010) A Longitudinal Study of Medicaid Coverage for Tobacco Dependence Treatments in Massachusetts and Associated Decreases in Hospitalizations for Cardiovascular Disease. *PLoS Med* 7(12): e1000375. doi:10.1371/journal.pmed.1000375.

## HELPING BENEFIT OREGON SMOKERS

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