



New York State
2011-2013 ActionToQuit Strategic Plan
DRAFT

Tobacco use is the single most preventable cause of disease, disability, and death. Each year, tobacco use claims more than 25,000 New Yorkers' lives. Most smokers want to quit but need help. 16.8% of adults in NY are smokers and, as of 2008, a greater percentage of smokers in New York made a quit attempt in the past year and had intentions to quit in the next 30 days than smokers in the rest of the United States. Annual smoking-related health care costs and lost productivity in NY total \$14.2 billion. NYS has \$8.17 billion in annual health care expenditures directly caused by tobacco use. Fortunately, NYS employers have the ability to offer cessation benefits and programs to reduce the costs of employee tobacco use. Because employees spend a significant portion of their waking hours on the job, employers are in a position to positively influence lifestyles. People often know *what* they should do; *skills*, *motivation*, and *opportunity* are the missing elements that keep them from making permanent, healthy changes. Employer sponsored tobacco use cessation incentives, interventions, and programs can provide the supportive environment and structure people need to maintain healthy behaviors.

Background: New York has largely adopted a policy and systems change approach to adult cessation by focusing on government and policy maker education, advocacy with organizational decision makers and community education to increase provision of, coverage for, and demand for tobacco dependence treatment. Paid media campaigns are used to promote cessation among smokers through self quits and utilization of the Quitline. NYS Tobacco Control Program funded cessation centers work with health systems, health plans, and clinicians to institutionalize the recommendations of the Public Health Service Clinical Practice Guideline for Treating Tobacco Use and Dependence. The New York State Smokers' Quitline provides free telephone and online cessation services and free NRT to thousands of smokers each year.

Vision and Mission:

The Vision of the New York State ActionToQuit initiative is to achieve NYS Tobacco Control Program's 2014 adult smoking prevalence goal of 12 percent. Our Mission is for all NYS employers, regardless of size, to provide tobacco dependence treatment benefit coverage to all employees.

The outcome of the process is to develop a strategic plan that will facilitate health plans and employers working toward provision of comprehensive tobacco dependence treatment benefit coverage for all tobacco users.



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Goal 1: Increase the percent of smokers who have made a quit attempt in the past 12 months. A “quit attempt” is defined as quit one day or more in last 12 months.

Objective 1: Increase the percent of current adult smokers who made a quit attempt in the past year
(Data: NYS Adult Tobacco Survey)

Actions:

- Comprehensive tobacco cessation treatments are promoted by health plans and employers to employees and their family to encourage tobacco users to quit
- Comprehensive cessation treatments are communicated to physicians and other health care providers so they are aware of available patient benefits
- Tobacco -Free outdoor policy changes/tobacco-free campus
- Provide employees/health plan members with smoking cessation materials and resources
- Recycle employees/members through smoking cessation programs with media campaigns or contests (adopt a smoker, quit & win, day of recognition for quitters, e-mail tips for quitting)
- Provide education and tools for health care providers to use with patients
- Consistent public health tobacco use cessation communication from NYS DOH to local health departments on available tobacco use cessation resources and services as well as tobacco control programming goals – utilize Health Commerce Network
- Advocate with health plans for prescription cessation medications to change from a tier one to a tier three drug
- Pharmaceutical companies offer coupons for cessation prescription and over the counter medications to Quitline, employers, health plans for distribution
- Use ICD 9 Code for employees and patients so health plans follow up - this code is an identifier
- Smart Choice Dividends – employees earn dollars toward insurance premiums
- Use existing programs/products to provide benefits to employees
- Encourage specialty physicians and dentists to screen for tobacco use and provide assistance with quit attempt.
- Educate pharmacists/ pharmacy prescription benefits manager to promote Quitline and provide cessation resources to smokers
- Peer to peer messaging to encourage smokers to talk to their health care provider



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Goal 2: Increase the percent of smokers with health insurance who report that their health plan or employer provides coverage for tobacco dependence treatment.

Objective 1: Increase the percent of adult smokers with health insurance who used NRT or other medications at their last quit attempt and who report that their health plan provided coverage for all or part of the cost of the medication used (Data: NYS Adult Tobacco Survey)

Objective 2: Increase the percent of adult smokers with health insurance who received counseling (face – face, telephonic, or Internet based) for their last quit attempt and who report that their health plan provided coverage for all or part of the cost of the counseling used (Data: NYS Adult Tobacco Survey)

Objective 3: Increase the percent of NYS employers who provide incentives to employees for quitting (Proposed Data Source: NYS Adult Tobacco Survey)

Objective 4: Increase the percent of NYS employers who provide incentives to employees for not smoking (Proposed Data Source: NYS Adult Tobacco Survey)

Actions:

- Assess NYS based health plan benefits for tobacco use cessation treatment
- Create a chart to outline cessation benefits offered by each health plan for health care provider, employers, and members to reference
- Increase health insurance premiums for smokers
- Health plans offer comprehensive tobacco cessation treatment as a core benefit to members – no additional fee for including in a company's plan
- Health plans remove barriers (i.e. co-pays/up front costs for meds) that delay or obstruct access to over the counter or prescription medications for treating tobacco use dependence
- Health plans offer a suite of products/incentives for employees to get and stay healthy (i.e. complete HRA, tobacco free)
- Health plans/employers extend tobacco use cessation benefits to family members
- Health plans and/or employers promote available cessation treatments and incentives within health benefit in newsletters, e-mails, intranet, and other communication venues – make sure employees understand available cessation treatment benefit
- Demonstrate ROI to health plans/employers
- Not-for-Profits develop relationship with health benefit brokers; educate on comprehensive cessation treatment benefit; work with brokers to advocate for health plans to offer a comprehensive benefit and employers to support the benefit.
- Not-for-Profits advocate for policy and practice changes with health plans and employers
- Not-for-Profits convene health plans and brokers to educate on cessation benefit best practices
- Make funds available for education and marketing materials



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- Health plans/employers provide NYS Smokers' Quitline with most current cessation benefit information for communicating to callers
- Advertise availability of cessation benefits during annual enrollment (include in communications to employees/members)
- Health plans and employers utilize health risk appraisals – target smokers with smoking cessation communications and resources
- Provide incentives to health care providers – match incentive with goal - see referred smoker within short time frame, complete 5 A's with patient, and/or decrease tobacco use prevalence with patient population
- Health plans recognize and communicate health care provider quality of care to members
- Provide incentives (e.g. wellness days off, cash, gift card) for employees complete health risk appraisal, make a quit attempt, participate in smoking cessation classes, telephone or on-line counseling, using meds for quit attempt
- Eliminate incentives to continue smoking at the workplace – removing smoking huts, create smoke-free grounds, discourage smoking breaks, proclaim smoke-free work days
- Advocate for enhancement to Hedis score to include documentation of smoking cessation actions with EMR
- Seek union support when advocating for health plan provided and employer supported comprehensive smoking cessation benefits
- Health plan offer premium differential to member businesses based on employee tobacco use rates
- Provide employers with a tool kit for advocating and providing comprehensive tobacco use cessation benefits to employees
- Educate health care providers on tobacco use cessation treatments available with each health plan
- Create a employer version of 5 A's protocol and training for working with tobacco using employees
- Health plans label tobacco use as a chronic disease
- State/Federal Government provide businesses with incentive to provide tobacco use cessation treatment benefit to employees
- Publicize health plans and employers that provide comprehensive cessation treatment benefits to members/employees
- Health Plans/Employers evaluate current cessation benefit to determine effectiveness
- Include OTC cessation medication in prescription flex plans
- Health plans engage employees and subscribers to address tobacco use cessation
- Educate health plans, employers, and employees on comprehensive cessation benefit; provide each group with a one pager for reference
- Integrate cessation benefits into other wellness coverage – don't differentiate
- Free on-site NRT available to smokers - @ worksite, HCP office, hospital



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Goal 3: Increase the number of smokers who receive tobacco use cessation services from the NYS Smokers' Quitline

Objective 1: Increase the number of smokers who called the NYS Smokers' Quitline in the past 12 months (Data: New York State Smokers' Quitline)

Objective 2: Increase the number of unique individuals who receive treatment (counseling and NRT) from the NYS Smokers Quitline (Data: New York State Smokers' Quitline)

Objective 3: Increase the percent of smokers who had a doctor, nurse, or health professional advise them to quit and suggest they call a telephone Quitline (Data: NYS Adult Tobacco Survey)

Objective 4: Increase the percent of smokers who had a doctor, nurse, or health professional advise them to quit and arranged for the NYS Smokers' Quitline to call them (Data: NYS Adult Tobacco Survey)

Actions:

- Health plans promote Quitline services to members through at least three forms of communication
- Health plans promote Quitline services to health care providers
- Employers promote Quitline services to employees
- Employers provide incentives to smokers who access Quitline services
- Health plans and employers directly refer smokers to the Quitline for cessation services
- Hospitals/health care providers standardize EMR referrals to Quitline
- Distribute Quitline information and materials through other health department (State and local) programs, particularly chronic disease and environmental health programs; also through clinics and community based organizations
- Presentations to business decision makers and/or employees on available Quitline services
- Arrange for Quitline clients to tell their success stories to decision makers and/or employees
- Post Podcasts of success stories on Quitline website; make available to health plans and employers to post on their Intranet
- Statewide mass media to promote Quitline
- Provide clinicians/health care providers with training on Quitline referrals, available materials, and services
- Health plans provide smokers seeking assistance from provider services with a warm transfer to Quitline
- Employers encourage smokers to call the Quitline during work breaks or allow set amount of time during the day for call the Quitline
- Businesses EAP refer smokers to Quitline



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- Interstate businesses/health plans promote 1-800-Quit NOW phone number to employees so they can reach their state's Quitline for tobacco use cessation assistance
- Health plans/employers promote Quitline for smokers to access counseling and 2 week NRT starter kit then provide additional weeks of NRT to eligible employees
- NYS tobacco control program and partners communicate to Interstate businesses/health plans that 1-800-Quit NOW is available to triage smokers to appropriate state run Quitline
- Quitline apply a team approach with health plans and employers to market services
- Link to NYS Smokers Quitline (or 1-800-Quit NOW for Interstate businesses) on business and health plan intranet site, Facebook pages and other social media
- Promote Quitline through social media
- Health Plan require preferred providers to promote Quitline
- Employers allow smokers to call/receive calls from Quitline during work hours; swap "smoke-break" time for Quitline counseling
- Work with local chamber of commerce to promote Quitline services
- Build Quitline referral prompts into EMR system
- Health Plans incentivize health care providers who refer patients to the Quitline
- Provide fax to quit forms to health care providers
- Quitline measure referral utilization and quit rates; use outcome data to promote Quitline fax and web referral system to health care providers, health plans, and employers