**Tobacco Dependence Treatment and**

**Comprehensive Cessation Benefits: Best Practices**

**Tobacco dependence treatment is both effective and cost effective.** Approximately $400 million is saved in medical costs every time Oregon’s smoking rate is reduced by one percent.[[1]](#endnote-1) Tobacco users are most likely to quit when they are screened for tobacco use, advised on the dangers of tobacco and have access to comprehensive cessation benefits, which include full benefit coverage for all seven FDA approved cessation medications and counseling with no barriers to access. Each of these medications and counseling types have proven effective based on scientific evidence. In addition, tobacco-free policies at clinic sites assist members and employees in staying quit and change social norms about tobacco use.

1. **Many different types of providers—physicians, nurses, medical assistants, pharmacists, traditional health workers –** **serve as important motivators for tobacco users wishing to quit.** During every visit, staff can provide a brief clinical intervention (Ask, Advise, Refer) to members who use tobacco AND are ready to quit.[[2]](#endnote-2) Provider advice to quit is the number one reason most tobacco users make a quit attempt.
2. **Coverage for the seven FDA approved cessation medications are an important component of a comprehensive cessation benefit.** The seven FDA approved medications include options for over-the-counter (gum, patch, lozenge, inhaler) and prescription (nasal spray, bupropion and varenicline).
3. **Individual, group and phone counseling are also proven methods that can help tobacco users quit.** CCOs can contract with the Quit Line to connect their members to telephonic cessation services and medications. CCOs can use traditional health workers or health coaches, or can contract with local entities to provide in-person cessation counseling.

Although each treatment works on its own, tobacco users have a higher chance at quitting if they use a course of treatment that includes both medications and counseling.

1. **It is important to increase access and remove barriers that would make it harder for members to get cessation treatment or to try different treatments.** The most effective cessation coverage is easily accessible. Barriers that deny or limit treatment include requiring co-pays; limiting the length, frequency or amount spent on treatments; requiring prior authorization; requiring quit attempts for one medication before trying another; requiring counseling to be paired with medication; requiring intent to quit letters; and required enrollment in “cessation plans.” Such policies can actually *reduce* the number of members who try to quit.[[3]](#endnote-3)
2. **Other recommendations include:** reimbursing providers to provide the delivery of tobacco use treatment services; conducting ongoing measurement of utilization and outcomes together with quality improvement processes; and designing interventions for special populations (youth, pregnant women, communities of color, etc).[[4]](#endnote-4)i

**References**

1. Helping Benefit Oregon Smokers: Health Plan Benefit Recommendations to Help Oregon Smokers Quit, <http://smokefreeoregon.com/wp-content/uploads/2010/11/HBOS-brochure-web.pdf> [↑](#endnote-ref-1)
2. *Treating Tobacco Use and Dependence: 2008 Update* Clinical Practice Guideline. U.S. Department of Health and Human Services. Public Health Service, [www.surgeongeneral.gov/tobacco](file:///C%3A/Users/Nielsen/Documents/Marilyn%27s%20Folder/www.surgeongeneral.gov/tobacco) [↑](#endnote-ref-2)
3. Save Lives and Money: Help People on Medicaid Quit Tobacco 2012, American Lung Association, Partnership for Prevention, <http://www.lung.org/assets/documents/publications/other-reports/medicaid-cessation-report.pdf> [↑](#endnote-ref-3)
4. [↑](#endnote-ref-4)