

# A STATEWIDE STRATEGY FOR SMOKING CESSATION IN CALIFORNIA

## CALIFORNIA'S NEED

In a state with over 4 million adult smokers, 3 out of 4 indicate interest in quitting smoking. In 1999, over 61% of smokers reported making a quit attempt in the previous 12 months.

## CHALLENGE

Between 1996 and 1999, smokers who made quit attempts were staying abstinent longer and use of cessation aides increased between 1992 and 1999. While the number of smokers attempting to quit has increased, the rate of successful quitting has not.

One factor contributing to this challenge is smokers' limited access to a range of cessation services and treatments. Access to services through health insurance coverage is largely dependent on an employer's discretion in health care purchasing, creating wide variations in the existence and scope of covered services.

## OPPORTUNITY

Given that over 21 million Californians receive health care through managed care organizations, the Next Generation California Tobacco Control Alliance (NGA) has undertaken a statewide initiative to make cessation services and treatments more consistently available through California's managed care organizations. By utilizing the health system to assist and encourage smokers making quit attempts, NGA hopes to increase the numbers of successful quits and impact California's relatively flat prevalence rate.

## APPROACH

- ❖ Establish a collaborative of health care and tobacco control interests.
- ❖ Design a model benefit for adoption by CA managed care organizations.
- ❖ Recommend strategies for instituting the 5 A's in CA health care settings.
- ❖ Identify opportunities to provide incentives for delivering cessation services.
- ❖ Campaign for statewide adoption of the model benefit.

## PROGRESS

### ESTABLISH COLLABORATIVE

A Managed Care Working Group was established, with members chosen based on their ability to represent diverse perspectives in the health care and public health sectors. Members are expected to serve as active contributors to the project and as advocates for NGA's initiative within their own organizations.



### MODEL BENEFIT DESIGN

NGA developed a comprehensive benefit and commissioned an actuarial study of the costs of the package. Because the decision regarding whether to link pharmaceuticals and counseling is still being considered, cost data was developed for both linked and unlinked treatments.

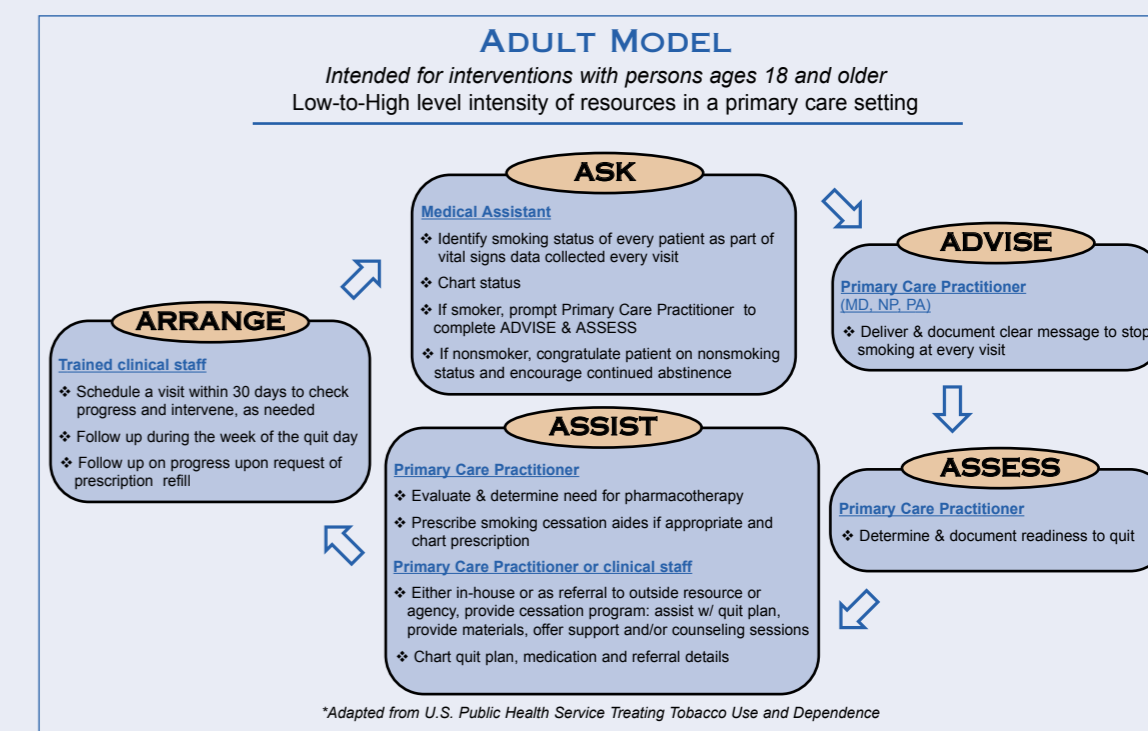
### MODEL BENEFIT COMPONENTS

**Pharmaceutical Aides:** All first and second-line aides covered; both prescription and OTC medications covered; co-pays consistent with enrollee's coverage apply; two courses of treatment per year

**Behavioral Counseling:** A range of services (telephone, group, individual) covered; co-pays consistent with enrollee's coverage apply; unlimited number of covered sessions; sessions do not count against enrollee's mental health coverage

## STRATEGIES FOR DELIVERING 5A'S

With a focus on primary care settings, NGA developed a service delivery model to highlight the roles of health care practitioners and medical office staff in delivering the 5A's.



NGA is in the process of developing a provider resource guide to offer sample patient dialogues, prescribing information, resources for continuing professional education and a list of community-based resources to which patients may be referred.

### NEXT STEPS

Outreach to health care purchasers, the general public and California smokers will be key to building demand for services. NGA will continue to identify opportunities to provide financial and non-financial incentives that can leverage the delivery, measurement and improvement of cessation services and treatments.



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