

INSIGHTS: SMOKING IN WISCONSIN

A series of papers analyzing Wisconsin tobacco use and providing recommendations for action, based on interviews with 6000 Wisconsin residents.

Insurance Usage and Quitting Smoking

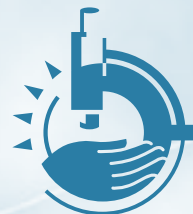
Action Paper Number 4

CTRI

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**Tobacco Research
and Intervention**
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**WISCONSIN
TOBACCO
CONTROL BOARD**



University of Wisconsin
Comprehensive Cancer Center

INSURANCE USAGE AND QUITTING SMOKING

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EXECUTIVE SUMMARY

Through over 6000 interviews conducted in 2001 with Wisconsin residents, the Wisconsin Tobacco Survey (WTS) provides a look at self-reported health insurance coverage for smoking cessation services, including both medications and counseling. Smoking is known to be a principal cause of many diseases among Wisconsin residents, including cancer and cardiovascular and pulmonary diseases. Recent advances in counseling and medications, including bupropion and nicotine replacement therapy (NRT), have more than doubled the success rate for smokers who make an attempt to quit. Despite these facts, health insurance coverage for the full range of evidence-based smoking cessation treatment has been the exception.

This paper uses interviews with smokers in Wisconsin to examine the relationship between respondents' reports of insurance coverage and cessation practices. Key findings from this analysis include:

- 82 percent of current smokers in Wisconsin report having health coverage. Among this group, only 18 percent report having prescription medications for smoking cessation covered by their insurer.
- Rates of tobacco dependence insurance coverage are lowest among the least advantaged members of our society and those with the highest smoking rates.
- Almost 50 percent of current smokers report that they would be more likely to try to quit smoking if they knew cessation assistance was covered by their health provider.

Among current Wisconsin smokers with health insurance coverage, only 18 percent reported that they had coverage for cessation treatment. Thirty percent of smokers reported having no such coverage while the remaining 42 percent did not know if such benefits were provided. Among those who reported that they had cessation coverage, only 5 percent reported they had ever used their health insurance to pay for tobacco dependence treatments. The high percentage of smokers who did not know if they had cessation coverage suggests the need for increased awareness of these benefits.

For smokers who were aware of having such benefits, the extent of reported coverage varied. Medications approved by the U.S. Food and Drug Administration (FDA) for quitting smoking (bupropion SR, nicotine patch, nicotine inhaler, and nicotine nasal spray) were reported to be covered in only 30 percent of cases. When we asked how coverage for tobacco dependence treatments might influence them, nearly half of current smokers responded that they would be more likely to make a quit attempt with coverage. Among those smokers whose annual income was less than \$35,000, over 56 percent stated that cessation coverage would encourage them to make a quit attempt.

EXECUTIVE SUMMARY CONTINUED

Taken together, these findings from the WTS survey highlight the potential impact that comprehensive insurance coverage of tobacco dependence treatment can have on this chronic and debilitating addiction. Findings from the survey data give rise to a number of recommendations.

- Smokers with insurance coverage for tobacco dependence treatment must be made aware of their coverage and encouraged to use these benefits. Clinicians, employers and insurers should disseminate information on cessation coverage to smokers and promote use of these benefits.
- Wisconsin employers should purchase insurance plans that include the full range of evidence-based tobacco cessation benefits as outlined in the Public Health Service Guideline: *Treating Tobacco Use and Dependence*. Employers can then inform smokers of these benefits and assist in making treatment referrals.
- Both employers and health plans should encourage and support smokers making quit attempts by utilizing the free counseling of the Wisconsin Tobacco Quit Line.
- Health plans and Medicaid need to work together to educate clinicians and patients about the existence of the Wisconsin Medicaid benefit for cessation treatments. Such efforts will help to reduce the disparities in smoking prevalence in Wisconsin.



PURPOSE AND INTRODUCTION

The Wisconsin Tobacco Survey provides a comprehensive look at Wisconsin smoking patterns, attitudes, and climate. Based on interviews with over 6000 Wisconsin residents in 2001, including current, former, and never smokers, the WTS provides insights into tobacco dependence, attempts at cessation, and support for those attempts. Findings from the survey are summarized in an ongoing series of action papers. The purpose of these action papers is twofold: to communicate these insights and to offer recommendations for actions to reduce tobacco dependence.

This paper analyzes the relationship between insurance coverage and cessation practices based on self-report of Wisconsin smokers. Additionally, smokers' attitudes toward coverage for cessation services are reported. Smoking is recognized as a major cause of chronic diseases and shorter lifespan both for smokers and nonsmokers exposed to secondhand smoke. While the long-term costs of treating tobacco-related illnesses significantly increase the cost of health care, few health plans offer the full range of evidence-based coverage for treating tobacco dependence.

HEALTH INSURANCE FOR TREATING TOBACCO DEPENDENCE

Research has shown that coverage for tobacco dependence treatments can enhance not only the rate of quit attempts but also long-term abstinence for smokers (Levy & Friend, 2002; Schauffler, McMenamin, Olson, Boyce-Smith, Rideout, & Kamil, 2001). Current research indicates that full coverage for treatment of tobacco dependence is highly cost effective compared with other medical or disease prevention strategies. In fact, just as smokers' health care costs begin to rise over the course of this chronic disease, health care costs for quitters decline. While partial coverage for cessation services has increased in the U.S. over the last decade, coverage varies widely in comprehensiveness.

THE WISCONSIN TOBACCO SURVEY AND HEALTH INSURANCE

Among WTS survey respondents who provided information regarding their health insurance, approximately 4800 respondents (86 percent) reported having some type of coverage including traditional fee-for-service, prepaid HMO, Medicare, Medicaid, or BadgerCare (a Wisconsin Medicaid program for low to moderate income families). This percentage is nearly identical to the health insurance status of the nation for the year 2001 as reported by the U.S. Census Bureau. Also paralleling the U.S. population, only 80% of Wisconsin residents with annual incomes below \$35,000 have insurance compared to 91% of those with annual incomes greater than \$35,000. From the group of insured Wisconsin residents, we examined smoking cessation coverage among the 886 residents who reported being current smokers.

WHAT WE KNOW ABOUT SMOKING CESSATION INSURANCE BENEFITS

- Cessation coverage is an effective, low-cost strategy for encouraging the use of proven smoking cessation treatments.
- Flexible, comprehensive coverage policies for tobacco dependence treatment can substantially increase smoking cessation in the population with a corresponding reduction in tobacco-related deaths.
- Comprehensive benefits markedly improve use of cessation services compared to partial benefits.
- Quitters have a higher rate of health care utilization in the immediate post-quit period than continuing smokers, probably due to the fact that catastrophic medical diagnoses often precipitate tobacco use cessation. These costs decline after a brief time for former smokers while the health care costs of smokers continue to increase.

In order to document the prevalence and impact of insurance coverage for tobacco dependence treatments, we asked current smokers with health insurance if their benefits included any such services. We inquired about coverage for FDA-approved medications for smoking cessation as well as coverage for counseling or classes designed to help smokers quit. We also analyzed the ways in which smoking cessation coverage might influence current smokers' intentions to quit smoking.

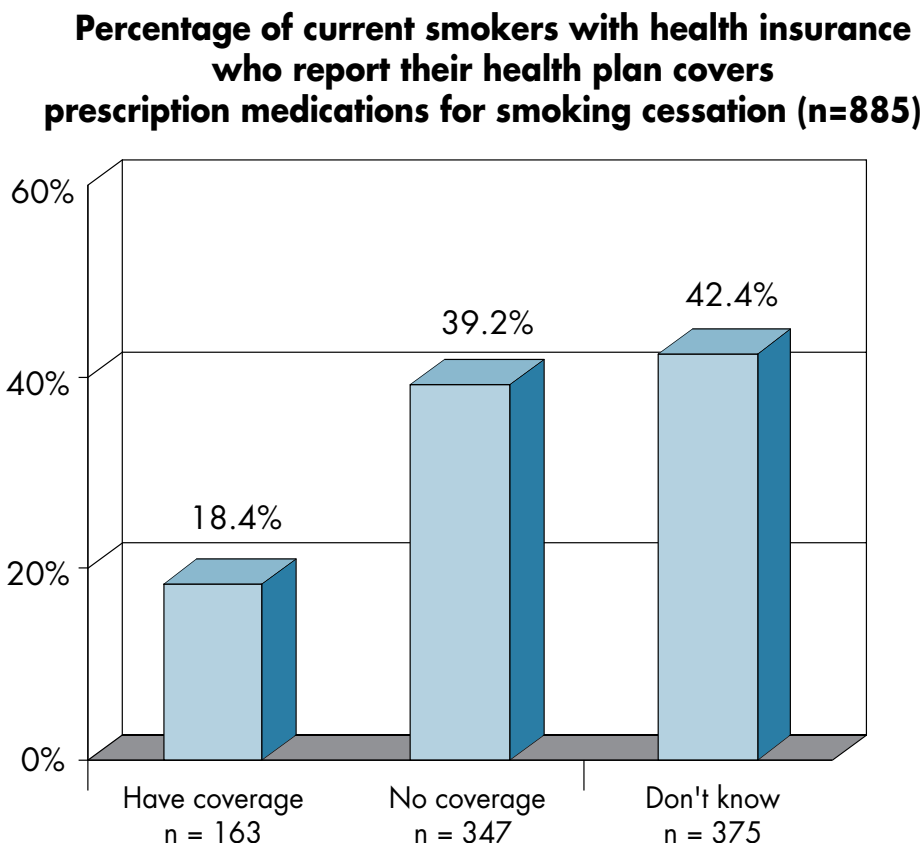
THE DATA

RESULTS: FEW SMOKERS BELIEVE THEY HAVE COVERAGE

Among the 885 current smokers with health insurance, 18.4 percent reported having health insurance coverage for prescription medications for smoking cessation. In contrast, 39.2 percent reported that their insurance plan did not include coverage for tobacco dependence treatment. The remaining smokers (42.4 percent) indicated that they were not aware of whether their plan covered tobacco dependence (Figure 1).

This low rate of reported coverage for medications is concerning, given that a number of FDA-approved medications have been proven effective for the treatment of tobacco dependence, including bupropion (Zyban), the nicotine patch, nicotine gum, the nicotine inhaler, the nicotine nasal spray and the nicotine lozenge.

Figure 1



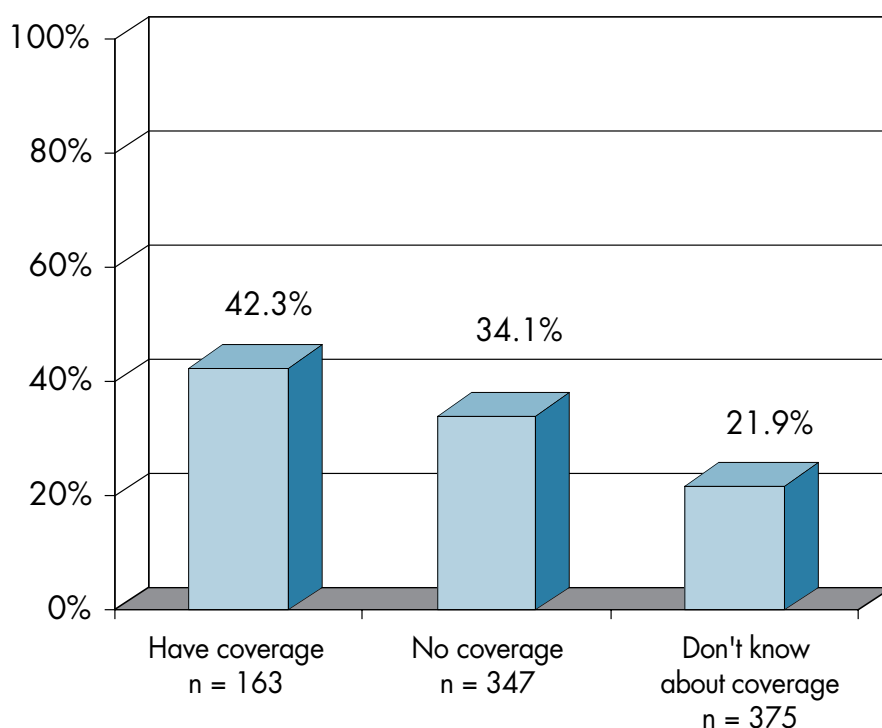
The WTS then asked all smokers if they had ever used the nicotine patch, nicotine gum, nicotine inhaler, or nicotine nasal spray in an attempt to delay smoking or cut down on their use of tobacco. Only 30.5 percent of all current smokers had tried one or more of these medications. We then examined how insurance coverage for these medications was related to their use (Figure 2). More smokers who

THE DATA CONTINUED

reported that they had cessation benefits used tobacco dependence medications (42.3 percent) than those reporting they were without such benefits (34.1 percent) or those who did not know if they had such benefits (21.9 percent).

Figure 2

Percentage of current smokers with and without cessation coverage who reported using medications to quit smoking (n=885)



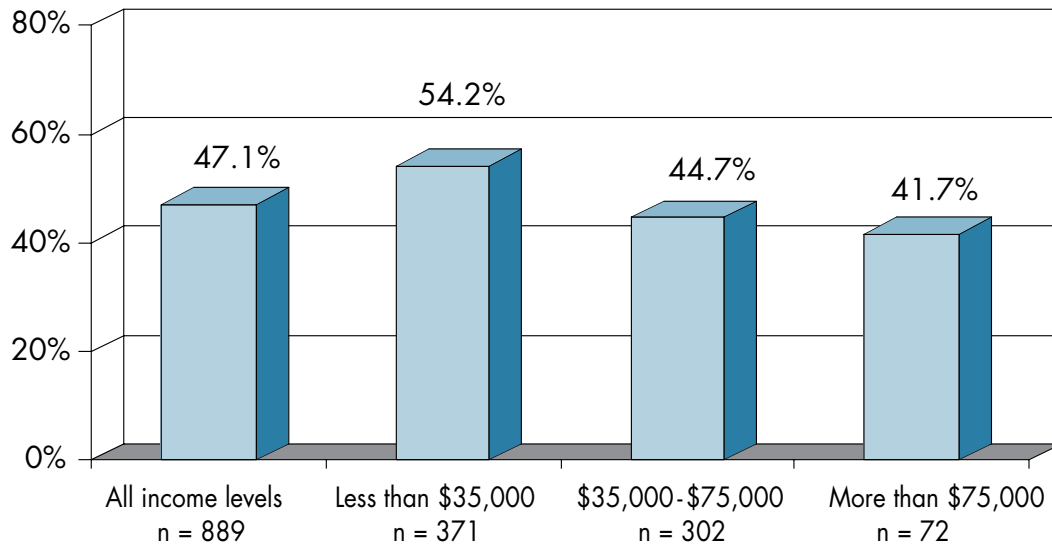
RESULTS: WHAT SMOKERS THINK ABOUT CESSATION COVERAGE

The WTS asked all current smokers if they would be more likely to try to quit using tobacco if they knew that their insurer included coverage for cessation treatments. Of 889 smokers answering this question, 47 percent overall reported that such coverage would increase their likelihood of trying to quit. This finding was even more prevalent among populations with higher smoking rates. Among smokers whose annual income is less than \$35,000, 54 percent reported that such coverage would increase their likelihood of attempting to quit (Figure 3). See page 8.

Smokers also rated the likelihood that they would use medications or counseling in future quit attempts. As reported in “How Smokers Are Quitting” (Action Paper Number 3) in 2001, smokers continued to attempt to quit “cold turkey” as opposed to using either medication or counseling, even though this method remains highly unsuccessful with a success rate of less than five percent.

Figure 3

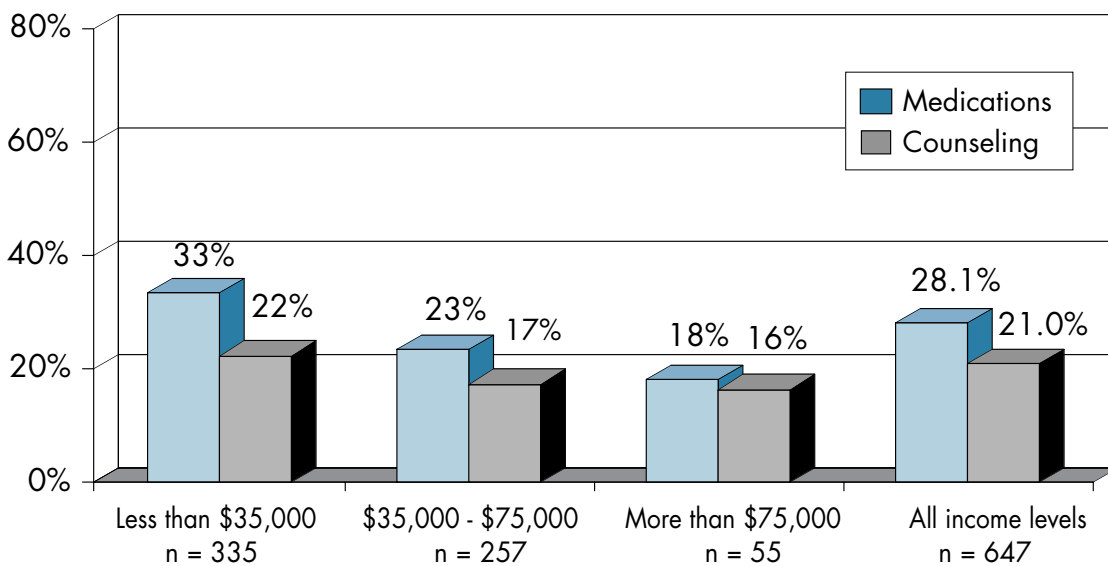
Percentage of current smokers by income level who report they would be likely to make a quit attempt if they had cessation coverage (n=889)



Of the more than 600 current smokers who offered their opinion on barriers to quitting smoking, 28 percent perceived the cost of medications to be a barrier and 21 percent felt the cost of programs or classes was a barrier. Those whose annual incomes are below \$35,000 were more likely to report cost of cessation treatments as a barrier to their use than were individuals of higher incomes (Figure 4).

Figure 4

Percentage of all current smokers in different income brackets who find the cost of cessation assistance to be a barrier to trying to quit





CONCLUSIONS

Tobacco use continues to take a toll on the health and longevity of Wisconsin residents, whether they are smokers themselves or live and work in environments where smoking occurs. The chronic nature of tobacco dependence leads to deteriorating health over time. As a result, the work productivity of tobacco users is compromised and health care costs escalate for tobacco users. Disparities in rates of tobacco use, by education, occupation and income, are increasing and parallel disparities in health insurance coverage. The findings in this report indicate that those with annual incomes below \$35,000 are less likely to be insured, less likely to have cessation coverage if they are insured, and more likely to find the cost of treatment a barrier to smoking cessation.

Effective, evidence-based counseling and medications for the treatment of tobacco dependence exist. Tobacco is highly addictive and many smokers attempting to quit eventually relapse to tobacco use. Smokers often make multiple quit attempts unaided by the counseling and medication that could make the difference between success and failure. Use of effective, evidence-based treatments can be increased by insurance coverage. Results of this survey indicate that health insurance providers in Wisconsin are reported to offer full coverage for evidence-based smoking cessation treatment to

only a minority of Wisconsinites. For example, only 30% of Wisconsin smokers who indicated they had insurance coverage reported that FDA-approved medications for tobacco dependence were covered. Existing coverage varies considerably. A significant majority of Wisconsin smokers are uninformed about their health care coverage regarding tobacco dependence treatment.

Health benefits covering smoking cessation have been demonstrated to improve the frequency of quit attempts and to increase the number of smokers who achieve long-term abstinence from tobacco use. This survey reveals that 30 percent of all current smokers in Wisconsin, whether insured or not, have tried some type of medication (nicotine replacement therapy or bupropion) in an effort to cut down on or quit smoking. Among current smokers with cessation benefits, this percentage rose to 42 percent. Smokers in Wisconsin reported that this percentage would increase markedly with the addition of cessation benefits, particularly for those with incomes below \$35,000. As a result, insurers and employers are positioned to positively influence quit attempts. A sound business decision may be to invest in the short-term costs of providing evidence-based tobacco dependence treatment with a goal of reducing one of the state's most expensive health costs.



RECOMMENDATIONS

Healthy People 2010 (a health promotion and disease reduction agenda from the U.S. Department of Health and Human Services) and the Wisconsin Tobacco Control Board have established ambitious goals for reducing tobacco use by adults and adolescents, ultimately attaining a 50 percent reduction in the prevalence of smoking in these groups from the 1998 baseline by 2010. Reaching these goals requires the investment of a number of stakeholders. Based on the Wisconsin Tobacco Survey and other research, the following action steps are recommended:

FOR INSURERS:

- Include comprehensive coverage for recommended evidence-based tobacco dependence counseling and medications based on the U.S. Public Health Service Guideline: *Treating Tobacco Use and Dependence* for all policyholders.
- Regularly inform policyholders and providers of these benefits through ongoing communication, including newsletters, policy updates, etc.
- Work together with Medicaid and BadgerCare to educate clinicians and patients about cessation benefits.

FOR CLINICIANS:

- Encourage smokers to investigate possible coverage and to submit requests for coverage to their insurers.
- Stay informed about Medicaid and BadgerCare coverage for lower income patients.
- Refer patients to the Wisconsin Tobacco Quit Line for assistance in quitting (1-877-270-STOP).

FOR EMPLOYERS:

- Purchase insurance plans that include the full range of cessation benefits.
- Increase smokers' awareness of cessation benefits.
- Assist with treatment referrals and encourage use of the Wisconsin Tobacco Quit Line.
- Enforce clean indoor air policies in the workplace.

FOR ALL:

- Work together to reduce disparities in smoking prevalence by providing comprehensive coverage for tobacco dependence for low-income and blue-collar workers who smoke at higher rates.
- Support and disseminate research documenting the impact of health care benefits on utilization of smoking cessation services and the resultant impact on health care costs. Information on the potential for preventive interventions to contribute to lower healthcare costs should be widely available.



TECHNICAL NOTES

The Wisconsin Tobacco Survey was conducted in 2001 by the University of Wisconsin Center for Tobacco Research and Intervention (UW-CTRI). The survey garnered information from 6135 Wisconsin residents using extensive interviews. The purpose of the survey was to provide important information about: 1) current tobacco use patterns among Wisconsin adults, 2) attitudes towards efforts to regulate tobacco, 3) patterns of smoking cessation attempts, and 4) a number of other tobacco research issues. The survey included 162 questions on general health, tobacco use, smoking cessation, smokers' use of health care services, smoking during pregnancy, and demographics.

The survey consisted of three primary tracks – current cigarette smoker, former cigarette smoker, and never cigarette smoker. Current smoker was defined as someone who smoked 100 cigarettes in a lifetime and now smokes every day or some days. A former smoker was defined as someone who smoked 100 cigarettes in a lifetime and now does not smoke at all. A never smoker was defined as someone who has never smoked a cigarette or has never smoked 100 cigarettes in a lifetime. Questions about tobacco use of any kind (e.g., cigar smokers, pipe smokers, or snuff/chewing tobacco users) were also included. A major goal of the project was to contrast trends in behaviors and attitudes across these different groups defined on the basis of tobacco use status.

UW-CTRI retained Opinion Dynamics Corporation (ODC) to conduct the 2001 Wisconsin Tobacco Survey. The WTS used a scientifically selected random sample which gave all households with telephones a chance of inclusion in the study. Within a selected household, the respondent was

chosen by a procedure that randomly selects the oldest adult male, the youngest adult male, the oldest adult female or the youngest adult female. Household members eligible for inclusion in the survey included all related adults (aged 18 or older), unrelated adults, roomers, and domestic workers who consider the household their home.

The survey was designed to over-sample the two most disproportionately African American counties in Wisconsin—Milwaukee and Racine. Out of 6,135 people surveyed, people living in Milwaukee and Racine counties completed 2,226 surveys. African American residents completed four percent or 268 surveys. Neither American Indians nor Hispanics could be over-sampled meaningfully without compromising the rest of the project.

The survey was programmed into a Computer Assisted Telephone Interviewing (CATI) software program to perform the basic data collection tasks of telephone interviewing. As questions were displayed, the interviewer read them to the respondent and keyed in the responses. The survey automatically skipped inappropriate questions and checked for the acceptability of responses. All attempts to contact potential respondents were tracked and coded by sample disposition. This enabled the CATI system to properly designate sample points for calling, schedule callbacks, and administer non-responsive contact attempts.

Before eliminating a respondent from the sample and randomly selecting a replacement, at least five telephone calls were made to reach the household. Efforts were made to ensure a highly representative sample by varying calls at different

times of day and on different days of the week. Callbacks were scheduled as requested by respondents. Completed interview status was only assigned once all data were collected for a given interview.

For the purpose of this study, the Council of American Survey Research Organizations (CASRO) methodology was used to calculate response rate. The methodology apportioned dispositions with unknown eligibility status (e.g., no answer, answering machine, busy, etc.) to dispositions representing eligible respondents in the same proportion as exists among all calls of known status. The starting sample (N) for the entire survey was 33,636. Thirty-six percent of this group was invalidated (e.g., disconnected phone, busy phone), leaving an N of 21,387.

The application of the CASRO response rate formula to this sample resulted in an adjusted N of 19,036. A total of 6,155 respondents completed the interview, resulting in a CASRO-adjusted response rate of 32.3%. Data from 20 respondents were deleted from the final dataset due to inconsistencies in their responses to the tobacco use questions. A total of 6,135 valid surveys were included in the final dataset.

Among those people, 4,106 never smoked, 1,071 were former smokers and 958 were current cigarette smokers. To ensure confidentiality, no respondent identifiers were retained in the interview records, and reports cite only aggregate figures.

The Wisconsin Tobacco Survey data were weighted to more accurately represent the population of Wisconsin. WTS data were weighted based on five demographic, geographic, and SES characteristics of respondents—age, gender, race, education attainment, and geographic location. Known population information was based on the 2000 Census data for Wisconsin, except for education attainment, which was based on the 1990 Wisconsin Census data. In addition to demographic and SES characteristics, the WTS data were weighted based on two location categories—Milwaukee County/Racine County and all other Wisconsin Counties. This was done to adjust the data based on these two locations because the WTS includes an over-sample of Milwaukee and Racine Counties, resulting in an over-representation of these populations.

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