

how comprehensive **tobacco cessation** programs can save you **money**

death tolls from tobacco use are no longer news, despite the fact that tobacco use is still the No. 1 cause of preventable death and disease in the United States, responsible for more than 440,000 deaths annually. The costs to American businesses resulting from this toll are astronomical. U.S. employers spend \$15 per smoker per day on excess health care and lost productivity, or \$5,455 annually. With a national average tobacco-use prevalence of 20 percent, a company of 10,000 employees and their eligible dependents is incurring more than \$10 million per year in costs associated with tobacco use, according to the National Center for Chronic Disease Prevention and Health Promotion.

By Dr. Tim McAfee, Free & Clear

QUICK LOOK

- Tobacco use is still the No. 1 cause of preventable death and disease in the United States.
- A New Jersey workers' compensation judge ruled in favor of a casino dealer who claimed that 10 years of exposure to secondhand smoke contributed to the cause of her lung cancer.
- Providing insurance coverage or an employer-based carve-out for evidence-based tobacco dependence treatments markedly increases the rate smokers use treatments and the rates that smokers quit.



Evidence-based tobacco-use interventions compare quite favorably with other prevention and chronic-disease interventions, such as treatment of hypertension and mammography screening, according to 2008 U.S. Public Health Service Clinical Practice Guidelines.

In recent years, employees have been awarded workers' compensation benefits due to claims that secondhand smoke significantly contributed to illnesses. In February 2008, a New Jersey workers' compensation judge ruled in favor of a casino dealer who claimed that 10 years of exposure to secondhand smoke contributed to the cause of her lung cancer. The woman was awarded approximately \$150,000 for partial disability and lost wages. She received even more for future medical care, said author Roberto Ceniceros.

Fortunately, there are ways for employers to safeguard against such costs. As published in the United States Public Health Service's 2008 update to *Treating Tobacco Use and Dependence*, tobacco dependence treatments are not only clinically effective, but also highly cost-effective. Evidence-based tobacco-use interventions compare quite favorably with other prevention and chronic-disease interventions, such as treatment of hypertension and mammography screening, according to 2008 U.S. Public Health Service Clinical Practice Guidelines. A recent study found that tobacco treatment is one of the most effective adult prevention services, second only to immunizations.

Cost-effectiveness can be measured in a variety of ways, including cost per quit, cost per quality-adjusted-life-year saved (QALY), return on investment (ROI) for coverage of tobacco-dependence treatment and health-care costs before and after quitting. The bottom line is that by all these measures, the decision to provide and promote tobacco treatment is unusually straightforward. Numerous national review

groups, ranging from the National Institutes of Health (NIH), the Centers for Disease Control and Prevention (CDC), the Robert Wood Johnson Foundation, Partnership for Prevention, the Agency for Healthcare Quality and the National Business Group on Health have all strongly endorsed cessation programs as a vital and cost-effective investment for worksite wellness and employee health care.

How to Choose Effective Services

Providing access to a phone-based tobacco cessation program has many advantages.

Although providing classroom-based services at the worksite will help those employees who attend, it is very difficult to create and sustain a class-based infrastructure that is sufficiently convenient for large numbers of employees to attend.

In addition, phone-based services now have a remarkably strong evidence base supporting their effectiveness — as strong as many pharmaceutical products. They also allow for confidentiality and convenience to connect participants with a centralized service with high-quality standards. Phone services can also help solve one of the biggest challenges noted above: that the ideal service for smokers combines counseling and medication.

Providing insurance coverage or an employer-based carve-out for evidence-based tobacco dependence treatments markedly increases the rate smokers use treatments and the rates that smokers quit, as detailed in *Treating Tobacco Use and Dependence: 2008 Update*. This applies across the board, from reimbursing physicians for providing brief cessation counseling to paying for more intensive in-person or phone-based counseling. Worksites may have a difficult time influencing their health insurers to provide coverage for physician services. In addition, even with coverage, physicians are less likely to intervene with their patients if they do not have ready access to a reputable, easily accessible follow-up cessation program that their patients will actually use. If a program is evidence-based and comprehensive, physicians are more likely to advise cessation and refer patients, and program participants are much more likely to quit for life. It is important to consider these factors when selecting the appropriate vendor.

There are many tobacco cessation vendors to choose from, many of which extol the benefits of the broad spectrum of their health offerings. The reality is that these generalists may cover a lot of bases, but the depth to which they are able to provide treatment may be limited. It is important to find a vendor that is a tobacco cessation specialist that will

dedicate its resources to helping employees quit tobacco. Experience and extensive research will be hallmarks of a vendor that offers an evidence-based program.

Tobacco use is a powerful addiction that requires a combination of physical, psychological and behavioral strategies to overcome. *Treating Tobacco Use and Dependence: 2008 Update* says, “A combination of counseling and medication is the most effective method for treating tobacco dependence.” A comprehensive tobacco cessation program will provide participants with counseling and social support, and also provide decision support to participants who are interested in medication and/or nicotine replacement therapy. The most successful vendors provide programs that also enable smokers to take responsibility for their addiction to tobacco use. These programs grant participants knowledge and teach them how to overcome destructive thinking that has driven them to use tobacco in the past and develop new ways of thinking that will lead them to develop healthier behaviors that will last for life.

The national average quit rate for a smoker who quits cold turkey without counseling or medication support is around 5 percent to 10 percent. However, a smoker enrolling in an evidence-based worksite tobacco cessation program has a 30 percent to 45 percent chance of quitting successfully. The good news is that, unlike most “wellness” programs, some worksite tobacco programs include detailed reporting on quit outcomes as part of their service. Because outcomes can be made to appear excessively optimistic by employing

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very loose definitions of what it means to “successfully quit” and by excluding people who don’t complete the program from the results, it is important to investigate how a vendor calculates quit rates. Some vendors may also only sample a small number of program participants, perhaps even limiting their sampling to those who participated 100 percent, but then extrapolating these results to all registrants.

The way a vendor reports its findings can potentially provide an employer with confidence or illustrate where the vendor is lacking. A vendor that offers transparent reporting through an easily accessible platform and provides its clients with dedicated account managers to help analyze and interpret these results will prove to be invaluable. Transparent reporting will encourage realistic expectations for employers and develop an understanding of what might need to change about the implementation process. Superior account management will provide clients with assistance from the signing of the contract throughout the course of the program, helping clients identify participants through the acceptance of health assessment data from external sources and providing warm transfers.

Full Implementation

The most experienced vendor offering the most comprehensive program will only do so much if an employer isn’t fully engaged and committed to the promotion and implementation of the tobacco cessation initiative. The development of an encouraging environment for employees will improve the likelihood of participation: the surgeon general has concluded that implementing smoke-free workplace policies is the only effective way to eliminate secondhand smoke exposure in the workplace, and a tobacco cessation program is most effective when it is preceded by a smoke-free policy. When supported and enforced by top management, smoke-free worksites can create enthusiasm for a healthier workforce among employees. Vendors with superior account managers will guide clients through the implementation process of the smoke-free initiative, teaching them how to plan, communicate and drive participation.


Once a smoke-free policy is in place, the challenge is to determine how to increase employee interest and enrollment in the cessation program, and keep participants engaged once they have made the decision to quit. Smokers know tobacco use is not good for their health, but their judgment can be clouded by the addiction they struggle with; sometimes an outside motivator is exactly what they

need to move them toward action. Positive-incentives programs often finalize participant interest, especially those that cover employee costs. Providing full coverage of fees and medications for employees and their dependents is very effective. Most recently, premium differentials and other financial incentives have been shown to be effective tools in driving participation.

An evaluation conducted in 2007 by Free & Clear showed that employers who used incentive programs had quit rates that were 50 percent higher relative to employers that did not have these programs in place. “An increasing number of employers are directly funding comprehensive tobacco cessation programs,” said Dr. Susan Zbikowski, Free & Clear’s vice president of clinical and behavioral sciences. “Employer-funded cessation programs that are well-promoted and supported are very successful. The results of this analysis provide preliminary evidence that incentives are successful as part of a comprehensive tobacco control strategy used by employers.” When implemented successfully, a premium differentials plan can be an excellent vehicle for financing a tobacco cessation program, and can potentially be cost neutral.

While enrollment is the first step, it is important to drive participation and engagement with the program to achieve a positive ROI. To do so, employers should offer incentives that are tied closely with short-term goals, such as completing calls or logging into the program’s Web site. According to the CDC, paying for tobacco cessation is the most cost-effective benefit an employer can offer adult employees, and one of the only benefits with a proven return on investment. This cannot be fully realized, though, if an employer

does not fully engage in the smoke-free initiative. Tobacco users will learn to take responsibility for their addiction while completing a comprehensive cessation program; until then it is the employer’s responsibility to remove as many potential barriers as possible.

By implementing a comprehensive program and supplementing it with a positive-incentives plan, employers can reward their employees for the steps they take toward quitting while experiencing the rewards of a healthier, more cost-effective workforce. 

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