Sustainability for the state quitline and tobacco program:
Massachusetts’ phased approach

North American Quitline Consortium Conference
August 2015

Anna Landau
Massachusetts DPH
How is Massachusetts working towards a sustainable quitline?

1) Assessment  
2) Decision and Plan  
3) Phased Implementation – Repeat!

Phase 1: Assessment
Stakeholders, Regulations, Population distribution, Quitline Utilization data, etc.
Careful review and synthesis of the Assessment led to decision that state employee coverage was the initial goal

Four relevant decision points:

- Re-procurement of employee benefits vendors
- Ability to leverage state Medicaid benefit
- Development of benefit comparison matrix
- Awareness of political currents in the environment
### Phase 2 Interlude: Matrix of state employee coverage/Relationship building

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nicotine patch</strong></td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td><strong>Nicotine gum</strong></td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td><strong>Nicotine Lozenge</strong></td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td><strong>Is a Prescription Required?</strong></td>
<td>YES</td>
<td>YES</td>
<td>n/a</td>
<td>n/a</td>
<td>YES</td>
<td>n/a</td>
<td>n/a</td>
<td>NO</td>
</tr>
<tr>
<td><strong>Length of Treatment</strong></td>
<td>90 day Supply; Allowed Twice/year</td>
<td>No annual Or lifetime limit</td>
<td>n/a</td>
<td>n/a</td>
<td>Per Manufacturer recommendation</td>
<td>n/a</td>
<td>n/a</td>
<td>90 days</td>
</tr>
<tr>
<td><strong>Co-pay (for 90 day supply)</strong></td>
<td>$6</td>
<td>$1 per box; Each box ~ 14 day supply</td>
<td>No co-pay</td>
<td>n/a</td>
<td>n/a</td>
<td>No co-pays for Up to 3 month Supply for Patch, gum or Lozenge. Only Generic versions Are covered.</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td><strong>Deductible Required?</strong></td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
</tr>
</tbody>
</table>
Partnership between the state tobacco program and agency for state employee health benefits resulted in two improvements to coverage:

- all prescription medications approved by the FDA are covered
- 300 minutes of counseling through individual, group or telephone modalities is covered.
Phase 4 Repeat: Assess and plan to improve coverage until it is comprehensive AND quitlines are sustainable

For Massachusetts, this looks like...

- Develop matrices of all insurance coverage statewide by insurance type post ACA
  - “Mini-matrices” by sub-groups
  - Use matrices to engage and inspire stakeholders

- Work simultaneously along the executive and legislative paths to accomplish goals

- Engage with employers for partnerships re: quitlines
Examples: 2015 Employer partnerships for Quitline

* Massachusetts Interlocal Insurance Association (MIIA)
  * Quasi-private aggregation of 400 cities and towns utilizing state ‘group insurance’ benefit
  * Partnership contract is via the Quitline
    * 50-50% split with quitline for 25,000 members
    * 8 weeks NRT, counseling, and reporting

* **REPEAT** --> Looking for an employer of low-SES workers