

2010 Military Health System Conference

New TRICARE Smoking Cessation Benefit

A long time coming, but it's almost here

Sharing Knowledge: Achieving Breakthrough Performance

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TRICARE/OCMO/PHMMD

Learning Objectives



- Understand the statutory and regulatory dictates that determine what benefits TRICARE may provide
- Understand the design and planned implementation of TRICARE's new smoking cessation benefit

Ancient History



- By law, TRICARE may only pay for medically necessary care.
 - Title 10 U.S.C. Section 1079(a)(13)
 - Implemented by the Code of Federal Regulations, at 32 CFR 199.4
- Long-standing specific prohibition against paying for “stop smoking programs”
 - 32 CFR 199.4 (g) (65)

Modern History – NDAA '09



- Section 713 of NDAA '09
 - Authorizes TRICARE *smoking* cessation program
 - Excludes Medicare eligible beneficiaries
 - Specifies program elements
 - SecDef may prescribe implementing regulations
 - Requires implementation within 180 days
 - Does not allow for implementation w/o rulemaking (i.e., CFR revision)

Program Elements (In NDAA Statute)

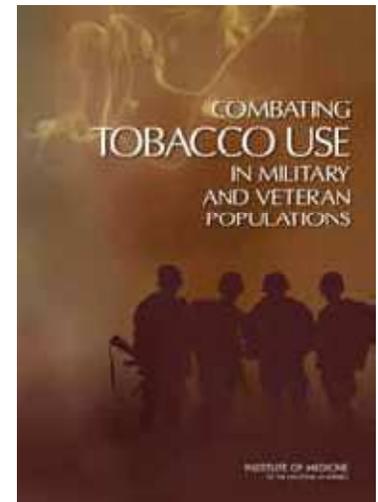


- No-cost *smoking* cessation medications
 - May limit availability to national MOP (TMOP)
- Counseling
- Toll-free quit-line w/ 24/7 availability
- Available printed and web-based *tobacco* cessation education materials
- ~~2009 co-pay reimbursements for Medicare~~
- Command involvement

Modern History (cont.) – IOM Report



- Title: “Combating Tobacco Use in Military and Veteran Populations”
 - Released June 2009
 - Done in response to joint DoD/VA request
 - Makes a number of policy recommendations
 - Most focus on tobacco control, not treatment
 - Five recommendations on reducing or eliminating barriers to cessation



IOM Recommendations on Treatment



- Offer counseling at more convenient times
- Maintain access to interventions so as to avoid loss of motivation to quit
- Consolidate sources for tobacco-cessation treatment at MTFs
 - Most require medical staff visit for medications and health promotion staff for counseling
- Treat mental-health disorders and tobacco use concurrently
- Increase number of health care/ health promotion providers trained in tobacco cessation interventions

New Cessation Program Addresses Some IOM Concerns



- New quit-line will be available 24/7. Accessible to all CONUS beneficiaries
 - Deployed personnel to have Web access
- Expansion of intervention modalities being offered
 - NRT, counseling, quit-line, Web-based, mail order Rx
- Some MTFs offer OTC NRT without Rx
 - Can push for increase in those that do
- MHS does promulgate and use clinical practice guidelines along with VA
 - Current tobacco cessation guideline needs update
- Quit-line to be staffed with trained tobacco cessation counselors

Elements In NDAA Statute (again)



- No-cost *smoking* cessation medications
 - May limit availability to TRICARE's MOP
- Counseling
- Toll-free quit-line w/ 24/7 availability
- Available printed and web-based *tobacco* cessation education materials
- Command involvement

Dreams Meet Reality



<u>Dream</u>	<u>Reality</u>
Program up in 180 days	Rulemaking takes 18-24 mos. (or more)
Quit-line allowed without rule change	Only "triage" services allowed (no counseling)
Certified tobacco cessation counselors	Not recognized by TRICARE; no uniform national standard
Annual limit to attempts, but no lifetime ceiling	Not approved; lifetime limit required

Counseling Benefit First Out the Gate



- After 180 days passed, smoking cessation counseling by TRICARE authorized providers no longer required a rule change to CFR
 - Could be implemented with change to TRICARE operations manual alone
 - Within limits of current statutory benefit
 - Benefit could be retroactive to 14 Oct '08
- Manual change drafted summer '09
- Manual change published Nov '09
- Immediate problems arose

Counseling Benefit Problems - 1



- **As first written:** “There is no requirement for the beneficiary to be diagnosed with a smoking related illness in order to take advantage of this benefit.”
- **Problem:**
 - Inability to determine if counseling is for smoking.

Counseling Benefit Problems - 2



- **As first written:** “Smoking cessation counseling MUST be rendered by a TRICARE-recognized and TRICARE-authorized provider to be **cost-shared**. Please reference 32 CFR 199.6 for provider types recognized and eligible for authorization under TRICARE.”
- **Problems:**
 - Outpatient facility group counseling generally not billed by individual providers.
 - Certification status of individual providers.

Counseling Benefit Problems - 3



- **As first written:** “Two quit attempts per beneficiary per fiscal year are covered; a third quit attempt may be covered with physician justification and preauthorization.”
- **Problems:**
 - How to define a quit attempt.
 - Lifetime limit will be needed.
 - Fiscal year limit can cause problems in conjunction with lifetime limit.

Counseling Benefit Problems - 4



- **As first written:** “Up to eight (8) face-to-face “intermediate” individual visits (99406), or four (4) “intensive” individual visits (99407), or five (5) fifteen-minute face-to face individual counseling interventions (96152), or twenty (20) fifteen-minute units (five hours) of group counseling intervention (96153) per quit attempt are covered.”
- **Problems:**
 - Can types be mixed or matched?
 - Counting visits within a quit attempt.
 - Counting attempts.

Lesson Learned



- When defining a new benefit
 - Nothing is obvious
 - Nothing can be left open to interpretation
 - Anticipate, anticipate, anticipate
 - Specify, specify, specify
 - Everything takes longer than you think

Although fools are too ingenious for anything to be made totally “foolproof,” everything needs to be maximally “fool resistant.”

Quit-line Conundrums



- Numerous civilian quit-lines currently available for free, BUT
 - None are 24/7
 - Almost all do tobacco cessation, not just smoking
- Originally believed smoking quit-line could be implemented without rule change, BUT
 - OGC reinterpretation allowed only triage
 - No follow-up assistance or counseling

Interim Quit-line



- Currently being worked
 - Expect implementation by end of FY'10
- Will be 24/7
- Will have telephone & web-based modalities
- Will offer initial *smoking* cessation advice as per current HHS tobacco cessation guidelines
 - The “5 A’s” w/ basic plan
- Will have *tobacco* cessation information available via web and mail
- Will refer beneficiary to TRICARE authorized provider for counseling
- No enrollment or proactive follow-up

CFR Change – Concurrent Priority



- Strike 32 CFR 199.4 (g) (65) – prohibition
- Describe smoking cessation program benefit
- Set lifetime limit
- Make other necessary changes to allow
 - No MOP co-pays
 - OTC NRT medications via MOP
 - Must define lifetime limits & quit attempt
 - Quit-line counseling services

Full Service Quit-line Plan



- New contract will be let once CFR change is in place
- Will enroll beneficiaries who call
- Will provide counseling services
- Will be able to proactively provide follow-up and further assistance
- However, will still be limited to counseling *smokers* who want to quit

Pharmacy benefit



- NRT available at no cost via many MTFs
- Full benefit will follow CFR change
 - Free cessation meds via TRICARE's MOP
 - OTC NRT (gum, patches, etc.)
 - Bupropion (Zyban) and varenicline (Chantix)
 - Will have limited Rx fills per attempt (or year)
 - Products available under this program will be identified through the DoD Pharmacy and Therapeutics committee, consistent with the DOD Uniform Formulary processes outlined in 32 CFR 199.21

Summary



- MTF cessation programs unaffected
 - Many already providing benefit
- Counseling benefit available “now”
- Quit-line “triage” service and educational materials available later this year
- Final CFR rule in late FY’11 (soonest)
- Full quit-line and pharmacy benefit will follow

Sometimes KISS is just “stupid.”



Questions?