

Study shows dramatic effect of cessation benefit

Fact sheet

Importance of study

The Massachusetts Department of Public Health's preliminary findings show a dramatic drop in acute health factors within one year of a smoker's access of a barrier-free smoking cessation benefit through Medicaid (MassHealth). Until now, most studies had focused on the long-term effects of quitting smoking.

The study also shows the impact of a smoking cessation benefit on a low socioeconomic population considered difficult, if not impossible, to move to cessation. Within 2.5 years of the benefit's implementation, the group's smoking rates fell by 26%.

Background

Youth programs, high taxes, communications campaigns, enforced workplace smoking bans, and changing social norms have motivated smokers to quit and caused Massachusetts' overall smoking prevalence rates to show a steady decline. Still, people in the Commonwealth's low socioeconomic groups continue to smoke at higher rates than the rest of the population. Over the past decade, the smoking rate for MassHealth clients had been flat, holding at nearly 40%, more than twice the 2006 Massachusetts state average.

In Massachusetts, demand for help to quit smoking is high: 77% of adult cigarette smokers want to quit, and 60% have tried to quit in the past year. It often takes smokers 7 to 12 tries to quit smoking; but using FDA-approved medications or behavioral counseling has been shown to double a smoker's chances of quitting for good, while combining medications and counseling has been shown to nearly triple their chances.

High use shown for barrier-free benefit

In 2006, the Massachusetts State Legislature enacted a law providing a smoking cessation benefit for all MassHealth subscribers. The Massachusetts Tobacco Cessation and Prevention Program (MTCP) and MassHealth worked together to design a barrier-free benefit that includes:

- All FDA-approved medications (including Chantix, Zyban, and nicotine replacement)
- Behavioral counseling
- Very low co-pays (\$1-\$3; this co-pay can be waived)

MTCP promoted the benefit through radio and transit ads and extensive community outreach. At the height of the communication campaign, 75% of MassHealth members knew about the benefit.

In the first 2.5 years of the benefit's implementation:

- Over 75,000 MassHealth members used it to try to quit smoking
- This represents 40% of all smokers on MassHealth – a figure unprecedented in the nation
- The MassHealth smoking rate fell by 10% a year – falling 26% in the first 2.5 years of its implementation, from 38.2% to 28.3%.

Dramatic, measurable near-term health impacts when benefit was accessed

38% drop in heart attack hospitalizations among cessation benefit users

- Measured the first year after individual access of the benefit
- Fell from 3.2 to 2.0 per 1,000 benefit users

17% fewer emergency department visits for asthma symptoms

- Measured the first year after individual access of the benefit
- Fell from 22.7 to 18.7 per 1,000 benefit users

17% fewer claims for adverse maternal birth complications

- Measured since benefit was implemented
- Fell from 31.1 to 25.7 per 1,000 benefit users
- Study looked at ectopic pregnancy, pre-term labor, and hemorrhaging during pregnancy and/or delivery

General analytic model

- **Study parameters for heart attack and asthma categories:** Includes no records from Managed Care Organizations (MCO). Includes only Fee For Service (FFS) and Primary Care Clinician (PCC). Primary diagnoses only. Counseling only benefit users excluded from analysis. First use of medication prior to 7/1/2007. Subscribers must have at least 321 days of FFS and PCC eligibility in year prior to first use date and year after first use date.
- Total number of Pharmacotherapy Benefit Users: 74,454. After excluding all clients with less than 321 days of FFS and PCC eligibility in the year before and after first use of medication, excluding all counseling-only clients, and excluding all claims after 6/30/2008, the resulting sample was 12,949.
- **Study parameters for adverse maternal birth complications:** Includes no records from Managed Care Organizations (MCO). Includes only Fee For Service (FFS) and Primary Care Clinician (PCC). Annual totals adjusted for average days of eligibility for individuals with pregnancy related complications.