IMPACT OF THE AFFORDABLE CARE ACT REQUIREMENT ON UTILIZATION OF TOBACCO CESSATION MEDICATIONS IN A COMMERCIAL POPULATION

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Background

- Tobacco use is the leading preventable cause of death and disease in the United States. [1]
- Cessation counseling and medications are effective in increasing quit rates when used separately and even greater when used in combination. [1]
- Limited payer coverage of tobacco cessation counseling and medications presents a barrier, reducing utilization of these services among current smokers. [1]
- As of August 1, 2014, the Affordable Care Act (ACA) now requires payers to provide preventative services defined by the U.S. Preventive Services Task Force (USPSTF), including counseling and tobacco cessation medications at no charge to the member. [2]
- There are seven FDA-approved tobacco cessation medications (Table 1) to be covered at no charge to member, for two-90 day quit attempts per year.

Purpose

- To determine the impact of the ACA Requirement on utilization of tobacco cessation medications in a commercial population located in the Midwest.

Table 1: FDA Approved Tobacco Cessation Medications

» Buproban Tablets	» Nicotine Patch
» Nicotrol Nasal Spray	» Nicotine Gum
» Nicotrol Inhaler	» Nicotine Lozenge
» Chantix Tablets	

Methods

Design

- Claims from 1 year prior (PRE, 8/1/13-7/31/14) were compared to the claims 1 year following (POST, 8/1/2014-7/31/2015) the implementation of the ACA requirement.
- The 7 FDA- approved tobacco cessation medications have a generic product identifier (GPI) and the GPI-14 was used to collect paid claims data associated with these medications.
- Commercial plans were chosen based on the level of utilization of the 7 tobacco cessation products. Utilization data were acquired across our commercial book of business for the specified timeframe (PRE & POST), and the top two plans were included in the study (Figure 1).

Study Population

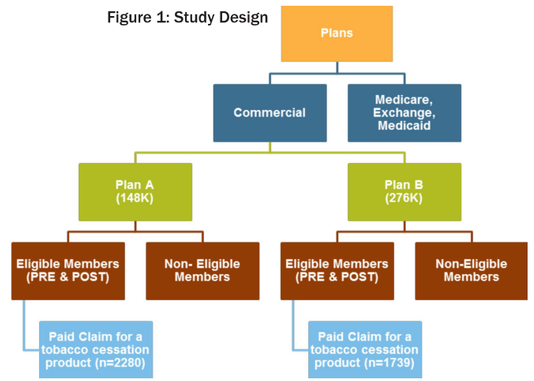
- Members from Plan A and Plan B were included if they were eligible for benefits during both the PRE and POST timeframes and had a paid claim for any of the 7 GPIs during either the PRE and/or POST timeframe. Non-eligible members would be defined as members that ended their benefit eligibility outside the timeframe parameters for this study.
- Members compared to themselves for PRE & POST timeframes based on paid claims for any of the seven tobacco cessation products. A total of 4019 members were included in this study.

Methods (continued)

Outcomes

- Primary outcomes were: the number of prescriptions filled, the total quantity of medication, the total day supply, the amount the member paid, and the dollar amount the plan paid.
- A comparison of the initial year of the intervention to the following year of the intervention was conducted using repeated measures ANOVA to examine changes within and between the outcomes.

Figure 1: Study Design

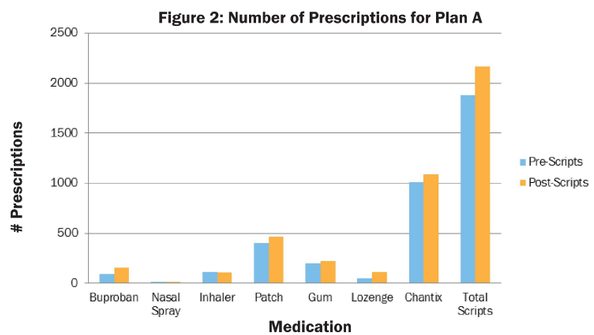


Results

Number of Prescriptions

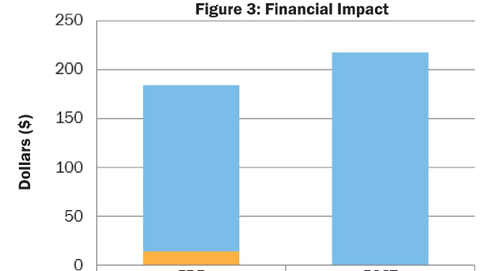
- The average number of prescriptions per member increased by 13.1% (1.1 to 1.3; p<0.001) among all members included for Plan A and Plan B.
- Plan A showed an increase of 15.9% for the average number of prescriptions compared to Plan B which increased by 8.5%.
- Both groups experienced similar trends during the PRE timeframe for number of prescriptions, however in the POST timeframe, Plan A experienced a significant increase (p<0.05) in the number of prescriptions over time compared to Plan B.

Figure 2: Number of Prescriptions for Plan A



Results (continued)

Figure 3: Financial Impact



	PRE	POST
Avg. Plan Paid	170.25	217.34
Avg. Member Paid	13.63	0.36

Quantity Supplied

- The average total quantity supplied increased by 18.1% (68.0 to 80.4; p<0.001) among all members included for Plan A and Plan B.
- Plan A showed an increase of 21.0% for number of prescriptions compared to Plan B which increased by 12.3%.

Days Supplied

- The average total days supplied increased by 14.4% (29.0 to 33.3; p<0.001) among all members included for Plan A and Plan B.
- Plan A showed an increase of 18.65% for number of prescriptions compared to Plan B which increased by 7.9%.

Member Paid

- The average cost member paid decreased by 97.4% ($13.36 to $0.36; p<0.001) among all members included for Plan A and Plan B.
- The average decrease of $13.27 per person for both plans (n=4019) would result in a decrease of $53K for all members for that timeframe.

Plan Paid

- The average cost the payer paid increased by 27.7% ($170.25 to $217.34; p<0.001) among both plans.
- The average increase of $47.09 per member for both plans (n=4019) would result in an increase of $189K the payer paid.

References

1. Fiore M, Jaen C, Baker T, et al. Treating tobacco use and dependence: 2008 update. Clinical practice guideline. Rockville, MD: Centers for Disease Control and Prevention, US department of Health and Human Services; 2008.
2. McAfee T, Babb S, McNabb S, and Fiore M. Helping smokers quit: opportunities created by the Affordable Care Act. *N Engl J Med*. 2015;372(1):5-7.

Disclosures

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