The Question of Cost: Reimbursement and Remuneration

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Abstract: Dentists and the dental team have been encouraged to become an important part of the effort to curb tobacco use. Many health insurance policies, however, do not cover tobacco cessation programs, especially by dentists. The generosity of insurance for tobacco cessation has been found to influence the use of these programs. The dental profession can help by: 1) training more dental students, dental hygienists, and dental practitioners to provide tobacco cessation counseling; 2) increasing the number of practices routinely monitoring tobacco use and providing tobacco cessation programs; 3) increasing the utilization of the available procedure codes for tobacco cessation, whether it is a covered service or not; and 4) stimulating demand for more tobacco cessation coverage by employees.

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Tobacco is one of the leading causes of morbidity and mortality in the United States, with significant costs to individuals and society. Intervention strategies have been developed that can help dentists assist their patients as they cease use of tobacco products. Often, however, tobacco cessation is not covered by health insurance plans, particularly if a dentist provides them. This paper will briefly discuss some of the issues relating to the costs of tobacco use and the issues surrounding the financing of tobacco cessation efforts by dentists.

Health Insurance and the Health-Related Costs of Tobacco Use

The health care costs associated with the use of tobacco products are significant. It has been estimated that, in 1993, these costs in the United States amounted to $50 billion, representing about 8 percent of all health care expenditures. Just over half of these costs are spent on hospital care and about a third on physician services; the remainder is primarily for nursing home and prescription drug costs. It has also been estimated that, for each pack of cigarettes sold, $2.06 is spent on health care costs related to smoking. Assuming that the percentage of health care costs associated with tobacco use has remained constant in the last seven years (8 percent), the United States spent approximately $104 billion dollars on tobacco-related health care costs in 2000 (total U.S. health care costs in 2000 were estimated by the Health Care Financing Administration to be $1.3 trillion). Much of the costs of tobacco-related illness are paid for by health insurance plans, both public (Medicare and Medicaid) and private (individual-purchased and employer-sponsored plans). About 14 percent of the population receives public health insurance; 65 percent have employer-sponsored plans, and 7 percent purchase individual policies.

The costs of tobacco-related illnesses born by public insurance programs are one of the principal reasons for the successful lawsuit filed by the states’ attorneys general in 1997 against the tobacco companies. Tobacco-related health care costs for privately insured individuals, however, are primarily paid through employer-sponsored health insurance, as this is the predominant form of health insurance coverage.

Having health insurance coverage generally has been shown to increase the use of health care services. From an insurance perspective, this is considered “moral hazard.” However, with many health care services, particularly preventive services, this greater utilization of services is a desirable consequence of having insurance from an individual and, often, from a societal perspective. The coverage of preventive services by private insurance plans is, however, far from universal. Among medium and large employers, about two-thirds provide coverage...
for preventive care such as physical examinations.\textsuperscript{3} The coverage among small employers is probably lower. Preventive coverage also varies by type of insurance plan, with HMOs much more likely to cover preventive services than traditional indemnity plans. In 1993, almost all (98 percent) HMOs covered preventive services, such as routine physicals and immunizations, compared to 25-33 percent of non-HMOs.\textsuperscript{10}

The limited coverage of preventive services often extends to the coverage of health promotion and disease prevention activities, such as smoking cessation, although the exact coverage of such activities by insurance plans is unknown. One study of state employees in Wisconsin found that seven of the available twenty-five health plans offered coverage for some form of cessation treatment.\textsuperscript{11} The scope of coverage and limitations or exclusions also differed substantially by plan.

The generosity of the coverage provided for smoking cessation has been found to influence the use of these programs.\textsuperscript{12} The utilization of cessation programs by 90,000 adult employees in Washington State was evaluated in a longitudinal natural experiment where these employees were given one of four cessation benefit packages: full coverage of a behavioral program and nicotine replacement therapy; full coverage of a behavioral program and 50 percent coverage of nicotine replacement therapy; 50 percent coverage of a behavioral program and full coverage of nicotine replacement therapy; and the standard coverage of the behavioral program and full coverage of the nicotine replacement therapy. Use rates among smokers ranged from 2.4 percent for those with reduced coverage to 10 percent for those with full coverage of both modalities.

Although the success of cessation programs varies, some successful models for programs in the health professional’s office have been documented. Such programs vary from iminimal clinical interventions\textsuperscript{15} to intensive clinical interventions\textsuperscript{16} as defined in the Surgeon General’s report on smoking. An example of a “minimal clinical intervention” is the “five As” approach: 1) ask patients about smoking, 2) advise all smokers to quit, 3) assess willingness to make a quit attempt, 4) assist those who want to quit, and 5) arrange follow-up visits with those trying to quit. Intensive interventions are multi-session counseling programs involving extensive contact between a health care provider and a smoker. These interventions are obviously more expensive but have been shown to increase the likelihood of success in getting the patient to quit (for more information on tobacco cessation programs in the dental office, see the article by Drs. Gordon and Severson in this issue).

Dentists and Tobacco Cessation

The dental profession has been actively involved in tobacco cessation efforts for many years, and these activities have been well documented.\textsuperscript{13} Both the American Dental Association Guide to Dental Therapeutics and the practice guidelines developed by the Agency for Healthcare Research and Quality describe the important role that dentists and the dental team can have in helping patients to reduce their use of tobacco products.\textsuperscript{14}
ing their health insurance plan. This was of greater importance than cost (66 percent) or of being able to maintain the same doctor or nurse (60 percent) when choosing their plan.17

Employers might also see the advantage of offering tobacco cessation programs that include dentists as a recruitment/retention activity in a tight labor market. As dentists are more likely than physicians to see adults for routine preventive care on an annual basis, covering tobacco cessation by dentists would be an appropriate component of a company’s preventive/wellness efforts, whether they are doing it out of benevolence or because of competitive forces.

The dental community must play a role in educating employers, insurers, and consumers and marketing themselves as providers of preventive health outside the narrow confines of oral or dental health. Becoming actively involved in tobacco cessation activities, including routinely gathering information on tobacco use as part of a health history and using the “five As” and more intensive dental office-based tobacco cessation programs, would go a long way to encourage employers to cover these activities and to view the dentist and dental team as an integral part of the wellness activities of an employer. A dental procedure code (D1320) already exists for the provision of “tobacco counseling for the Control and Provision of Oral Disease.”18 If dentists use this code more frequently, insurance companies may get more accustomed to providing routine coverage in their dental insurance plans.

In summary, having a primarily employer-based health insurance system makes the coverage of tobacco cessation efforts by dentists a challenge. Nevertheless, there are a number of important activities that could facilitate this: 1) train more dental students, dental hygienists, and dental practitioners to provide tobacco cessation counseling; 2) increase the number of dental practices routinely monitoring tobacco use and providing tobacco cessation programs; 3) increase the utilization of the available procedure codes for tobacco cessation, whether it is a covered service or not so as to familiarize insurance companies with this practice; and 4) stimulate demand for more tobacco cessation coverage by employees. Such activities could go a long way towards encouraging employers to cover tobacco cessation without any differentiation by provider, as long as the outcomes are reasonably successful.

REFERENCES
