

Quitlines Today and in the Future

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Overview

- **Role of cessation in reducing tobacco use prevalence**
- **Current status of quitlines**
- **The future of quitlines**

Cessation Benchmarks

Smokers interested in quitting 69%

Past year quit attempt 52%

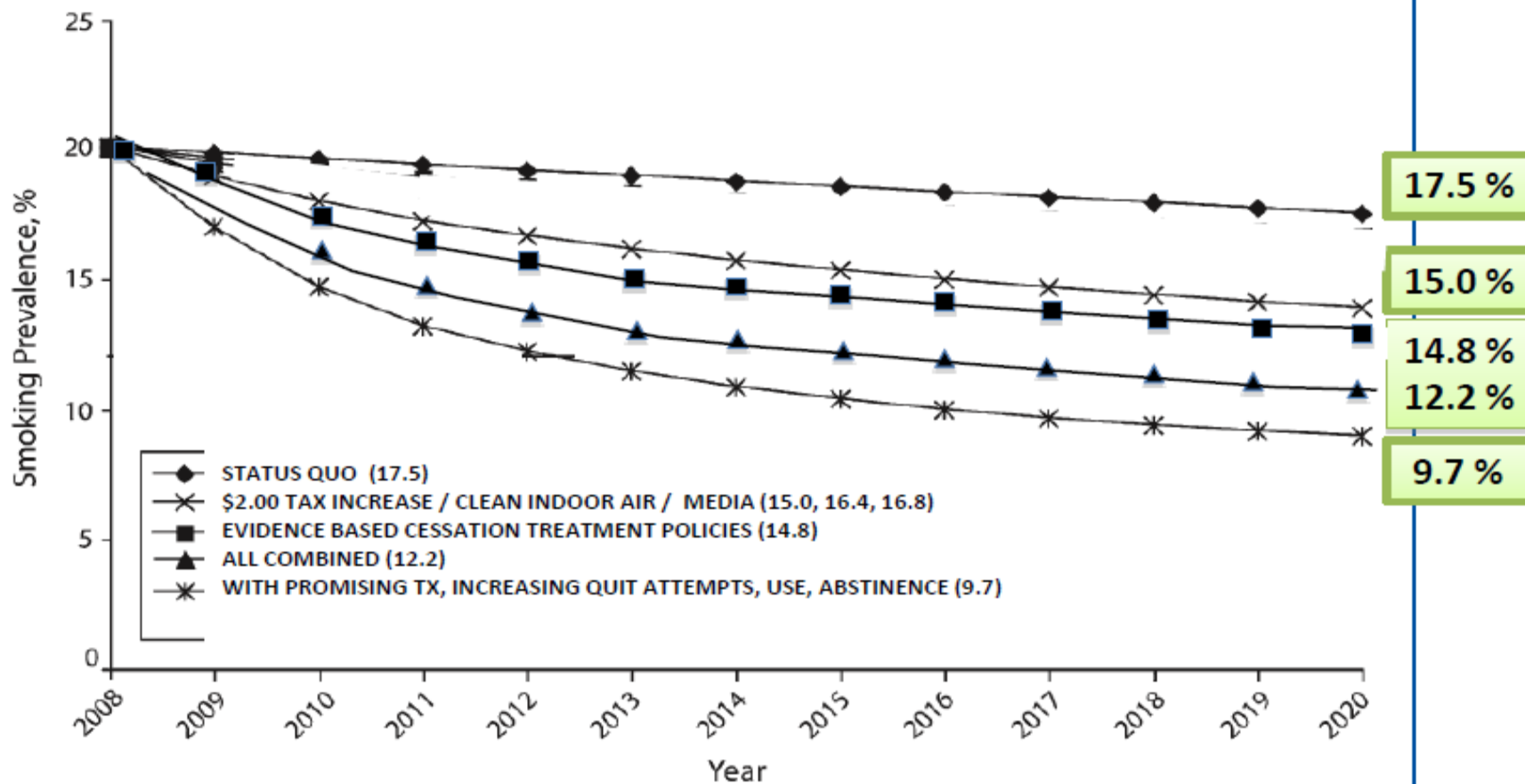
Used counseling and/or meds 32%

Prevalence of cessation in past yr 6%

Source: MMWR, Quitting Smoking Among Adults—United States, 2001–2010, November 11, 2011 / Vol. 60 / No. 44

REACHING HEALTHY PEOPLE 2010 by 2020 (or sooner)

Levy, Mabry , Graham , Orleans , Abrams, D. (2010). *Am. J. Prev. Med.* (38) 3S S375-S381



State Quitline Services

Treatment and Support

Proactive counseling (100% of state quitlines)

Medications (85% of state quitlines)

Self-help materials (100% state quitlines)

Chat rooms, texting, online programs (varies)

Referral Programs and Training

Fax referral (100%)

eReferral to/from EHRs (pilots underway)

Training in tobacco cessation counseling (all)

Quitline: Texas Tobacco Quitline

Began Operations: September 2001

Website: <http://www.dshs.state.tx.us/tobacco/quitlyes.shtml>**Standard Hours of Operation**

Monday: 12:00 AM - 11:59 PM

Tuesday: 12:00 AM - 11:59 PM

Wednesday: 12:00 AM - 11:59 PM

Thursday: 12:00 AM - 11:59 PM

Friday: 12:00 AM - 11:59 PM

Saturday: 12:00 AM - 11:59 PM

Sunday: 12:00 AM - 11:59 PM

Closed on: Counseling not available: Independence Day, Thanksgiving and Christmas

Telephone Numbers

Line	Phone Number	Language/Subject
1	(877) 937-7848	English
2	(866) 228-4327	Deaf/Hard of Hearing

Supported Languages

Counseling offered in: English, Spanish

Third-party counseling: English, Spanish, Mandarin, Cantonese, Korean, Vietnamese, French, Russian, AT&T services with translation in over 140 languages

Deaf/Hard of hearing:

Services Offered**Phone Counseling****Types:**

- brief intervention
- multi-session (client-initiated)
- single-session
- multi-session (counselor-initiated)

Length of standard first session: 0 min

Length of standard follow-up session: 0 min

Counseling session topics:

- tobacco history
- setting a quit date
- relapse prevention
- use of cessation medication
- other
- developing a quit plan
- withdrawal symptoms
- weight gain
- stress management

Web-Based Services

- quitline information
- self-help tools
- interactive counseling
- cessation information
- automated e-mail messages
- chat rooms

Cessation Medications**Free Medications**

- patch
- lozenge
- inhaler
- bupropion
- gum
- nasal spray
- varenicline

Discounted Medications

- patch
- lozenge
- inhaler
- bupropion
- gum
- nasal spray
- varenicline

Distribution Methods

- voucher
- by mail

Other Services

- voicemail with callbacks
- referral to other health services
- recorded self-help messages
- mailed info or self-help resources

Eligibility Criteria

To receive counseling: 13 years of age or older; Readiness to quit

To receive medication: Living in comprehensive program area or by health care provider fax referral as well as uninsured and women who are pregnant.

Specialized Materials**Specialized Materials**

- youth, under 18
- older tobacco users, 55+
- pregnant tobacco users
- racial/ethnic populations
- chronic health conditions
- low literacy
- mental health disorders including psychiatric conditions
- youth, 18-25
- smokeless tobacco users
- multiple addictions
- lesbian, gay, bisexual or transgender
- low socioeconomic status or Medicaid
- other

<http://www.naquitline.org/map>

Provider Referral Program

Fax or electronic referral program: Yes

Person(s) eligible to refer patients:

- certified or trained fax referral providers
- clinicians or non-clinicians in a healthcare setting
- clinicians or non-clinicians in a community-based organization
- other

Available referral methods:

- faxed form
- e-mail or online
- EMR with electronic submission

Tobacco users can be referred if they:

- are thinking about quitting
- indicate a readiness to quit within 30 days
- are ready to make a quit attempt
- are quit and seek help to stay quit

Referred patients contacted within: Within 48 hours

Other services available to referring providers:

- quitline and/or referral brochures
- customized referral/consent forms
- patient progress reports
- customized provider feedback reports
- staff training
- quitline/referral program newsletter

Referral program contact: Barry Sharp
Texas Department of State Health Services
(512) 206-5873
barry.sharp@dshs.state.tx.us

Additional information: Provider information and resources available at
www.yesquit.org.

Smoke-Free Laws

Smoke-Free Laws

Workplaces: No
Bars: No
Restaurants: No

Tobacco Tax Rates

Tobacco Tax Rates

Current cigarette tax rate: \$1.41
Effective date: January 1, 2007
Amount of last increase: \$1.00

Quitline Metrics

Callers (Source: NAQC Annual Survey - 2012)

Number of direct calls to the quitline: 37,062
Number of tobacco users receiving services: 9,016
Number of tobacco users registering for Web-based services: 6,179
Number of tobacco users referred to the quitline: 2,555

Calculations (Source: NAQC Annual Survey - 2012)

Amount per smoker spent on services and medications: \$0.36
Amount per smoker spent on media and promotions: \$0.14
Promotional reach: 0.32 %
Treatment reach: 0.23 %
NAQC standard quit rate: 30.40 %

NOTE: Additional quitline data is available online at www.naquitline.org/data/

Context for quitline metrics: Time period for quit rate data collection: The evaluation results include tobacco users who registered between January 1, 2010 and May 31, 2011. Evaluation surveys were conducted between July 19, 2010 and December 26, 2011. Consent rate 96.3%. Response rate at follow-up: 33.7%.

Funder of quitline services: Texas Department of State Health Services
Operator of counseling services: Alere Wellbeing
Funding source(s): State/Provincial and Federal government, Foundation and Federal grants provided at the local level

<http://www.naquitline.org/map>

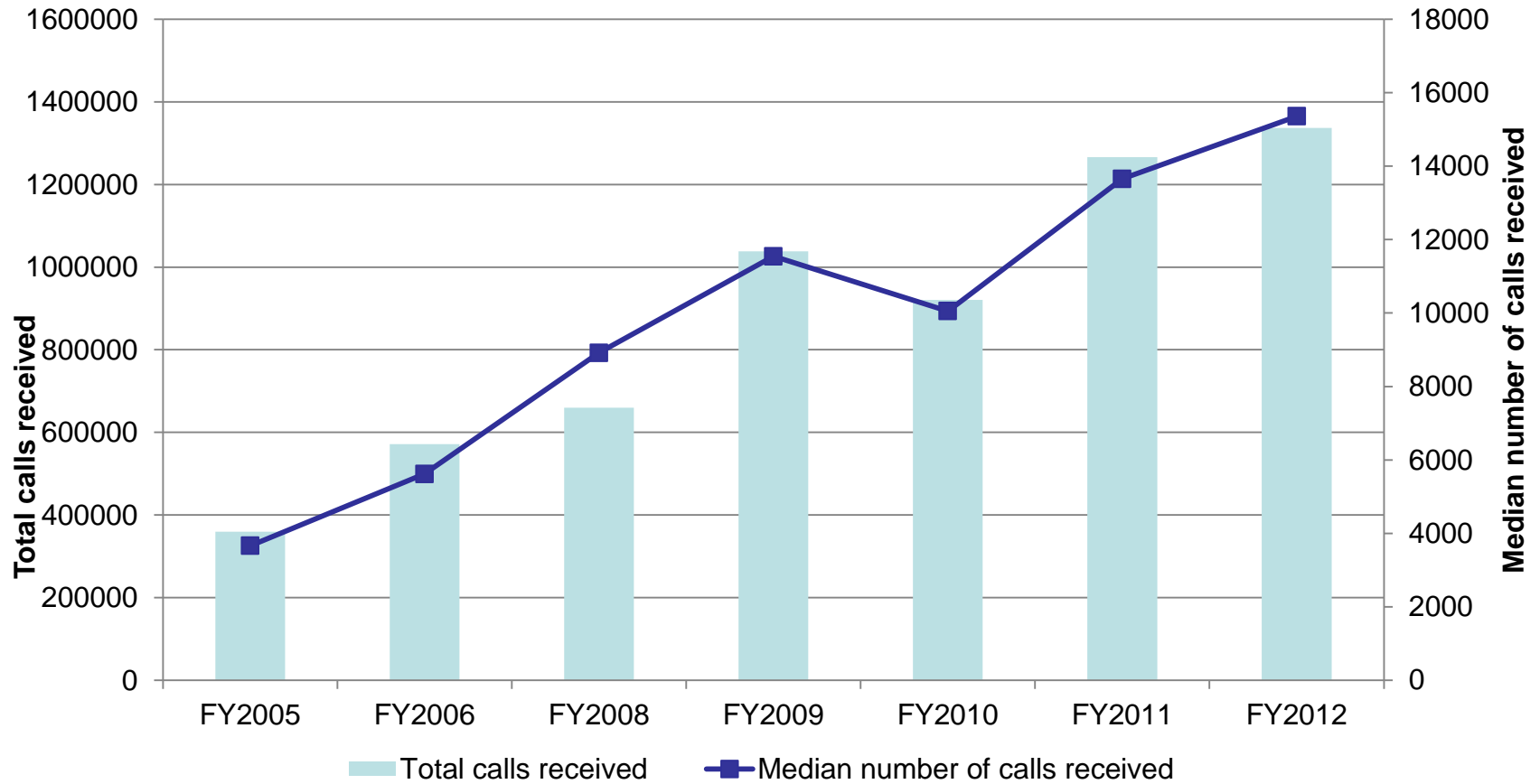
Quitline Benchmarks, FY12

Metric	Actual	2015 Goal
Total number of calls	1.3 million	
Calls from tobacco users	487,846	
Referrals	171,379	
Callers rec'ing tx	473,544	
Expenditures (nationally)	\$128M	
Treatment reach	1.04%	6%
State investment per smoker	\$1.53	\$10.53
Quit rates (N=37)	28.7%	30%

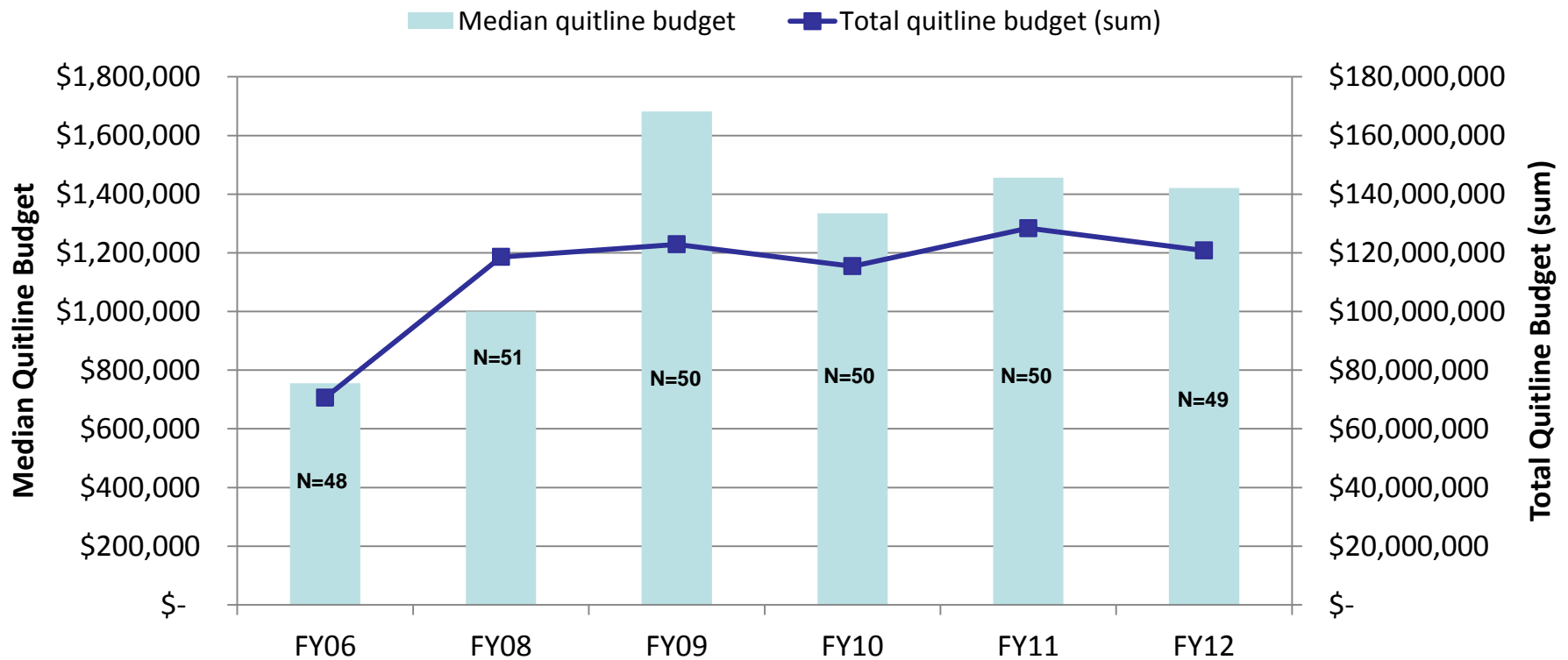
Source: NAQC Annual Survey of Quitlines, www.naquitline.org/?page=2012Survey

Demand for Quitline Services is Rising

Total and median calls received by US Quitlines



Median and Total Quitline Budget Trends

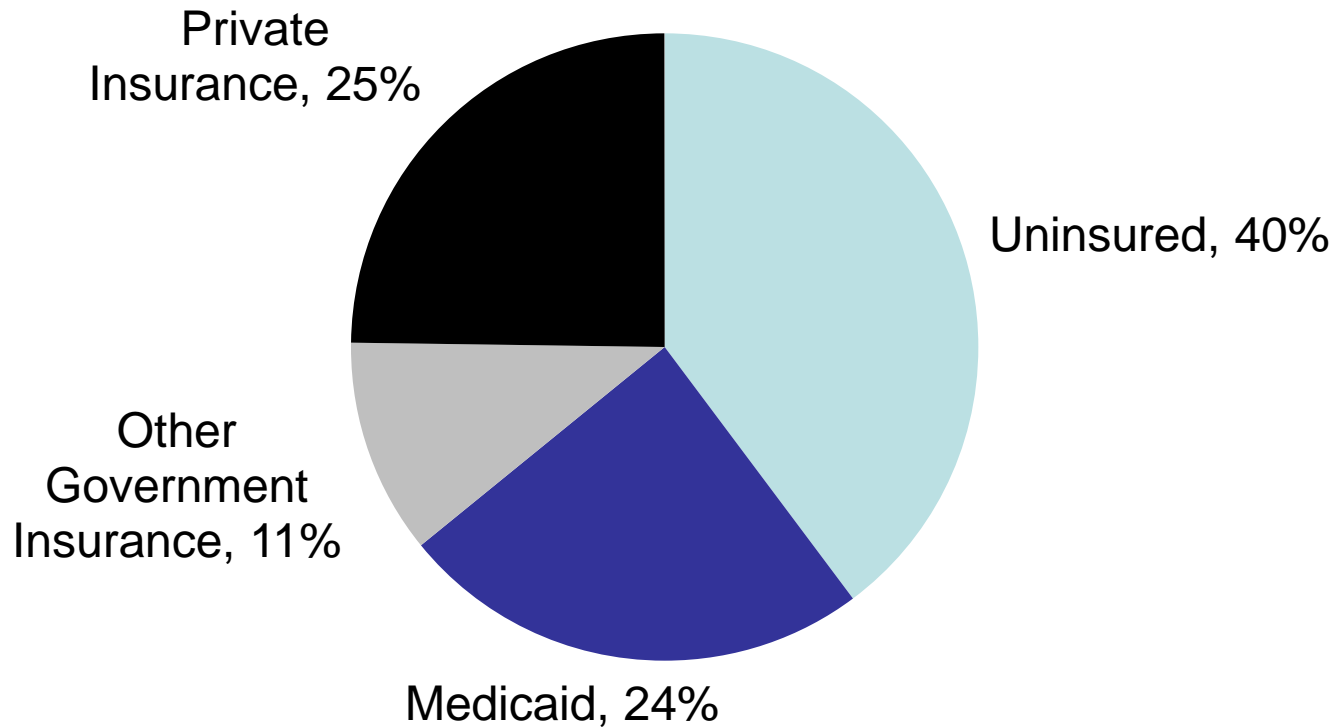


Future of Quitlines

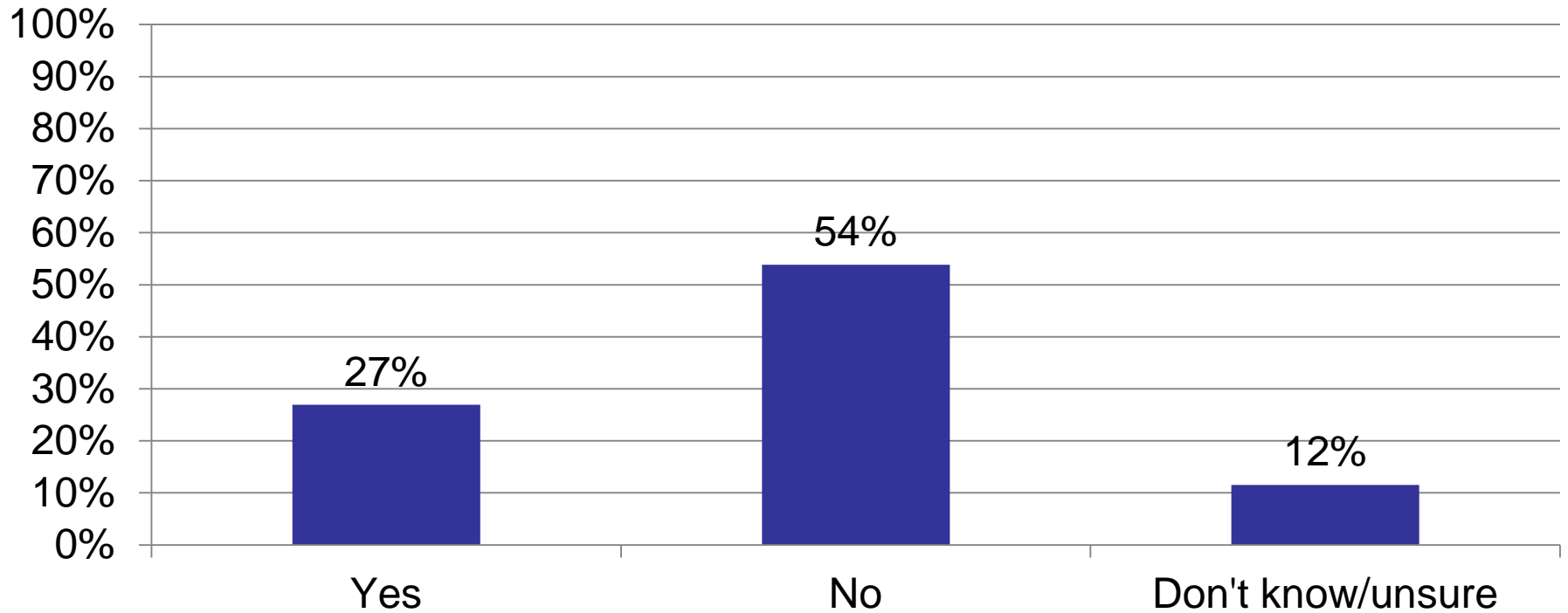
Dynamic Landscape

- **Affordable Care Act**
- **Meaningful Use, Joint Commission measures**
- **Changing face of smokers**

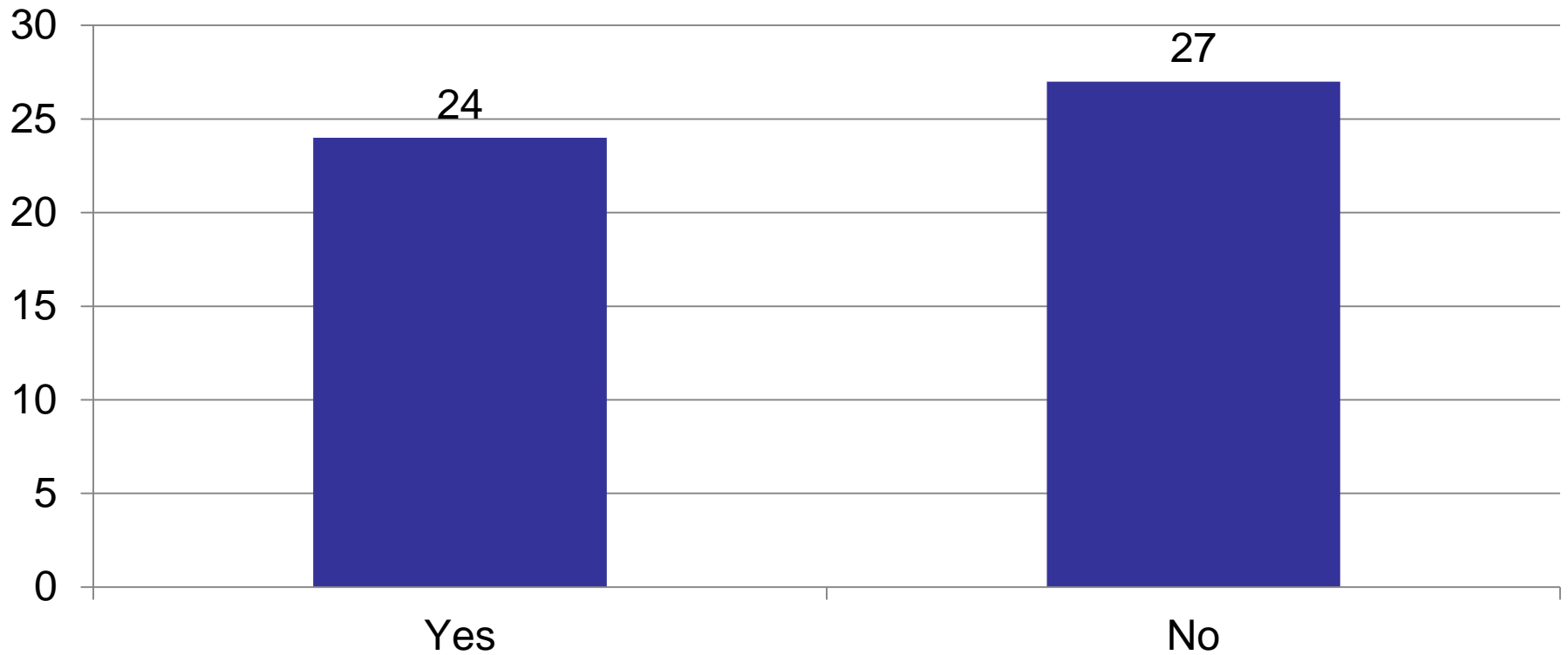
60% of State Quitline Users Were Insured in FY2012



More than one-quarter of US quitlines are restricting or considering restrictions on services for insured callers



Cost sharing exists, or is in progress, for 24 US quitlines in FY2012



Implications of ACA

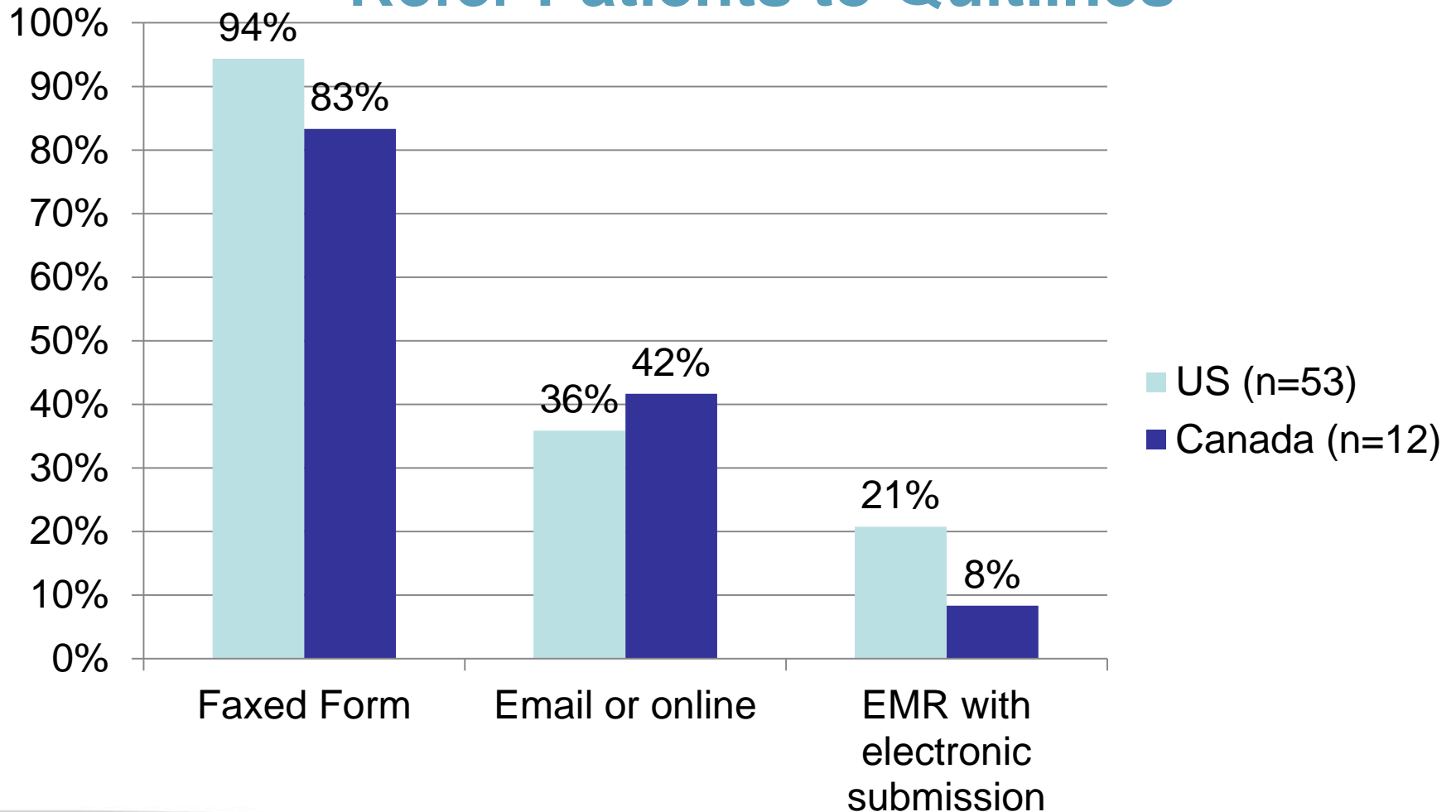
- Insurers and health plans become responsible for providing cessation treatment to all insured/members with no co-pay
- Makes the “pie” bigger, should increase availability, use of cessation services
- For quitlines:
 - Educating private insurers/health plans about the importance of cessation services
 - Offering cost-sharing for private insurers and Medicaid

US Quitlines (n=52)

Number of referrals received in FY12

Referrals	N	N reporting 1 or more	Median (min, max)	Sum
Basic fax-referral	45	36	125 (0, 9960)	22,375
Fax-referral with feedback	45	39	956 (0,12550)	84,795
Email and/or online referral	31	7	0 (0, 1332)	3,070
Fully automated, bi-directional electronic referral	36	2	0 (0, 1338)	1,539
Community organization networks	27	2	0 (0, 539)	802
Online advertising (paid)	31	2	0 (0, 1161)	1,192
Web referrals (links, not paid ads)	44	31	45 (0, 38147)	45,288
Central call center	32	0	0 (0, 0)	0
Other referral sources	32	5	0 (0, 9854)	10,913
Total	52	52	1312 (22, 44455)	171,379

Current Methods Offered to Providers to Refer Patients to Quitlines



Between one-quarter and one-third of referrals received counseling or medications in FY2012

	N	Total referrals	Total referrals receiving counseling or medication	Proportion of referrals receiving counseling or medication
US	44	110974	38599	35%
Canada	8	24931	6471	26%

N = number of quitlines reporting both total number of referrals and total referrals receiving counseling or medications.

Treatment Reach by Population

<u>Population</u>	<u>Proportion of Smokers Rec'ing Counseling/Meds</u>
General Population	1.1%
African-Americans	1.3%
Am. Indian/Alaska Native	1.6%
Asian	0.6%
Hispanic/Latino	0.9%
Low SES	0.8%

Recommendations for Increasing Reach & Treatment to Priority Pops

State Agencies should:

- **Develop partnerships with entities based where priority pops live**
- **Provide list of local resources, within community for smokers**
- **De-mystify quitlines through better communications with health care clinics and community orgs**
- **Increase recruitment, marketing and outreach to pops, especially Medicaid**

Recommendations for Increasing Reach & Treatment to Priority Pops

Quitlines should:

- **Explore new technology for improving reach, use targeted messages and multiple modes of contact**
- **Enhance referral systems to increase the number of calls and referrals**
- **Support use of NRT and adherence**
- **Increase the number of counseling sessions**
- **Make better use of in-language counseling, especially for Spanish and Asian language speakers**

Concluding Points

- **Cessation is a key component for reducing prevalence**
- **Implementation of ACA must result in more, not less, effective cessation service for those seeking to quit (including quitlines and face to face treatment by providers).**
- **Quitlines must focus on:**
 - **Improving our reach and service to priority populations,**
 - **Partnership between healthcare and quitlines,**
 - **Cost-sharing/education of insurers and health plans,**
 - **Addressing new non-combustible products**