DIMENSIONS: Embedding Quitlines into the Person-Centered Health Neighborhood
The Person-Centered [Tobacco Cessation] Health Neighborhood
OECD Healthcare Spending, per capita ($US)—2016

- Years of Life at Birth: 27/35
- Ischemic Mortality: 24/35
- Asthma/COPD Admissions: 23/34
- Medical coverage: 34/35
- Medical Appts skipped: 16/17
- Obesity: 35/35
- Obstetric trauma: 18/21
Determinants of Health

- Individual Behaviors: 38%
- Social Circumstances: 23%
- Genetics/Biology: 21%
- Medical Care: 11%
- Physical Environment: 7%
Rapid Improvement Goal

Ask ➜ Advise ➜ Assess ➜ Assist ➜ Arrange

IMPLEMENTATION AND DELIVERY

TELEPHONIC COUNSELING
GROUP SUPPORT
INDIVIDUAL COUNSELING
PEER SUPPORT
M.A.T.
ASK
ADVISE

REFER

Continuity of Care
An Introduction to Quitlines

Evidence-Based Cessation Assistance
Quitline Introduction

- Free or subsidized cessation coaching and medications
- Coaching delivered primarily by telephone
- Expanding into web, chat, texting etc.
- Quitlines are funded by various methods:
  - State or local funds
  - CDC grants
  - Tobacco taxes
  - Master Settlement Agreement (MSA)
  - Public-private agreements
Quitline Provision of FDA-Approved Pharmacotherapy

- Over the Counter Nicotine Replacement Therapy
- Prescription Nicotine Replacement Therapy
- Non-Nicotine Medication

Quitlines offering pharmacotherapy:
- Patch
- Gum
- Lozenge
- Inhaler
- Spray
- Bupropion
- Varenicline
Special Considerations for Priority Populations
Low-SES Callers
Report Key Findings

Nationally, individuals living with low incomes:

• Are more likely to be the targets of tobacco-industry marketing;
• Suffer greater levels of use & dependence on tobacco;
• Lack access to evidence-based tobacco cessation treatment;
• Are less likely to use and adhere to available treatments;
• Have poorer cessation outcomes when compared to the general population.
Latinx Quitline Utilization

Latinx populations are among the least likely priority population to access quitlines

- Have lower intentions to call the quitline
- May perceive a lower need for assistance
- Less likely to use NRT
- Spanish-language features are supportive

Spanish-language media campaigns can increase Latinx quitline use
Asian Quitline Utilization

The Asian Smokers’ Quitline was utilized by over 14,000 people in its first seven years

- Over 90% of users reported satisfaction
- Chinese, Korean, & Vietnamese languages
- Tobacco abstinence rates increased with quitline utilization

Quitlines have been shown to be effective in reaching Asian Americans
LGBTQ Quitline Utilization

The LGBTQ population initiates earlier than other quitline callers

- LGBTQ quitline callers report higher rates of mental health issues
- Fewer LGBTQ men are aware of the quitline compared to heterosexual men

Targeted outreach and interventions may increase LGBTQ quitline utilization
African American Quitline Utilization

Features of African American quitline use:

- Experience quit rates similar to Whites
- More likely to be referred by a provider than via self-referral
- Quitlines have been effective in reaching AAs

A California Quitline study found AAs were significantly more likely to call than Whites
Six-State Quitline Study

- History of a mental health condition ranged from 62% in Montana to 89% in Idaho
- Quit rates ↑ for callers without MH issues, but a substantial number of callers reporting MH also sustained quits (43% vs. 33% at 6 months)
- Outcomes appear to be driven by how smokers feel their conditions may influence quit attempts

Lukowski et al., 2015
Cessation Medications for Persons with Behavioral Health Conditions

- Higher levels of nicotine dependence
- There is no medical reason not to use cessation medications
  - First line treatments are recommended for all
- Comfortable detox for temporary abstinence
- Recent trials of varenicline for schizophrenia and depression
  - Effective
  - No greater side effects
Tailored Treatment

- Staff Training, Supervision, and Fidelity
- Screening for Behavioral Health Conditions
- Greater Intensity of Services
- Patient-Centered, Strength-Based, Care Coordination
- Greater Duration of Treatment
- CBT, Mood Management, and Motivational Enhancement
Pilot Outcomes

• Successful tailoring
• Increased engagement
• Utilized longer durations NRT
• Feasibility considerations
• Mixed abstinence findings
Quitline Project Conclusions

Quitlines remain a critical and effective service
Vital service among select populations
Reach is a critical challenge

Key opportunities for quitline improvement:

- Better integration into existing structures and policies
- Increase trust, understanding, and awareness – marketing
- Maximize user touch points via tailoring, technology, and community hubs of care
Tailoring Considerations

- Language barriers (translation, literacy)
- Prioritize recruitment/reach
- Use peers/CHWs
- Media and marketing
- Easy to understand, easy to access
- Cost transparency
- Medical distrust
Barriers Specific to Quitlines

- Telephonic counseling
- Non-empowering marketing
- Bad news travels fast
- Long demographic call
- Expectations of staff skills & knowledge
De-Normalization Strategies

- Smokers are portrayed as aberrant, deviant and anti-social
- Said to have pathogenic patterns of behavior
- Strategies endorse stigma rather than mitigating it
2A&R in the Health Neighborhood
Rapid Improvement Goal

Ask ➔ Advise ➔ Refer

IMPLEMENTATION AND DELIVERY

ASSESS & ASSIST

Quitline
“Ask” must explore tobacco use patterns and history of quitting, i.e. is more than screening for exposure

Advice must come from a place of caring not judgement

Referral should be warm and enthusiastic
Tips to Start the Conversation

▪ Relax and remember that 75% of tobacco users want to quit and they want or understand pharmacists engaging them on this issue

▪ Start with the resonating prompt: “I notice that you have been prescribed statins. Can I ask if you use tobacco products?”

▪ Segue into the connection: “Were you aware that in addition to several cancers and heart disease, smoking also raises ‘bad’ cholesterol and lowers the ‘good’ cholesterol?”

▪ Ask permission to continue
## Stages of Change—Operationalized

<table>
<thead>
<tr>
<th>Stage</th>
<th>Definition</th>
<th>Desire to Quit Timeline</th>
<th>Scale Version</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-contemplation</td>
<td>Not considering changing</td>
<td>Not interested in quitting within the next six months</td>
<td>0</td>
</tr>
<tr>
<td>Contemplation</td>
<td>Thinking about making a change</td>
<td>Within the next six months</td>
<td>1 - 3</td>
</tr>
<tr>
<td>Preparation</td>
<td>Actively considering changing in the immediate future or within the next month</td>
<td>Within next three months</td>
<td>4 - 7</td>
</tr>
<tr>
<td>Action</td>
<td>Making overt attempts to change</td>
<td>Interested in quitting in the next month or has tried to quit in the last six months</td>
<td>8 – 10</td>
</tr>
<tr>
<td>Maintenance</td>
<td>Made changes for longer than six months</td>
<td>Have been abstinent for six months or longer</td>
<td>10+</td>
</tr>
</tbody>
</table>
Setting the Stage for Success

- Organizational criteria for referral
- Estimate your work burden
- Determine who is referring to the quitline
- Set Benchmarks
- Train relevant staff
- Act
- Adjust and Relaunch
Possible Criteria for Referral

- Level of interest in quitting
- Level of dependence
- Medical or psychiatric complications
- Imminent of harm
- Staff constraints (e.g., time)
- Clinical priorities
Setting the Stage for Success

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Workflow Burden

Ask • 100%

Advise & Stages of Change • 83%

Make Referral • 54%

Collect faxbacks
Setting the Stage for Success

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Tobacco Cessation Workflow

**Front Desk/ Admin**
- Screening form
- Post/place tobacco cessation promotional materials in waiting area
- Fax quitline referral preauthorizations
- Billing

**Clinician/ Medical Assistant (5A’s Model)**
- Verify screening form & complete tobacco use assessment
- Current or recent tobacco use
  - No
    - Discuss sustaining abstinence and healthy living strategies
  - Yes
    - Utilize Motivational Interventions to Address Use*
    - CO Reading
    - Onsite cessation group and/or individual counseling

**Physician (2A’s & R Model)**
- Review screening & tobacco use assessment
- Brief counseling*
- Visual Prompt on Exam Room Door
- Rx meds**
- Follow up appointment set within 1 month

- Enter interventions into EHR and/or chart
- Collaborative treatment planning
- Preauthorizations & referrals
- Peer services/Patient navigator

* 5As algorithm
** Cessation medications protocol
Setting the Stage for Success

- Organizational criteria for referral
- Estimate your work burden
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- Adjust and Relaunch
1. How many people re-enter?
2. How many get screened?
3. How many screen positive?
4. • How many get education?
   • How many get OFFERED a referral?
5. How many people ACCEPT a referral?
6. How many ENROLL?
Setting the Stage for Success

- Organizational criteria for referral
- Estimate your work burden
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**Blended, Stepped Approach**

**Phase 1**
- Developing referral sites
- Recruitment
- Attendance
- Staff education/training, attitudes, and practices
- Establishment and adherence to new policies

**Phase 2**
- Staff confidence of new skills
- Enhanced skillsets
- Group (or modality) fidelity measures
- Consumer experience satisfaction
- Consumer longevity/completion rates

**Phase 3**
- Stages of Change progress
- Growth in patient knowledge, skills, & confidence
- Development of new behaviors (e.g., reduction or abstinence)
- Longer-term outcomes

**Phase 4**
- Staff onboarding procedures
- Formalizing workflows
- Turnover resiliency planning
- CQI processes
- Communicating initiative success to relevant stakeholders
Setting the Stage for Success

- Organizational criteria for referral
- Estimate your work burden
- Determine who is referring to the quitline
- Set Benchmarks
- Train relevant staff
- Act
- Adjust and Relaunch
Plan-Do-Study-Act Process

Three key questions

- What are we trying to accomplish?
- How will we know a change is an improvement?
- What change can we make that will result in improvement?
Increasing Low Income Callers’ Access to and Utilization of the Colorado QuitLine

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