Special Topic Webinar
Results from the 2012 NAQC Annual Survey of Quitlines

Wednesday, October 23, 2013

QUESTIONS & ANSWERS

Q: How can the Quitline vendor (vs. the state agency funding it) claim FFP?

A: The state Medicaid agency is the only entity that may submit claims to CMS to receive FFP for allowable Medicaid costs – no exceptions. Therefore, for the quitline vendor (rather than the state agency funding it) to claim FFP, the state Medicaid agency would need to have an interagency agreement with the quitline vendor (if the quitline is a state agency) or contractual arrangement with the quitline vendor (if the quitline is another public or non-profit entity) in order for costs related to quitline program activities to be claimable. These agreements are designed to define and describe the relationship between the state Medicaid agency and the entities with which it partners to perform Medicaid administrative activities.

Typically, a state agency cannot simply "transfer" funds from one entity to another without a contract. The state agency would likely establish a sole-source contract and this would take time and justification. There can be many issues and a lot of time spent trying to work out the funding transfer mechanisms between a state agency and private vendor.

There are also additional operational issues that may need to be considered:

- In order for a state to claim expenditures for quitline activities, the state must ensure that permissible sources of non-federal share are available to match the federal dollars. It is likely that the health department would need to okay their funds being used as the match, knowing full well that the service provider could use drawn down federal funds for any purpose.
- In order for Medicaid administrative funding to be available, the quitline must have an interagency agreement or other contractual arrangement with the State Medicaid agency that is supported by an allocation methodology which divides quitline costs among benefiting programs in accordance with the benefits received so that Medicaid only pays for its fair share. This methodology must be included in the State's approved Public Assistance Cost Allocation Plan.
- If the vendor also has contracts with MC managed care vendors in that state, the numbers (both in terms of $$ and #s served) would need to be very clean and clear! The data that a

vendor would need to use for documentation to claim FFP belongs to the state health department. They would have to agree to provide the data.

For follow-up, please contact Tamatha Thomas-Haase at NAQC (TThomasHaase@NAQuitline.org)

Q: Does treatment reach include web program participants who did not speak to a quitline counselor or receive NRT? (i.e., those who received web-based services only?)

A: No, treatment reach includes only those who received at least some counseling (either by phone or by web) or medications through the quitline. Those who did not receive either counseling or medications, but used a web-based service, are not included in treatment reach.

Q: You stated that quit rates for quitlines not achieving a 50% response rate at follow-up will not be posted on the quitline profiles pages (www.naquitline.org/map). Please comment on any plans or suggestions towards increasing the number of US and Canadian quitlines that achieve the recommended 50% or greater response rate to the 7 month follow-up survey.

A: NAQC recognizes that response rates for surveys of all kinds are dropping. Only 11 US quitlines and one Canadian quitline achieved a 50% or higher response rate at follow up for FY2012. It is much less likely, or feasible, to obtain a response rate of 50% or greater today than when the NAQC issue paper was published. **NAQC is NOT asking quitlines to change their protocols or strategies for conducting follow-up surveys at this time**, as many strategies used to increase response rates can be quite resource-intensive, which takes away resources available for providing services to more tobacco users. We are interested in any ideas on how to address the issue of comparisons between quitlines when response rates vary quite widely. Knowing that as response rates drop, responder quit rates are artificially inflated, our concern is that the NAQC quit rate calculation is not reliable when response rates are below 50%. The NAQC issue paper "Measuring Quit Rates" available at http://c.ymcdn.com/sites/www.naquitline.org/resource/resmgr/docs/naqc_issuepaper_measuringqui.pdf states that any quit rate obtained with a survey with a response rate of less than 50% should be interpreted "with caution." In the absence of further discussion and investigation, we have decided to post only quit rates with response rates of 50% or greater. This is a temporary solution, and may be revised once we have a chance to consider the issue more fully. We hope to engage the Advisory Council in a consideration of this issue in the upcoming year.

Q: In the future, I would like to see data broken down on how quitlines are doing in terms of reach, engagement (# calls), quit rates by key population groups, such as youth, people with self reported mental health, age (eg, 20s, 30s, 40 yos). I am not sure that quitlines are

doing such a good job reaching some of these sub-populations. It would also be interesting to look at the types of people who are using different services (e.g., phone vs. web).

A: These are great questions that individual quitlines can definitely start to look at themselves. Given the way that NAQC collects information, we can report on reach to some populations of interest (e.g., racial/ethnic categories, men/women, low education as a proxy for low SES). Others we can start to look at, such as those who screen for behavioral health issues at intake, for quitlines that are using one of the standard optional behavioral health intake questions. To be able to report on national quit rates for any sub-populations, reach rates for youth or other specific age groups, or characteristics of users of different types of services, NAQC would need to increase the number of questions on the annual survey. This is certainly something we can explore, but to date there has not been overwhelming support to increase the length of the annual survey questionnaire. One approach might be to have several quitlines who are interested in these types of questions partner together to begin to provide answers. Another alternative would be to take a look at the national quitline data warehouse data set to see what kinds of questions (specifically about reach to different populations) we might be able to answer.

Q: Do we need to redefine what "quitting" tobacco means? Should people who use e-cigarettes be considered "tobacco-free?"

A: NAQC will be conducting a research synthesis on e-cigarettes to help us begin to answer questions like this. There are two issues we need to consider: 1) are e-cigarettes helpful for quitting? If so, what does that mean for quitlines? 2) Are e-cigarettes delaying people from quitting? (e.g., dual-use). It may be helpful for quitlines to collect information about both of these issues to properly track and treat e-cigarette users. In addition, from a tobacco control perspective, do we want to know whether e-cigarettes are undermining tobacco-free environments? In Canada, e-cigarettes can't be marketed if they have nicotine, but people are buying US versions with nicotine. Research is emerging, and we will be collecting and synthesizing that as part of our project for the coming year. We hope to have more information by spring 2014.

For follow-up, please contact Linda Bailey at NAQC (LBailey@NAQuitline.org)