

FY2015 Annual Survey: Frequently Asked Questions & Responses

1. For the purpose of counting the number of inbound direct calls, are you looking for the number of calls to include calls that were OUTSIDE quitline hours of operation as well as during operating hours?

Please include ALL inbound calls to the quitline regardless if they were answered. Also include all proxy calls, prank calls or wrong number calls.

2. Typically, do states ask the QL service provider to fill out the applicable portion and then fill out the remainder themselves?

Some states do ask their service provider to complete specific sections/questions of the survey (e.g., Utilization, MDS). It is up to each state to determine who the best person is to respond to each question. Most states will need to work with other staff from their department, as well as staff from the quitline service provider to complete the survey.

Just a reminder: NAQC recommends that states designate one staff member to be responsible for completing the survey. We encourage states to use the WORD or PDF version of the survey to gather all responses and document them in one place. Once the WORD or PDF version of the survey is complete, then go to the Survey Monkey webpage, using the link provided in the September 2 Survey Launch email, to submit survey responses during *one uninterrupted session*.

3. Do you want to lump self-referrals and provider referrals or break them out?

Yes. Question 26 is where states can report the number of referrals received in FY2015. It is broken out by the Referral Mode (e.g., fax, email/online, EHR). Since fax and EHR referrals can only come from a provider or other intermediary approved by the quitline, self-referrals would be reported only in the "Online" Referral Mode.

4. During the FY2015 Annual Survey Training Webinar, several states asked how they would report the number of quitline clients that came to the quitline via online registration/intake?

For FY15, we would like quitlines to report quitline clients who came to the quitline via online registration/intake in question 26, as part of reported referrals received.

Please note: we are only asking for those quitline clients who came to the quitline via online registration/intake for phone counseling and/or FDA approved cessation

medications. At this time we are not capturing clients who came to the quitline via online registration/intake for online cessation assistance/services.

As stated in the webinar, NAQC is currently reviewing how best to capture web-based or integrated cessation services and will look to the FY16 Annual Survey to gather that data from quitlines.

Here is a copy of the Definition of Referrals to help guide you on how to report quitline clients who came to the quitline via online registration/intake.

Definition of REFERRALS:

Referrals are client and self-referrals to the quitline from health professionals, other intermediaries or services (including websites) that generate an outbound call initiated from the quitline to the tobacco user.

- Client Referrals are made by a professional (e.g., health care provider, dentist, pharmacist), or a community-based service organization (e.g., WIC, Head Start) on behalf of a patient or client who expressed interest in assistance with quitting tobacco, which generates an outbound call initiated by the quitline to the patient or client.
 - Self-Referrals are made on a web-site by the tobacco user who *either*:
 - Indicates they would like to receive assistance with a quit attempt, which generates an outbound call initiated by the quitline to the tobacco users and registration for phone counseling and/or FDA approved cessation medications is completed via the phone.
 - Indicates they would like to receive assistance **AND** completes registration/intake online, which then generates an outbound call initiated by the quitline to the tobacco users for phone counseling and/or FDA approved cessation medications. **NOTE: This does not include tobacco users who came to the quitline online and registered into web-based or online cessation services.**
5. For survey question 26: We have participants who enroll themselves online into online cessation services and who can also order NRT through the online service (without using phone counseling.) Would you like us to include these participants as part of the referrals received?

Yes, please include quitline clients who register online for online cessation services AND received FDA approved cessation medications. The only quitline clients we do not want you to report, at this time, are those who registered online for online cessation services only (no phone OR FDA approved cessation medications).

6. For survey question 2, Are you asking if we offer a single session phone counseling as a 1 coaching call only?

Yes we are asking if quitlines offer a 1 phone counseling session option to quitline callers.

7. For survey question 11: Are you asking if the Quitline itself offers face-to-face meetings or training sessions for callers or for coaches to better understand specific populations or for state tobacco programs who may do outreach for priority populations?

We are interested in knowing if the quitline does outreach to specific populations, or organizations that work with the specific populations, listed to increase awareness of quitline services.

That said, we realize that for some states, it may be other State Tobacco Control Program staff (who do not work directly with quitline services) that conduct the outreach on behalf of the quitline.

Either way, if outreach is conducted by 1. the quitline staff or 2. other state tobacco control program staff on behalf of the quitline, please report any outreach to the populations listed in question 11.

8. Can you please clarify the term “OUTREACH”, and provide a definition of what is considered to be “regular quitline outreach activities”. While we conduct “outreach” it is not specific to our state’s Helpline. As part of a variety of outreach sessions conducted primarily at provider practices, we do provide information on how providers can direct their patients to the Helpline. However, we don’t target specific populations, but the provider practices we reach do provide care for patients who would be classified into one of the listed populations.

For Q11 & Q12 we are trying to better understand if quitlines are reaching out to priority populations, or the organizations that serve those populations, to increase awareness of quitline services with more than just flyers, handouts, or pamphlets that contain information on quitline services. The information gathered in Q11 and Q12 will provide us with high level data on outreach by quitlines. Once we see the data from Q11 and Q12, NAQC may decide to conduct some key informant interviews or targeted surveys to gain a deeper understanding of quitline outreach to priority populations.

If by “provide information” you mean handed out flyers, pamphlets or other promotional materials on the Helpline, this would not meet the definition of OUTREACH in the survey and you would check “no”.

However, if by “provide information”, you mean face-to-face meetings and trainings were conducted with the providers, then this would meet the definition of OUTREACH. You would then check “yes” for each population the provider serves.

9. As a service provider we have an interactive text program which also includes a few messages that are one-way. We are completing parts of the survey for state quitlines that contract with us for service. For Question 2 of the FY2015 Annual Survey, would you like us to say yes to both text interactive and one-way, or just yes to interactive?

Since the one-way texts are included in an interactive text program and not standalone, please only check “yes” for Interactive Text Messages. If the one-way text messages were a standalone feature a quitline had contracted with you to provide to their callers, then you would check “yes” for one-text messages.

Generally speaking, if a state quitline includes both one-way and interactive texting as standalone program options in their contract with you, then you would respond “yes” to both. If the state quitline’s contract only includes one of the text options, then you would only respond “yes” to the option included in the contract.

10. We are seeking clarification on Question 2 of the FY2015 Annual Survey. We are a service provider completing parts of the FY2015 Annual Survey for state quitlines that contract with us for service. Some of our states offer NRT through our web only program, which consists of all of the following response categories from Question 2:
- Quitline website page with information about the quitline
 - Quitline website with information about cessation
 - Web-based self-help tools

A tobacco user can order NRT anytime they are on the website by clicking on the NRT section, or when they enroll online for quitline services. How would you like us to record NRT for these three items? Yes to all three since the participant can go to the NRT section any time?

You would respond “yes” to all of the ways that a tobacco user could access/order NRT under the contract the state quitline has with you for service. Since the tobacco user can order NRT at any time while on the website and the website contains all three options listed above, then you would respond “yes” to all three for offering NRT.

11. For Question 13, what is the difference between a “patient progress reports” and “customized provider feedback report?”

The following are definitions to help distinguish between the two types of reports.

Patient Progress Report – These are generic reports with general information on the status of a specific patient that is sent directly to the referring health care professional. The report includes general updates on the patient’s enrollment in quitline services. For example, the report would include the patient’s name, DOB, whether or not the quitline reached the patient, and if the patient enrolled in quitline services.

Customized Provider Feedback Reports – These are reports tailored to the needs of a health plan, health care system or hospital. The customized report may be for a single health care professional or a health care system/plan/hospital, and it may include feedback on a single patient or multiple patients. The customized report gives the health care system/plan/hospital the information that organization wants, usually on a quarterly or semi-annual basis and **INCLUDES** information provided in a *Patient Progress Report* plus additional information. For example, some health plans want to know how many referrals came in from each physician/nurse/department, how many of the patients got treatment, and outcome of treatment.

12. We are working on Q16 of the survey, which asks about amounts for budget categories. Our state quitline provides NRT starter kits to tobacco users who request them. Should we include our starter kits in the total for the medications budget category (Q16c)? The definition reads “all cessation medications (i.e.) offered in conjunction with quitline services.” The reason we are asking is that later in the survey, Q29 asks us to report number of unique tobacco users who received **ONLY** FDA approved cessation medications. We would include starter kits in this number so it seems like we should include them in our medication budget category numbers as well. Please advise us.

Yes, please include the NRT Starter Kits in the medication budget category for Q16c. Your state quitline is offering FDA approved cessation medication to tobacco users in conjunction with quitline services.