Best Practices: How Can Quitlines Help Smokers with Behavioral Health Conditions Quit?

Wednesday, November 28, 2018
3:00 – 4:30 PM ET

We’ll get started at 3:00 pm EDT (12:00 pm PDT)
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Overview of Technology

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  - *1 to Unmute

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Agenda

I. Welcome & Overview - Linda Bailey, JD, MHS, NAQC

II. Overview of Behavioral Health - Chad Morris, PhD, University of Colorado

III. EAGLES Study - Michael Dutro, PharmD, Pfizer, Inc.

IV. New Quitline Intake Protocols - Robert Vargas, MSW, MPH, Optum

V. Reactor - Chad Morris, PhD, University of Colorado

VI. Q & A
Best Practices:
How Can Quitlines Help Smokers with Behavioral Health Conditions Quit?

Chad Morris, PhD
November 28, 2018
Trends in U.S. Adult Smoking

- 61-90% Schizophrenia
- 51-70% Bipolar Disorder; 49-80% Other Drug Abuse
- 45-60% PTSD
- 38-42% ADHD; 36-80% Major Depression
- 34-80% Alcohol Abuse; 32-60% Anxiety

~14% of adults are current cigarette smokers
Annual deaths from...

- Alcohol-related Causes: 88,000
- Opioid Overdose: 33,000
- Other Drug Overdose: 19,000
Do Quitlines Have a Role in Serving the Tobacco Cessation Needs of Persons with Mental Illnesses and Substance Abuse Disorders?

A Background Report - 2010

Optional Screening Questions

• Do you have any mental health conditions, such as anxiety disorder, depression disorder, bipolar disorder, alcohol/drug abuse, or schizophrenia?
  – During the past two weeks, have you experienced any emotional challenges such as excessive stress, feeling depressed, or anxious? **AND/OR**
  – During the past two weeks have you experienced any emotional challenges that have interfered with your work, family life, or social activities?

• Do you believe that these mental health conditions or emotional challenges may interfere with your ability to quit?
Six-State Quitting 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
Quitting: It Can Be Done

Persons with behavioral health conditions:

- Are able to quit using
- 75% want to quit using
- 65% tried to quit in the last 12-months
Is This a Social Justice Issue?
Recent Community of Practice Findings

- No interest in quitting: 25%
- Never used: 20%
- Used but quit: 11%
- Uses but wants to quit: 44%
Cessation Concurrent with Psychiatric Treatment

Smoking cessation has no negative impact on psychiatric symptoms and smoking cessation generally leads to better mental health and overall functioning

(Baker et al., 2006; Lawn & Pols, 2005; Morris et al., 2011; Prochaska et al., 2008)
An addiction... is an addiction... is an addiction.
Co-Treatment

- Co-Treatment is the only adequate solution
- Bio-psycho-social underpinning are similar
- And unrelated to the age, sex, race and ethnicity, gender identity, or culture
Behavioral Strategies

• Behavioral Treatments
  – Cognitive Behavioral Therapy
  – Contingency Management
  – Motivational Enhancement

• Telephonic

• School-based
Medication Assisted Treatment

- Combination of behavioral interventions and medications to treat substance use disorders
- Highly effective treatment option for individuals with alcohol, opioid, or tobacco dependence
- Reduces illicit drug use and overdose deaths
Recovery Support

“A peer provider is a person who uses his or her lived experience, plus skills learned in formal training, to deliver services in health and public health settings to promote mind-body recovery and resiliency”

http://www.bhwellness.org/resources/toolkits/
The Client-Centered Medical Neighborhood

- Primary Care
- Community Behavioral Health
- Peer Support & Navigation
- Homeless Shelters
- School Systems
- Criminal Justice System
- Quitline
- Healthcare Payers
- State & Local Housing Authority
- Public Health
- Neighborhood
smoke FREE in FC

ANYWHERE ON PREMISES
Prepared Practices
Turning Up the Heat

August 2015

May 2016

Rating
- Not currently considering/decided against
- Considering but not actively planning
- Actively planning: 3-6 mo.
- Actively planning: next 3 mo.
- Currently offering

Behavioral Health & Wellness Program
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EAGLES Study and Post hoc Analyses

Michael P Dutro, PharmD, BCPS
Field Medical Director
Pfizer, Inc.
Notice

Due to Pfizer policies, slides are not available for this section of the Webinar. The content also will not appear in the Webinar recording. If you would like someone to follow up and review this data or present it to others within your organization, please contact Dr. Dutro at michael.dutro@pfizer.com who will arrange for a Pfizer Field Medical Director to follow up with you.
Optum Quit for Life Tobacco Cessation Behavioral Health Program

Robert Vargas-Belcher, MSW, MPH

Director, Clinical Development and Treatment Support
Program Design & Development
Participants who Report Mental Health Conditions
Use of QFL State Quitlines

Vickerman et al. (2015)

% Quitline Callers who report 1 MHC

*Prevalence Rate Data from 3 State Quitlines (n = 3,262)
Quit Rates of Participants with Mental Health Conditions Use of QFL State Quitlines

Vickerman et al. (2015)

<table>
<thead>
<tr>
<th>Mental Health Condition</th>
<th>Quit Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>No MHCs</td>
<td>31.0%</td>
</tr>
<tr>
<td>All MHCs</td>
<td>22.0%</td>
</tr>
<tr>
<td>Anxiety</td>
<td>23.6%</td>
</tr>
<tr>
<td>Depression</td>
<td>22.9%</td>
</tr>
<tr>
<td>PTSD</td>
<td>20.5%</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>20.4%</td>
</tr>
<tr>
<td>Bipolar</td>
<td>20.1%</td>
</tr>
<tr>
<td>ADHD</td>
<td>18.60%</td>
</tr>
<tr>
<td>SUD</td>
<td>16.70%</td>
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</tbody>
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Tobacco Cessation Behavioral Health Program

1. Assessment and planning
2. Pre-quit date call
3. Quit date call
4. Quit date follow-up call
5. Ongoing support call
6. Ongoing support call
7. Ongoing support call

- Unlimited inbound phone support
- Web coach
- Text2quit
- Mobile app
- Quit guide
- Provider letter
- 12-week combination NRT

Enrollment phone/web
Coach team approach
Evaluation survey
Tobacco free
Program Specifics

**Triaged enrollment process**

**Dedicated quit coach team**

**Enhanced assessment**

**12-weeks combination NRT**

**Additional calls**

**Provider letter**
Enhanced Triage Process

- **2 New Assessment Questions are included in the Enrollment Interaction**

- **Have you been diagnosed with any of the following mental health conditions?**
  - Tier 1
    - Bipolar, Schizophrenia
  - Tier 2
    - Depression, Anxiety, PTSD, ADHD, and Substance Use Disorder

- **Do you believe that your mental health condition will interfere with your ability to quit and stay quit?**
  - Yes, No, I don’t know, Refused
7-Month Outcome
TCBHP pilot

The Tobacco Cessation Behavioral Health Program was piloted with 311 state quitline participants

- 12 weeks of combination NRT (patch + gum or lozenge)
- 7 coaching calls
- Stress assessed in every call
- Additional clinical training for Quit Coaches
- Letter sent to health care provider
- Web Coach® and Text2Quit®

Pilot participants were compared to standard multiple-call participants with and without BHCs

- 2 weeks of patch, gum, or lozenge to specific groups
- 5 coaching calls
- Web Coach® and Text2Quit®
Among participants who completed at least one call, pilot participants completed nearly twice as many calls on average compared to participants in the standard 5-call program with or without behavioral health conditions.
TCBHP pilot call completion compared to standard program

<table>
<thead>
<tr>
<th></th>
<th>30-Day Respondent Quit Rate</th>
<th>30-Day Intent-To-Treat Quit Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pilot Participants</strong></td>
<td>20%</td>
<td>7%</td>
</tr>
<tr>
<td>(respondent n = 79)</td>
<td>26%</td>
<td>17%</td>
</tr>
<tr>
<td>(ITT n = 226)</td>
<td>29%</td>
<td>15%</td>
</tr>
<tr>
<td><strong>Standard Program</strong></td>
<td>42%</td>
<td>11%</td>
</tr>
<tr>
<td>with BHCs (respondent n = 200)</td>
<td>29%</td>
<td>15%</td>
</tr>
<tr>
<td>(ITT n = 477)</td>
<td>41%</td>
<td>17%</td>
</tr>
<tr>
<td><strong>Standard Program</strong></td>
<td>41%</td>
<td>11%</td>
</tr>
<tr>
<td>without BHCs (respondent n = 242)</td>
<td>26%</td>
<td>15%</td>
</tr>
<tr>
<td>(ITT n = 603)</td>
<td>29%</td>
<td>11%</td>
</tr>
</tbody>
</table>
Call completion increase for those reporting behavior health condition

**3.41**
for those enrolled in behavioral health program

**1.71**
for those enrolled in standard care who reported behavioral health condition

Satisfaction remained steady, and higher than standard of care

At three months **94%**

At seven months **94%**

Higher quit rates than standard of care

30-day quit rate

**37%**
at three months

**30%**
at seven months

**22%**
at seven months for those with mental health and not enrolled in the mental program
Current Utilization
Tobacco Cessation Behavioral Health Program Opt-In Rate

BH Condition Type 1
Opted into TCBHP

BH Condition Type 2
Opted into TCBHP

State 1, 12-Week Benefit
State 2, 12-Week Benefit
State 3, 8-Week Benefit
State 4, 2-Week Benefit
Total
Number of calls completed (through Q2 2018 registrants)

- 12-Week Benefit: States 1 and 2
- 8-Week Benefit: State 3
- 2-Week Benefit: State 4

- 0 calls: State 1 - 5%, State 2 - 12%, State 3 - 9%, State 4 - 17%
- 1+ calls: State 1 - 91%, State 2 - 88%, State 3 - 83%, State 4 - 12%
- 2+ calls: State 1 - 68%, State 2 - 67%, State 3 - 67%, State 4 - 5%
- 3+ calls: State 1 - 51%, State 2 - 51%, State 3 - 51%, State 4 - 20%
- 4+ calls: State 1 - 40%, State 2 - 42%, State 3 - 29%, State 4 - 26%
- 5+ calls: State 1 - 29%, State 2 - 28%, State 3 - 21%, State 4 - 5%
- 6+ calls: State 1 - 14%, State 2 - 17%, State 3 - 10%, State 4 - 8%
- 7+ calls: State 1 - 3%, State 2 - 20%, State 3 - 12%, State 4 - 8%

Total: 38
NRT shipments (through Q2 2018 registrants)
REACTION & DISCUSSION

Chad Morris, PhD, University of Colorado
Q&A Session
CONTACT US!

If you have any questions regarding the information what was presented during this webinar or have feedback on how to improve future calls, please contact Tasha Moses at Phone: 800-398-5489 ext. 702 or Email: tmoses@naquitline.org
Thank you!