Workshop #1: Evolving Approaches to the Management of Quitlines

August 26, 2019
Minneapolis, MN
Panel 1 – Using New and Emerging Technologies with Quitlines

Moderator:
- Anna Schecter, MPH, Public Health Analyst, Office of Smoking and Health, CDC

Panelists:
- Uma Nair, PhD, Assistant Director, Arizona Smokers’ Helpline (ASHLine)
- Kate Kobinsky, MPH, Wisconsin Quit Line Coordinator, University of Wisconsin
- Randi Lachter, MPH, Director of Tobacco Treatment Programs, ClearWay Minnesota
Panel 1: Using New and Emerging Technology

1. Can't keep up... first wheel, then fire... now this!

2. Yes! Innovation!
   Give me a break, mate! That's not innovation. That's merely a significant improvement!

3. "With wireless sleep technology, the people in my dreams can send e-mail and faxes to the people in your dreams!"
<table>
<thead>
<tr>
<th>Counseling service</th>
<th>FY16 % (n)</th>
<th>FY17 % (n)</th>
<th>FY18 % (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proactive counseling*1</td>
<td>94.3% (50/53)</td>
<td>94.3% (50/53)</td>
<td>96.2% (51/53)</td>
</tr>
<tr>
<td>Interactive text messaging**3</td>
<td>52.0% (26/50)</td>
<td>55.1% (27/50)</td>
<td>58.3% (28/48)</td>
</tr>
<tr>
<td>Automated emails**3</td>
<td>76.0% (38/50)</td>
<td>79.6% (39/50)</td>
<td>70.8% (34/48)</td>
</tr>
<tr>
<td>Web-based self-help**2</td>
<td>90.0% (45/50)</td>
<td>93.9% (46/50)</td>
<td>93.8% (45/48)</td>
</tr>
<tr>
<td>Web-based interactive counseling**3</td>
<td>58.0% (29/50)</td>
<td>63.3% (31/50)</td>
<td>64.6% (31/48)</td>
</tr>
<tr>
<td>Mobile cessation app**4</td>
<td>Not asked</td>
<td>10.2% (5/50)</td>
<td>10.4% (5/48)</td>
</tr>
</tbody>
</table>

1 = research validated best practice; 2 = field tested best practice; 3 = promising practice; 4 = insufficient research evidence.

*NAQC Profile Data

Volume by mode of entry to quitline, FY17 & FY18

- Direct calls (n=47): FY17 Sum Total 964,029, FY18 Sum Total 866,927
- Web-based enrollment (n=35): FY17 Sum Total 398,387, FY18 Sum Total 463,956
- Referrals (n=48): FY17 Sum Total 213,013, FY18 Sum Total 211,774
- Total volume across all modes of entry: FY17 Sum Total 1,575,429, FY18 Sum Total 1,542,657

NORTH AMERICAN QUITLINE CONSORTIUM

Moving quitlines forward.
Panelists:

- **Innovative Quitline Enrollment Methods**
  - Uma Nair, PhD, Assistant Director, *Arizona Smokers’ Helpline (ASHLine)*

- **Evolution of eReferral**
  - Kate Kobinsky, MPH, Wisconsin Quit Line Coordinator, *University of Wisconsin*

- **Keeping your quitline relevant: integrating technology**
  - Randi Lachter, MPH, Director of Tobacco Treatment Programs, *ClearWay Minnesota*
New and Emerging Technologies within Quitlines:

Online Enrollment Process at the Arizona Smokers’ Helpline

Uma Nair, PhD
Arizona Smokers’ Helpline (ASHLine)
University of Arizona
For Today

• ASHLine
• Motivation for Establishing Online Enrollment
• How Online Enrollment works
• Data Trends
• Lessons learned
Arizona Smokers’ Helpline (ASHLine)

- Arizona’s quitline
- Housed within the University of Arizona’s College of Public Health

In FY19:

CALLS TO THE QUITLINE: \textbf{14,614}

REFERRALS FROM PARTNER ORGANIZATIONS: \textbf{7,431}

ENROLLED CLIENTS: \textbf{8,129}

7M TOBACCO QUIT RATE: \textbf{38\%}
Motivation for Online Enrollment

- ASHLine reaches approx. 1.5% of tobacco users in AZ

- Web-based online enrollments:
  - Began in 2017
  - Increase reach by, “connecting with clients where clients connect with the world”
  - Increase traffic to the quitline
  - Reduce prevalence

- Text to Quit: “NO SMOKE” to 74097
Sign-up Process: ASHLine. org website
https://ashline.org/about-quit-coaching/

What to Expect
Just 2 steps – Less than 1 minute to complete

If you complete the form – an ASHLine specialist will call you within 1-2 business days and if eligible, you could receive 4 weeks of free nicotine gum, patches or lozenges.

We just need to collect three pieces of information from you. Your privacy is assured!

Full Name

Phone

Email address

Notes

Submit

Arizona Resident

Yes

No

Are you a resident of Arizona? Currently, ASHLine Coaches are only able to work with people living in Arizona.
Sign-up Process: ASHLine.org website
https://ashline.org/contact-us/
Processing Online Enrollments

• Information sent to a secure database

• Enrollment staff inputs information into platform application

• Clients receive a call within 24 business hours to complete enrollment
Online Enrollments

- On an average week, we receive 41 online enrollment forms.
- 32% convert to program enrollments.
Data Trends

Online webforms completed

<table>
<thead>
<tr>
<th>QUARTER</th>
<th>Online webforms completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q2 FY18</td>
<td>1780</td>
</tr>
<tr>
<td>Q3 FY18</td>
<td>1632</td>
</tr>
<tr>
<td>Q4 FY18</td>
<td>1253</td>
</tr>
<tr>
<td>Q1 FY19</td>
<td>767</td>
</tr>
<tr>
<td>Q2 FY19</td>
<td>504</td>
</tr>
<tr>
<td>Q3 FY19</td>
<td>545</td>
</tr>
<tr>
<td>Q4 FY19</td>
<td>322</td>
</tr>
</tbody>
</table>
## Demographic Data Comparing Online to Phone Enrollments (2017-2019)

<table>
<thead>
<tr>
<th>Variables</th>
<th>Online Enrollments (N=1568)</th>
<th>Phone-based Enrollments (n=10,073)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean Age (years)</td>
<td>46.7 (13.9)</td>
<td>51.4 (14.4)*</td>
</tr>
<tr>
<td>Sex</td>
<td>40% (males)</td>
<td>42% (males)</td>
</tr>
<tr>
<td></td>
<td>60% (females)</td>
<td>57.8% (females)</td>
</tr>
<tr>
<td>Education: &gt; High School</td>
<td>67.7%</td>
<td>57.5%*</td>
</tr>
<tr>
<td>Insurance (AHCCCS)</td>
<td>27.7%</td>
<td>33.9%*</td>
</tr>
<tr>
<td>Having a Chronic Health Condition</td>
<td>53.5%</td>
<td>61.8%*</td>
</tr>
<tr>
<td>Having a Mental Health Condition</td>
<td>52.3%</td>
<td>58.2%*</td>
</tr>
</tbody>
</table>

No significant differences in race, confidence to quit, social support to quit
## Program Outcome Data: Comparing Online to Phone Enrollments

<table>
<thead>
<tr>
<th>Variables</th>
<th>Online Enrollments (N=1568)</th>
<th>Phone-based Enrollments (n=10,073)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Completing at least 4 sessions</td>
<td>77.1%</td>
<td>76.4%</td>
</tr>
<tr>
<td>Mean Days in Program</td>
<td>53.7 (31.9)</td>
<td>51.2 (30.8)</td>
</tr>
<tr>
<td>Use of NRT</td>
<td>66.4%</td>
<td>67.4%</td>
</tr>
<tr>
<td>Use of SMS support</td>
<td>87.7%</td>
<td>80.9%</td>
</tr>
<tr>
<td>Quit Rates</td>
<td>43%</td>
<td>36.5%</td>
</tr>
</tbody>
</table>
Discussion

• Online enrollees appear younger, more likely to have HS education
• Compared to partner/provider referred clients (26%), online enrollees are more likely to convert into successful enrollments
• No differences in program utilization; but online enrollees more likely to quit

• Potential Reasons
  • Demographics of online enrollees may play a role
  • Web-based enrollment connects the client to the quitline when motivation to quit (compared to provider referred clients)
  • May be more informed about cessation services in general
Lessons Learned and Continued Improvement

• Text messages direct caller to online enrollment webform
  • Need systems in place to differentiate text vs. online enrollments

• IT infrastructure needs

• Easy access on website

• Strategies to capitalize on online interactions
Gaps to be Addressed

• Quitline reach continues to be low

• Self-guided applications for quitting smoking

• Integrating multiple-modes of quitline communications
Thank You

Uma Nair (umanair@email.arizona.edu)
Evolution of eReferral

Kate Kobinsky, MPH
Quit Line Manager

August 26, 2019
Outline

- Background and overview of quitline referral
- Pros/Cons of referral systems and best practices
- Wisconsin’s experience implementing eReferral
Why Provider Referral?

- Provider referral helps increase use of quitlines
  - Per Community Preventive Services Task Force (CPSTF), quitline referral interventions are effective at increasing quitline use*.
- May provide a sustainable, low-cost way to drive tobacco users to quitlines
- May help reach populations who have less access to cessation aids

**https://www.thecommunityguide.org/findings/tobacco-use-and-secondhand-smoke-exposure-quitline-interventions**
Why Provider Referral?

- Quitlines serve as treatment extender for busy clinicians
  - 70% of smokers report that they want to quit
  - About 80% of smokers see a clinician each year
  - Only 25% of smokers who see a clinician leave that visit with evidence-based counseling and/or medication
  - Quitline referral does not replace clinical intervention
Volume by mode of entry to quitline, FY17 & FY18

- Direct calls (n=47): FY17 964,029, FY18 866,927 (61% vs. 56%)
- Web-based enrollment (n=35): FY17 398,387, FY18 463,956 (25% vs. 30%)
- Referrals (n=48): FY17 213,013, FY18 211,774 (13.5% vs. 13.7%)
- Total volume across all modes of entry: FY17 1,575,429, FY18 1,542,657
Type of Quitline Referral

- Fax Referral
- Email or Online Referral
- EHR-based referral
Fax Referral

- Paper submission or electronic fax service
- Quitline enters referral information manually into their system
- Faxed paper outcome report filed in paper medical record or scanned and uploaded into EHR
## Fax Referral Pros/Cons

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Easy to implement</td>
<td>*Logistics and staff to fax, and check for faxed quitline results</td>
</tr>
<tr>
<td>*Simple workflow</td>
<td>*Paper form outside EHR. Quitline outcome information has to be scanned into patient’s EHR.</td>
</tr>
<tr>
<td>*Easy to train clinical staff to use</td>
<td>*Manual processes more prone to error. Less reliability (Fax may not go through or be received)</td>
</tr>
<tr>
<td>*No cost to clinician/system</td>
<td>*Faxing is becoming outdated</td>
</tr>
</tbody>
</table>
Email or Online Referral

Email:

- Secure email a scanned referral form or data file (e.g., excel) to quitline
- Quitline transcribes referral information into database
- Faxed paper outcome report filed in paper medical record or scanned and uploaded into EHR
Email or Online Referral

Online:

- Online portal for provider to enter patient information into a web form
- May directly link to quitline call database; or quitline transcribes referral info into call db
- Quitline outcome report faxed back or transcribed into portal for provider to view
## Email or Online Pros/Cons

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<tbody>
<tr>
<td>*Easy to implement</td>
<td>*Logistics and staff to transmit referral and check for quitline results</td>
</tr>
<tr>
<td>*Simple workflow</td>
<td>*All done outside EHR. Quitline outcome information has to be scanned into patient’s EHR.</td>
</tr>
<tr>
<td>*Easy to train clinical staff to use</td>
<td>*Creating accounts/passwords for secure email and online portal</td>
</tr>
<tr>
<td>*No cost to clinician/system</td>
<td>*Manual processes more prone to error.</td>
</tr>
<tr>
<td>*More reliable and may be faster than fax</td>
<td></td>
</tr>
</tbody>
</table>
Fax and online referral, FY13 - FY17*

<table>
<thead>
<tr>
<th></th>
<th>FY13</th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faxed form</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Email or online</td>
<td>36%</td>
<td>43%</td>
<td>85%</td>
<td>87%</td>
</tr>
</tbody>
</table>

*Data source: NAQC quitline profile
EHR-based referral (EHR)

- EHR transmits batch file of referrals
- Data automatically populates the QL system
- Quitline electronically transmits service use outcomes that populates patient’s EHR as a referral order result
# eReferral Pros/Cons

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Fully electronic, automated, less error prone, HIPAA-compliant</td>
<td>*Requires health system information technology staff – many competing priorities</td>
</tr>
<tr>
<td>*Embedded as an EHR function; simplified workflow</td>
<td>*Requires health system legal and privacy staff (Business Associate Agreement)</td>
</tr>
<tr>
<td>*Quitline service outcomes electronically returned to patient’s EHR (result note and med list)</td>
<td>*Lengthy development/implementation</td>
</tr>
<tr>
<td></td>
<td>*Cost to health system (e.g., IT staff time, interface license, quitline vendor)</td>
</tr>
</tbody>
</table>
eReferral capacity among quitlines, FY17*

- Adopted: 45% (n=24)
- In progress: 9% (n=5)
- No capability: 43% (n=23)
- Status unknown: 2% (n=1)

*Data source: 2016 Quitline Vendor eReferral Survey (2017 update)
Best Practice Advisory (BPA) triggers. Clinician (MD, NP, PA):
- Asks tobacco user if willing to quit in next 30 days
- Uses BPA to deliver intervention
- Confirms patient’s consent for the quitline to contact them
- Places the eReferral Order
Best Practice Advisory

Let's talk about your smoking. I would like to connect you with free nicotine medicine and free phone support to help you stop smoking in the next month. Are you willing to accept a call from the Wisconsin Tobacco Quit Line?

Order | Do Not Order

Wisconsin Tobacco Quitline Referral

Acknowledge Reason

Patient declines | Defer

Apply Selected

Closing the eReferral Loop: Tobacco Quitline Order Result

Wisconsin RCT

- Objective: Does EHR-based referral produce higher rates of referral and connection to WTQL than fax-based referral?
- Tested in 2 WI health systems (rural v urban)
  - 12 clinics randomized to fax referral
  - 11 clinic randomized to eReferral
  - Clinic performance compared 6 months before and after implementation
Results

- eReferral increased referral rates across multiple clinics in 2 different health systems with different patient demographics
- Increase referrals of Medicaid enrollees
- Achieved secure interoperability between healthcare systems and quitline
- Achieved population of treatment delivery data into patient EHR record
Results

Rates of Quitline Referral (Among Patients Who Smoke) by System and Referral Method

- **Fax to Quit**
  - System A: 3.8%
  - System B: 5.2%

- **eReferral**
  - System A: 17.9%
  - System B: 18.9%
Results

Rates of Quitline Connection (Among Those Referred) by System and Referral Method

- **System A**
  - Fax to Quit: 33.9%
  - eReferral: 30.2%

- **System B**
  - Fax to Quit: 38.0%
  - eReferral: 28.1%
Results

Rates of Quitline Connection (Among Patients Who Smoke) by System and Referral Method

<table>
<thead>
<tr>
<th>System</th>
<th>Fax to Quit</th>
<th>eReferral</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>1.3%</td>
<td>5.4%</td>
</tr>
<tr>
<td>B</td>
<td>2.0%</td>
<td>5.3%</td>
</tr>
</tbody>
</table>
What’s Next?

- Roll-out of eReferral system-wide across A and B systems
  - # referred, # connected
  - Qualitative assessments of high/low performers
  - Equitability across patient populations
  - Use of performance feedback and incentives
Resources

- NAQC web page on eReferral: [https://www.naquitline.org/page/EQR](https://www.naquitline.org/page/EQR)
- Barriers and Challenges
- Guide for implementing eReferral
Keeping your quitline relevant: integrating technology

NAQC Workshop
August 26, 2019

Randi Lachter
Director of Tobacco Treatment Programs
Making the decision to pursue new approaches

• Are you meeting your utilization goals?

• Have your goals changed or expanded? Should they?

• What do your state’s commercial tobacco users want?

• How might technology help reach more tobacco users, deliver services, ease access, [fill in your goals here]
Then

www.quitplan.com

Now
Quitting is a Journey.

On this site you’ll find support, tips, tools, and expert advice to help you or someone you love quit smoking.

Get Support 24/7
Get quit smoking help on your smartphone! Our free quitSTART and QuitGuide apps offer personalized support and motivation to help you quit for good.

Tools & Tips
Learn about different tools to help you quit and how to use them.
Possible Changes (big and small)

- Technology – Text and email programs, user friendly websites, chat, using text and email in other ways, direct communication with participants, social media, promotions

- Access – Web, phone, referral (beyond fax)

- Services – Types and eligibility

- Protocols – Streamlining data collection and connections

- Outreach – Community and reengaging past participants
EXAMPLES
Screen shot of web enrollment platform

**67% enrolled online**

**33% enrolled by phone**
Technology as an access tool

Enrollees by mode: March 2014 – February 2018

No differences in 30-day point prevalence abstinence by registration mode by program
Technology as intervention

*Starter Kits, Quit Guides, Email and Text Programs*

Impact of 2014 QUITPLAN Services Changes

- FY2013: Helpline only
- FY2014: 8 months Helpline only; 4 months Helpline + IQPS
- FY2015 - FY2019: Helpline plus Individual QUITPLAN Services (IQPS)

- **Helpline**
- **IQPS**
Sign up online to get notified via email, or text “Enter” to 612-230-8385 to get notified via text. (Data/message rates may apply). Open to adult Minnesota residents only.
Lessons Learned

• Keep your goals in mind

• Listen to commercial tobacco users and advocates who work with them

• Keep refreshing

• Work collaboratively with vendor and community

• Build flexibility into the contract to allow changes along the way

• Monitor