Session Outline

• Sustainability for state Tobacco Program
• Sustainability for Helpline- Why and How?

• Deciding to become referral-driven
• Results and considerations of becoming referral-driven

• Future for the MA Helpline
Session Objectives

Participants will:

1. Increase their understanding of how fax referral programs can help to sustain Helplines with limited media funding.

2. Be able to identify two strategies to enhance their current fax referral practices.

3. Be able to identify at least three ways that shifting to a predominantly fax referral focus impacts Helpline operations.
Sustainability Focus

• Sustainability is a goal for MTCP* overall as well as for each program content area
  - MTCP is a “minimal reach program”

• Cessation Guidance from CDC:
  – Long-term, high-intensity mass media campaigns
  – Proactive telephone cessation support services (quitlines)
  – Reduced or eliminated co-payments for effective cessation therapies
  – Reminder systems for healthcare providers

* MTCP - Massachusetts Tobacco Cessation and Prevention
Sustainability – Why?

• Why is sustainability a cessation goal?
  – Helpline serves as a key component in supporting efforts at reducing prevalence of smoking. It is a frontline intervention that can provide a variety of services to a diverse group of callers.

  – With various advances in policy concerning insurance coverage and quality measures in healthcare settings, the Helpline must have the operational capacity to meet the service needs both of patients (tobacco users) and health systems.
Sustainability – How?

• How can we sustain the Helpline?
  – Traditional Approach: Adequate funding to support Helpline operations and to run media campaigns.
    • Budget reductions hamper ability to run sustained media campaigns
  – Newer Approach: Partnership and Integration
    • Partner with healthcare systems to strengthen their tobacco efforts and build referrals (ongoing, gradual)
    • Medicaid – Secure a benefit and FFP (done!)
    • Public-Private Partnerships (ongoing and gradual)
Budget –
One roadblock to sustainability

MTCP Funding by Fiscal Year
FY94 - FY12

in millions $
Client Intakes and Budget
How is such a referral program developed?

1) DPH commitment and investment
   Years of collaboration with health plans, health care institutions and physician leaders

2) Contractor(s) focused solely on provider engagement and relationship development (UMass)

3) Development of messages and collateral

4) Helpline contractor – operations (JSI)
QuitWorks Program today

• Provider fax referral program began in April 2002.
• Over 43,600 patients referred.
• Customized services in 23 hospitals, 11 community health centers and 60 public health program sites.
• Over 1,200 general practitioners and specialists have made referrals.
• Currently accounts for 96% of annual Helpline client utilization.
QuitWorks: Key Features

Patient Level
• Three to five call-back attempts to reach patients referred
• Intake and 5 session evidence based counseling offered to those reached
• 2 week supply of free nicotine patches (when funded)
• 6 month service utilization review and tobacco use outcome evaluation

Systems Level
• Provider education, website, materials
• Systems workflow development
• Multiple referral options
• Client level identifiable disposition and 6 month outcome reports sent to referring providers
• Aggregate reports
QuitWorks Team

With support from key health plans, medical associations, health care institutions and provider networks.
Steps to MA Helpline Transformation

Adjustments we had to make:

• Re-think staffing, service hours and scheduling
• Develop extensive QW protocols and operational procedures
• Re-program client management database
• Revise all staff training curriculums
• Set up QW related staff work groups
... additional changes

- Re-focus Q/A and performance metrics
- Revise all internal and external reports
- Interface daily with referral sources
- Meet with/recruit local health care institutions
- Contract with largest health plans to provide aggregate reports on client services
- Continuous pilot testing of new program enhancements
... more changes still

- Participate in workgroup meetings with health plans and healthcare institutions
- Participate in strategic planning sessions with DPH and UMMC
- Support continual development of promotional materials
- Offer flexible referral options
- Pilot test new referral scenarios
Growth in QuitWorks Referrals FY 2004-2012

Dr. Lauren Smith, Medical Director
Massachusetts Department of Public Health

Fiscal Year

# Referrals Received

0 2000 4000 6000 8000 10000
FY 04 FY 05 FY 06 FY 07 FY 08 FY 09 FY 10 FY 11 FY 12

1463 3583 3809 4018 3428 3665 5341 8446 9869

Series 1

(Bar chart showing growth in referrals from FY 2004 to FY 2012)
Challenges Faced by Helpline During Media Campaigns

• Advance planning and preparation are needed to retrofit a program that has been designed to be a proactive call-back program into an inbound response program

• Due to size, Helpline may have to temporarily decrease level of effort on fax referrals in order to quickly respond to a major influx of inbound calls
Lessons Learned

• Referral programs can be a viable approach to sustainability for Helplines, AND:
  – Ample health department commitment and funding is needed for provider detailing and institutional recruitment
  – The commitment must be long-term in order to see significant results (five years or more)
  – Collaboration at all levels is key to success
  – Helpline (vendor or state) must make regular investments in technical infrastructure to stay current for partners
Plans for Enhancing Sustainability

• Continue broad efforts to secure tobacco cessation benefit coverage for all residents
  – For Helpline:
    • Seek per head reimbursement from both public and private plans as well as employers, in addition to seeking benefit coverage
    • Continue to encourage client use of existing health benefits (meds) alongside use of Helpline.

• Expand public/private partnerships for Helpline services via employers and plans
MA Helpline’s Future Directions

- Helpline will be continue to be an evidence-based resource for all tobacco users, providers and health plans
- Commitment to using Helpline to advance primary and secondary prevention goals
- Commitment to raising new types of funding
- Commitment to service innovation
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