Welcome to Board Plenary and Buzz Group!!

Each table has been designated to discuss one of the following topics during the Buzz Group:

- **Technology**
- **Cost-sharing partnerships**
- **Public health and healthcare sector collaboration**

Please sit at a table designated to discuss the topic that most interests you!!

Advancing Quitline Practice through Innovations and Research

NAQC Conference 2017 • March 20-21 • Austin, TX

NAQC Conference 2017
Morning Plenary and Buzz Group

Evolving Models for Quitlines

NAQC Board of Directors

Tuesday, March 21, 2017, 8:30-9:45 a.m.

Austin, Texas

Evolving Models for Quitlines

- **Focus: Current landscape, innovations and critical questions for the future**
- **Three topics:**
  - **Integrating technology into quitlines**
  - **Creating cost-sharing partnerships**
  - **Developing complementary services by public health and healthcare sectors**
- **Tables will discuss questions posed by the board and provide feedback (written, verbal)**
- **Feedback will be synthesized, discussed by Board at its April meeting, followed by communication to members**

NAQC's Board of Directors

- **Chad D. Morris, PhD**
- **Robert Adsit, MEd**
- **Diane Canova, JD**
- **Paula Celestino, MPH**
- **Rosie Henson, MSSW, MPH**
- **Amy Lukowski, PsyD**
- **Barbara Schillo, PhD**
- **Steven A. Schroeder, MD**
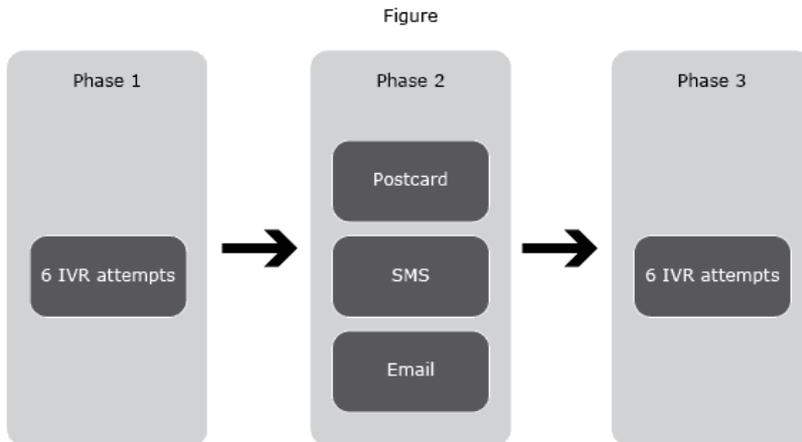- **Wayne Tormala, MSW**

Technology

Paula Celestino, MPH

Barbara Schillo, PhD

Integration of Technology

Figure

Scope

- The phone remains a core method for delivering cessation services

- Quitlines have a history of adopting new technologies to
  - Expand reach
  - Treat
  - Maintain engagement
  - Prevent relapse
  - Refer and triage callers
  - Decrease cost

- Challenge is how to support technologies while evidence emerges and technologies rapidly advance

Consumer Expectations

- Nearly two-thirds of Americans own a smartphone; 19% rely on a smartphone for accessing online services (Pew 2015)

- 72% adult internet users say they have searched online for information about a range of health issues (Pew 2014)

- More than 40% of consumers say that information found via social media affects the way they deal with their health. (Mediabistro, 2017)

- "*The Internet of Me — In other words, personalized care. Today, patients are capable of shopping for healthcare insurance online, something that was unthinkable in the past. Tomorrow, patients will be able to order meds through their smartwatch.*" (Med. Device and Diagnostic Ind., 2017)

Evidence: NAQC Quitline Services Report*

- <u>IVR</u>
  - 87% quitlines use it to triage calls
  - Promising practice (when used with other evidence based services)

- <u>Text messaging</u>
  - 62% quitlines offer
    - 11% offer one-way; 32% interactive; 19% both
  - Promising practice

- <u>Mobile apps</u>
  - Adoption unclear; Optum, NCI, NJH, 2Morrow and others offer
  - Evidence insufficient

  *NAQC Quitline Services Report:
  http://c.ymcdn.com/sites/www.naquitline.org/resource/resmgr/issue_papers/Quitline_Services_issue_pape.pdf

Moving quitlines *forward.*

Evidence - continued

- ## Web-based services
  - 98% off websites with basic info
  - 96% self-help
  - 81% chat rooms
  - 77% email
  - 64% online counseling
  - Promising practice

- ## Referrals
  - 100% fax referral
  - 85% email or online referral
  - 35% eReferrals
  - Best practice

Other Innovations

Social media (twitter, Facebook, Instagram)– peer support/ counselor support/motivational posts/ to stimulate quit attempts/ promote services education & news posts

- o Adoption unclear. CSH, Sykes, and others offer Facebook, Twitter, and Instagram, posting regularly either original content or re-posts/re-tweets.

Telehealth-(video conferencing, Skype)

- o QLs have used video conferencing to support service delivery to the deaf and hard of hearing community
- o PA QL has used video conferencing to reach the incarcerated community

Wearable Technology (smart watches, glasses, chips, etc.)

- o No examples of QL currently exploring wearable technologies

Food for thought: "Alexa - intelligent personal assistant capable of voice interaction, music playback, making to-do lists, setting alarms, streaming podcasts, playing audiobooks, and providing weather, traffic, and other real time information." (https://en.wikipedia.org/wiki/Amazon_Alexa). Hey why not!!

NORTH AMERICAN
QUITLINE
CONSORTIUM

Moving quitlines forward.

How Should We Move Forward?

- **New technologies – to what end?**
  - How can they enhance our existing goals?
  - Will it allow us to adopt new goals?
- **What are the pros and cons of new technologies?**
  - For service providers?
  - Funders?
- **How do we get out ahead – remain innovative, early adopters?**
  - Does evidence based constrain us?
- **If you could pick any new technology (current or future) to adopt for your quitline – what would it be and why?**

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Cost-sharing Partnerships

Rob Adsit, MEd

Amy Lukowski, PsyD

Steve Schroeder, MD

Scope of Cost-sharing Partnerships

Goal: Public-private partnerships or "cost-sharing" partnerships expand the availability of quitline services by involving Medicaid, health plans, employers and insurers in helping to pay for these services.

Rationale: Quitlines reach only 1-2% of tobacco users each year. To increase utilization of evidence based cessation treatment, we MUST increase funding sources and the reach of quitlines to tobacco users.

Partnership models for payers (health plans, employers, insurers):

- Buy into the state quitline
- Directly contract with a service provider for commercial services

Roles: Health departments educate/engage partners, serve as resource on evidence based services AND service providers market & deliver services.

Barrier: No health plan, employer, or insurer will pay for what they can get for FREE! Consider who should be eligible for your services.

Experience to Date - States

States Participating in NAQC Partnership Workgroup:
Arizona, Florida, Kentucky, Maryland, Massachusetts, North Carolina, New Hampshire, Rhode Island, Utah, Washington

Successes: See *Making the case: States engaging public and private payers in covering costs of quitline services* for cost-sharing action by legislators, employers and health plans:

- NC - BC/BS largest insurer contracts for quitline services
- KY - employers purchasing NRT and county municipalities purchasing NRT for residents and employees
- RI - Insurers and key stakeholders sit on a statewide committee to ensure compliance with state legislation requiring coverage.
- UT- state employee benefit plan contracts with service provider directly

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Experience to Date – Service Providers

Commercial contracts: NJH and Optum have appx 1,065 commercial contracts covering over 2M lives.

Successes: Expands utilization of evidence based tx; allows state resources to focus on underinsured, uninsured and Medicaid; makes cessation a regular part of health care

Compared to state quitlines, commercial contracts may have:

- More comprehensive and consistent services,
- More medications including RX at full regimen,
- Engagement strategies that include incentives, and
- Higher participation rates and alignment with existing wellness promotions.

How Should We Move Forward?

- **What actions can we take to drive insurers and employers to purchase quitline services?**

- **What role can triage and referral play? Are we okay with referring callers to their insurers' cessation services if they are not evidence-based? How do we assess whether they are evidence-based?**

- **Should states consider serving only the highest risk populations with a robust package of services or continue serving all callers with less service (which may not be evidenced-based for increasing the likelihood of quitting)?**

Public Health and Healthcare Sectors

Diane Canova, JD

Rosie Henson, MSSW, MPH

Wayne Tormala, MSW

Role of Public Health and Healthcare Sectors

Dynamic Environment and Current Status

ACA includes both sectors for cessation activities:

o <u>Public health:</u> Prevention and Public Health Fund (PPHF) provides $1B for prevention programs including $126M for cessation that funds the Tips Campaign, 20% state quitline budgets, and other CDC cessation activities;

o <u>Healthcare</u>: ACA requires that health plans provide evidence-based cessation treatment (counseling and meds) with no co-pays, making cessation a regular part of preventive health care services.

Uncertainties of Congressional action to repeal and replace ACA pose challenges for managing/forecasting for both public health and healthcare (private insurance, Medicaid and Medicare) sectors.

o Each year, state quitlines receive over 1.1M calls and provide counseling and/or medications to about 350K tobacco users. About 20-25% of the calls are generated by the Tips Campaign.

o Many health insurers and health plans have begun to comply with the requirements to offer cessation treatment during office visits and through commercial quitline services for their members. This increases the availability and utilization of evidence-based cessation services.

Real Opportunities for Collaboration

- **Public health and healthcare sectors complementary**

- Public health traditionally serves vulnerable populations such as the poor and the uninsured.

- **Tobacco users who are insured (including Medicaid members) should be eligible to receive more intensive quitline and cessation services through their health plans than those available in public health sector.**

- State quitlines may be able to triage callers with "good" insurance coverage to their health plans, thereby increasing the service levels available through the state quitline for those with "inadequate" or "no" insurance.

- **Quitline providers and funders have expertise to influence and promote evidence-based services in all care settings.**

- Bold, proactive collaboration needed by state quitlines and health plans.

Leverage Points

- **Strong research base supporting quitlines**

- **NAQC members' expertise continues to drive quality**

- **Collaboration between sectors can enhance outreach and can appropriately triage callers to the most intensive services they are eligible to receive**

- **Integration of publicly funded quitlines and commercial quitlines can increase treatment successes on the larger scale.**

How Do We Move Forward?

- **What should be the role and responsibility of quitlines that serve the public health sector?**

- **What should be the role and responsibility of quitlines that serve the healthcare sector?**

- **What level of service should public health pay for?**

- **What level of service should the health care sector pay for?**

- **How should the two sectors work together?**

BUZZ GROUP ACTIVITY

Each table will receive the questions for your topic.

Please discuss the questions and decide which ones you want to respond to (one, two or all of them)!

You will have 15 minutes for discussion at your table.

Write down highlights from your discussion to submit.

Volunteers will report on highlights from discussions.

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