Tailored Quit Line Services

Support of Participants with Mental Health Conditions
Tailored Quitline Services to Support Participants with Mental Health Conditions

Clinical and Innovation Team

Robert Vargas, MSW, MPH
Director - Clinical Development and Treatment Support, Optum Healthcare
Robert.Vargas@Optum.com

Etta Short, MS
Director – Clinical Development and Implementation, Optum Healthcare
Etta.Short@Optum.com
Overview

Why build a tobacco cessation behavioral health program?

What are the features of the program?

How were Coaches trained?

What were the outcomes of the pilot?
Strategies

Intervention

Content

Process
Strategies

What are your thoughts?

Intervention
Background

Justification for a Specialized Treatment
Current Smoking Among Adults With Past Year Behavioral Health Condition (BHC): NSDUH, 2008-2015

(Data Produced by SAMHSA)

Current Smoking is defined as any cigarette use in the last 30 days prior to the interview date. Behavioral Health Condition includes Any Mental Illness and or Substance Use Disorder.*Due to changes in survey questions regarding substance use disorder in 2015, including new question on meth and prescription psychotherapeutics, this data is not comparable to prior years.

![Graph showing current smoking among adults with and without behavioral health conditions from 2008 to 2015.](image-url)
Why Quitines?

Currently we operate 26 state Quitlines

30+ years providing behavior change

In partnership with American Cancer Society®

Participants who Report Mental Health Conditions Use of QFL State Quitlines
Vickerman et al. (2015)

% Quitline Callers who report 1 MHC

45.8%

% of MHC Quitline Callers who report 2 or more conditions

57.2%

*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)
National Goal - National Behavioral Health Summit for Tobacco-Free Recovery

- Behavioral Health Condition (BHC)
- No BHC

30x20

Program Design & Development

Tobacco Cessation Behavioral Health Program
Development Timeline

- **Q4 2015**
  - Research and Develop Pilot

- **Q2 2016**
  - Launch Pilot

- **Q3/Q4 2016**
  - Evaluate

- **Q4 2016**
  - Bring to Market
Tobacco Cessation Behavioral Health Program

Call 1: Assessment and planning
- Tobacco user
- Enrollment phone/web

Call 2: Pre-quit date call
- Mobile app
- Quit guide

Call 3: Quit date call
- Unlimited inbound phone support
- Web coach
- Provider letter

Call 4: Quit date follow-up call
- Text2quit
- 12-week combination NRT

Call 5: Ongoing support call

Call 6: Ongoing support call

Call 7: Ongoing support call

Tobacco free

Coach team approach

Evaluation survey
Specific Program Features

- Triaged Enrollment Process
- Dedicated Quit Coach Team
- Additional Calls
- 12-Weeks Combination NRT
- Enhanced Assessment
- Provider Letter
Enhanced Training for Coaches
Enhanced Training for Coaches

**Rationale**

**Logistics**

**Skill Building**

**Confidence**
Methods

Discussion
- Knowledge

Call samples
- Modeling

Case studies
- Critical thinking

Role pay
- Practice
Quick Reference Guide

Enhanced Support Program Quick Reference Guide - Facilitating the Intervention

Anxiety
Anxiety is associated with thoughts of future events. While everyone experiences some level of anxiety or worry in their daily life, those with anxiety disorders are more severely impacted. The underlying theme is that the anxiety is severe enough to affect the person’s ability to manage their daily life. One of the most common themes is avoidance. Some people with anxiety disorders may also experience panic attacks, which are brief periods of extremely intense anxiety that may include physical symptoms, like a racing heartbeat and sweating.

Presentations of Symptoms
- Negative Self-Talk, which can stem from negative thoughts about one’s own ability.
- Identifying the negative thoughts they have about their future quit attempt to engage the participant in developing coping skills to move their quit process forward. (If/Then Thinking)
- Explore how their anxiety affects their ability to quit or how it might affect this quit attempt.

Strategies
- participant exact tone or pace, but do not be too fast or too slow. This may help the participant in a tone pace that is in the call and validating their feelings by normalizing the experience and helping the participants track their progress.
- The participant’s feelings by normalizing the experience of using solution-focused language, helping the participants track their progress.
- The participant’s feelings by normalizing the experience of using solution-focused language, helping the participants track their progress.
- The participant’s feelings by normalizing the experience of using solution-focused language, helping the participants track their progress.

Enhanced Support Program Quick Reference Guide

19
Quick Reference Guide
Depression

How you would adapt your communication style and/or intervention content:

Q: A participant who presents with low motivation, talks slow, appears somewhat disengaged?

Example of Responses:
“\textit{I would adapt my pace to meet that of the prt. I would try asking open ended questions encouraging the prt to describe why motivation is low. Then I may work on helping the prt identify small steps to take to build motivation and/or confidence, such as mini quits.}”

“\textit{Slow down myself, explore what motivated the call. Give them a little more time express their feelings. Might have look at less ambitious goals than in a normal call. Try assess what is realistic and attainable for them and focus on that.}”
Anxiety

How you would adapt your communication style and/or intervention content:

Q: A participant who presents with rapid speech, high levels of stress, low confidence and high level of worry about the quitting process

Examples of response:

“In this case it is important to set a QD with the participant that is realistic, giving time for preparation and mini quits to build confidence slowly. It is also important to figure out the participant’s thoughts and behaviors about smoking when stressed, and then strive to work with theprt on thought change and coping skills to experiment with in small steps.”

“I would normalize quitting concerns and try to make action plan tailored or manageable for the participant to build confidence.”
Schizophrenia/Psychosis

How you would adapt your communication style and/or intervention content:

Q: A participant, who is hard to track, responds with odd statements and appears to ramble on various topics other than quitting smoking.

Example of Responses:
“I would overtly sign-post with the participant throughout the conversation to redirect and get back on topic. I would also gently suggest that writing down information can be helpful and flex my communication style by limiting talking points to ensure the most essential information is being presented for the participant to take away for their current plan.”

” Lots of sign-posting. Overt statements and yes/no questions. Keeping the call very straightforward and trying to identify one or maybe two very specific things that the prt could work on between this call and the next.”
Preliminary Outcome Date

As of March 6, 2017
Outcome Goals

Acceptance  Engagement  Quit Outcomes
Acceptance Rates

Acceptance Rates

Tier 1 Conditions: 85%
Tier 2 Conditions: 85%

Participant Enrollment

Tier 1 Condition: 66%
Tier 2 Condition: 34%
Engagement Outcomes

**Avg. Completed Calls per Enrollment**

- **# of Calls "Just Right"**
- **# of Call "Too Few"**
- **# of Calls "Too Many"**

Satisfaction with Number of Completed Calls

- **63%**
- **31%**
- **6%**

**Avg Number of Completed Calls**

- **# of Calls "Just Right"**
- **# of Call "Too Few"**
- **# of Calls "Too Many"**

- **5.2**
- **5.5**
- **2.45**

**# of Calls "Just Right"**

- **# of Call "Too Few"**
- **# of Calls "Too Many"**
Preliminary Outcomes – NRT Support

- 99% of patients were dosed for NRT.
- 92% of those dosed for NRT were using NRT.
- 53% of patients shipped all 3 shipments.

- 75% of patients who were dosed for combination NRT.
- 71% of those dosed for Patch plus Lozenges.
Preliminary Outcomes – Provider Letter

- Prts who reported have a Mental Health Provider: 51%
- Prts who spoke with their provider since enrollment: 55%
- Prts who reported a Provider: Tier 1 59%, Tier 2 36%
- Prts who spoke to their provider about quitting: 81%
Quit Outcomes

30 Day Prevalence Quit Rates

37%

30 Day Prevelences Quit Rates by Condition Tier

Tier 1 Conditions: 33%
Tier 2 Conditions: 46%
Additional Outcome Successes

- Reported their QC was very helpful to somewhat helpful: 94%
- Reported same confident or more confident since joining the program: 52%
Conclusions

- Engaged with industry experts and reviewed recent scientific evidence
- Partnered with the State of Texas
- Enrolled 310 participants

- 2 more additional calls
- 12 weeks of combination NRT
- Enhanced Assessment
- Provider letter for additional support

- Acceptance Rates: When offered, participants want specialized treatment
- Engagement Rates: Increased engagement rates over our Standard Care Program.
- Quit Outcomes: Increased 30 day Point-Prevalence Quit Rates at 3 months
- Satisfaction: Participants were overwhelmingly satisfied with program offering
Strategies

What are your thoughts?

Outcomes

Perception

Content

Process
Tailored Quitline Services to Support Participants with Mental Health Conditions

Thank you

Robert Vargas, MSW, MPH
Director - Clinical Development and Treatment Support, Optum Healthcare
Robert.Vargas@Optum.com

Etta Short, MS
Director – Clinical Development and Implementation, Optum Healthcare
Etta.Short@Optum.com