Context
Between 1998 and 2004, the U.S. and Canada moved from having a handful of quitlines in a few progressive jurisdictions to having two robust networks of quitlines across all states and provinces of the U.S. and Canada. These public-sector quitlines have collaborated as a consortium to continuously monitor the literature on new and effective approaches to cessation; develop and offer high quality evidence-based services; explore opportunities to enhance the reach and quality of services; and measure impact. As a field, quitlines have been practice-driven, evidence-based and results-focused. NAQC plays a critical role in disseminating information about better practices, encouraging implementation, and reporting on progress.

Through collaboration, public quitlines have met and exceeded the quality goal of achieving 30 percent quit rates. They also have made progress on developing better practices for reaching and treating special populations. As quitline services become more widespread throughout the commercial sector, the Consortium may need to consider strategies and actions for assuring that the progress we have made and the lessons we have learned regarding high quality evidence-based quitline services are shared with and adopted by the commercial sector.

Goal
To gain adoption by commercial sector purchasers and vendors of best practices standards for quitlines

Importance of This Topic
As we reflect on the past, present and future of quitlines, the importance of the dynamic policy landscape shaped by the recession and healthcare reform are front of mind. To continue progress toward our vision of barrier-free access to effective cessation services for all tobacco users and ultimately to single-digit prevalence rates for tobacco use, the Consortium must consider not only the quality of public quitlines but also the quality of commercial quitlines. These commercial quitlines may have the potential to reach even more tobacco users that the public sector.

Existing Data
The two largest quitline service providers, Optum and National Jewish Health, have shared information about their commercial sector activities (1). At the start of 2017, these service providers report having over 1,000 existing commercial contracts that cover about 2 million lives. Both Optum and National Jewish Health have track records of high quality evidence-based services.

Closing the Gaps
There are many gaps in our knowledge on this issue, beginning with the scope of the commercial quitline enterprise. For example, what has been the experience of Optum and National Jewish in working with the commercial sector? Are there opportunities for NAQC to educate commercial sector purchasers on quality and evidence-base for quitlines? Are purchasers interested in quality improvement and best practices? Also, what has been the experience of other state quitline service providers with the
commercial sector? What additional vendors, not associated with the Consortium, are providing quitline services for the commercial sector?

Knowing that services currently are being delivered in the commercial sector, we may want to consider the size of the population being served, utilization of services, types of services offered and outcomes being achieved. It would be helpful to know if utilization data may be shared and if it is available by state. What level of interest do quitline and cessation managers have in this information and this issue?

**Next Steps for NAQC to Consider**

As we discuss this issue and possible steps, please keep in mind that we may also be discussing a “systems change” not only for the commercial sector but also for state quitlines. It may be useful to reflect more broadly on frameworks for systems change which often include these key domains (2):

- Examining the problem and understanding the need for change
- Visibility and awareness
- Partnership and collaboration
- Collective accountability
- Sustainable systems change (policy, procedures, practice)

A short article on “systems change framework” is included in the resources below (2).

**Compile information.** If we would like to pursue this issue, basic information about the commercial sector and positions of key stakeholders (such as commercial purchasers, service providers, and state agencies) regarding this issue would need to be compiled. Information on existing quality and performance measures like STARS and HEDIS as well as QI and QA systems should be explored.

**Catalog and develop resources that describe the evidence base, present case studies and make the case.** Resources that describe the evidence base for high quality quitline services exist and should be compiled and reviewed. Toolkits that describe strategies used by one sector that can be transferred to the other sector may be helpful for making progress and developing collaborations. If needed, new or updated resources that are attractive and targeted to the commercial sector may be developed.

**Identify possible quality assurance approaches and/or mechanisms.** This step may begin with an assessment of existing quality assurance approaches and/or mechanisms within the public and private sectors, including those that may be used by:

- States with well-established relationships between the state quitline and quitlines operated by health plans,
- Commercial sector purchasers for other types of health services, and
- States for coordination between public and private sectors on other health topics.

The findings from the assessment may be shared with the Advisory Council and then the full Consortium to identify important issues and approaches and/or mechanisms that seem worth further exploration.

An example of such an approach has been described in NAQC’s 2014 publication on the future of quitlines. The paper states: “To ensure that high quality cessation services exist within the states and are coordinated, we strongly recommend that: a) State tobacco control programs and other agencies that fund quitlines play a leadership role in assuring that high quality and coordinated cessation services exist within the state and are widely promoted to tobacco users. This may involve strategies such as education of healthcare industry and consumers, legislation and regulation, report cards, and partnership activities; b) NAQC and other national organizations should provide technical assistance and resources to support...
state efforts and progress; c) the federal government, states and foundations should play a role in funding, developing and disseminating resources as well as ensuring that progress is made in this area.”

References and Resources