

North American Quitline Consortium Research Agenda for Quitlines

Webinar presentation
April 19, 2012

PURPOSE

1. Present the Research Agenda for Quitlines
2. Get your feedback on prioritizing the agenda items (survey monkey)
3. Get your specific feedback on individual items (optional)

AGENDA

- Why develop a research agenda for quitlines?
- How was the Research Agenda developed?
- Overview of the research agenda topics
- How does NAQC plan to use the research agenda?
- Q&A/Discussion
- Feedback from Members (Survey Monkey)

Why develop a research agenda for quitlines?

- Extensive research on quitlines has been done
- Significant gaps still exist
- Need for a tool to help focus our collective efforts, help NAQC prioritize its time and resources

How was the Research Agenda Developed?

- Starting point: White Paper by Deborah Ossip (2005)
 - Three year process
 - NAQC focus on quitline operations and MDS
 - Lack of funding and resources for further work on a research agenda in 2005
- NAQC's MDS and Annual Survey, and improvements in quitline infrastructure, provide the foundation for much of the work proposed in Dr. Ossip's original paper
- Research Agenda workgroup comprised of NAQC members
- Feedback from larger membership sought at this time

Research Agenda Topics

- Organized by NAQC strategic goals
- Research questions/areas paired with potential uses of information
- Asking members to help prioritize items – rank top three research areas for each strategic goal in the evaluation survey following the webinar

NAQC Strategic Goal 1: Increase the Use of Quitline Services in North America

- Objective 1: By 2015, each quitline should achieve a (treatment) reach of at least 6% of its total adult tobacco users.
- (Treatment reach is defined as the proportion of total adult tobacco users receiving evidence-based treatment – either beginning at least one counseling session or receiving medication.)

Treatment Reach FY09-FY10

Canada	N	Min	Max	Mean	Actual
2009	3	0.24%	1.90%	0.80%	0.37%
2010	9	0.17%	1.79%	0.49%	0.31%

US	N	Min	Max	Mean	Actual
2009	46	0.05%	7.25%	1.57%	1.19%
2010	50	0.05%	6.66%	1.45%	1.09%

Data source: NAQC Annual Survey, FY2009, FY2010

Goal 1 Research Questions/Areas

1. Descriptive studies with special focus on the reach of quitlines and diversity/disparities in use of quitlines
2. With respect to referral mechanisms (e.g., fax referral programs) are there more effective methods to recruit referral sources for quitlines?

Goal 1 Research Questions/Areas

3. What marketing/communication strategies can improve the reach of quitlines?
 - In the context of health care reform, does it make a difference who the messenger is? (PSA vs. health plans vs. Medicare/Medicaid?)
4. What is the impact of integration of quitline services with other services with respect to reach? (e.g., web-based interventions, social network technologies, behavioral health services, economic services, etc.)

Goal 1 Research Questions/Areas

5. Systems change research

- How best to integrate fax referrals into health care systems without increasing the burden on health care providers?

6. Web-based services

- What features of web-based cessation programs are available?
- How are web-based participants followed up?
What is the response rate?

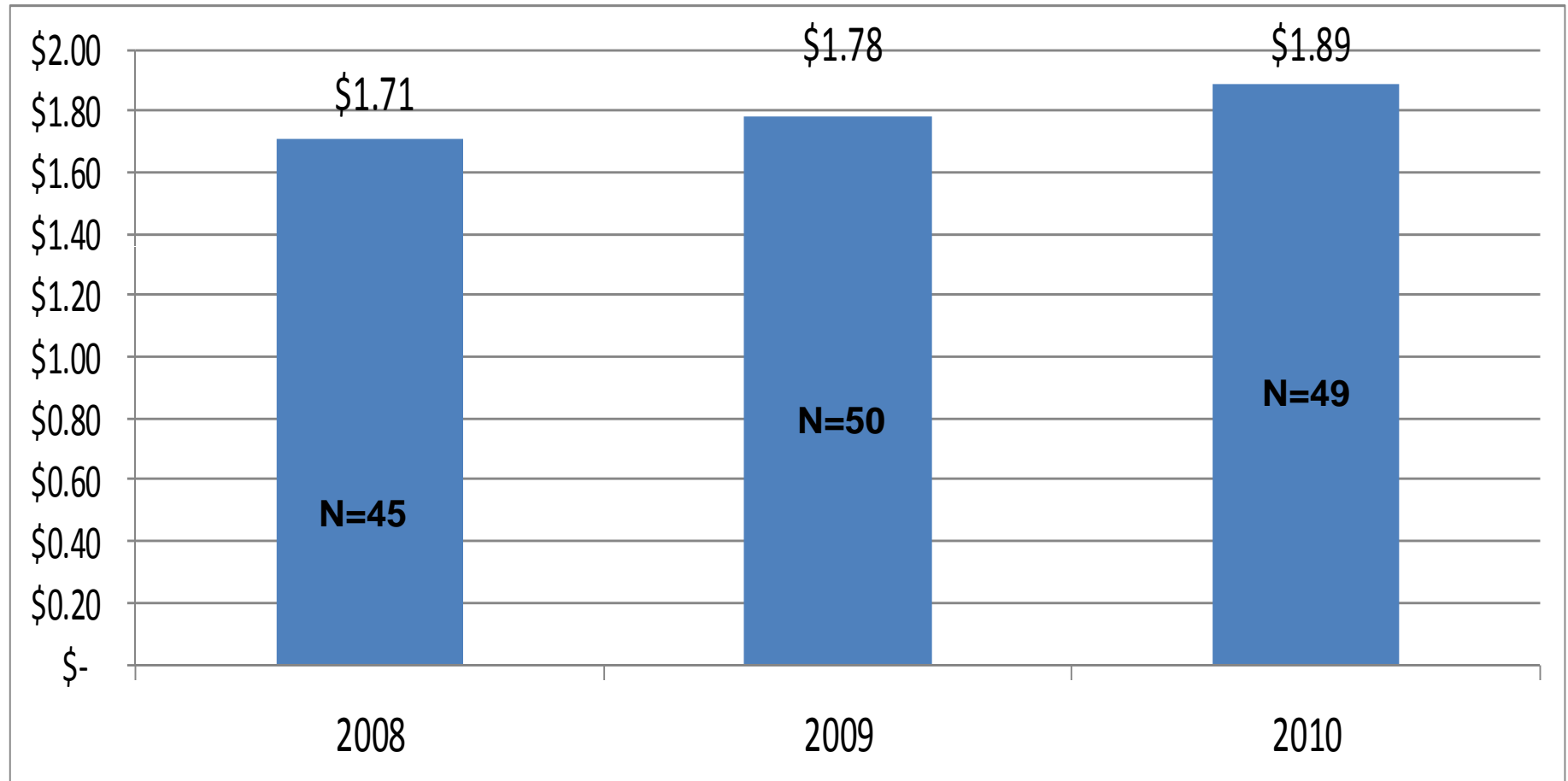
How Can We Use This Information?

- Baseline data for future studies
- Trend data showing progress or declines in quitline efforts
- Take lessons learned from effective methods and apply them in other situations.
- Make the case for integrating quitlines or forming new partnerships
- Develop “toolkits” other systems can use

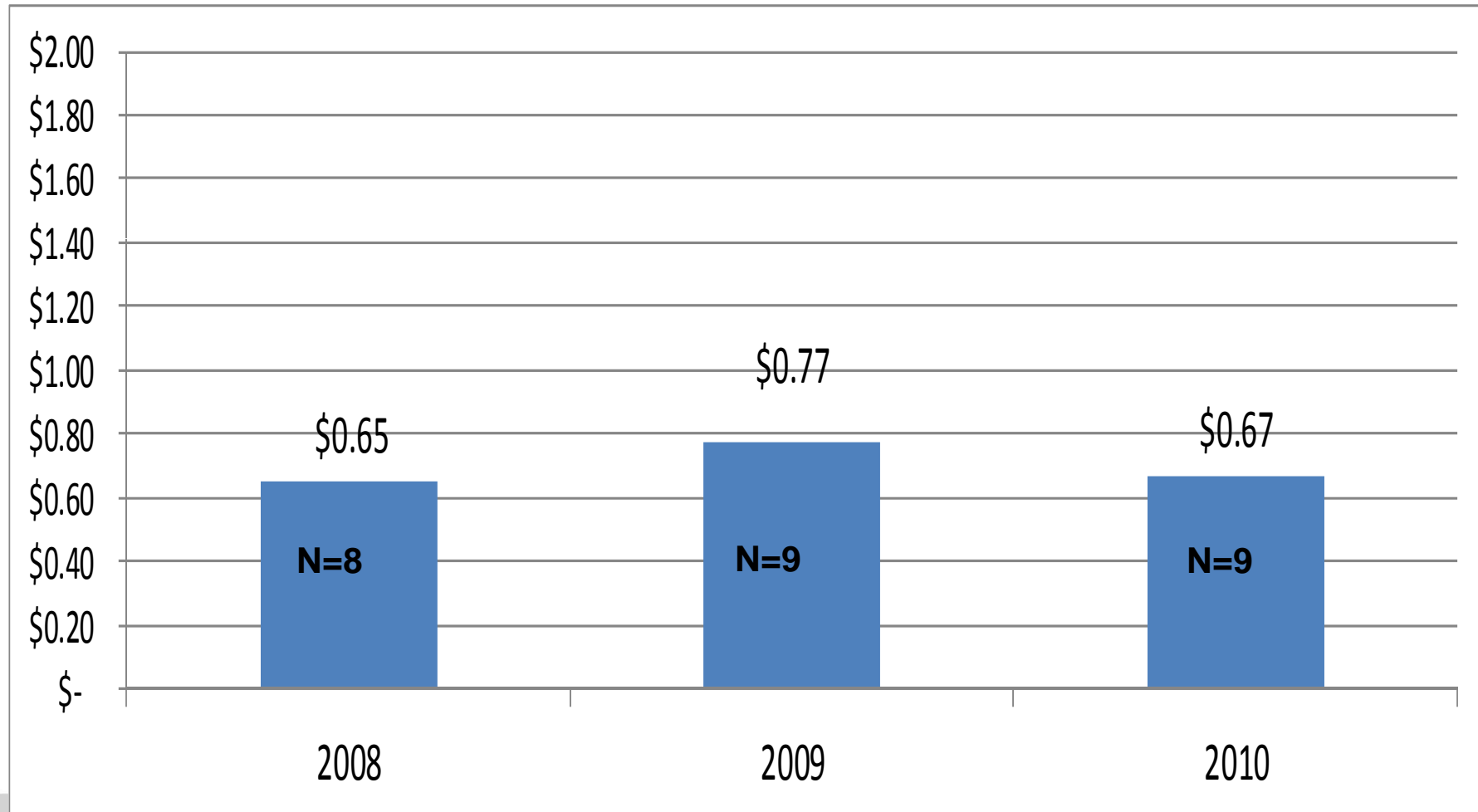
NAQC Strategic Goal 2: Increase the capacity of quitline services in North America

- **Objective 2: By 2015, on average \$2.19 per capita (\$10.53 per smoker) should be invested in quitline services (both counseling and medications).**

US Spending per Smoker 2008-2010 (services and medications)



Canada Spending per Smoker (services), 2008-2010



Data source: NAQC Annual Survey, FY2008, FY2009, FY2010

Funding Sources in FY10 and FY11

	US FY10 (N=52)	US FY11 (N=52)	Canada FY10 (N=10)	Canada FY11 (N=10)
Public sector/government				
Local government funds	0%	0%	0%	0%
State/provincial general funds	25%	26%	100%	100%
State/provincial dedicated tobacco tax funds	21%	24%	0%	0%
State Medicaid program	4%	6%	0%	0%
MSA funds	46%	45%	0%	0%
Tobacco settlement funds (not MSA)	10%	8%	0%	0%
Federal				
CDC- ARRA/Stimulus funds	52%	82%	0%	0%
CDC - other (non-ARRA) funds	71%	73%	0%	0%
Health Canada	0%	0%	60%	30%
Other	2%	2%	0%	0%
Private sector/non-government				
Third part reimbursement through healthcare institution	0%	0%	0%	0%
Third part reimbursement through insurance company	8%	8%	0%	0%
Charitable foundation	2%	2%	10%	30%
For-profit company	0%	0%	10%	10%
Non-governmental organization	2%	0%	20%	10%
Employer organization	0%	0%	0%	0%
Other	2%	2%	0%	0%

Goal 2 Research Questions/Areas

1. What is the cost effectiveness/cost benefit of various quitline services? How does this vary across population groups (e.g., light vs. heavy smokers)?
2. What is the level of public awareness of quitlines? Are we helping to create an environment that is support of change (tobacco cessation)?

Goal 2 Research Questions/Areas

3. What is the status of public perception of quitlines? Is this changing over time?
4. What is the impact of various changes with respect to coverage for cessation services?
5. What is the impact of increasing benefit coverage for quitlines or medications through quitlines? How does health care reform influence this?

Goal 2 Research Questions/Areas

6. What is the impact of integrating quitline services with other services on funding levels for quitlines?
7. What are ways to improve funding levels for quitlines? What strategies might improve funding levels?
8. What is the impact of any major funding shift?

How Can We Use This Information?

- Make the case for continued, sustained, consistent, and expanded funding of quitlines to support demand, as well as expanded reimbursement for quitline services.
- Show the impact of incremental changes in quitline reimbursement. This helps to diversify funding sources for quitlines overall e.g., influencing the outcome of health care reform efforts.
- Demonstrate the benefit of integration of quitline services. Integration may make quitlines less of an easy target for funding cuts.

NAQC Strategic Goal 3: Increase the quality and cultural appropriateness of quitlines in North America

- **Objective 3a: By 2015, each quitline should have an overall quit rate of at least 30% (as measured by the NAQC standard quit rate calculation).**

FY2010 Annual Survey

- 24 quitlines reported their FY2010 quit rate
- Quit rates ranged between 20% and 41%
- Average: 29%

Goal 3/Obj. 3a Research Questions/Areas

1. What are effective and cost-effective models for delivering NRT/medications through quitlines?
2. What is the relationship between baseline variables and cessation outcomes? (who does well with which types of interventions?)
3. What is the optimal “packaging” of sessions (timing and intensity)?

Goal 3/Obj. 3a Research Questions/Areas

4. What are effective means of decreasing attrition/dropout from intervention protocols? What is the impact of decreased attrition on quit rates?
5. What is the impact of integration of quitline services with other services? (e.g., web-based technologies, behavioral health services, economic services, etc.)

Goal 3/Obj. 3a Research Questions/Areas

6. What are effective characteristics of counselor training programs?
7. What elements of quitlines are most important for effectiveness and cost-effectiveness?

Goal 3/Obj. 3a Research Questions/Areas

8. How would linking with online cessation programs and/or social networking sites, text, other improve the effectiveness of quitlines? What is the “value added” of the additional components? (both in terms of effectiveness, as well as perception, awareness, etc.)

Goal 3/Obj. 3a Research Questions/Areas

9. How do we best translate what we have learned with telephone interventions to web, text, smartphone apps, other platforms?
10. Do tobacco users come to quitlines ready to quit? Are quitlines capturing individuals in pre-contemplation? Are quitlines increasing a tobacco user's motivation to quit?

How Can We Use This Information?

- Target the most expensive programs or protocols to those who need it the most.
- Increase cost-effectiveness of quitlines and other cessation programs.
- Make informed decisions about integrating with other services
- Make decisions about the benefit of adding features/components to quitlines

NAQC Strategic Goal 3: Increase the quality and cultural appropriateness of quitlines in North America

- Objective 3b: By 2015, each quitline should achieve a reach of 6% in priority populations (American Indian/First Nations, Alaska Native, Asian, Black or African American, Hispanic or Latino, LGBT, Low SES, Native Hawaiian or Other Pacific Islander)**

	Treatment Reach *	# of Quitlines Reporting
Overall	1.35%	20
Race/Ethnicity		
Hispanic	0.75%	23
White	1.30%	22
Black	1.36%	22
Asian	1.00%	22
Native Hawaiian/Pacific Islander	0.31%	21
American Indian/Alaska Native	0.61%	22
Other Race	2.20%	23
Education		
Less than HS	1.35%	22

Goal 3/Obj. 3b Research Questions/Areas

1. Descriptive studies with special focus on the reach of quitlines and diversity/disparities in use of quitlines
2. With respect to referral mechanisms (e.g., fax referral programs) are there more effective methods to recruit referral sources of priority populations for quitlines?
 - a) What populations are reached with fax or other referral programs?

Goal 3/Obj. 3b Research Questions/Areas

3. What outreach/marketing/communication strategies can improve the reach of quitlines for priority populations?
4. What is the impact of integration of quitline services with other services (cessation and other) with respect to reach for priority populations?

Goal 3/Obj. 3b Research Questions/Areas

5. What are effective means of decreasing attrition/dropout of priority populations from intervention protocols? (include creative solutions for providing counseling in a multi-lingual and multi-cultural society)
6. What are effective characteristics of counselor training programs?

Goal 3/Obj. 3b Research Questions/Goals

7. What are valid measures of cultural appropriateness? How do we determine whether a quitline's services are culturally appropriate or not? What is the relationship between cultural appropriateness and outcomes for priority populations?

How Can We Use This Information?

- Make the case for or against targeted promotions
- Identify partnerships that can be particularly effective at outreach to priority populations.
- Identify most impactful elements of counselor training or counseling content for different priority populations
- Create and adopt measures of cultural appropriateness

How does NAQC plan to use the research agenda?

1. To provide criteria for developing and managing internally generated research (within the network) as well as external requests for network participation
 - To establish a process for soliciting research ideas from consortium members
 - To establish a process for prioritizing research topics
 - To establish a process for communicating with consortium members regarding research opportunities, implementation of protocols

How does NAQC plan to use the research agenda?

2. To develop a balanced research portfolio that meets the needs of the various stakeholder groups including the following topics and methods:
 - “Return on investment” information
 - Descriptive analyses (populations served, challenges with quitline access)
 - Effectiveness of services for different populations
 - Essential elements of the quitline intervention
 - Essential elements of counselor training
 - Assess innovative interventions

How does NAQC plan to use the research agenda?

3. To leverage use of the Minimal Data Set

- Ways to use data already being collected across quitlines to answer questions that single quitlines cannot answer alone
- Ensuring that the data that are being collected are being used
- Examine whether use of the MDS as it currently stands poses a barrier to accessing services, especially regarding its length

Getting Your Feedback

1. How do we prioritize these research areas?
What are the three items in each section are MOST relevant to the work you do?
2. Changes, additions, deletions to what we have presented today

Evaluation Survey

- Survey Monkey
<https://www.surveymonkey.com/s/Q8P956H>
- All questions listed – please pick your top three in each section
- **OPTIONAL:** Any additional feedback is encouraged, but not necessary
- 8 questions, plus additional specific feedback

For more information about the NAQC Research Agenda for Quitlines:

Jessie Saul, PhD

Director of Research

Email: jsaul@naquitline.org

800-398-5489 x702