

# Quitlines Today and in the Future

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Texas Tobacco Summit - Wyndham Hotel Houston  
June 26-27, 2014

# Overview

- **Role of cessation in reducing tobacco use prevalence**
- **Current status of quitlines**
- **The future of quitlines**

# Cessation Benchmarks

**Smokers interested in quitting 69%**

**Past year quit attempt 52%**

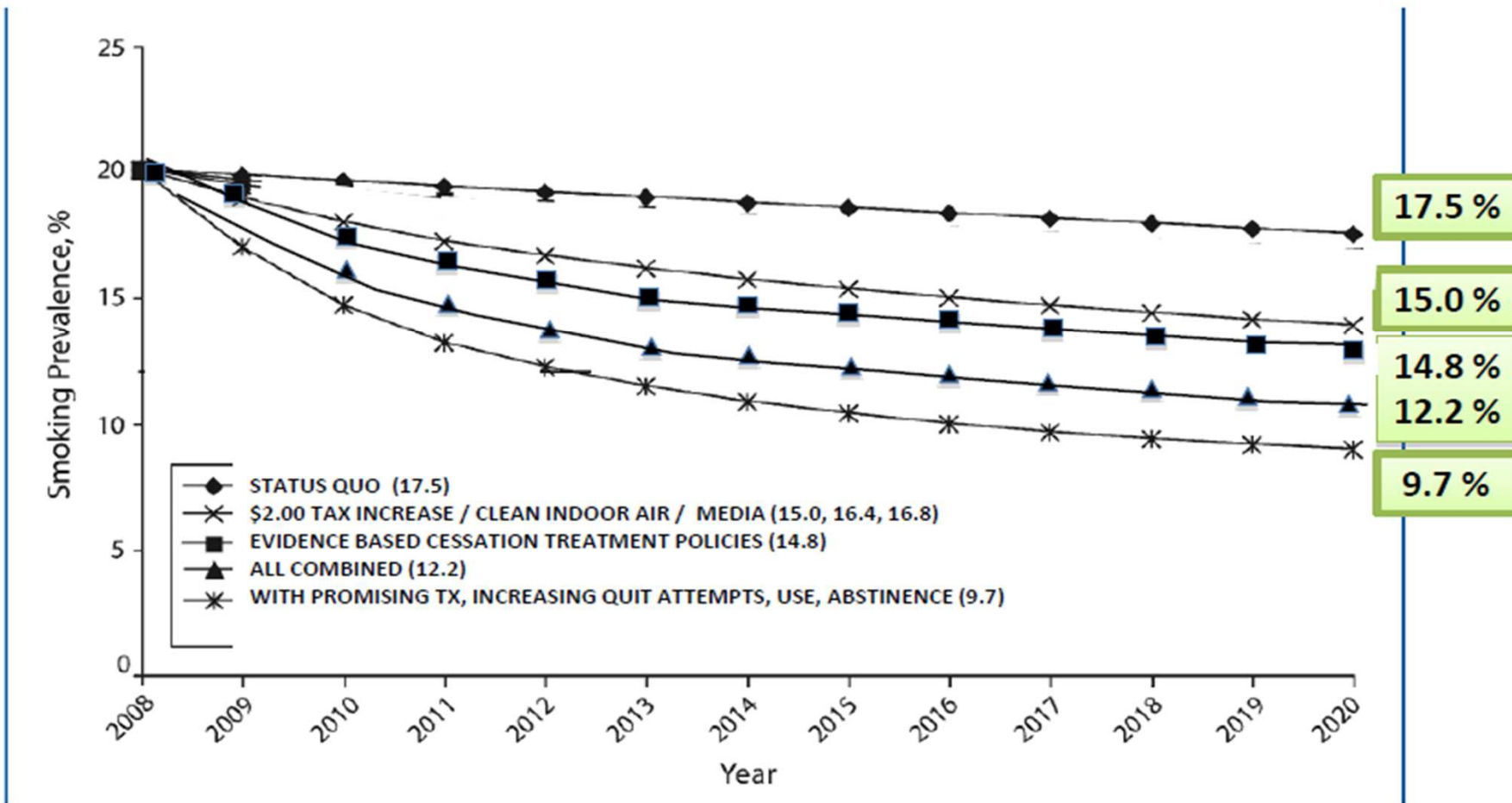
**Used counseling and/or meds 32%**

**Prevalence of cessation in past yr 6%**

*Source: MMWR, Quitting Smoking Among Adults—United States, 2001–2010,  
November 11, 2011 / Vol. 60 / No. 44*

# REACHING HEALTHY PEOPLE 2010 by 2020 (or sooner)

Levy, Mabry , Graham , Orleans , Abrams, D. (2010). *Am. J. Prev. Med.* (38) 3S S375-S381



# State Quitline Services

## Treatment and Support

Proactive counseling (100% of state quitlines)

Medications (85% of state quitlines)

Self-help materials (100% state quitlines)

Chat rooms, texting, online programs (varies)

## Referral Programs and Training

Fax referral (100%)

eReferral to/from EHRs (pilots underway)

Training in tobacco cessation counseling (all)

**Quitline: Texas Tobacco Quitline**

Began Operations: September 2001

Website: <http://www.dshs.state.tx.us/tobacco/quitlyes.shtm>**Standard Hours of Operation**

Monday: 12:00 AM - 11:59 PM  
 Tuesday: 12:00 AM - 11:59 PM  
 Wednesday: 12:00 AM - 11:59 PM  
 Thursday: 12:00 AM - 11:59 PM  
 Friday: 12:00 AM - 11:59 PM  
 Saturday: 12:00 AM - 11:59 PM  
 Sunday: 12:00 AM - 11:59 PM  
 Closed on: Counseling not available: Independence Day, Thanksgiving and Christmas

**Telephone Numbers**

Line	Phone Number	Language/Subject
1	(877) 937-7848	English
2	(866) 228-4327	Deaf/Hard of Hearing

**Supported Languages**

Counseling offered in: English, Spanish  
 Third-party counseling: English, Spanish, Mandarin, Cantonese, Korean, Vietnamese, French, Russian, AT&T services with translation in over 140 languages  
 Deaf/Hard of hearing:

**Services Offered****Phone Counseling****Types:**

- brief intervention  single-session  
 multi-session (client-initiated)  multi-session (counselor-initiated)

Length of standard first session: 0 min

Length of standard follow-up session: 0 min

**Counseling session topics:**

- tobacco history  developing a quit plan  
 setting a quit date  withdrawal symptoms  
 relapse prevention  weight gain  
 use of cessation medication  stress management  
 other

**Web-Based Services**

- quitline information  cessation information  
 self-help tools  automated e-mail messages  
 interactive counseling  chat rooms

**Cessation Medications****Free Medications**

- patch  gum  
 lozenge  nasal spray  
 inhaler  varenicline  
 bupropion

**Discounted Medications**

- patch  gum  
 lozenge  nasal spray  
 inhaler  varenicline  
 bupropion

**Distribution Methods**

- voucher  by mail

**Other Services**

- voicemail with callbacks  recorded self-help messages  
 referral to other health services  mailed info or self-help resources

**Eligibility Criteria**

To receive counseling: 13 years of age or older; Readiness to quit

To receive medication: Living in comprehensive program area or by health care provider fax referral as well as uninsured and women who are pregnant.

**Specialized Materials****Specialized Materials**

- youth, under 18  youth, 18-25  
 older tobacco users, 55+  smokeless tobacco users  
 pregnant tobacco users  multiple addictions  
 racial/ethnic populations  lesbian, gay, bisexual or transgender  
 chronic health conditions  low socioeconomic status or Medicaid  
 low literacy  other  
 mental health disorders including psychiatric conditions

<http://www.naquitline.org/map>

## Provider Referral Program

Fax or electronic referral program: Yes

Person(s) eligible to refer patients:

- certified or trained fax referral providers
- clinicians or non-clinicians in a healthcare setting
- clinicians or non-clinicians in a community-based organization
- other

Available referral methods:

- faxed form
- e-mail or online
- EMR with electronic submission

Tobacco users can be referred if they:

- are thinking about quitting
- indicate a readiness to quit within 30 days
- are ready to make a quit attempt
- are quit and seek help to stay quit

Referred patients contacted within: Within 48 hours

Other services available to referring providers:

- quitline and/or referral brochures
- customized referral/consent forms
- patient progress reports
- customized provider feedback reports
- staff training
- quitline/referral program newsletter

Referral program contact: Barry Sharp  
Texas Department of State Health Services  
(512) 206-5873  
barry.sharp@dshs.state.tx.us

Additional information: Provider information and resources available at  
[www.yesquit.org](http://www.yesquit.org).

## Smoke-Free Laws

### Smoke-Free Laws

Workplaces: No  
Bars: No  
Restaurants: No

## Tobacco Tax Rates

### Tobacco Tax Rates

Current cigarette tax rate: \$1.41  
Effective date: January 1, 2007  
Amount of last increase: \$1.00

## Quitline Metrics

Callers (Source: NAQC Annual Survey - 2012)

Number of direct calls to the quitline: 37,062  
Number of tobacco users receiving services: 9,016  
Number of tobacco users registering for Web-based services: 6,179  
Number of tobacco users referred to the quitline: 2,565

Calculations (Source: NAQC Annual Survey - 2012)

Amount per smoker spent on services and medications: \$0.36  
Amount per smoker spent on media and promotions: \$0.14  
Promotional reach: 0.32 %  
Treatment reach: 0.23 %  
NAQC standard quit rate: 30.40 %

NOTE: Additional quitline data is available online at [www.naquitline.org/data/](http://www.naquitline.org/data/)

Context for quitline metrics: Time period for quit rate data collection: The evaluation results include tobacco users who registered between January 1, 2010 and May 31, 2011. Evaluation surveys were conducted between July 19, 2010 and December 26, 2011. Consent rate 96.3%. Response rate at follow-up: 33.7%.

Funder of quitline services: Texas Department of State Health Services

Operator of counseling services: Alere Wellbeing

Funding source(s): State/Provincial and Federal government, Foundation and Federal grants provided at the local level

<http://www.naquitline.org/map>

# Quitline Benchmarks, FY12

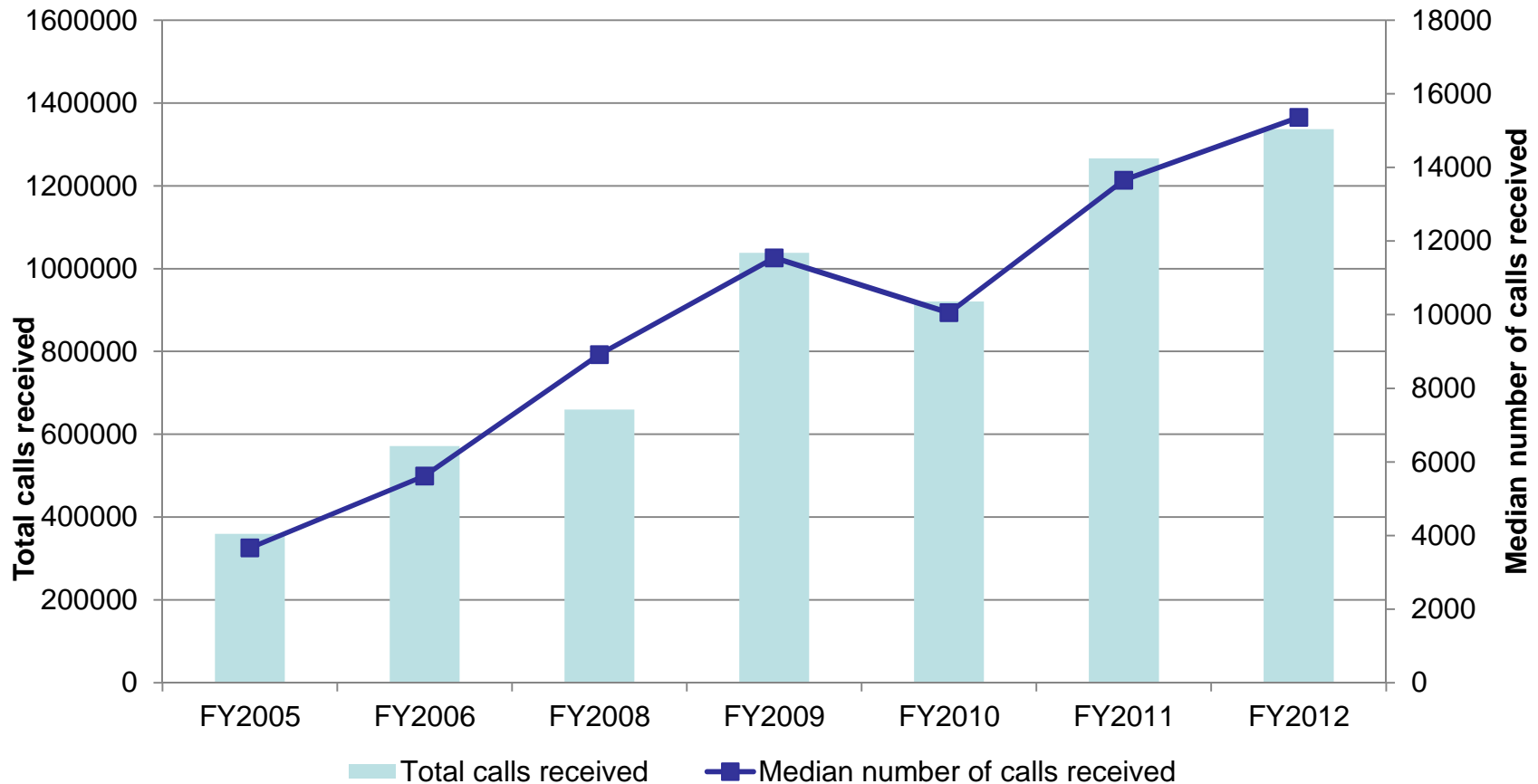
<b>Metric</b>	<b>Actual</b>	<b>2015 Goal</b>
Total number of calls	1.3 million	
Calls from tobacco users	487,846	
Referrals	171,379	
Callers rec'ing tx	473,544	
Expenditures (nationally)	\$128M	
Treatment reach	1.04%	6%
State investment per smoker	\$1.53	\$10.53
Quit rates (N=37)	28.7%	30%

Source: NAQC Annual Survey of Quitlines, [www.naquitline.org/?page=2012Survey](http://www.naquitline.org/?page=2012Survey)

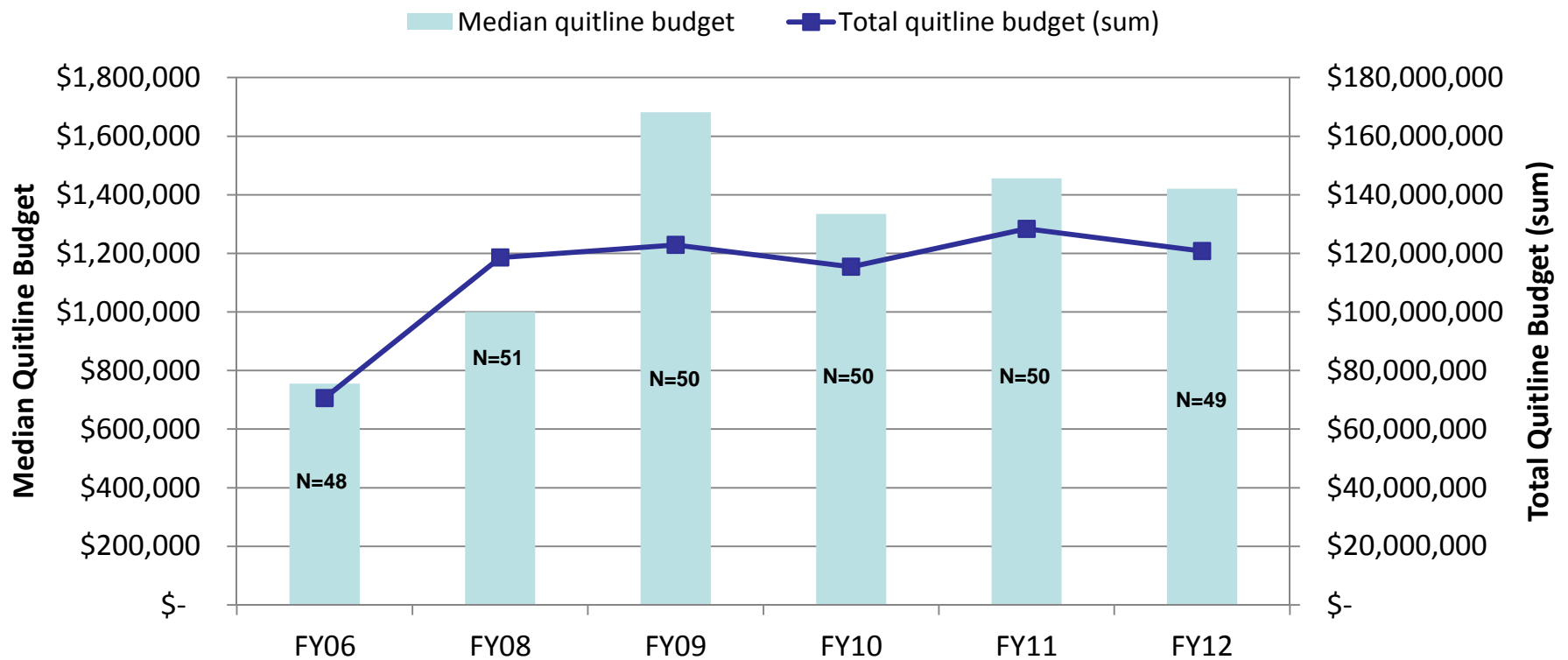


# Demand for Quitline Services is Rising

Total and median calls received by US Quitlines



# Median and Total Quitline Budget Trends

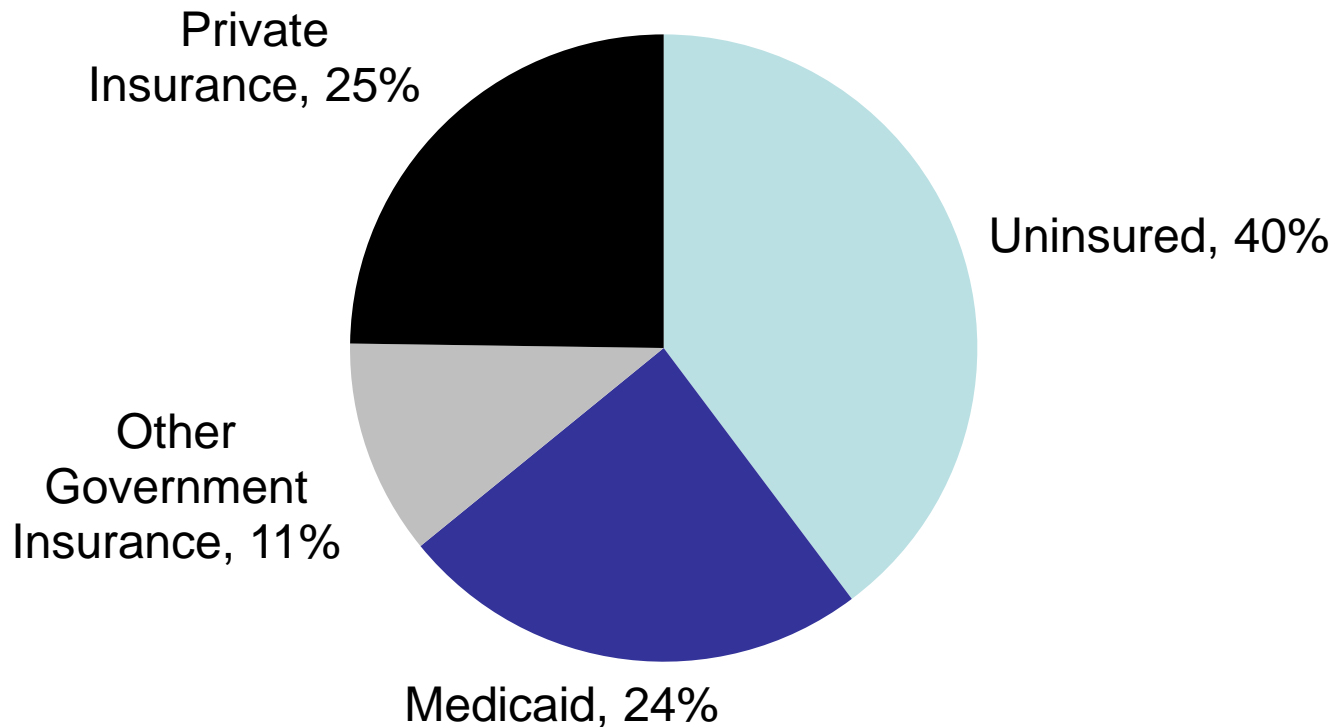


# Future of Quitlines

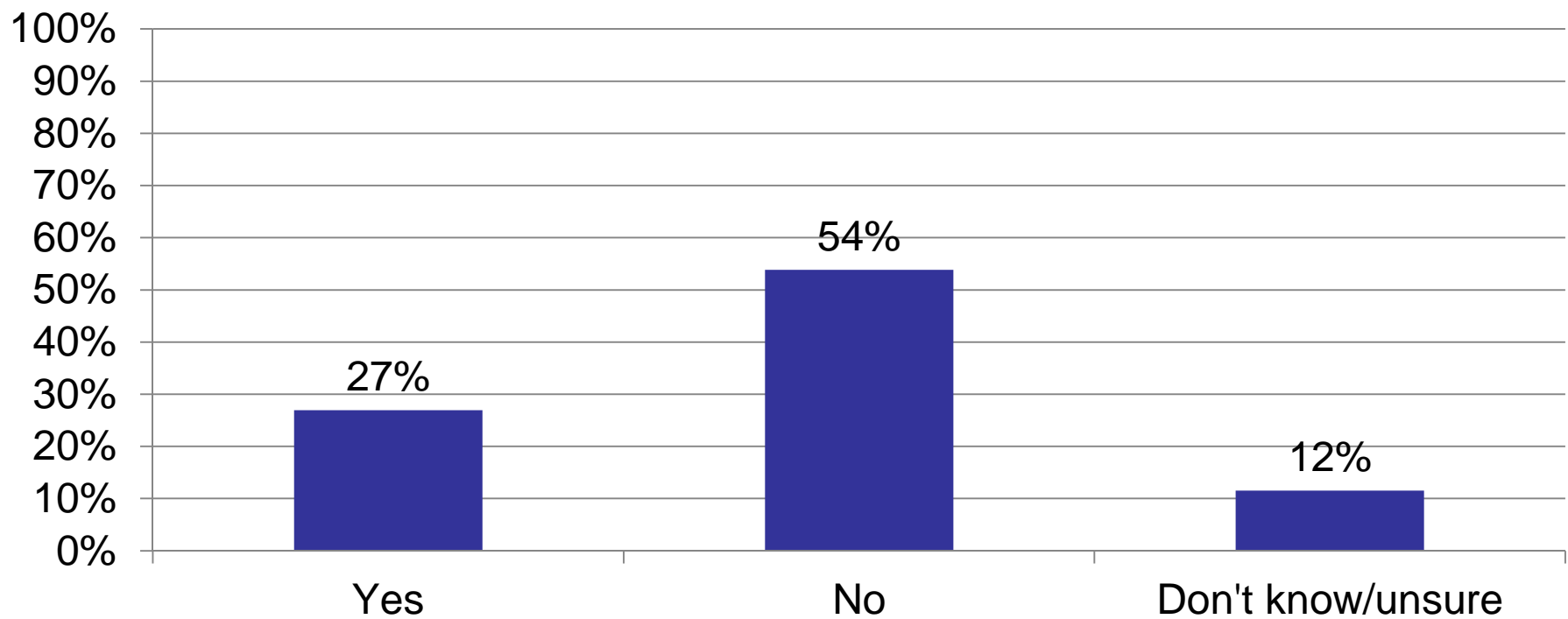
## Dynamic Landscape

- **Affordable Care Act**
- **Meaningful Use, Joint Commission measures**
- **Changing face of smokers**
- **New non-combustible products**

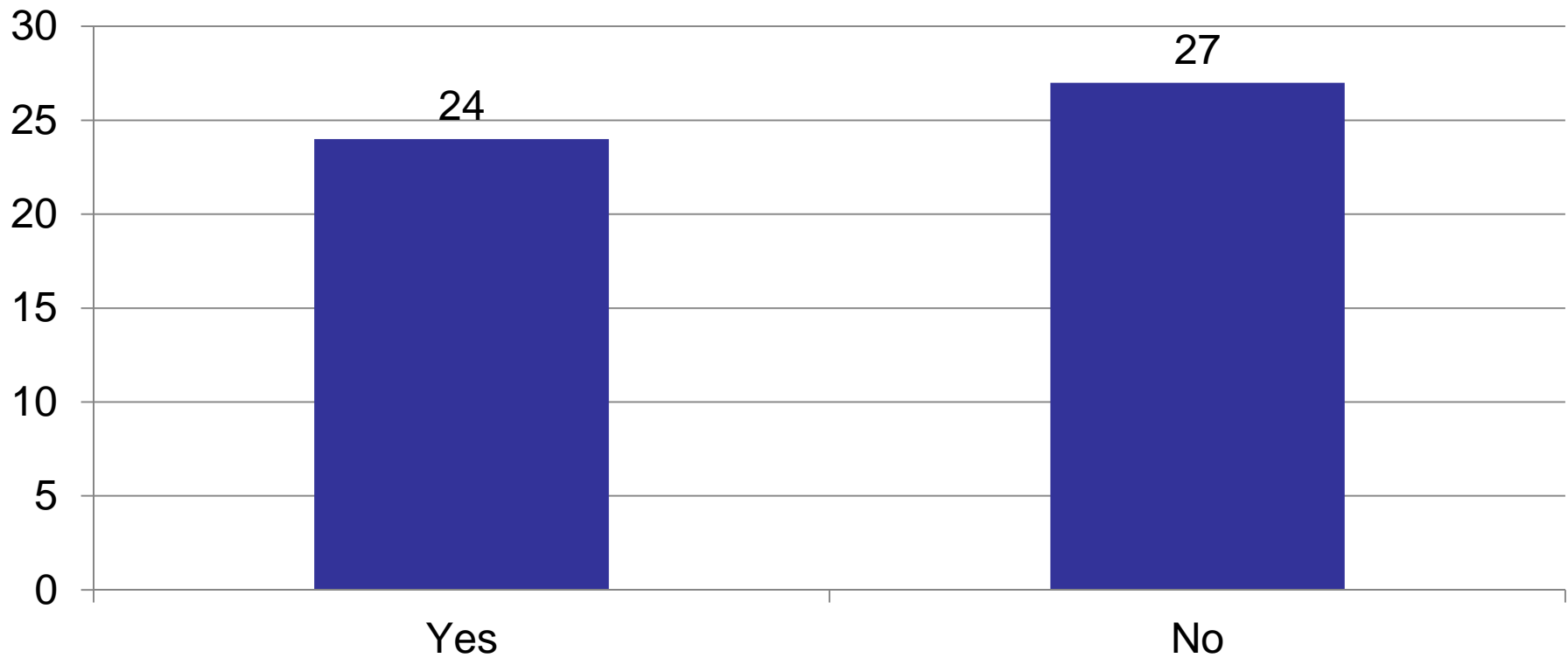
# 60% of State Quitline Users Were Insured in FY2012



# More than one-quarter of US quitlines are restricting or considering restrictions on services for insured callers



# Cost sharing exists, or is in progress, for 24 US quitlines in FY2012



# Implications of ACA

- Insurers and health plans become responsible for providing cessation treatment to all insured/members with no co-pay
- Makes the “pie” bigger, should increase availability, use of cessation services
- For quitlines:
  - Educating private insurers/health plans about the importance of cessation services
  - Offering cost-sharing for private insurers and Medicaid

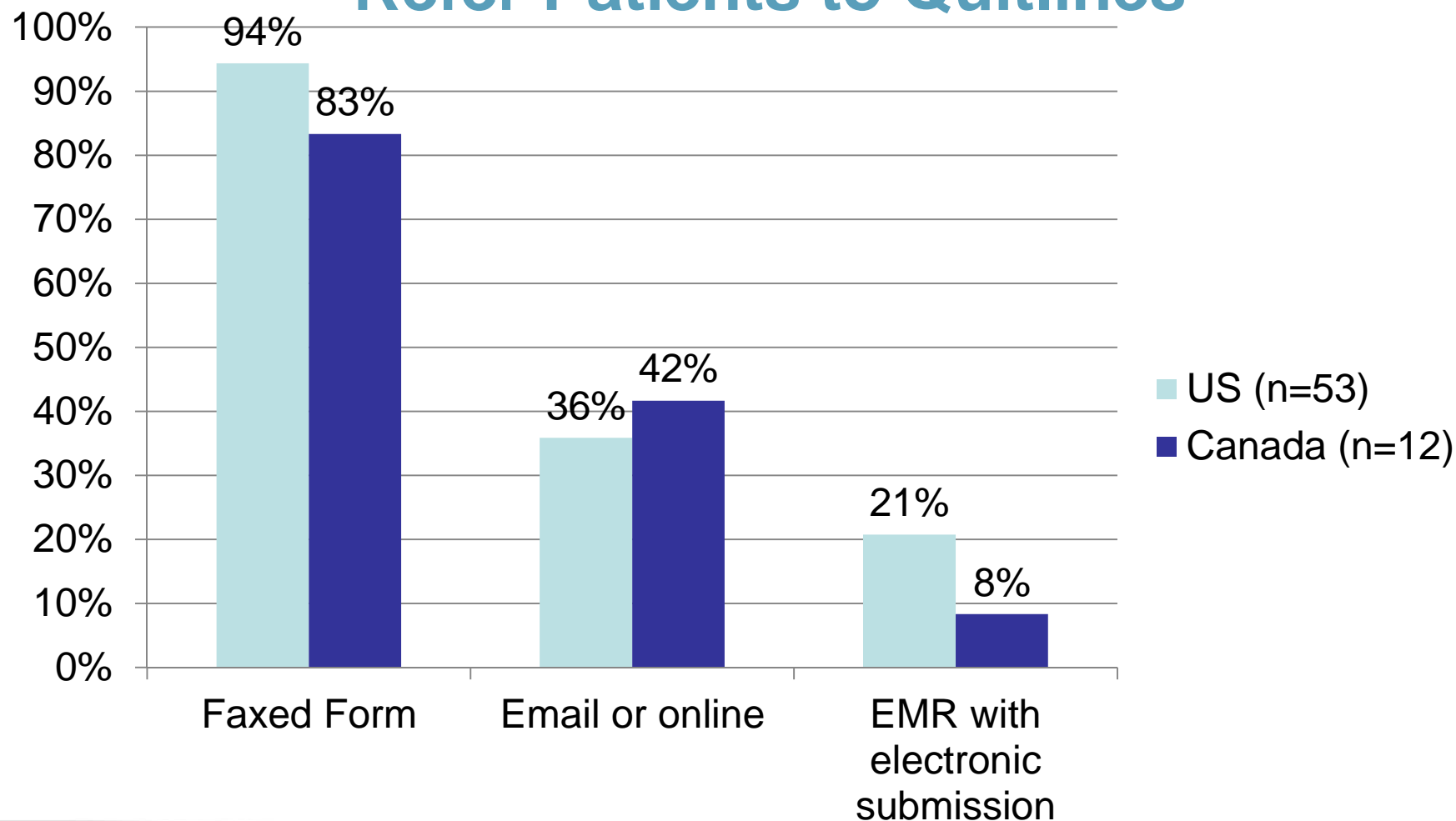
# US Quitlines (n=52)

## Number of referrals received in FY12

Referrals	N	N reporting 1 or more	Median (min, max)	Sum
Basic fax-referral	45	36	125 (0, 9960)	22,375
Fax-referral with feedback	45	39	956 (0,12550)	84,795
Email and/or online referral	31	7	0 (0, 1332)	3,070
Fully automated, bi-directional electronic referral	36	2	0 (0, 1338)	1,539
Community organization networks	27	2	0 (0, 539)	802
Online advertising (paid)	31	2	0 (0, 1161)	1,192
Web referrals (links, not paid ads)	44	31	45 (0, 38147)	45,288
Central call center	32	0	0 (0, 0)	0
Other referral sources	32	5	0 (0, 9854)	10,913
<b>Total</b>	<b>52</b>	<b>52</b>	<b>1312 (22, 44455)</b>	<b>171,379</b>



## Current Methods Offered to Providers to Refer Patients to Quitlines



# Services Available to Referring Providers, Profile data 2013

Services received	US N = 49	CAN N = 10
	% (n)	% (n)
Quitline and/or referral brochures	92% (45)	100% (10)
Customized referral/consent forms	74% (36)	80% (8)
Patient progress reports	49% (24)	20% (2)
Customized provider feedback reports	59% (29)	50% (5)
Staff training	63% (31)	70% (7)
Quitline/referral program newsletter	10% (5)	20% (2)

# Between one-quarter and one-third of referrals received counseling or medications in FY2012

	N	Total referrals	Total referrals receiving counseling or medication	Proportion of referrals receiving counseling or medication
US	44	110974	38599	35%
Canada	8	24931	6471	26%

**N = number of quitlines reporting both total number of referrals and total referrals receiving counseling or medications.**

# Treatment Reach by Population

<u>Population</u>	<u>Proportion of Smokers Rec'ing Counseling/Meds</u>
<b>General Population</b>	<b>1.1%</b>
<b>African-Americans</b>	<b>1.3%</b>
<b>Am. Indian/Alaska Native</b>	<b>1.6%</b>
<b>Asian</b>	<b>0.6%</b>
<b>Hispanic/Latino</b>	<b>0.9%</b>
<b>Low SES</b>	<b>0.8%</b>

# Recommendations for Increasing Reach & Treatment to Priority Pops

## **State Agencies should:**

- **Develop partnerships with entities based where priority pops live**
- **Provide list of local resources, within community for smokers**
- **De-mystify quitlines through better communications with health care clinics and community orgs**
- **Increase recruitment, marketing and outreach to pops, especially Medicaid**

# Recommendations for Increasing Reach & Treatment to Priority Pops

## Quitlines should:

- Explore new technology for improving reach, use targeted messages and multiple modes of contact
- Enhance referral systems to increase the number of calls and referrals
- Support use of NRT and adherence
- Increase the number of counseling sessions
- Make better use of in-language counseling, especially for Spanish and Asian language speakers

# Quitlines and E-Cigarettes/ENDS

- Growing interest in and questions about e-cigs among callers to quitlines (quitting, risk reduction)
- Will e-cigs/ENDS be a GAME CHANGER?
- Need for science, regulation

# Concluding Points

- **Cessation is a key component for reducing prevalence**
- **Implementation of ACA must result in more, not less, effective cessation service for those seeking to quit (including quitlines and face to face treatment by providers).**
- **Quitlines must focus on:**
  - **Improving our reach and service to priority populations,**
  - **Partnership between healthcare and quitlines,**
  - **Cost-sharing/education of insurers and health plans,**
  - **Addressing new non-combustible products**