Quitlines Today and in the Future

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President and CEO, NAQC

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)


![Graph showing smoking prevalence from 2008 to 2020 with different interventions and their projected outcomes. The graph indicates a decrease in smoking prevalence over the years, with specific improvements noted at various intervention levels.]
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)
Texas: Tobacco Quitline

Began Operations: September 2001
Website: http://www.nshs.state.tx.us/tobacco/quitline.htm

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: Independence Day, Thanksgiving and Christmas

Quitline Profile: United States

Telephone Numbers:
1. (877) 937-7848 English
2. (866) 226-4327 Deaf/Hard of Hearing

Supported Languages:
Counseling offered in: English, Spanish, Hindi, Mandarin, Cantonese, Korean, Vietnamese, French, Russian, and AT&T services with translation in over 140 languages.
Deaf/Hard of Hearing:

Services Offered:

**Phone Counseling**
- Types: brief intervention, multi-session (client-initiated)
- Length of standard first session: 0 min
- Length of standard follow-up session: 0 min
- Counseling session topics: tobacco history, setting a quit date, relapse prevention, use of cessation medication, other
- Web-Based Services: quitline information, self-help tools, interactive counseling
- Cessation Information: automated e-mail messages, chat moms

**Cessation Medications**
- Free Medications: gum, nasal spray, varenicline
- Discounted Medications: patch, lozenge, inhaler, bupropion
- Distribution Methods: voucher, by mail
- Other Services: recorded self-help messages, signed into 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:
- Youth, under 18
- Older tobacco users, 55+
- Pregnant tobacco users
- Racial/ethnic populations
- Chronic health conditions
- Low literacy
- Mental health disorders including psychiatric conditions

http://www.naquitline.org/map
http://www.naquitline.org/map
Quitline Benchmarks, FY12

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

Demand for Quitline Services is Rising

Total and median calls received by US Quitlines

- Total calls received
- Median number of calls received

Median and Total Quitline Budget Trends

Median quitline budget

Total quitline budget (sum)

FY06 FY08 FY09 FY10 FY11 FY12

N=48 N=51 N=50 N=50 N=50 N=49

Moving quitlines forward.
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

- **Uninsured, 40%**
- **Medicaid, 24%**
- **Other Government Insurance, 11%**
- **Private Insurance, 25%**
More than one-quarter of US quitlines are restricting or considering restrictions on services for insured callers.

- Yes: 27%
- No: 54%
- Don’t know/unsure: 12%
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**

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

- Faxed Form: 94% (US n=53), 83% (Canada n=12)
- Email or online: 36% (US), 42% (Canada)
- EMR with electronic submission: 21% (US), 8% (Canada)

Moving quitlines forward.
## Services Available to Referring Providers, Profile data 2013

<table>
<thead>
<tr>
<th>Services received</th>
<th>US N = 49</th>
<th>CAN N = 10</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% (n)</td>
<td>% (n)</td>
</tr>
<tr>
<td>Quitline and/or referral brochures</td>
<td>92% (45)</td>
<td>100% (10)</td>
</tr>
<tr>
<td>Customized referral/consent forms</td>
<td>74% (36)</td>
<td>80% (8)</td>
</tr>
<tr>
<td>Patient progress reports</td>
<td>49% (24)</td>
<td>20% (2)</td>
</tr>
<tr>
<td>Customized provider feedback reports</td>
<td>59% (29)</td>
<td>50% (5)</td>
</tr>
<tr>
<td>Staff training</td>
<td>63% (31)</td>
<td>70% (7)</td>
</tr>
<tr>
<td>Quitline/referral program newsletter</td>
<td>10% (5)</td>
<td>20% (2)</td>
</tr>
</tbody>
</table>
Between one-quarter and one-third of referrals received counseling or medications in FY2012

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Total referrals</th>
<th>Total referrals receiving counseling or medication</th>
<th>Proportion of referrals receiving counseling or medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>US</td>
<td>44</td>
<td>110974</td>
<td>38599</td>
<td>35%</td>
</tr>
<tr>
<td>Canada</td>
<td>8</td>
<td>24931</td>
<td>6471</td>
<td>26%</td>
</tr>
</tbody>
</table>

\(N = \text{number of quitlines reporting both total number of referrals and total referrals receiving counseling or medications.}\)
<table>
<thead>
<tr>
<th>Population</th>
<th>Proportion of Smokers Rec’ing Counseling/Meds</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Population</td>
<td>1.1%</td>
</tr>
<tr>
<td>African-Americans</td>
<td>1.3%</td>
</tr>
<tr>
<td>Am. Indian/Alaska Native</td>
<td>1.6%</td>
</tr>
<tr>
<td>Asian</td>
<td>0.6%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>0.9%</td>
</tr>
<tr>
<td>Low SES</td>
<td>0.8%</td>
</tr>
</tbody>
</table>
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