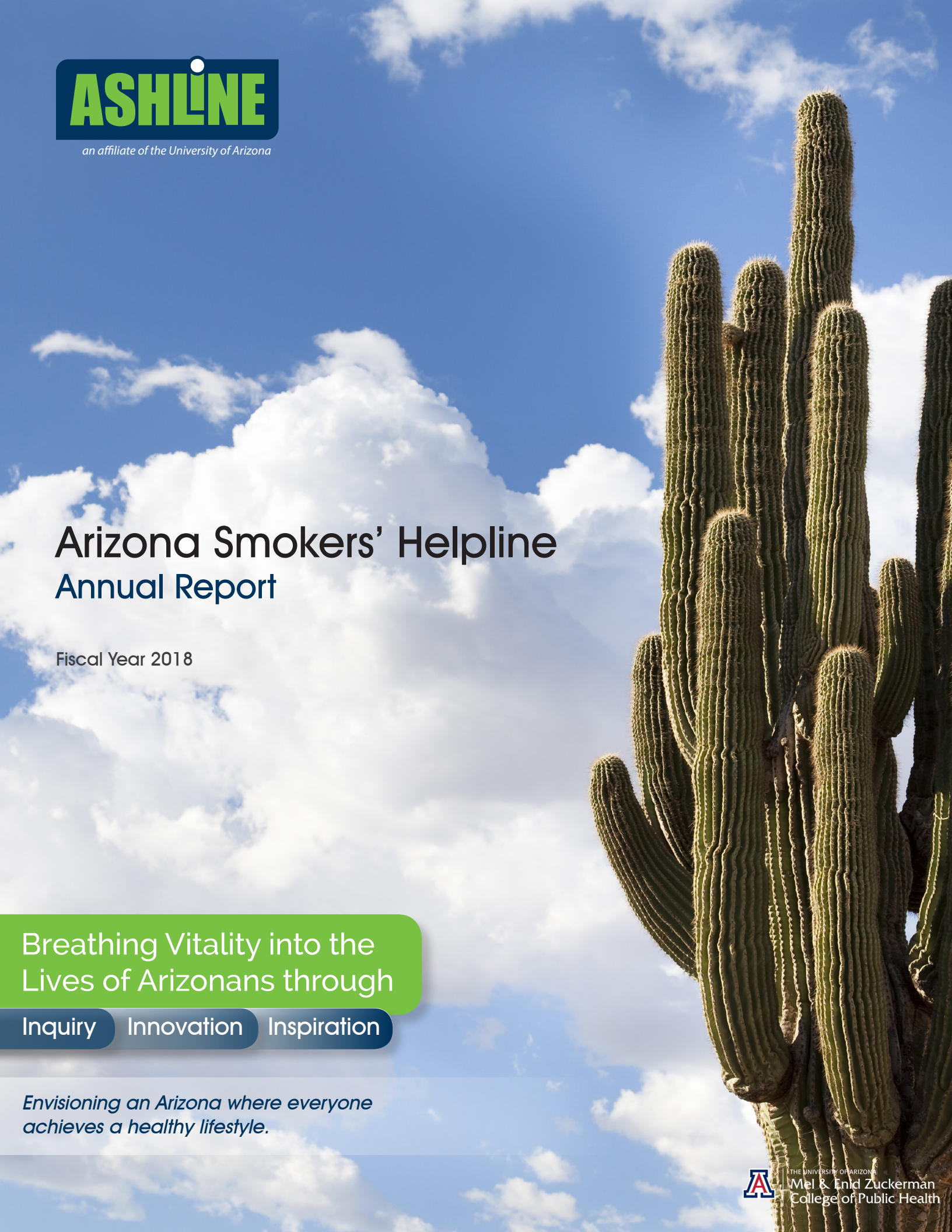
ASHLINE

an affiliate of the University of Arizona

Arizona Smokers' Helpline
Annual Report

Fiscal Year 2018



Breathing Vitality into the Lives of Arizonans through

Inquiry | Innovation | Inspiration

Envisioning an Arizona where everyone achieves a healthy lifestyle.

THE UNIVERSITY OF ARIZONA
Mel & Enid Zuckerman College of Public Health

Arizona Smokers' Helpline

Annual Report: FY18

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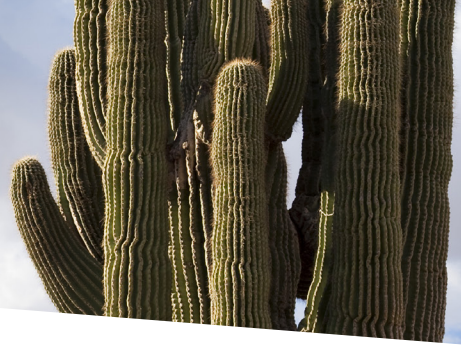


I. Executive Summary

In FY 2018, expanded service provision, quality control, and advanced technology led our strategic initiatives. Significant effort went into the launch of our new web-based platform (ASHLine 2.0) that allows for more tailored services and metric analysis over time. In addition, we addressed quality control efforts through robust training initiatives and service call recording with feedback analysis. To further expand reach and move toward sustainability, new Public-Private Partnership contracts were also formed and implemented. As we look forward and partner with statewide efforts to increase quit attempts, enhanced use of technology will allow us to do this by supporting greater client engagement in tobacco behavior change services.

Regards,

Cynthia Thomson, PhD, RD
Director, Arizona Smokers' Helpline

Figure 1. Program Highlights

Total Calls **19,137** ↓ *-32% from FY2017*

Total Referrals **8,534** ↓ *-21% from FY2017*

Total Enrollments **9,034** ↓ *-19% from FY2017*

7-Month Tobacco Quit Rate **38%** ↓ *-1% from FY2017*

II. Community Development

ASHLine's Community Development Team works with healthcare and community partners to promote tobacco-related health systems change across Arizona. We have built and actively maintain an extensive referral network by training and assisting healthcare providers and community organizations to connect their members with ASHLine. This year, our primary efforts remained focused on providing trainings and technical assistance to our provider referral network to support systems change, including the provision of trainings on Ask, Advise, Refer (AAR) - a brief, evidence-based intervention. During fiscal year 2018 (FY18), we increased the number of providers trained, delivering 111 trainings across 1,308 providers in 87 organizations. We added 173 new partner organizations into our referral network and received 8,533 proactive referrals. Similar to last year, the top three referring sectors were acute care hospitals (28%), behavioral health clinics (20%), and medical practices (16%) (See Figure 2).

Figure 2. Referrals by Location Type

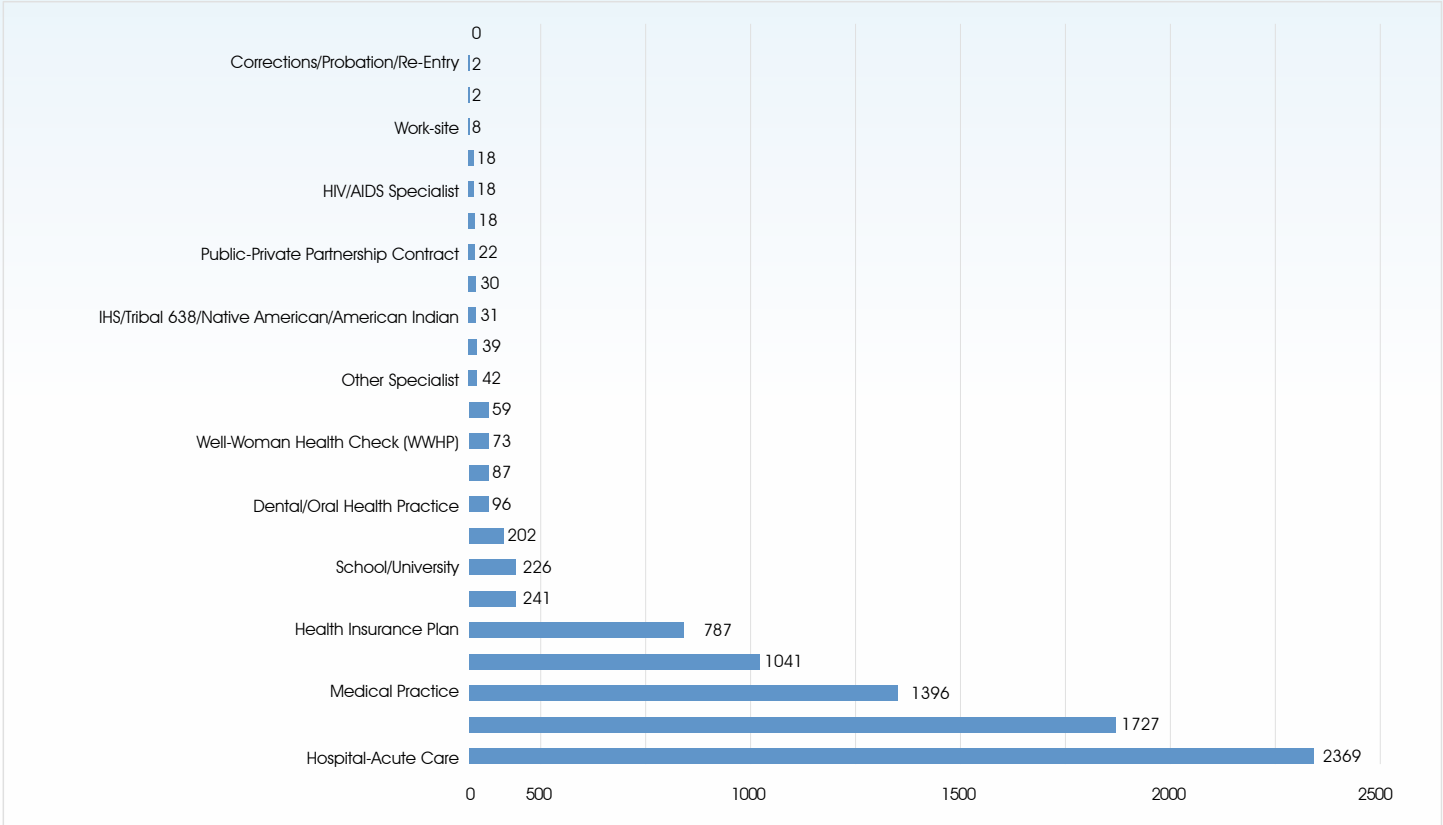


Table 1. Percent of Referrals Reached and Enrolled by Top Five Location Types

Top Five Location Types	Percent Reached	Percent Enrolled
Hospital, Acute Care	64%	24%
Medical Practice	63%	30%
Behavioral Health	50%	15%
Federally Qualified Health Center (FQHC)/FQHC Look-Alike	64%	30%
Health Insurance Plan	73%	37%

III. Public-Private Partnerships (PPP)

Building on groundwork established in FY17, ASHLine's Public-Private Partnerships (PPP) team continued to build strategic partnerships with employers, insurance companies, and insurance brokers to provide their members with high quality tobacco cessation services. This year, we successfully established two new contracts with employers, including an Arizona county. Previously established contracts with employers were also successfully renewed, including a large Phoenix based hospital. To highlight our progress in building these partnerships, ASHLine presented at the January 2018 North American Quitline Consortium webinar "Engaging Health Plans and Employers in Purchasing Quitline Services and Improving Access to Evidence-Based Cessation Services". We also held meaningful discussions with the Arizona Department of Health Services (ADHS) and Blue Cross Blue Shield of Arizona around plans to restrict free access to ASHLine's services for health plan members. Tentatively, a restricted eligibility model with a fee-for-service option will be launched in FY2019.

IV. Communications and Online Interactions

To support public awareness and increased access to tobacco cessation services through ASHLine, online contact request forms were added to ASHLine's website and shared through digital media links. The goal was to increase interaction with ASLine among individuals who use tobacco and community partners. In FY18, there were just under 280,000 visits to ASHLine's website. We received 6,344 online requests from tobacco users to sign up for our coaching services and 540 requests to be contacted with more information about our services. Among Arizona institutions, 35 employers and 65 healthcare providers also submitted online requests for ASHLine to contact them for information on quit programs and obtaining technical assistance and training support for implementing a referral program to ASHLine.

V. Client Enrollment and Characteristics

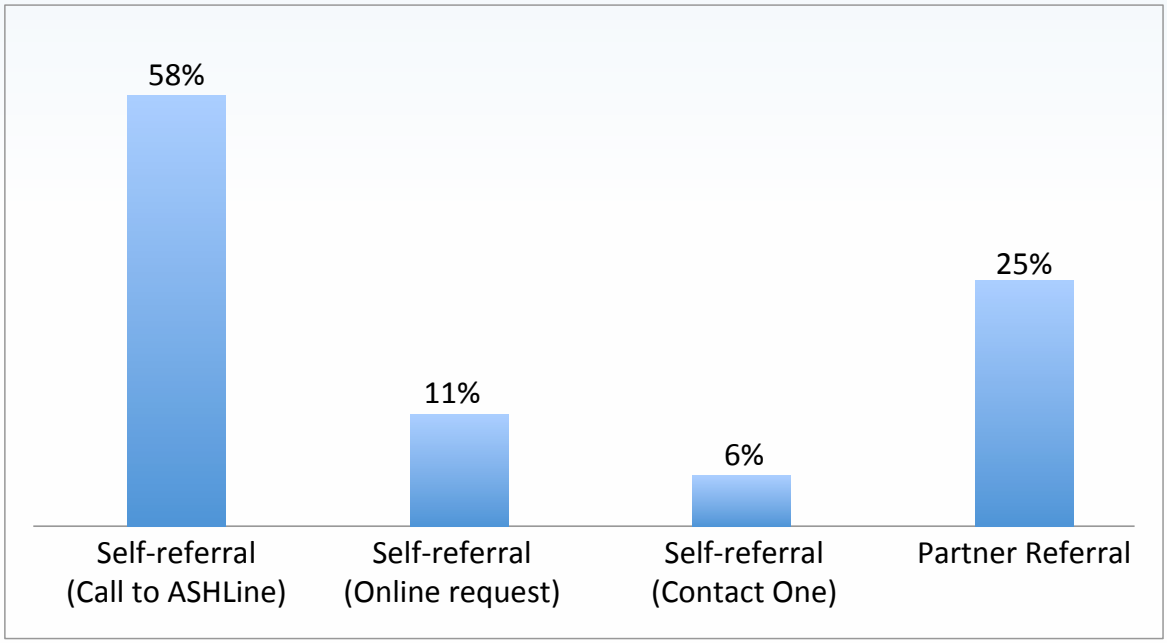
Call volume and Enrollment

This year, ASHLine received 19,137 total calls. Of those, 75% were made during normal business hours (7am – 8pm) and answered by ASHLine staff (calls made after hours are answered by Contact One, a live-answer call service). For clients who were already enrolled, Contact One assisted in connecting clients to their coach via voicemail. For those interested in enrolling, Contact One completed pre-enrollment and forwarded client information to ASHLine. Enrollment staff called clients to complete the enrollment process and assure that clients were assigned to a quit coach.

In FY18, 9,034 clients enrolled at ASHLine. These clients entered services as referrals from a partner (e.g., institution healthcare) or as self-referrals. Those who self-referred used three means: (1) they called ASHLine directly, using our toll-free line or the national 1-800-QUIT-NOW line, (2) they submitted an online request to be contacted by an ASHLine representative, (3) or they were pre-enrolled by Contact One and then reached through a follow-up call by an ASHLine enrollment specialist. The distribution of each entry mode is shown in Figure 3. While the majority of clients enrolled once, 199 clients enrolled in ASHLine two or more times in the past 12 months.

This fiscal year, ASHLine reached about 3.0% of all adult tobacco users in Arizona. Among self-referred clients, the majority (41%) reported hearing about ASHLine through a media advertisement, on the television, internet, radio, newspaper, or brochure. Others referral sources were healthcare providers (34%), or friend or family members (12%) (See Figure 4). ASHLine's promotional reach remains localized in Maricopa and Pima counties, where approximately 75% of ASHLine clients reside.

Figure 3. Distribution of ASHLine Enrolled Clients by Referral Types



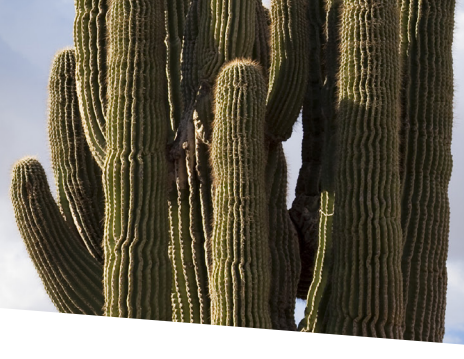


Figure 4. How Self-Referred Clients Reported Hearing about ASHLine

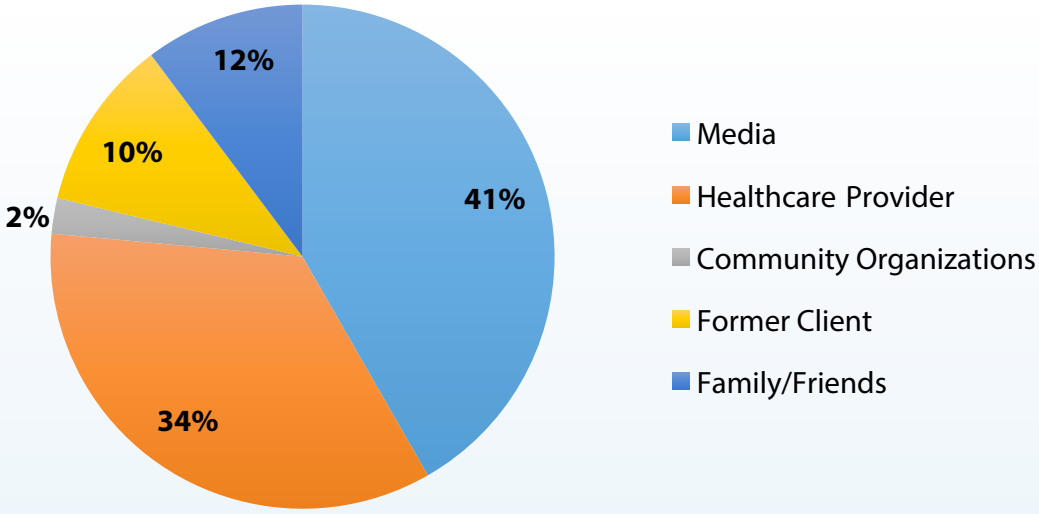
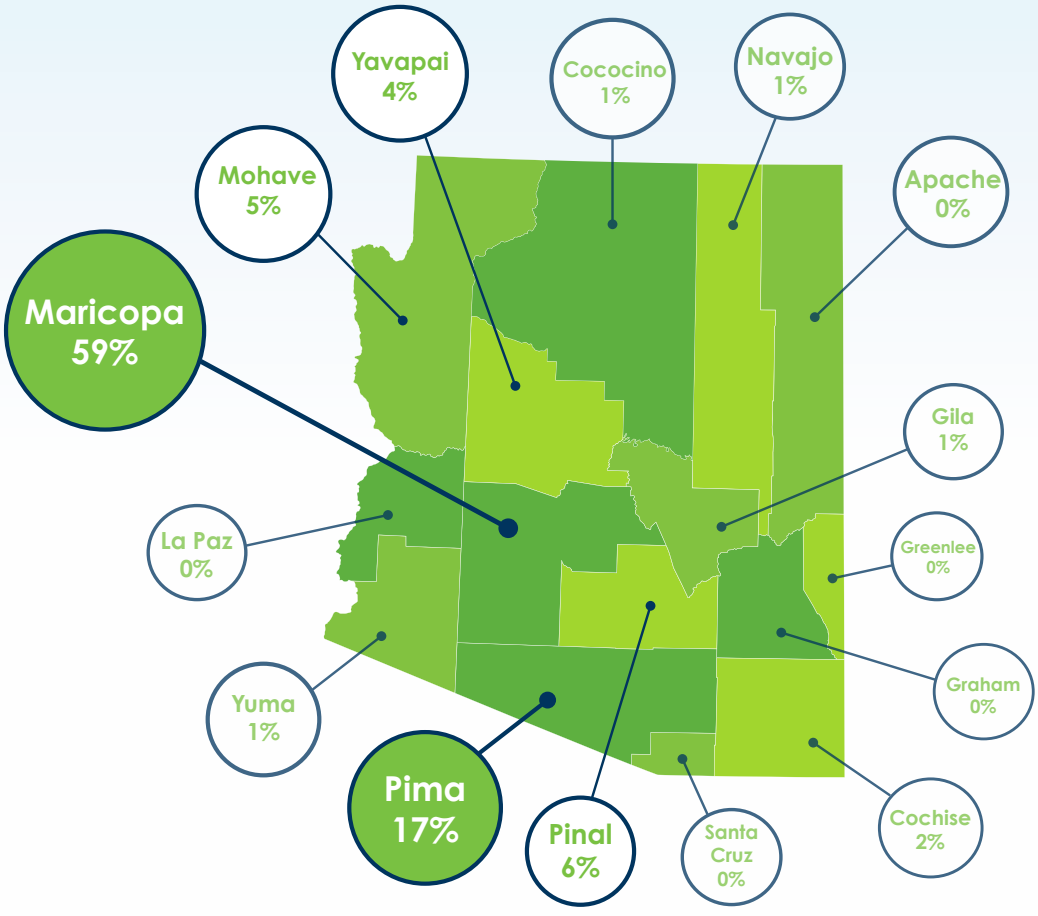


Figure 5. ASHLine Client Enrollment by County



Client Characteristics

ASHLine clients' demographic characteristics have remained fairly uniform across the past years. In FY18, the majority of clients were female (56%), Non-Hispanic (84%), and white (79%). Over half were uninsured or AHCCCS beneficiaries, and 80% reported having either a chronic or a mental health condition, or both. However, compared to last year, this year the percentage of Hispanic clients declined from 21% to 16% while those identifying as "other race" increased from 2% to 7%. We also observed a slight decline in the proportion of AHCCCS clients from 40% to 37% and an increase in the percentage of clients using electronic cigarettes (from 5% to 12%).

Table 3. Percent Enrolled by AHCCCS Insurance Plans

AHCCCS Insurance Plans	
United Healthcare Community Plan	26%
Mercy Care Plan	21%
Health Choice AZ	17%
University Family Care	7%
Care 1st Arizona	7%
Mercy Maricopa Intergrated	7%
Centpatico Integrated Care	4%
Health Net of Arizona	3%
Maricopa Health Plan	0%
Phoenix Health Plan	0%
Bridgeway Health Solutions - LTC	0%
Refused	8%

Table 2. Client Characteristics

Gender	
Female	56%
Male	44%

Ethnicity	
Non-Hispanic	84%
Hispanic	16%

Race	
White	79%
Black / African American	7%
Asian	1%
Hawaiian	0%
American Indian	2%
Multiracial	3%
Other Race	7%

Insurance	
AHCCCS	37%
Medicare	21%
Private Insurance	28%
Uninsured	14%
Military/Veteran	1%

Electronic Cigarette Use	
Tobacco Use Only	89%
Electronic Cigarette Use	12%

Age	
≤ 24	4%
25 - 44	30%
45 - 64	50%
≥ 65	17%

Comorbid Condition	
None	20%
Chronic Health Condition Only	24%
Mental Health Condition Only	19%
Chronic and Mental Health Condition	37%

VI. Clinical Services

Utilization of services

ASHLine uses a client-directed, collaborative approach based on elements of cognitive behavioral therapy and motivational interviewing. Our services include behavioral coaching support and free nicotine replacement therapy in the form of gum, patches, and lozenges to clients who are uninsured or have private insurance. This year, we added new coaching protocols that standardize our services to a total of seven coaching sessions per client with a focus on goal setting early in the process (see Data Brief on pg. 9).

During FY18, 85% of clients received at least one coaching session and 54% reported using cessation medication during their quit attempt when interviewed at 7-month followup. On average, clients received 3.5 coaching sessions. This year there were enhanced efforts to use text messaging to reach and communicate with clients. An estimated 63% of clients requested and received SMS messages from their coach. A total of 19,093 messages were sent from ASHLine coaches to clients and clients returned 7,331 messages to their coach.

Figure 6. Quit Rates

7-Month Tobacco Quit Rate **38.3%**

7-Month Tobacco & E-Cigarette Quit Rate **34%**

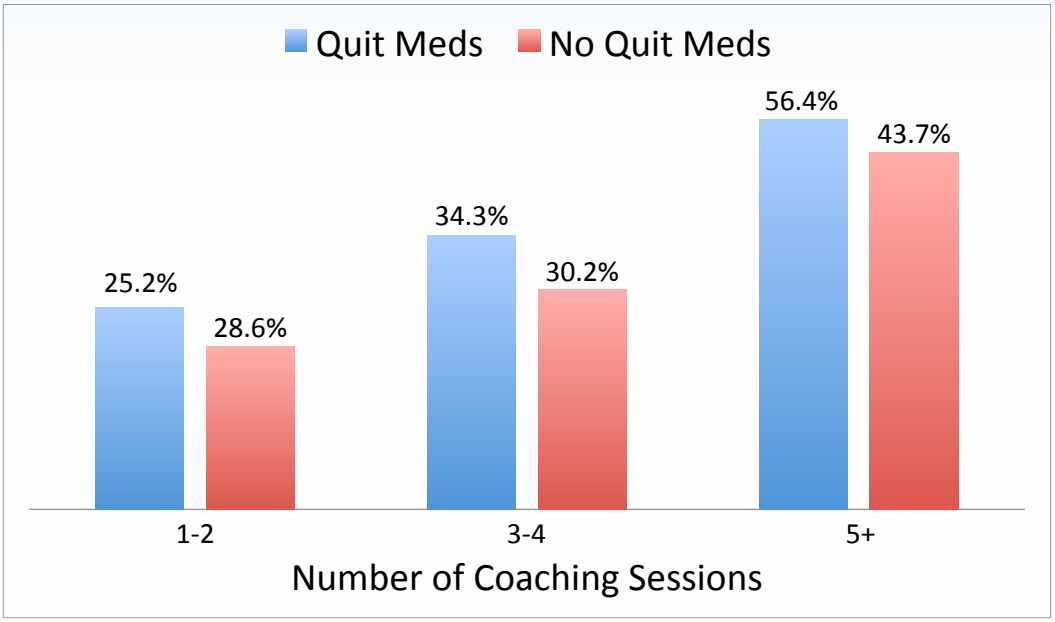
National Quit Rates for Quitlines **27.6%**

**Based on FY17 survey of quitlines in North American conducted by NAQC (North American Quitline Consortium)*

Overall Quit Rates

Our overall tobacco quit rate for FY 2018 was 38.3%. The quit rate for clients who reported being fully nicotine abstinent (tobacco and e-cigarettes) was 34%. As in past years, abstinence rates are higher for clients who use cessation medication and receive more coaching sessions (see Figure 7).

Figure 7. Quit Rates By Number of Coaching Sessions and Medication Use



VII. Research and Evaluation Initiatives

At ASHLine, a team of interdisciplinary researchers collaborate on original tobacco cessation research projects. We disseminate our findings to the scientific community through presentations at professional conferences and by publishing manuscripts in scientific journals. This year, we presented at six conferences, including: Arizona Public Health Association, the American Society of Preventative Oncology, the Society of Behavioral Medicine, the College of Problems on Drug Dependence, and the Society for Research on Nicotine and Tobacco. We also published four research articles in peer-reviewed journals. These papers included studies that examined quit outcomes among ASHLine callers who experienced comorbid health conditions, how quit outcomes for ASHLine callers varied by mode of entry into the program, and factors that predict clients' re-enrollment with the ASHLine.

Members of ASHLine's research team were awarded funding on two grants to conduct prospective research. One grant is funded by the Qatar National Research Fund (Nair, PI) to examine the feasibility of establishing a quitline in the State of Qatar, a country with extremely high tobacco prevalence rates and no structured services to support cessation. The second grant is a NIH-funded two year grant (Nair and Allen, Co-PIs) to examine whether quit dates that are timed during selected phases of a woman's menstrual cycle can promote higher quit rates as compared to untimed quit dates. Results from this study will have applications for how quitlines can tailor smoking cessation programs for premenopausal female smokers.

Importantly, our research efforts extend to examining programmatic aspects of ASHLine's services. These are published as quarterly data briefs on the ADHS website. Past year data briefs examined factors that predict client re-enrollment, how clients receiving additional coaching sessions are affected by their quit status, and the quality of coaching to assist clients in setting quit date goals. Copies of these data briefs are located here:

http://azdhs.gov/prevention/tobacco-chronic-disease/tobacco-free-az/#reports

To improve ASHLine's services, this year we conducted several quality improvement projects to evaluate current and recently implemented service protocols. These projects include developing enhanced metrics to monitor enrollment calls to ensure that staff are following established protocols and customer service etiquette. We have also initiated use of checklists and scorecards to verify that coaching calls adhere to best practices in the field. This includes assessing the quality of goals ASHLine coaches set with clients (see Data Brief on pg. 9). Our aim is to improve the quality of goal setting using a collaborative and evidence-based approach that improves our clients' ability to make a successful in-program quit attempt. Finally, to assure the quality of ongoing services, we launched a Secret Shopper program. Results from this initiative are currently being utilized to implement changes that improve service delivery, including our responsiveness to addressing callers' needs.

VIII. Data Brief

High Quality Quit Date Coaching Promotes in-Program Quit Attempts

In our previous data brief, quit date coaching among ASHLine coaches was evaluated and suggested that 75% of clients are encouraged by their coach to set a quit date goal during the first coaching session; 61% actually set a quit date during this first session. In follow-up, a more detailed evaluation of the quality of quit date coaching and its relationship with clients' in-program quit attempts (i.e., going for at least 24 hours without using any tobacco prior to exiting ASHLine's services) was performed.

Our analysis examined if high-quality goal setting was related to the frequency of making an in-program quit attempt. For this analysis, we used a standardized checklist and audio call recording analysis. We assessed calls from 90 different client sessions using the quality checklist. Low-quality coaching was scored as receiving three or fewer points and high quality was scored as recieving four or more points.[1] Points were awarded for:

1. Encouraging clients to set a quit date goal in the first coaching session
2. Setting a calendar specific goal date (mm/dd/yy)
3. The quit date is set within two weeks of the first coaching session
4. Setting a date that allows time for clients to first obtain cessation medication
5. Discouraging cutting down prior to the quit date
6. Explaining that success requires complete abstinence
7. Providing examples of effective behavior change and medication use strategies

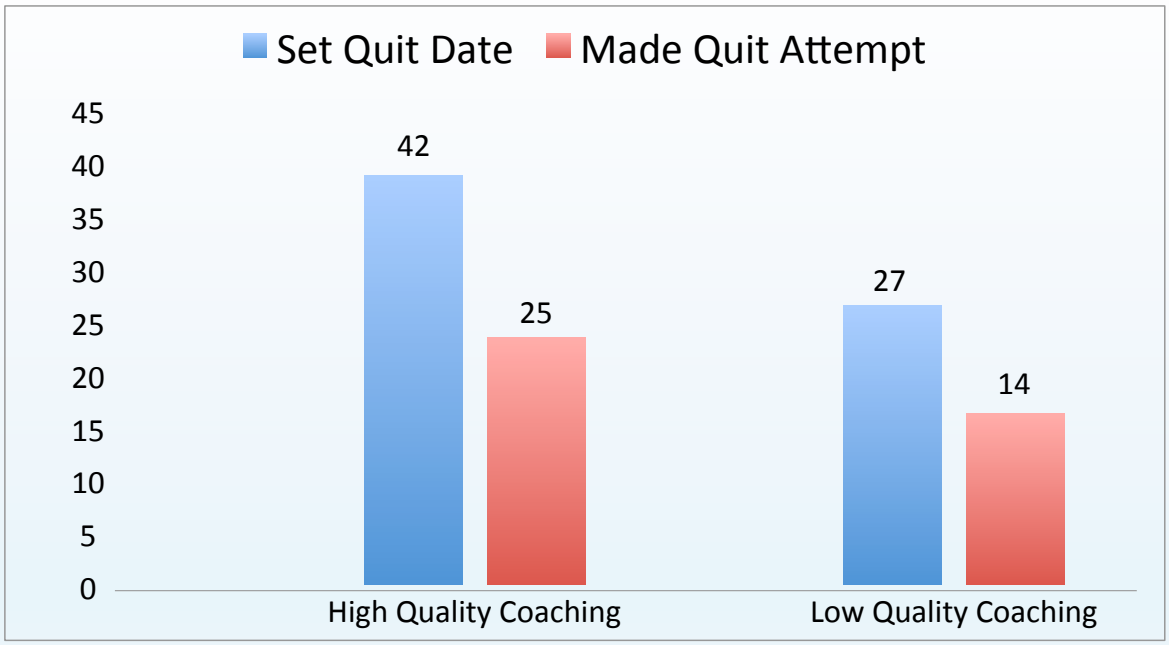
Results

Findings show that clients who received high-quality quit date coaching were more likely to make an in-program quit attempt. As shown in Figure 1, high-quality coaching resulted in more clients setting quit date goals and making in-program quit attempts. Sixty-five percent of clients who received high-quality coaching made a quit attempt compared to 36% of clients who received low-quality coaching. In a multivariable regression model, clients who received high quality coaching had four times higher odds of making an in-program quit attempt as compared to clients who received low quality coaching.

Discussion

These findings highlight the importance of high quality quit date coaching as an evidence-based strategy to assist clients in setting quit dates. The quit date quality scale stresses the importance of setting a proximal quit date (within 2 weeks) and combining it with NRT or other cessation medications. These appear to be important elements for promoting in-program quitting. Setting a quit date can be challenging to tobacco users. However, early and open discussions around setting quit date goals, clarifying program objectives, normalizing clients' expectations, and using motivational interviewing to identify strategies can facilitate a coach-client relationship and increase clients' confidence around stopping smoking. Next steps include evaluating long-term quit status among clients receiving high versus low quality quit date coaching . It will also be important to review individual-level differences in coaches' ability to support early and effective quit date coaching. Evidence suggests this should be a standard practice to support all callers enrolling in quitline coaching services.

Figure 8. Number of Clients Who Set Quit Date Goals and Made In-Program Quit Attempts by Quality of Quit Date Coaching



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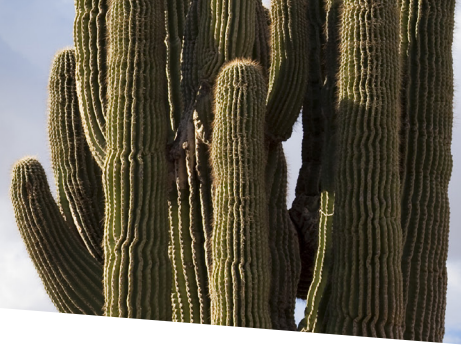

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