
Smoking Cessation
Leadership Center



University of California
San Francisco

Quitlines and Behavioral Health: *The Hidden Resource*

Linda A. Bailey, JD, MHS
Etta Short, MS
Robert Vargas, MSW, MPH

Wednesday, April 12, 2017 | 1pm ET (90 minutes)

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Moderator

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Presenter

Linda A. Bailey, JD, MHS

President and CEO
North American Quitline Consortium



Presenter

Etta Short, MS

Director, Clinical Development and
Implementation
Optum Healthcare



Presenter

Robert Vargas, MSW, MPH

Director, Clinical Development and
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Optum Healthcare



Quitlines and Behavioral Health:

Partnering to Better Serve a Priority Population

Linda Bailey, JD, MHS
President and CEO
April 12, 2017

Goals for Today's Presentation

Provide context on quitlines and their progress

- From a concern about not being able to adequately treat smokers with behavioral issues;
- To an awareness that they already were treating them;
- To an intention to provide evidence-based services and monitor results.

Important role of partnership in making progress.

Overview of NAQC and State Quitlines

NAQC was established in 2004 to improve quality and availability of 66 quitline services in the U.S. and Canada

\$120M - total annual expenditures on counseling and meds in U.S. (~\$1.92 per smoker)

- **1.1M to 1.3M** # calls, annually
- **336K to 450K** # callers who receive QL treatment
- **1.1%** % smokers receiving QL treatment
- **30.2%** 6 month quit rate
- **35%** % callers who are Medicaid members

Why Discuss Behavioral Health, Smoking and Quitlines?

- Smoking highly concentrated among those with MI/SA
- Growing evidence that QL callers have addictions and MH disorders
 - **Prevalence ~ 19-50% (CSH, CCS, Optum, 2007, 2009)**
- Keen interest in knowing whether and how QLs may most effectively serve these individuals

History of Engaging Quitlines in Better Serving Smokers with Behavioral Health Issues

2008 SCLC & Dr. Chad Morris approached NAQC

2009 QL Behavioral Health Advisory Forum

2010 Published report

2011 NAQC optional MDS intake questions on BH
Paradigm/norm shift??

2016 New protocols developed and tested

2017 MDS revisions and data collection on BH

Future Directions

- Review MDS intake question, collect data
- Share learnings from new protocols with QL and BH communities
- Develop best practices guide for QLs on elements to include in protocols
- Strengthen referral relationships btwn QLs - BH

Contact

Linda Bailey, JD, MHS
President and CEO, NAQC

lbailey@naquitline.org

www.naquitline.org

Tailored Quit Line Services



Support of Participants with Mental Health Conditions

Tailored Quitline
Services to Support
Participants with Mental
Health Conditions

Clinical and Innovation Team

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Director - Clinical Development and Treatment
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Etta Short, MS

Director – Clinical Development and
Implementation, Optum Healthcare

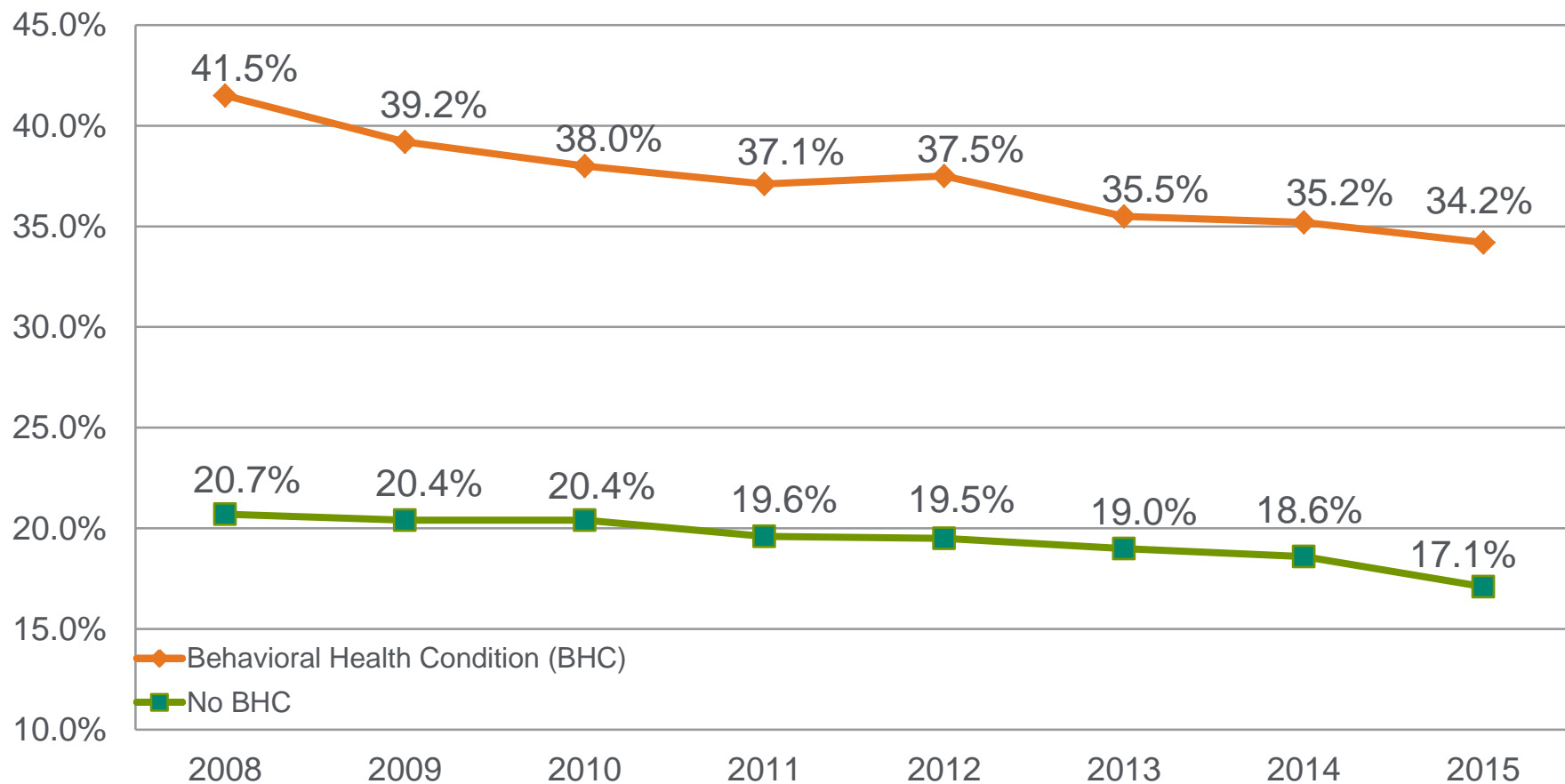
Etta.Short@Optum.com

Background

Justification for a Specialized Treatment

Current Smoking Among Adults With Past Year Behavioral Health Condition (BHC): NSDUH, 2008-2015

(Data Produced by SAMHSA)



Current Smoking is defined as any cigarette use in the last 30 days prior to the interview date.

Behavioral Health Condition includes Any Mental Illness and or Substance Use Disorder

*Due to changes in survey questions regarding substance use disorder in 2015, including new question on meth and prescription psychotherapeutics, this data is not comparable to prior years.

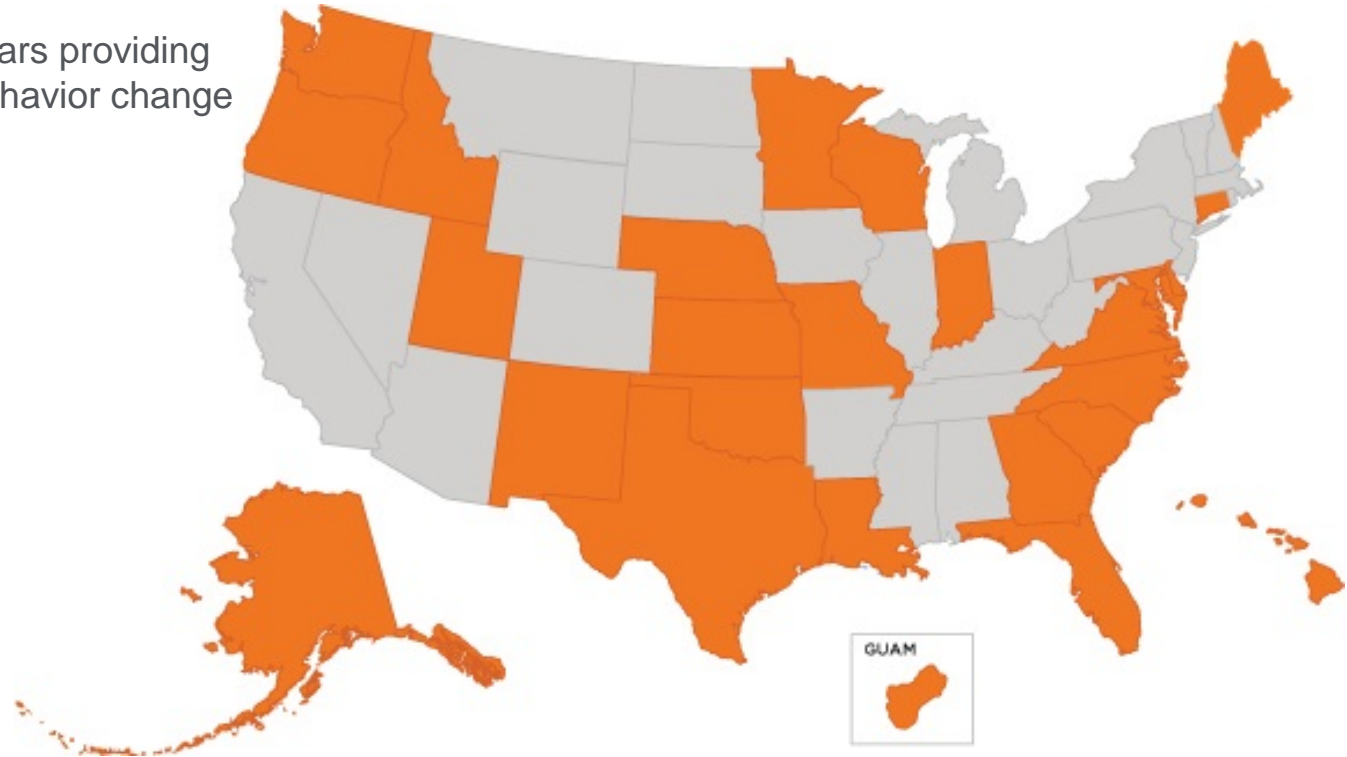
Why Quitlines?

Currently we operate 26 state Quitlines

In partnership with

American Cancer Society®

30+ years providing behavior change

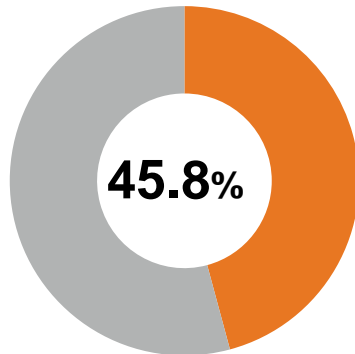


Alaska, Connecticut, Washington DC, Delaware, Florida, Georgia, Guam, Hawaii, Idaho, Indiana, Kansas, Louisiana, Maine, Maryland, Minnesota, Missouri, New Mexico, North Carolina, Nebraska, Oklahoma, Oregon, South Carolina, Texas, Virginia, Washington, Wisconsin, Utah.

Participants who Report Mental Health Conditions Use of QFL State Quitlines

Vickerman et al. (2015)

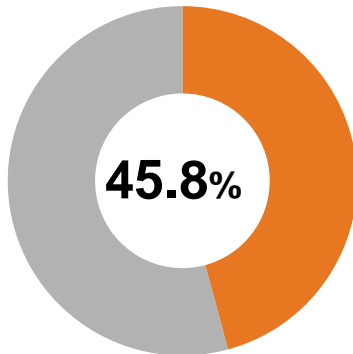
**% Quitline Callers who report 1
MHC**



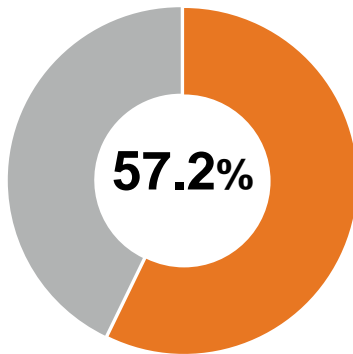
Participants who Report Mental Health Conditions Use of QFL State Quitlines

Vickerman et al. (2015)

% Quitline Callers who report 1 MHC



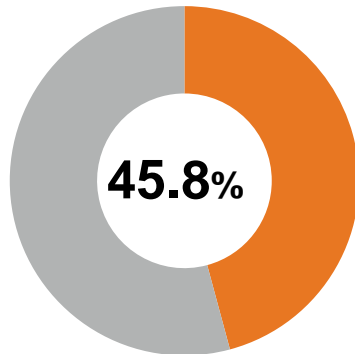
% of MHC Quitline Callers who report 2 or more conditions



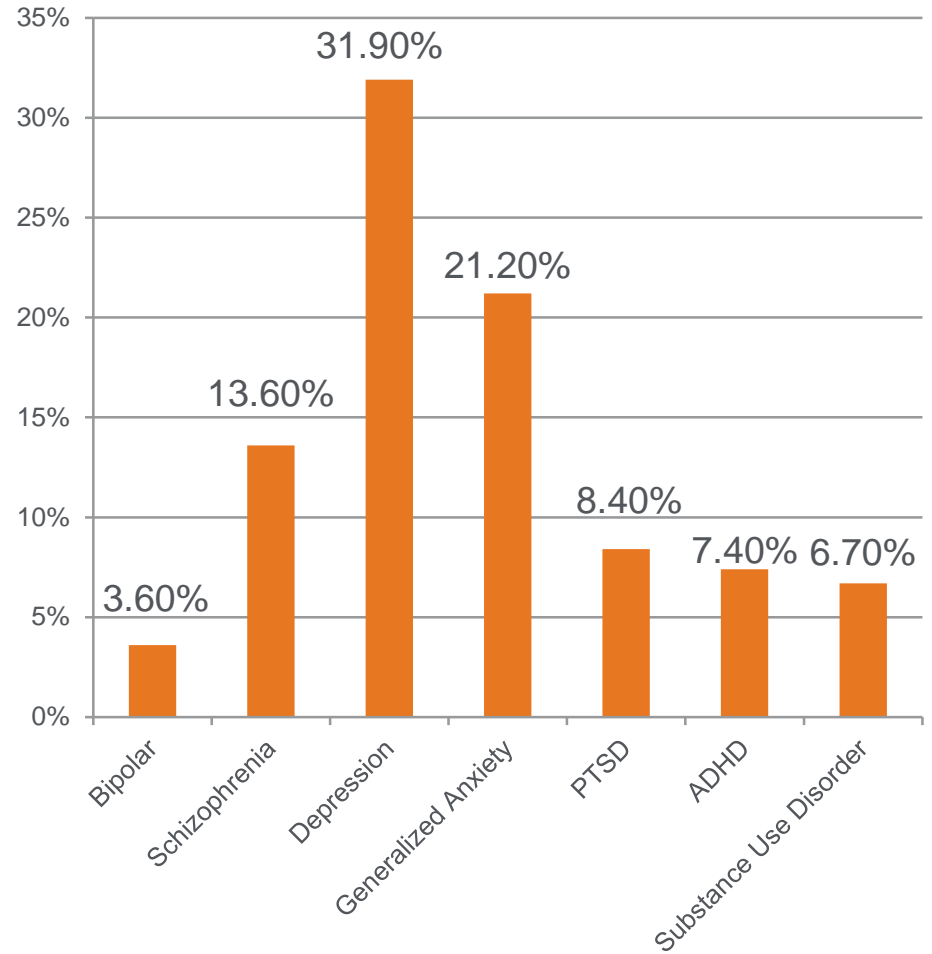
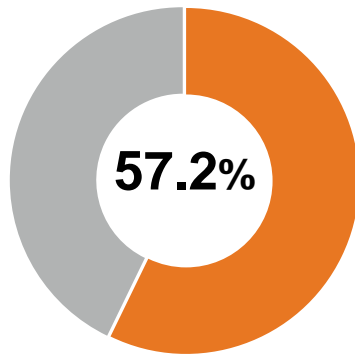
Participants who Report Mental Health Conditions Use of QFL State Quitlines

Vickerman et al. (2015)

% Quitline Callers who report 1 MHC



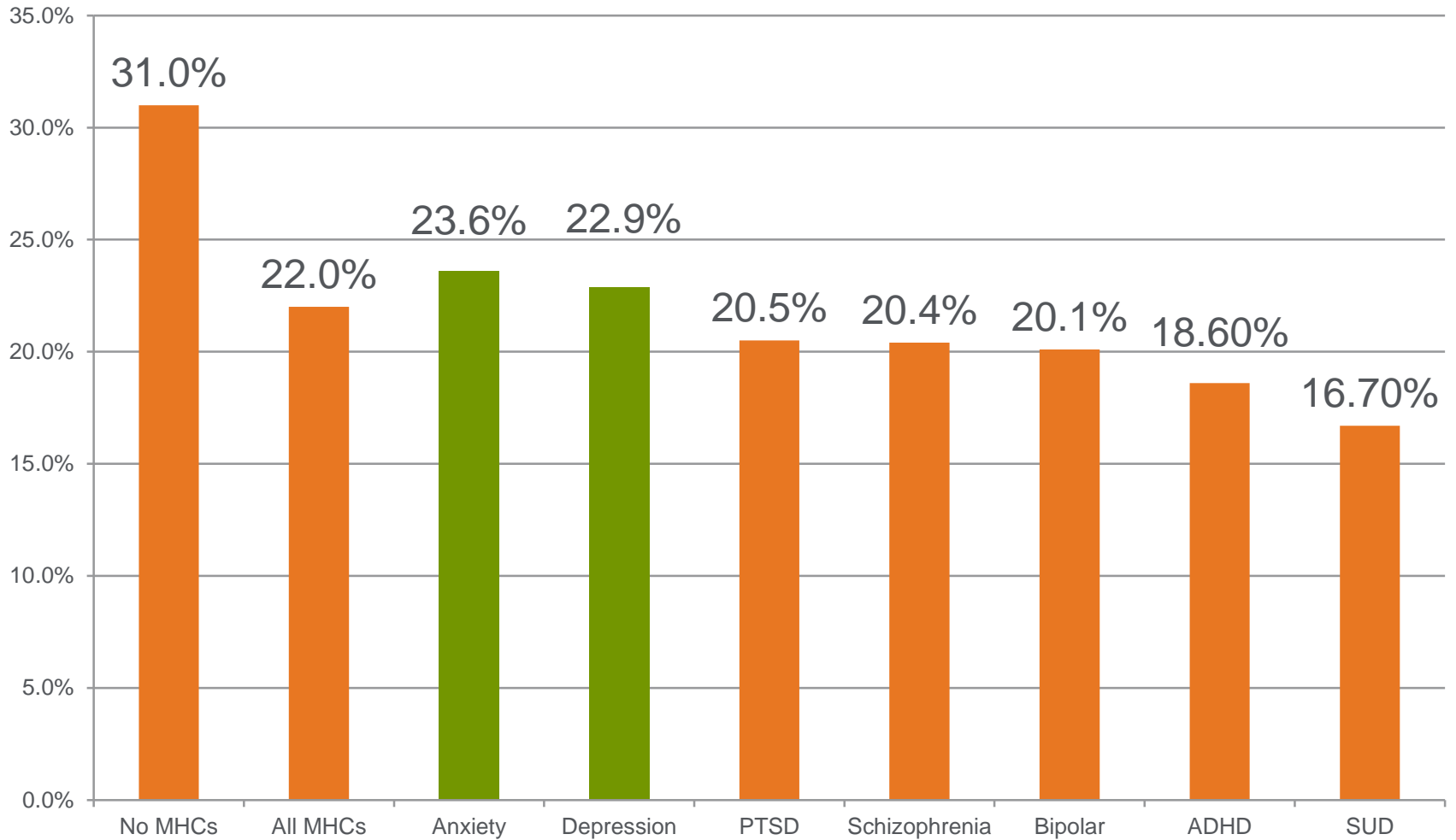
% of MHC Quitline Callers who report 2 or more conditions



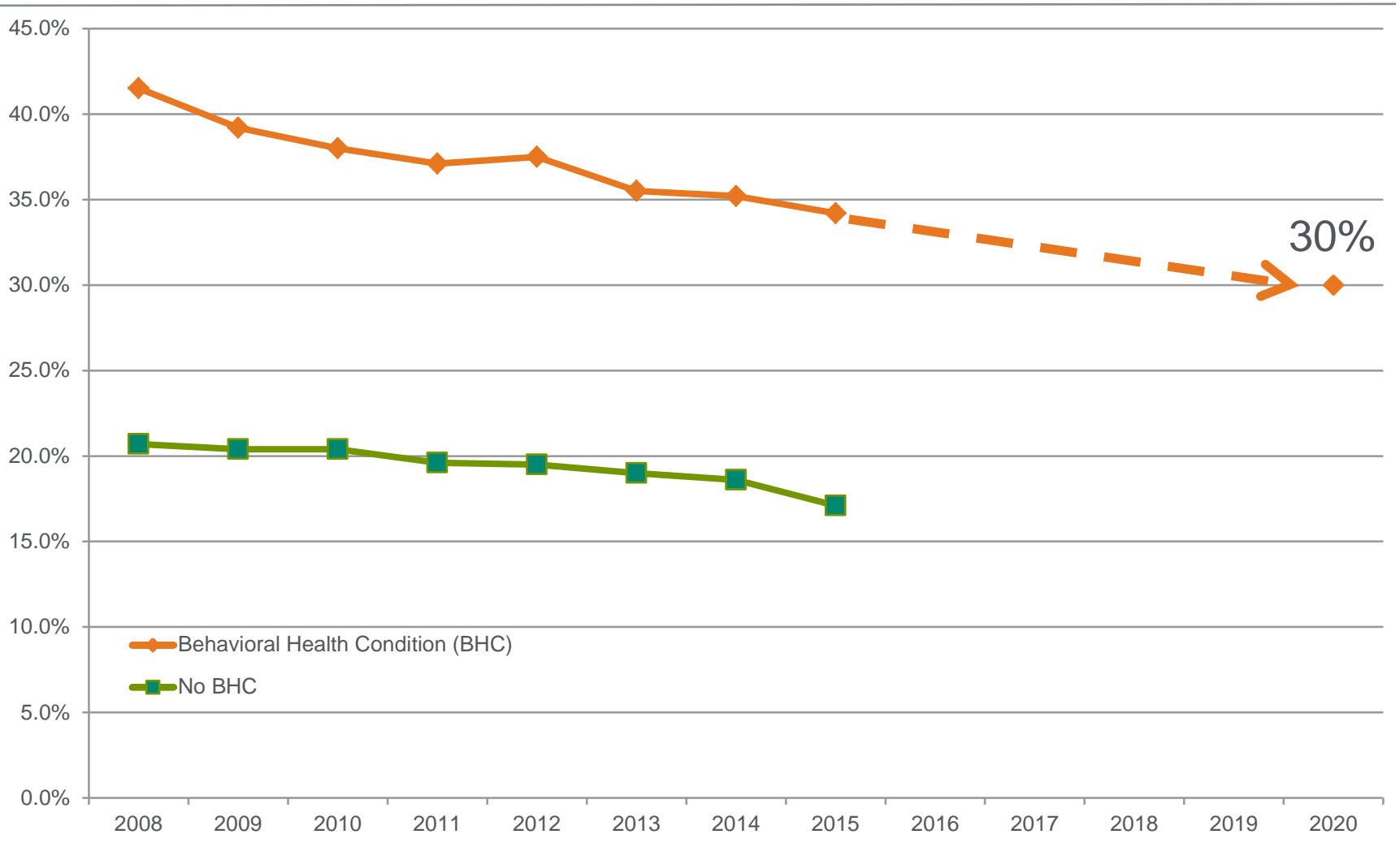
*Prevalence Rate Data from 3 State Quitlines (n= 3,262)

Quit Rates of Participants with Mental Health Conditions Use of QFL State Quitlines

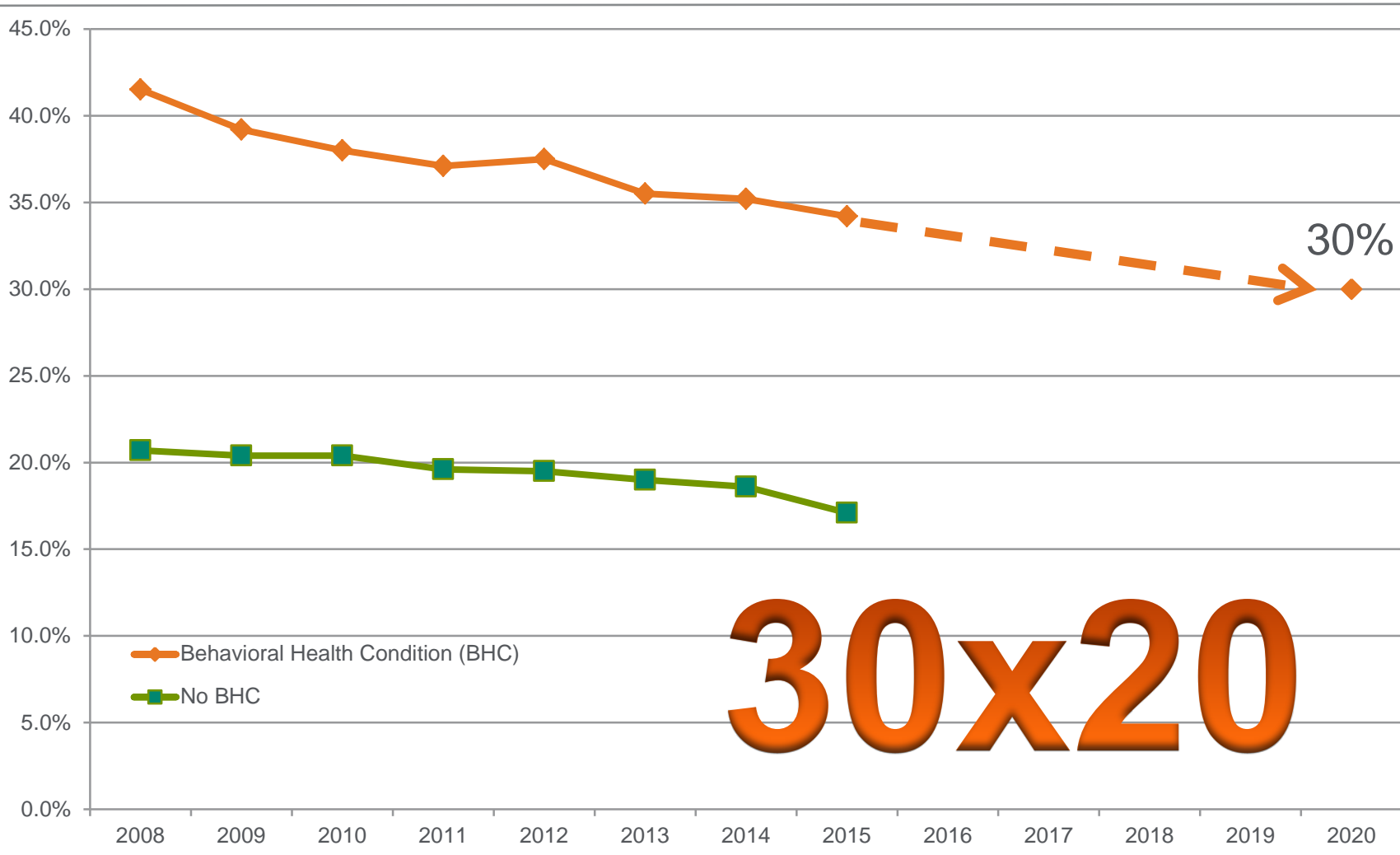
Vickerman et al. (2015)



National Goal - National Behavioral Health Summit for Tobacco-Free Recovery



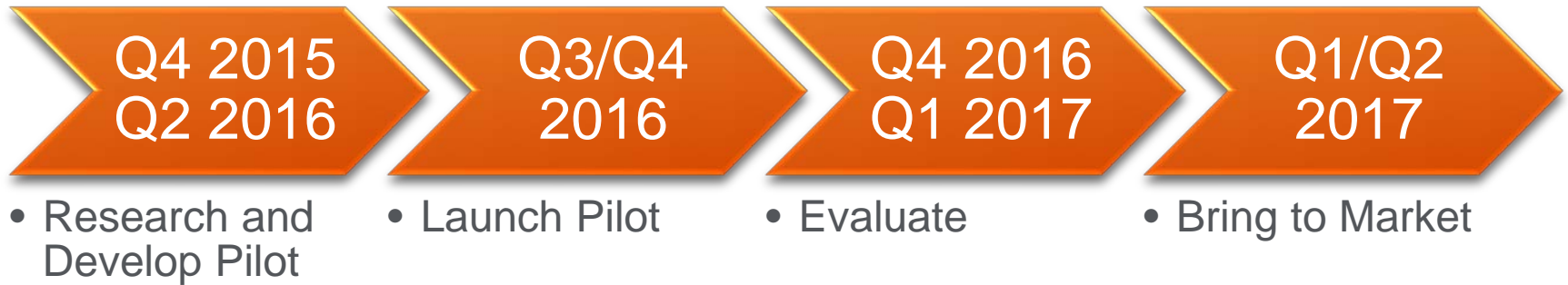
National Goal - National Behavioral Health Summit for Tobacco-Free Recovery



Program Design & Development

Tobacco Cessation Behavioral Health Program

Development Timeline

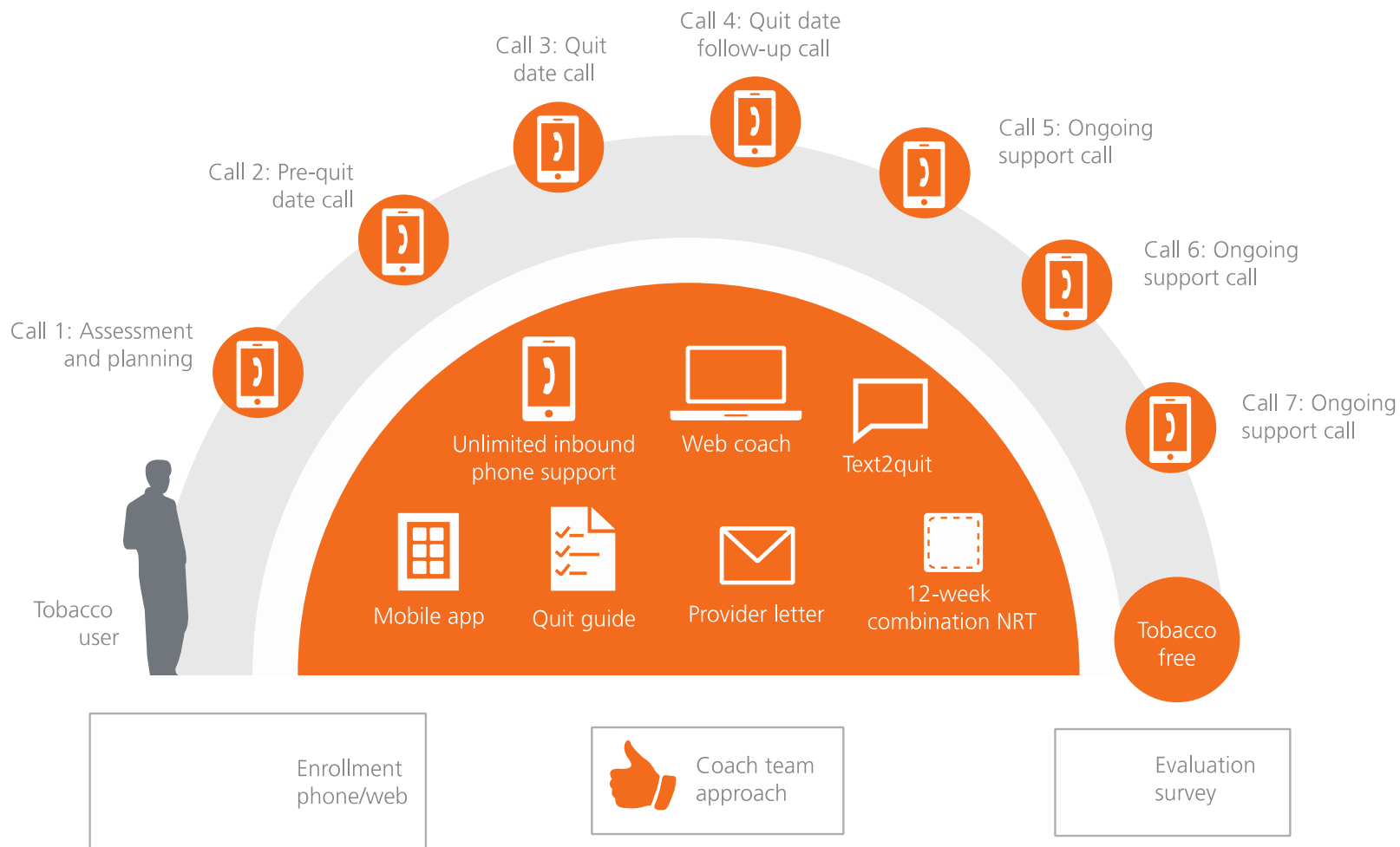


TEXAS
Health and Human
Services

Texas Department of State
Health Services



Tobacco Cessation Behavioral Health Program



Specific Program Features

Triaged
Enrollment
Process

Specific Program Features

Triaged
Enrollment
Process

12-Weeks
Combination
NRT

Specific Program Features

Triaged
Enrollment
Process

Additional
Calls

12-Weeks
Combination
NRT

Specific Program Features

Triaged
Enrollment
Process

Additional
Calls

12-Weeks
Combination
NRT

Provider
Letter

Specific Program Features

Triaged
Enrollment
Process

Dedicated
Quit Coach
Team

Additional
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Additional
Calls

12-Weeks
Combination
NRT

Enhanced
Assessment

Provider
Letter

Enhanced Training for Coaches

Enhanced Training for Coaches

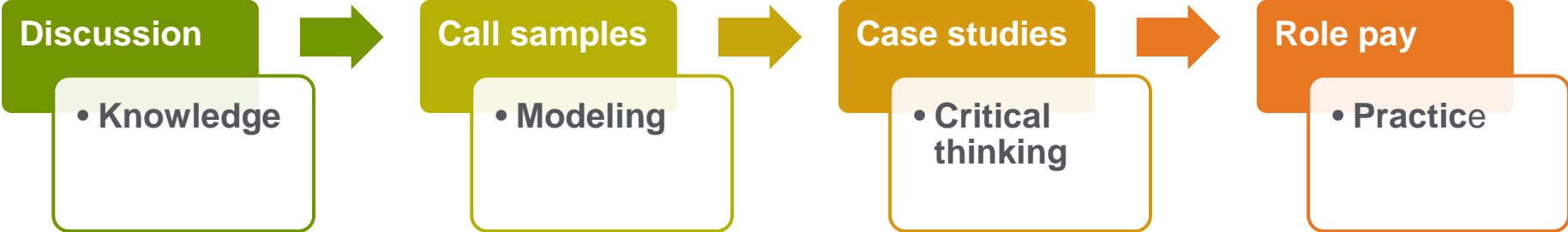
Rationale

Logistics

Skill
Building

Confidence

Methods



Quick Reference Guide

OPTUM™ Enhanced Support Program Quick Reference Guide

OPTUM™ Enhanced Support Program Quick Reference Guide

OPTUM™ Enhanced Support Program Quick Reference Guide - Facilitating the Intervention

Anxiety
 Anxiety is associated with thoughts of future events. While everyone experiences some level of anxiety or worry in their daily life, those with anxiety disorders are more severely impacted. The underlying theme is that the anxiety is severe enough to affect the person's ability to manage their daily life. One of the most common themes is avoidance. Some people with anxiety disorders may also experience panic attacks, which are brief periods of extremely intense anxiety that may include physical symptoms, like a racing heartbeat and sweating.

Presentations of Symptoms	Strategies
Negative Self-Talk, which can stem from negative thoughts about one's own ability.	<ul style="list-style-type: none"> Identifying the negative thoughts they have about their future quit attempt to engage the participant in developing coping skills to move their quit process forward. (If/Than Thinking) Explore how their anxiety affects their ability to quit or how it might affect this quit attempt.

Page 1 of 10

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Quick Reference Guide

Q4L QRGs – Table of Content

CALLS

- [Assessment & Planning Call](#)
- [Pre-Quit Call](#)
- [Quit Date Call](#)

5 KEYS & QUIT CONTINUUM

- [Quit Medications: Effective Use](#)
- [Urge Management](#)
- [Environmental Control: Tobacco-Proofing](#)
- [Social Support](#)

RELAPSE PREVENTION

- [Relapse Prevention: Physical Activity](#)
- [Relapse Prevention: Refusing an Offer of a Cigarette/Dip](#)
- [Relapse Prevention: Complacency \(Taking being quit for granted\)](#)
- [Relapse Prevention: Low Motivation to Stay Quit](#)
- [Relapse Prevention: Rewards](#)

STRESS

CHRONIC DISEASES

- [Chronic Disease: Asthma](#)
- [Chronic Disease: CAD](#)
- [Chronic Disease: COPD](#)
- [Chronic Disease: Diabetes](#)

	<ul style="list-style-type: none"> • Call Expectations • Initial Inquiry 	<p>Provide program description</p> <ul style="list-style-type: none"> • State # of calls in program, and which is in the sequence (this is call X of Y of call X of Y calls) • Set Expectations for the call • Explain how taking all calls will help pt achieve their goal • Educate on the concept of the 5 keys (QD, Meds and Management) • Explain focus on 3 keys (QD, Meds and Management) • Explain focus on how their Mental Health Condition could potentially affect their quit.
Exploration	<ul style="list-style-type: none"> • Required assessment questions • Medication use • Follow-up questions 	<p>Ask if there is anything the participant wants to discuss</p> <p><i>Tailor assessment using clinical judgment</i></p> <p>If needed, Orient prt to why we ask assessment questions, how you will use the answers to help them achieve their goal of becoming tobacco-free, & conduct assessment referencing the 5 Key behaviors</p> <p>Assessment questions:</p> <ul style="list-style-type: none"> • Quit status/ quit intention/ readiness • Actual QD (if quit) • Tobacco type(s) • Amount of tobacco being used • TTFU • Motivation
		<ul style="list-style-type: none"> • Confidence • Urge severity (if quit) • Current Stress level • Confirm Mental Health Conditions and prt's perception of effects on their quit.

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Page 2 of 20

Depression

How you would adapt your communication style and/or intervention content:

Q: A participant who presents with low motivation, talks slow, appears somewhat disengaged?

Example of Responses:

*“I would **adapt my pace** to meet that of the prt. I would try **asking open ended questions** encouraging the prt to describe why motivation is low. Then I may work on helping the prt identify **small steps** to take to build **motivation** and/or **confidence**, such as mini quits.”*

*“Slow down myself, explore what motivated the call. Give them a **little more time express their feelings**. Might have look at less ambitious goals than in a normal call. Try assess what is **realistic and attainable** for them and focus on that.”*

Anxiety

How you would adapt your communication style and/or intervention content:

Q: A participant who presents with rapid speech, high levels of stress, low confidence and high level of worry about the quitting process

Examples of response:

*“In this case it is important to set a QD with the participant that is **realistic**, giving **time for preparation** and mini quits to **build confidence slowly**. It is also important to figure out the participant’s thoughts and behaviors about smoking when stressed, and then strive to work with the prt on **thought change and coping skills** to experiment with in **small steps**.”*

*“I would **normalize quitting concerns** and try to make action plan tailored or manageable for the participant to build confidence.”*

Schizophrenia/Psychosis

How you would adapt your communication style and/or intervention content:

Q: A participant, who is hard to track, responds with odd statements and appears to ramble on various topics other than quitting smoking.

Example of Responses:

*“I would overtly sign-post with the participant throughout the conversation to **redirect and get back on topic**. I would also gently **suggest that writing down information** can be helpful and flex my communication style by **limiting talking points** to ensure the most essential information is being presented for the participant to take away for their current plan.”*

*” Lots of sign-posting. **Overt statements and yes/no questions**. Keeping the call very **straightforward** and trying to identify one or maybe two **very specific** things that the prt could work on **between this call and the next**.”*

Online Provider Training and Webinars

Addressing the unique needs of behavioral health providers

For Example: District of Columbia Tobacco Control Program Training Suite



Online Training

- Effecting Change with the 2As and R



Quitline Webinar

- The Quitline Experience



Systems Change Webinar

- Integrating Tobacco Treatment



Pharmacotherapy Webinar

- Recommending Pharmacotherapy to Treat Tobacco Dependence

Menu

- Introduction
- Why Treat Tobacco?
- The Brief Tobacco Intervention**
- The Referral
- Pharmacotherapy
- Closing and Knowledge Assessment
- Evaluation Quiz
- Appendix

DC Effecting Change with the 2As and R Resources

Why Treat Tobacco? The Brief Intervention The Referral Pharmacotherapy

◀ PREV NEXT ▶

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- Appendix

DC Effecting Change with the 2As and R Resources

Treatment Plan

Tobacco User? Yes No

Quit Date _____

Tobacco Cessation Medications _____

Coping Skills _____

Referred to DC Quitline? Yes No

◀ PREV NEXT ▶

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- The Referral**
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DC Effecting Change with the 2As and R Resources

The Brief Tobacco Intervention

Do I need to ask about tobacco use at every encounter?

I'm concerned some individuals will become uncomfortable if I discuss tobacco.

I don't know of any effective referral resources.

What if my patient has other health priorities?

Will the stress of quitting exacerbate disorder symptoms or compromise sobriety?

Is the Brief Tobacco Intervention effective?

I don't have enough time.

◀ PREV NEXT ▶

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DC Effecting Change with the 2As and R Resources

The Experiences of Tobacco Users

Click the yellow buttons to read about the medications recommended for each individual.

Lisa Reginald Alonzo

I am using nicotine lozenges while I quit smoking. I am able to customize the dose to my needs, and then I started tapering down to get the nicotine completely out of my system. Since I am taking anti-anxiety medication, my doctor has reduced the dose, since I don't need as much now.

◀ PREV NEXT ▶

Preliminary Outcome Date

3-month End of Program Survey Results

Outcome Goals

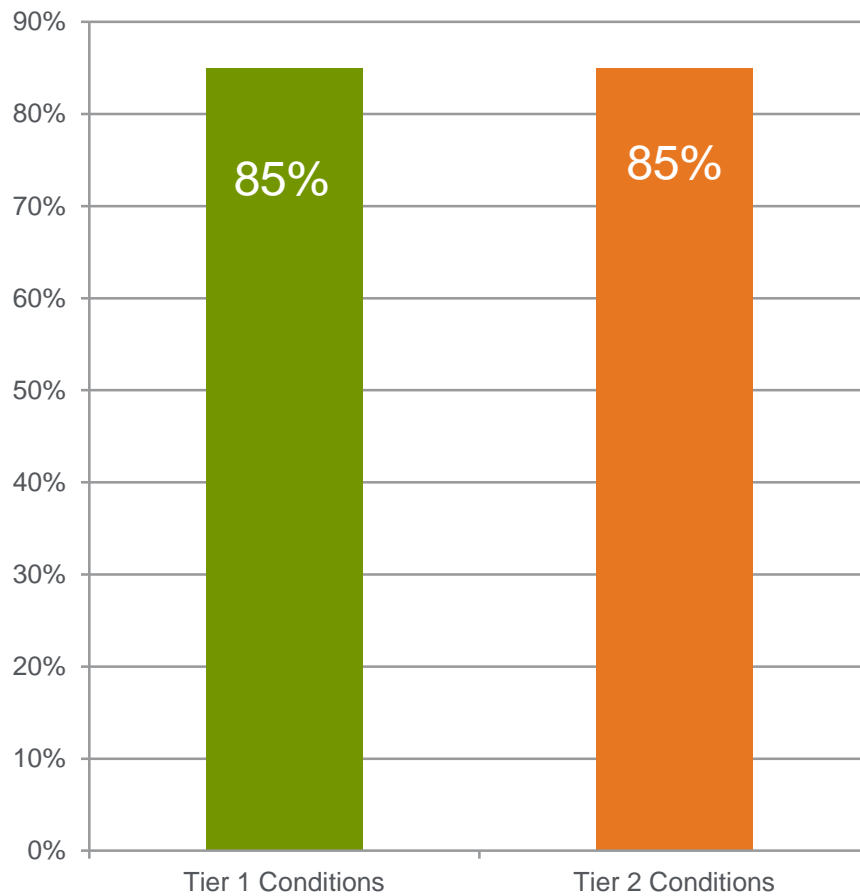
Acceptance

Engagement

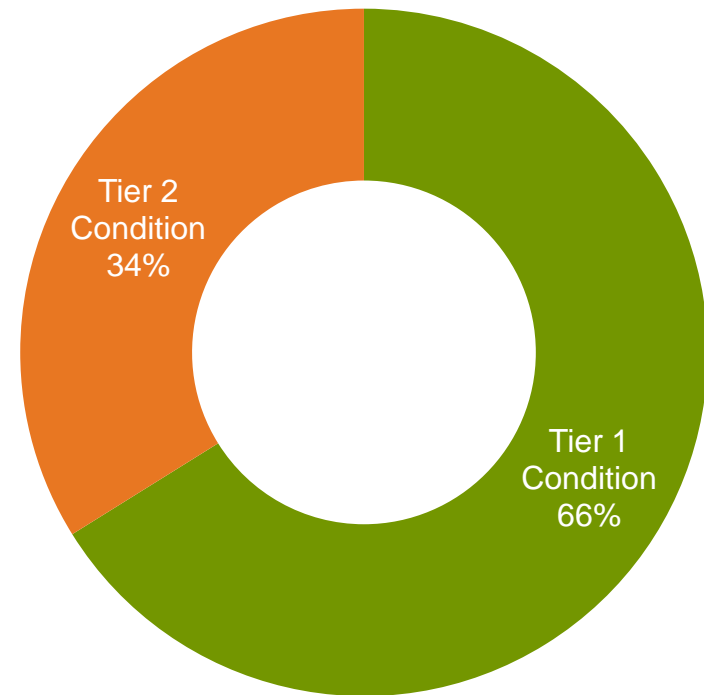
Quit
Outcomes

Acceptance Rates

Acceptance Rates

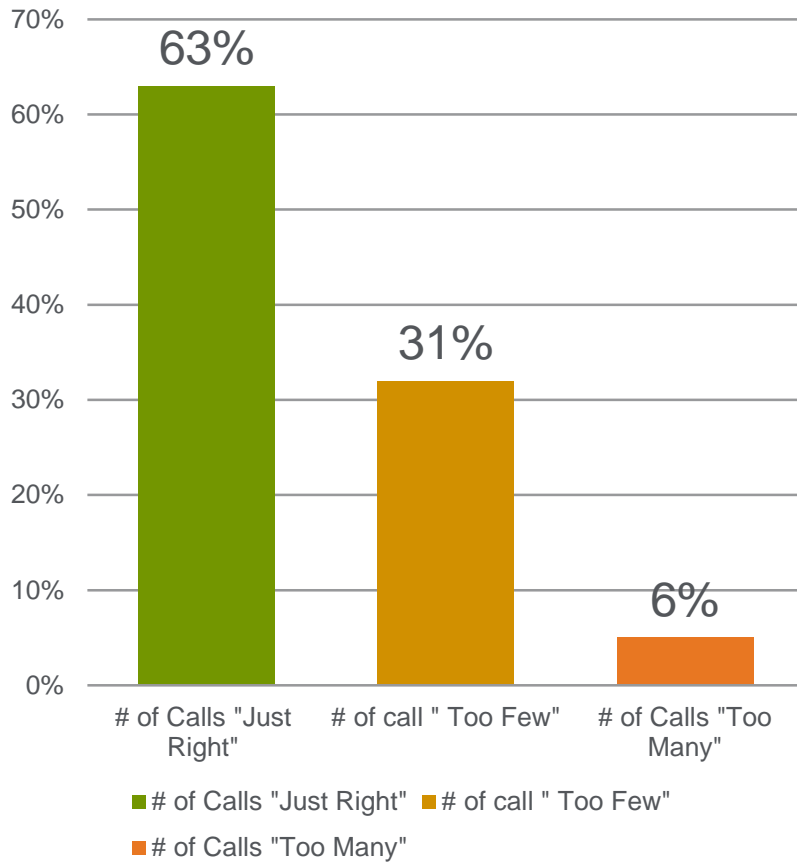


Participant Enrollment

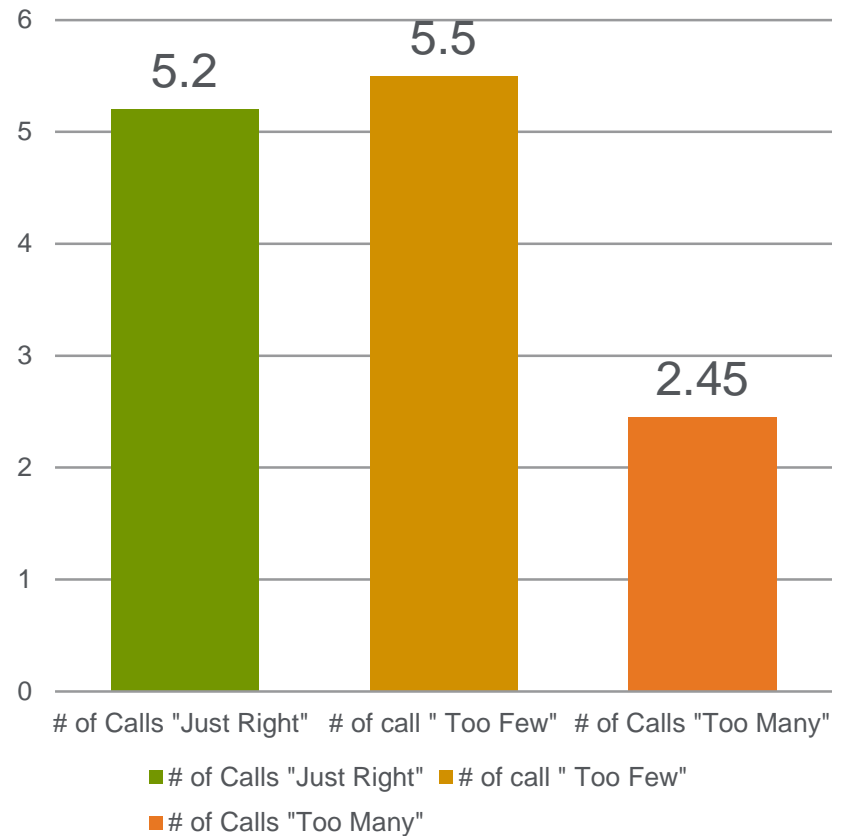


Engagement Outcomes

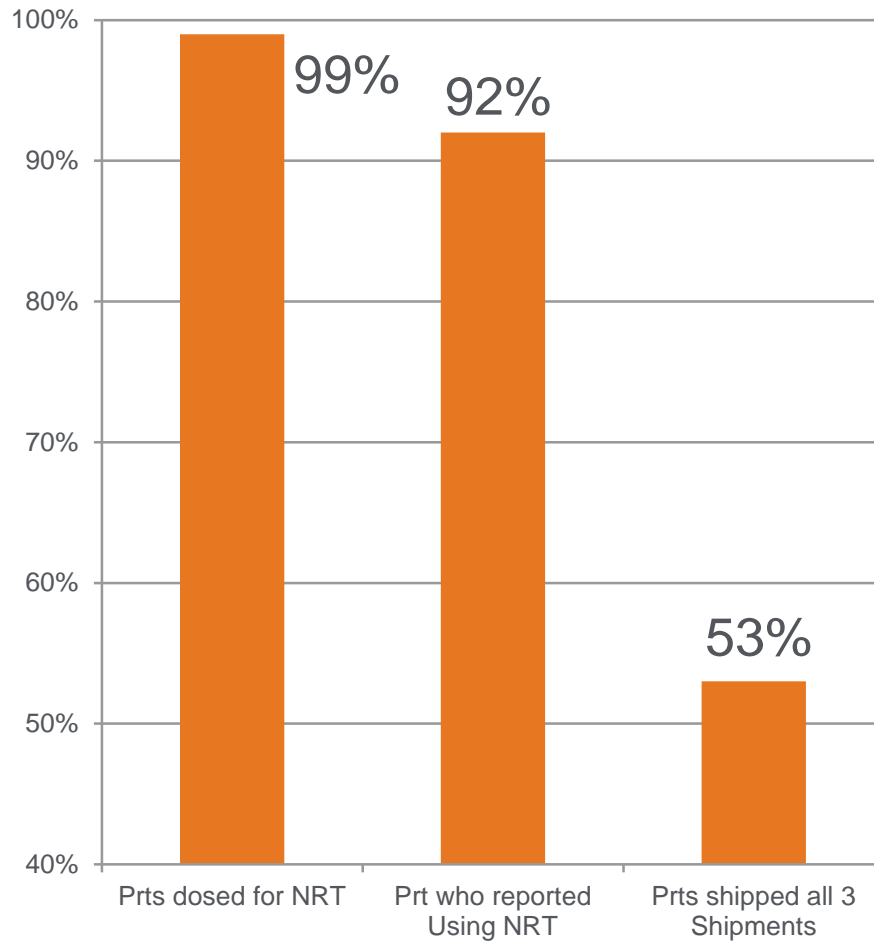
Satisfaction with Number of Completed Calls



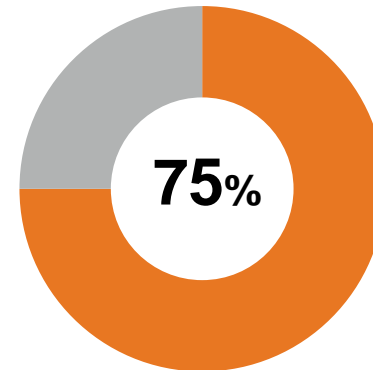
Avg Number of Completed Calls



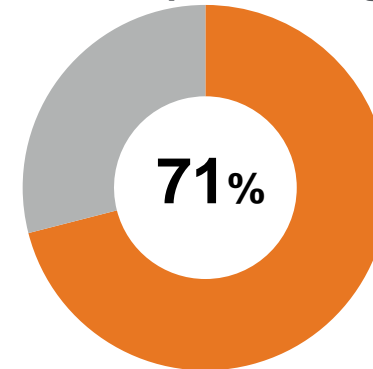
Preliminary Outcomes – NRT Support



Prts who were dosed for Combination NRT

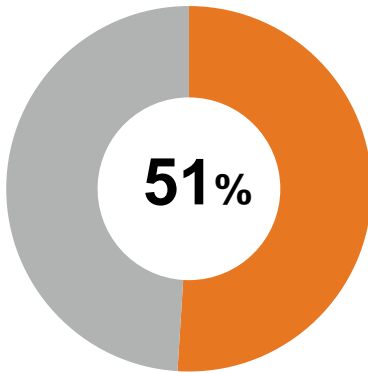


Of those Prts who were dosed for combination NRT – Dosed for Patch plus Lozenges



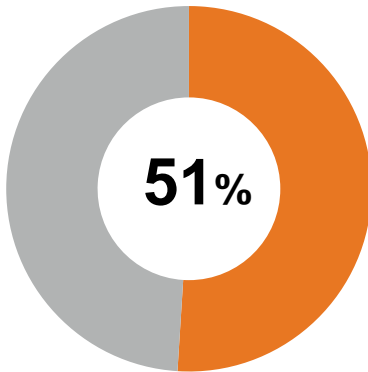
Preliminary Outcomes – Provider Letter

**Prts who reported have a Mental
Health Provider**

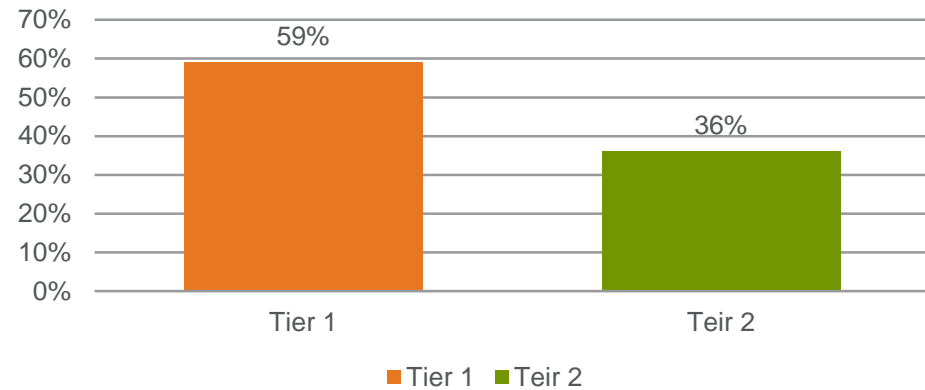


Preliminary Outcomes – Provider Letter

Prts who reported have a Mental Health Provider

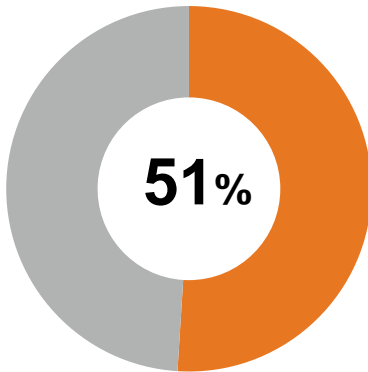


Prts who report a Provider

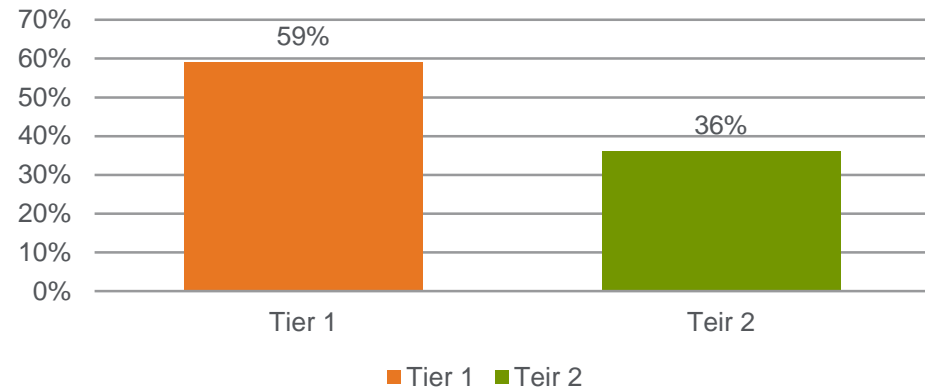


Preliminary Outcomes – Provider Letter

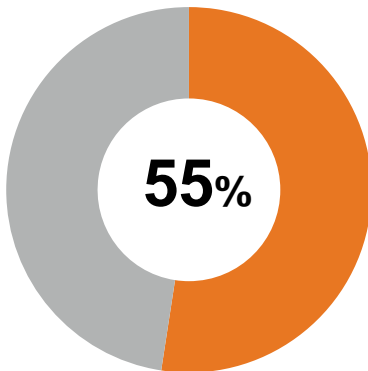
Prts who reported have a Mental Health Provider



Prts who report a Provider

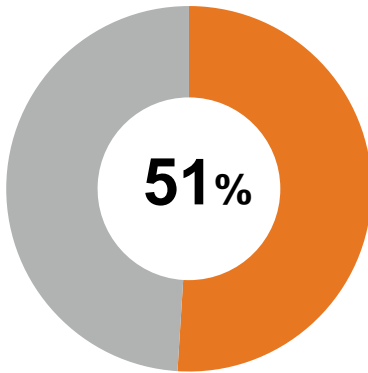


Prts who spoke with their provider since enrollment

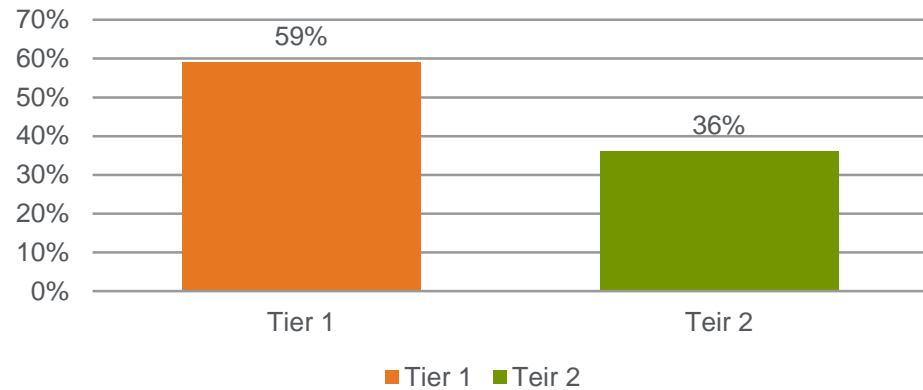


Preliminary Outcomes – Provider Letter

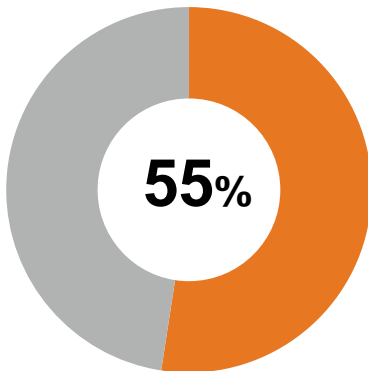
Prts who reported have a Mental Health Provider



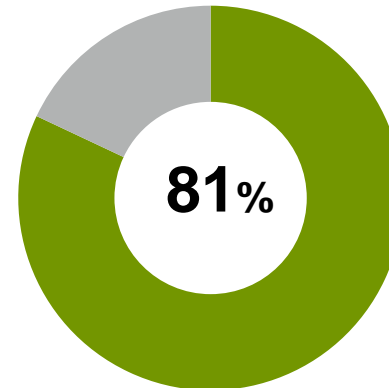
Prts who report a Provider



Prts who spoke with their provider since enrollment

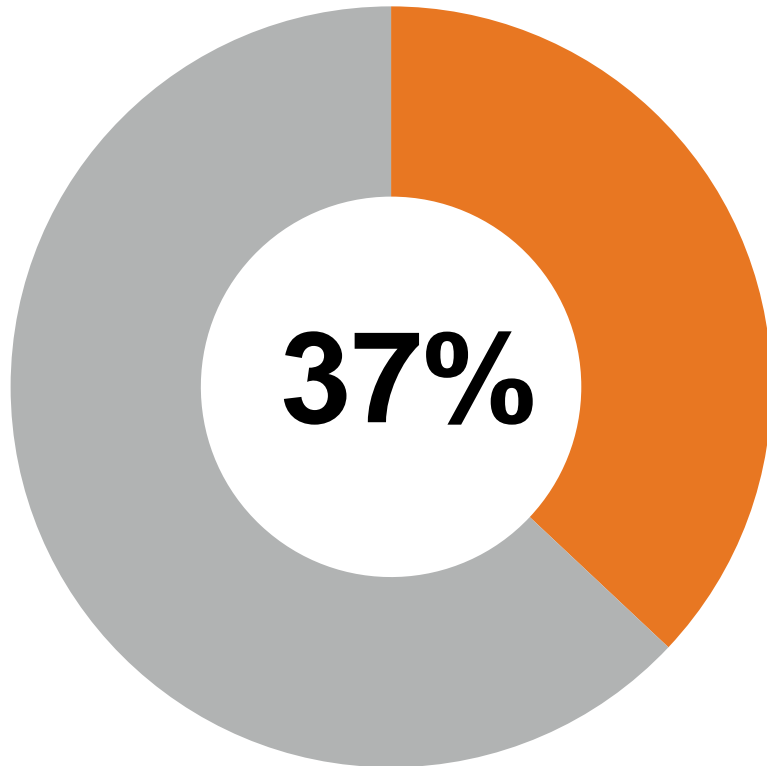


Prts who spoke to their provider about quitting



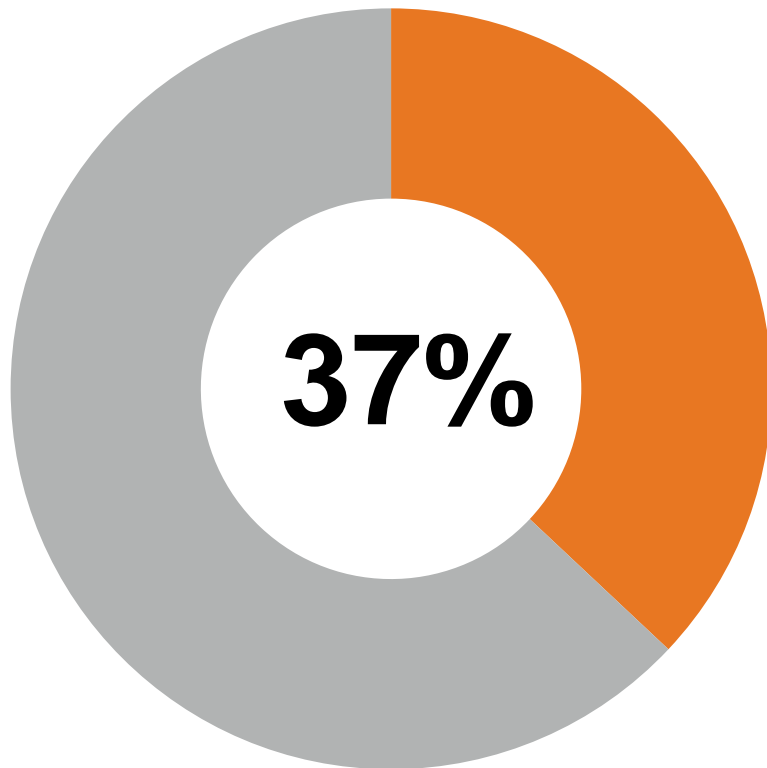
Quit Outcomes

30 Day Prevalence Quit Rates

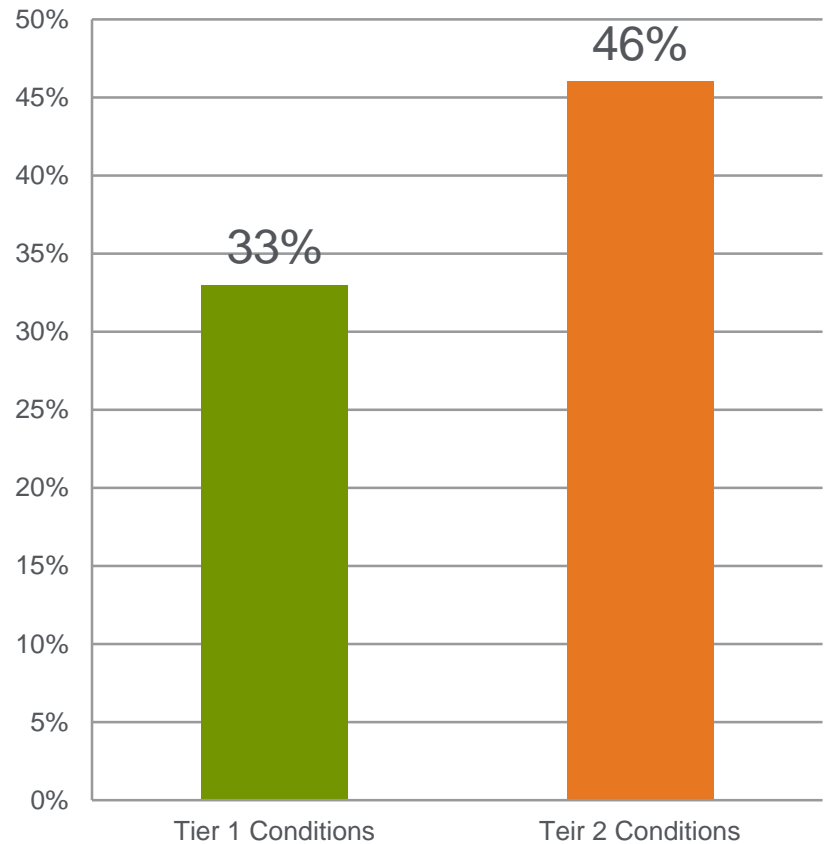


Quit Outcomes

30 Day Prevalence Quit Rates

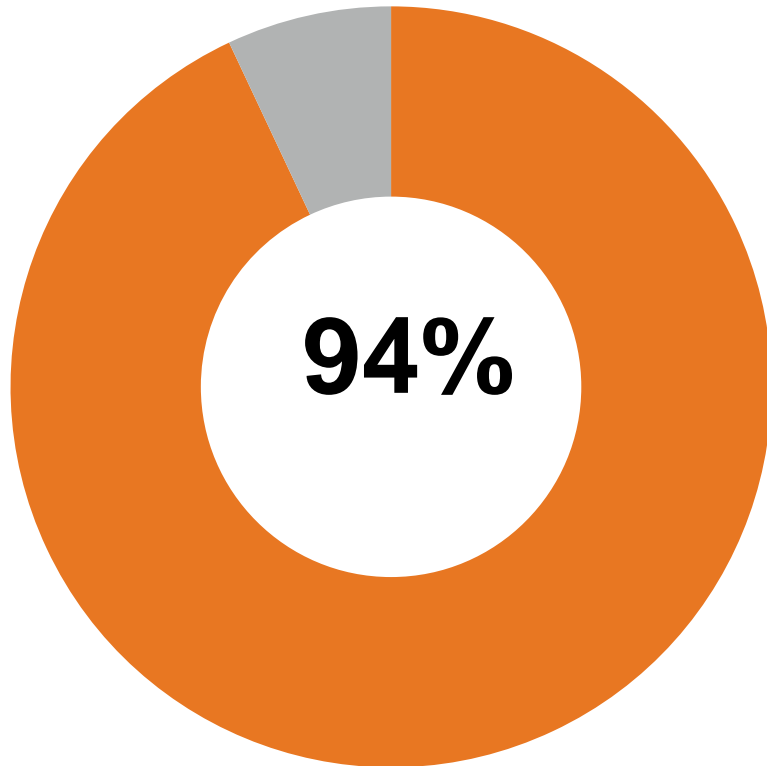


30 Day Prevalences Quit Rates by Condition Tier

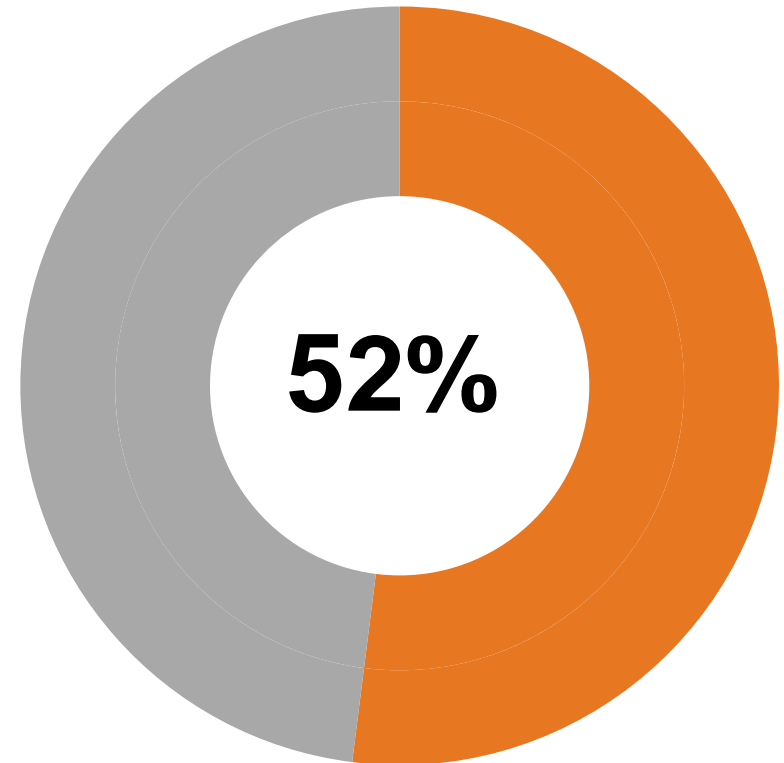


Additional Outcome Successes

Reported their QC was very helpful to somewhat helpful



Reported same confident or more confident since joining the program



Conclusions

- Engaged with industry experts and reviewed recent scientific evidence
- Partnered with the State of Texas
- Enrolled 310 participants

- 2 more additional calls
- 12 weeks of combination NRT
- Enhanced Assessment
- Provider Letter for additional support
- Online Training For Behavioral Health Providers

- Acceptance Rates: When offered, **participants want specialized treatment**
- Engagement Rates: **Increased engagement rates** over our Standard Care Program.
- Quit Outcomes: **Increased 30 day Point-Prevalence Quit Rates** at 3 months
- Satisfaction: Participants were overwhelmingly **satisfied with program offering**

Tailored Quitline
Services to Support
Participants with Mental
Health Conditions

Thank you

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Support, Optum Healthcare

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Q&A

- Submit questions via the **chat box**



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- Call us toll-free at **877-509-3786**
- Please complete the post-webinar survey

CME/CEU Statement

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American Association for Respiratory Care (AARC)



- Free Continuing Respiratory Care Education credit (CRCEs) are available to Respiratory Therapists who attend this live webinar
- Instructions on how to claim credit will be included in our post-webinar email

Save the Date

- Our next webinar will be on **May 10th** at 1pm ET with Liz Marshall at the Society for Public Health Education (SOPHE), Dr. Richard Windsor at George Washington University, and Dr. Jyothi Marbin at University of California, San Francisco. The webinar will focus on interventions for pregnant smokers, post-natal relapse, and how pediatricians can help parents quit smoking.
- Registration will be available soon.

CDC's *Tips from Former Smokers*TM



- Visit [cdc.gov/tips](https://www.cdc.gov/tips) for information and resources on the 2017 campaign



National Behavioral Health Network

For Tobacco & Cancer Control

- Jointly funded by CDC's *Office on Smoking & Health & Division of Cancer Prevention & Control*
- Provides resources and tools to help organizations reduce tobacco use and cancer among people with mental illness and addictions
- 1 of 8 CDC National Networks to eliminate cancer and tobacco disparities in priority populations

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- We link people with wellness information. We promote adoption of best practices in health departments and community organizations to reduce tobacco and cancer disparities.
- We are one of eight CDC-funded national networks addressing cancer and tobacco disparities.
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 - Weekly LGBT Health News Roundup
 - Scholarships to help support and promote leadership in the LGBT health arena
 - Members-only online networking groups
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www.mylgbthealthlink.org



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- CME/CEUs of up to 1.5 credits are available to all attendees of this live session. Instructions will be emailed after the webinar.
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