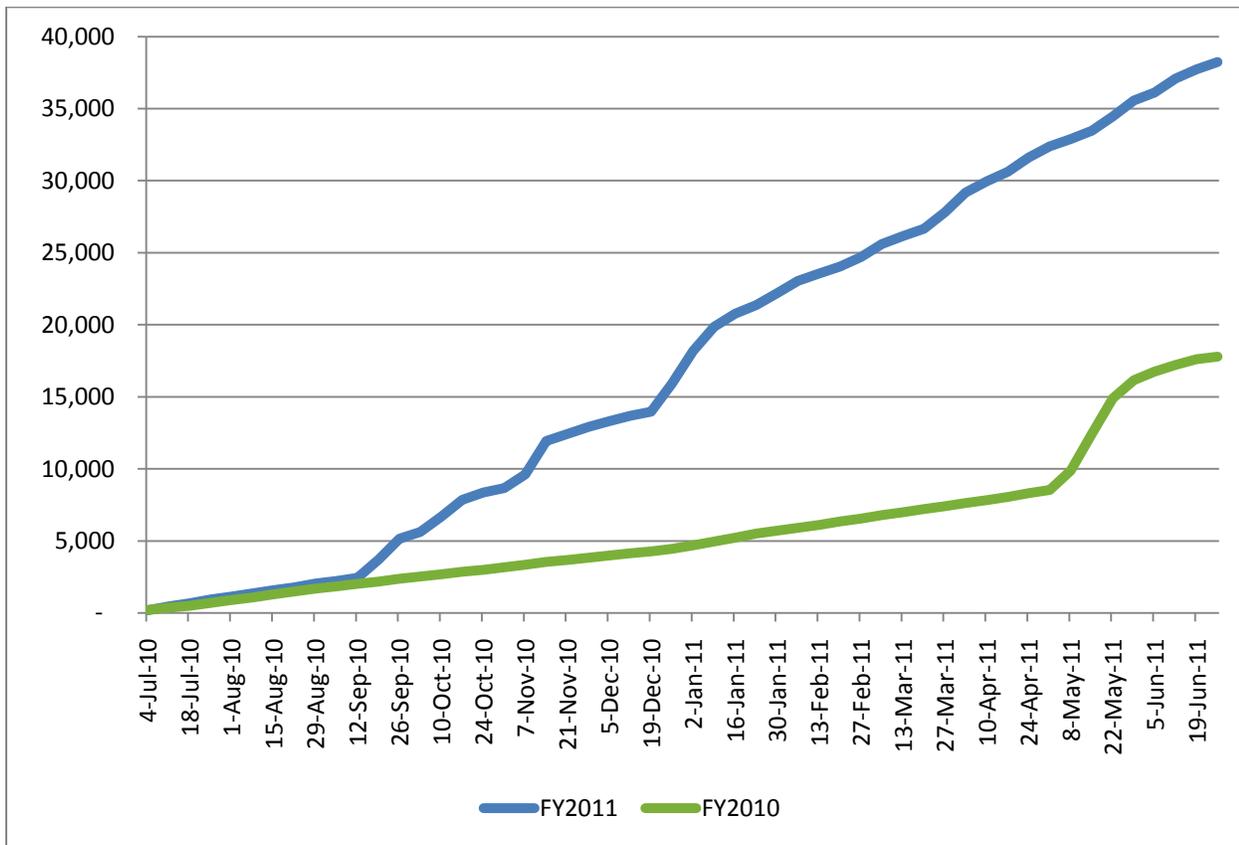


ASHLine Annual Report, Fiscal Year 2011 (July 2010 through June 2011): Strong Growth, Strong Service Provision

Fiscal Year (FY) 2011 closed with ASHLine seeing growth in the numbers of referrals, enrollments, and callers seeking information about quitting as compared to FY 2010. The total number of referrals grew from just over 10,000 in FY 2010 to more than 11,000 in FY 2011. In addition ASHLine enrolled almost twice as many callers in FY 2011 than in FY 2010. The same is true for the number of callers requesting information about quitting. Total call volume, that is the number of incoming calls, more than doubled over FY 2010. In the face of the tremendous growth in the number of callers, ASHLine maintained a high quit rate: 32.3%.

	FY 2010	FY 2011
# Enrolled	7,433	13,415
# Info Only	1,866	3,639

Figure 1. Call volume FY 2011 compared to FY 2010



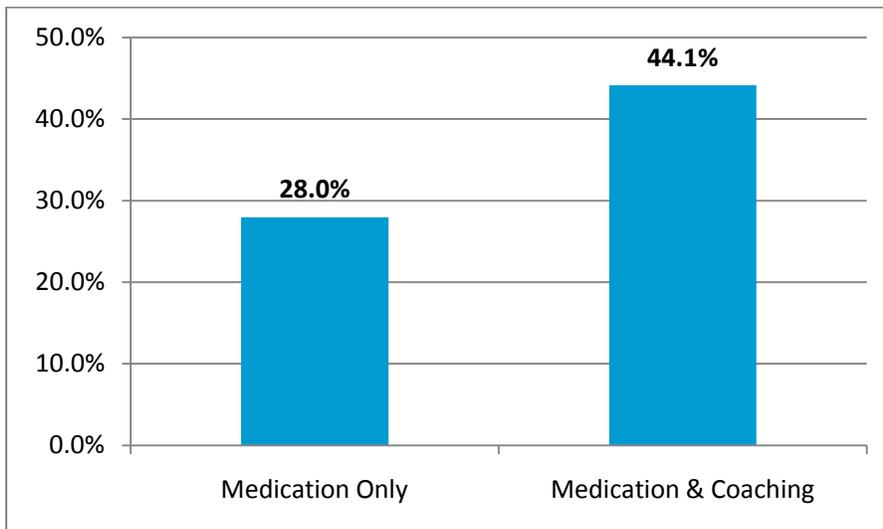
So, what can be said about this surge of new callers receiving ASHLine treatment?

First, consider that the overwhelming interest spurred by the successful “You can quit. We can help.” media campaign precipitated the creation of a protocol permitting callers to bypass, at their choice, the coaching session required to receive free medications. The implementation of this protocol from May 17, 2010 – July 10, 2010 provided an excellent opportunity to investigate the effect of ASHLine behavioral support services. We asked:

1. Do quit rates differ between callers who used medication only and those who used both medication and coaching?

As can be seen in Figure 2, clients who used both medication and coaching had substantially higher quit rates (44%) at 7 months than clients who used only medication (28%).

Figure 2. Quit Rate at 7 month follow-up by service use



The data clearly show that those who received both behavioral support in the form of coaching and medication were much more likely to be quit at 7 months than those who only used medication during their quit attempt. Witnessing this profound effect of ASHLine behavioral support, we return to the dramatic increase in enrollments over the past year. While we certainly herald our surging client base, it is not until we compound the immense benefits of ASHLine service that we can truly appreciate the astonishing effect that an almost 100% growth in ASHLine clientele can have on the health of Arizona tobacco users.

Behavioral Health Initiative

- Through ARRA funding, two licensed behavioral health specialists were added to work directly with clients who have been diagnosed with mental illness and may need more attention than the regular coaching protocol allows.
- AAR In-Services were conducted at behavioral health facilities across the state.
- A pharmacy consultant was brought on board late in the year to work with clients who are identified as needing special support to deal with medications and quitting tobacco.
- ASHLine hosted a behavioral health summit at which national expert Dr. Judith Prochaska presented “Treating Tobacco Dependence in Smokers with Co-Occurring Psychiatric or Addictive Disorders”. The conference was hosted in Phoenix and streamed live over the internet.

	FY 2010	FY 2011
# BH Refs	114	1,041

Coaching Team

Service Delivery

- Online coaching module was fully implemented, allowing ASHLine to capture the richness of the coaching experience.
- The Caller Information Form has been updated to capture chronic illness data in a more comprehensive manner, including allowing callers to self-identify if they have been diagnosed with a mental illness. Since the update to the form 33% of enrollees have identified with mental health diagnoses.

	FY 2010	FY 2011
Quit Rate	32.6%	32.3%
# Clients who used Meds	1,983 (27%)	4,714 (43%)

Table 1. FY 2011 Coaching Team metrics

# Enrolled Clients Reached for Coaching	% Enrolled Clients Reached for Coaching	Average # Contacts for Reached Clients
8596	68%	3.6

Team Training

- The coaches’ training program has been intensified to include elements that are becoming more common with callers – mental illness, suicidal thoughts, high stress relationships, and co-morbid conditions. Motivational Interviewing skills were also added as the primary focus of continuing education for the fiscal year.

Referral Development Team

Service Delivery

- Partnered with ADHS Bureau of Nutrition and Physical Activity to develop and deliver AAR training to WIC contractors.
- Partnered with ADHS Bureau of Health Systems Development to deliver training to Well-Woman contractors.
- Developed Assessment, AAR in-service, WebQuit training, and policy development support materials to pilot in FY 2012.
- Prepared for upcoming webinar series to share information on health systems change with referral partners. Topics include: billing, accreditation, and electronic health record Meaningful Use.
- Conducted 15 CES WebQuit trainings.
- Health literacy review completed. New materials now on ashline.org and recommendations for future caller materials/edits have been documented.

	FY 2010	FY 2011
Total Refs	10,036	11,400
BH Refs	114	1,041
WIC Refs	370	497

Table 2. Number and percentage of referrals by location type

Location Type	Referrals	Percent of Total
Behavioral Health	1,041	9.1%
BTC D Partner	1,022	9.0%
Community Health Center	1,404	12.3%
Hospital	2,546	22.3%
Medical Practice	3,626	31.8%
WIC	497	4.4%
Other	1,264	11.1%
Total	11,400	100.0%

Team Training

- Round robin team trainings on the “five dimensions of tobacco cessation” including: accreditation, billing, assessment, and intervention via electronic health records, etc.
- Shannon Vaffis conducted AAR in-service training with team.
- April Douet conducted WebQuit training with team.
- Participated in CS2day webinar on health systems change support.
- Participated in the Health Literacy training series offered by UA.

Referral Call Team

Service Delivery

- Developed and/or updated all team protocols including: standard, high call-volume, and closing an enrollment call with suggestions for quitting tobacco.

Table 3. FY 2011 Referral Call Team metrics

% Referrals Reached	% Reached who Enrolled	% Enrolled who had Coaching
48%	44%	84%

Team Training

- Developed ASHLine Orientation in partnership with all other Callback, Coaching, and Referral Development teams including: mandated reporting and Elluminate call shadowing.
- Developed and implemented Team Retreats to be held at the beginning of each semester for training and protocol/policy review.
- Developed and implemented student team member review process to be completed each semester.
- Pfizer conducted a Chantix training for all staff.
- Martie Fankhauser conducted NRT seminar for all staff.
- Finalized 19 new team training modules to be piloted in FY 2012.

Callback Team

Service Delivery

- ASHLine completed the seven month follow-up evaluation of callers who enrolled in ASHLine services through the Spring media campaign (May 10, 2010 – June 30, 2010) and the Winter media campaigns (November 8, 2010 – November 21, 2010; run intermittently from December 27, 2010 – June 5, 2011).
- A Team Lead was hired to support the development and adherence to Callback training, policies, and procedures.
- ASHLine implemented a new Client Satisfaction Survey (CSS) to collect data inform ASHLine about the issues and concerns of our client base. Regular reporting from this survey is produced monthly to enhance internal quality improvement efforts.
- Response rate has increased two percentage points since last year, from 49% to 51%.
- Implemented protocol to ask all former clients still using tobacco at follow-up if they would like to re-enroll.

	FY 2010	FY 2011
Response Rate	49%	51%

Team Training

- Finalized and evaluated the Callback training protocol.

Evaluation

- ASHLine received its first publication in a prestigious journal. The study examined differences in client program success by how the client entered the ASHLine. We were able to determine whether or not clients who were referred by a physician, for instance, had better quit rates than those calling us as a result of an ASHLine TV advertisement.
- Submitted a number of grant proposals to develop ASHLine training, outreach, and behavioral support.
- Hired an analyst who has established training and technical assistance with BTCD partners at the county and community level. Specifically, regular monthly reporting about referral and enrollment levels has been established to foster a closer relationship with the county partners. In addition, in-person and virtual trainings have been offered to all county and community partners to ensure a high comfort level with using the WebQuit online database for capturing work in the field.
- Attended Western States Tobacco Evaluators' Conference and presented addiction neuroethics research at the Neuroethics Conference.
- A writer was hired to assist with report writing and grant proposal submissions, as well as locating, compiling, and integrated tobacco dependence treatment literature. This final effort has resulted in a comprehensive tobacco research and grants database.
- Disseminated Ad Hoc reports detailing the effect of media campaigns, seniors using the quit line, reasons clients make a quit attempt, how clients heard about ASHLine, among other topics. A comprehensive report on the ASHLine AHCCCS population was prepared for the TRUST Commission.
- Compiled papers for peer review journal submission in the areas of counselor differences in patient success, predictors of program outcomes, differences in referrals by location type, and the effect of type and frequency of outreach events on generating referrals.
- Instituted standard ASHLine monthly highlight reports to accompany the redesigned Monthly Report.
- Began to implement the ASHLine Evaluation Plan:
 - A comparison of quit rates between ASHLine and tobacco cessation classes revealed that ASHLine yielded a 12% higher quit rate than classes.

Quality Improvement

Coaching

- The Clinical Manager, with coach input, began to review and implement motivation interviewing techniques.

Referral Development Team

- Completed connecting Locations to Events for past fiscal years – though some Events remain incomplete due to incomplete data. Since the Event form has been changed in WebQuit to incorporate Location information the reliability of data has increased.
- Piloted training evaluation forms.

Referral Call Team

- Developed and implemented an experimental protocol with three conditions to gauge which message protocol was most effective in increasing reach rate.
- Customer service was identified as key to increasing the percent of referrals reached, the percent of reached clients enrolled, and the percent of enrolled clients who received coaching.
- Began using Weekly Protocol Report to track team adherence to protocol.
- Began using Weekly SRS Score Reports as a proxy for customer service values.

Callback Team

- Began using weekly call reports to examine idle time, number of surveys conducted, and response rate for the team.