



You can quit.

We can help.

ASHLine 2012 Highlights

- ➔ Participated in the first national tobacco cessation media campaign with significant increase in calls that boosted the already successful “Real Quitters” campaign.
- ➔ Completed a comprehensive assessment of all hospitals in the State to examine current successes and opportunities to engage more service providers in the mission of tobacco cessation through referrals to the ASHLine.
- ➔ Completed the CPPW grant focusing on a systems change to increase the use of the ASHLine through policy change and referral enhancement at provider sites leading to a 10 fold increase in behavioral health referrals.
- ➔ Developed an integrated data and analysis sharing partnership with BTCD to report findings of interest from the data collected at the ASHLine.

ASHLine Annual Report

Fiscal Year 2012 (July 2011 through June 2012)

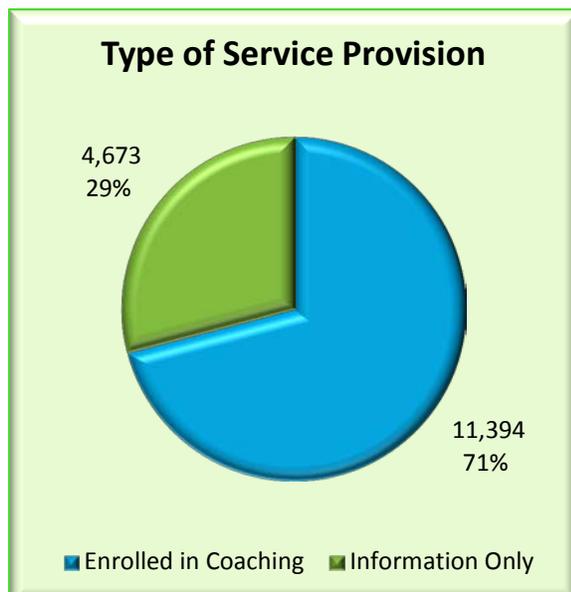
Summary of the Fiscal Year

Fiscal year 2012 was another strong year for ASHLine. The quitline received more than 27,600 calls and enrolled almost 11,400 Arizonans in the quit tobacco coaching program. Additionally, ASHLine provided more than 4,600 clients with self-help information. The proactive referral program remains strong as well, with more than 1,700 individuals referring more than 12,500 persons to ASHLine services.

ASHLine's Referral Development Team successfully completed a needs assessment with most of Arizona's acute care hospitals, identifying areas of strength as well as areas for growth. The team was able to provide technical assistance to locations and maintain strong working relationships with all of ASHLine's referral partners.

The Referral Call Team made tremendous efforts to evaluate the effectiveness of their call protocols and, as a result, was able to successfully increase compliance. Despite the growth in the number of referrals and, therefore, the number of clients to call to enroll in services, the Referral Call Team was able to increase their reach of referred clients over their reach rate for fiscal year 2011. During FY 2011, the referral call reach rate was 48%. This increased to 55% in FY 2012. In addition, the rate of enrollment for clients reached increased from 44% in 2011 to 46% in 2012. The increase in the reach rate and the enrollment rate indicate that more Arizonans are being successfully referred to and enrolled in ASHLine services.

FY 2012	
Incoming Calls	27,606
# Referrals	12,550
# Enrolled	11,394
# Info Only	4,673
Quit Rate	33%



Coaching services at ASHLine provide clients with support during their quit attempt. Of clients who enrolled in services, 88% received at least one coaching call and for those who stayed with the coaching program for more than 90 days, 67% achieved 90 days abstinent. ASHLine coaches received high marks on the Client Satisfaction Survey with 86% of clients indicating that the coaching was helpful and 88% indicating that their coach had a positive influence on their quit attempt.

The Callback Team spent much of the fiscal year refining methods for increasing re-enrollments in ASHLine services for clients who were not quit at

follow-up. Implementing such processes led to increases in re-enrollments. Additionally, the team implemented new processes aimed at increasing response rate. Finally, the Callback Team began refining the Client Satisfaction Survey and continued to provide data to staff members to improve services.

Throughout the year, the Evaluation Team engaged in rigorous analyses to implement the revised ASHLine Evaluation Plan. ASHLine also prepared and submitted evaluation reports for peer reviewed publication and developed projects for external funding. Finally, ASHLine has continued its participation in a national evaluation project that is comparing the effectiveness of phone and web tobacco cessation interventions.

Referral Development Team

- Completed an annual assessment with hospitals in the state assessing for systems change focused on tobacco policy, staff training, and implementation of protocols that include referral for telephone or web-based tobacco cessation services.
 - Developed a tailored plan with each participating system for ASHLine supported systems change activities/capacities.
- Completed a webinar series. The topics of the series were electronic health records and meaningful use, billing for tobacco interventions, and accreditation emphasizing how ASHLine can help with meeting the requirements of each topic.
- Hosted a behavioral health summit as part of CME certification with University of Arizona College of Medicine.
- Piloted customized online referral guide with behavioral health organizations.
 - The guide was developed in conjunction with La Frontera to address a specific training need. The guide was then used with COPE for WebQuit trainings.
- Piloted a standardized version of the Ask, Advise, Refer (AAR) In-Service and collected feedback from training participants to evaluate the new version of the in-service.
- Evaluated the effectiveness of using customized QuitFax referral forms which included a place to insert discharge date.

CPPW Grant Summary

- ASHLine partnered with the Regional Behavioral Health Authorities in Maricopa County (Magellan) and Southern Arizona (Community Partnership of Southern Arizona) in order to target Behavioral Health (BH) facilities in an

FY 2012	
# Referrals	12,550
# Unique Locations	784
# Unique Agents	1,704



effort to increase access to tobacco cessation services to Arizonans in the public mental health system, a population with a disproportionately high use of tobacco.

- More than 150 meetings, trainings, and other events have been conducted at the BH facilities that were part of the grant.
- The total number of referrals received from BH locations was 1,065 which is a growth of 182 times the number of referrals received from the targeted BH facilities prior to the initiative.

Referral Call Team

- Protocol adherence increased this fiscal year as more sophisticated systems for compliance were developed.
 - WebQuit now includes a new color-coded system for identifying out of compliance calls.
 - The Referral Call team began to include "HOLD" in referral notes to indicate a client's preference for calls outside of the time frame specified in the protocol. These calls would no longer be recorded as out of compliance.
- Evaluated whether adherence to protocol increased the client reach rate.
- Evaluated whether there was a relationship between SRS scores for intake and a client taking his or her first coaching call.

FY 2012	
# Referrals	12,550
% Reached	55%
% Reached who Enrolled	46%



Coaching Team

- 88% of clients had at least 1 coaching call. The average coaching call for reached clients was 11 minutes long.
- Clients who received coaching had an average of 75.3 "most days quit".
- 88.3% of clients polled in the Customer Satisfaction survey said their coach had a positive impact on their quit attempt, 86.4% said overall coaching was helpful to them.

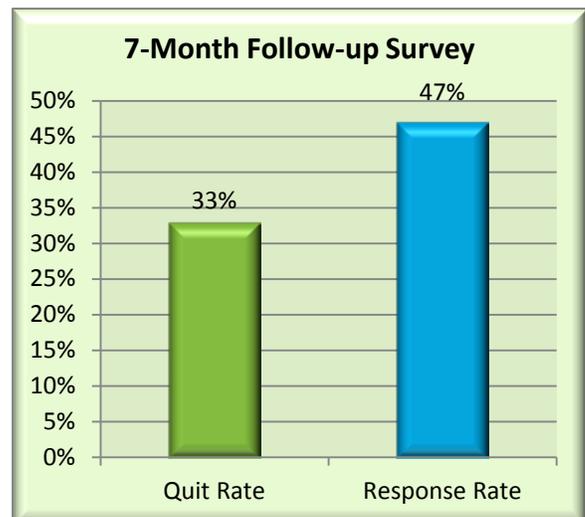
FY 2012	
New Episodes	11,381
Avg # Coaching Sessions (for reached episodes)	4.5
Avg # Coaching Sessions (for all episodes)	3.9
30-Days Quit (Clients in program at least 30 days)	32%

- Staffing efficiency procedures were improved to maintain outcome measures with fewer coaches.
- Major revision/refinement of internal coaching and intake process reports and clinical indicator reports to better manage process measures connected to outcomes. Staff supervision procedures were revised to increase utilization of QI data in day-to-day staff performance. Call-monitoring tool was developed.
- Refreshment of Ning social website, 240% increase in content posting.

Callback

- New scheduling protocols were implemented based on the results of quality improvement analyses.
- Re-enrollments were increased.
- New processes were integrated into Callback protocols to increase response rate.
- Developed a revision process and Implemented feedback changes to the Client Satisfaction Survey.
- New performance benchmarks were implemented in order to increase the quality of the work of the team.
- Surveyed clients, coaches, and providers on the Behavioral Health Initiative.
- Removed callback sampling from the 13 month list when staff reallocation to other surveys was permitted when RTI took over 7 month callback (RTI is conducting these surveys as part of their investigation comparing ph one and web behavioral support. They send us the data they collected on a biweekly basis).

FY 2012	
Quit Rate	33%
Response Rate	49%
Client Satisfaction	84%



Evaluation

Program Evaluation

- Implemented the ASHLine evaluation plan. Examples of analysis are:
 - Evaluated the relationship between promotional reach and quitline calls.
 - Evaluated the effect of ASHLine coaching by comparing clients who received both medication and coaching to those receiving only medication.
 - Estimated the effect of behavioral support services by comparing quit rates between clients receiving only medications and clients receiving both medications and coaching services.

- Analyzed archival data from medication promotion to compare quit rates for clients using ASHLine services and clients taking in-person cessation classes.
- Data Briefs sent to the state for monthly dissemination. Topics included outcomes of the ASHLine evaluation plan, such as the use of ASHLine by elderly, comorbid, and non- and under-insured clients.
- Participated in NAQC Public-Private Initiative with BTCD. The Evaluation Team helped to gather preliminary information about potential partners in the state.
- Reworked the ASHLine evaluation plan to incorporate new additions to the strategic plan.
- Evaluated different types of client characteristics that are predictive of program success and sustained tobacco cessation. This process also identifies characteristics of clients most at risk to drop out of the program or be unable to set a quit date or maintain quit.
- Established a strong connection between process measures, such as time in program and call duration, with outcome measures, such as quit rate and reduction in tobacco use. Such results show that our process is in accord with and contributes to our defined outcomes goals of helping Arizonans quit smoking.
- Began preliminary data collection for the effect of pharmacist intervention in helping ASHLine clients organize and adhere to their medication requirements.
- Provided Ad Hoc analysis for:
 - WIC
 - Project Reach
 - Coaching versus WebQuit
 - Diabetes Self Management Programs
 - Co-morbidity of ASHLine clients
 - ASHLine Call Volume and Quit Rates
 - Demographics of clients reached versus not reached for coaching
 - CPSA and Magellan Regional Behavioral Health Authorities
 - Various county health departments
- Referral reports specific to Behavioral Health, both for BTCD and the RBHAs.
- Quarterly reporting to National Quitline Data Warehouse (NQDW).
- Trained all of the county partners' staff members to use WebQuit to record outreach activities and to make online referrals.
- Customized monthly reports about referral number by location type for Maricopa County
- Monthly meeting with Maricopa County to provide technical assistance
- Monthly Referral report to the Inter-Tribal Council of Arizona
- Developed new monthly reports for coaching include:
 - Client satisfaction aggregate ratings report
 - Client satisfaction coaching ratings by coach report
 - Client satisfaction verbatim open-ended questions by coach report
 - Coaching process report (coaching calls)
 - Coaching intake report (report about doing intake)
 - Clinical indicators

Quality Improvement

- ASHLine data Quality Assurance Plan was initiated.
- Developed new quality improvement metrics for the Coaching, Referral Development, Referral Call, and Callback units.
- Established method for evaluating protocols with prospective methods and data.
- Completed QI analysis for ASHLine units. Some examples include:
 - Does increased adherence to the call protocol increase the percent reached?
 - Is there a correlation between SRS scores and the percent of clients who take the first coaching call?
 - Does using a new introduction script increase the likelihood of a Client enrolling in ASHLine services?
 - Does the frequency of contacts increase referrals?
 - Does the type of event impact referrals?
 - Pilot AAR in-service
 - Pilot webinar series
 - Database sweeps for duplicate locations on an ongoing basis
 - New coaching quality measures will begin to look at increasing the effectiveness of client retention
 - Monitoring coaching process with calls per client and evaluating risk
- Coaching Team QI-Subcommittee for formed to activate QI improvements/recommendations:
 - The coaching questions on the Customer Satisfaction Survey were revised to more accurately track and manage customer's desires with regard to their coaching experience.
 - Conducted a focused exploration of client satisfaction with regard to frequency of coaching calls.

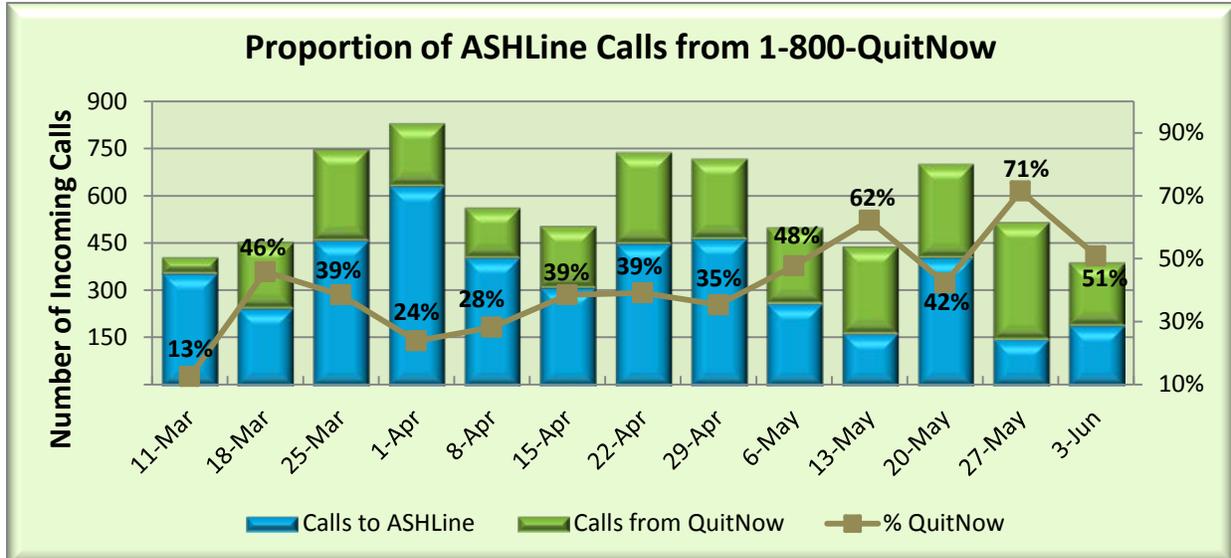
Publications and Presentations

- Published paper on the effect of referral location type on enrollment rates and quit rates.
- Presented a novel program evaluation method using ASHLine data at the American Evaluation Association
- Developing a paper investigating the effect of the client-coach alliance on client quit rates, above and beyond standard ASHLine training
- Investigation on the effect of location type (hospitals, PCP offices, community health centers) on referrals and client success in the ASHLine
- Submitted re-worked evaluation of the effect of individual coach differences on quit rates.
- Evaluation Team was coauthor on a poster of national quitline data presented with NAQC Director of Research, Jessie Saul, at the Society for Research on Nicotine and Tobacco Annual Conference.
- An update to the NAQC 2007 descriptive paper on US and Canadian quitlines was prepared for publication

National Media Campaign

In the middle of March 2012, the Centers for Disease Control launched an aggressive national campaign, advertising the services of the state quitlines through the national quitline, 1-800-QuitNow. In the week prior to the campaign, ASHLine received 51 calls through the national line, accounting for 12.5% of the incoming calls. ASHLine saw an increase in the proportion of calls coming through 1-800-QuitNow. The proportion of calls varied from week to week, ranging from a low of 23.9% to a high of 71.5% of calls coming from 1-800-QuitNow (see Figure 1).

Figure 1. Proportion of ASHLine calls from the national quitline



Overall, calls from Arizonans to the national quitline were very low, accounting for less than 1% of the calls to the national line. Arguably, the low proportion of calls to the national line is due to ASHLine's ongoing media presence in the state. That said, the influence of the national campaign on the number of calls from Arizonans to the national quitline was strong. There was substantial growth in the number of calls to the national line. As Figure 2 shows, the growth from the baseline week (March 11) ranged from 211% to more than 625% growth in calls to the national line from Arizonans.

Figure 2. Percent growth for calls received from the national quitline

