ASHLine Quarterly Report, July through September 2011: ASHLine Clients and Chronic Diseases

In January 2011, ASHLine revised the Caller Information Form (CIF) in order to capture more complete data about the callers. Included on the revised data collection tool are questions about other chronic conditions a caller might have. Specifically, ASHLine asks about asthma, blood pressure, cancer, COPD, diabetes, heart disease, and mental health conditions.

Between January 1, 2011 and September 30, 2011, ASHLine enrolled a total of 9,861 clients in coaching services who smoked some or everyday when they enrolled. At the time of enrollment, clients were asked if they had any of the conditions listed above. Clients were able to identify with as many conditions as applied. A third of clients identified as having a mental health condition, by far the most highly reported. See Table 1 for further information.

Table 1. Chronic Conditions Reported by Enrollees

Chronic Condition	Number	% of Enrollees
Asthma	1891	19.2%
Blood Pressure	2862	29.0%
Cancer	695	7.1%
COPD	1346	13.7%
Diabetes	1225	12.4%
Heart Disease	907	9.2%
Mental Health	3330	33.8%

The majority of clients (65.8%) reported having at least one other chronic condition, and more than a third of clients (35.1%) reported two or more chronic conditions in addition to tobacco use.

Table 2. Number of Chronic Conditions Reported by Enrollees

	Number	% of Enrollees
0 Chronic Conditions	3376	34.2%
1 Chronic Condition	3027	30.7%
2 or More Chronic Conditions	3458	35.1%
Total	9861	100.0%

Now that we have a better understanding of what clients look like in terms of co-occurring chronic diseases, we are able to explore whether there is a relationship between a client's number and type of chronic conditions and their progression through the quit program. For example, a preliminary investigation revealed that clients with chronic conditions report experiencing withdrawal symptoms at a higher rate than clients without any chronic conditions. Since we know at enrollment if a client suffers from multiple chronic conditions, ASHLine can proactively address the anticipated increase in withdrawal symptoms for such clients to help improve the quit process and the probability of successfully completing the program. Using the data collected at intake allows the ASHLine to tailor treatment of certain populations to address potential barriers to the quit processes, such as setting quit dates, adhering to goals, and preventing relapses.

Quarterly Highlights

Referral Development Team

Service Delivery

- Hire and maintain a team of professionals with training and experience in health systems change
- Develop and maintain a list of all hospital systems and community health systems in the State of Arizona and develop a strategic plan to interface with each system
    - *Hospital list completed in July 2011; community health center list to be completed in Q2*
    - *Maintenance will regularly occur for both lists at the beginning of each fiscal cycle*
- Conduct at least an annual assessment for systems change with each system focused on tobacco policy, staff training, and implementation of protocols that includes referral for telephone or web-based tobacco cessation services
- Develop a plan with each system for systems change, including level of support from ASHLine and projected referral outcomes
- Generate up to 12,000 fax or web referrals
- Communications plan
    - Quarter 1 – webinar series
        - *A total of 62 people attended the 3 webinars*
        - *Feedback report was compiled and submitted*
    - Monthly email updates – to include health awareness topics relevant to tobacco use

Team Training

- Revision of team training modules by Team Leader and Supervisor
- Microsoft Office training; including advanced features of Excel, Outlook, and Live Meeting

Referral Call Team

Service Delivery

- Process up to 1,000 fax and web referrals each month from healthcare systems, other BTCD partners, employers, and community organizations
    - *See Appendix B for details*
- Maintain a protocol to all for up to 5 calls to each referred patient to provide information and/or enroll them in the multi-call counseling program
    - *Protocol adherence increased across the quarter as more sophisticated tracking systems for compliance were developed; as of July 14, 2011, the Referral Call list in WebQuit included a color-code system for noting calls out of compliance; as of September 29, 2011, the Referral Call team included "HOLD" in referral notes to indicate which calls should no longer be included in compliance calculations due to client preference for calls at a time other than indicated by protocol*
- Provide feedback on status of referrals to each referral location at the close of the referral calls

- Provide Med Coaching for morning, afternoon, and evening shifts
- Resolve client issues with medication coverage through AHCCCS plans

	July thru Sept 2011
# Enrolled	2,668
% Took Coaching call	81.0%
Quit Rate	33.5%

Team Training

- All staff will complete team training modules on intranet
    - *Evaluation: verified through Training Checklist to be included in Employee File with Administrative Assistant*
        - *Completed; currently on file with Team Supervisor as Admin is on leave*
- Student staff will attend a retreat once per semester to review protocols and policies and to receive training – suggested topics for training include phone etiquette and call calibration
    - *Completed for Fall Semester; meeting minutes on i-net*

Coaching

Service Delivery

- The coaching team hired the two additional evening coaches to fill all of the coaching positions at ASHLine.
- The new Clinical Supervisor, Jonathan Krandell, LCSW, was hired and will begin with ASHLine in October. He brings a broad range of experience and recently served as the Director of Adult Clinical Services for CODAC Behavioral Health.
- Instituting the Medication Coaching protocols has increased our ability to engage people who do not want a full coaching protocol. This allows us to maintain contact and gather the necessary information to conduct a more thorough analysis of the impact of using medication without having a coach.

Evaluation

During this quarter, the Evaluation Team engaged in rigorous analyses to implement the ASHLine Evaluation Plan. The ASHLine also began preparing and submitting evaluation reports for peer reviewed publication. Finally, the ASHLine has continued participation in a national evaluation project that is comparing the effectiveness of phone and web tobacco cessation interventions.

Evaluation Papers

- Paper investigating the effect of the client-coach alliance on client qui rates, above and beyond standard ASHLine training
- Paper developed on the effect of location type (hospitals, PCP offices, community health centers) on referrals and client success in the ASHLine

- Evaluated the effect of ASHLine coaching by comparing clients who received both medication and coaching to those receiving only medication
- Data Briefs sent to the state for monthly dissemination evaluated numerous areas of the ASHLine evaluation plan, such as the use of ASHLine by elderly, comorbid, and non and under insured clients
- An update to the NAQC 2007 descriptive paper on US and Canadian quitlines was prepared for publication

Quality Improvement: The follow questions were evaluated during the ASHLine QI process

- 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 once per quarter
- New coaching quality measures will begin to look at increasing the effectiveness of client retention

Grant Activities

- Applied for funding to investigate systems change strategies to promote the referral of HIV+ smokers
- Applied for funding to incorporate ASHLine's referral development model to low SES women
- Began preliminary data collection for the effect of pharmacist intervention in helping ASHLine clients organize and adhere to their medication requirements

Callback

- New scheduling protocols were implemented based on the results of quality improvement analyses
- Re-enrollments were increased from the previous quarter
- New processes were integrated into Callback protocols to increase response rate. Data are currently being collected to evaluate these efforts