

ASHLine Quarterly Report, Fiscal Year 2012 Quarter 2: Chronic Conditions and Reaching 90 Days Quit

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. Last quarter we examined the distribution of ASHLine clients who reported co-occurring conditions and the rates at which conditions were reported. This month we will begin to examine whether co-occurring conditions affect how clients progress through their quit process.

One major milestone in the quit process is reaching 90 days quit. We find that regardless of the presence or number of co-occurring chronic conditions, approximately 25% of ASHLine clients reached 90 days quit. See Table 1 for more information.

Table 1. Percentage of clients reporting chronic condition(s) reaching 90 days quit

	% Reach 90 Days Quit
0 Chronic Conditions	25.5%
1 Chronic Condition	25.4%
2 or More Chronic Conditions	25.5%

Depending on the chronic condition reported, the percentage of clients reaching 90 days quit varied from a low of 21.8% for clients with cancer to a high of 30.7% for clients with diabetes. For clients without the specific conditions the percentage reaching 90 days quit ranged from 24.5% to 26.7%. See Table 2 for details.

Table 2. Percentage of clients reporting specific chronic condition reaching 90 days quit

	% Reached 90 days Quit
Asthma	23.3%
Blood Pressure	26.9%
Cancer	21.8%
COPD	24.9%
Diabetes	30.7%
Heart Disease	26.4%
Mental Health	23.0%

Overall having 0, 1, or 2 or more chronic conditions does not affect the rate at which clients reach 90 days quit. ASHLine coaches can use this information to encourage clients with co-occurring chronic condition that the presence of other conditions should not deter negatively impact their quit attempts.

Coaching

- New Manager of Clinical Services, Jonathan Kandell, LCSW, started in October
- Coaches' work duties regarding intake and coaching were re-conceptualized to allow for more flexibility and phone coverage hours.
- Increased coordination of coaches' and students' schedules
- Work resumed on restructuring ASHLine core training module
- Initiation of Quality Indicators improvement project
 - Formed Coaches' Quality Improvement subcommittee

Table 3. Coaching metrics

	Quarter 2	Year-to-Date
# Enrolled	2,449	5,119
Total Coaching Sessions	8,981	18,183
Avg # Coaching Sessions	2.9	3.3

Referral Call Team

- Processed 2865 fax and web referrals during the quarter from healthcare systems, other BTCD partners, employers, and community organizations
- Maintained a protocol for up to 5 calls to each referred patient to provide information and/or enroll them in the multi-call counseling program and achieved a reach rate of 50%

Table 4. Referral Call team metrics

	Quarter 2	Year-to-Date
# Referrals	2,865	5,659

Referral Development Team

- Completed an annual assessment for systems change with each hospital system focused on tobacco policy, staff training, and implementation of protocols that includes referral for telephone or web-based tobacco cessation services
- Generated 2,865 referrals from 438 unique locations and 698 unique referrers
- Completed the second behavioral health summit

Table 5. Referral Development team metrics

	Quarter 1	Quarter 2
# Referrals	2,794	2,865
# Referring Locations	427	438
# Referring Agents	751	698

- Monthly email updates – to include health awareness topics relevant to tobacco use

- Between 10 and 13% of the emails sent to enrollees of the ASHLine monthly update were opened. The number of email updates sent grew from 995 to 1,057; however, the number and percent of “bounced” emails grew as well. Efforts were made to clean the email list for only usable email addresses.

Table 6. Constant Contact Metrics for Quarter 2 (October-December 2011)

Date Sent	Email Name	Sent	Bounces	Spam Reports	Opt-Outs	Opens	Clicks	Forwards
10/04	Monthly Update October 2011	995	16.7% (166)	0	0.1% (1)	12.9% (107)	7.5% (8)	0.9% (1)
11/03	Monthly Update November 2011	1,037	17.6% (182)	0	0	12.5% (107)	6.5% (7)	0.9% (1)
11/07	Updated Partner Newsletter – November 2011	1,038	18.2% (189)	1	0.2% (2)	10.2% (87)	0	0
12/06	Monthly Update December 2011	1,057	18.6% (197)	3	0.6% (6)	11.0% (95)	11.6% (11)	1.1% (1)

- A preliminary analysis showed that the number of events conducted by the Referral Development Team positively affects the number of proactive referrals made to ASHLine.
- A preliminary analysis was conducted of in-service trainings that took place during calendar year 2011. Results show that 50 of the 77 locations trained made more referrals in the 3 months following their prior to their in-service than in the 3 month preceding their in-service.
- The pilot Ask, Advise, Refer (AAR) in-service was evaluated with 93% of participants indicating they would be able to use what they learned during the in-service
- Team Supervisor conducted mini-pilot to collect missing Location Contact information for all Behavioral Health Locations outside of Maricopa County; Team Lead worked with Referral Call team member to conduct larger pilot for all Location types in southern AZ – pilot is ongoing

Callback Team

- Callback Team Retreat: Attendees developed strategies and directions for the Unit to implement over upcoming year
- Adapted the Callback Team training manual
- Created the Team Lead objectives manual
- Implemented feedback revisions to the Client Satisfaction Survey
- Began rotating staff to various call lists to increase work diversity and increase accountability

Table 6. Callback team metrics

	Quarter 2	Year-to-Date
Quit Rate	31%	32%
Response Rate	50%	50%

Evaluation

- 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
- Presented a novel program evaluation method using ASHLine data at the American Evaluation Association
- Developed new quality improvement metrics for the coaching unit
- Continued data collection to compare the effectiveness of phone and web cessation services
- Began analyzing the relationship between promotional reach on quitline calls