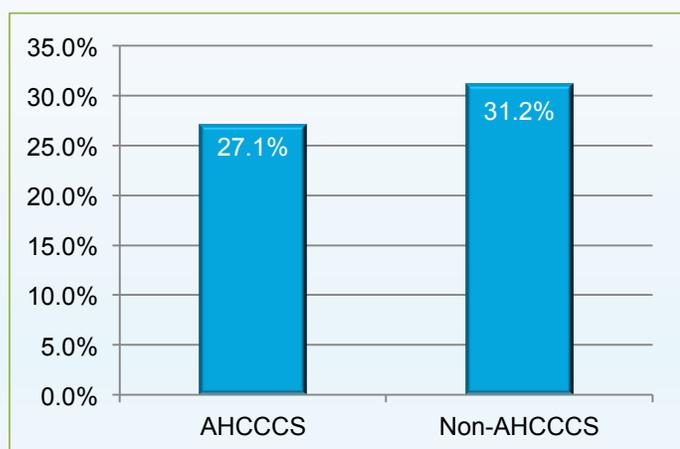


## ASHLine Clients Enrolled in AHCCCS: Factors Influencing Program Success, Part III – Quit Attempts, Successful Quits and NRT

ASHLine data indicate that clients enrolled in the Arizona Health Care Cost Containment System (AHCCCS) have lower quit rates compared to non-AHCCCS clients. Focus groups and interviews were conducted to identify the manner in which unique characteristics of this population (e.g., environmental, socio-economic, etc.), as well as the ASHLine programmatic structure, impact AHCCCS client success or failure in quitting tobacco.

Figure 1. 7-Month Quit Rate by AHCCCS Status



Nineteen AHCCCS clients were interviewed, 11 of whom had exited the program quite (Quitters) and 8 of whom had exited the program not quit (Smokers).

Participants reported that quit attempts were thwarted by an environment in which smoking was the norm and inter-personal relationships and financial and health concerns interfered with commitments to quit tobacco. For some Smokers, failed quit attempts resulted in a lack of motivation and an attitude that the “work” associated with quitting tobacco did not outweigh the benefits associated with smoking.

“ I don't know if smoking does a lot for me; it's just a habit. But I don't see anything good from all the hard work of trying to quit and

*I just say I don't give a damn. Sometimes you feel like you can't do it. What's the difference? What's going to change?*

”

So what was the motivation that allowed some individuals to successfully quit and stay quit? Many spoke of a change in priorities, often prompted by responsibilities to others, resulting in a future-oriented perspective that entailed taking care of one's health. This awareness supplanted the notion that one can quit smoking sometime in the indefinite future when one is better prepared.

“

*My 4 year old daughter began to imitate my smoking. I didn't want my kids to start smoking because of me. And I didn't want to get emphysema and not be able to chase after my kids.*

”

Once the motivation was present to change the behavior, the most significant ingredient to successfully quit smoking was “willpower.” Twelve participants (63%) identified inner strength, determination, and vigilance to stay quit as the ultimate key to success.

Seventeen participants (90%) had used NRT as a quit aid, with 13 (72%) of these individuals experiencing side effects that caused them to discontinue use. Many reported trying different forms of NRT until finding one they could tolerate, and a few Smokers reported the intent to try NRT during their next quit attempt. Quitters spoke of keeping NRT on hand to counter potential relapse “just in case.”

These findings inform and enhance ASHLine services for AHCCCS clients. Coaches can direct discussions to the benefits of a smoke-free future in terms of what is most important to the client – health, ability to care for loved ones, etc. These discussions should also foster engagement as coaches can directly address clients' lack of motivation to quit and the ability to switch quit medication in the event of adverse reactions.

## ASHLine Quarter 1 Report

Fiscal Year 2014 (July 2013 – September 2013)

### Summary of the Quarter

Fiscal year 2014 began with a strong first quarter. The quitline received more than 4,400 calls and enrolled almost 3,000 Arizonans in the quit tobacco-coaching program. Additionally, ASHLine provided more than 175 clients with self-help information. The proactive referral program remains strong as well, with more than 540 healthcare professionals referring 2,470 individuals to ASHLine services. Compared to the same quarter last fiscal year, the 7-month quit rate<sup>1</sup> rose from 31% to 37%.

#### ASHLine Core Measures

|                       | Q1 FY 2013 | Q1 FY 2014 |
|-----------------------|------------|------------|
| <b>Incoming Calls</b> | 5,438      | 4,467      |
| <b># Referrals</b>    | 2,853      | 2,470      |
| <b># Enrolled</b>     | 2,596      | 2,983      |
| <b># Info Only</b>    | 680        | 178        |
| <b>Quit Rate</b>      | 31%        | 37%        |

### Community Development Team

- Partnered with BTCD to develop a new, outcomes-focused approach to providing technical assistance to county health departments around referral development
- Partnered with BTCD on two key initiatives surrounding public-private partnerships and systems change within Arizona's community health centers
- Engaged in recruitment and training for two pilot projects

This quarter, the Community Development Team has been busily working on a number of pilots and initiatives, several in partnership with BTCD. In addition to providing ongoing training and technical assistance to our targeted partners in the field, the Community Development Team worked with BTCD to provide a training summit for county partners and to spearhead the development of individualized outreach and engagement plans for each county health department. These plans will help guide the health departments' ASHLine-related referral development activities in the field throughout FY14. To further support this work, a new monthly reporting format was developed that highlights key referral-related metrics to ensure an outcomes-focused feedback loop is available to county partners. The Community Development Team also partnered with BTCD to provide a summit, create educational materials, and develop relationships with a number of insurance brokers, employers, and health insurance organizations to move the public-private partnership initiative forward.

<sup>1</sup> ASHLine uses the official NAQC formula to calculate the quit rate for its clients. The NAQC formula is the 30-day point prevalence assessed at seven months post-enrollment. To gather this information from its clients, ASHLine calls 100 percent of clients who have consented to follow-up calls at 7 and 13 months post-enrollment to administer the follow-up surveys. The quit rate is then calculated based on the 7-month post-enrollment survey. The response rate is the percent of clients who consented to be called who participated in the 7-month survey.

Similarly, we partnered with Bureau of Tobacco and Chronic Disease on a presentation to the Board of the Arizona Alliance for Community Health Centers to initiate a systems change dialogue with key administrators from Arizona's community health centers. Finally, the Community Development Team worked hard to recruit partner organizations to participate in two pilot projects. One pilot is being offered in partnership with the Multi-State Collaborative for Systems Change and BowLink Technologies surrounding the implementation of a fully bi-directional electronic referral process between ASHLine and participating organizations' electronic health records. The second pilot focuses on partnering with behavioral health organizations and a behavioral health pharmacist on utilizing a client medication review to improve quit outcomes and overall health among clients referred from pilot locations.

## Enrollment Team

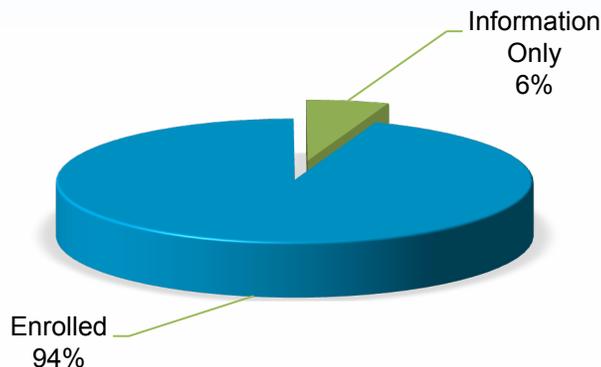
- Re-organization of the Referral Call Team into a new Enrollment Team
- New training initiative in Client Engagement

### Community Development and Enrollment Teams

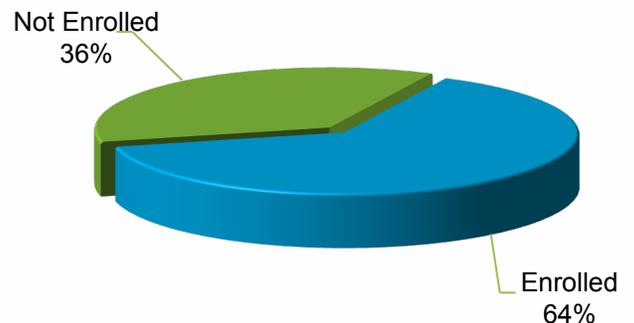
|                               | Q1 FY 2013 | Q1 FY 2014 |
|-------------------------------|------------|------------|
| <b># Referrals</b>            | 2,853      | 2,470      |
| <b>% Reached</b>              | 52%        | 49%        |
| <b>% Reached who Enrolled</b> | 54%        | 64%        |
| <b># Unique Locations</b>     | 411        | 418        |
| <b># Unique Agents</b>        | 600        | 545        |

The former Referral Call Team transitioned into the new "Enrollment Team," tasked with expanded duties of engaging new callers in behavior change, in addition to continuing duties of enrolling new clients and contacting individuals referred to the program. Engagement Specialists and an Enrollment Supervisor were added to the team to focus on customer experience and engagement from the earliest client contact.

### Intake Type



### Reached Referrals Enrollment Rate



## Coaching Team

- Re-organization of Tobacco Cessation Coaching team into Lifestyle Behavior Change Specialists
- New clinical and data analysis training initiatives
- New case staffing process initiated

This quarter, the coaching team began to operate under its expanded title and role as “Lifestyle Behavior Change Specialists.” The new title and duties reflect a broadened vision of the coaching process as ASHline expands into territory beyond tobacco cessation.

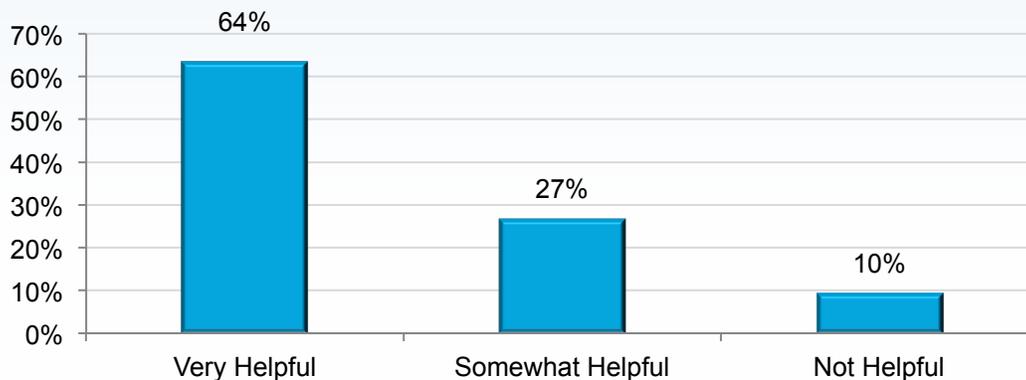
### Coaching

|   | Q1 FY 2013 | Q1 FY 2014 |
|---|------------|------------|
| <b>New Episodes</b>                           | 2,595      | 2,960      |
| <b>% Receiving 1+ Coaching Calls</b>          | 82%        | 77%        |
| <b>Avg # Coaching Sessions/Exited Episode</b> | 5.8        | 3.5        |
| <b>% Using Meds</b>                           | 44%        | 57%        |
| <b>Reached 30-Days Quit</b>                   | 64%        | 67%        |

New training initiatives were implemented to expand clinical skills in ASHLine’s two primary clinical models of Motivational Interviewing and Feedback Informed Treatment. This was done in order to address a variety of client wellness issues, in addition to maintaining excellence with tobacco cessation.

A new clinical “case staffing” process was initiated to brainstorm treatment options for the most challenging coaching cases, to lower drop-out rates and improve outcomes. Data analysis training was initiated to teach coaches skills for interpreting and utilizing data to improve service.

### How helpful was coaching in your efforts to quit tobacco?



## Survey Team

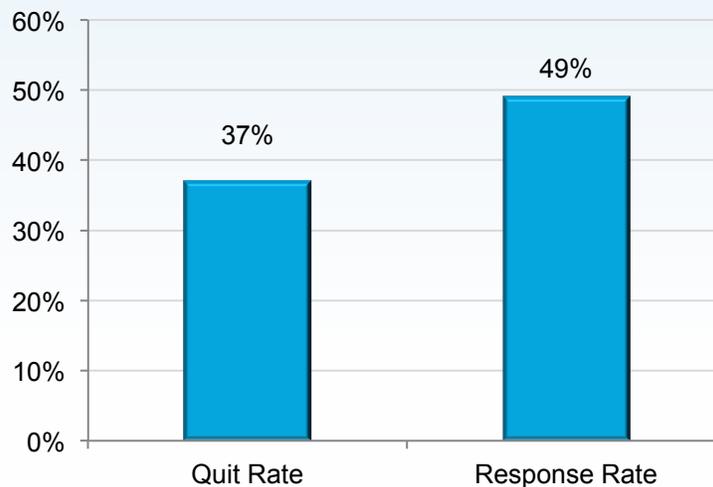
- Changed the Callback Team's name to the Survey Team
- Developed new process for identifying clients currently enrolled in ASHLine services

The Callback Team was renamed the "Survey Team" to more accurately reflect their focus on administering the follow-up and client satisfaction surveys. The Survey Team continued its development of protocols by incorporating a method to identify clients who are being called for follow-up if they are current clients. Evaluation data indicate that some clients may think they have been prematurely exited since they are being called by ASHLine Survey staff. Knowing whether a client is currently enrolled will help us clarify the purpose of our call to the client.

### Survey Team

|                                    | Q1 FY 2013 | Q1 FY 2014 |
|------------------------------------|------------|------------|
| <b>7-Month Quit Rate</b>           | 31%        | 37%        |
| <b>Response Rate</b>               | 52%        | 49%        |
| <b>Overall Client Satisfaction</b> | 84%        | 92%        |

### 7-Month Follow-up Survey



## Evaluation Team

- Conducted focus groups of AHCCCS clients
- Inter-organization collaboration
- Continued fulfilling data requests

The Evaluation Team made advances in the large-scale evaluation plan and the response to both internal and external data requests. The former accomplishment was highlighted by completing a number of focus groups of ASHLine clients on AHCCCS. This evaluation helped us identify specific issues that are related to the disproportionate drop-out rate of AHCCCS clients, and we have used the findings to develop tailored services for clients in this demographic. The Evaluation Team has also been active in collaborating with external partners. Most significantly, we have submitted a grant with faculty at the College of Public Health, University of Arizona, to the William T. Grant Foundation. Our analytic services were active over the past quarter as well. For instance, we provided support for the BTCD Diabetes Self-Management Training program grant end report by providing referral data.

## Quality Improvement

- Developed enhanced protocols aimed at engaging and retaining high risk clients (e.g., behavioral health, AHCCCS) in ASHLine services
- Initiative to decrease intake error rates began

Certain client demographics may require more attention and time to perform program activities, such as scheduling and returning phone calls and responding to messages left by coaches. An enhanced protocol was developed to provide more support and attention to behavioral health and low-income clients. In addition, an initiative to increase data-entry accuracy during the intake process began. Finally, the project for identifying reasons clients elect not to enroll in ASHLine services was continued and, based on these findings, protocols were developed to increase enrollment.

## Appendix: July 2013 - September 2013 Statistics and Demographics

Table 1. Referrals, Enrollments, and Coaching Calls by County

|              | Referrals    | Enrollments  | Total Coaching Calls | Avg # Coaching Calls for Exited Clients |
|--------------|--------------|--------------|----------------------|---|
| County       | Q1 FY 2014   | Q1 FY 2014   | Q1 FY 2014           | Q1 FY 2014                              |
| Apache       | 10           | 8            | 48                   | 6.2                                     |
| Cochise      | 44           | 53           | 223                  | 4.0                                     |
| Coconino     | 128          | 79           | 167                  | 3.4                                     |
| Gila         | 14           | 24           | 97                   | 4.6                                     |
| Graham       | 29           | 19           | 58                   | 4.2                                     |
| Greenlee     | 2            | 6            | 13                   | 2.2                                     |
| La Paz       | 14           | 9            | 25                   | 3.0                                     |
| Maricopa     | 969          | 1,657        | 4,439                | 3.3                                     |
| Mohave       | 110          | 150          | 435                  | 3.8                                     |
| Navajo       | 25           | 43           | 132                  | 3.4                                     |
| Pima         | 873          | 541          | 1,479                | 4.0                                     |
| Pinal        | 25           | 134          | 365                  | 3.5                                     |
| Santa Cruz   | 56           | 35           | 70                   | 4.1                                     |
| Yavapai      | 134          | 137          | 387                  | 3.5                                     |
| Yuma         | 30           | 69           | 254                  | 3.6                                     |
| Unknown      | 7            | 19           | 22                   | 3.5                                     |
| <b>Total</b> | <b>2,470</b> | <b>2,983</b> | <b>8,214</b>         | <b>3.5</b>                              |

Table 2. Incoming Calls and Quit Rate

| Summary Statistics | Q1 FY 2014 |
|--------------------|------------|
| # Incoming Calls   | 4,467      |
| 7-Month Quit Rate  | 37%        |

Table 3. Demographics and Intake Type

| <b>Gender</b>    | <b>Enrolled</b><br>(N=2,893) | <b>Information<br/>Only</b><br>(N=178) | <b>Total</b><br>(N=3,161) |
|------------------|------------------------------|--|---------------------------|
| Male             | 1,214                        | 9                                      | 1,223                     |
| Female           | 1,740                        | 8                                      | 1,748                     |
| Unknown/Missing  | 29                           | 161                                    | 190                       |
| <b>Race</b>      |                              |  |                           |
| White            | 2,148                        | 5                                      | 2,153                     |
| African American | 244                          | 0                                      | 244                       |
| Asian            | 13                           | 0                                      | 13                        |
| Hawaiian         | 3                            | 0                                      | 3                         |
| American Indian  | 56                           | 0                                      | 56                        |
| Multiracial      | 61                           | 0                                      | 61                        |
| Other Race       | 56                           | 1                                      | 57                        |
| Unknown/Missing  | 402                          | 172                                    | 574                       |
| <b>Ethnicity</b> |                              |  |                           |
| Hispanic         | 515                          | 1                                      | 516                       |
| Non-Hispanic     | 1,735                        | 6                                      | 1,741                     |
| Unknown/Missing  | 733                          | 171                                    | 904                       |
| <b>Age</b>       |                              |  |                           |
| Less than 18     | 8                            | 1                                      | 9                         |
| 18-24            | 163                          | 3                                      | 166                       |
| 25-34            | 382                          | 3                                      | 385                       |
| 35-44            | 484                          | 3                                      | 487                       |
| 45-54            | 821                          | 11                                     | 832                       |
| 55-64            | 712                          | 11                                     | 723                       |
| 65-79            | 372                          | 4                                      | 376                       |
| 80+              | 21                           | 0                                      | 21                        |
| Unknown/Missing  | 20                           | 142                                    | 162                       |

Figure 3. Referrals by Location Type

