

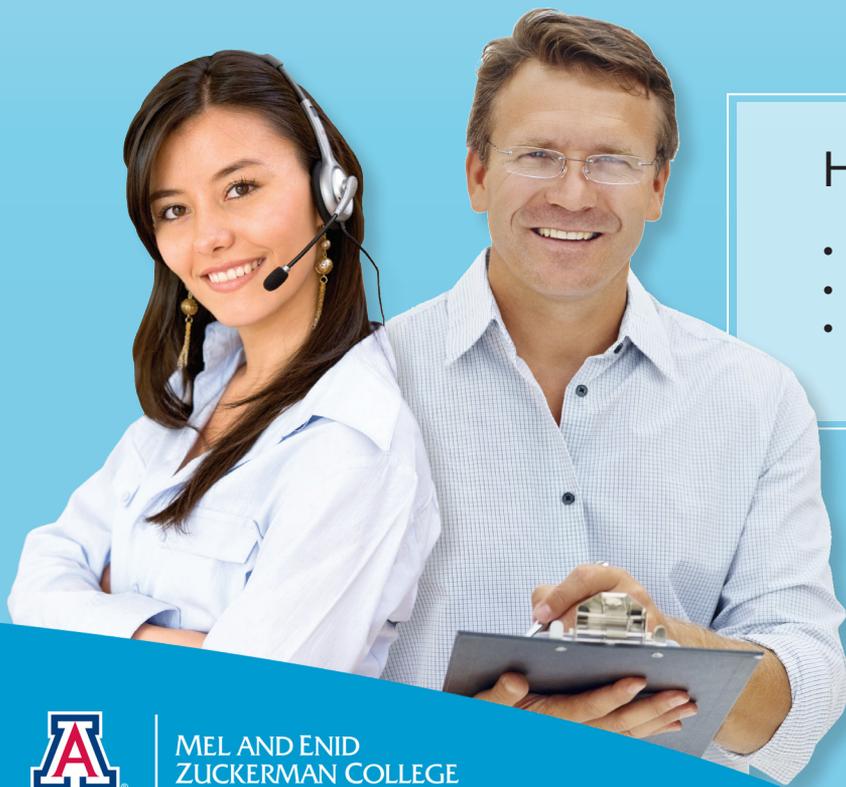
# ASHLine Annual Report

Fiscal Year 2013  
(July 2012 through June 2013)



ASHine

Improving the health of Arizonans  
through technology based interventions.



Highlights to this report include:

- Program Measures
- Enrollment Pilot Project
- Evaluation in Action



MEL AND ENID  
ZUCKERMAN COLLEGE  
OF PUBLIC HEALTH



ASHine

## Summary of the Fiscal Year

Fiscal year 2013 was another strong year for ASHLine. The quitline received more than 26,400 calls and enrolled almost 14,200 Arizonans in the quit tobacco-coaching program. Additionally, ASHLine provided more than 3,100 clients with self-help information. The proactive referral program remains strong as well, with more than 1,200 healthcare professionals referring more than 10,500 individuals to ASHLine services. This year the Evaluation Team used ASHLine data collected at intake and during coaching calls to make programmatic changes to improve service delivery.

### ASHLine Core Measures

	FY 2012	FY 2013
<b>Incoming Calls</b>	27,606	26,469
<b># Referrals</b>	12,550	10,518
<b># Enrolled</b>	11,394	14,214
<b># Info Only</b>	4,673	3,157
<b># Coaching Sessions</b>	41,630	40,662
<b>Quit Rate</b>	33%	30%

## Community Development Team

- Emphasized the development of sustainable referral systems by working with organizations serving a disproportionately high percentage of tobacco users
- Partnered with the Arizona Department of Health Services Bureau of Tobacco and Chronic Disease to provide training and ongoing technical assistance to Community Engagement Staff within county health departments to expand their skill set in referral development

Fiscal year 2013 marked the transition of the Referral Development Team into the Community Development Team. This change reflects a shift in emphasis from working with healthcare providers industry-wide to develop sustainable referral systems. Our more strategic focus is now on partnering with organizations serving a disproportionately high percentage of tobacco users to promote tobacco-related systems change. Specifically, the Community Development Team focused on engaging and partnering with hospitals, Federally Qualified Community Health Centers /Federally Qualified Community Health Centers Look-Alikes, and behavioral health organizations in implementing systems strategies to ensure consistent assessment and intervention are provided to all tobacco users served.

### Number of Referrals



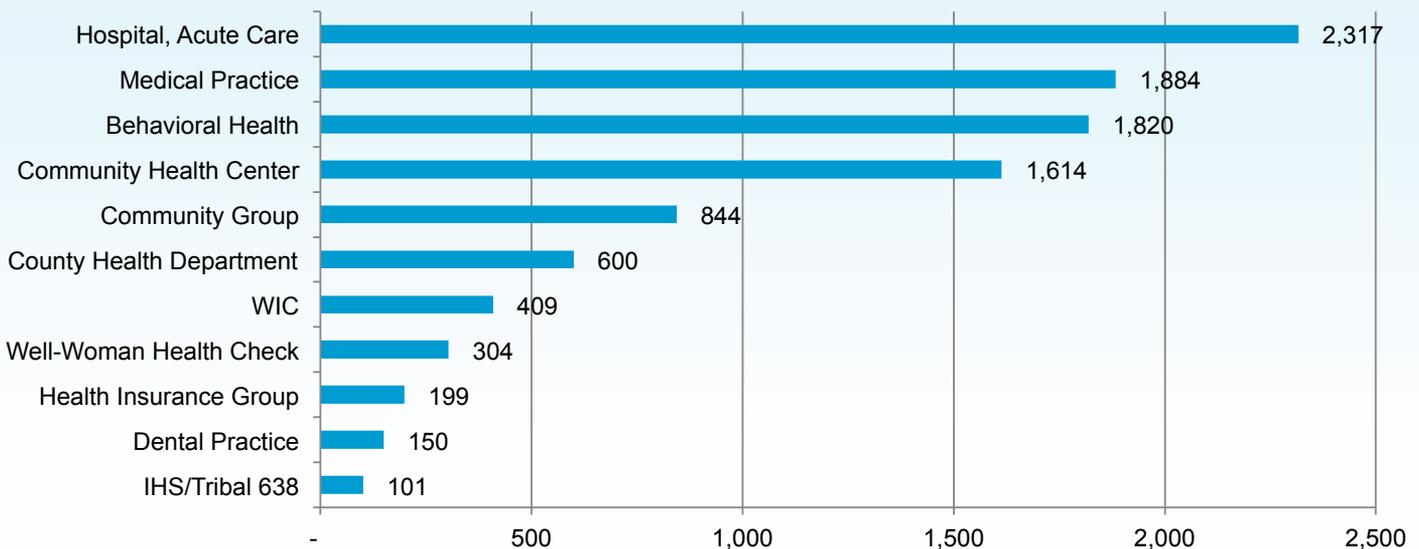
In order to ensure that referral partners continue to receive quality support outside of the team's three target industries, the Community Development Team partnered with the Bureau of Tobacco and Chronic Disease to provide standard and customized training and ongoing technical assistance to Community Engagement Staff within county medical and behavioral health organizations to expand their skill set in referral development. In FY13 the Community Development Team provided two training summits to Community Engagement Staff addressing levels of engagement, advanced fundamentals of referral development, elements of academic detailing, and return on investment. Additionally, the Community Development Team initiated the planning process for the next Community Engagement Staff summit to be held in July 2013 focusing on planning, monitoring, and outcomes.

## Community Development and Referral Call Teams

	FY 2012	FY 2013
<b># Referrals</b>	12,550	10,793
<b>% Reached</b>	55%	53%
<b>% Reached who Enrolled</b>	46%	56%
<b># Unique Locations</b>	784	715
<b># Unique Agents</b>	1,704	1,269

Finally, the Community Development Team built upon its previous work by growing partnerships, advancing strategic initiatives, and participating in pilots. Key partnerships include the Arizona Alliance of Community Health Centers, the Arizona Department of Health Services Child Care Licensing Office, and private businesses and insurance companies.

**Number of Referrals by Location Type  
(Total Referrals = 10,518)**



## Referral Call Team

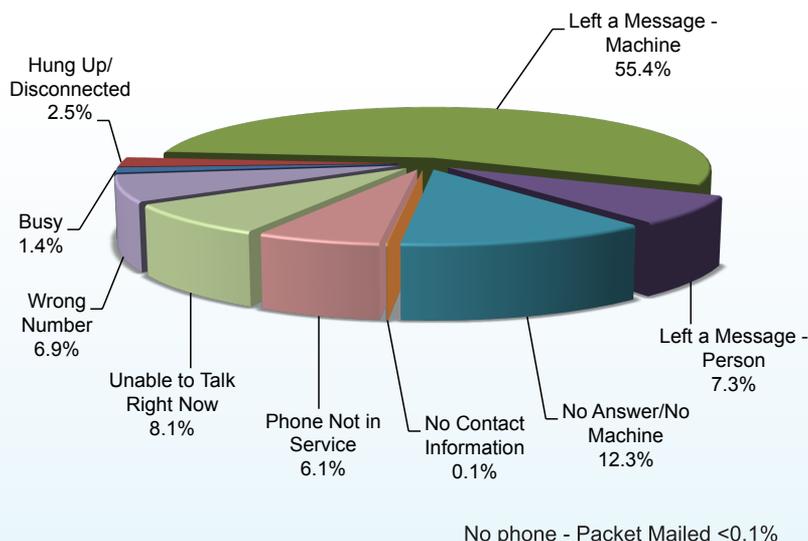
- Processed over 10,500 fax and web referrals
- 97% of first call attempts to referred patients were made within 24 hours of receipt of the referral

While the Community Development Team ensures strong connections between ASHLine, Arizona health providers, and other community organizations which refer clients to ASHLine for services, it is the Referral Call Team that does the work of contacting potential clients, informing them of ASHLine services, and enrolling them in the program. To that end, the Referral Call Team has processed more than 10,500 fax and web referrals from healthcare systems, county health partners funded by the Bureau of Tobacco and Chronic Disease, employers, and community organizations.

This team maintained a 5-call protocol to each referred patient to provide information and/or enroll them in ASHLine services, and a report of the enrollment status of each referred patient was provided to the referring location. Protocol adherence for the Referral Call Team was high; 97% of first call attempts were made within 24 hours.

The Referral Call Team was also heavily involved with quality improvement efforts to increase enrollment of referred clients. Looking at ways to better schedule outgoing calls to referred clients, the Referral Call Team identified two different reasons for clients reporting that they did not have time to complete the enrollment form at the time of the call. Different engagement strategies were developed to respond to these different reasons that clients are not able to complete an enrollment form during a call.

### Reasons Referrals were not Reached



Clients who are referred to ASHLine services are more likely to use a prescription tobacco cessation medication than other clients.

## Coaching Team

- Delivery of two major clinical training initiatives: a three-week Feedback Informed Treatment intensive and a one-week Motivational Interviewing training, aimed at increasing core clinical skills in clinical frameworks
- Despite sharply increased caseload, clients continued to be highly satisfied with coaching services; 89% of clients reported their coaching experience was helpful

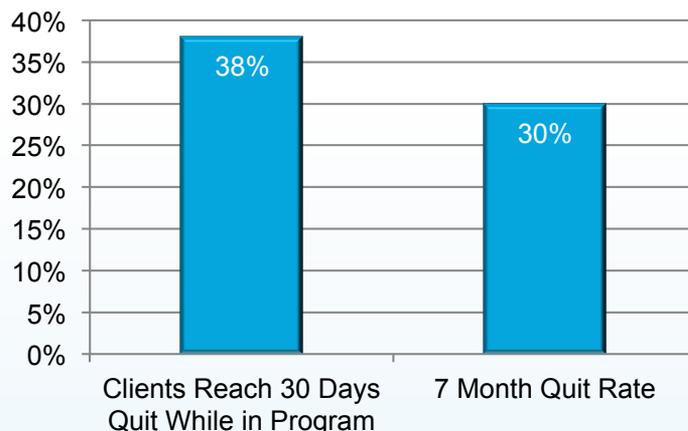
**The core of ASHLine services are provided by the Coaching Team.** This group of individuals is trained to respond to the specific needs of their clients. In addition to coaching, the Coaching Team answers incoming calls and enrolls clients into coaching services. Over the course of the fiscal year, the team improved its incoming call answer rate by using modeling to predict call volume and optimize staffing between Coaching and Referral Teams. The two teams achieved a 96.2% answer rate for all incoming calls during working hours during this past year.

The two major clinical training initiatives this year were a three-week Feedback Informed Treatment intensive and one-week Motivational Interviewing training, aimed at increasing core clinical skills in clinical frameworks. These involved a combination of lecture and individual staff action plans which were based on call monitoring which occurred over a three month period and included feedback to the coaches.

A major challenge facing the coaching team was maintaining clinical outcomes and customer satisfaction in the face of sharply increased caseloads concurrent with the combined federal and state media campaigns. Caseloads increased 240% from a low of 86 calls per week per coach in late December to 209 calls per week per coach at the end of the fiscal year.

Despite the challenges of an increased workload for the coaches, client satisfaction remained high; 88.5% of clients responded “agree” or “strongly agree” to the statement “Overall, the coaching experience was helpful for me.”

## Quit Rates



### Coaching

	FY 2012	FY 2013
<b>New Episodes</b>	11,381	14,300
<b>% Receiving 1+ Coaching Calls</b>	88%	82%
<b>Avg # Coaching Sessions/Exited Episode</b>	4.2	3.9
<b>Avg # Coaching Sessions for Quit Clients</b>	8.5	7.8
<b>Avg Call Duration for Quit Clients (in mins)</b>	10.6	9.6
<b>% Using Meds</b>	46%	52%
<b>30-Days Quit</b>	32%	38%

More than a third of ASHLine clients identify having 2 or more chronic conditions in addition to tobacco use.

Quit rates were mixed during this year. The 7-month point prevalence quit rate dropped from 33% to 30%. However, the 30-day quit rate increased by 6% from FY 2012 to 38%, indicating clients were able to reach 30 days quit while receiving coaching services, but a smaller proportion of clients were quit at their 7-months post enrollment follow-up.

We have found that the average length of a client's coaching calls is related to their 7-month quit rate. Calls that are too short probably do not provide enough support while those that are too long may not be focused enough. We find that clients whose calls average between 5 and 11 minutes have the highest quit rates.

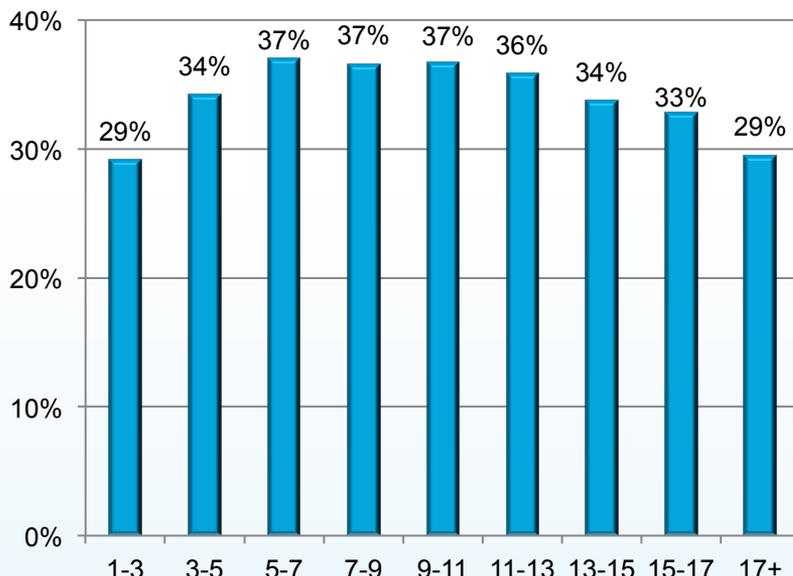
Recent research has shown that harm reduction, that is, helping clients reduce the amount smoked, is not effective in helping users extend their lifespan. ASHLine works with clients with the goal of achieving complete abstinence from tobacco. However, clients do not always attain that goal. Often when they are unable to quit completely, ASHLine coaches were able to help clients reduce their reliance on tobacco as demonstrated by a decrease in

number of cigarettes smoked among clients dropping out of the program.

Clients who exited services while still smoking reported a decrease of 54% in number of cigarettes smoked per day when compared to the number of cigarettes they reported smoking daily at intake.

This was a large drop compared to a 28% drop in similar clients in 2012. Although these client may have continued smoking, by reducing the number of cigarettes they use on a daily basis they increase their chances of achieving complete abstinence on their next quit attempt.

## Quit Rate by Average Length of Coaching Calls



Clients who are quit when they exit services are highly likely to feel that they worked well with their coach.

## Enrollment Pilot Project

- Using a shorter version of the Caller Information Form led to a reduction in time spent per client on the enrollment and first coaching calls
- The pilot project led to changes in the internal structure of ASHLine which were aimed at maximizing the efficiency of service provision

**Previous evaluation projects have shown that the lengthy enrollment process was not viewed favorably by clients, especially since many of the questions on the enrollment survey were reviewed with the client's coach on the first coaching call.** The Enrollment Pilot

Project used a shortened version of the Caller Information Form which only collects basic contact and demographic information, leaving the remaining tobacco use and quit history items to be collected by the coach on the first coaching call. This shortened intake form was piloted beginning in late December when ASHLine experienced high call traffic due to a simultaneous national and state smoking cessation media campaign. Results indicated that using the shortened intake form lessened the time spent on both the initial enrollment call and the first coaching call. Based on the substantial time savings, ASHLine is continuing to use the shortened intake form and has modified its internal organization to reflect a more efficient process of enrolling and coaching clients.

Clients who use smokeless tobacco have a quit rate of approximately 51%.

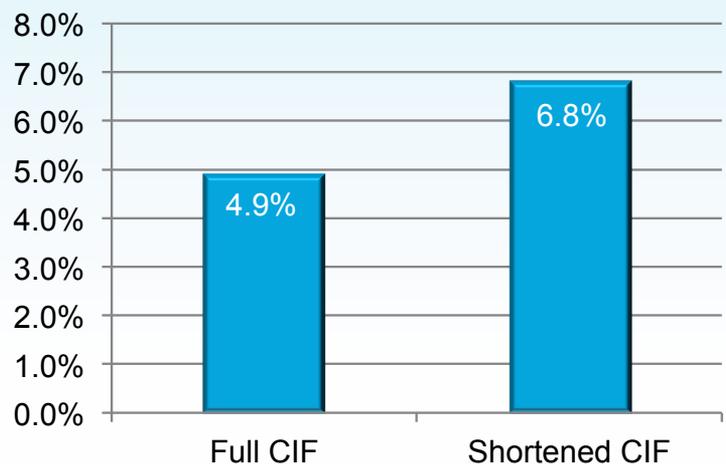
## Callback Team

- Increased the proportion of clients re-enrolling in coaching services
- Implemented an improved version of the Client Satisfaction Survey that was developed by a diverse team of coaches, managers, and intake and callback staff

**The Callback Team is largely responsible for collecting the data ASHLine uses to monitor its outcomes and program success.**

Although the primary focus of the Callback Team continues to be the administration of the client follow-up surveys, cross-training was successfully implemented that allows the team to assist the Coaching and Referral Call Teams with enrollment during media spikes and other times of high call volume. The Callback Team began working with other ASHLine teams to expand their job knowledge and enhance intra-office communication, implemented a

### Callback Re-Enrollment Rate



new training program for its members, developed new team communication processes, and began employee monitoring and work improvement activities. Fiscal year 2013 also saw the initiation of a process for professional and job development. Accomplishments include an increase in the proportion of clients re-enrolling during Callback Team follow-up calls in comparison to the proactive referral process, and the evaluation of the accuracy and manner in which the 13-month callback list is constructed.

Fiscal year 2013 also saw the initiation of a process for professional and job development. Accomplishments include the evaluation of the accuracy and manner in which the 13-month callback list is constructed. The Callback Team also substantially increased the proportion of clients who re-enrolled in the program after talking to a staff member during the callback survey. This increase in re-enrollments is attributed to the shortened version of the Caller Information Form, in that Callback staff can easily re-enroll the client while they are completing the callback survey, as opposed to ending the survey call and then having a Referral Team member recontact the client to complete the re-enrollment process.

## Evaluation Team

- Identified clients at high risk for treatment failure (such as clients with AHCCCS) and developed methods to tailor coaching services to enhance their program success
- Led the development of ASHLine's new diabetes protocol for lifestyle coaching to be implemented in Fiscal Year 2014



### **Fiscal Year 2013 was especially busy for the Evaluation Team.**

A new approach was formulated to focus on methods to identify clients at high risk for treatment failure and tailor coaching services to enhance their program success. Focus groups and one-on-one interviews were conducted with former ASHLine clients enrolled in AHCCCS to investigate any possible barriers to successful treatment among this population, and how ASHLine can tailor its services to reduce the disproportionate rate at which this population drops out of coaching services.

This team also led the development of ASHLine's new diabetes protocol for lifestyle coaching to be implemented in Fiscal Year 2014. This protocol is an essential step in meeting the goals of incorporating chronic disease management into ASHLine's standard services.

Also important for the Evaluation Team is data management. New processes were developed to monitor the databases and a correction project was initiated to identify and resolve any potential database issues. This new protocol greatly enhances the quality of all ASHLine data and analyses based on these data. In addition, 7-month callback data collected by RTI were integrated into ASHLine's database to ensure data are complete.

85% of clients who complete the program (reach 90 days quit while receiving coaching services) are still quit at 7-months post enrollment.

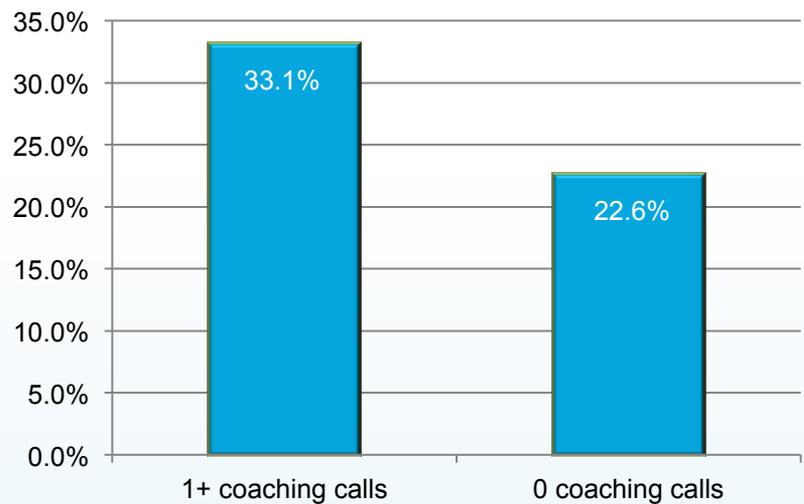
This year, three new team members were hired: a writer, a focus group facilitator, and a graphic/web designer. This growth enabled the team to diversify its activities to include collecting qualitative data through focus groups and one-on-one interviews. Over the course of the year, ASHLine submitted a paper focused on referrals by location types for a peer-reviewed publication. Also submitted was a CDC registry development grant. Accomplishments include receipt of a grant from Pfizer to implement a pharmacist led medication management program at ASHLine.

A significant responsibility of the Evaluation Team is to keep ASHLine's state and county partners apprised of ASHLine's performance on a monthly and quarterly basis. Therefore, the Evaluation Team routinely provides reports including monthly reports to the county partners about referrals and enrollments, monthly data briefs to the state that are utilized to generate supplemental evaluations, and monthly and quarterly state performance reports.

In addition, summary reports of feedback from the County-ASHLine Summit and the Community Partner-ASHLine training have been produced. Other activities the Evaluation Team participated in were the North American Quitline Consortium (NAQC) Annual Survey, and the revision of the evaluation plan to incorporate a comprehensive evaluation of ASHLine's external relationships. The Evaluation Team Manager also acted as Preceptor for a University of Arizona College of Public Health internship.

As mentioned above, one of the highlights of the Evaluation Team this year has been the development and implementation of protocols that have been guided by rigorous analysis of ASHLine data. For example, we have found that program engagement is a key to success. The seven month quit rate for clients who take at least one coaching call after enrollment is substantially higher (33.1%) than clients who never take a call after they enroll (22.6%). This discrepancy is not inconsequential, given that 20% of enrollees are in this group of clients who never take a coaching call. Understanding that engaging clients with coaching during the initial enrollment call increases the potential for success, ASHLine created the Engagement Specialist position to increase the likelihood that a client will take the first coaching call after enrollment. The Engagement Specialist is part of the Enrollment Team and is available to provide preliminary coaching to clients during the enrollment call. This service provides clients with the opportunity to speak with a trained staff member in detail about quitting tobacco (which hopefully engages them further) before having to wait to be formally assigned to an ASHLine coach.

## Number of Coaching Calls and Quit Rate



Approximately 70% of clients make at least 1 quit attempt in the 12 months prior to enrolling in ASHLine services.



**Arizona Smokers' Helpline**  
PO Box 210482  
Tucson, AZ 85721

**Phone: (800) 556-6222**  
**Fax: (520) 318-7222**

*info@ashline.org*



MEL AND ENID  
ZUCKERMAN COLLEGE  
OF PUBLIC HEALTH

