Quitlines and Behavioral Health:  
*The Hidden Resource*

Linda A. Bailey, JD, MHS  
Etta Short, MS  
Robert Vargas, MSW, MPH

Wednesday, April 12, 2017  |  1pm ET (90 minutes)
Disclosures

This UCSF CME activity was planned and developed to uphold academic standards to ensure balance, independence, objectivity, and scientific rigor; adhere to requirements to protect health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA); and include a mechanism to inform learners when unapproved or unlabeled uses of therapeutic products or agents are discussed or referenced.

The following faculty speakers, moderators, and planning committee members have disclosed they have no financial interest/arrangement or affiliation with any commercial companies who have provided products or services relating to their presentation(s) or commercial support for this continuing medical education activity:

Christine Cheng, Brian Clark, Jennifer Matekuare, Roxana Said, MPH, Catherine Saucedo, and Steven A. Schroeder, MD

The following faculty speaker has disclosed a financial interest/arrangement or affiliation with a commercial company who has provided products or services relating to their presentation(s) or commercial support for this continuing medical education activity. All conflicts of interest have been resolved in accordance with the ACCME Standards for Commercial Support:

Linda A. Bailey, JD, MHS - GlaxoSmithKline, Grant/Research Support and Pfizer, IGLC, Grant/Research Support

Etta Short, MS – Employee of Optum

Robert Vargas, MSW, MPH – Employee of Optum
Moderator

Catherine Saucedo
Deputy Director
Smoking Cessation Leadership Center
University of California, San Francisco
catherine.saucedo@ucsf.edu
Thank you to our funders

Robert Wood Johnson Foundation

truth initiative
INSPIRING TOBACCO-FREE LIVES

National Behavioral Health Network
For Tobacco & Cancer Control
Housekeeping

- All participants will be in **listen only mode**.
- Please **make sure your speakers are on** and adjust the volume accordingly.
- If you do not have speakers, please request the dial-in via the chat box.
- **This webinar is being recorded** and will be available on SCLC’s website, along with the slides.
- **Use the chat box to send questions** at any time for the presenters.
CME/CEU Statement

Accreditation:

The University of California, San Francisco (UCSF) School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

UCSF designates this live activity for a maximum of 1.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the webinar activity.

Advance Practice Registered Nurses and Registered Nurses: For the purpose of recertification, the American Nurses Credentialing Center accepts AMA PRA Category 1 Credit™ issued by organizations accredited by the ACCME.

Physician Assistants: The National Commission on Certification of Physician Assistants (NCCPA) states that the AMA PRA Category 1 Credits™ are acceptable for continuing medical education requirements for recertification.

California Pharmacists: The California Board of Pharmacy accepts as continuing professional education those courses that meet the standard of relevance to pharmacy practice and have been approved for AMA PRA category 1 credit™. If you are a pharmacist in another state, you should check with your state board for approval of this credit.

Respiratory Therapists: This program has been approved for a maximum of 1.50 contact hours Continuing Respiratory Care Education (CRCE) credit by the American Association for Respiratory Care, 9425 N. MacArthur Blvd. Suite 100 Irving TX 75063, Course #148613000
Presenter

Linda A. Bailey, JD, MHS
President and CEO
North American Quitline Consortium
Presenter

Robert Vargas, MSW, MPH

Director, Clinical Development and Treatment Support
Optum Healthcare
Quitlines and Behavioral Health:

Partnering to Better Serve a Priority Population

Linda Bailey, JD, MHS
President and CEO
April 12, 2017
Goals for Today’s Presentation

Provide context on quitlines and their progress

- From a concern about not being able to adequately treat smokers with behavioral issues;
- To an awareness that they already were treating them;
- To an intention to provide evidence-based services and monitor results.

Important role of partnership in making progress.
Overview of NAQC and State Quitlines

NAQC was established in 2004 to improve quality and availability of 66 quitline services in the U.S. and Canada

$120M - total annual expenditures on counseling and meds in U.S. (~$1.92 per smoker)

- 1.1M to 1.3M # calls, annually
- 336K to 450K # callers who receive QL treatment
- 1.1% % smokers receiving QL treatment
- 30.2% 6 month quit rate
- 35% % callers who are Medicaid members
Why Discuss Behavioral Health, Smoking and Quitlines?

- Smoking highly concentrated among those with MI/SA
- Growing evidence that QL callers have addictions and MH disorders
  - Prevalence ~ 19-50% (CSH, CCS, Optum, 2007, 2009)
- Keen interest in knowing whether and how QLs may most effectively serve these individuals
History of Engaging Quitlines in Better Serving Smokers with Behavioral Health Issues

2008 SCLC & Dr. Chad Morris approached NAQC
2009 QL Behavioral Health Advisory Forum
2010 Published report
2011 NAQC optional MDS intake questions on BH
   Paradigm/norm shift??
2016 New protocols developed and tested
2017 MDS revisions and data collection on BH
Future Directions

- Review MDS intake question, collect data
- Share learnings from new protocols with QL and BH communities
- Develop best practices guide for QLs on elements to include in protocols
- Strengthen referral relationships between QLs - BH
Contact

Linda Bailey, JD, MHS
President and CEO, NAQC
lbaily@naquitline.org
www.naquitline.org
Tailored Quit Line Services

Support of Participants with Mental Health Conditions
Tailored Quitline Services to Support Participants with Mental Health Conditions

Clinical and Innovation Team

Robert Vargas, MSW, MPH
Director - Clinical Development and Treatment Support, Optum Healthcare
Robert.Vargas@Optum.com

Etta Short, MS
Director – Clinical Development and Implementation, Optum Healthcare
Etta.Short@Optum.com
Overview

Why build a tobacco cessation behavioral health program?

What are the features of the program?

How were Coaches trained?

What were the outcomes of the pilot?
Background

Justification for a Specialized Treatment
Current Smoking Among Adults With Past Year Behavioral Health Condition (BHC): NSDUH, 2008-2015

(Data Produced by SAMHSA)

Current Smoking is defined as any cigarette use in the last 30 days prior to the interview date.

Behavioral Health Condition includes Any Mental Illness and or Substance Use Disorder

*Due to changes in survey questions regarding substance use disorder in 2015, including new question on meth and prescription psychotherapeutics, this data is not comparable to prior years.
Why Quitines?

Currently we operate 26 state Quitlines

30+ years providing behavior change

In partnership with American Cancer Society®

Participants who Report Mental Health Conditions Use of QFL State Quitlines

Vickerman et al. (2015)

% Quitline Callers who report 1 MHC

45.8%
Participants who Report Mental Health Conditions Use of QFL State Quitlines
Vickerman et al. (2015)

% Quitline Callers who report 1 MHC

- 45.8%

% of MHC Quitline Callers who report 2 or more conditions

- 57.2%
Participants who Report Mental Health Conditions Use of QFL State Quitlines
Vickerman et al. (2015)

% Quitline Callers who report 1 MHC

45.8%

% of MHC Quitline Callers who report 2 or more conditions

57.2%

*Prevalence Rate Data from 3 State Quitlines (n=3,262)
Quit Rates of Participants with Mental Health Conditions Use of QFL State Quitlines
Vickerman et al. (2015)
National Goal - National Behavioral Health Summit for Tobacco-Free Recovery

- Behavioral Health Condition (BHC)
- No BHC


0.0% 5.0% 10.0% 15.0% 20.0% 25.0% 30.0% 35.0% 40.0% 45.0%

30%
National Goal - National Behavioral Health Summit for Tobacco-Free Recovery

Behavioral Health Condition (BHC)
No BHC

30x20
Program Design & Development

Tobacco Cessation Behavioral Health Program
Development Timeline

- **Q4 2015**
  - Research and Develop Pilot

- **Q3/Q4 2016**
  - Launch Pilot

- **Q4 2016**
  - Evaluate

- **Q1/Q2 2017**
  - Bring to Market
Tobacco Cessation Behavioral Health Program

Call 1: Assessment and planning
- Tobacco user

Call 2: Pre-quit date call
- Mobile app

Call 3: Quit date call
- Quit guide

Call 4: Quit date follow-up call
- Provider letter

Call 5: Ongoing support call
- Unlimited inbound phone support

Call 6: Ongoing support call
- Web coach

Call 7: Ongoing support call
- Text2quit

12-week combination NRT

Tobacco free

Enrollment phone/web

Coach team approach

Evaluation survey
Specific Program Features

Triaged Enrollment Process
Specific Program Features

- Triaged Enrollment Process
- 12-Weeks Combination NRT
Specific Program Features

- Triaged Enrollment Process
- Additional Calls
- 12-Weeks Combination NRT
Specific Program Features

- Triaged Enrollment Process
- Additional Calls
- 12-Weeks Combination NRT
- Provider Letter
Specific Program Features

- Triaged Enrollment Process
- Dedicated Quit Coach Team
- Additional Calls
- 12-Weeks Combination NRT
- Provider Letter
Specific Program Features

- Triaged Enrollment Process
- Dedicated Quit Coach Team
- Additional Calls
- 12-Weeks Combination NRT
- Enhanced Assessment
- Provider Letter
Enhanced Training for Coaches
Enhanced Training for Coaches

Rationale

Logistics

Skill Building

Confidence
Methods

Discussion
  • Knowledge

Call samples
  • Modeling

Case studies
  • Critical thinking

Role pay
  • Practice
Anxiety

Anxiety is associated with thoughts of future events. While everyone experiences some level of anxiety or worry in their daily life, those with anxiety disorders are more severely impacted. The underlying theme is that the anxiety is severe enough to affect the person’s ability to manage their daily life. One of the most common themes is avoidance. Some people with anxiety disorders may also experience panic attacks, which are brief periods of extremely intense anxiety that may include physical symptoms, like a racing heartbeat and sweating.

Presentations of Symptoms

| Negative Self-Talk, which can stems from negative thoughts about one's own ability. |

Strategies

- Identifying the negative thoughts they have about their future quit attempt to engage the participant in developing coping skills to move their quit process forward. (If/Then Thinking)
- Explore how their anxiety affects their ability to quit or how it might affect this quit attempt.
Quick Reference Guide

### Q4L QRGs – Table of Content

**CALLS**
- Assessment & Planning Call
- Pre-Quit Call
- Quit Date Call

**5 KEYS & QUIT CONTINUUM**
- Quit Medications: Effective Use
- Urges Management
- Environmental Control: Tobacco Proofing
- Social Support

**RELAPSE PREVENTION**
- Relapse Prevention: Physical Activity
- Relapse Prevention: Refusing an Offer of a Cigarette/Dip
- Relapse Prevention: Complacency (Taking being quit for granted)
- Relapse Prevention: Low Motivation to Stay Quit
- Relapse Prevention: Rewards

**STRESS**
- Chronic Disease: Asthma
- Chronic Disease: CAD
- Chronic Disease: COPD
- Chronic Disease: Diabetes

---

**Call Expectations**

- Initial Inquiry
- State # of calls in program, and which is in the sequence (this is call X of Y)
- Set Expectations for the call
- Explain how taking all calls will help participants achieve their goal
- Educate on the concept of the 5 keys
- Explain focus on 3 keys (OD, Meds, Management)
- Explain focus on how their Mental Health Condition could potentially affect their quit

Ask if there is anything the participant wants to discuss.

Tailor assessment using clinical judgment if needed. Orient pt to why we ask assessment questions, how you will use the answers to help them achieve their goal of becoming tobacco-free.

**Assessment questions**:
- Quit status/quit intention/ readiness
- Actual QD (if quit)
- Tobacco type(s)
- Amount of tobacco being used
- TTPU

**Motivation**
- Urges severity (if quit)
- Current Stress level
- Confirm Mental Health Conditions and pt’s perception of effects on their quit.
How you would adapt your communication style and/or intervention content:

Q: A participant who presents with low motivation, talks slow, appears somewhat disengaged?

Example of Responses:
“I would adapt my pace to meet that of the prt. I would try asking open ended questions encouraging the prt to describe why motivation is low. Then I may work on helping the prt identify small steps to take to build motivation and/or confidence, such as mini quits.”

“Slow down myself, explore what motivated the call. Give them a little more time express their feelings. Might have look at less ambitious goals than in a normal call. Try assess what is realistic and attainable for them and focus on that.”
**Anxiety**

**How you would adapt your communication style and/or intervention content:**

Q: A participant who presents with rapid speech, high levels of stress, low confidence and high level of worry about the quitting process

Examples of response:

“In this case it is important to set a QD with the participant that is realistic, giving time for preparation and mini quits to build confidence slowly. It is also important to figure out the participant’s thoughts and behaviors about smoking when stressed, and then strive to work with the prt on thought change and coping skills to experiment with in small steps.”

“I would normalize quitting concerns and try to make action plan tailored or manageable for the participant to build confidence.”
Schizophrenia/Psychosis

How you would adapt your communication style and/or intervention content:

Q: A participant, who is hard to track, responds with odd statements and appears to ramble on various topics other than quitting smoking.

Example of Responses:
“I would overtly sign-post with the participant throughout the conversation to redirect and get back on topic. I would also gently suggest that writing down information can be helpful and flex my communication style by limiting talking points to ensure the most essential information is being presented for the participant to take away for their current plan.”

”Lots of sign-posting. Overt statements and yes/no questions. Keeping the call very straightforward and trying to identify one or maybe two very specific things that the prt could work on between this call and the next.”
Online Provider Training and Webinars

Addressing the unique needs of behavioral health providers

For Example: District of Columbia Tobacco Control Program Training Suite

Online Training
• Effecting Change with the 2As and R

Quitline Webinar
• The Quitline Experience

Systems Change Webinar
• Integrating Tobacco Treatment

Pharmacotherapy Webinar
• Recommending Pharmacotherapy to Treat Tobacco Dependence
The Brief Tobacco Intervention

Do I need to ask about tobacco use at every encounter?

I'm concerned some individuals will become uncomfortable if I discuss tobacco.

I don't know of any effective referral resources.

What if my patient has other health priorities?

Will the stress of quitting exacerbate disorder symptoms or compromise sobriety?

Is the Brief Tobacco Intervention effective?

I don't have enough time.

The Experiences of Tobacco Users

Click the yellow buttons to read about the medications recommended for each individual.

I am using nicotine lozenges while I quit smoking. I am able to customize the dose to my needs, and then I started tapering down to get the nicotine completely out of my system. Since I am taking anti-anxiety medication, my doctor has reduced the dose, since I don't need as much now.
Preliminary Outcome Date

3-month End of Program Survey Results
Outcome Goals

Acceptance  Engagement  Quit Outcomes
Acceptance Rates

<table>
<thead>
<tr>
<th>Tier 1 Conditions</th>
<th>Tier 2 Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acceptance Rate</td>
<td>Acceptance Rate</td>
</tr>
<tr>
<td>66%</td>
<td>34%</td>
</tr>
</tbody>
</table>

Participant Enrollment

- Tier 1 Condition: 66%
- Tier 2 Condition: 34%
Engagement Outcomes

**Satisfaction with Number of Completed Calls**

- # of Calls "Just Right": 63%
- # of call "Too Few": 31%
- # of Calls "Too Many": 6%

**Avg Number of Completed Calls**

- # of Calls "Just Right": 5.2
- # of call "Too Few": 5.5
- # of Calls "Too Many": 2.45
Preliminary Outcomes – NRT Support

- 99% of patients dosed for NRT reported using NRT.
- 92% of patients dosed for combination NRT reported using NRT.
- 53% of patients shipped all 3 shipments.

Of those patients dosed for combination NRT – Dosed for Patch plus Lozenges:
- 75% of patients used all 3 shipments.
- 71% of patients reported using all 3 types of NRT.
Preliminary Outcomes – Provider Letter

Prts who reported have a Mental Health Provider

51%
Preliminary Outcomes – Provider Letter

Prt's who reported have a Mental Health Provider

51%

Prt's who report a Provider

Tier 1

59%

Tier 2

36%
Preliminary Outcomes – Provider Letter

**Prts who reported have a Mental Health Provider**

- 51%

**Prts who spoke with their provider since enrollment**

- 55%

**Prts who report a Provider**

<table>
<thead>
<tr>
<th>Tier 1</th>
<th>Tier 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>59%</td>
<td>36%</td>
</tr>
</tbody>
</table>
Preliminary Outcomes – Provider Letter

**Prts who reported have a Mental Health Provider**
- **51%**

**Prts who spoke with their provider since enrollment**
- **55%**

**Prts who report a Provider**
- **Tier 1: 59%**
- **Tier 2: 36%**

**Prts who spoke to their provider about quitting**
- **81%**
Quit Outcomes

30 Day Prevalence Quit Rates

37%
Quit Outcomes

30 Day Prevalence Quit Rates

37%

30 Day Prevalences Quit Rates by Condition Tier

Tier 1 Conditions: 33%
Tier 2 Conditions: 46%
Additional Outcome Successes

Reported their QC was very helpful to somewhat helpful: 94%

Reported same confident or more confident since joining the program: 52%
Conclusions

- Engaged with industry experts and reviewed recent scientific evidence
- Partnered with the State of Texas
- Enrolled 310 participants

- 2 more additional calls
- 12 weeks of combination NRT
- Enhanced Assessment
- Provider Letter for additional support
- Online Training For Behavioral Health Providers

- Acceptance Rates: When offered, participants want specialized treatment
- Engagement Rates: Increased engagement rates over our Standard Care Program.
- Quit Outcomes: Increased 30 day Point-Prevalence Quit Rates at 3 months
- Satisfaction: Participants were overwhelmingly satisfied with program offering
Thank you

**Robert Vargas, MSW, MPH**
Director - Clinical Development and Treatment Support, Optum Healthcare
Robert.Vargas@Optum.com

**Etta Short, MS**
Director – Clinical Development and Implementation, Optum Healthcare
Etta.Short@Optum.com
Q&A

• Submit questions via the chat box
Contact us for technical assistance

- CME/CEUs of up to 1.5 credits are available to all attendees of this live session. Instructions will be emailed after the webinar.
- Visit us online at smokingcessationleadership.ucsf.edu
- Call us toll-free at 877-509-3786
- Please complete the post-webinar survey
CME/CEU Statement

Accreditation:

The University of California, San Francisco (UCSF) School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

UCSF designates this live activity for a maximum of 1.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the webinar activity.

Advance Practice Registered Nurses and Registered Nurses: For the purpose of recertification, the American Nurses Credentialing Center accepts AMA PRA Category 1 Credit™ issued by organizations accredited by the ACCME.

Physician Assistants: The National Commission on Certification of Physician Assistants (NCCPA) states that the AMA PRA Category 1 Credits™ are acceptable for continuing medical education requirements for recertification.

California Pharmacists: The California Board of Pharmacy accepts as continuing professional education those courses that meet the standard of relevance to pharmacy practice and have been approved for AMA PRA category 1 credit™. If you are a pharmacist in another state, you should check with your state board for approval of this credit.

Respiratory Therapists: This program has been approved for a maximum of 1.50 contact hours Continuing Respiratory Care Education (CRCE) credit by the American Association for Respiratory Care, 9425 N. MacArthur Blvd. Suite 100 Irving TX 75063, Course #148613000
American Association for Respiratory Care (AARC)

• Free Continuing Respiratory Care Education credit (CRCEs) are available to Respiratory Therapists who attend this live webinar

• Instructions on how to claim credit will be included in our post-webinar email
Save the Date

• Our next webinar will be on **May 10th** at 1pm ET with Liz Marshall at the Society for Public Health Education (SOPHE), Dr. Richard Windsor at George Washington University, and Dr. Jyothi Marbin at University of California, San Francisco. The webinar will focus on interventions for pregnant smokers, post-natal relapse, and how pediatricians can help parents quit smoking.

• Registration will be available soon.
CDC’s Tips from Former Smokers™

- Visit cdc.gov/tips for information and resources on the 2017 campaign
Jointly funded by CDC’s Office on Smoking & Health & Division of Cancer Prevention & Control

Provides resources and tools to help organizations reduce tobacco use and cancer among people with mental illness and addictions

1 of 8 CDC National Networks to eliminate cancer and tobacco disparities in priority populations

Visit www.BHtheChange.org and Join Today!

Free Access to...
Toolkits, training opportunities, virtual communities and other resources

Webinars & Presentations
State Strategy Sessions

Community of Practice

#BHtheChange
LGBT HealthLink: The Network for Health Equity

• We link people with wellness information. We promote adoption of best practices in health departments and community organizations to reduce tobacco and cancer disparities.
• We are one of eight CDC-funded national networks addressing cancer and tobacco disparities.
• LGBT HealthLink members have access to:
  • Weekly LGBT Health News Roundup
  • Scholarships to help support and promote leadership in the LGBT health arena
  • Members-only online networking groups
  • Exclusive webinars and resources

www.mylgbthealthlink.org
Contact us for technical assistance

- CME/CEUs of up to 1.5 credits are available to all attendees of this live session. Instructions will be emailed after the webinar.
- Visit us online at smokingcessationleadership.ucsf.edu
- Call us toll-free at 877-509-3786
- Please complete the post-webinar survey