BACKGROUND

South Dakota (SD) is a highly rural state with nearly 15.4% of residents reporting tobacco use. Since 2002, the SD QuitLine has offered no cost tobacco cessation assistance through proactive counseling sessions delivered by trained health coaches. Beginning in 2008, coaching participants can also request up to 8 weeks of free cessation medication or nicotine replacement therapy (NRT).

Healthcare providers have the opportunity and responsibility to promote tobacco cessation. Clinical practice guidelines recommend the 5As of cessation: Ask, Advise, Assess, Assist, and Arrange. Nationally, physicians consistently report asking about smoking status and advising to stop, without providing additional support. Data from the SD QuitLine indicate a similar gap. About one-third of callers to the SD QuitLine cite a healthcare provider as the way they learned about the service, yet, direct provider referrals account for only 3% of the QuitLine service volume.

Partnerships between providers and quitline programs can address the gap between cessation advice and cessation assistance. Outcome data from quitlines can be a powerful tool for educating and motivating healthcare providers to assess use and refer for additional assistance with cessation through the provision of cessation counseling. In rural areas these partnerships are even more critical, as tobacco users report lower rates of insurance, limited healthcare access, and fewer financial resources.

PURPOSE

The purpose of this poster is to: (a) describe the frequency of requests for different cessation services and associated program outcomes; and (b) outline the approach to communicating these outcomes to rural health providers.

METHODS

A telephone survey was completed seven months (7mo) after enrollment by 8,762 of the 21,153 eligible callers (41%) who requested services between 2008 and 2010. Participants reported tobacco use in the past 30 days and whether they used NRT or a medication in their quit effort. Quit status was examined by the type of services received.

CESSION OUTCOMES

Nearly one-half (48.7%) of participants reported no tobacco use. The common program service was coaching. Figure 1 shows that eight percent of participants received coaching only and others received coaching and cessation products as follows: Chantix (67%), NRT (18%), Zyban (5%), and multiple products (e.g. medication and purchased NRT) (2%). Quit rates (30 dpp) by services requested ranged from 38% to 51% (Table 1).

RESULTS

QuitLine referral that include allied health staff (e.g., nurses, social workers, pharmacy technicians) are under development. Physicians’ advice has been shown to increase quit attempts and long-term abstinence. Outcome data can be utilized to demonstrate the effectiveness of QuitLine services to physicians and other healthcare providers. Broad methods of education, and direct training on referral processes are recommended.

RECOMMENDATIONS

Physicians’ advice has been shown to increase quit attempts and long-term abstinence. Outcome data can be utilized to demonstrate the effectiveness of QuitLine services to physicians and other healthcare providers. Broad methods of education, and direct training on referral processes are recommended.

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