

QUITLINE SERVICE OFFERING MODELS: SERVICE DELIVERY OPTIONS TABLE

In response to a request from NAQC members to summarize the evidence and provide recommendations on how to most effectively use resources when determining service offering options for quitlines, NAQC developed an Issue Paper, *A Review of the Evidence and Recommendations for Practice in Times of Limited Resources*. Based on this review of the evidence, service delivery options are presented for conditions of both low and high resources. The full Issue Paper is available [here](#). This table is intended to serve as a quick reference for quitline decision-makers who are encouraged to refer to the full paper for additional details and discussion.

Table 14. Service Delivery Options for Low and High Resources Environment

	Service Delivery Options	Evidence
Low Resources	Scale back the number of proactive calls	Evidence suggests that the offer of moderate intensity protocols (2-3 calls with a high rate of completed counseling sessions) are as likely to be as clinically effective as the offer of higher intensity call protocols (4-5 calls).(1-5) In addition, moderate counseling protocols are more cost-effective than high intensity protocols.(1)
	Scale back to one-call (reactive) combined with NRT	Evidence indicates that NRT combined with single-call reactive counseling is an effective service model.(1, 6, 7)
	Reduce the provision of NRT to a two-week starter kit	Studies have shown that a two week provision of NRT is clinically effective (8-10) and cost-effective.(11)
	If reducing the provision of NRT to two weeks, include counseling on how to obtain additional NRT	Studies have shown that some callers are willing to purchase NRT on their own,(4, 6, 8, 9, 12) in particular if counseled to do so.(11)
	Reserve extended supplies for those least able to obtain NRT on their own	Studies have shown that a longer course of NRT (up to 8 weeks) results in higher quit rates than shorter supplies.(11, 13, 14)
	Consider using split-shipments for distributing extended supplies of NRT	Evidence suggests that split-shipment protocols for providing extended courses of NRT may be more cost-effective than single-shipment protocols.(15)
	Increase resources for fax referral with an emphasis on achieving high rates of contact and enrollment	Evidence suggests that fax-referral programs are an effective tool for increasing quitline enrollments,(16, 17) increasing success in quitting,(18) and increasing provider engagement in the quitting process.(19) In addition, these programs are highly cost-effective.(16, 17, 20) Efforts to achieve high rates of contact and enrollment among those referred further enhance the effectiveness of fax referral.(20)
High Resources	Add proactive counseling to a reactive quitline	There is strong evidence that multi-call proactive counseling sessions have greater benefit compared to single session counseling.(21, 22)
	Add free NRT if not already provided	Several studies have demonstrated that providing NRT is effective in increasing call volume,(9, 12, 23-28) increasing tobacco abstinence,(9, 12, 23, 25-29) and is cost-effective.(1, 12, 27, 28)
	Provide extended supplies of NRT	Studies have shown that a longer course of NRT (up to 8 weeks) results in higher quit rates than shorter supplies.(11, 13, 14)
	For quitlines with robust budgets, consider providing access to prescription medications	Evidence suggests that the provision of varenicline(30) or bupropion(31) through quitlines is clinically effective. 🌟

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