



NAQC Guidance Brief

Contingency Planning for Quitlines: Guiding Principles, Considerations and Questions to Strengthen Impact

PURPOSE

Every day quitline funders and service providers walk a tight-rope of shifting funding levels, promotional campaigns within and outside of their control, and growing numbers of partnerships in order to maintain the crucial balance of delivering quality, evidence-based services and meeting an increased demand for services. It goes without saying that planning for increases in demand, service interruptions or budget constraints is a difficult task, often requiring hard decisions that may negatively effect one or more of the many stakeholders, such as the service provider, funder, federal and national partners and most importantly, tobacco users seeking help. However, there are ways to approach planning for contingencies, as well as guidance from the scientific literature and practice, that serve to inform and strengthen quitlines and that can help them negotiate their ongoing “balancing act.”

This guidance brief is intended to serve as a quick-reference resource for three primary audiences: decision-makers within state, provincial, and federal agencies that fund quitlines; quitline service providers who offer guidance to their clients; and those who promote quitlines, either through media campaigns or referral systems. With an aim to be concise, this guidance brief draws upon previously-published resources from the North American Quitline Consortium (NAQC) in which recommendations for practice related to contingency planning are made.

CONTINGENCY PLANNING IS IMPORTANT FOR QUILINES

Developing a plan to guide service delivery decisions during anticipated and unanticipated increases in demand or decreases in funding are critical pieces of the quality puzzle for quitlines. A plan developed when things are going well is likely to be more carefully thought out than one developed when all partners are in crisis-mode. Having time to develop contingency plans allows for careful deliberation, consultation with partners, and thoughtful communication of the plan to leadership and outside stakeholders. After over 20 years of quitline operations in the U.S., the quitline community recognizes the importance of six key elements of any contingency plan:

- Identification of the overarching quitline goals, priorities, “brand,” quality expectations, and commitments, and the reflection of these in the development of the plan.
- Careful review of all data related to quality measures during *optimal operations* so that meaningful and manageable metrics may be set for operations during limited resources and/or times of high demand (i.e., national campaign or promotional event).
- Identification of the specific, agreed-upon triggers that result in contingency plan implementation.
- Open and honest communication between service provider and funder during the planning process, as well as during plan implementation.

- Consideration of the evidence generated from research and evaluation to inform service offerings during times of limited resources.
- Identification and communication of the goals of the plan so that expectations, timelines, deliverables and roles are clear and reasonable and so that all stakeholders understand how success will be defined.

It goes without saying that the relationship between quitline funder and service provider is a critical factor in contingency planning. Each bears a shared responsibility for the delivery of quality services to tobacco users during optimal operations *and* when normal business is disrupted. However, given an ever-evolving landscape of players in the quitline community as a result of cost sharing and/or triaging for services among both public and private partners (e.g., health plans, employer groups, Medicaid), it is important to note the role that all partners may play in influencing decisions during contingencies.

CONSIDERATIONS FOR QUITLINES MANAGING SHORT-TERM INCREASE IN DEMAND

National Promotions

During March 19 - June 10, 2012, the Centers for Disease Control and Prevention (CDC) aired Tips from Former Smokers (TIPS), the first federally funded, nationwide, paid-media tobacco education campaign in the United States. Total call volume to 1-800-QUIT-NOW during the TIPS campaign was 365,194 calls, compared with 157,675 calls during the corresponding 12 weeks in 2011, which was a 132% increase in call volume.¹ Clearly, national promotion of cessation and the national quitline portal, 1-800-QUIT NOW, has a positive impact on the utilization of quitlines in states. In Canada, provincial quitlines received 25,235 calls in FY 2011 and 44,620 calls in FY 2012.^{2,3} This represents a 77% increase in utilization that is likely due primarily to placement of a pan-Canadian toll-free quitline number on cigarette packaging.

While these types of national promotions are a vital tool in increasing awareness and utilization of evidence-based cessation services such as quitlines, concerns remain among both funders of quitlines and service providers:⁴

- Increased call volumes beyond financial capacity (e.g., receiving more calls than the budget will cover).
- The potential for negative impact on customer service, which can be related to abandoned calls due to phone line overload or inadequate staff to answer calls; inability to maintain effective intervention protocols in the event call times need to be shortened; inability to answer or return calls resulting from promotions run outside normal service delivery hours; and inability to connect with callers in a timely manner to support their desire to quit.
- Ad content that does not reflect a quitline's standard service or state/provincial culture, a quitline's approach to promoting cessation, or content that conflicts with the quitline's branding strategy.
- Lack of coordination with state-run promotional campaigns, quitline hours and staffing capacity.
- Lack of alignment between a campaign's target audience and a quitline's eligibility criteria for services. For instance, the Affordable Care Act (ACA) requires health plans to include cessation coverage as a required preventive service and as a result, state quitline funders are giving thoughtful consideration to the role they should continue to play in paying for quitline services for all quitline callers, regardless of insurance status.
- Potential political consequences such as inadvertently sending a message to decision makers that there is a nationally-funded quitline or that state quitlines are funded by national partners. This type of misconception could adversely impact state government support for state-funded quitline services and/or promotions or private partner contributions to cessation efforts.

Effective contingency planning is aimed at addressing these concerns, and options for doing so most often involve making adjustments to staffing and/or services.

Staffing Options

NAQC's 2008 [Policy Playbook: A Guide to Promoting Quitlines during Policy Change](#) outlines several staffing options when working to meet increased demand for quitline services. These options are typically at the discretion of the service provider, though it is important for all partners to understand the intensity of effort, advanced preparation and resources some of these options require.

Table 1: Staffing Options Timetable

1-3 Months Before National Campaign	2-4 Weeks Before National Campaign	Week of National Campaign
Hire and train new counseling staff.	Hire temporary staff for registration/ intake.	Shift staff roles by asking staff to answer intake calls and schedule outbound calls at later date.
Contract with service provider to handle overflow.		Reduce number of outbound calls scheduled during the campaign to allow all staff to answer incoming calls.
Develop/implement software changes.		Use on-call counselors and counselors who work from home.

Service Level Options

There are also changes to service offerings that can be made during short-term intensive media campaigns in order to meet increased demand. However, unlike staffing adjustments, service level changes require advanced discussion and agreement between service provider and funder and must take into account the potential impact on cessation outcomes and caller satisfaction.

- Adjust counseling protocols. For example, offer only one proactive call versus three, or conduct shorter counseling sessions, recognizing that the scientific evidence to support these changes may not be as positive as the standard protocols offered.
- Adjusting intake protocols. For example, create a modified intake so that during high volume times, only a random selection of callers receive the full intake. This allows for sufficient reporting of where people hear about the quitline and the demographics of the callers during that time while decreasing total intake time.
- Create a call-back list by taking only contact information rather than conducting a full intake.
- Limit eligibility for counseling services (e.g., offer proactive calls only to uninsured or pregnant callers).

Technology can also be used to mediate increased demand, as quitline service providers can direct callers to online registration, web-assisted tobacco interventions and other web-based services; employ Interactive Voice Response (IVR) systems; and provide phone menu options to facilitate triaging of callers based on their reason for calling.

It is important to note that there may be requirements set by a national funder that may be different from service levels and metrics for contingencies agreed upon between state-level partners during contingency planning. For instance, CDC’s Office on Smoking and Health announced the availability of Fiscal Year 2014 funds to implement [Public Health Approaches for Ensuring Quitline Capacity](#). The primary purpose of the funding announcement was to ensure and expand quitline capacity so that all callers to the quitline during a federal media campaign are offered at least one coaching call, either immediately upon calling or by being re-contacted within two to three days.

CONSIDERATIONS FOR THOSE PROMOTING QUITLINES

In addition to contingency considerations for funders and service providers, there are also important considerations for those developing and conducting national quitline promotion campaigns to ensure success. Engaging quitline funders and service providers in the planning process is essential. As noted above, changes in staffing and service levels to prepare for a campaign may require adjustments in staffing schedules, the hiring

and training of new staff, education on campaign message, and changes in software used by intake and counseling staff. Reciprocally, service providers can provide valuable perspective on campaign elements.

The following information is required by quitline funders and service providers with as much advance notice as possible:

- Campaign launch and end dates. Even if these dates are tentative, having a sense of the launch dates can be useful. The minimum recommended notice is 30 days, to accommodate increases in staffing for the campaign, but the ideal would be 90 days or more. Any major increase in call volume may be associated with staff hiring and training and possibly software development. Some quitlines would benefit from even more notice so they can adjust state promotion plans, which are sometimes planned six months to a year in advance. The level of detail available to share with quitlines may vary, but quitlines benefit from any information no matter how minimal.
- Campaign message, including tagging and “call(s) to action.”
- When or how often will the ads run? Provide details of the:
 - Media buy
 - Target Rating Points (TRPs)/Gross Rating Points (GRPs)
 - Reach
 - Frequency
- Where the ads will run, be placed or used.
- The days/hours that the ads will run.
- How the campaign will be evaluated and the data-gathering and reporting responsibilities the service providers will have.
- Whether additional funding will be made available by the sponsor of the national campaign to cover the cost of increased call volume and details on when this funding will be available.

State-initiated Media/Promotion Campaigns

Considerations for funders and service providers in anticipation of a state-initiated campaign are broadly similar to those for a national campaign. However, the funders and service providers should consider and discuss how the state campaign will be integrated with broader state tobacco control efforts, as well as how it will leverage national campaigns/promotions.

Critical Questions for Funders and Service Providers in Anticipation of Media Campaign to Increase Quitline Utilization

Structure

Are there funds available to increase utilization *and* maintain the current protocols?

Does the provider have the capability, staffing, and technology to handle a sudden increase in volume?

Are funds available for staff training to accommodate changes?

What is the timeline needed to increase capacity to prepare for increased utilization, if funding exists?

Process

If funds to increase capacity are not available, will call protocols need to be adjusted (number of calls, length of calls, focus of sessions, etc.)?

Does this involve a shift in program philosophy? Is the underlying purpose to maximize reach/quit attempts or to maximize quit rates?

Will protocol changes require staff training? Changes in staff schedules and roles? Reporting changes? Software changes?

Outcome

What is the balance between quitline reach and quit rates? If an influx of calls requires a protocol change that reduces quit rates while increasing reach, is this tradeoff acceptable?
If protocol changes need to be made, will this reduce client satisfaction?
If protocol changes are made, how will partners or referral agents react if they are not informed ahead of time? Some partners may perceive the shift in focus or protocol as a violation of a commitment the quitline made to them, especially in the case of referrals.. Is the risk of losing some partners worth the increase in reach?

Adapted from NAQC Issue Paper: A Framework for Improving Tobacco Quitline Quality in North America
http://c.ymcdn.com/sites/www.naquitline.org/resource/resmgr/issue_papers/revisefinal_framework_paper.pdf

Considering the emergence of cost-sharing partnerships, it is important to acknowledge the need to communicate with all payers of quitline services when considering a national or statewide campaign. Generally, state tobacco control programs are aware of national campaign details and they drive state campaigns. However, cost-sharing partners may incur impacts to volume in addition to the potential protocol changes noted above and should be made aware of this potential impact early in planning.

CONSIDERATIONS FOR QUITLINES MANAGING SHIFTS IN FUNDING

There is a strong commitment by state governments and the CDC to fund quitlines in the U.S. Health Canada's funding support for provincial quitlines to cover the cost of increased call volume resulting from the addition of the pan-Canadian quitline number on cigarette packages is evidence of Canada's commitment. Working to expand funding for quitlines through cost-sharing partnerships has become an increasingly popular strategy for ensuring the sustainability of quitline funding as well. However, a recent report found that quitlines are reaching their highest levels of utilization at the same time that overall funding levels are decreasing.⁵ Determining how best to maximize efficiency and reach without sacrificing quality is paramount in decision making whether funding is abundant or extremely limited.

According to NAQC's [Quitline Service Offering Models: A Review of the Evidence and Recommendations for Practice in Times of Limited Resources](#), when there is an increase in funding, quitline funders should consider expanding service offerings to include:⁶

- Proactive counseling. There is strong evidence that multi-call proactive counseling sessions have greater benefit compared to single session counseling.
- Pharmacotherapy. Add free nicotine replacement therapy (NRT) if it is not already provided, as providing and promoting NRT is effective in increasing both call volume and quit rates, and is cost-effective. For quitlines with robust budgets, consider providing access to prescription cessation medications.
- Technology. Expanding or integrating web-based technology, texting and use of social media (with careful planning and evaluation, and as a complement to, not a substitute for, quitline counseling).

During times of decreased resources for quitline services, funders should consider the following service delivery options:⁴

- Scale back the number of proactive calls. The offer of 2-3 calls with a high rate of completed sessions is likely to be as clinically effective as the offer of 4-5 calls and is more cost-effective.
- Scale back to one-call combined with NRT.
- Reduce the provision of NRT to a two-week starter kit and include counseling on how to obtain additional NRT.

- Reserve extended supplies of NRT for those least able to obtain it on their own (e.g., uninsured, heavily dependent smokers).

Partnerships are critically important during periods of decreased funding. Increasing resources for referral systems with an emphasis on achieving high rates of contact and enrollment, as well as efforts to establish cost-sharing and reimbursement partnerships, can help build long-term capacity and infrastructure for quitline services.

There will be partners and stakeholders who do not understand the need to scale back services or do not agree with your decisions on how best to do so. Carefully craft and communicate your message to callers, referral systems, legislators and other partners and stakeholders to mitigate their concerns.

A FINAL NOTE

Contingency planning and the implementation of contingency plans occur within varying contexts and constraints. Contracts between quitline funders and service providers that have rigid funding structures and inflexible scopes of service can pose especially difficult challenges. Consider developing a scope of service for “normal business operations” and one for “business during promotion” with clear definitions of quality and performance metrics, as well as consequences for non-compliance.

While planning for increases in demand, service interruptions or budget constraints is a difficult and thankless task, it is an essential one. Failure to plan in advance for changes in quitline demand or funding can come back to haunt quitlines and their stakeholders. Conversely, careful advance planning can pay dividends by enabling quitlines to navigate difficult transitions with minimum disruption. Together with partners, the quitline community has the potential to direct millions of tobacco users to evidence-based tobacco cessation services. Well-thought-out contingency plans ensure that these services continue to be delivered in an intentional way that delivers the maximum possible impact no matter what external forces may be impacting call volume.

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