The Development of an Integrated Cessation Solution Anchored by a Provincial Quitline

QUITLINE ADAPTATIONS TO SERVE AN INTEGRATED CESSATION SOLUTION
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Presenters

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Presenter Disclosure

- Relationships with commercial interests:
  In the Province of Ontario, the Canadian Cancer Society runs the Driven to Quit Challenge, an incentive based quit contest. This has been sponsored for 9 years by McNeil Consumer Healthcare, a Division of Johnson and Johnson, Inc.

Mitigating Potential Bias
None
ONTARIO, CANADA
157,000 CHAMPLAIN RESIDENTS SMOKE DAILY AND ONLY 5% OF RESIDENTS ARE ACCESSING AVAILABLE QUIT SMOKING PROGRAMS
Smoking Rates

The City of Ottawa has one of the lowest smoking rates in the province (12% daily), however the outlying areas of this district have smoking rates above 25%.
Tobacco-related illness is a leading cost driver of health care spending. In Champlain, tobacco use is responsible for 66,784 hospital bed days per year and $132 million in direct health care spending per year.
Gaps and Issues

Knowledge/Awareness:
• Lack of knowledge about existing services/enrollment, lack of promotion

Beliefs/Attractiveness:
• I don’t need support – ‘I need to do it alone’

Accessibility:
• Availability of services (time, place, format), availability of qualified staff

Complexity of Clients:
• Nicotine Addiction, Mental Health Illness, co-addictions

Lack of Availability of Quality Services:
• Expert staff, latest evidence-based practices, regional protocols
THE VISION

• More Champlain residents make an aided quit attempt using evidence-based cessation services.

TARGETS

• To increase the number of Champlain residents who make an aided quit attempt using evidence-based cessation interventions to 15,000 by 2016.

• Secondary targets include reducing regional variation in tobacco use and success with quitting measured at 6-months.
Cessation Service Delivery Network

**Goal:**
Create the capacity in the Champlain region to deliver high quality cessation services to more Champlain residents.

**Increase:**
Access Reach Quality Client Satisfaction

**Target Population:**
Residents over 24 years of age in the Champlain Region who use tobacco and are considering quitting in next 6 months
Components of Regional Cessation Program:

- Common training, tools, and resources
- Regional communications plan
- Coordinate access to low-cost quit smoking medications
- Expand Services through the creation of Regional Cessation Centres
Logic Model

**AWARENESS**
I know the program exist and how to access

**ATTITUDES & BELIEFS**
I believe these programs work and I am interested in enrolling

**SELF-EFFICACY**
The programs are easy to access, convenient

**ACTIONS**
More residents enroll in cessation program

**USE OF EVIDENCE-BASED CESSATION TREATMENTS**
More residents use evidence-based cessation treatments

**IMPROVED OUTCOMES**
More residents quit, client satisfaction
Market Research & Testing

• Focus Testing (8 groups)
  • Ready/ Not Ready, Ages, Genders, SES, Rural/Urban, Languages

• Survey (n=400)

• Focus Testing (8 groups)

• Ex-Smokers Panel (12 ex-smokers)
  • The panel informed the whole creative design process
What did Smoker’s Tell us...

• Quitting is something they feel they have to do on their own
• Relatively little actual awareness of local programs and services available
• Despite this lack of awareness: strong preconceived notions about characteristics of programs and their effectiveness
  – $$$,
  – Impersonal
  – “Won’t work for me”
  – Effectiveness of services – “they don’t work”
  – Not offering what I need – “I will be judged”
  – “Not there when I need it”
  – “Don’t tell me what I already know”
  – “They don’t really care whether I quit or not”
  – “I have to do it on my own terms, not someone else’s”
  – “Don’t want to get trapped into someone else’s terms”
What would be the thing that a support program would really have to deliver to be as helpful as possible for you when you are trying to quit smoking?

<table>
<thead>
<tr>
<th>Responses</th>
<th>Total N=415</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be flexible and available whenever I need it</td>
<td>20%</td>
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<tr>
<td>Be understanding and patient</td>
<td>12%</td>
</tr>
<tr>
<td>Individual support and advise about what would be the best approach for me personally</td>
<td>10%</td>
</tr>
<tr>
<td>Understand how smokers feel / Empathy</td>
<td>10%</td>
</tr>
<tr>
<td>Be upbeat and positive</td>
<td>8%</td>
</tr>
<tr>
<td>Be practical and realistic</td>
<td>8%</td>
</tr>
<tr>
<td>Help me address all aspects of aspects of my smoking like my triggers and why I smoke</td>
<td>8%</td>
</tr>
<tr>
<td>Be tailored to each individual</td>
<td>7%</td>
</tr>
<tr>
<td>Really understand how hard it is (for me) to quit</td>
<td>7%</td>
</tr>
<tr>
<td>Provide all the information I need in one place</td>
<td>6%</td>
</tr>
<tr>
<td>Don't preach about / repeat what smokers already know</td>
<td>6%</td>
</tr>
<tr>
<td>Improve access to medications/cessation products (provided free, give out samples, incorporated into program...)</td>
<td>5%</td>
</tr>
<tr>
<td>Have a strong social or experience sharing component</td>
<td>5%</td>
</tr>
<tr>
<td>Don't remove control (i.e., “Give me choice”)</td>
<td>4%</td>
</tr>
<tr>
<td>Delivered by ex-smokers who have been through it</td>
<td>4%</td>
</tr>
<tr>
<td>Affordable/free, limited costs/relative to income</td>
<td>3%</td>
</tr>
<tr>
<td>Helpful/effective, high success rate/that it works</td>
<td>2%</td>
</tr>
</tbody>
</table>
Conclusions from Market Research

- **Tone** - respectful, empathetic, recognizes difficulty, accepts all goals

- **Personalized, client-centred approach** – client in control of choice of supports, personalized to what works for them, holistic focus (not just the smoking)

- **Access** – single door, but with multiple methods of accessing service (drop-in, one on one, group, telephone, online). Personalized triage and assistance to navigate service choices.

- **Spokesperson/images** – relatable, “people like me” in real situations, no celebrities, focus on the positive benefits (but don’t oversell it)

- **Message content** – addresses credibility: success rate, credibility of partner organizations, testimonials emphasizing personalized service/support
Our New Regional Smoking Cessation Service Delivery Network

myquit.ca · 1.877.376.1701
ABOUT MYQUIT

The MyQuit program is designed to support anyone interested in quitting smoking or cutting back their tobacco use. The program is free of charge and is delivered by our coaches who are trained in the latest techniques to help you successfully stop smoking.

Services are offered in locations across the region from 7am-9pm.
Campaign Creative

- Posters
- Brochures
- Wallet Card
- Pop Up Banner
“I LEARN FROM EVERY QUIT ATTEMPT.”

THAT’S A VICTORY.

JONATHAN, OTTAWA, NON-SMOKER 998 DAYS.

QUIT SMOKING YOUR WAY

Work with one of our coaches to create your personalized plan to finally quit smoking.
Many videos were created for the site, featuring health care providers, Quit Coaches and quitters
The Client Experience

• Seamless Service Delivery for Client
  • One number
  • One website
  • One intake process
  • One promotional print
  • Innovation communications tactics
3 Ways to Access

How do I sign up?

1. By Phone
2. On-line
3. Get Referred
MyQuit Clients will:

Call MyQuit toll-free number; or
• Answered at SHL’s contact centre by an SHL Quit Coach using MyQuit branding

Fill out form on MyQuit website; or
• Accessed by SHL admin, entered into SHL database as a referral, called by SHL Quit Coach

Be referred to MyQuit by fax.
• By a health care provider or community service organization
• MyQuit branded referral form
• Faxed to SHL admin, entered into SHL database as a referral, called by SHL Quit Coach
SMOKERS’ HELPLINE ANSWERS ALL MYQUIT CALLS, TRIAGES ALL MYQUIT CLIENTS TO SERVICE PROVIDERS AND PROVIDES CESSATION SUPPORT
Smokers’ Helpline...

- Speaks to client
- Does an assessment
- Informs client about available evidence-based cessation services and discusses interest
- Screens for NRT program eligibility as appropriate
- Recommends appropriate services based on client needs and preferences
5 Service Delivery Options

I’m interested in quitting, what are my options?

1. One on One Cessation Clinic
2. Group-based Services
3. Telephone-based Services
4. Web-based Services
5. Public Health-based free NRT program

+ pharmacotherapy
Recommendation Options:
• One-on-one coaching in person;
• Group coaching in person;
• One-on-one coaching by telephone;
• Online support (online community of quitters);
• Or combination

**NOTE:** Client’s preference first and complexity also taken under consideration.
## Triage Algorithm

<table>
<thead>
<tr>
<th>Restricting Factor</th>
<th>Recommendation Option(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- over 25 cigarettes per day</td>
<td>• individual in-person</td>
</tr>
<tr>
<td>- OR -</td>
<td>• group coaching</td>
</tr>
<tr>
<td>- smoking within first 5 minutes of waking</td>
<td></td>
</tr>
<tr>
<td>- pregnant/post-partum/breastfeeding</td>
<td>• individual in-person</td>
</tr>
<tr>
<td>- OR -</td>
<td>• group</td>
</tr>
<tr>
<td>- confidence less than 7</td>
<td>• Telephone</td>
</tr>
<tr>
<td>- requesting pill-based cessation meds</td>
<td>• individual in-person coaching via UOHI</td>
</tr>
<tr>
<td>- AND -</td>
<td></td>
</tr>
<tr>
<td>- geographic preference within Ottawa (or willing to travel to UOHI)</td>
<td>• individual in-person</td>
</tr>
<tr>
<td>- if no restriction as identified above</td>
<td>• group</td>
</tr>
<tr>
<td></td>
<td>• phone</td>
</tr>
<tr>
<td></td>
<td>• online</td>
</tr>
</tbody>
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Smokers’ Helpline...

- **Books client** an appointment for service in the community – directly books, vs. soft referral
- Transfers client’s assessment data to service provider (including NRT program paperwork)
- SHL follows current protocols for setting up coaching and/or a referral to Smokers’ Helpline Online
FIRST TIME TECHNOLOGY IN PLACE FOR SMOKERS’ HELPLINE TO MAKE DIRECT REFERRALS TO COMMUNITY-BASED SERVICES
Additional programming to Smokers’ Helpline database

Development of data transfer protocols (working to automate)

Training of SHL Quit Coaches on branding and protocols
• Data sharing agreement between all MyQuit partners
• Data-use disclosures to all clients and informed consent secured
• Data security safeguards in place across all MyQuit platforms
• Privacy assessments of systems
Launched: January 2015

• New referral forms across system (to all existing referral partners)
• New collateral across system (replacing all collateral from all partners)—posters, brochure, business cards
• Mass media effort—limited budget, limited timing
• Continuous iterative improvements to process—based on feedback from cessation system players, feedback from Quit Coaches about what they are hearing from clients
Lessons Learned

• Engagement increased in Champlain
  – Largely seen when marketing/publicity is in market

• Higher volume of clients filling out the form on the web than calling directly
  – Involves process to get people from website into contact centre database

• Clients not willing to travel more than 30 minutes for cessation treatment = speaks to uneven availability of cessations services across communities
Lessons Learned

• Call length longer and post-call processing time longer than typical SHL call = increased contact centre resources needed

• Technology can
  • break down silos between programs;
  • decrease clients falling through the cracks; and
  • improve client experience (no need to re-ask questions)

BUT it can be expensive to build
Lessons Learned

• Much was learned from talking to smokers/quitters: hope to publish this research
• If you build it, they won’t necessarily come: need to spend on publicity
• Central leadership is needed – and costs money
• Relationship building with players in cessation essential – and takes resources and time
• Getting your central funder on board earlier = better
Next Steps

• Continue to advertise/publicize as funds available
• Continue to work w partners in region to orient /onboard
• Continue to improve technology = less manual, more automated processes
• Goal = integrating more partners who are taking clients to whom clients can be referred
• Expand beyond Champlain region = potential provincial model
• Evaluation: cessation outcomes
QUESTIONS AND DISCUSSION