# Colorado QuitLine

## Troubleshooting Common Issues

### QuitLine Communication to Providers

HIPAA-covered entities are eligible to receive fax back notifications from the QuitLine on client progress. Fax backs are generated for clients who have been referred to the QuitLine by provider web referral, fax referral, or e-referral. Providers will not receive fax back notifications when a client self-enrolls, including instances where the provider may work directly with a client to help them sign up on the phone or web.

Providers who refer clients to QuitLine using web or fax can expect to receive up to 5 fax back reports that are triggered by the following events:

a) When a new referral is received
b) When a participant is enrolled, has declined participation, is unreachable after 3 unique attempts to contact (Contact attempts typically take place over a period of 7-10 business days, although this range may vary)
c) When NRT has been ordered
d) Upon program completion (after participant has completed 5 coaching calls)
e) If the client disenrolls from the program, or becomes unreachable at any point after enrollment (after 3 failed contact attempts)

The QuitLine's fax back system is automated and will attempt to send each fax to referring Providers once. If the referring Provider's fax machine is busy or not in service, the fax will not be received.

Recommendations:
Consistently refer clients to the QuitLine using a standard provider web referral, fax referral, or e-referral process.
Designate a less busy fax machine to receive fax backs.
Ensure that the clinic fax number is clearly and accurately entered on the referral form.

## Nicotine Replacement Therapy

A client must be 18 years of age or older and enroll in the phone or online program to be eligible to receive nicotine replacement therapy (NRT) through the Colorado QuitLine. In addition:

- Clients participating in the phone program can receive up to 8 weeks of medication for 2 quit attempts per year
- Clients participating in the web program can receive up to 4 weeks of medication per year
- Medication is delivered to client's home
- Choice of patches, gum, or lozenge; combination therapy is available
- Clients who are pregnant or breastfeeding require provider consent

For clients with medical contraindications, providers are encouraged to complete a fax referral and indicate medical consent for the QuitLine to distribute NRT. If certain NRT therapies or dosage recommendations are indicated, these may be included on the referral.

Provider will be notified that client ordered NRT if the provider referred the client via provider web referral, fax referral, or e-referral process.

<u>Recommendations:</u>

Strongly recommend use of cessation medication combined with behavioral counseling for all clients. Work with clients to make shared decisions about which cessation medications and behavioral supports might work best based on individual needs and preferences. Encourage medication combination therapy for clients when appropriate. If fax back reports from the QuitLine on NRT distribution are desired, consistently refer clients to the QuitLine using a standard provider web referral, fax referral, or e-referral process.

## Referring & Enrolling: What's the Difference?

Referring a client does not always result in clients' uptake of programs or services. There are a number of possible reasons that a referred client may not enroll in QuitLine services. These can include:

- client ambivalence or un-readiness to make changes to tobacco use at present
- client lack of trust in/understanding of QuitLine service
- lack of provider education on QuitLine services, including knowledge of benefits and how quitline works in coordination with health plans and health care providers, and how communicate critical features of the service effectively to clients
- transient nature of priority population, including changing addresses and phone numbers
- criminal justice system involvement
- comorbid physical and behavioral health conditions

Provider advice is vitally important. Even brief counseling (less than 3 minutes) by a health-care provider effectively promotes smoking cessation among adults in the general population[1]. Furthermore, quitline referral interventions employed by healthcare systems and providers have been proven effective in increasing the use of quitline services[2]. Providers can support uptake of QuitLine services by enthusiastically recommending and referring clients, as well as by helping clients understand the value and effectiveness of the QuitLine, and what to expect after they are referred.

Recommendations:

Educate clients on what the Colorado QuitLine offers, and that it serves all Coloradans over the age of 12 who are addicted to any form of tobacco, including smokeless tobacco and vape products. The QuitLine serves clients at any stage of readiness, including those who have relapsed, or who are just thinking about quitting. For more information, review the **QuitLine Provider Guide.**

[1] Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. May 2008

[2] The Guide to Community Preventive Services (The Community Guide).

Advise clients that once QuitLine receives a referral, the standard follow-up time is one business day. Let clients know that the QuitLine will attempt to reach them by phone for intake and enrollment and ask them to be open to receiving an unidentified phone call. **Motivational interviewing** can support client readiness for QuitLine engagement.

Enrolled clients may opt in to receive text messages from the QuitLine, which include coaching call reminder texts that help them remember future coaching appointments.

## Team-Based Care

A team-based approach to tobacco cessation improves care delivery and workflow sustainability. In addition to a practice's multidisciplinary staff providing tobacco cessation counseling, a brief discussion by the Primary Care Provider (PCP) can promote cessation. Quitting is supported when providers discuss specific health issues impacted by client tobacco use and offer tailored advice. Smokers cite health care professional advice to quit as an important motivator for attempting to stop smoking.[3]

Recommendations:

Determine whether PCPs or other primary care staff are conducting brief cessation interventions with clients prior to referring to Pharmacy or Behavioral Health. Ensure that individual care team member roles in the tobacco cessation workflow are clearly established and communicated. For an example of a customizable, evidence-based tobacco cessation workflow, review the Dept. of Health & Human Services Million Hearts® tobacco cessation **protocol.**

[3] Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention.

## QuitLine as a Care Extender

The in-house counseling performed by multidisciplinary team members such as pharmacy, behavioral health and others, benefits clients through delivery of face-to-face care in the patient-centered medical home setting. In-house counselors are poised to provide local cultural context, assess readiness, deliver brief and intensive interventions, and refer to other evidence- based cessation resources. Unfortunately, significant barriers to cessation counseling exist, including lack of time, knowledge, skills, staff, and reimbursement.

The U.S. Public Health Service clinical practice guideline recommends that medical practices systematically identify and counsel smokers and also refer them to a quitline. With the ability to perform counseling outside the time constraints of an office encounter and over a series of sessions, quitlines are well positioned to provide more intensive counseling. Quitlines are effective, evidence-based treatments for smoking cessation[4]. Quit rates for the Colorado QuitLine average 28-36% vs. 4-7% for unaided quit attempts. QuitLine clients using a combination of coaching and NRT are more successful than those using coaching or NRT alone[5].

Recommendation:
Review current workflows and consider how standardizing referral to QuitLine can serve as a care extender and increase treatment reach and cessation success in your practice.

[4] Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. May 2008
[5] 2017 Colorado QuitLine Program Data. National Jewish Health.

## For Clients Not Ready to Quit

Some clients aren't ready to quit. To help clients explore their willingness to quit, brief motivational intervention is recommended.

To learn more about helping clients who are not ready:

- https://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/5rs.html
- The Colorado QuitLine serves clients who are not ready to quit, but who are interested in taking the first step.
- Encourage setting personal smoke-free rules:

  For those not ready to quit, encourage the adoption of personal smoke-free home and car rules. These rules not only protecting others from secondhand smoke exposure but can support reduction in tobacco consumption and cessation.
- **Tobacco Free Colorado** offers interactive content tailored for people who are ambivalent about changing their tobacco use.

Recommendation:
For clients unready to quit, consider evidence-based brief interventions and resource recommendations prior to discharge from the office visit.