

Topics

Health Equity and Priority Populations

QuitLine Basics

Medicaid and Other Insurance

For STEPP Grantees

I. Health Equity & Priority Populations

Q: How does QuitLine address mailing NRT to clients who don't have mailing addresses?

A: The Colorado QuitLine will mail NRT to any Colorado address or PO Box. Smoking disproportionately affects the economically disadvantaged. Between 70-80% of homeless adults in the US smoke tobacco. Furthermore, persons experiencing homelessness express the desire to quit and make quit attempts at rates comparable to non-homeless smokers. One of the keys to successful substance use treatment is sustained engagement, which can be negatively impacted by the patterns of transience associated with homeless populations. To help effectively address these barriers, partnering with case managers, federally qualified health centers, transitional shelters, food banks, and other programs serving this population can help support reach, access, and continuity of care. Some programs offer “mail boxes” for clients experiencing homelessness so that they may receive personal mail at the organization’s primary address. The QuitLine also ships NRT to in-patient treatment and other group residential facilities for clients enrolled in QuitLine services.

Q: What specialized protocols does QuitLine currently offer?

A: American Indian Commercial Tobacco Program (features Native coaches and a dedicated protocol that honors ceremonial use of traditional tobacco). The Pregnancy/Postpartum program (features dedicated, female coaches that stay with participants throughout the quit process and incentives for participation). Youth Program (features phone coaches who have expertise and additional training working with youth).

Q: What support does the QuitLine offer to youth (12-18) who vape or use other tobacco products?

A: All QuitLine Services except NRT, including phone coaching and web services are available to youth. All services are confidential. Coaches are trained in engaging youth and address all

forms of youth tobacco use (including e-cigarettes, hookah, cigars, and chew), Youth in Colorado are not required to obtain parental consent to enroll in QuitLine services.

Q: What other resources do we have in Colorado to support youth seeking support for vape or other tobacco dependence?

A: CDPHE supports all youth who want to quit any form of tobacco, including vape products, and know that quit support can make all the difference. For youth that are seeking help to quit vaping, we recommend the [Colorado QuitLine](#) and the National Cancer Institute's [Smokefree TEEN](#).

Many young people prefer mobile or web-based services. The health department developed a new QuitLine online program that features simple sign up, 24/7 access, and new e-coaching support that allows users to chat with coaches live. The program is designed for use on any web platform, including smartphones and tablets. Coloradans twelve years of age and older can enroll for free at coquitline.org. It only takes a few minutes.

Smokefree TEEN offers free web, text and app-based programming designed especially for teens aged 13-19.

In January, 2019, the Truth Initiative launched a new text program designed to support youth and young adults who vape. The program provides daily text messages to build confidence and learn skills to quit vaping. To access the new program, text "DITCHJUUL" to 887-09. The program is anonymous and free of charge.

Q: What resources do we have in Colorado to address Native American tobacco use?

A: Research shows that American Indians are more likely to use commercial tobacco and have more difficulty quitting than those in other racial and ethnic groups. National Jewish Health developed the American Indian Commercial Tobacco Program in response to this disparity, and to fill a need identified in the literature regarding the lack of evidence-based protocols available nationally for this underserved population.

The American Indian commercial tobacco program, launched in 2015, is a dedicated coaching program with Native coaches providing a culturally sensitive coaching protocol. Tobacco use is a cultural and spiritual staple in the American Indian community. Coaches work to build increased rapport by reducing initial intake questions, increasing length of coaching calls and focusing intervention on the journey rather than a specific quit date. For the American Indian program, the goal is reduced use of commercial tobacco products rather than complete

tobacco cessation. The American Indian tobacco cessation program also has a dedicated web-site and phone number, and culturally sensitive printed materials as well as a text and email program. To learn more: <https://americanindian.quitlogix.org/>

Additional data and resources are available through the CDC, and can be found at: <https://www.cdc.gov/tobacco/disparities/american-indians/index.htm>

Keep it Sacred is a featured resource on the CDC website, and it contains content on the cultural significance of ceremonial vs. commercial tobacco, vaping, video content featuring real cessation success stories, infographics, and more. The site is maintained by a national network of Tribes, tribal organizations, and health programs working to decrease the prevalence of tobacco and cancer-related disparities among AI/AN populations. To learn more: <http://keepitsacred.itcmi.org/>

II. QuitLine Basics

Q: Who is eligible for QuitLine services in Colorado?

A: The Colorado QuitLine is a service available to all residents of Colorado that provides free coaching and medication on the web and over the phone to help all Coloradans quit tobacco. It offers evidence-based, personalized, and non-judgmental support. The QuitLine is an inclusive service that offers support for all tobacco users, including LGBT, American Indian/Alaskan Native, Hispanic/Latino, African-American, pregnant and postpartum, Asian-American, persons with mental health concerns, and persons who vape. The QuitLine is experienced in working with many communities to eliminate the impact of tobacco.

The Colorado QuitLine serves:

- All Colorado residents*, regardless of income or health insurance status.
- People addicted to any form of tobacco, including cigarettes, cigars, smokeless tobacco products and e-cigarettes.
- Tobacco users in any stage of readiness to quit, including people who are contemplating quitting, who have relapsed, or who have set a quit date.
- Clients who are seeking support to maintain a quit may also enroll.

*Must be at least 12 years old to enroll and 18 to receive nicotine replacement therapy.

Q: Who are QuitLine Coaches?

A: Coaches are trained tobacco treatment specialists (training is accredited by the Council on Tobacco Treatment Training Program). They hold a Bachelor's or Master's degrees in social work, psychology or other health-related fields. While some coaches are former tobacco users, this is not a job requirement.

Coaches designated for specialized protocols include;

- Pregnancy program- Female coaches, trained in pregnancy and tobacco.
- American Indian program- Native coaches (Southern Ute and Chippewa)
- Youth program- youth trained coaches.

Q: How does a person get NRT through QuitLine?

A: A client must be 18 years of age or older and enrolled in the phone or online program to be eligible to receive NRT through the Colorado QuitLine. In addition:

- Clients participating in the phone program can receive up to 8 weeks of free medication for 2 quit attempts per year
- Clients participating in the web program can receive up to 4 weeks of free medication per year
- Medication is delivered to client's home at no charge
- Choice of patches, gum, or lozenge; combination therapy is available
- Clients who are pregnant, breastfeeding, or who have been advised by a healthcare provider not to take NRT require medical consent prior to QuitLine shipping NRT.
- Enrollment in a QuitLine program is required to receive NRT.

Q: Does the QuitLine offer Chantix?

A: Chantix is currently available through the QuitLine program for [Medicaid members](#). (see FAQ section "Medicaid and other Insurance.") Chantix for all participants was piloted with the QuitLine from November 2016- March 2018. STEPP is assessing the financial feasibility of reintroducing Chantix as a QuitLine benefit for all callers in the future. Chantix may also be available through other health plans (coverage and copays may vary).

Q: How does the QuitLine verify age for NRT orders?

A: The QuitLine uses name and date of birth as the unique identifier for each participant, whether enrolled online or by phone. Date of birth is self-reported, and the QuitLine accepts this report as valid. When a person under age 18 enrolls online, NRT ordering function is

hidden. There have been no reported incidents involving diversion or fraud related to persons under 18 attempting to obtain NRT through National Jewish Health quitline state clients to date.

Q: Does the QuitLine offer NRT to participants with medical conditions?

A: Over the past 15 years, a large volume of research has demonstrated that non-prescription NRT use does not increase adverse cardiovascular events in people with heart disease, and can be safely used by this population to stop smoking. QuitLine removed medical consent requirements for persons with heart disease and uncontrolled hypertension to be eligible to receive NRT. QuitLine clients will continue to be asked if they have been instructed against use of NRT by their doctor, and if affirmed, these clients will be required to obtain medical authorization prior to NRT shipment. Medical consent procedure will remain in place for clients who are pregnant or breastfeeding.

Q: What does QuitLine offer to callers who are not yet ready to quit tobacco?

A: The QuitLine offers support to all tobacco users, in any stage of readiness to quit. Colorado offers a “flexible quit date,” protocol for QuitLine callers, which removes the prior requirement that a quit date within 30 days must be set to be eligible to receive NRT through the program. Pre-cessation and reduce to quit NRT are evidence-based pharmacotherapy approaches that help clients build confidence, coping skills and self-efficacy while reducing smoking consumption to help them move towards complete cessation. Since implementation, 33% of QuitLine coaching enrolled clients received NRT who would not otherwise have been eligible. STEPP and National Jewish continue to encourage clients to include setting a quit date as a component of their treatment planning process.

Q: How effective is the QuitLine?

A: Quit rates for QuitLine average 28-36% vs. 4-7% for unaided quit attempts. Users are up to seven times more successful than people who try to quit unaided. QuitLine clients using a combination of coaching and NRT are more successful than those using coaching or NRT alone.

Q: How will the QuitLine make phone contact?

A: The QuitLine attempts outreach calls within the timeframe requested by the client.

Caller ID will identify CO QuitLine on landlines. On cell phones, a toll-free number will appear.

When a client misses a call, QuitLine's automated calling system makes three attempts over multiple days to contact the client. Quitline will leave a message if voicemail is available and if the client has authorized the QuitLine to do so. The voicemail will state the purpose of the call and how to contact the QuitLine.

At this time, cell phone carriers do not display 1-800-QUIT NOW or 1-800-652-3455 (CO QuitLine's direct number) as the caller ID when contacting a participant. The number that appears may vary depending on the carrier. However, once the QuitLine contacts a participant, the number that shows up will be the number that calls each time. Participants should be encouraged to program that number into their contacts so they can readily identify the QuitLine phone number.

III. Medicaid and Other Insurance

Q: What QuitLine services are available to Colorado Medicaid members?

A: The Colorado QuitLine currently offers all standard services to Medicaid clients. These services include:

- up to 5 proactive coaching calls
- up to 8 weeks of NRT for two quit attempts per year
- a 24/7 web program, including e-coaching
- text and email support
- specialized protocols for priority populations

Using QuitLine does not affect the Medicaid benefit for the additional cessation counseling and medication benefits for Medicaid members.

Medicaid members in Colorado can also access their pharmacy benefit for Chantix as part of their QuitLine experience. Click [here](#) to learn more.

Q: What tobacco treatment services are covered by Colorado Medicaid?

Colorado offers one of the most comprehensive, barrier-free cessation benefits for Medicaid members in the country.

- In-person individualized and group counseling.
- Up to 5 intermediate counseling sessions per fiscal year

- Up to 3 intensive counseling sessions per fiscal year
- Telephone counseling (through the Colorado QuitLine).

All 7 FDA approved cessation medications (patch, gum, lozenge, inhaler, nasal spray, bupropion, Chantix), with NO copay.

No prior authorization or counseling requirements for medications.

No duration limits for medications obtained outside of the QuitLine.

Combination therapy (long acting plus short acting NRT) is also covered.

Q: What cessation benefits are available to Coloradans with private insurance?

A: The Affordable Care Act (ACA) and other federal laws and rules require almost all health insurance plans in the U.S. to cover some level of tobacco cessation treatment. Insurance plans and employers have interpreted and implemented changes related to these laws with significant variability, and policymakers and regulators have had significant challenges with enforcement. There are several categories of private plans, including plans available for individuals to purchase through the health insurance marketplace, small and large employer-sponsored plans. Among employee-sponsored plans, different plan risk structures also exist (self-insured vs. fully insured). These plan types frequently offer varying levels of coverage for cessation medications.

For more detailed information on ACA guidance for each type of plan, as well as the federal guidance related to cessation coverage definitions that comply with the preventive services requirement, visit:

<https://www.lung.org/assets/documents/tobacco/helping-smokers-quit-required.pdf>

IV. For STEPP Grantees

Q: How do I connect with the Tobacco Free CO grantee website?

A: Looking for webinars, training tools, fact sheets, reporting templates, media materials, and more? Visit the Grantee <https://www.tobaccofreeco.org/> site.

Instructions for first logon: E-mail TA@se2communications.com to be given access to the grantee back end of the Tobacco Free Colorado site. Then you should receive an email inviting you to logon and giving you a temporary password. On the login page, select “Lost your password?” to set your permanent password.

Q: What is STEPP's relationship to the QuitLine?

A: STEPP manages the Colorado QuitLine contract. Colorado QuitLine services are funded by A35 tobacco tax revenue. STEPP and QuitLine closely partner on program development and quality improvement initiatives. National Jewish Health has been Colorado's quitline vendor since 2002.