

Quitline Partnerships

Overview

Quitlines partner with other organizations and institutions for a number of reasons. First, funding for media campaigns is often limited, compelling states to supplement their quitline campaigns through partnerships with organizations that refer tobacco users for treatment. Even if there is funding for a robust media campaign over the short term, states often cultivate partnerships to broaden involvement, increase referrals, and sustain campaign funding. Second, community organizations participating in a state's comprehensive tobacco control program need a resource for referring people who want to quit, and quitlines partner with them to fill this need. Finally, partnership with such organizations institutionalizes the quitline in the minds of thousands of professionals across the state and makes them more likely to encourage tobacco users to quit.

Quitline partnerships range from simple affiliations that promote quitline services and stimulate referrals, to more complex affiliations intended to integrate quitlines into comprehensive tobacco control programs, to even more complex relationships with systems-level partners such as health plans. This chapter examines the range of practice in quitline partnerships, gives information about identifying and capitalizing on partnership opportunities, and provides a case study detailing efforts to create a complex network of partnerships in the state of Massachusetts.

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Partnerships for Promotion and Referrals

For quitlines, the simplest and most common partnerships are those established to promote quitline services and obtain referrals. State quitlines typically form such relationships with an array of civic, community, health care, and educational groups. To help establish and maintain these partnerships, state or quitline staff may participate in events sponsored by community-based organizations or conduct

Building Relationships with Providers

The California Smoker's Helpline encourages professional inquiries from health care personnel who want to know more about the program before referring their patients. It also acknowledges physician referrals with a thank-you card and an offer of free promotional items bearing the program's name and telephone numbers. These actions have helped the Helpline develop relationships with several thousand doctors' offices around the state that actively refer patients who are interested in quitting.

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onsite presentations at work sites, schools, health care facilities, or other partner sites. They may also provide promotional materials such as cards or brochures designed for members or staff of partner organizations to distribute in the field.

To plan and build these simple referral relationships strategically, states should start by identifying the various types of organizations that interact with the quitline's target population and that can be expected to benefit from increased awareness of quitline services, then consider which ones are likely to yield the biggest results with respect to call volume. Tapping into populations of tobacco users that have already been identified by a partner organization is a promising approach to recruitment (Lando et al. 1992).

States should consider establishing promotional relationships with a range of organizations, including health care providers, community-based organizations, colleges and universities, and other entities. Partnerships with such agencies and institutions provide distribution channels and methods to promote quitline services to a wide range of tobacco users, including underserved populations such as ethnic minority communities, new immigrants, groups targeted by the tobacco industry, and smokers who are less likely to call the quitline in response to a television or radio promotion. Simple referral and promotional relationships such as these help build a steady and predictable base of inbound calls to supplement more episodic mass media-driven call volume.

Collaborative Effort Promotes Provider Referrals

The Wisconsin Tobacco Quitline initiated a program to link health care providers to the quitline, called “FAX to Quit.” Using a universal referral form, providers fax names and telephone numbers of patients who want help with cessation to the quitline, which then contacts the patients directly to provide telephone counseling.

Partnerships to Integrate the Quitline into a Comprehensive Tobacco Control Program

Although most partnerships generate referrals to the quitline, some partnerships allow quitlines to serve as gateways to other treatment options. In this way, besides providing counseling itself, a quitline can become the hub of a statewide network of cessation resources. Many state quitlines provide resource listings of local group cessation programs to all callers. Some even connect them directly to other services.

Partnerships that promote close coordination of quitline services with state, county, and local tobacco control programs are especially critical for fully integrated tobacco control programming. In states with comprehensive tobacco control programs, the quitline may be a cornerstone resource within the tobacco control infrastructure that is closely linked to all state and local initiatives and programming. For example, in New York, where the quitline works closely with local tobacco control coalitions, several of the coalitions feature the quitline in their media campaigns, and others use it as a referral resource for community-based programs serving both lay and professional communities. Quitlines can also partner with other public health and chronic disease programs and initiatives, such as cancer control, child and maternal health programs, and programs targeting pregnant women in order to promote the use of cessation services by high-risk populations.

In states with a comprehensive tobacco control program, quitlines are sometimes integrated into state or local infrastructure due to the value of their specialized expertise with tobacco cessation. In states such as Massachusetts, Arizona, Washington, and New York, quitlines are active in many statewide programs and projects. For example, in addition to providing telephone counseling services, the TryToStop

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Quitlines should complement or supplement other tobacco control programming.

Tobacco Resource Center of Massachusetts plays a leading role in training, technical assistance, media campaigns, and promotional activities with state, regional, and local tobacco control programs (see case study on page 86).

Quitlines should be designed to strategically complement or supplement other tobacco control programming at the state and community levels. Depending on the state's resources for cessation and its service priorities, the quitline might serve all residents or selected priority populations. Some states elect to reserve more intensive quitline services for high-priority groups, such as pregnant women or tobacco users who are uninsured or insured by Medicaid. Potential partners should be selected based on overall needs and service gaps or to help meet emerging needs, as indicated by surveillance data. For example, a quitline may work collaboratively with agencies and health care providers in communities targeted by the tobacco industry, in communities with significant health disparities, or in work sites with higher employee smoking rates, such as trade unions or metropolitan transit authorities.

Partnerships for Targeting Young Adults

Colleges and universities are natural partners for states that want to address high smoking rates among 18- to 24-year-olds. In Maryland, the American Cancer Society received a grant from the Baltimore City Health Department to provide quitline services and promote other tobacco control interventions such as Web-based initiatives on eight campuses.

Systems-Level Partnerships

States can broaden the reach of their quitlines by forming partnerships with whole systems, such as organizations with large, statewide memberships or “umbrella organizations” such as trade associations and professional societies. These types of organizations can promote quitline services or even contract for services on behalf of smaller organizations that may be difficult to reach individually.

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Health plans and health care systems are natural quitline partners. Several state quitlines have established partnerships with the health plans operating in their states. In some cases, the health plans were already offering telephone counseling for tobacco cessation before the state became involved. In establishing new public quitlines, these

states were careful to avoid competing with the health plans and providing a reason for them to stop offering this service. For example, before Minnesota established its quitline, various health plans, most notably Blue Cross/Blue Shield of Minnesota and the Mayo Clinic, were already providing telephone counseling for their members, who represented the majority of Minnesotans. Likewise, when Utah established its adult quitline, Intermountain Health Care was already offering telephone counseling services that covered over a fifth of state residents. Under partnership agreements with the statewide quitlines, each of these plans still provide their members with cessation counseling. The statewide quitline helps enroll plan members into services by assessing all callers for insurance coverage and transferring members to the appropriate plan.

Other states have also developed innovative partnerships with health plans. Massachusetts negotiated with all of its major health plans to adopt a universal system of fax referral and proactive telephone counseling (see case study on page 86). The Roswell Park Quitline (New York State), in partnership with Univera Healthcare, developed a fee-for-service counseling program, called QUIT123, for high-risk members of the health plan. The plan pays for a quitline service that allows physicians' offices to fax a patient referral form to the quitline. Quitline staff then proactively contact the patient for counseling. A patient feedback form is then sent to the referring physician. The quitline also provides this service to other health care providers.

States have explored other cost-sharing ideas for partnership with health plans as a way of expanding the reach of their quitlines. Where practical, quitlines should build partnerships, with linkages and reinforcements, at all levels of the health care system. For example, proactive patient contact via fax referral and feedback reports from the quitline can both be used to reinforce interventions with providers and partner organizations. Collaboration among the major health plans to build and promote a universal system of referral to statewide quitline services is ideal. For providers—especially those who participate in many health plans—such a system can reduce barriers to access to effective treatment for their patients. Obtaining endorsements from and conducting joint promotions with medical and professional societies and voluntary organizations through their member newsletters, Web sites, and annual meetings are other ways to encourage and reinforce the use of quitline services.

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Case Study

QuitWorks—Massachusetts Partnership Links 12,000 Providers and Their Patients to Proactive Telephone Counseling

QuitWorks is an unparalleled partnership between the Massachusetts Department of Public Health and eight commercial and Medicaid health plans in the state. QuitWorks links health care providers and their patients who smoke to proactive telephone counseling and to other tobacco treatment services. Launched in 2002 with 6,000 primary care providers, the QuitWorks program has been extended to medical specialists, dentists, and health plan case managers. It has also been adapted for use in hospitals and community health centers and supports systems-level changes in these settings. (See Chapter 11 for additional information on system-level changes.)

Central to QuitWorks is a universally endorsed fax enrollment form that can be used by any provider with any patient, regardless of health insurance status. Patients enrolled in QuitWorks are called by the TryToStop Tobacco Resource Center and offered free multisession proactive counseling, Internet counseling at <http://www.trytostop.org>, and referral to community-based treatment programs. Physicians receive feedback reports on patient progress and outcomes, and the health plans, hospitals, and health centers receive customized quarterly aggregate reports.

All physicians in Massachusetts have access to a QuitWorks kit that contains office systems tools, patient enrollment forms, and patient education materials. Kits have been delivered to provider practices by more than 100 health plan provider representatives who were trained by the University of Massachusetts Medical School. QuitWorks materials are also available online at <http://www.quitworks.org>.

In institutional settings, a QuitWorks team works with hospital quality improvement and clinical leadership to integrate QuitWorks into patient care systems, customize enrollment and consent forms, and train clinicians. To date, more than 5,000 practices and providers in Massachusetts have received QuitWorks kits, and thousands of smokers have used QuitWorks services.

By working together with the state, Massachusetts health plans are helping to improve access for all patients to evidence-based tobacco treatment. The Massachusetts Medical Society, Massachusetts Dental Society, Massachusetts Academy of Pediatrics, American Cancer Society, American Heart Association, American Lung Association, and Massachusetts League of Community Health Centers also support the QuitWorks program.

Recommendations

- ◆ Explore opportunities to partner with health care systems, community groups, and business and professional organizations to promote quitline services.
- ◆ Target whole systems such as health plans, educational systems, public health and human service agencies, insurers, business and trade associations, and other organizations likely to have large memberships.
- ◆ Establish relationships that promote close coordination of quitline services with state, county, and local tobacco control programs.
- ◆ Select partners and target populations strategically and in alignment with overall tobacco control program goals, needs, and priority populations.
- ◆ Form partnerships designed to promote quitline services and encourage systems-level interventions and policy changes within partner organizations.