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Quality Assurance in Quitline Counseling

Overview

Quality assurance is important in all public health organizations, but especially in those offering behavioral interventions based on clinical research findings. Clinical trials are usually conducted in the context of strict quality control. When the findings from these trials are applied in a real-world setting, quality control may be significantly less stringent. With less vigilance in this area, the intervention's effectiveness may suffer. Although the evidence demonstrating the efficacy of quitlines is strong, effectiveness in all quitlines is not guaranteed. For this reason, and given the increasing public investment in quitlines, it is vital that states and their quitline operators closely monitor quality.

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This chapter provides information on ensuring the quality of the counseling provided by quitline staff and recommendations for developing a quality improvement plan. Also included in this chapter is a case study that details the quality assurance practices of the Mayo Clinic Tobacco Quitline.

Quality Assurance in Daily Operations

As discussed in Chapter 5, recruiting qualified counselors and providing thorough training are two of the most important elements of a good quality assurance program for quitlines. Regular quality monitoring of the services provided by these counselors is equally important and is a key function of the quitline's internal management structure. Several tools are available for this purpose.

Supervision

Comprehensive supervision is a key component of quality assurance. Attention to both competency and productivity is necessary to

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maintain a consistently high level of performance. To ensure effectiveness, supervisors should fulfill the following responsibilities:

- ◆ Oversee the content and delivery of counseling sessions.
- ◆ Monitor calls.
- ◆ Conduct debriefing sessions.
- ◆ Work with counselors to improve their clinical strengths in the areas of behavior modification and addictions treatment.
- ◆ Oversee case management.

In addition, to ensure timeliness and efficiency, a supervisor should meet regularly with each counselor in his or her unit to review performance statistics. These statistics may include the following:

- ◆ Number and percentage of callers who received counseling.
- ◆ Number and timing of follow-up sessions per client.
- ◆ Average length of sessions.
- ◆ Number of attempts to reach clients for outgoing calls.
- ◆ Percentage of time logged into the telephone system and available for incoming calls.
- ◆ Percentage of calls answered live and within a set time limit (e.g., 20 seconds).
- ◆ Other performance measures tied to the quitline's protocols.

Protocols serve as training tools and mechanisms for quality assurance.

Use of Protocols

Many quitlines establish specific protocols for working with different subgroups of callers. Protocols also vary with respect to how fully scripted they are and how closely counselors are required to follow them. They are powerful mechanisms for quality assurance that serve as training tools for new counselors, define the minimum acceptable content for each session, and guide the flow of the discussion.

Protocols also serve as a consistent reminder to the counselor of the clinical issues considered to have the most bearing on quitting success. They help the counselor to be comprehensive in his or her attention to the relevant issues, but also brief and focused. Several quitlines use versions of protocols that were shown to be effective in trials of telephone counseling for smoking cessation. Some quitlines are testing new protocols for special populations.

Peer Feedback

Another avenue for quality assurance is to encourage counselors to give and receive peer feedback. Most quitline counselors work in open office environments where they continually overhear each other speaking with clients. That means they are in a good position to help ensure the accuracy of information provided to callers, as well as adherence to protocols. Counselors can provide each other with constructive feedback on an informal basis or discuss issues more formally during staff meetings. Some quitlines hold regular group supervision meetings for more formalized exchange of peer feedback. In these meetings, challenging clinical issues also can be raised and case studies may be examined for lessons learned.

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Evaluation

Almost all quitlines are continually evaluated to some extent. At a minimum, this usually involves telephone follow-up surveys with randomly selected callers after they have participated in the program. Interviewers collect objective behavioral data such as smoking status, as well as more subjective satisfaction data.

Such surveys may contain specific questions about the callers' experience with their counselors, and the answers to these questions can be shared anonymously with the counselors who worked with them. Callers' assessments of the quality of service they received can help counselors improve their performance and acknowledge them for a job well done. Chapter 7 provides more information on evaluation.

Callers' assessments of services can help improve performance and acknowledge jobs well done.

Quality Improvement

Although the contract manager is unlikely to be involved in the daily particulars of quality assurance within the contractor's organization (for example, giving feedback to individual counselors), he or she must ensure that the contractor is following a comprehensive quality improvement plan.

The quality improvement plan should describe the procedures, standards, and measures to be used to ensure quality. It should also discuss how the organization's performance in the various areas of quality assurance is to be reported, how the reported data should be interpreted, and how that information will be used not only to maintain the quality of services but to improve them as well. States may want to consider how to build incentives into their quitline contracts for achievement of agreed-upon benchmarks or measurable improvements over time.

Case Study

Mayo Clinic Tobacco Quitline Is Guided by Strict Quality Assurance Practices

Attention to program protocols is key to the quality assurance practices of the Mayo Clinic Tobacco Quitline.¹ Counselors follow general smoking cessation protocols and protocols for special populations, though they can also consult with Mayo Clinic physicians and other counselors concerning issues not directly addressed by the protocols. The protocols are adjusted as research-based data become available, and additional training is provided as needed.

Collection and analysis of call data also are critical to ensuring quality. The quitline's database permits call volume and utilization analysis by the hour, day, week, and month. Collective performance standards to ensure that the organization is providing timely service include the following:

- ◆ A call abandonment rate of no more than 5%.
- ◆ 95% of calls answered within 30 seconds.
- ◆ 100% of messages returned within 1 business day.
- ◆ 100% of quit kits mailed within 48 hours.
- ◆ 50% requesting immediate counseling receive it.

The work of individual counselors is periodically evaluated for clinical quality. A review tool is used to assess their performance with an individual client, and addresses whether they

- ◆ Conducted a complete assessment of the caller.
- ◆ Provided complete and accurate information on session content, confidentiality, treatment options (including nicotine replacement therapies and use of support systems), and relapse.
- ◆ Confirmed the follow-up appointment.
- ◆ Presented all information in a professional and nonjudgmental manner and used open-ended questions and language appropriate to the caller's level of understanding.

The quitline also obtains satisfaction and outcome data through evaluation follow-up calls with a sample of program participants. To ensure that these data are not compromised by the counselor-client relationship, these calls are conducted by intake assistants. The quitline's management staff uses the data to identify areas for improvement and report on progress toward these goals. The quitline manager, a leadership team, and a continuous improvement committee review the data before finalization of the report. Trends are noted, and any complex or indeterminate data are identified and reviewed with Mayo Clinic Nicotine Dependence Center physicians and the quitline coordinator.

1 Mayo Clinic Tobacco Quitline is a telephone-based tobacco intervention product of MMSI, a Mayo health company and Mayo Foundation subsidiary.

Recommendations

- ◆ Ensure that counselors receive comprehensive supervision that addresses both clinical issues (e.g., knowledge of effective behavior modification techniques) and administrative issues (e.g., efficiency and productivity in case management).
- ◆ Use evidence-based counseling protocols.
- ◆ Provide formal and informal opportunities for counselors to receive constructive feedback from their peers.
- ◆ Review with counselors the outcome and satisfaction data gathered by the evaluation staff.
- ◆ Develop and follow a quality improvement plan describing quality assurance procedures, standards, and measures for tracking the program's performance; how performance will be reported and interpreted; and how quality will be improved over time.