



Tailored Quit Line Services



Support of Participants with Mental Health Conditions

Tailored Quitline
Services to Support
Participants with Mental
Health Conditions

Clinical and Innovation Team

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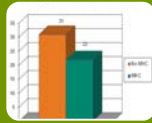
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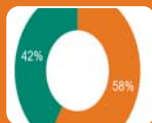
Overview



Why build a tobacco cessation behavioral health program?



What are the features of the program?



What were the outcomes of the pilot?



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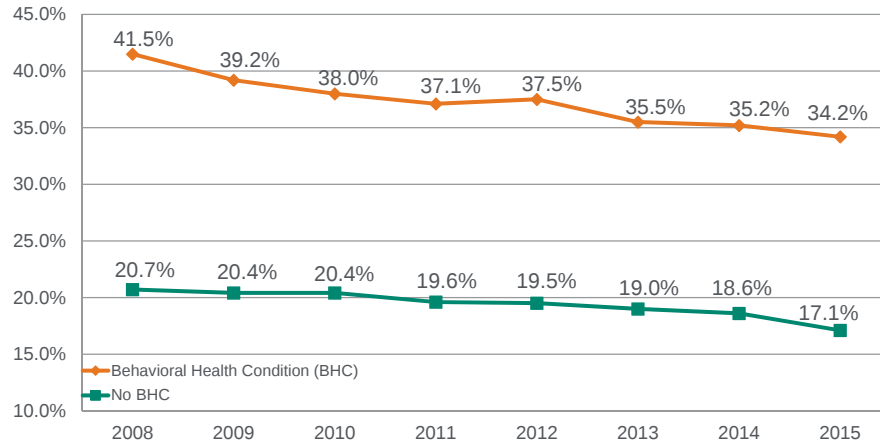


Background

Justification for a Specialized Treatment

Current Smoking Among Adults within the Past Year Behavioral Health Condition (BHC): NSDUH, 2008-2015

(Data Produced by SAMHSA)



Current Smoking is defined as any cigarette use in the last 30 days prior to the interview date.
 Behavioral Health Condition includes Any Mental Illness and/or Substance Use Disorder
 *Due to changes in survey questions regarding substance use disorder in 2015, including new question on meth and prescription psychotherapeutics, this data is not comparable to prior years.



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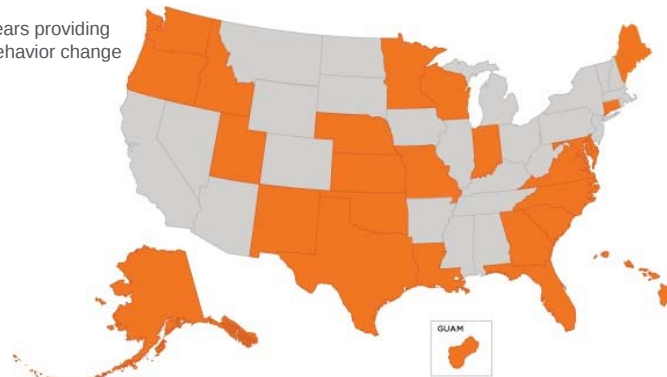
Why Quitlines?

Currently we operate 26 state Quitlines

In partnership with

American Cancer Society®

30+ years providing behavior change



Alaska, Connecticut, Washington DC, Delaware, Florida, Georgia, Guam, Hawaii, Idaho, Indiana, Kansas, Louisiana, Maine, Maryland, Minnesota, Missouri, New Mexico, North Carolina, Nebraska, Oklahoma, Oregon, South Carolina, Texas, Virginia, Washington, Wisconsin, Utah.

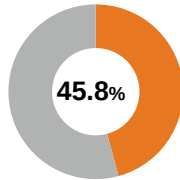


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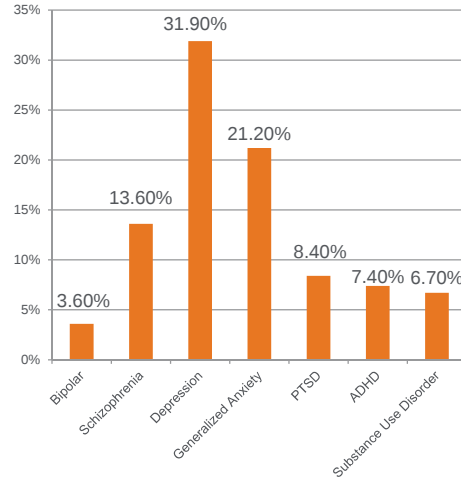
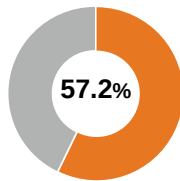
Participants who Report Mental Health Conditions Use of State Quitlines

Vickerman et al. (2015)

Quitline callers who report 1 MHC



MHC Quitline Callers who report 2 or more conditions



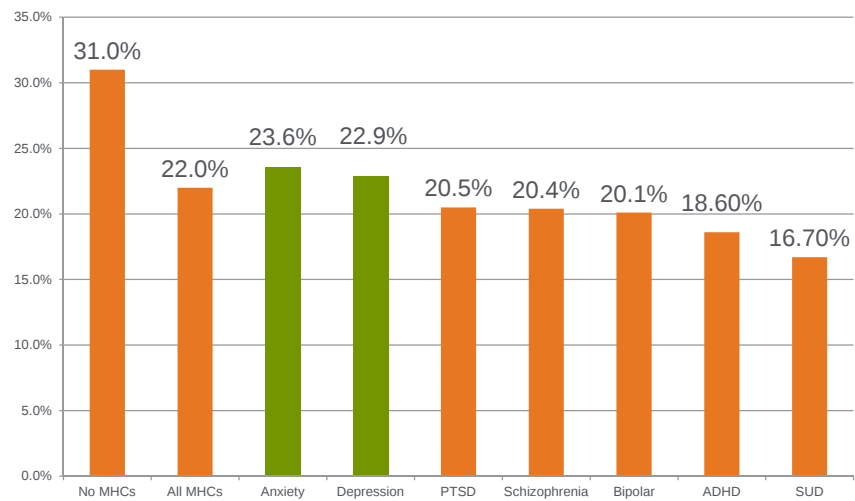
*Prevalence Rate Data from 3 State Quitlines (n= 3,262)



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Quit Rates of Participants with Mental Health Conditions Use of QFL State Quitlines

Vickerman et al. (2015)



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OPTUM™

Program Design & Development

Tobacco Cessation Behavioral Health Program

Development Timeline



- Research and Develop Pilot
- Launch Pilot
- Evaluate
- Bring to Market



TEXAS
Health and Human
Services

**Texas Department of State
Health Services**

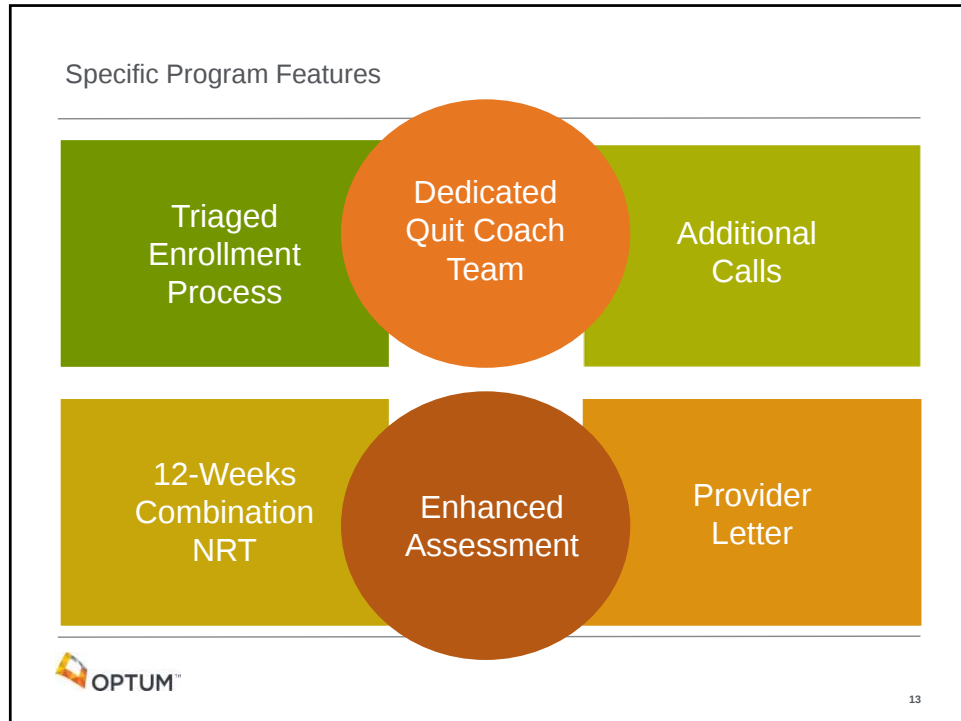


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Tobacco Cessation Behavioral Health Program



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Preliminary Outcome Date

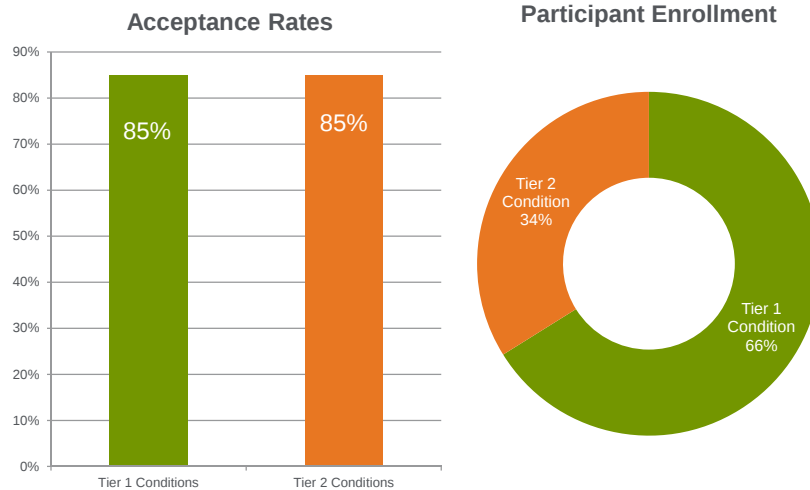
As of March 6, 2017

Outcome Goals



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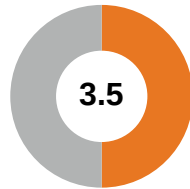
Acceptance Rates



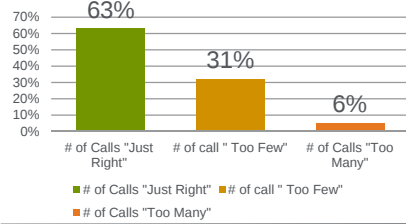
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Engagement Outcomes

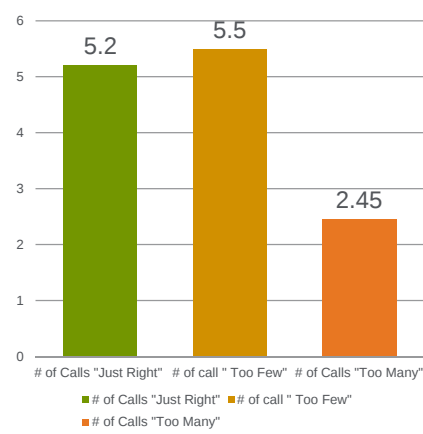
Avg. Completed Calls per Enrollment



Satisfaction with Number of Completed Calls

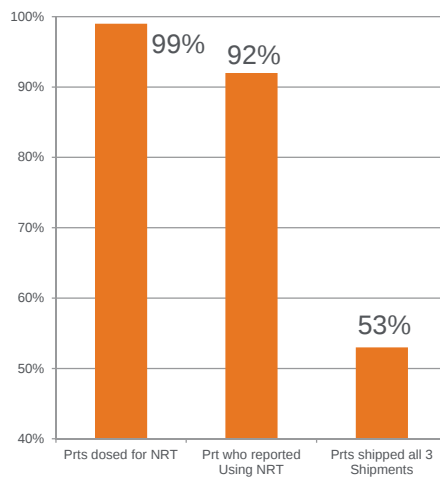


Avg Number of Completed Calls

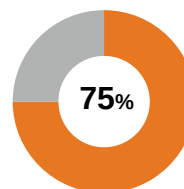


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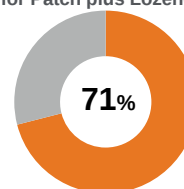
Preliminary Outcomes – NRT Support



Prts who were dosed for Combination NRT



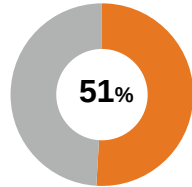
Of those Prts who were dosed for combination NRT – Dosed for Patch plus Lozenges



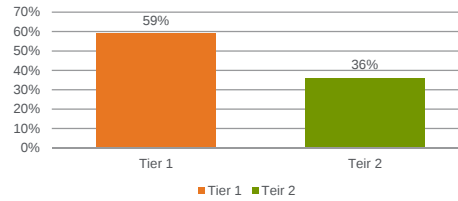
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Preliminary Outcomes – Provider Letter

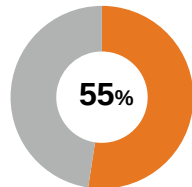
Prts who reported have a Mental Health Provider



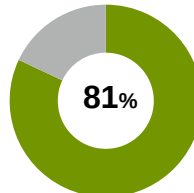
Prts who report a Provider



Prts who spoke with their provider since enrollment



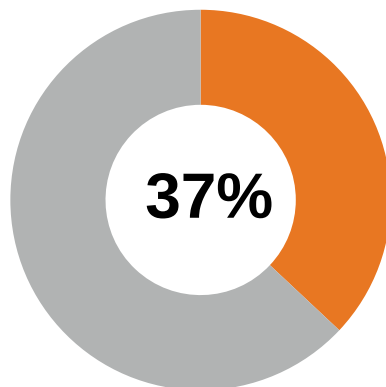
Prts who spoke to their provider about quitting



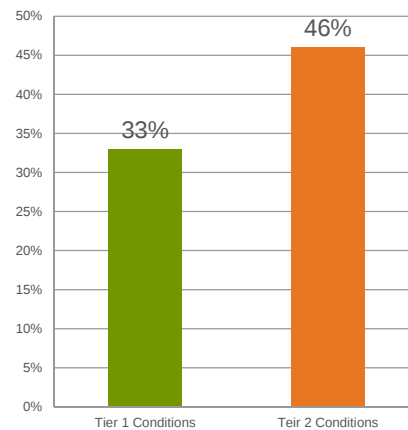
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Quit Outcomes

30 Day Prevalence Quit Rates



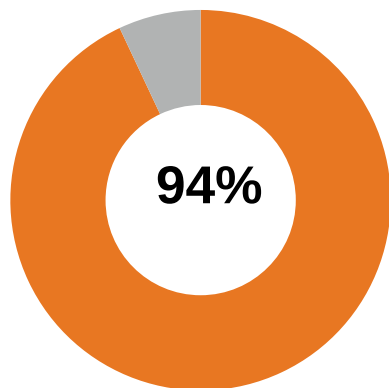
30 Day Prevelences Quit Rates by Condition Tier



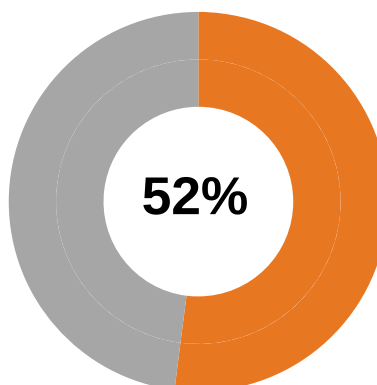
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Additional Outcome Successes

Reported their QC was very helpful to somewhat helpful



Reported same confident or more confident since joining the program



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Conclusions

- Engaged with industry experts and reviewed recent scientific evidence
- Partnered with the State of Texas
- Enrolled 310 participants

- 2 more additional calls
- 12 weeks of combination NRT
- Enhanced Assessment
- Provider letter for additional support

- Acceptance Rates: When offered, **participants want specialized treatment**
- Engagement Rates: **Increased engagement rates** over our Standard Care Program.
- Quit Outcomes: **Increased 30 day Point-Prevalence Quit Rates** at 3 months
- Satisfaction: Participants were overwhelmingly **satisfied with program offering**



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Thank you

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