West Virginia Tobacco Quitline Evaluation Executive Summary

The WV tobacco Quitline is a free tobacco cessation service offered to eligible West Virginia residents, including uninsured, underinsured, and Medicaid populations. The Quitline offers tobacco cessation reading materials, telephone cessation counseling, and nicotine replacement therapy (NRT) to callers who qualify. These services are provided under contract by beBetter Health, Inc.

This was the first independent evaluation in several years. The evaluation was conducted to examine Quitline participant demographics, enrollment and follow-up processes, and the overall quality of services provided. The evaluation period observed enrollees from January 1, 2012 through December 31, 2014, with six-month follow-up data available for 2012-2013.

The following are key findings from the 2015 Quitline Evaluation:

Quitline Enrollment

- The Quitline served 10,354 participants in 2012, 10,532 in 2013, and 10,509 in 2014.
- Historically, the majority of participants were provided services covered by the Bureau for Public Health (BPH), while remaining enrollees were covered through Medicaid. However, the expansion of Medicaid in West Virginia in 2014, as a result of the Affordable Care Act, increased the number of West Virginians eligible for Medicaid and thus impacted the Quitline payor distribution. Specifically, the number of enrollees covered by Medicaid increased and the number funded by BPH decreased.

Nicotine Replacement Therapy

- Distribution of nicotine replacement therapy (NRT) is only tracked for BPH enrollees. The full eight weeks of NRT was distributed to 43.2% of participants in 2012, 43.6% in 2013, and 44.2% in 2014.
- The list of comorbidities the Quitline had in place between 2012 and 2014 included several comorbidities that were not listed in guidelines in effect at the time. Contraindications requiring physician consent were a barrier to receiving NRT. Of those indicating contraindications, 43.8% of participants were excluded from receiving NRT in 2012, 40.2% in 2013, and 38.2% in 2014.
- In June 2015, contraindications requiring physician consent were reduced to only those recommended in current Food and Drug Administration and Clinical Practice Guidelines, including participants who are under 18, pregnant, had a myocardial infarction within the last two weeks, and/or have arrhythmia.

Participant Demographics

- Overall, participants were primarily Caucasian females with an average age of 45.
- Some Division of Tobacco Prevention target populations, including Lesbian, Gay, Bisexual, Transgendered (LGBT) and those of low socioeconomic status (SES), were

potentially underreported. Quitline intake measures in place do not specifically ask LGBT status or household income.
- Enrollment of pregnant participants declined during the evaluation period. The cause of the decrease in overall pregnant enrollment is undetermined and warrants future investigation.

Quitline Referral Sources

- Physicians, family members and friends, and television were most likely to be provided as referral sources:
    - Physician referrals accounted 37.8% of Quitline enrollments in 2012, 37.6% in 2013, and 47.5% in 2014.
    - Friend or family members accounted for 24.7% of Quitline enrollments in 2012, 17.4% in 2013, and 15.6% in 2014.
    - Television referrals accounted for 15.6% of Quitline enrollments in 2012, 24.8% in 2013, and 18.2% in 2014.
- Because participants could select more than one referral source, it is difficult to ascertain how participants were referred to the Quitline at an individual referral level.
- Increased social media presence and training providers how to utilize the Fax-to-Quit referral service are recommended for future endeavors.

Quitline Quality of Services

- Informational interviews with Quitline vendor staff identified several barriers:
    - Participant inability or failure to return paperwork required for enrollment.
    - Physicians not returning prescriptions or consent to allow distribution of NRT.
    - Caller identification services indicate that "beBetter Health" or "Unavailable" is calling, causing participants to be less likely to answer the phone.

Response and Cessation Rates

- The overall six-month follow-up rates for 2012 and 2013 were approximately 15.2% and 14.4%, respectively and are considerably lower than the NAQC-recommended response rate of 50%.
- Using the commonly reported responder rate, 32.7% (2012) and 33.1% (2013) were considered "quit" at six-month follow-up.
- However, because of low response, this evaluation also examined an intent-to-treat quit rate, which assumes all non-respondents as "not-quit." These cessation rates were 4.3% in 2012 and 4.7% in 2013.
- Increased email collection or transitioning follow-up procedures to an outside vendor may facilitate the follow-up process and potentially increase response rates.