Comprehensive Treatment of Tobacco Dependence in Maine

Overview

Healthy People 2010 Objectives	27-1 Reduce cigarette smoking by adults aged 18 years and older to 12%. 27-5 Increase smoking cessation attempts by adult smokers to 75%. 27-6 Increase smoking cessation during pregnancy to 30%. 27-8 Increase insurance coverage of evidence-based treatment for nicotine dependence.
OSH Indicator	Establishment and increased use of integrated cessation services. Increase number of quit attempts and quit attempts using proven cessation methods.
City/County/Other	All cities and counties throughout the state of Maine.
State	Maine
Goals	Promote Quitting Among Adults and Young People
Components	Community Policy and/or Program Interventions Program Policy Strategic Use of Media Surveillance and Evaluation
Areas of Policy and/or Program Intervention	Cessation: Implementation of System Change
Intervention	Cessation: Expanding Insurance Coverage Cessation: Quitlines
Audience/Population	General Public

Policy/Program Objectives of the Intervention

The Tobacco Treatment Initiative was launched in 2001 by the Partnership for a Tobacco-Free Maine (PTM), Bureau of Health, Department of Human Services. The Initiative's objective is to provide evidence-based treatment for tobacco dependence based on the *U.S. Public Health Service Practice Guidelines.*

Description of the Intervention

The mission of Maine's Treatment Initiative is to enhance access to effective treatments for tobacco dependence. The program is also based on the belief that tobacco treatment interventions are most effective when delivered in the context of a comprehensive program. The Initiative includes several components including the Maine Tobacco

HelpLine, nicotine replacement provided through the Medication Voucher program and Tobacco Treatment Training to educate health professionals about tobacco dependence and training for Tobacco Specialists.

The Maine Tobacco HelpLine (the HelpLine) provides information, written materials and multiple-session behavioral counseling to any Maine resident. Beginning in August 2002, PTM began the Tobacco Medication Voucher Program, providing access through the HelpLine to vouchers for up to 8 weeks of nicotine gum or patch therapy. Smokers are eligible for the voucher program if they are aged 18 or older, interested in quitting, agree to speak to a HelpLine specialist and have no insurance or pharmacy benefit coverage for nicotine replacement therapy. Smokers authorized for a medication identify a Maine pharmacy of preference where the medication is dispensed. The Voucher program is an electronic process, implemented through collaboration with a pharmacy benefit management (PBM) company. The medication information is forwarded to the PBM who provides the information to the designated local Pharmacist.

Personnel/Key Players/Resources Required for Conducting the Intervention

The program was implemented by the Center for Tobacco Independence (CTI), under contract with the Partnership for a Tobacco-Free Maine (PTM), Bureau of Health, Department of Human Services. Telephone support is provided by Intellicare, South Portland, Maine. A specialized software program is licensed to CTI by the Center for Health Promotion, Tukwila, Washington. The Voucher Program is implemented by CTI through a partnership with Gould Health Services, Augusta, Maine, a pharmacy benefit management company.

Place Where the Intervention was Conducted

The HelpLine is housed at Maine Medical Center, Portland, Maine. All residents of Maine have access to the HelpLine through use of a toll-free number. Eligible individuals have access to the Voucher Program through the HelpLine but may receive medications at any pharmacy throughout the state.

Approximate Time Frame for Conducting the Intervention

All HelpLine callers who are interested in quitting in the next 30 days are encouraged to be counseled by a Tobacco Specialist. All callers are mailed Quit Kits that are appropriate to their intention to quit. Three follow-up calls are scheduled to support the client's effort to quit. The timing of subsequent calls is arranged around the caller's quit date using a relapse-related protocol. If a caller is not ready to quit within 30 days, they are mailed appropriate materials and encouraged to call back in the future.

Callers participating in the Medication Voucher program receive a 4-week supply of nicotine replacement therapy–either nicotine patch or gum. One additional 4-week supply is authorized if a smoker has follow-up contact with a HelpLine Specialist. Maine residents are eligible for a course of therapy every six months.

Summary of Implementation of the Intervention

The Maine program is somewhat unique in that a single contractor was sought to implement multiple elements of a comprehensive tobacco treatment initiative. Implementation components corresponded to five goals. The program selected the Center for Tobacco Independence (CTI), a new entity that brought together leading individuals across the state in a collaborative, coordinated structure. Other CTI collaborators include the American Lung Association of Maine, the Center for Outcomes Research and Evaluation at the Maine Medical Center (CORE), and Intellicare.

While CTI was responsible for overall program implementation, each phase occurred individually and in succession. The HelpLine was implemented first, followed a year later by the Tobacco Medication Voucher program. The other major program components include the Tobacco Treatment Training program—educating health professionals about tobacco dependence, and training Tobacco Specialists across the state.

Summary of Evaluation/Outcome of Intervention

The evaluation of the HelpLine includes an examination of the use (“reach”) of services, the impact on long-term quitting, and customer satisfaction with services. Quit surveys are conducted by telephone on a sample of callers six months following HelpLine use. Surveys are on a random sample of callers each month, using an independent subcontractor. Based on combined results of the first two surveys completed, 21.5% of smokers were not smoking 6 months after receiving any counseling by a HelpLine Specialist. The Maine Tobacco HelpLine concludes that services significantly impact quitting, because only about 5 to 10% of smokers quit on their own without help (from the *US Public Health Service’s 2000 Clinical Practice Guideline for the Treatment of Tobacco Use and Dependence*).

Utilization evaluation includes the volume of calls received by the Helpline over time (e.g., day, time of call, number of calls), and the demographic characteristics and county of residence of callers (i.e., age, sex, race, information collected at intake when the caller makes the initial call). To assess customer satisfaction with HelpLine services, surveys are conducted with customers 3 months after receiving assistance. Almost 90% of HelpLine callers were satisfied with counseling, self-help materials and overall service. Of those surveyed, 86% would recommend the HelpLine to a friend or family member.

Intervention's Applicability/Replicability/Recommendations for Other Sites

A primary recommendation for other sites is that, while multifaceted, a comprehensive program is possible and can be successful. However, it is best to develop program components carefully and in succession rather than to implement multiple components simultaneously but less effectively. Program implementations of this complexity require very clearly defined goals and timelines for each component, with specific roles and responsibilities of staff. Benefits of a comprehensive program include access to wide-

ranging services that affect tobacco cessation, and the potential to coordinate program elements efficiently.

This program is replicable in other locations. However, in smaller states such as Maine, a smaller number of individuals in influential positions may successfully effect change.

One lesson learned, which was not unexpected, is that it is challenging to integrate programs such as these into health care systems.

Overview Notes

This case study was written by Jane Freedman, a consultant for the CDC Office on Smoking and Health, July 2005.

Planning

Was a needs assessment completed?

Yes

Approach Used

CTI conducted an informal inventory of tobacco treatment services, including all health systems and community programs that were delivering tobacco use treatment throughout the state. In this process, they reviewed data and information available from state advisory boards to identify services available and benefit coverage for tobacco treatment through public and private employers. All information is maintained in an inventory database. CTI also visited and interviewed several organizations that were providing statewide telephonic quit lines.

Planning Models Used

None of the formal planning models identified were used in program development. Program developers used evidence-based information gathered from the experience of other states and entities to identify factors that increase tobacco quit rates such as the frequency of service, the format for delivery and the accessibility to services.

Planning Notes

N/A

Implementation

Implementation Level

State: N/A

Local: N/A

What is the policy and/or program intervention designed to do?

As requested in an RFP released by the Maine Bureau of Health, the program intended delivery of a statewide tobacco dependence treatment program with the following components:

- Maine Tobacco HelpLine—a telephone-based tobacco counseling service for state residents
- Voucher program for access to tobacco treatment medications
- Training of health professionals in tobacco treatment
- Training and credentialing of Tobacco Cessation Specialists
- Statewide coordination of tobacco treatment program elements

Focusing specifically on the statewide Toll-Free Telephone Counseling Program, this intervention was designed to offer to Maine residents a state-of-the-art tobacco quit line service providing telephone-based, time-limited tobacco treatment interventions. In addition to counseling smokers seeking assistance to quit, the HelpLine is also coordinated with a voucher program that provides nicotine replacement therapy (NRT) to eligible callers.

Explain the implementation of the policy and/or program intervention.

The Maine program is somewhat unique in that a single contractor was sought to simultaneously implement multiple elements of a comprehensive tobacco dependence treatment initiative. Implementation components corresponded to the five goals listed above. The Bureau of Health selected the Center for Tobacco Independence (CTI), a new entity that brought together leading individuals across the state in a collaborative, coordinated structure. CTI grew as a program of MaineHealth, the state's largest nonprofit health care delivery system. Other CTI collaborators include the American Lung Association of Maine, the Center for Outcomes Research and Evaluation at Maine Medical Center (CORE) and Intellicare, Gould Health Systems and the Center for Health Promotion. Further discussion of the program intervention will focus specifically on the HelpLine component of overall program activities.

CTI examined evidence-based models for quit lines, including the Center for Health Promotion's (CHP) Free & Clear program and the California Smokers' Helpline. Since CTI's aim was to create a Maine-based service, they specifically partnered with CHP because of their willingness to license their software and intellectual property. CTI brought together the call center technology, counseling protocols, database and experience in counselor training to build the HelpLine locally in Maine. The HelpLine is a multi-user database modeled after the CHP Free & Clear program. The core counseling system is linked to Intellicare's call center system. HelpLine Specialists provide stage-appropriate interventions, with scripting support from a fully computerized system. The HelpLine creates call records, caller queues and callback schedules, and manages tailored mailings and Quit Kit fulfillment activities.

Specific implementation action plans included the following:

System Capability

- Lease facility space to house HelpLine operations.
- Develop and implement an equipment/technology plan, including installation of work stations, toll-free service line and recorded messaging system.
- Establish hours of operation. The Maine HelpLine operates 51 hours/week, 52 weeks/yr. Staff is available from 10am to 8pm Monday–Thursday; 10am to 5pm Friday; 10am to 2pm Saturday.
- Establish mechanism to monitor caller demand and plan to adjust staffing structure and hours of operation to effectively provide service to calls.
- Coordinate staffing requirements with the media contractor prior to media campaigns. Develop staffing plan.

Information System

- Develop information system—The CTI system uses sophisticated software that tracks calls and maintains consistency, report creation and data confidentiality. The tracking and documentation capability includes digital recording and time stamps for every call, call center agent, and work station location. For each participant, a series of call records are created. The call record consists of demographic information, tobacco history, intention to quit, past quit attempts and other relevant information. The Tobacco Specialist records the disposition of each call, including referral information and call summaries in a comment section.
- Develop reports for Partnership for Tobacco-Free Maine on a prescheduled, agreed upon basis. Reports include information on amount and types of services utilized by callers, and call patterns by time of day, day of week and month.
- Develop information privacy plan to ensure patient privacy, individual health data security, state/federal privacy regulations and applicable property rights of CTI collaborators.

Time-Limited Counseling and Follow-up

- Initial Screening—All callers are assessed by a trained Telephone Screener using "readiness to quit" criteria. Data are collected regarding type of caller, demographics and place of residence. Screeners determine disposition to the call and specialist triage, mailed material, or referral to other staff.
- Initial Intervention—All callers interested in quitting in the next 30 days are encouraged to talk to a specialist. Specialists conduct a comprehensive assessment including dependence level and quit history, identify smoking triggers and barriers to quitting, and provide an overview of the counseling program available to them.
- A quit plan is then customized for each caller and a Quit Kit is mailed. All callers are mailed Quit Kits that are appropriate to their intention to quit. If a caller is not ready to quit within 30 days, appropriate materials are mailed and the individual is encouraged to call back in the future.
- Callers interested in quitting or using medications to quit are assessed for Medication Voucher eligibility and contraindications to cessation medications.
- Follow-Up Calls—Three follow-up calls are scheduled to support the client's efforts to quit. The timing of calls is arranged around the quit date using a relapse-related protocol. The counseling protocol is modeled after the CHP Free and Clear program.

Quality Assurance

- Conduct periodic review of counseling protocols to ensure they remain state-of-art.
- Examine processes to implement Quality Assurance and monitor Specialist performance. Schedule weekly meetings with HelpLine manager to review calls.
- Establish protocols for dealing with difficult cases, including establishing incident reports, etc.
- Measure counselor productivity.
- Establish outcome measures.
- Mentoring of Helpline staff to maintain knowledge and skills for continuous improvement.

Services for Callers Other Than Tobacco Users The HelpLine serves as the major entry point for any Maine resident to find information and resources on tobacco-related issues. Information is provided on the health impact of tobacco use and environmental tobacco smoke and how family members can encourage and support the quitting process. General materials on tobacco use and dependence are disseminated on request to any HelpLine caller.

Medication Voucher Program (Voucher)

An important component of the overall treatment program is the Medication Voucher Program. Access to nicotine replacement therapy is through the Tobacco HelpLine. Tobacco users who speak with a HelpLine specialist and meet the eligibility criteria are offered a Medication voucher. Individuals are eligible if they have no health insurance or no pharmacy benefit for nicotine replacement therapy, are not pregnant, are aged 18 or older, are planning to quit within the next 30 days, and schedule follow-up counseling sessions with the HelpLine Specialist. The CTI Medical Director provides clinical supervision of the Medication Voucher program.

Eligible clients can obtain up to 8 weeks of NRT at any Maine pharmacy, authorized for 4 weeks per Voucher. Once a Voucher is approved, the HelpLine faxes information to Gould Health Systems (a pharmacy benefit management program), who then contacts the pharmacy with specific dosing information. To obtain a second voucher, the client must speak to a HelpLine Specialist and discuss their progress with quitting tobacco use.

The primary implementation steps are:

- Establish eligibility criteria that includes insurance determination, readiness to quit and willingness to receive follow-up calls.
- Establish the HelpLine as the initial primary entry point for medication vouchers. Integrate Voucher protocols into HelpLine database.
- Voucher information sent directly to pharmacies through a pharmacy benefit manager. An eight-week supply of NRT is available; 4 weeks/voucher, twice per year.
- Assure appropriate data collection to monitor and evaluate Voucher use.

Promotion and Outreach

CTI works with the PTM and its media contractor to design marketing strategies to promote the statewide HelpLine in the most cost-effective way, including the use of population–specific, targeted recruitment methods to reach high risk, highly motivated and disparate population groups. Specific activities include the following:

Collaboration with PTM and the Media contractor to coordinate the timing of promotion efforts. Collaboration with PTM and other Bureau of Health programs to promote the services offered by the HelpLine, including counseling, medication therapy, information and technical assistance. Work closely with the media contractor to devise appropriate strategies for targeting populations with disparities. Evaluations of the HelpLine use patterns and medication services are to be used to tailor marketing strategies accordingly.

Services for Healthcare, Human Service Providers and Tobacco Treatment Specialists

CTI and HelpLine staff provides several levels of technical assistance to health professionals. HelpLine staff is trained to answer a range of questions about the programs and provide information describing services and benefits. CTI staff provides more in-depth training of health professionals about tobacco dependence and treatment, as part of the Tobacco Treatment Training component of the PTM Treatment Initiative. CTI provides the following:

- Information and training to clinicians and other professionals on tobacco intervention, pharmacotherapy, behavioral treatments and PTM services.
- Office-based clinical outreach at physician and dental offices and other clinic-based sites.
- A statewide inventory about community tobacco treatment services are collected and updated as needed.
- Development and implementation of a Tobacco Treatment Specialist training program. In collaboration with the American Lung Association of Maine, a Specialist certification program.

Background

The Partnership for a Tobacco-Free Maine (PTM) was "born" in 1997 with the implementation of a $.25 tobacco tax designated for program activities. The program was initiated and housed under the State Bureau of Health within the Department of Health Services. In 1999, PTM funding came from the Tobacco Settlement in lieu of tobacco tax revenue. A significant portion of Settlement funds was designated for the "Funds for Healthy Maine." In 2000, the Bureau of Health issued a Request-for-Proposal to select a contractor for implementing of a statewide, comprehensive tobacco dependence treatment program. The program's intent was to supplement rather than replace programs offered by Aetna, CIGNA, etc. Coverage for NRT by third-party payers was found to be moderate and coverage for counseling services was severely restricted.

Evaluation

Type(s) of Evaluation Planned or Conducted and Status

What is the status of your evaluation?

- In Progress
- Completed

Do you address process evaluation?

The following table is an example of a number of process measurements used in program management.

Characteristics of Tobacco Users Provided Services by the Maine HelpLine January 2003 through December 2004

Characteristic*	Tobacco Users Serviced by HelpLine N	%	Adult Smokersin Maine† N	%
Statewide	12,479		207,661	
Age (yrs)				
18-24	1321	10.7%	41,668	20.3%
25-44	5294	43.0%	86,659	42.1%
45-64	4940	40.2%	59,251	28.8%
65+	744	6.0%	18,158	8.8%
Gender				
Female	7235	58.4%	94,342	45.4%
Male	5152	41.6%	113,319	54.6%
Highest Education				
< High School	1,518	13.0%	31,972	15.4%
H.S. grad, GED	5,522	47.2%	93,780	45.2%
Some college	3,229	27.6%	54,471	26.2%
College or higher	1,424	12.2%	27,300	13.2%
Health Insurance				
No Coverage	3,083	26.2%	36,896	17.9%
Medicaid	2,432	20.7%	33,143	16.1%
Commercial/Other	5,271	44.9%	112,682	54.6%
Medicare	964	8.2%	23,556	11.4%
Region of Residence				
Northern Maine	987	8.1%	21,988	10.6%

Characteristics of Tobacco Users Provided Services by the Maine HelpLine January 2003 through December 2004

Characteristic*	Tobacco Users Serviced by HelpLine N	%	Adult Smokersin Maine† N	%
Western	1,895	15.5%	31,311	15.1%
East Central	2,292	18.7%	40,615	19.6%
West Central	2,321	19.0%	37,119	17.9%
Mid-Coast	867	7.1%	16,984	8.2%
Southern	3,875	31.7%	59,644	28.7%

Footnotes

* For all major demographic categories, there was a significant difference in the distribution of HelpLine callers, compared to the distribution among smokers statewide (X2 p<0.001).

† Smoking estimates are those derived from in the 2003–2004 Maine Adult Tobacco Survey, using weighted measures for adults in each demographic group and the smoking prevalence in that group.

Do you address outcome evaluation?

The Center for Outcomes Research and Evaluation (CORE), in collaboration with CTI, develops and conducts all evaluations of the PTM Tobacco Treatment Initiative. CORE, a division of the Maine Medical Center Research Institute, brings together investigators, epidemiologists, and statisticians with experience in methodology, study design, health services research, and analyses.

Briefly describe the evaluation design.

To examine the effect of the HelpLine on quitting tobacco, samples of callers are surveyed by telephone six months after receiving HelpLine services. It was felt that 6-month HelpLine quit rates offer the best time interval for long-term quit rate outcome assessment. Less than 6 months would be too short a timeframe while one year would introduce problems with loss to follow-up of HelpLine callers. Consecutive, cross-sectional samples of callers are surveyed twice per year. The results of each sample are examined individually as well as combined with previously surveyed cohorts. Measures used include the following:

Since receiving assistance from the HelpLine:

- Number of Serious Quit Attempts
- Longest time abstinent from tobacco

- Strategies used during longest quit attempt
- 7-day and 30-day abstinence at 6 months
- Confidence in staying quit, if abstinent
- When last used tobacco
- Type and quantity of tobacco used in last 30 days
- Seriously considering quitting now, if smoking
- Demographic characteristics of callers

Data Collection Methods

Telephone Interview/Survey

Data Source

- Adult Tobacco Survey (ATS)
- Behavioral Risk Factor Surveillance System (BRFSS)
- Media Evaluation Survey
- Quitline Call Monitoring
- Other: Helpline Software Database, 2000 US Census to estimate number of smokers.

Range of Intended Outcomes

- Behavior Change
- Policy Change
- Increased Knowledge
- Attitude Change
- Change in Media Coverage/Framing of Issue
- Other:

List key evaluation findings and/or conclusions for each intended outcome.

- Behavior change—decrease in number of smokers in Maine, quit rates among callers use services.
- Policy change—increase in private health plan benefit coverage for tobacco cessation treatment.
- Change in media coverage—historically, the media has been focused on delivery of an anti-tobacco message (ie., the subtle message from this approach is that “smokers are bad”). It is important to understand that tobacco addiction is a

condition requiring treatment rather than a personality flaw. Our goal should be to build a demand for services by emphasizing that these services are good and helpful rather than a “sentence” of some sort. The promotion of the Helpline has been a prominent element of the media campaign.

- Treatment specialist capacity building—one of the important intended program outcomes is expanding the number of available treatment specialists available throughout the state.
- Community access to treatment—the Helpline is one part of a comprehensive approach, with plans to expand access to NRT from specialists in local communities throughout the state.

The first HelpLine Quit Surveys included a sample of 72 smokers who called the Helpline between August–October 2001. The second survey included 300 smokers who called and received counseling during December 2001 and January 2002 have shown that approximately 21% of callers provided any degree of counseling by a HelpLine Specialist are not smoking six months following their first call to the HelpLine.

Six-Month Quit Rate* Among All HelpLine Callers Survey (N=300)

	N	%	95% C.I.
All Callers (N=300)	46	15.3%	11.2–19.4%
Provided Self-Help Only (N=107)	13	12.2%	6.0–18.4%
Provided Counseling (N=193)	33	17.1%	11.8–22.4%

Footnotes

* No smoking, not even a puff, in the past 7 days

Were evaluation findings and/or conclusions disseminated to policy and/or program intervention stakeholders?

In February-April, 2003, a summary of 2002 outcomes for the Quit Line HelpLine and for the medication voucher program was prepared and disseminated.

Briefly describe how evaluation findings and/or conclusions were used to inform program planning or development?

Program evaluation measures are examined closely and used to modify any changes in the delivery of services. The data is also shared with the Partnership for Tobacco Free Maine (PTM) and other PTM contractors, so that the information can be used to inform other PTM-related program components.

One example of how the data affected policy in the first year, calls from Northern Maine were observed to be lower than expected compared to the state average. Feedback of this information to PTM and the media contractor resulted in changes in regional advertising

and promotion. One year later, the call volume from the northern counties had increased significantly.

Evaluation Notes

N/A

Resources Required

Describe the individuals and groups whose paid or unpaid participation was essential.

- Government—Local
- Government—State
- Media
- Medical and Health Professionals
- Policymakers—Board of Health
- Policymakers—City Council Person
- Policymakers—School Board Member
- Public Health Professionals

Personnel

Title/ Position	Responsibilities/ Skills Required	Source	Hours/ Duration
Executive Director	Overall responsibility to oversee the contract with PTM, supervise staff and consultants, assure timely completion of all project activities and the meeting of all performance standards. Share responsibility for supervising and representing the program with the Medical Director.	Center for Tobacco Independence	Full-time
Medical Director	Overall responsibility for clinical decision-making, medication voucher program, and process and outcome evaluations. CTI medical director serves as HelpLine medical director, providing training on clinical issues and medication therapy, and serves as medical supervisor for Clinical Outreach and Training efforts.	CTI, MaineHealth	60% FTE
HelpLine Manager	Responsible for daily management of the HelpLine. Supervises telephone screeners and HelpLine Specialists and other HelpLine operations. Works with CTI directors to implement and monitor quality assurance.	Collaborates closely with CHP, Intellicare and Goold Health Systems.	100% FTE

Additional Staff and Information

Clinical Supervisors, two behavioral health specialists (telephone tobacco specialists), one telephone screener, administrative support staff, data system support staff.

Information System Support: Core analyst, CTI policy/analyst, and IntelliCare provide information system support. Free and Clear (formerly Group Health) provides technical support for the database as part of licensing agreement.

Materials/Resources Required

This information is provided in the earlier Implementation section under the topic Specific Implementation action plan.

Costs/Funding

Budget	
Estimated labor costs	$ N/A
Estimated cost of materials, promotional efforts, printing, etc.	$ N/A
Estimated total cost of conducting policy and/or program intervention	$ N/A

Budget Notes

Center for Tobacco Independence staff will be happy to discuss budget and funding in more detail with interested parties. They are hesitant to provide information in this format due to possibilities for misinterpretation or issues of non comparability of data.

Funding Sources

Settlement Funding

Funding Notes

The Center for Tobacco Independence also works to enhance the proportion of non-state funding by seeking funding for research and clinical trials. They have recent or current funding from NIH, Robert Wood Johnson Foundation, pharmaceutical industry, and grant funding for practice-based initiatives.

Timeline

Planning

- November 2000: State issues RFP
- December 2000: Proposals due in Bureau of Health
- April 2001: Contract awarded to CTI
- August 2001: HelpLine available on interim basis with Group Health
- December 2001: HelpLine "go live" date on-site in Maine
- September 2002: Medication Voucher program begins

Implementation

This information is provided in an earlier section, Summary of Policy or Program Intervention.

Evaluation

The evaluation is addressed more fully in the earlier evaluation section. Evaluation of the quit line efforts are ongoing and provide information for quit line enhancements.

Lessons Learned

What were the important elements to the intervention's success?

An important factor was the development of CTI's programs within MaineHealth, a large, integrated health system that has proven experience in supporting programs that aim to improve the health of populations.

With the state's Tobacco Treatment Initiative requiring a comprehensive approach, a wide variety of expertise and staff were brought together to implement the programs. While challenging to do this simultaneously, it also created significant inherent coordination of program elements. For example, there is a large degree of content overlap in training telephonic specialists for HelpLine counseling and training tobacco specialists statewide. There are many examples of overlap and coordination with this model.

Additional factors that generated success was the strong collaboration between CTI and partners, including Intellicare, CHP, and Goold Health Systems.

It was very helpful that all programs were packaged together in one Request-for-Proposal so that staging could occur—first the Quit Line HealthLine was implemented followed by the training program and then the medication voucher program.

Describe the policy and/or program interventions applicability/replicability to other sites, and include recommendations for other sites.

It is feasible to replicate this comprehensive program, or specific components only. Each program element has specific functions and deliverables.

The primary recommendation for other sites, if a comprehensive approach is desired, each component should be tackled carefully. It is preferable to implement each component in succession, or delay overall program implementation than to implement multiple components simultaneously and poorly.

Describe the challenges faced, and below each challenge, describe any solutions used to correct or reduce the problem.

Challenge: For a number of reasons, a significant challenge has been the effective integration of this program into the existing health care system throughout the state.

- First, because of the many demands placed upon providers, it is essential to demonstrate credibility and to show the program's value within a limited amount of time. Finding appropriate vehicles to educate providers outside of a classroom setting in a way that captures their attention is one component of this challenge.

- Second, many providers may not immediately recognize the value of a state-funded program because they believe that the marketing/public relations efforts intended to increase program awareness are sufficient.
- Third, our efforts to integrate the program into health care systems are more difficult because we are competing with Quality Improvement (QI) initiatives in chronic disease that have begun to capture providers' attention. These QI efforts are beginning to take hold in treating conditions such as diabetes, cardiovascular disease, and asthma. Smoking cessation efforts should be integral to these QI initiatives but, thus far, have been perceived along parallel tracks.
- Lastly, many in the health professional community don't feel sufficiently empowered to assist patients to quit smoking. Rather than focusing on smoking as a chronic condition for which the providers assistance is indicated, the habit is viewed as behavior over which the patient has complete control or, conversely, that the provider cannot be effective other than telling them to stop.

Solution(s): There are both short-term and longer-term (or big picture) solutions to this multifaceted challenge. In the short-term, an important component of the Maine program is placement of clinical outreach staff throughout the state. The objectives of these mid-level practitioners, who work on a part-time basis, is to visit providers and educate them to recognize tobacco as a chronic condition and to teach them how to focus on the process of quitting rather than solely on the desired outcome of smoking cessation. In the longer-term, the program is striving to become more integrated into the current wave of chronic disease QI efforts so that these initiatives are not viewed separately. Additionally, tobacco intervention should be viewed as a model for behavior change initiatives required in many other areas. For example, QI protocol may exist to assist asthma sufferers to change their behavior in proper use of medications. Techniques that have been established by tobacco professionals are just as effective and applicable to a broad range of required behavior change as they are to smoking cessation.

Challenge: The success of state-funded tobacco cessation programs is creating disincentives for private-sector purchasers to improve and initiate covering of tobacco cessation treatments. For those private payers who currently cover these services, it is a challenge to maintain or enhance coverage given a state-funded alternative. For those not currently covering cessation services, the state programs provide a disincentive to their consideration of adding coverage to their benefit plans. This disincentive exists even if the state-funded services are less comprehensive than those currently provided or under consideration by private payers. As a result, a danger exists that if the state discontinues funding in the face of budget shortfalls, more people will be without access to cessation programs than was the case before the inception of the state's program.

Solution(s): The model for state-funded programs should be modified to ensure that states are the primary payers for the uninsured or those enrolled in publicly funded health care plans (e.g., Medicaid, Medicare, etc.). Private employers and other third-party payers should remain the primary sponsors for enrollees covered by their private health care benefit plans.

What would you have done differently?

N/A

Lessons Learned Notes

In smaller states such as Maine, a small number of people in very influential positions can more successfully effect change. These are individuals that work within state government, lead voluntary state organizations, and are Coalition members and outspoken public health advocates. For example, the American Lung Association director in Maine is a highly influential citizen who was instrumental in program implementation.

When implementing a program of this breadth and magnitude, it's essential to have specific defined goals and strategies, clearly defined roles and responsibilities, partners with relevant expertise, and strong clinical expertise. It is more difficult to integrate programs such as this into a variety of health care settings and systems where programs may already exist. There is a general lack of knowledge around tobacco treatment—even among health care professionals.

References/Deliverables

Program materials available by e-mailing cct@mmc.org, the Center for Tobacco Independence.