Linking Public Interests to Ensure Sustainable Statewide Quitlines

Public health tobacco prevention and control programs (TCPs) find themselves working within ever-shifting financial and political landscapes, a situation that has only grown more difficult since the financial crisis of 2008. To better address such challenges, there is a growing focus on building and maintaining the sustainability of statewide cessation quitlines.

This document is intended to provide SHOs and their staff with an overview of one strategy—building public-public partnerships—and the potential role these partnerships can play for cost-sharing and ensuring quitline sustainability. This practice brief will provide a short introduction about quitline sustainability and the value of public-public partnerships, share a state example highlighting Arizona’s efforts, and summarize key lessons for SHOs about developing partnerships with other state agencies to support quitlines.

Introduction
Despite mounting attention on sustainability, according to results from the North American Quitline Consortium’s (NAQC) 2012 Annual Survey of Quitlines, very few U.S. quitlines receive funding from sources other than CDC, tobacco settlement funds (Master Settlement Agreement [MSA] or non-MSA), state general funds, or state dedicated tobacco tax funds. As highlighted in the chart below, there is great opportunity for growing third-party reimbursements and cost-sharing agreements with public and private entities for quitline services, especially considering that 24 percent of callers to U.S. quitlines in 2012 were insured by Medicaid, 25 percent by private insurers, and 11 percent by other government insurance (e.g., Medicare).²

![U.S. Quitline Funding Sources 2012](chart)

However, cost-sharing and full payment for quitline services by private and public entities is not the only way to strengthen quitline sustainability. States have worked to educate large employers and health plans about cessation coverage, leveraging existing quitline infrastructure to encourage progress; conducted inventories of insurance company cessation benefits to better report on the full range of cessation options available to the population; trained healthcare providers on cessation interventions and proper billing for cessation treatment; and developed systems to allow for transferring of insured callers from statewide quitlines to health plan quitlines, thus reserving precious state funding for quitline services for those who are uninsured. Regardless of the strategies driving TCP efforts to build a sustainable statewide quitline, the need for state health official (SHO) and state health agency leadership guidance and support remains the same.

**Arizona Example: Reimbursement for State Employee Quitline Use**

The Arizona Smokers’ Helpline (ASHLine), funded by tobacco tax revenues and disbursed by the Arizona Department of Health Services Bureau of Tobacco and Chronic Disease (ADHS BTCD), has been providing tobacco use cessation services to Arizona residents since 1995, making it one of the first quitlines in the United States. The ASHLine’s goal is to increase the accessibility of effective, research-based tobacco use cessation services to Arizonans.

The ASHLine offers individual telephone counseling in English or Spanish, web-based services, self-help materials, and training to healthcare providers about ASHLine referrals. Clients who meet certain eligibility requirements can receive a two-week supply of the nicotine patch, gum, or lozenge at no cost through the ASHLine. In 2012, 1.1 percent of Arizona tobacco users called the ASHLine, and 32.3 percent of those receiving counseling or medication through ASHLine successfully quit.³

**Steps Taken**

In 2007, the tobacco program within ADHS BTCD saw cessation funding dwindling after years of abundance. In an effort to build sustainability, the Inter-Service Agreement (ISA) between ADHS and the University of Arizona (the quitline service provider) was rewritten in 2007 to include an expansion of services by putting in place cost-sharing partnerships between private and public entities for tobacco cessation services.

After the 2007 ISA overhaul, ADHS BTCD continued to pursue public-public partnerships in an effort to serve as a national model for tobacco control and remain a leader in a competitive and innovative field. The ADHS- Arizona Department of Administration (ADoA) partnership initially began to take shape in 2008. Since benefit design can be a lengthy process, however, ADHS recognized the need for a long timeline in which to develop the reimbursement model with ADoA.

In Arizona, a partnership between ADHS and ADoA was an easy fit, as state government represents the largest employer in Arizona. It was a strategic connection, as well: It ensured access to an evidence-based cessation intervention by public employees, made use of the existing infrastructure of the statewide quitline, and required that ADoA bear payment for those services, benefiting both cessation and quitline sustainability. The partnership was also beneficial for both agencies, but to frame the partnership as a “win-win” for ADoA, ADHS had to understand the potential value and benefits from ADoA’s perspective. For ADHS, the partnership represented a systematic way to link a large population of tobacco users to cessation services. For ADoA, the partnership represented an opportunity to improve its worksite wellness program—a priority internal initiative of theirs at the time.
Negotiating a Funding Formula

- Calculate the percentage of tobacco users in the cost-sharing organization.
- Next, calculate the percentage of those tobacco users that the quitline would serve through the partnership (you could use historical data to determine the percentage served to date or set a goal of reaching X percent of tobacco users).
- The quitline would then provide a cost-per-client amount for that number of people and ask the cost-sharing organization to provide that lump sum up front.
- This technique provides the added benefit that the cost-sharing partner would be encouraged to promote a benefit they have already paid for.

Results

In 2009, the Arizona Department of Administration was the first public partner to reimburse the ASHLine for quitline services to state employees. The partnership uses a cost-reimbursement model: The ASHLine bills ADoA monthly for state employees who call and enroll in services. If a state employee is interested in receiving cessation medications in combination with the counseling received through the ASHLine, he or she must obtain those medications through MedImpact (the state employee benefit options program’s pharmacy option).

ADoA has become a critical partner to ADHS. In particular, the ADoA benefits manager and wellness program staff remain some of the ASHLine’s most powerful allies in implementation of its mission. The ASHLine has also been critical to the successful implementation of this public-public partnership. Tobacco control program staff at ADHS BTCD work closely with the ASHLine team, including the director, medical director, data director, and outreach program manager.

Lessons Learned

After four years of partnership with ADoA, ADHS BTCD continues to learn important lessons that guide and strengthen this important work.

1. Building, maintaining, and leveraging public-public partnerships to increase coverage of tobacco cessation requires a lot of time and effort and a knowledge base that is not often present within public health agencies. If possible, state tobacco control programs should bring on a part-time or full-time staff person with a background in economics, health insurance regulations and coverage, and the principles of public health.

2. For Arizona, having strong ROI data was critical to forging ahead with partnership efforts. A smoking cessation economic study by the American Lung Association found that for each dollar spent on cessation services, Arizona had an average potential ROI of $1.20. Furthermore, the ASHLine is able to show a 30 percent quit rate for clients. This showcases the impact of simply linking tobacco users to services.

3. Take time as a TCP to develop a strong, comprehensive business plan for the statewide quitline that reflects targeted sustainability strategies.

4. A cost-reimbursement approach to quitline services for state employees can be a bit unreliable and may not garner true sustainability if the quitline benefit is not heavily promoted or utilized, or if there are annual caps to the amount the cost-sharing organization will pay out—especially if services are provided to many tobacco users beyond what the cap allows for. It may be best to develop or negotiate a funding formula (see text box).

5. Non-negotiable institutional processes may be barriers to individuals receiving the best possible service. In Arizona, when a state employee calls the ASHLine for counseling and also wants to receive cessation medications, they are told by ASHLine staff to call MedImpact to receive the medications. This extra step can serve as a barrier to the tobacco user’s success at quitting.
6. ADoA’s cessation benefit is currently underutilized; it is primarily promoted to state employees during open enrollment periods and not throughout the year. It is essential to ensure that all partners understand the value of promoting the benefit so that it is used. Promotion by partners may also increase if the funding formula outlined in the text box above is used, rather than a cost-reimbursement strategy.

What a SHO Should Know

First Steps
At the heart of sustainability efforts are critical mission-based questions that must be answered by TCPs in close collaboration with health agency leadership:

- What does sustainability mean for our quitline?
- How might the purpose and mission of our quitline change as our sustainability efforts grow? Are we comfortable with these changes?
- What are the value and relevance of public-public or public-private partnerships to sustain our state’s quitline?

Key Partnerships and Allies
Building trust and understanding across programs, divisions, and state agencies can be a lengthy process. There should be a protocol for communication between two state agency partners when developing cost-sharing or cost-reimbursement partnerships and an understanding of the roles of different staff within the state health agency. SHOs and state health agencies should work to ensure seamless communication during substantial changes in leadership so as not to disrupt cost-sharing initiatives that have likely taken years to implement.

It is imperative that tobacco program staff know what their role is within a partnership with a sister state agency and have the SHO’s support to continue conversations with their sister agency counterparts about the initiative without the SHO present. Ideally, the SHO should initiate the partnership effort, the bureau chief should act as liaison between the program staff and SHO, and the tobacco program staff should keep leadership informed of progress, act as content and operations experts, and coordinate with partner agency and quitline service provider staff. SHOs can impact the success of a partnership initiative by encouraging direct communication between mid-level leadership/operations staff in the health agency and mid-level leadership/operations staff in the sister agency.

Know the Data
It can be easy to assume that everyone understands the value of a statewide quitline and the evidence-based services it provides. Having the right data has been a critical first step for most of the TCPs working toward public-public partnerships. Be sure to know the following:

- Reach: What is the promotional and treatment reach for your quitline? Can you reach all the populations served by the quitline (e.g., racial/ethnic populations, insured vs. uninsured, publicly vs. privately insured)? Are you able to report on utilization by the specific populations targeted by the partnership effort (e.g., state employees)?
- Quit rate: What are the cessation outcomes reported for your quitline? Can cessation outcomes be measured for the specific populations targeted by the partnership effort?
• **Budget:** What is the total budget for your quitline? What proportion of the budget goes toward promotion, services, and medications? What is the ROI for the quitline?

Dedicating resources (funding and staff expertise) to evaluation is essential to enabling reporting on these and other meaningful data to cultivate and maintain cost-sharing or cost-reimbursement partnerships.

*Know “the Ask”*

Details of a public-public partnership are typically outlined collaboratively with partners, but knowing ahead of time what you are asking for (e.g., the anticipated funding amount and how you arrived at that amount) and what you will be providing (e.g., the number of proactive calls, promotion and outreach of the quitline benefit, utilization and outcomes data) is an important first step.

When asking a sister state agency to pay for quitline services that have previously been offered for “free,” it is critical to build an understanding of why this shift in approach is necessary and important. A SHO should have a keen understanding of the rationale for the sustainability approach guiding the partnership effort and articulate the rationale in a way that also reflects the needs of the sister agency.

SHOs are a necessary piece of the puzzle in ensuring improved access to comprehensive tobacco cessation services for tobacco users throughout the country. SHOs’ role in creating a vision that integrates public health, public and private insurers, and healthcare delivery systems to support improved and sustainable access to tobacco cessation cannot be overemphasized. Opportunities for progress on this front are numerous, and state tobacco control program staff stand ready to move forward.

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**REFERENCES**


2. Ibid.