Fax to Quit: A Model for Delivery of Tobacco Cessation Services to Wisconsin Residents

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ABSTRACT
Research has shown that proactive tobacco cessation quitlines are effective in increasing quit rates 4-fold, compared to quitting with no counseling support. In Wisconsin, the state-funded Wisconsin Tobacco Quit Line has documented a quit rate of 22%, with an estimated 6700 individuals quitting as a result of receiving Quit Line services. Since its launch in 2001, the Wisconsin Tobacco Quit Line has assisted more than 36,000 callers.

Until recently, quitline call volume has been highly dependent on paid media campaigns—an expensive, episodic, and often politically difficult strategy to fund at the state level. To foster and sustain quitline use and assist health care professionals in helping their patients successfully quit, the University of Wisconsin Center for Tobacco Research and Intervention (UW-CTRI) developed the “Fax to Quit” program in March 2003. The model involves close collaboration between UW-CTRI and health care delivery systems who train their staff and integrate a quitline referral system into their regular delivery of health care for smokers who are interested in having the quitline contact them.

This paper examines the extent to which this approach has been adopted by health care providers in Wisconsin. The potential is for this to become a key component of an integrated tobacco dependence treatment.

INTRODUCTION
The US Public Health Service (USPHS) Clinical Practice Guideline, “Treating Tobacco Use and Dependence,” and the US Centers for Disease Control and Prevention’s “Guide to Community Preventive Services” both recommend proactive telephone counseling as a method to help smokers quit. Proactive quitlines offer both “reactive” assistance when a tobacco user initiates the first call for service and more comprehensive services provided by outbound (“proactive”) calls. Randomized, controlled trials have established the efficacy of such proactive interventions, with a recent meta-analysis of 13 studies showing a 56% increase in quit rates when compared with self-help. Quitlines are particularly helpful for people with limited mobility and those who live in rural or remote areas. Due to their quasi-anonymous nature, telephonic services may also appeal to those who are reluctant to seek assistance in a group setting, and can help them overcome what can be a significant psychological barrier. As evidence of the greater accessibility of quitlines, surveys have indicated that smokers are several times more likely to use such a service than they are to use a face-to-face program. Moreover, populations that are underrepresented in traditional cessation services, such as smokers of ethnic minority backgrounds, actively seek help from quitlines.

The Wisconsin Tobacco Quit Line, a free cessation service, provides individualized counseling and support to any Wisconsin resident who is ready to quit tobacco use. It offers a complete menu of cessation services, including a 1, 2, or 4 phone call program that initiates calls to smokers during a quit attempt after the patient makes the first contact by calling the toll-free number. Since its inception in 2001, the Wisconsin Tobacco Quit Line has demonstrated a quit rate of 22% with an estimated 6700 individuals quitting as a result of receiving Quit Line services. Overall, the Wisconsin Tobacco Quit Line has helped more than 36,000 callers and...
recorded a satisfaction rating of 92%. Funded by the Wisconsin Department of Health and Family Services, the Wisconsin Tobacco Quit Line operates 7 days a week from 7 A.M. to 11 P.M. To access the Wisconsin Tobacco Quit Line, participants simply call 800.270.STOP (7867).

About 70% of smokers visit their physicians at least once a year, and evidence has documented that physician advice can be a powerful motivator to quit. But fewer than 5% have used a quitline. Approximately 75% of current smokers in Wisconsin say that they want to quit smoking and about 46% have tried to quit at least once in the last year. The USPHS Guideline recommends that physicians ask about smoking status at every visit, advise every smoker to quit, and prescribe or recommend Food and Drug Administration-approved medications for every quit attempt in the absence of major medical contraindications. The Guideline further suggests that physicians should help their patients formulate a quit plan, provide supplementary materials, and schedule a follow-up session to be conducted either in person or via the telephone. In practice, time constraints and a lack of training on how to counsel their patients on cessation create barriers to physician implementation of these recommendations. What physicians can easily do, however, is screen for tobacco use, advise tobacco users to quit, and refer patients to the quitline for cessation counseling.

The Fax to Quit Program builds on the services of the Wisconsin Tobacco Quit Line by providing clinicians with an evidence-based, easy-to-use referral source at the point of care for smokers who are willing to make a quit attempt. Fax to Quit moves beyond traditional quitline services by having the quitline initiate the first telephone contact. By providing this referral at a moment when smokers are already addressing health issues and may be more motivated to make a quit attempt, it is likely that more of them will take advantage of this evidence-based service.

METHODS

The need for health care systems to have access to evidence-based resources for smokers who are interested in making a quit attempt and the need for quitlines to generate more constant rates of referral calls has given rise to innovative approaches for integrating quitline services as an easy-to-use referral resource. The Fax to Quit program was developed by the University of Wisconsin Center for Tobacco Research and Intervention (UW-CTRI) as a resource to help health care professionals and health care systems provide evidence-based care to their patients and to foster and sustain quitline use.

Fax to Quit is a program that incorporates another system level intervention endorsed by the USPHS Clinical Practice Guideline—identifying individuals as smokers as part of the vital signs assessment during their primary health care visits. If identified and documented as smokers during the vital signs assessment, patients are informed by the health care professional that there is a free program available to help them quit smoking: the Wisconsin Tobacco Quit Line. If the patient indicates an interest in quitting through the Quit Line, he or she is asked to complete a Fax to Quit form that provides telephone and other identifying information and permission for the Quit Line to contact them directly by telephone. Located on this form is a consent statement that allows the Quit Line to inform the primary care physician about the outcome of the contact. This allows the referring physician to receive feedback about the outcome of their referral and can serve as a prompt to the physician to follow-up with the patient about their quit attempt at future clinic visits.

When a smoker completes a Fax to Quit form, it is faxed by clinic staff directly to the Wisconsin Tobacco Quit Line call center. The Quit Line then calls the smoker within 48 hours and attempts to engage him or her in a quit plan. If the Quit Line is unable to reach an individual, that person is sent a letter, encouraging them to contact the Wisconsin Tobacco Quit Line at their earliest convenience.

RESULTS

The UW-CTRI tracks the number and types of clinics and other sites that have been trained and set up with the Fax to Quit Program. The UW-CTRI also receives monthly feedback from the Wisconsin Tobacco Quit Line on overall call volume, source of referrals, number of referrals from each Fax to Quit site, and outcomes of referrals (e.g., number of persons successfully contacted, wrong numbers). Here, we report initial data on the implementation of Fax to Quit.

Since its inception in March 2003, the Fax to Quit program has been extremely popular in Wisconsin. More than 470 sites have signed up for the program and are active Fax to Quit referral sites. Starting in 2004, approximately 30% of the 12,000 callers each year to the Wisconsin Tobacco Quit Line are enrolled through the Fax to Quit program. As Figure 1 illustrates, the Fax to Quit program has been embraced by
health care professionals in Wisconsin to help treat tobacco addiction, evidenced by the significant increase in number of referrals per quarter.

The Fax to Quit program is not limited to primary health care professionals and health care systems, but can include other organizations that have been trained and subsequently implemented this innovative resource. These groups include worksites, health departments, community organizations, faith-based organizations, dentists, alcohol and other drug abuse facilities, First Breath program sites, civic clubs, and others.

As the number of sites implementing the Fax to Quit Program has increased, paid media’s role as the primary source of referrals to the Wisconsin Tobacco Quit Line...
has diminished. Figure 2 illustrates the trends in the number of referrals from the 3 primary sources of Quit Line referrals: health care professionals, Fax to Quit, and paid media. These sources produce approximately 70% of total referrals to the Wisconsin Tobacco Quit Line. Worksites, past callers, friends, schools, radio, and newspapers are additional sources of referral to the Wisconsin Tobacco Quit Line, representing approximately 30% of calls.

DISCUSSION
Until now, Quit Line volume has been highly dependent upon paid media and other paid promotional campaigns—a highly expensive, episodic, and potentially politically difficult strategy to fund at the state level. While media campaigns consistently drive callers to the Quit Line, the callers often include a significant proportion of individuals still contemplating quitting (rather than those ready to make a quit attempt) and calls decline dramatically once the paid promotion ends. Resource constraints also can preclude a sustained, hard-hitting paid media campaign to encourage smokers to call the Quit Line for cessation assistance. The implementation of the Fax to Quit program has resulted in a more constant rate of referrals to the Wisconsin Tobacco Quit Line in a much more cost effective method than paid media.

Fax to Quit is only 1 component of a multi-faceted strategy to help smokers quit. Paid media continues to play an important role, as do physician and other clinic referrals. Innovations such as Fax to Quit, outreach to worksites and other community groups and organizations, and creation of environments conducive to helping smokers quit are examples of other successful promotional efforts. Each smoker is unique and responds to encouragement to quit differently. Thus, it is important to ensure that innovations such as Fax to Quit are viewed as part of a comprehensive, multi-component effort to promote tobacco use cessation. Based on data since the program’s inception, Fax to Quit has helped fill a need for physicians, other clinicians, and health care delivery systems that have been seeking ways to help their patients successfully quit smoking. The presence of an evidence-based referral resource that is easy to use, can be seamlessly integrated into routine clinic practice, and provides feedback on the outcome of the referral, has proven very successful. Care must be taken, however, to ensure that only smokers who are willing to make a quit attempt are referred to the Quit Line. Referring all smokers regardless of their readiness to quit results in inefficient use of scarce Quit Line resources and can alienate patients.

Fax to Quit has not yet been formally evaluated. Such an evaluation could measure its true effectiveness in helping smokers quit. Areas to consider in an evaluation could include enrollment numbers from referral contacts, follow-through rates of those participants, comparing their quit rates with those of other callers to the Wisconsin Tobacco Quit Line, and costs compared with other referral strategies.

CONCLUSION
Early data show wide acceptance of Fax to Quit as a new resource to help smokers quit. Fax to Quit shows promise as a way to move clinical systems from asking and advising smokers to quit to more actively assessing and assisting them in a quit attempt. Nationally, this has been a major barrier in addressing the treatment of tobacco dependence. A critical component that contributes to the success of this innovation is the partnership forged between health care professionals, the health care system, UW-CTRI, and the Wisconsin Tobacco Quit Line, all sharing the common goal of helping smokers quit.
REFERENCES


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