

Keep Trying: Reengaging Tobacco Users in Statewide Cessation Services

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Relapse is common for those trying to quit tobacco. Proactive outreach can encourage those who did not successfully quit to try again, but research on reengaging tobacco users is limited. This quality improvement study tested outreach timing and multiple reengagement methods. Findings were used to design QUITPLAN[®] Services' reengagement protocol, which was then evaluated.

QUALITY IMPROVEMENT STUDY January – August 2015

Objective: To test the effectiveness of using multiple outreach methods to reengage participants in QUITPLAN Services at varying time points after their initial service selection.

Participants: 3,020 QUITPLAN Services participants who had either (1) selected a two week starter kit of nicotine replacement therapy (NRT) or (2) enrolled in the QUITPLAN[®] Helpline (telephone counseling) and completed ≤1 calls from Jan. 14 – Apr. 13, 2015.

Study Groups.

- Participants were randomized to control or reengagement outreach, then divided into three subgroups to examine reengagement 1, 2, or 3 months after initial enrollment.
- **Control:** received either no outreach or a single email contact.
- **Reengagement Outreach:** combination of text (up to 4), email (up to 4), and outbound recruitment calls (up to 3 attempts) using all contact methods a participant consented to receive. Messages offered reenrollment to those not yet quit.

Analysis: Group differences in reengagement were explored.

Primary Outcome: Reengagement within 90 days after the start of outreach, defined as selection of 1+ QUITPLAN Services, which included:

- Helpline (for uninsured and underinsured)
- Individual QUITPLAN Services (IQPS) [all adult tobacco users can choose any or all of: two week NRT starter kits, emails, texts, materials]
- Health plan/employer-sponsored multiple call program

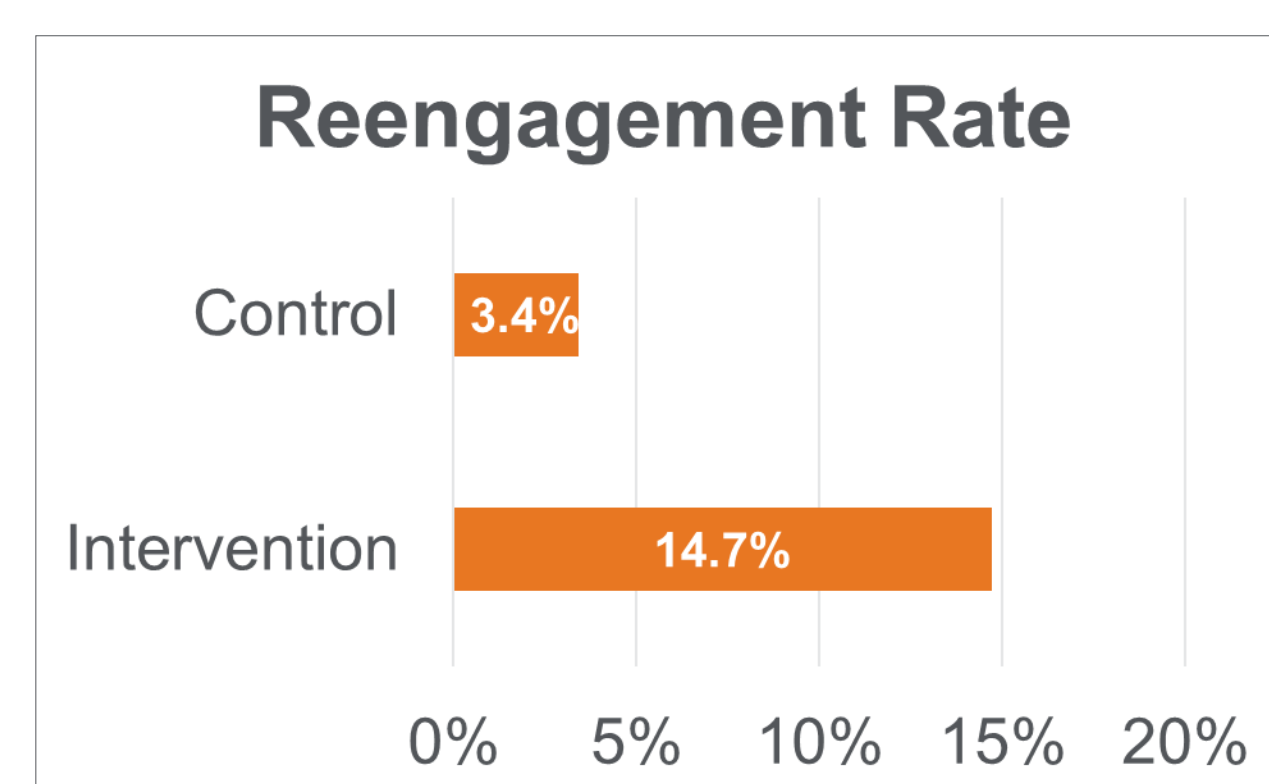
RESULTS

Participants

- 99.9% had enrolled in NRT starter kit (64% also selected materials, emails, &/or texts); only 4 Helpline enrollees
- 42 years old on average, 89% non-Hispanic White, 52% female, 35% first tobacco use within 5 min.

Intervention Outreach: All but 6 received calls, 44% received emails, 17% received texts

Key Study Findings:



- Reengagement Outreach participants had a 5.2 greater odds of reengagement compared to control.
- No difference by follow-up time period (at 1, 2 or 3 months after enrollment)
- Among Reengagement Outreach participants:
 - 71% of reengagements occurred during an outbound phone call
 - 87% reengaged in IQPS
 - 13% reengaged in multi-call program

Cost per Completed Reengagement Outreach: \$545.72*

- Cost will decrease with more outreach; initial, one-time set up costs were the majority of the expense

*Excludes service costs for reenrolled participants

REAL-WORLD IMPLEMENTATION Starting July 1, 2016

Who Do We Reengage? All eligible adult QUITPLAN Services participants.

How Do We Contact Them?

- 4 emails, 4 texts, phone outreach (texts and emails only sent with participant consent).
- Outreach occurs twice:
 - First outreach occurs 90 days after last service was ordered for Individual QUITPLAN Services (IQPS) and 90 days after last live call, text or web update for Helpline.
 - Second outreach series (emails, texts and calls) occurs 180 days after last service (if not already reengaged).

EVALUATION RESULTS

Participants: 3,895 adult participants who received reengagement outreach between July 1-November 30, 2016.

Analysis: Reengagement rates, age, registration mode, reengagement outreach mode(s), and services selected at reengagement were explored.

Findings:

- **Reengagement rate:** 10.3% (n=403) of those contacted reengaged.
- **Age:** as participant age increased, so did the likelihood of reengaging: 17.7% of those 65 and older reengaged, compared to 4.5% of those age 18-24.
- **Registration mode:** those who initially registered for QUITPLAN Services by phone were more likely to reengage (12.4% phone registration vs. 9.1% online registration, p < 0.005).
- **Reengagement outreach mode:**
 - 57.7% only received phone outreach, 40.0% received a combination of electronic and phone outreach, and 2.3% received only electronic contacts (emails and/or texts).
 - Those who received electronic contacts, often in addition to phone outreach, were more likely to reengage than those who only received phone outreach (13.1% vs. 8.4%, p < .0001).

Services Reengaged In	N	%
NRT Starter Kit	248	62%
Helpline	44	11%
Email Program	43	11%
NRT Starter Kit + Materials	28	7%
NRT Starter Kit + Email	20	5%
All other combinations	20	5%

Services Selected at Reengagement:

CONCLUSIONS AND IMPLICATIONS FOR D&I RESEARCH

- Proactive outreach through quitlines is feasible, scalable and effective.
- While phone contacts yielded the most reengagements, adding electronic contacts may have prompted participants to answer the phone when called.
- Offering cessation service options may contribute to participants' willingness to reengage in state quitline services.
- The QI project provided necessary evidence to effectively incorporate a reengagement protocol into a statewide cessation service and increase its population-level impact.