



CT Quitline Services

Tobacco and Cannabis Prevention Program

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CT Quitline Provider: National Jewish Health



Introduction to National Jewish Health



- National Jewish Health (NJH) is a nonsectarian, nonprofit, academic medical research center founded in 1899.
- Dedicated to respiratory health for over 124 years, NJH has ranked #1 or #2 by U.S. News & World Report for 26 consecutive years.
- NJH provides state quitline services to 26 states.
- Currently the largest, nonprofit provider of telephone-based tobacco cessation services in the U.S.- helping over 2 million people quit commercial tobacco products since 1998.



Quitline Staff

- 90+ devoted Quitline staff members
- Tobacco Cessation Coaches
 - Complete 150+ hrs of training, including the accredited Tobacco Treatment Specialist training.
 - NJH training program has been accredited by the Council on Tobacco Treatment Training Programs
 - All coaches complete cultural competency trainings and comprehensive training for priority populations to better understand health disparities, cultural difference in communication and commercial tobacco use behaviors.
- The Clinical Director and Medical Director regularly update content and assist coaches onsite





The Quitline Program



- Comprehensive tobacco cessation program that uses evidence-based phone and online coaching methods as the foundation for behavior change.
 - Services include culturally appropriate and tailored programs for priority populations (i.e. pregnancy & post-partum, youth)
- Studies confirm that phone-based behavioral counseling coupled with pharmacotherapy greatly increase quit rates.
 - NJH achieves a 40% responder quit rate and a 90% participant satisfaction rate
- Trained cessation coaches work one-on-one with callers to develop a personalized Quit Plan and to provide them with self-management tools to make the psychological and behavioral changes necessary to quit for life.

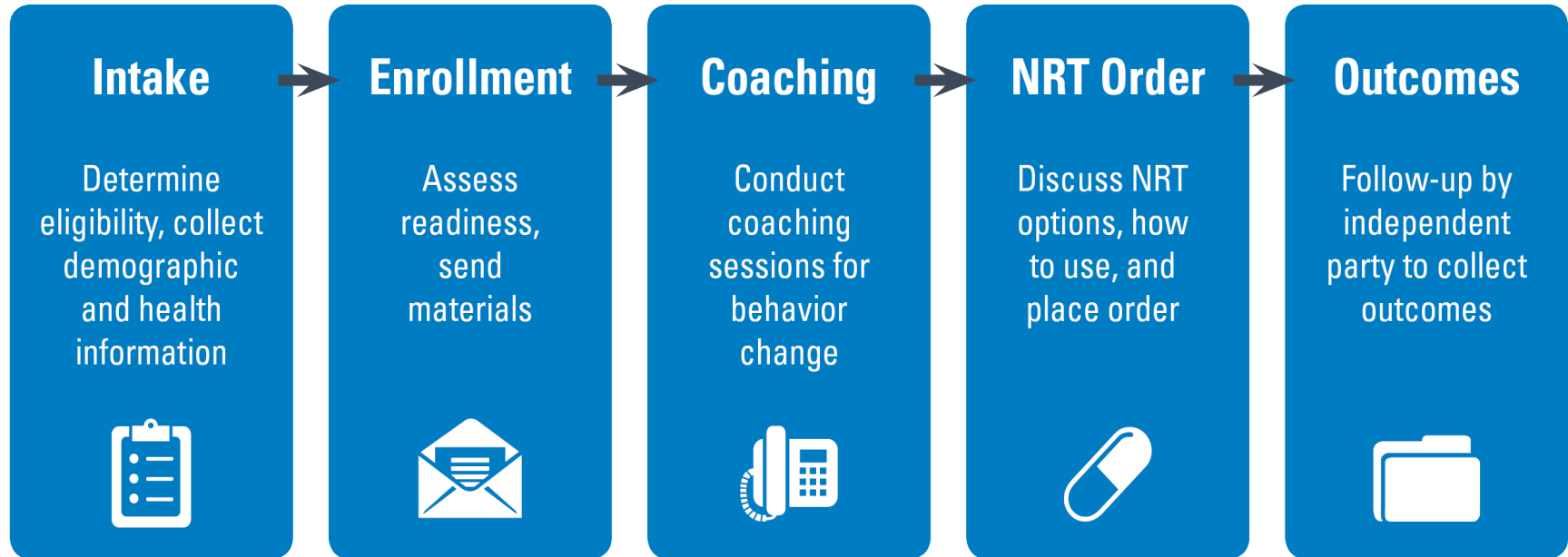
CT Quitline Program Features

- Telephone coaching with experienced coaches available 7 days/week
- Coaches speak English and Spanish (200 additional languages are offered via translation services)
- Suite of digital services
- Personalized educational materials
- Free Nicotine Replacement Therapy (NRT)
 - Patch, lozenge, and gum





Enrollment and Intake Process Flow





Program Services

- The CT Quitline offers 3 program options. Patients can choose to enroll in the best program for them based on their style of communication and level of support they need. All programs provide educational materials, quit planning materials, and quit progress tracking. The programs include:

1. Phone + Online

- The comprehensive program that offers the most support by combining the Phone Only and Online Only programs.

2. Phone Only

- Coaching over the phone
- Technology-based coaching support including email, text, and chat
- Access to NRT, if eligible.

3. Online Only

- Online chat with a cessation coach
- Access to an online community
- Technology-based coaching support including email, text, and chat

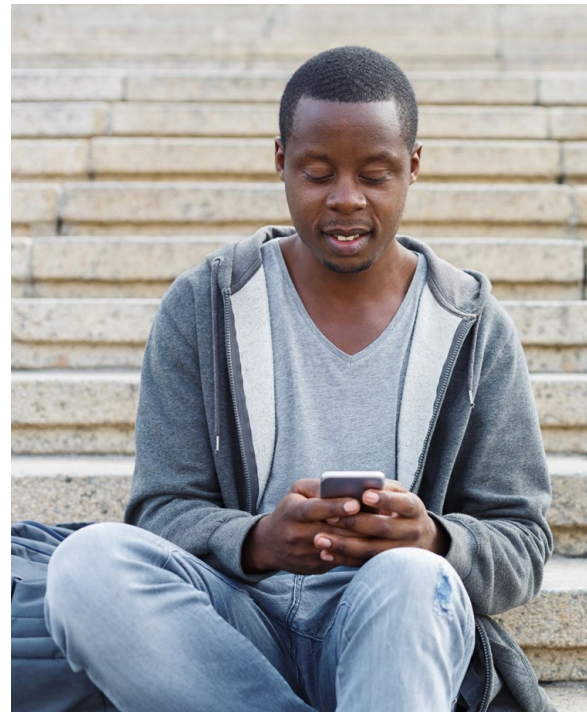
- Program Eligibility

- CT Resident (18+ years old)



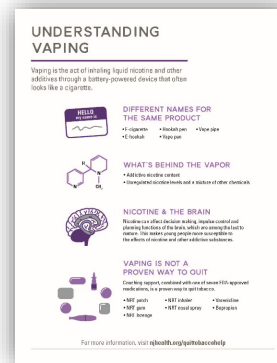
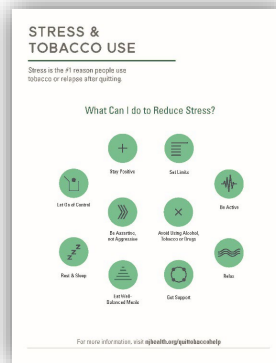
Digital Services

- The suite of digital services includes:
 - A mobile-friendly website in English and Spanish
 - Interactive online resources
 - Motivational text and email messaging based on system triggers such as quit dates and appointment reminders
 - Two-way chat available online



- Participants receive a personalized Welcome Package with:

- Information gathered during intake personalizes the contents of the Welcome Package
- Educational materials are available in digital or printed format and in English and Spanish





Nicotine Replacement Therapy

- Participants must be medically eligible and at least 18 yrs old
 - NRT eligibility screening occurs during intake.
- NRT is shipped within 1-2 business days to the participant's home
- Currently providing 8-weeks of combination NRT therapy (patch + lozenge or patch + gum)
- Coaches encourage callers to call insurance for further NRT support

Tobacco Cessation Pharmacology Over the Counter NRT

Products	Dosage	Duration	Precautions	Adverse Effects
Nicotine Patch 21mg 14mg 7mg	One patch per day >10cpd: 21mg 4wks 14mg 2wks <10cpd: 14mg 4wks 7mg 2wks	8-12 <u>wks</u>	• Do not use if Pt has severe eczema or psoriasis • Caution within 2 <u>wks</u> of MI.	• Local skin reaction • insomnia
Nicotine Gum 2mg 4mg	1 st cig. < 30min after waking: 4mg 1 st cig. > 30min after waking: 2mg 1 piece every 1 to 2 hours	12 <u>wks</u>	• Caution with dentures • Do not eat or drink 15 minutes before or during use. • Limit 24 in 24 <u>hrs</u>	• Mouth soreness • Stomachache • Hiccups
Nicotine Lozenge 2mg 4 mg	1 st cig. < 30min after waking: 4mg 1 st cig. > 30min after waking: 2mg 1 piece every 1 to 2 hours	12 <u>wks</u>	• Do not eat or drink 15min before use. • One lozenge at a time • Limit to 20 in 24hrs	• Heartburn • Local irritation of mouth and throat • Coughing • Hiccups



Priority Population Programs

Pregnancy and Postpartum Program

- Eligibility
 - Must be a CT resident
 - Must be currently pregnant to enroll in the program
- Program Features
 - 9 coaching calls, 5 during pregnancy, and 4 post-partum
 - Same dedicated female quitline coach
 - Tailored text messages and emails through the program
- Referrals
 - Online provider and organizational referrals available
 - www.CommitToQuitCT.com
 - www.VapeFreeCT.org



68% of participants who completed 3+ calls during pregnancy and 3+ calls post-partum had remained quit at 6 month follow up.



My Life, My Quit™

- Eligibility
 - Must be a CT resident
 - Available to youth ages 13 -17 years old
- Program Features
 - Five coaching sessions with a certified coach (text, online chat, or phone)
 - Tailored automated texting program for youth with content for vaping
 - Separate enrollment and intake processes
- Referrals
 - Online provider and organizational referrals available through CT Quitline
 - www.CommitToQuitCT.com
 - www.VapeFreeCT.org

MY LIFE  MY QUIT™



Provider Referral Options

Fax Referral

- Patient information must be captured for a valid referral, including name, phone number, and consent to contact.
- Referring provider or entity information must be provided to receive progress notes.
- Progress notes are sent via fax or secure email.
- If patient consents to text messages on referral, they will receive a reminder texts.
- At point of referral, a provider can provide consent for NRT if pregnant or breastfeeding.



Fax Form
Fax to: **1-800-261-6259**

PROVIDER INFORMATION (PRINT CLEARLY)
Feedback will only be sent to HIPAA covered entities to either the fax number or email listed below.

Provider First Name _____

Provider Last Name _____

Contact (if applicable): First Name _____

Last Name _____

Name of Health System/Hospital/Health Center/Community Organization: _____

Department or Clinic Name (if applicable): _____

Address _____

City _____

State _____

Zip _____

Phone () _____

Email for HIPAA-covered entity: _____

Type for HIPAA covered entity: ☐ Health care Provider ☐ Health Plan ☐ Health care Clearing House ☐ Not Covered Entity

As a HIPAA covered entity you are authorized to receive personal health information for the individual being referred.

As a Not Covered Entity, personal health information will not be shared back to the individual being referred.

Provider consent is required to provide nicotine replacement therapy (NRT) to individuals who are pregnant or breast feeding.

Is the patient: ☐ Pregnant ☐ Breastfeeding

(if Provider) I authorize the Connecticut Outline to send the patient over-the-counter nicotine replacement therapy.

Please sign here if patient may use NRT _____

Date _____

Provider Signature

PATIENT INFORMATION (*Required) (PRINT CLEARLY)

*Patient Name (first) _____

(last) _____

Patient Zip _____

*Date of Birth: / / _____

*Phone () _____

☐ Home ☐ Cell ☐ Work

OK to leave message at number provided? ☐ Yes ☐ No

*Do you require accommodation while participating in the program such as TTY, translator or Relay Service?

☐ Yes, if Yes, please specify _____

☐ No

*Language? ☐ English ☐ Spanish

Other _____

THE VOICEMAIL MAY BE A RECORDING FROM AN AUTOMATED.

Consent of Text: ☐ Yes ☐ No

I consent to receiving text messages with motivational messages and other program events, such as appointment reminders, medication shipments, and quit anniversaries. Standard message rates may apply. Reply STOP to opt out.

I, the patient (or authorized representative), give permission to release my information to the Connecticut Outline. The purpose of this release is to request an initial phone call to discuss my interest and participation in the tobacco cessation program and allow communication with the provider identified on this form. I may revoke this authorization at any time in writing, but if I do, it will have no effect on actions taken prior to receiving the revocation.

*Patient Signature _____

Date _____

If filling out form on behalf of the patient:

Authorized Representative name: (First) _____

(last) _____

Signature _____

Date _____

*Participant or Authorized Representative signature required in order to place phone call to the patient.

PLEASE FAX COMPLETED FORM TO: 1-800-261-6259

Confidentiality Notice: This form contains confidential information. If you have received this in error, please notify the sender immediately by telephone and confidentially dispose of the material. Do not make, disclose, copy or distribute.

Connecticut Public Health

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New! Web Referral

- Form is easy to use, including a drop-down menu of clinics to save time entering information.
- Provider progress notes sent via fax or secure email.
- Information is transferred directly to the CT Quitline, minimizing human error in data entry.
- If patient consents to text messages on referral, they will receive a reminder texts.
- Electronic form that cuts down on paper.

Clinic Information

Referred by a HIPAA Covered Entity?
☐ Yes ☐ No

* Provider First Name

* Provider Last Name

Contact First Name

Contact Last Name

* Clinic/organization name

* Clinic address

Clinic address 2

* Clinic city

* Clinic state
Select

* Clinic zip code

* Clinic fax number

555-555-5555

Authorization

☐ I am authorized to receive personal health information for the individual being referred. By submitting this form, I verify that the patient being referred has consented to participate in this tobacco cessation program.



Example Provider Feedback Reports

- Only HIPPA covered entities receive Feedback Reports.
- Feedback reports based on event triggers connected to the referral. These triggers include:
 - Referral received: Acknowledges a referral was received
 - Referral processed: Provides a status update when the referral was closed
 - Enrollment status: Provides a status update when the enrollment status for the referred participant changes (i.e. enrolled in services, unreachable, program completion)
 - NRT sent: Provides a status update when the participant orders NRT

QUITLOGIX

Fax

To: Contact Example	From: QuitLogix HelpLine
Fax: 999-999-9999	Pages: 2
Phone: 999-999-9999	Date: 7/14/2022
Re: Feedback Report	cc:

☐ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Comments:
Please review the information regarding the recent Fax Referral or Medical Consent form that was submitted to QuitLogix HelpLine.

QUITLOGIX

Dear provider,

Thank you for referring Sample PT Notdy Received, DOB: 10/10/1990, to the QuitLogix HelpLine. We will reach out to Sample PT via phone to offer support with quitting tobacco.

You can expect to receive an update from us in the coming weeks on the outcome of our outreach.

If you have questions or would like more information, please call us at 1-800-784-8669. We appreciate your support of our program to help people in their journey to quit.

Thank you,
QuitLogix HelpLine

Example of Referral Confirmation.



eReferrals

- Not the same as an e-fax
- eReferrals send a CCD file automatically
- Progress notes are sent back to EMR via direct message
- Direct Message using standardized Continuing Care Documents (CCD)
 - Must use HL7v3 and be meaningful use stage 2 compliant
 - Sent via Health Information Service Provider (HISP)
- Progress notes are either back as time-based (20, 90, 180 days after referral) or event-based
- Providers that are interested in eReferrals can contact: DPHTobacco@ct.gov



National Jewish Health
Breathing Science is Life.

Tobacco Quitline eReferrals Overview

What is an eReferral?	An eReferral is a CCD file sent securely from a provider's EMR system to the Quitline case management system. Progress notes get sent directly to the EMR at predetermined intervals.
Is it secure?	eReferrals are sent via a secure Direct Messaging protocol that is HL7v3 compliant and employs Meaningful Use 2 standards.
How is it different from fax or web referrals?	Fax/web referrals require the provider to manually fill out a form. eReferrals send a CCD file automatically – no need for data entry and no risk of typos or inconsistent data. Progress notes for fax/web referrals get sent back by fax. eReferral progress notes are sent back to EMR by Direct Messaging. Since eReferrals are stored in the EMR, the referring organization can easily run their own reporting on them.
What is the provider's experience?	The provider will discuss quitting with the patient and, with consent, click a link or button in the EMR to send the referral. Progress notes will arrive at lifecycle events for the patient throughout the program.
What is the patient's experience?	The patient will be called within one business day of the referral. Upon completion of an intake, they will receive phone-based counseling, nicotine replacement therapy, and additional support from the Quitline.
What is the setup process?	Setup requires testing of electronic transfer of messages to and from the Quitline. Setting up the link/button in the EMR is completed by the organization.

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January 2019

EX Program

Truth Initiative's EX Program

- Eligibility
 - Anyone 13+
- Program Features
 - Text Message Program
 - Online Community
 - Online tools and progress trackers
 - Live Events
 - Personalized recommendations
 - Discounted NRT through BLIP for those 18+
- Enrollment
 - Visit www.exprogram.com or www.vapefreect.org
 - Text 'VAPEFREECT' or 'DEJELOCT' to 88709



Ex Program

[My EX Program](#)[About Quitting](#)[Resources](#)[EX Community](#)Welcome, happyhare201[Log out](#)[Search](#)[Globe](#)

[EX Plan](#)[Progress](#)[Tools](#)

Welcome back to EX Program!

Your EX Plan is your home base. You can come back here for advice and inspiration for your quit journey every week, to change your quit date, and to add to your reasons for quitting.

Your Quit Date



When you're ready, set your quit date. Setting a quit date gives you time to get ready, and gives you something to work toward.

Suggested For You

EX Scout finds tips, EX Community stories, and expert advice just for you. Get even better suggestions by updating your quit date, reasons for quitting, and vision for your future.

Click "swap" to get a new suggestion now, or come back next week for all new ideas.

[Previous](#)[Next](#)

Resources

DPH Resources

• Factsheets

- Cessation
- E-Cigarette Sales
- Mental Health
- Nicotine Pouches
- Secondhand Smoke and Aerosol
- Schools
- Tobacco-Free Campuses
- ... and others

• Websites

- www.committoquitCT.com (CT Quitline, Provider and Client Referrals)
- www.vapefreeCT.org (My Life, My Quit™, This is Quitting, Parent Resources, Provider Resources)
- www.ct.gov/dph/tobacco
 - Updated webpage content and navigation – coming soon!

Connecticut Department of Public Health
Tobacco Control Program | August 2024
Connecticut's Free Tobacco Cessation Resources

	 COMMIT TO QUIT	 vapefree
Service	CT Quitline operated by National Jewish Health*	My Life My Quit™ operated by Truth Initiative*
Website	committoquitCT.com	vapefreeCT.org
Cost	FREE!	FREE!
Ages	18 and over	13 to 17* 13 to 14
Call	1-800-QUIT-NOW	1-855-891-9989 Not available
Text	Optional with enrollment	START MY QUIT to 36072 VAPEFREECT to 88709 or DELETO to 88709
Coaching	Live support by phone or online chat.	Live support by text, online chat, or phone. Automated support by text.
Hours		24 hours a day / 7 days a week
Duration	5 coaching sessions**	5 coaching sessions** 60 days or more
Medications	Patch, gum, lozenge**	Not available Not available
Service Success	Evidence shows that counseling services significantly increase your chances of a successful quit compared to trying to quit on your own.	

*Programs and materials are available in Spanish. Hearing-impaired services and translators are available at no cost for more than 200 additional languages for Quitline Services.
**Parental consent required for anyone under the age of 18.
***Additional resources available for those who are uninsured, pregnant, under age 25, or on Medicare.
****Eligibility for Free NRT is determined by a Quit Coach during enrollment.

For More Information, Contact:
Connecticut Department of Public Health | Tobacco Control Program
410 Capitol Avenue, PO Box 340308, MS #11315
Hartford, CT 06134-0308
DPHTobacco@ct.gov or visit: www.ct.gov/DPH/Tobacco
Last updated August 15, 2024

CONNECTICUT
public health

Connecticut Department of Public Health
Tobacco Control Program | August 2024
RESOURCES FOR SCHOOLS

Use is established primarily in adolescence. Cigarette use started before they were 18. 1 in 10 school students currently use some form of tobacco: e-cigarettes, hookahs, or smokeless tobacco. Encourage tobacco- and nicotine-free youth students in quitting through policy.

ANY TOBACCO
COSTS \$1.00 PER DAY

12.7%
COSTS \$1.00 PER DAY

Restrictions on smoking and the use of electronic nicotine and cannabidiol delivery products. If some districts have updated their policy to provide greater support for alternative or restorative practices instead of punitive ones and for education. These policies can also help prevent tobacco use.

Should be evidenced-based by the tobacco industry and designed and implemented to reduce health and negative social and resistance and education should be evidence-based. *Teaching about public health.

Smoke-Informed Prevention Education Programs

Grade	Cost
6 th – 12 th	Free
5 th – 12 th	Free
8 th – 12 th	Free
6 th – 12 th	Free



Patient & Client Referral

If you are working with individuals who wish to quit smoking or vaping, use [this referral form](#) to get your patient or client started today. Even a small amount of encouragement from a healthcare provider increases the chance of quitting.

Refer a Patient or Client



Pregnant/Postpartum Support to Quit

Quitting tobacco during pregnancy or postpartum is hard, but it's one of the best ways to protect you and your baby's health. Enroll in the [Pregnancy and Postpartum Tobacco Cessation Program](#), and get the support you need to quit.

Enroll Online



Questions?

Seth Baker
Health Program Associate
Tobacco Control Program
Seth.Baker@CT.gov | 860.509.7791