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An Evaluation of Vermont Quit Network Clients by Medicaid Status: FY 2011

Final Report

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1. INTRODUCTION

The Vermont Quit Network Program consists of three programs to aid smokers in quitting smoking: the Quit by Phone program, the Quit in Person program, and the Quit Online program. This report evaluates clients who registered for the Quit by Phone and Quit in Person programs during fiscal year (FY) 2011 by Medicaid status. Upon registration with these programs, clients are asked about their insurance status. In this report, we separate those who report being on Medicaid or the Vermont Health Access Plan (VHAP) and all other clients not on Medicaid or VHAP. VHAP is an expanded Vermont Medicaid program, where the eligibility requirement is that clients are at, or below, 250% of the federal poverty level. Throughout this report, the term "Medicaid" is used in reference to both Medicaid and VHAP clients. This report is organized such that we first summarize program utilization and client characteristics by Medicaid status (Section 2). Next, we analyze service utilization by Medicaid status (Section 3) and summarize medication use at follow-up, quit attempts, and quit rates by Medicaid status (Section 4). The report concludes with a brief discussion of the findings (Section 5).

2. PROGRAM UTILIZATION AND CLIENT CHARACTERISTICS BY MEDICAID STATUS

2.1 Utilization of Quit Network Programs

The total number of new clients and the distribution of this total between Medicaid and non-Medicaid clients for the Quit by Phone and Quit in Person programs during fiscal year (FY) 2011 are presented in Table 2-1. Figure 2-1 shows the distribution of Medicaid to non-Medicaid clients for the Quit by Phone program, and Figure 2-2 shows this distribution for Quit in Person clients. Clients are individuals who provide intake data and agree to receive services from Quit Network programs. These estimates may underrepresent the total number of Vermonters who received services from the Quit by Phone and Quit in Person programs during FY 2011, because clients whose counseling bridges more than 1 year and repeat clients returning for additional support are not included in these figures.

Table 2-1. New Vermont Quit by Phone and Quit in Person Clients by Medicaid Status, FY 2011

Client Type	Quit by Phone			Quit in Person		
	Total	Medicaid	Non-Medicaid	Total	Medicaid	Non-Medicaid
Total New Clients	1,715	470	1,245	955	140	815
Cigarette smokers	1,567	440	1,127	912	133	779
Current smokers	1,449	412	1,037	912	133	779
Former smokers	106	25	81	0	0	0
Smoking status missing	12	3	9	—	—	—
Other tobacco users	46	15	31	43	7	36
Tobacco type missing	102	15	87	—	—	—

Note: Clients who initially began service prior to fiscal year (FY) 2011 but whose counseling continued into FY 2011 and repeat clients returning in FY 2011 for additional support are not included in these figures. Data represent all clients, regardless of age.

Figure 2-1. Distribution of New Medicaid and Non-Medicaid Clients for the Quit by Phone Program, FY 2011

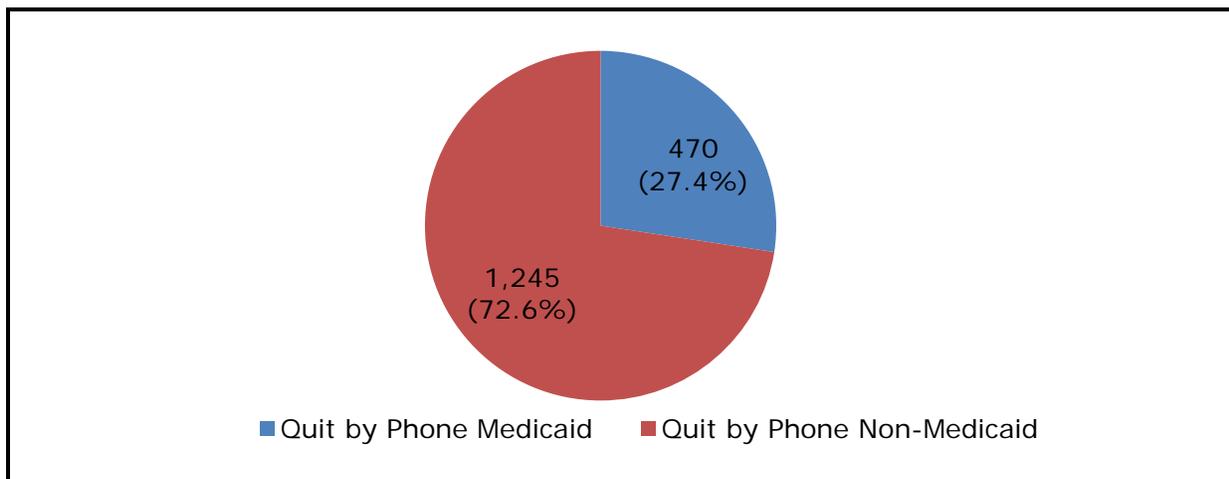
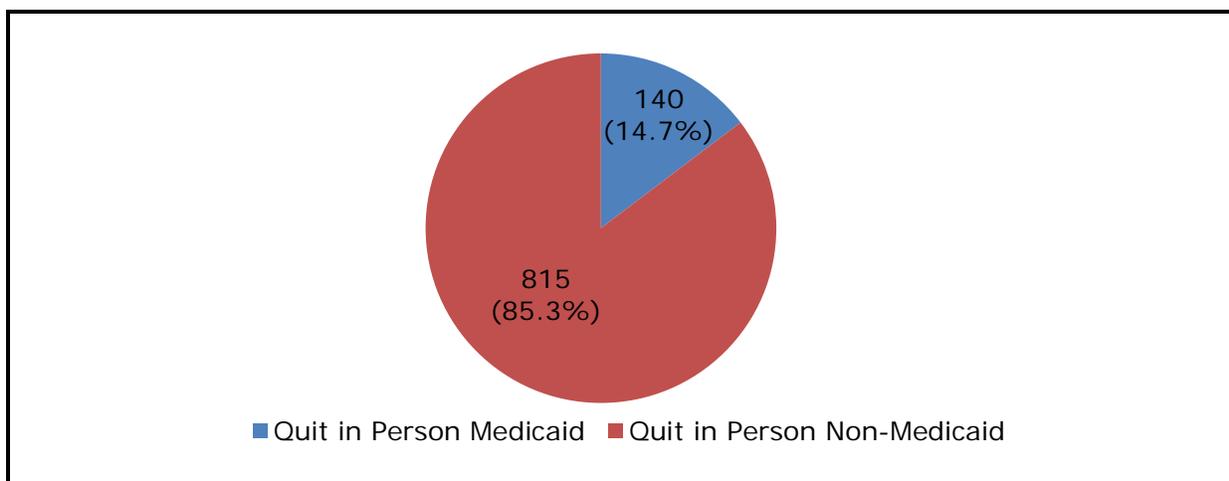


Figure 2-2. Distribution of New Medicaid and Non-Medicaid Clients for the Quit in Person Program, FY 2011



2.2 Characteristics of Quit Network Program Clients

To answer the question of who uses the Quit by Phone and Quit in Person programs, we examined the demographic characteristics and smoking behaviors of new clients by Medicaid status for the Quit by Phone and Quit in Person programs during FY 2011. We present these data within and across programs to see whether there are differences in who uses the Quit Network programs. As a reference point, we also present demographic characteristics and smoking behaviors of Vermont smokers from the Vermont Behavioral Risk Factor Surveillance System (BRFSS) and the Vermont Adult Tobacco Survey (ATS). This allows us to observe whether Quit by Phone and Quit in Person clients are similar to the

general smoking population in Vermont and, if so, whether Medicaid and non-Medicaid clients within these two programs are more or less similar to each other and to the general smoking population in Vermont. Table 2-2 shows the FY 2011 demographic characteristics of current cigarette smokers for the Quit by Phone and Quit in Person programs in total and by Medicaid status, as well as for the overall smoking population in Vermont, as measured in the 2010 BRFSS.

Table 2-2. Demographic Summary of Current Cigarette Smokers, FY 2011

Demographics	Quit by Phone			Quit in Person			2010 BRFSS: Demographics of Vermont Smokers
	Total	Medicaid	Non-Medicaid	Total	Medicaid	Non-Medicaid	
Current Cigarette Smokers	1,449	412	1,037	912	133	779	75,566
Age							
<18	0.3%	0.0%	0.4%	0.0%	0.0%	0.0%	N/A
18–24	13.0%	18.7%	10.8%	8.8%	9.8%	8.6%	13.3%
25–44	40.6%	47.1%	38.1%	33.4%	42.1%	32.0%	44.0%
45–65	40.7%	31.3%	44.5%	48.2%	43.6%	49.0%	35.6%
>65	4.8%	2.7%	5.7%	8.2%	3.8%	9.0%	3.9%
Unspecified	0.5%	0.2%	0.6%	1.3%	0.8%	1.4%	0.3%
Race/Ethnicity							
White	86.3%	85.7%	86.5%	N/A	N/A	N/A	89.40%
Non-White	5.7%	5.3%	5.8%	N/A	N/A	N/A	8.80%
Unspecified	8.1%	9.0%	7.7%	N/A	N/A	N/A	1.80%
Sex							
Female	58.1%	68.0%	54.2%	56.0%	59.4%	55.5%	50.3%
Male	41.8%	32.0%	45.7%	43.8%	40.6%	44.3%	49.7%
Unspecified	0.1%	0.0%	0.1%	0.2%	0.0%	0.3%	
Education							
< High school	15.1%	20.4%	13.0%	13.5%	22.6%	11.9%	14.1%
High school graduate	39.8%	42.7%	38.6%	40.2%	48.1%	38.9%	44.8%
Some college	21.6%	18.0%	23.0%	26.5%	20.3%	27.6%	25.7%
College graduate	15.2%	10.7%	17.0%	18.8%	7.5%	20.7%	15.3%
Unspecified	8.4%	8.3%	8.4%	1.0%	1.5%	0.9%	—

Notes: BRFSS = Behavioral Risk Factor Surveillance System.

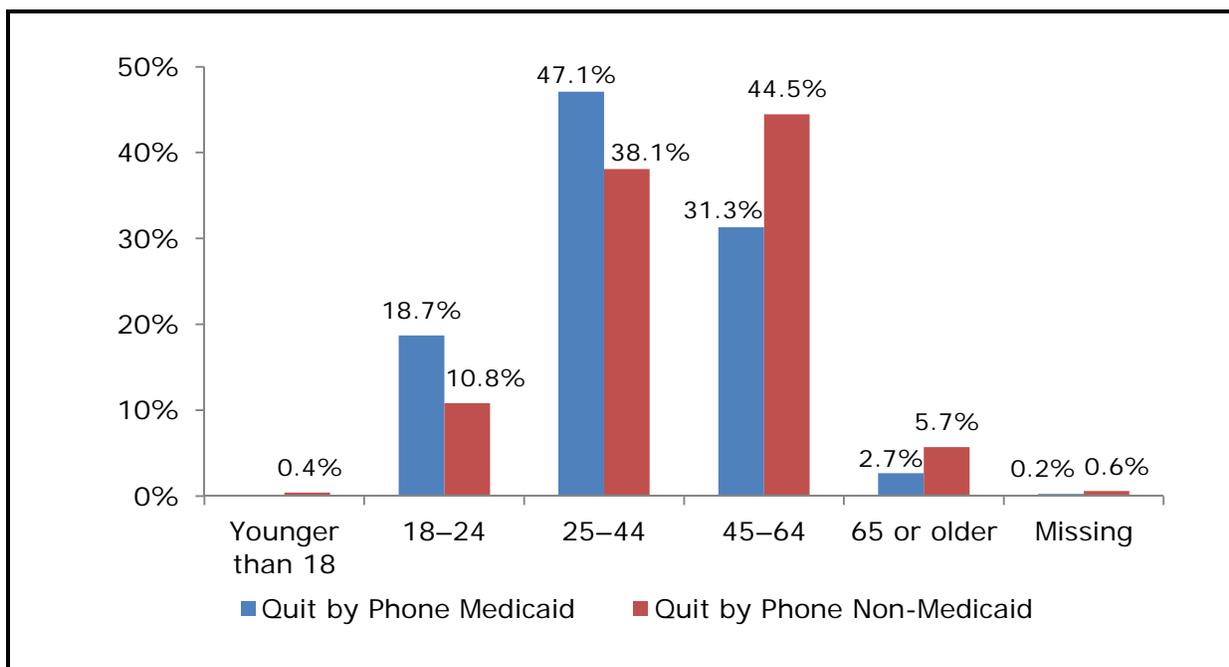
Results for Quit Network programs are among current cigarette smokers at intake.

Race information is not included in the Quit in Person data.

Results for Vermont BRFSS are among current smokers and include both landline and cell phone respondents.

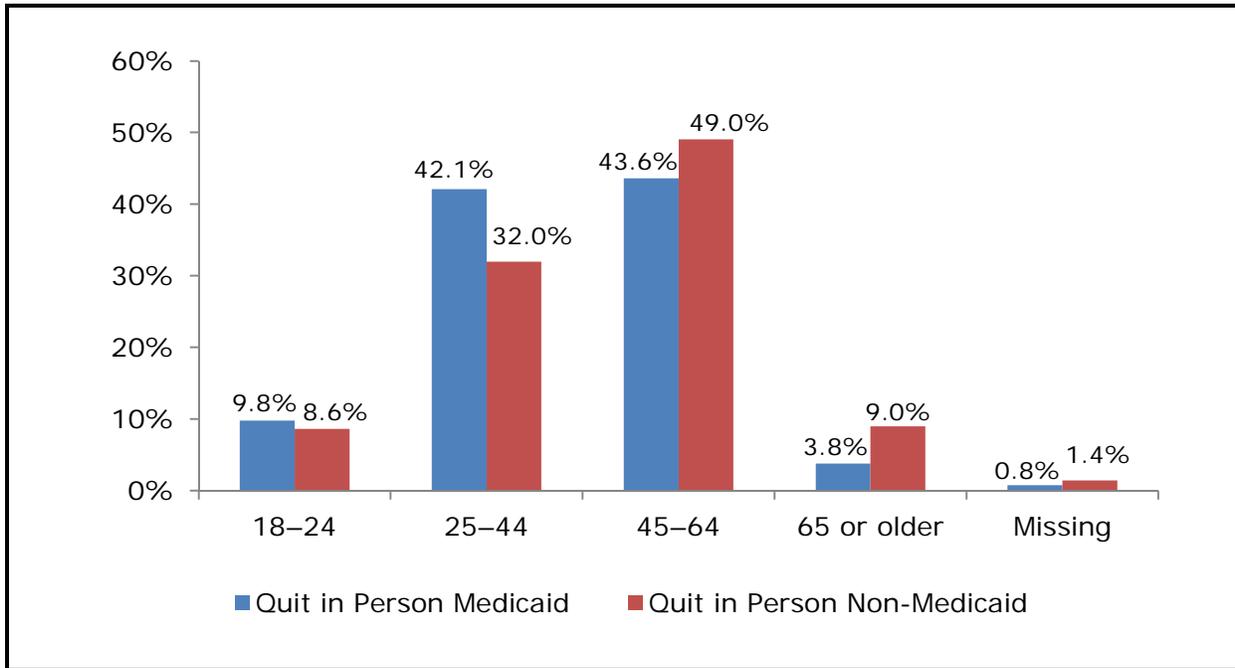
Figures 2-3 and 2-4 illustrate the variation in age between Medicaid and non-Medicaid clients for the Quit by Phone and Quit in Person programs, respectively, in FY 2011. Figure 2-5 illustrates the variation in race between Medicaid and non-Medicaid clients for the Quit by Phone program. Data on race are not collected for Quit in Person clients. Figures 2-6 and 2-7 illustrate the variation in sex for the Quit by Phone and Quit in Person clients, respectively, by Medicaid status in FY 2011. Figures 2-8 and 2-9 illustrate the variation in education level by Medicaid status for Quit by Phone and Quit in Person clients, respectively, in FY 2011.

Figure 2-3. Age Distribution of Quit by Phone Clients by Medicaid Status, FY 2011



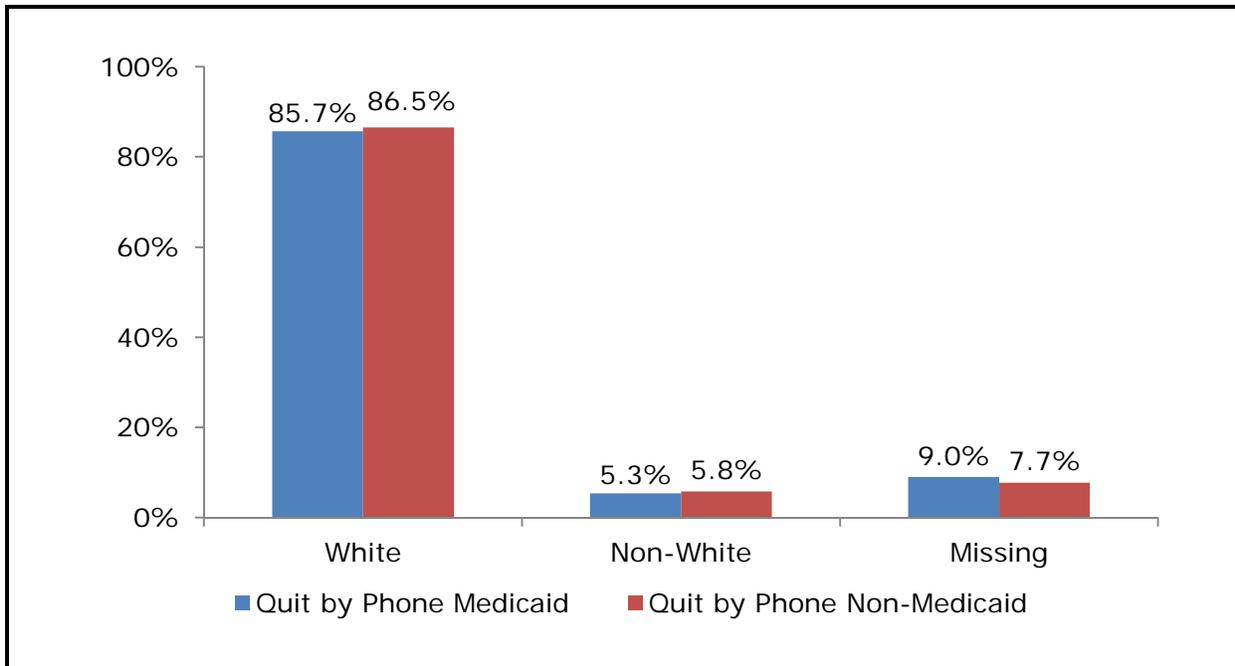
Notes: Results are among current cigarette smokers at intake.

Figure 2-4. Age Distribution of Quit in Person Clients by Medicaid Status, FY 2011



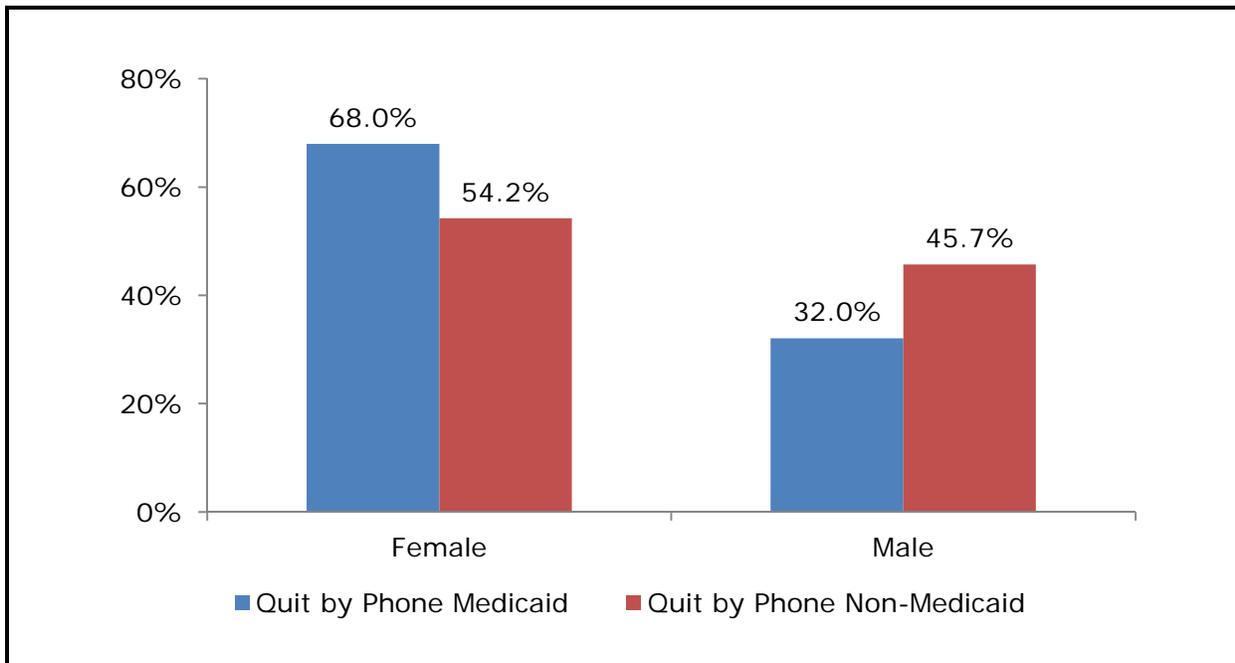
Notes: Results are among current cigarette smokers at intake.

Figure 2-5. Race Distribution of Quit by Phone Clients by Medicaid Status, FY 2011



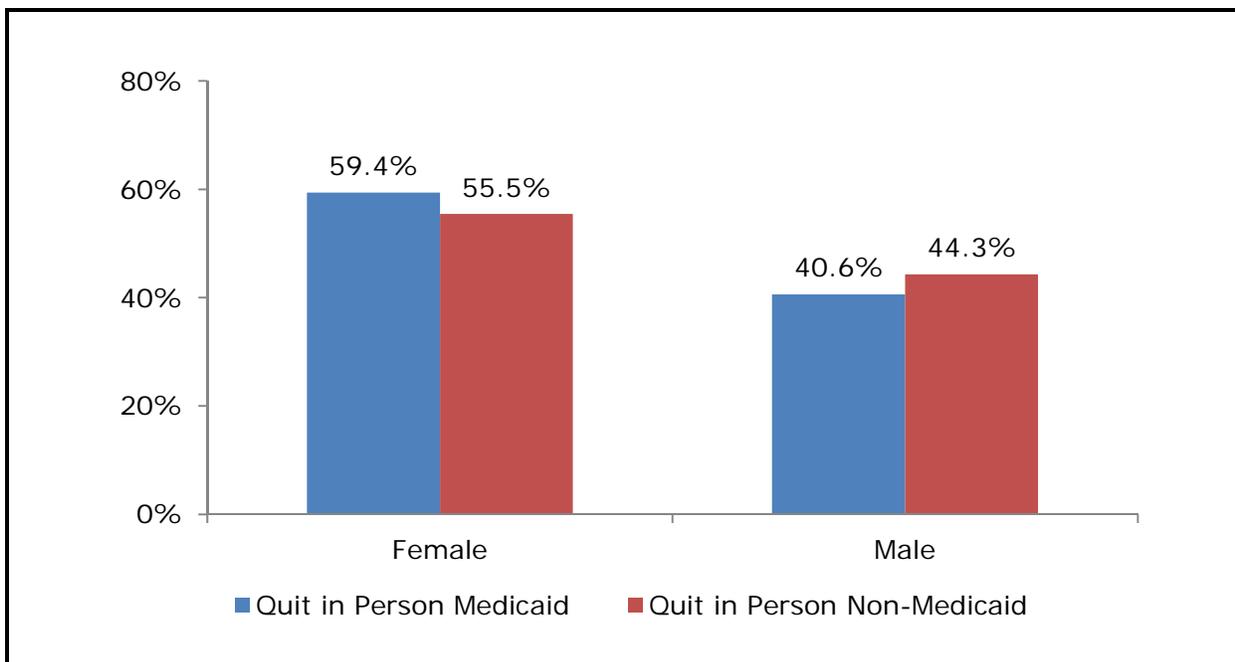
Notes: Results are among current cigarette smokers at intake.

Figure 2-6. Sex Distribution of Quit by Phone Clients by Medicaid Status, FY 2011



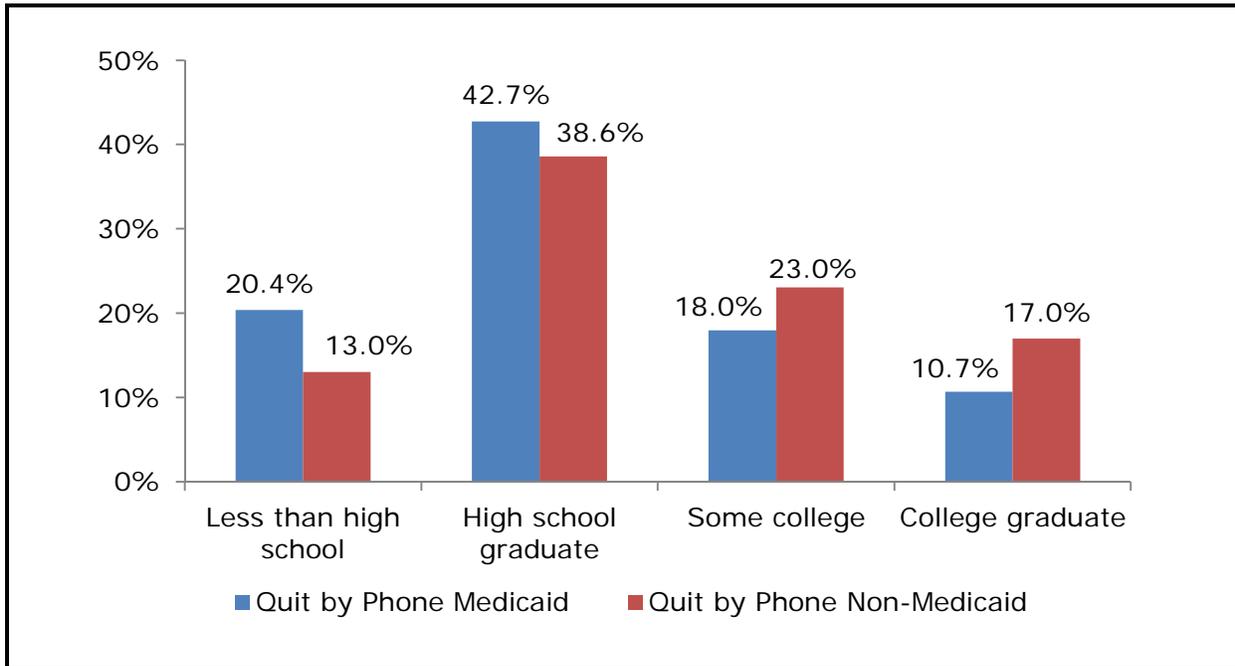
Notes: Results are among current cigarette smokers at intake.

Figure 2-7. Sex Distribution of Quit in Person Clients by Medicaid Status, FY 2011



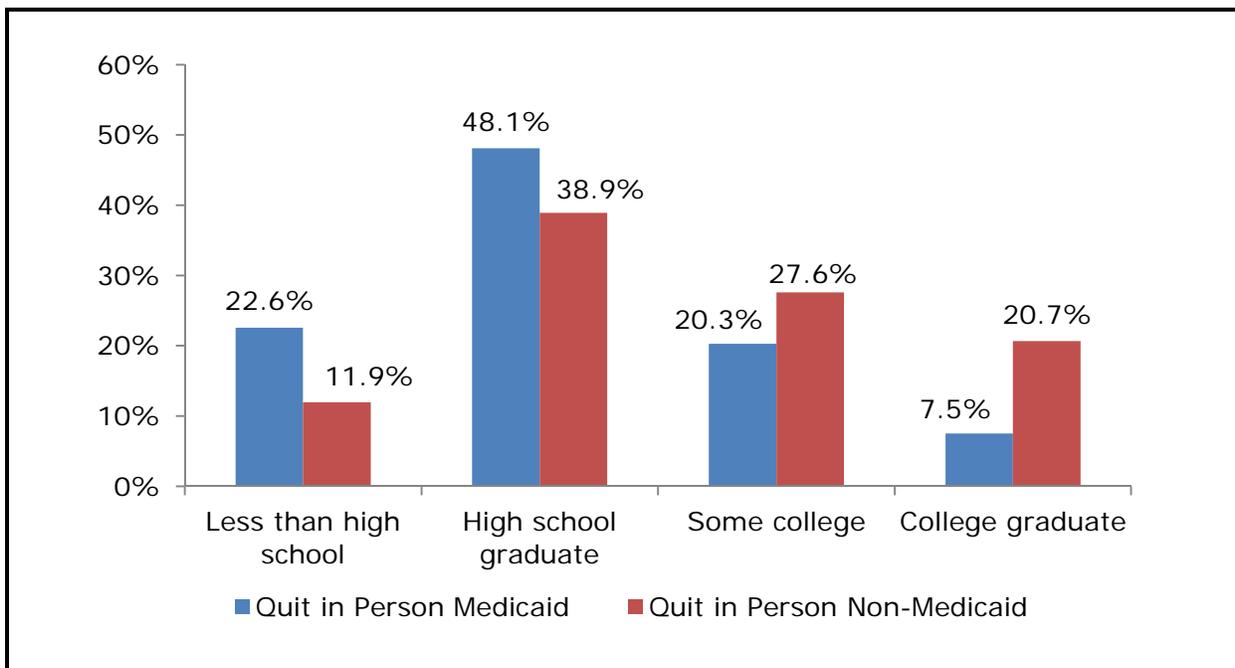
Notes: Results are among current cigarette smokers at intake.

Figure 2-8. Education Distribution of Quit by Phone Clients by Medicaid Status, FY 2011



Notes: Results are among current cigarette smokers at intake.

Figure 2-9. Education Distribution of Quit in Person Clients by Medicaid Status, FY 2011



Notes: Results are among current cigarette smokers at intake.

2.3 Smoking Behaviors at Intake

The intake data contain a number of measures of smoking behaviors at intake. Each Quit Network program asks new clients, who are current cigarette smokers, about the number of cigarettes smoked per day and the amount of time between waking and smoking. Measures of smoking behaviors at intake serve as a proxy for an individual's addiction level. Table 2-3 shows the differences in the types of cigarette smokers attracted to the two programs.

Table 2-3. Smoking Behaviors of Current Cigarette Smokers at Intake, FY 2011

Smoking Behavior	Quit by Phone			Quit in Person			2010 Vermont ATS
	Total	Medicaid	Non-Medicaid	Total	Medicaid	Non-Medicaid	
Current Cigarette Smokers	1,449	412	1,037	912	133	779	^a
Cigarettes Per Day							
< 1 pack	40.7%	41.7%	40.3%	30.4%	33.1%	29.9%	59.6%
1 pack	33.5%	31.1%	34.4%	44.6%	39.1%	45.6%	26.8%
1–2 packs	23.5%	23.8%	23.3%	22.4%	24.1%	22.1%	10.7%
> 2 packs	2.3%	3.4%	1.9%	1.6%	3.0%	1.4%	1.5%
Unspecified	0.0%	0.0%	0.0%	1.0%	0.8%	1.0%	1.4%
Time to First Cigarette after Waking							
< 30 minutes	78.3%	83.3%	76.3%	71.2%	77.4%	70.1%	N/A
30–60 minutes	11.7%	7.5%	13.4%	16.9%	12.0%	17.7%	N/A
> 1 hour	8.8%	8.3%	9.1%	10.2%	9.8%	10.3%	N/A
Unspecified	1.2%	1.0%	1.3%	1.8%	0.8%	1.9%	N/A

Notes: ATS = Adult Tobacco Survey

Results for Quit Network programs are among current cigarette smokers at intake.

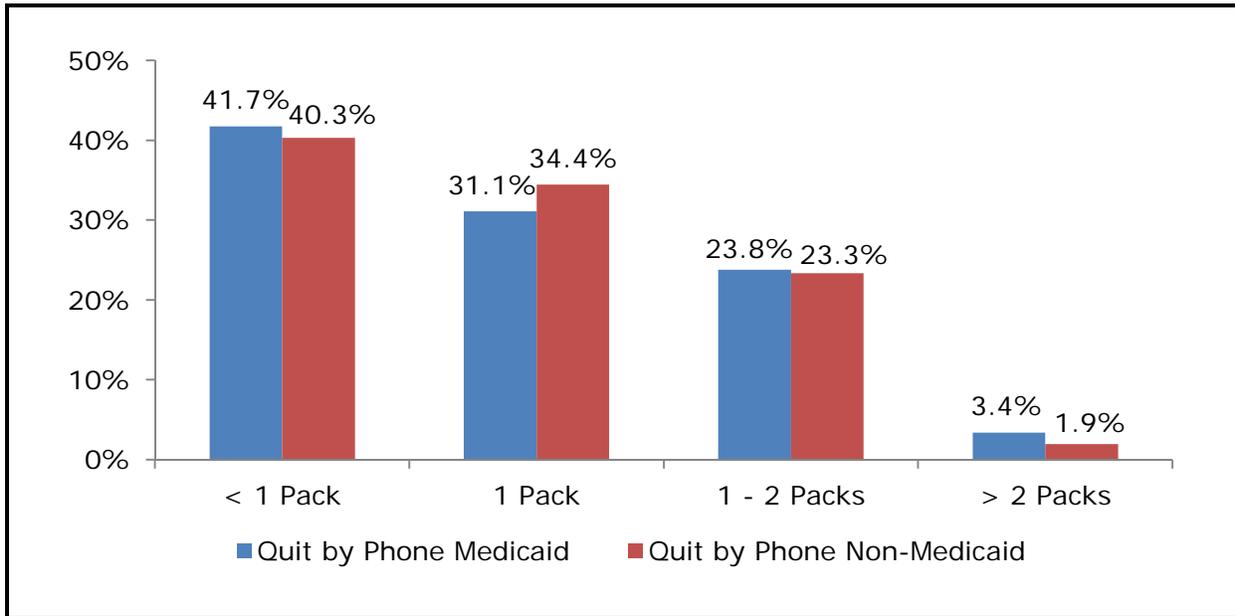
Results for Vermont ATS are among current smokers and include both landline and cell phone respondents.

The question about time to first cigarette after waking was not included in the 2010 Vermont ATS.

^a The Vermont ATS is not typically used to estimate the prevalence of smoking in Vermont. The BRFSS is the standard for estimating the prevalence of adult smoking in Vermont. However, the Vermont ATS contains a number of measures of smoking behavior, such as cigarettes per day, that are not included in the BRFSS.

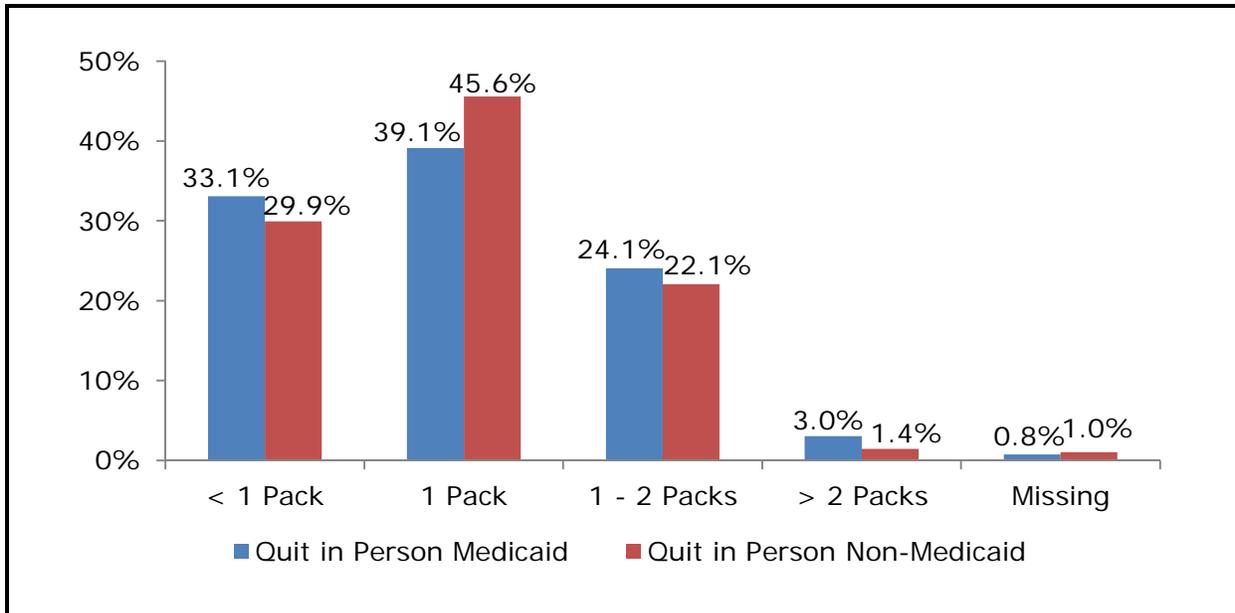
Figures 2-10 and 2-11 show the distribution of cigarettes smoked per day in FY 2011 for Quit by Phone and Quit in Person clients by Medicaid status, respectively. Figures 2-12 and 2-13 show the distribution of time to first cigarette after waking in FY 2011 for Quit by Phone and Quit in Person clients by Medicaid status, respectively.

Figure 2-10. Cigarettes per Day for Quit by Phone Clients by Medicaid Status, FY 2011



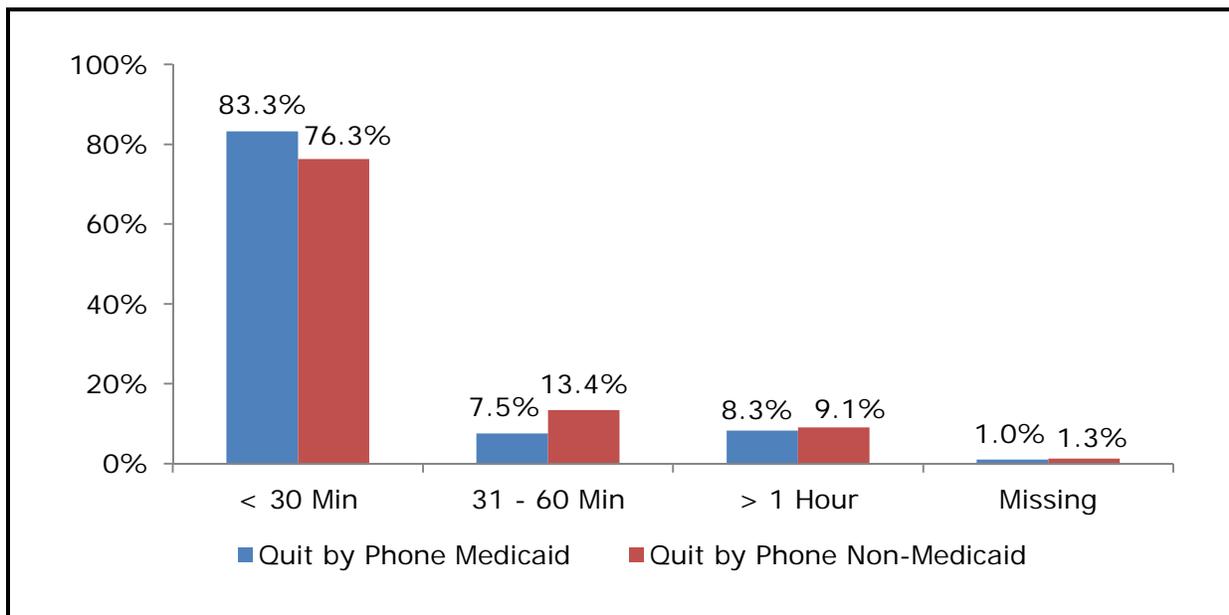
Notes: Results are among current cigarette smokers at intake.

Figure 2-11. Cigarettes per Day for Quit In Person Clients by Medicaid Status, FY 2011



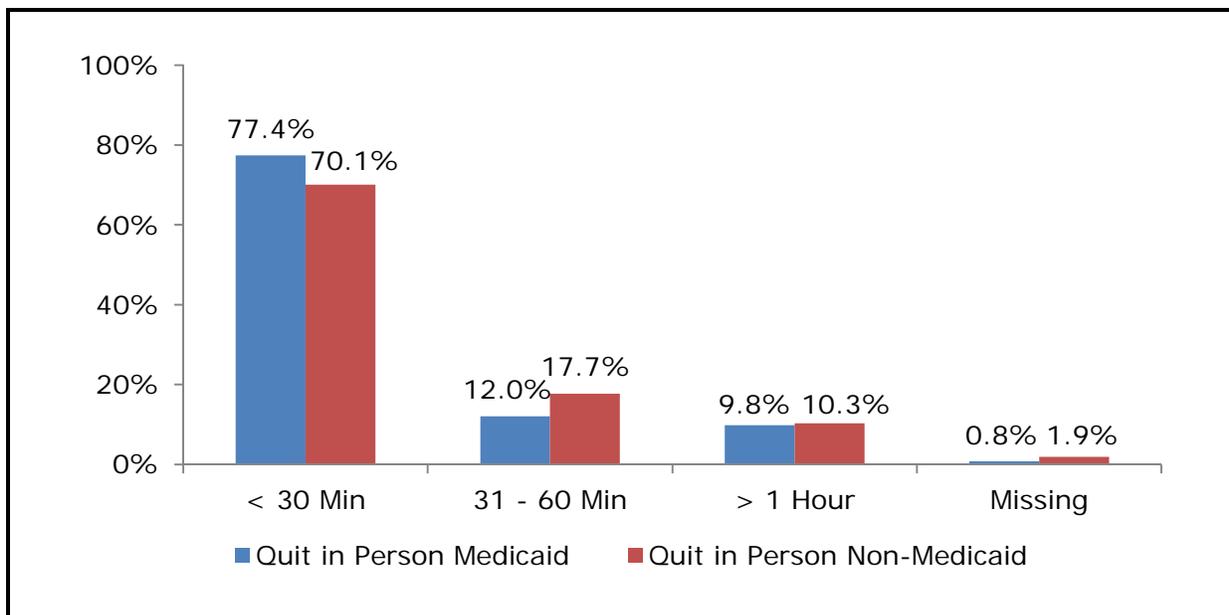
Notes: Results are among current cigarette smokers at intake.

Figure 2-12. Time to First Cigarette after Waking for Quit by Phone Clients by Medicaid Status, FY 2011



Notes: Results are among current cigarette smokers at intake.

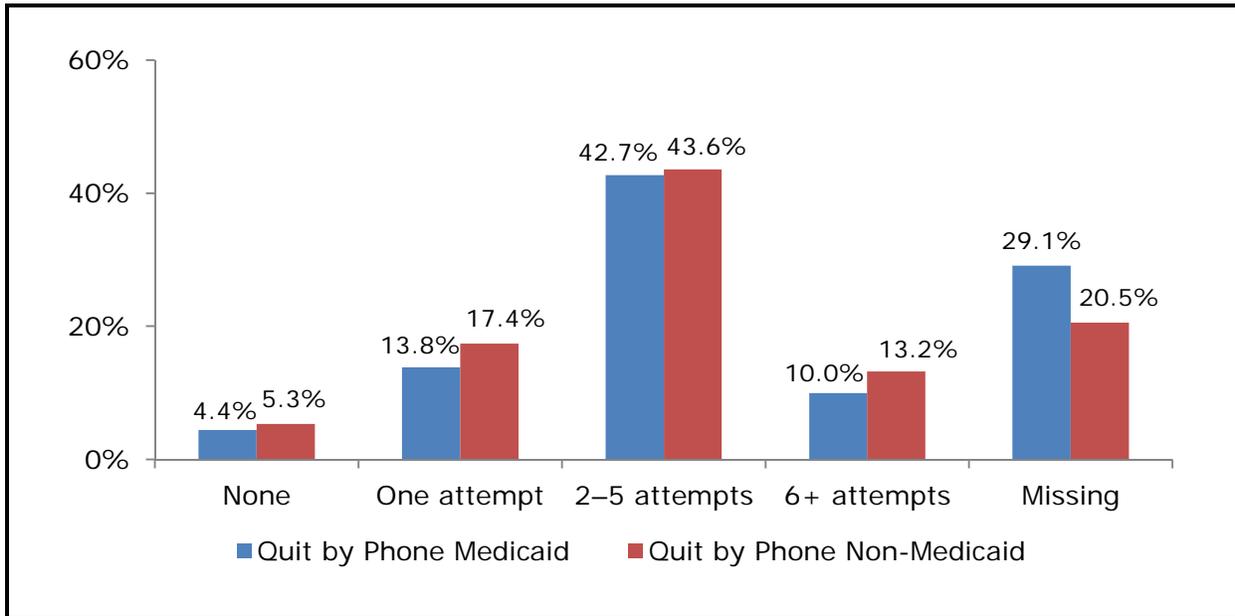
Figure 2-13. Time to First Cigarette after Waking for Quit in Person Clients by Medicaid Status, FY 2011



Notes: Results are among current cigarette smokers at intake.

The Quit by Phone program tracks the number of quit attempts clients have made at the time of registration. Figure 2-14 illustrates quit attempts by Medicaid status during FY 2011 for Quit by Phone clients.

Figure 2-14. Quit Attempts at Intake for Quit by Phone Clients by Medicaid Status, FY 2011



Notes: Results are among current cigarette smokers at intake.

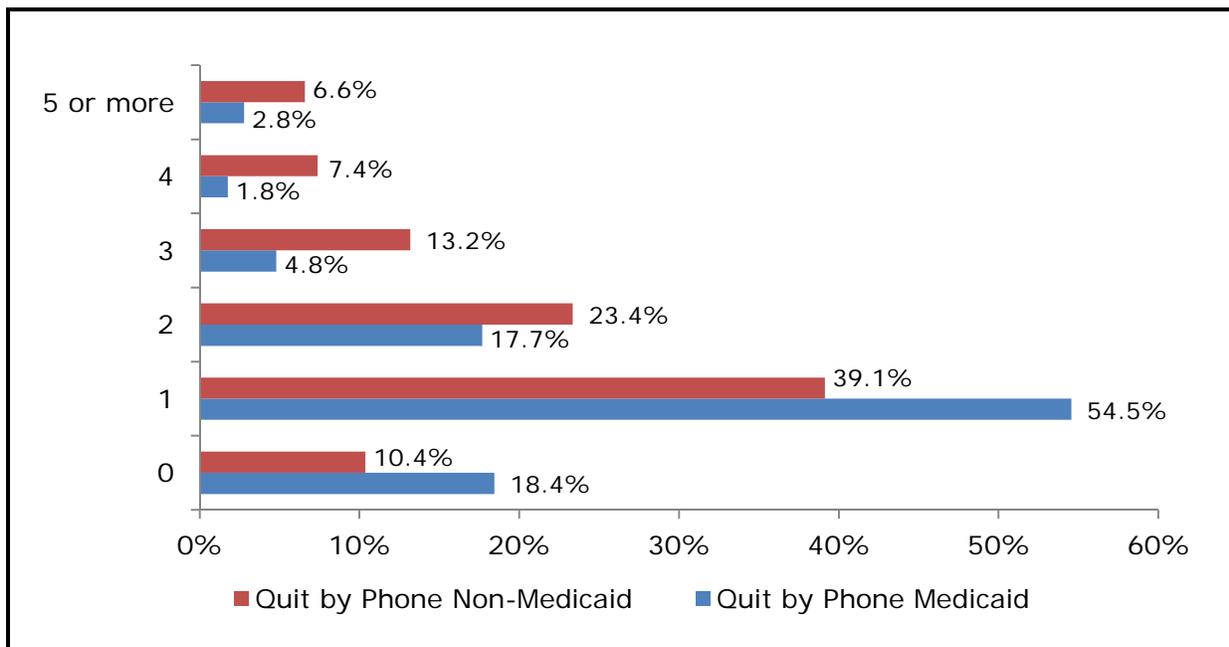
3. SERVICE UTILIZATION BY MEDICAID STATUS

In this section, we evaluate the nature and quantity of services provided by the Quit by Phone and Quit in Person programs. Quit by Phone clients can select to receive telephone counseling, self-help materials, or general information on quitting, whereas Quit in Person clients are only offered in-person group cessation classes. Table 3-1 presents a breakdown of the type of Quit Network service selected by cigarette smokers for the Quit by Phone and Quit in Person programs during fiscal year (FY) 2011, by Medicaid status. Figures 3-1 and 3-2 summarize the number of counseling sessions received during FY 2011, by Medicaid status, for Quit by Phone and Quit in Person clients, respectively. Caution should be used in comparing the number of counseling sessions received by Medicaid and non-Medicaid clients. Non-Medicaid clients have the incentive of receiving free nicotine replacement therapy (NRT) upon completing at least one counseling session, whereas Medicaid clients, regardless of whether they complete counseling or not, are referred to their health care provider to receive cessation medications.

Table 3-1. Service Selected by Current and Former Smokers at Intake, FY 2011

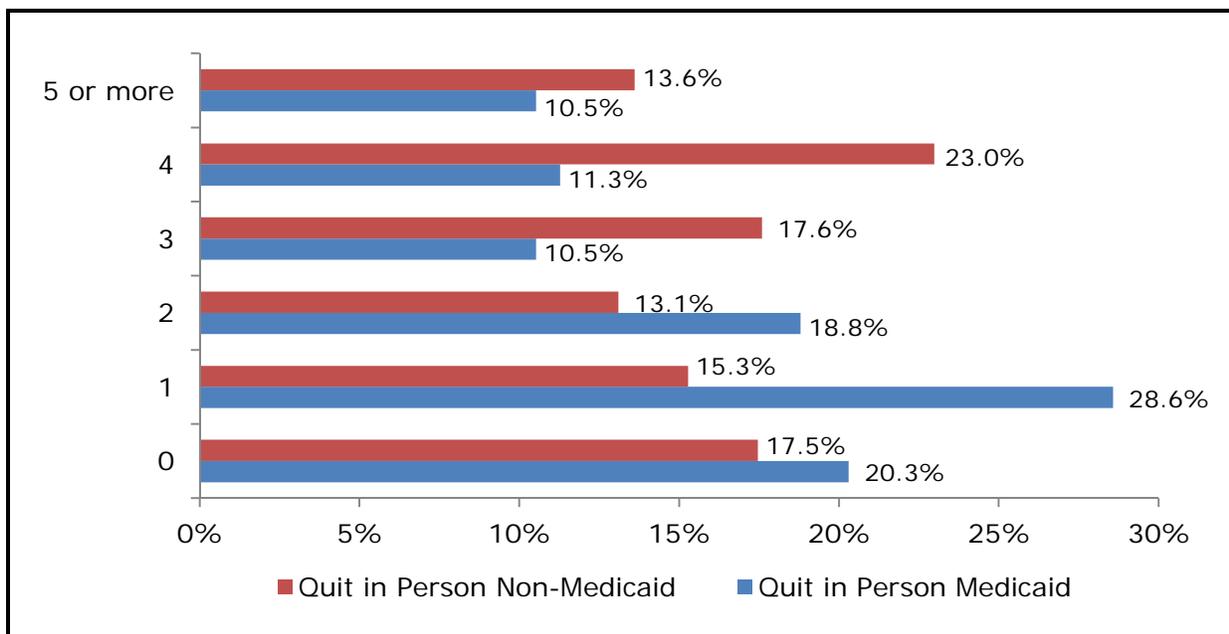
Service Selected	% of N		
	Total (N=1,567)	Medicaid (N=440)	Non-Medicaid (N=1,127)
Quit by Phone			
Multiple call program	82.2%	80.0%	83.1%
One call program	7.6%	10.7%	6.4%
Materials only	0.8%	0.0%	1.1%
General information/all transfer types	9.4%	9.3%	9.5%
Quit in Person	Total (N=912)	Medicaid (N=133)	Non-Medicaid (N=779)
Group cessation counseling	100%	100%	100%

Figure 3-1. Sessions Received for Quit by Phone Clients by Medicaid Status, FY 2011



Notes: Results are among current and former cigarette smokers. For the Quit by Phone program, counseling sessions consist of all completed calls.

Figure 3-2. Sessions Received for Quit in Person Clients by Medicaid Status, FY 2011



Notes: Results are among current and former cigarette smokers. For the Quit in Person program, initial group cessation counseling sessions were counted as counseling sessions.

4. MEDICATION USE AND EFFICACY OF SERVICE BY MEDICAID STATUS

Follow-up surveys of Quit by Phone and Quit in Person clients were conducted by Clearwater, Inc., for fiscal year (FY) 2011 evaluations. Follow-up evaluations collect information on client medication use in helping them quit, quit attempts, current smoking status, and satisfaction with services received. Clearwater, Inc., attempts to contact all Quit Network clients who give consent for being contacted for a follow-up evaluation. In FY 2011, the 3-, 6-, and 12-month follow-up evaluations for Quit by Phone and Quit in Person clients were replaced with a single 7-month follow-up survey. In this section, we present a summary of medication use, quit attempts, and quit rates by Medicaid status for Quit by Phone and Quit in Person clients who were eligible to complete the 7-month follow-up evaluation. We also summarize client satisfaction with the services received from the Quit Network programs by Medicaid status.

Table 4-1 presents completion rates for follow-up evaluations conducted in FY 2011, by Medicaid status. Because follow-up evaluations occur 7 months after individuals register for the program, many of the individuals who were eligible to complete 7-month follow-up evaluations in FY 2011 completed their intake interview and received services from the Quit Network during FY 2010. Likewise, many of the clients who registered with and received services from the Quit Network in FY 2011 will not be eligible to complete their 7-month follow-up evaluations until FY 2012.

Table 4-1. Completion Rates for 7-Month Follow-Up Evaluations by Medicaid Status, FY 2011

Respondent Group	Quit by Phone		Quit In Person	
	Eligible for Follow-up During FY 2011	Completed Follow-Up During FY 2011	Eligible for Follow-up During FY 2011	Completed Follow-Up During FY 2011
Total	1,432	45.8%	1,162	49.3%
Medicaid	402	36.6%	187	35.8%
Non-Medicaid	1,030	49.4%	975	51.9%

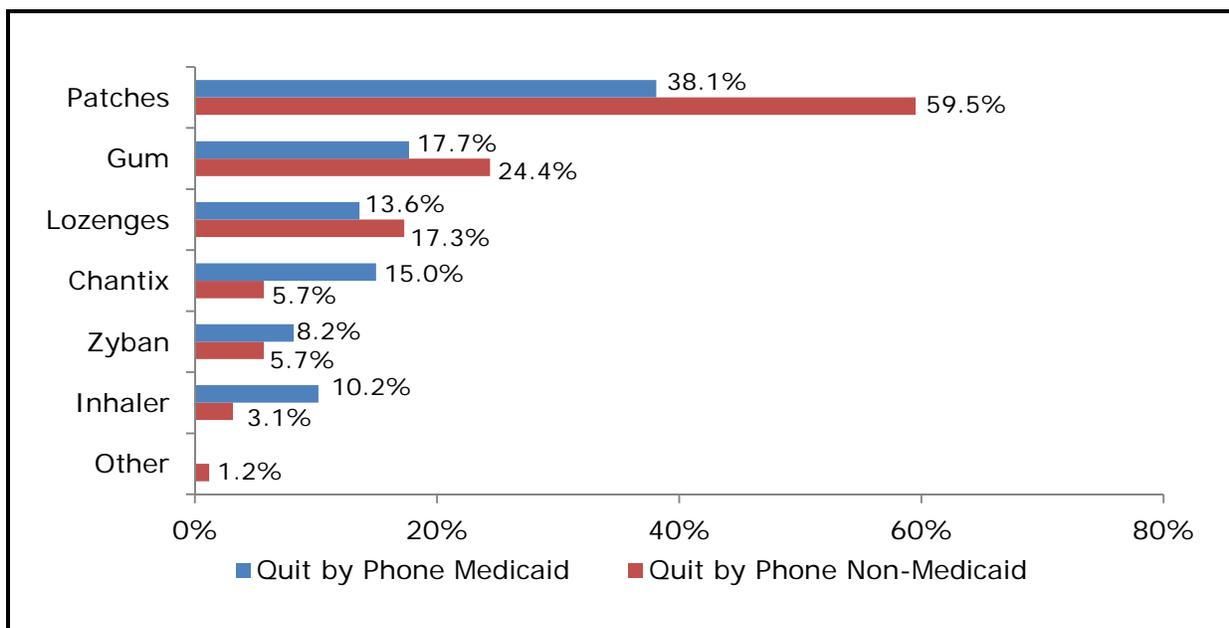
Note: Results are among current and former cigarette smokers at follow-up.

4.1 Medication Use at Follow-Up

This section analyzes past 7-month medication use for current and former smokers for the Quit by Phone and Quit in Person programs by Medicaid status as reported by clients in the 7-month follow-up surveys conducted in FY 2011. In FY 2011, 77.7% of Quit by Phone clients and 84.3% of Quit in Person clients who completed the 7-month follow-up evaluation reported using medications to assist in their quit attempt over the past 7 months (current

and former smokers). Almost two-thirds (63.3%) of Quit by Phone clients on Medicaid reported using medications to help them quit, and just over four-fifths (81.9%) of non-Medicaid Quit by Phone clients reported using medications to help them quit. Around 74.6% of Medicaid Quit in Person clients reported using medications in their latest quit attempt; and 85.6% of non-Medicaid Quit in Person clients reported using medications to help them quit. Figures 4-1 and 4-2 present the types of medications Quit by Phone and Quit in Person smokers reported using to assist them in quitting over the past 7 months by Medicaid status.

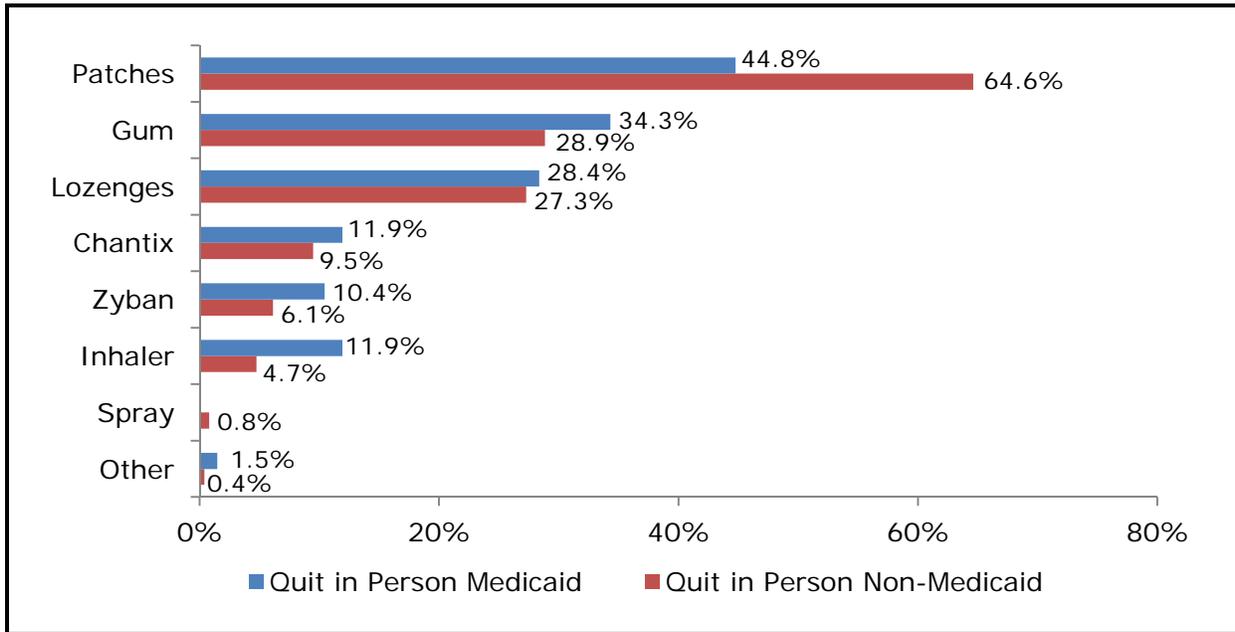
Figure 4-1. Cessation Medications Used in the Past 7 Months, by Medicaid Status, Quit by Phone FY 2011



Note: Results are among current and former smokers at intake who completed or were eligible to have completed their follow-up evaluation during FY 2011. Sum may add to more or less than 100%, because clients may select more than one answer.

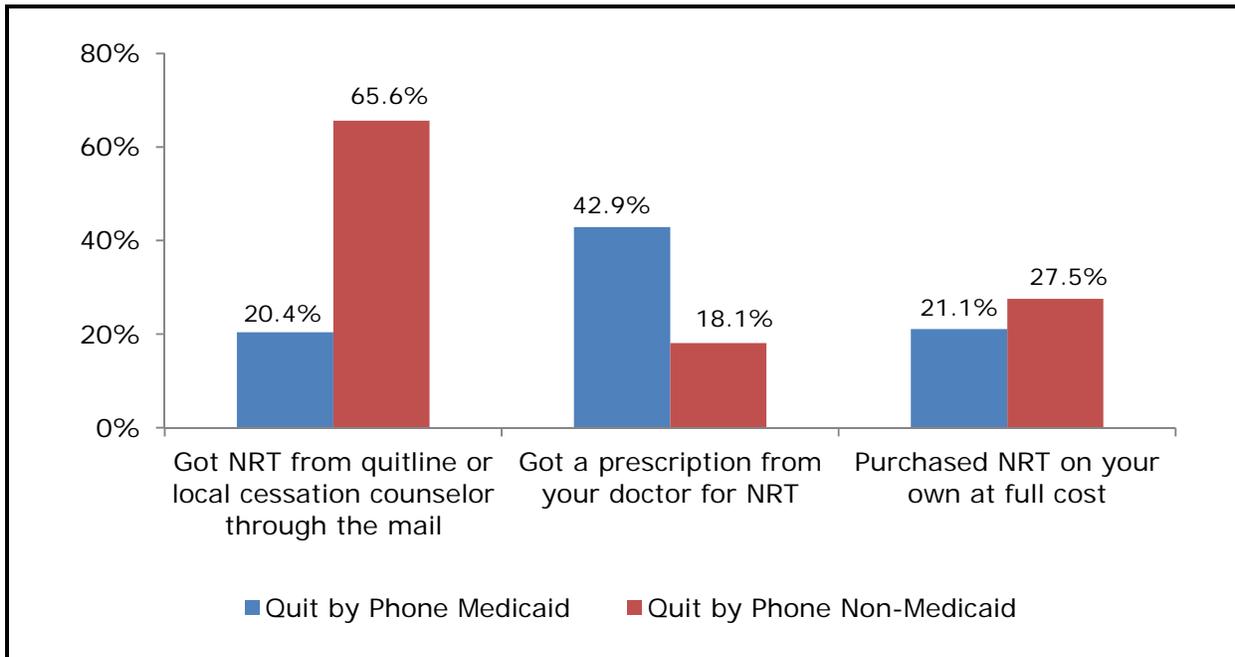
In the 7-month follow-up evaluation, clients were asked if they obtained nicotine replacement therapy (NRT) to help in their quit attempt from the Quitline or from a local cessation counselor through the mail, by a prescription from their doctor, and/or by purchasing it on their own, at full cost. Figures 4-3 and 4-4 present the percentage of current and former smokers who reported obtaining NRT from any of these sources over the past 7 months by Medicaid status in FY 2011 for the Quit by Phone and Quit in Person programs, respectively.

Figure 4-2. Cessation Medications Used in the Past 7 Months, by Medicaid Status, Quit in Person FY 2011



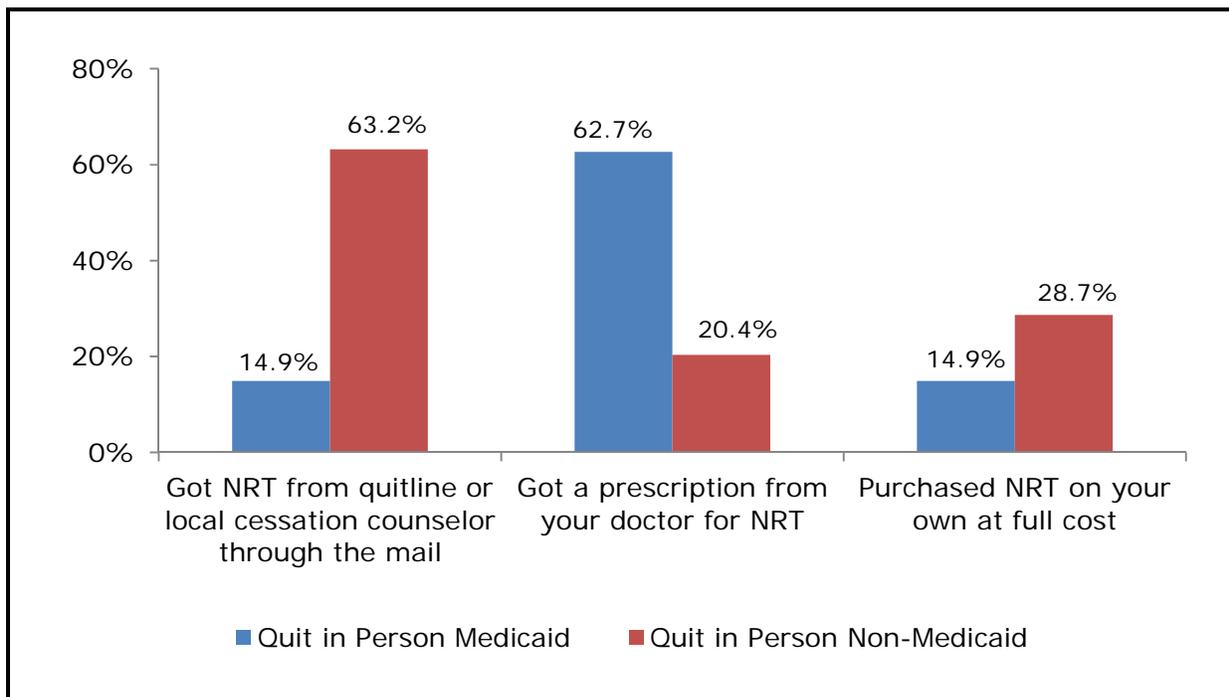
Note: Results are among current and former smokers at intake who completed or were eligible to have completed their follow-up evaluation during FY 2011. Sum may add to more or less than 100%, because clients may select more than one answer.

Figure 4-3. Sources from which Quit by Phone Clients Obtained Cessation Medications over the Past 7 Months, by Medicaid Status, FY 2011



Note: Results are among current and former smokers at intake who completed or were eligible to have completed their follow-up evaluation during FY 2011. Sum may add to more or less than 100%, as clients may select multiple options.

Figure 4-4. Sources from which Quit in Person Clients Obtained Cessation Medications over the Past 7 Months, by Medicaid Status, FY 2011



Note: Results are among current and former smokers at intake who completed or were eligible to have completed their follow-up evaluation during FY 2011. Sum may add to more or less than 100%, as clients may select multiple options.

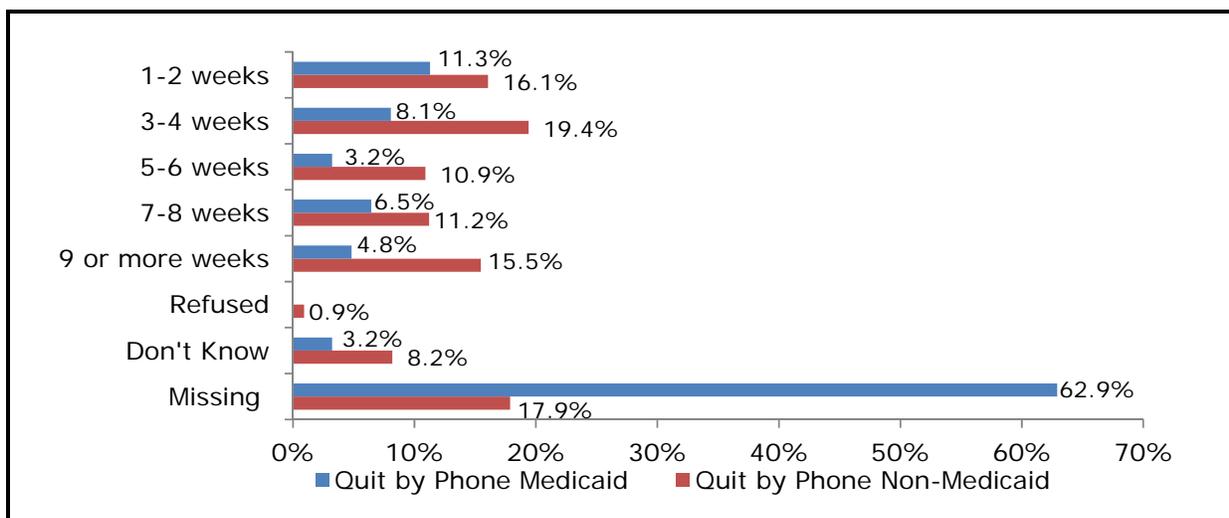
Table 4-2 details self-reported quit attempts and medication use, overall and by insurance status, for Quit by Phone and Quit in Person clients who were current smokers at intake and who completed the FY 2011 follow-up survey. The table shows that more non-Medicaid clients made a 24-hour quit attempt. Of those who made a quit attempt, more non-Medicaid clients used NRT to assist in their latest quit attempt. Among clients who used NRT in their latest quit attempt, a larger proportion of non-Medicaid clients received NRT from the Quit Network, whereas the majority of Medicaid clients did not receive NRT from the Quit Network. This is expected because Medicaid clients are directed by Quit Network counselors to get a prescription for NRT from their doctor.

Table 4-2. Self-Reported Quit Attempts and Medication Use, Overall and by Insurance Status, for Quit by Phone and Quit in Person for Clients Who Were Current Smokers at Intake and Who Completed the Follow-up Survey, FY 2011

Self-reported Statistics from Current Smokers	Quit by Phone Total		Quit by Phone Medicaid		Quit by Phone Non-Medicaid		Quit in Person Total		Quit in Person Medicaid		Quit in Person Non-Medicaid	
	N	% of N	N	% of N	N	% of N	N	% of N	N	% of N	N	% of N
Made a 24-hour quit attempt	464	81%	89	66%	375	85%	486	85%	47	70%	439	87%
Did not make a 24-hour quit attempt	112	19%	45	34%	67	15%	87	15%	20	30%	67	13%
Current smokers who completed the follow-up evaluation	576	100%	134	100%	442	100%	573	100%	67	100%	506	100%
Used any NRT during quit attempt	392	84%	62	70%	330	88%	432	89%	39	83%	393	90%
Did not use any NRT during quit attempt	72	16%	27	30%	45	12%	54	11%	8	17%	46	10%
Current smokers who completed the follow-up evaluation and made a 24-hour quit attempt	464	100%	89	100%	375	100%	486	100%	47	100%	439	100%
Received NRT from Quit Network	294	75%	23	37%	271	82%	301	70%	8	21%	293	75%
Did not receive NRT from Quit Network	87	22%	35	56%	52	16%	122	28%	29	74%	93	24%
Don't know if received NRT from Quit Network	11	3%	4	6%	7	2%	9	2%	2	5%	7	2%
Current smokers who completed the follow-up evaluation, made a 24-hour quit attempt, and used NRT in their quit attempt	392	100%	62	100%	330	100%	432	100%	39	100%	393	100%

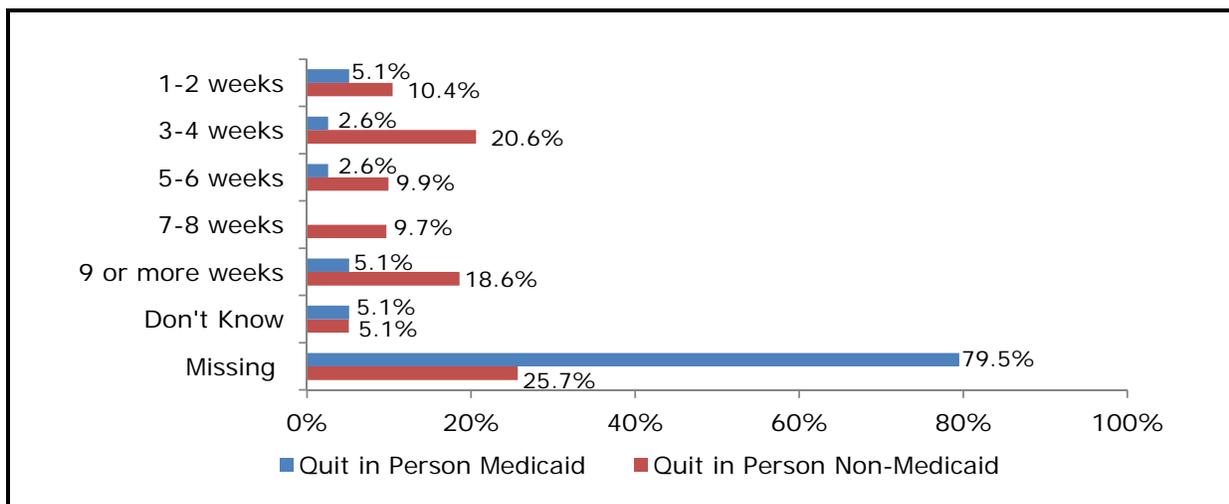
Clients were also asked about the number of weeks they used NRT as a part of their latest quit attempt. Figures 4-5 and 4-6 present the number of weeks Quit by Phone and Quit in Person smokers reported using NRT from any source (Quitline, prescription from a doctor, or over the counter) in their latest quit attempt over the past 7 months. Figures 4-7 and 4-8 further analyze the number of weeks that Quit by Phone and Quit in Person smokers reported using NRT from the Quit Network (i.e., had NRT mailed directly to them from the Quitline or from a local cessation counselor) in their latest quit attempt.

Figure 4-5. Number of Weeks Quit by Phone Clients Used NRT from Any Source to Assist in Latest Quit Attempt by Medicaid Status, FY 2011



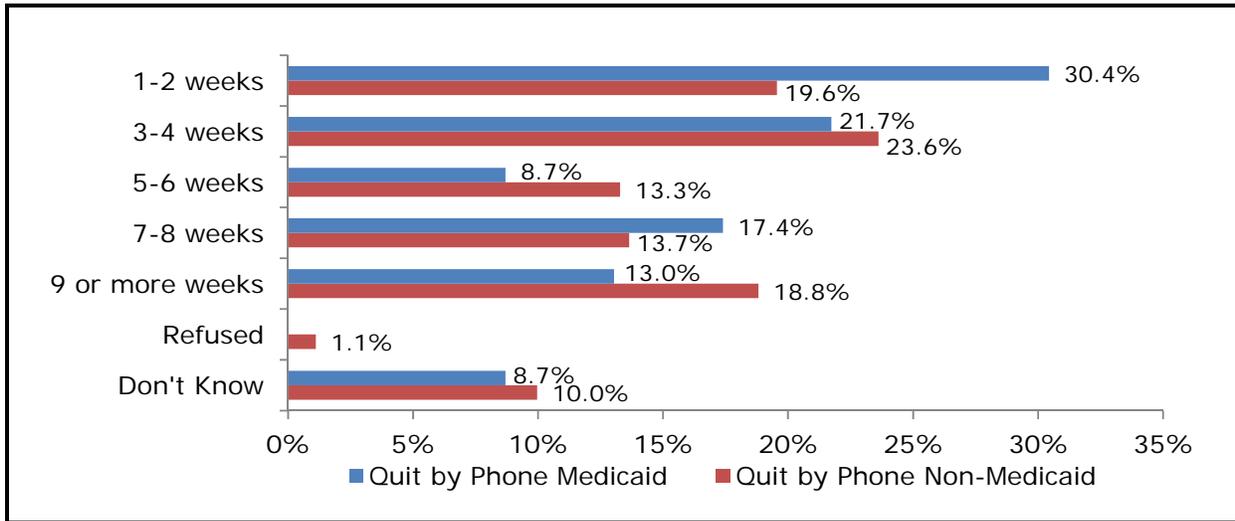
Note: Results are among current smokers who completed the follow-up evaluation during FY 2011, who reported making a 24-hour quit attempt, and who reported using NRT in their quit attempt.

Figure 4-6. Number of Weeks Quit in Person Clients Used NRT from Any Source to Assist in Latest Quit Attempt by Medicaid Status, FY 2011



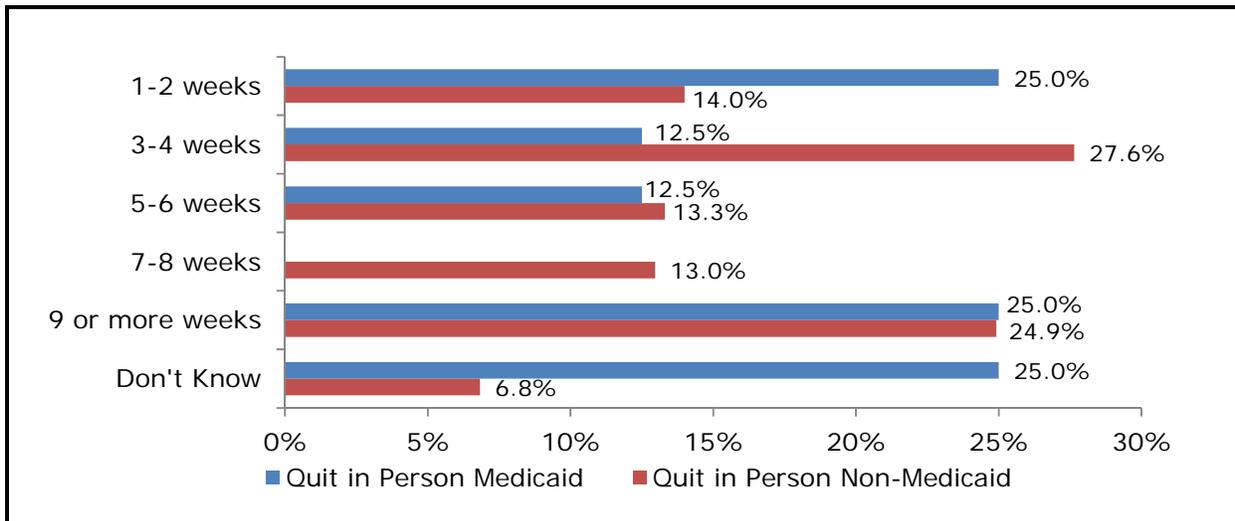
Note: Results are among current smokers who completed the follow-up evaluation during FY 2011, who reported making a 24-hour quit attempt, and who reported using NRT in their quit attempt.

Figure 4-7. Number of Weeks Quit by Phone Clients Used NRT from the Quit Network to Assist in Latest Quit Attempt by Medicaid Status, FY 2011



Note: Results are among current smokers who completed the follow-up evaluation during FY 2011, who reported making a 24-hour quit attempt, and who reported using NRT from the Quit Network in their quit attempt.

Figure 4-8. Number of Weeks Quit in Person Clients Used NRT from the Quit Network to Assist in Latest Quit Attempt by Medicaid Status, FY 2011



Note: Results are among current smokers who completed the follow-up evaluation during FY 2011, who reported making a 24-hour quit attempt, and who reported using NRT from the Quit Network in their quit attempt.

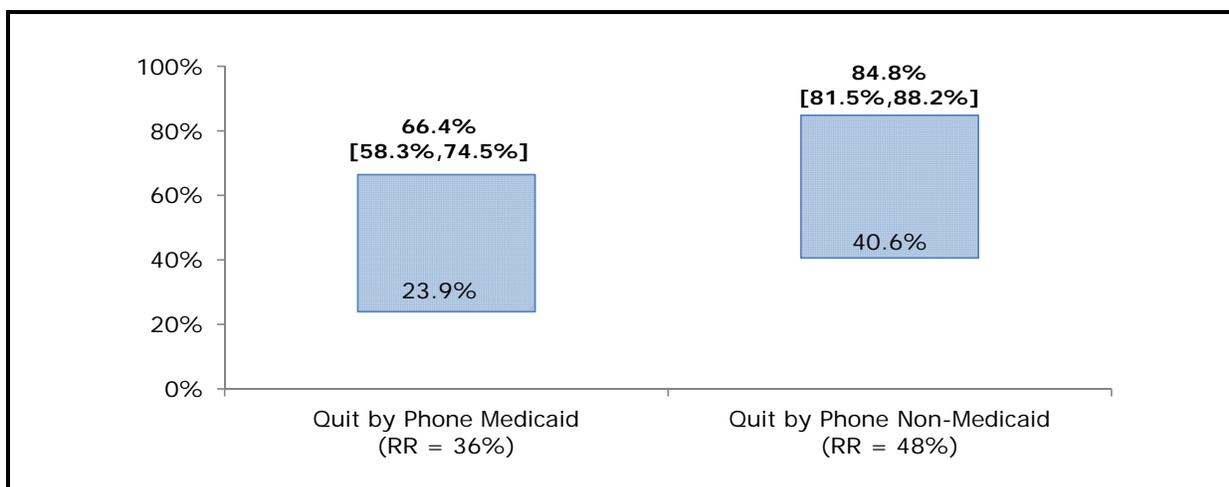
4.2 Quit Attempts

This section presents cessation outcomes for the Quit by Phone and Quit in Person programs as a range using the completed-evaluation and intent-to-treat approaches as upper and lower bounds, respectively. Comparisons in quit rates among programs are limited by

potential differences between clients who use one Quit Network program over another, as well as the differences between clients who request different services within a single program. Comparisons should be interpreted with caution because the rates presented are largely a function of the response rate, which differs greatly among the Quit Network programs and by Medicaid status. For a more detailed breakdown of cessation outcomes, see Appendix A.

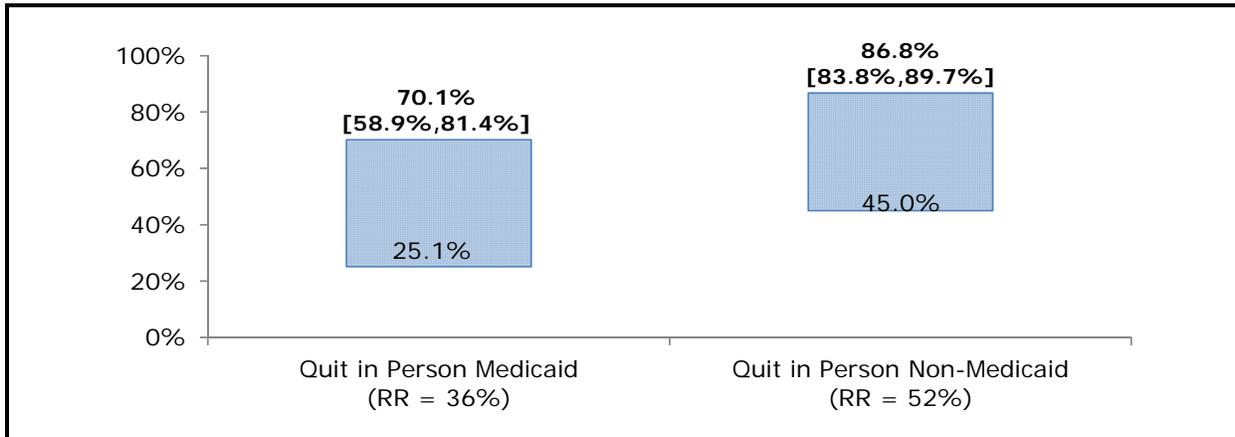
We first present the percentage of current smokers at intake who made a serious quit attempt lasting at least 24 hours at some point during the 7 months following completion of services with a Quit Network program. Figures 4-9 and 4-10 present the percentage of current smokers at intake who made a serious quit attempt lasting at least 24 hours following completion of Quit Network services in FY 2011 by Medicaid status for Quit by Phone and Quit in Person clients, respectively. The overlapping columns of Medicaid and non-Medicaid clients in the Quit by Phone and Quit in Person figures indicate that there is no significant difference in the percentage of Medicaid and non-Medicaid clients who made a quit attempt lasting at least 24 hours for either the Quit by Phone or Quit in Person program in FY 2011. However, if we only consider the completed-evaluation estimates and their confidence intervals (the upper bound) for both the Quit by Phone and Quit in Person programs, significantly more non-Medicaid clients at intake reported making a serious quit attempt lasting at least 24 hours following completion of Quit Network services than Medicaid clients in FY 2011.

Figure 4-9. Percentage of Current Quit by Phone Smokers at Intake Who Made a Serious Quit Attempt Lasting at Least 24 Hours by Medicaid Status, FY 2011



Note: Results are among Quit Network clients who were current smokers at intake. The upper bound is based only on those clients who completed follow-up evaluations. The lower bound assumes that clients who were not reached for follow-up did not make a serious quit attempt lasting at least 24 hours. The response rate (RR) for each program is listed in parentheses. The brackets enclose the confidence interval around the upper bound estimate for clients who completed follow-up evaluations.

Figure 4-10. Percentage of Current Quit in Person Smokers at Intake Who Made a Serious Quit Attempt Lasting at Least 24 Hours by Medicaid Status, FY 2011



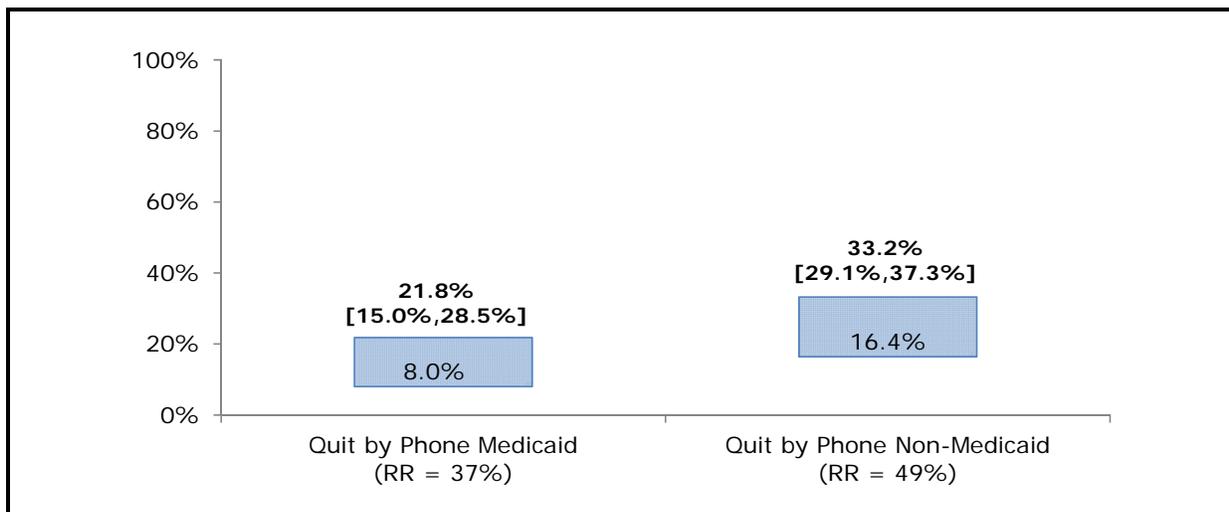
Note: Results are among Quit Network clients who were current smokers at intake. The upper bound is based only on those clients who completed follow-up evaluations. The lower bound assumes that clients who were not reached for follow-up did not make a serious quit attempt lasting at least 24 hours. The response rate (RR) for each program is listed in parentheses. The brackets enclose the confidence interval around the upper bound estimate for clients who completed follow-up evaluations.

4.3 Quit Rates

This section presents estimates of quit rates among Quit by Phone and Quit in Person smokers in FY 2011. All of the quit rates presented in this section are presented as a range between the estimates calculated using the *completed-evaluation* and *intent-to-treat* approaches. The accuracy and reliability of these estimates are greatly affected by the percentage of clients who completed follow-up evaluations. Because of somewhat low response rates, these results should be interpreted with caution. Comparisons in quit rates across programs should also be interpreted with caution because the follow-up evaluation response rates and characteristics of clients differ considerably among the programs.

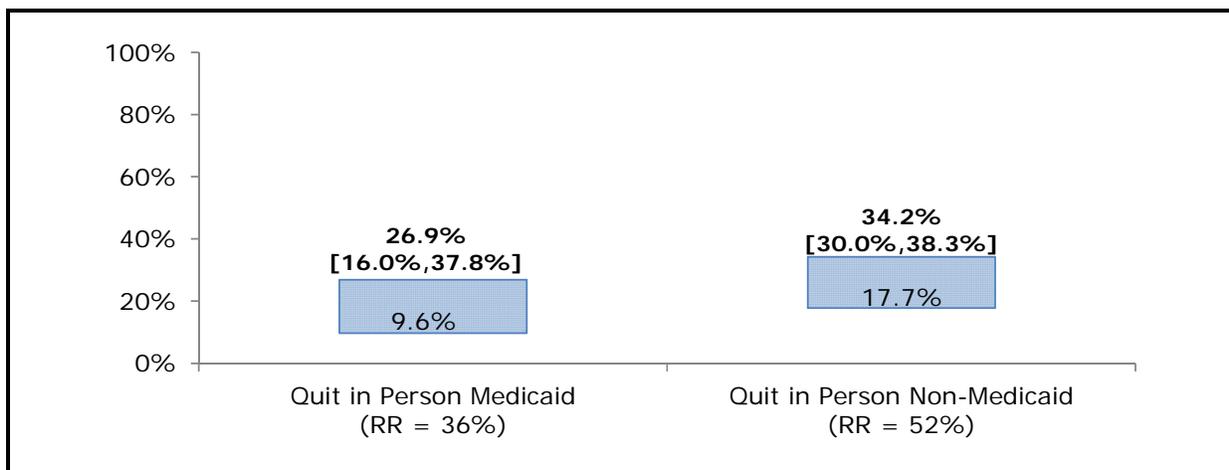
Figures 4-11 and 4-12 present 7-day smoke-free point prevalence for Medicaid and non-Medicaid clients for the Quit by Phone and Quit in Person programs, respectively. The overlapping columns of Medicaid and non-Medicaid clients in the Quit by Phone and Quit in Person figures indicate no significant difference in the percentage of Medicaid and non-Medicaid clients who reported being smoke-free for at least 7 days in the past 7 months. If completed-evaluation estimates and their confidence intervals are analyzed independent of the intent-to-treat estimates, we observe a significantly higher proportion of non-Medicaid Quit by Phone clients who report being smoke-free for at least 7 days following completion of Quit Network services than Quit by Phone Medicaid clients in FY 2011. There was no significant difference in 7-day smoke-free prevalence between Quit in Person Medicaid and non-Medicaid clients, even when considering only the upper bound estimates and their confidence intervals.

Figure 4-11. 7-Day Smoke-Free Point Prevalence for Quit by Phone Clients by Medicaid Status, FY 2011



Note: Data for Quit by Phone and Quit in Person programs are from 7-month follow-up evaluations completed by telephone. Results are among Quit Network clients who were current or former smokers at intake. The upper bound is based only on those clients who completed follow-up evaluations. The lower bound assumes that clients who were not reached for follow-up did not maintain 7-day smoke-free point prevalence. The response rate (RR) for each program is listed in parentheses. The brackets enclose the confidence interval around the upper bound estimate for clients who completed follow-up evaluations.

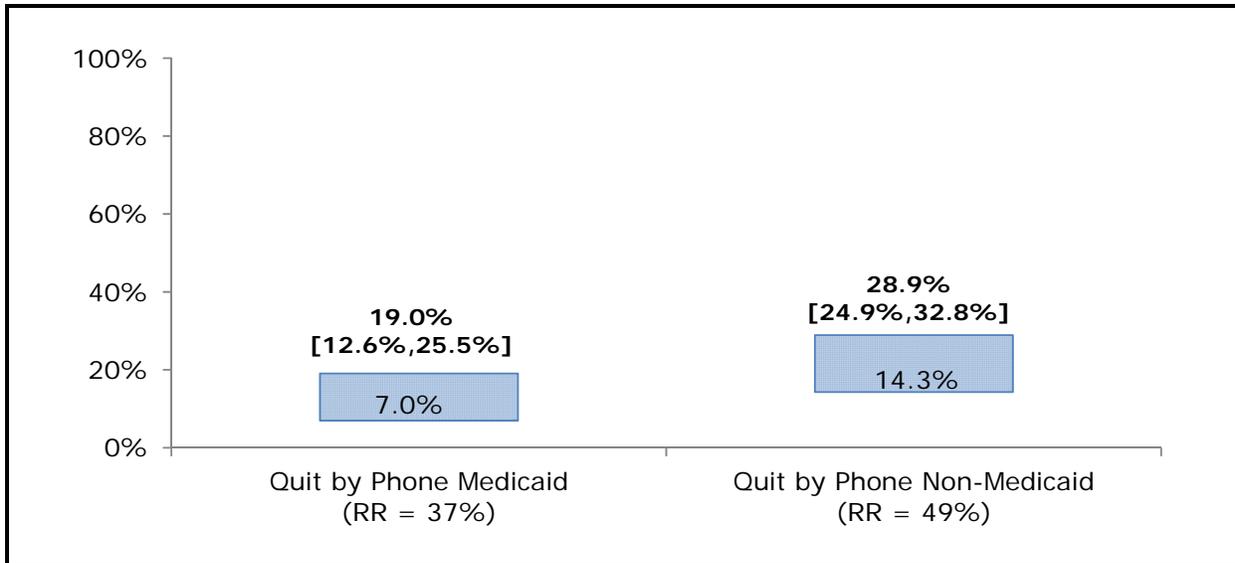
Figure 4-12. 7-Day Smoke-Free Point Prevalence for Quit in Person Clients by Medicaid Status, FY 2011



Note: Data for Quit by Phone and Quit in Person programs are from 7-month follow-up evaluations completed by telephone. Results are among Quit Network clients who were current or former smokers at intake. The upper bound is based only on those clients who completed follow-up evaluations. The lower bound assumes that clients who were not reached for follow-up did not maintain 7-day smoke-free point prevalence. The response rate (RR) for each program is listed in parentheses. The brackets enclose the confidence interval around the upper bound estimate for clients who completed follow-up evaluations.

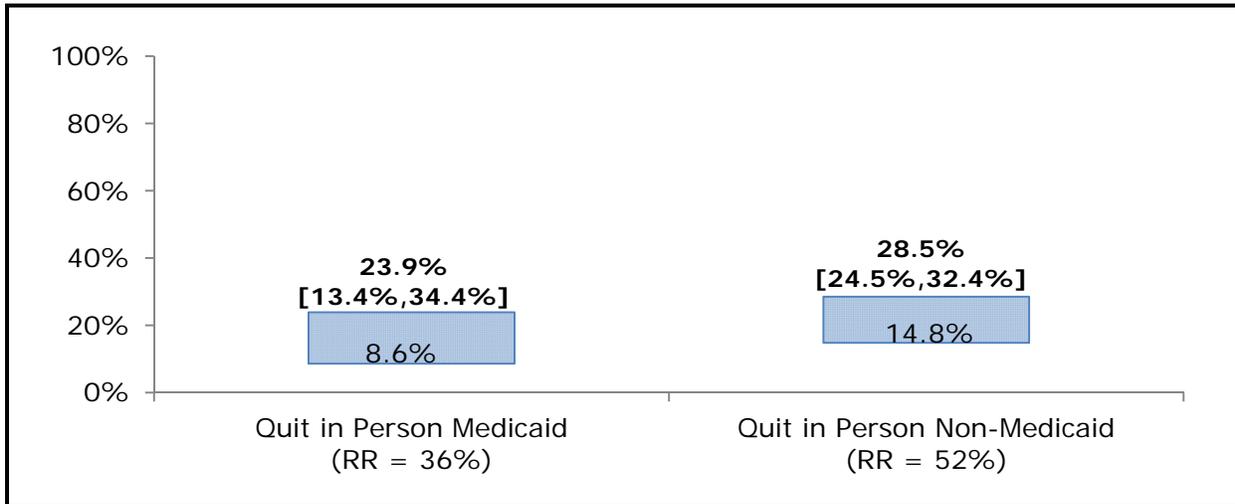
Thirty-day smoke-free point prevalence by Medicaid status for the Quit by Phone and Quit in Person programs is presented in Figures 4-13 and 4-14, respectively. The overlapping columns of Medicaid and non-Medicaid clients in the Quit by Phone and Quit in Person figures indicate no significant difference in the percentage of Medicaid and non-Medicaid clients who reported being smoke-free for at least 30 days in the past 7 months. Even if we only consider the completed-evaluation estimates and their confidence intervals, independent of the intent-to-treat estimates, there is no significant difference in the percentage of Medicaid and non-Medicaid clients who reported being smoke-free for at least 30 days following completion of Quit Network services in FY 2011, for either the Quit by Phone or Quit in Person programs.

Figure 4-13. 30-Day Smoke-Free Point Prevalence for Quit by Phone Clients by Medicaid Status, FY 2011



Note: Results are among Quit Network clients who were current or former smokers at intake. The upper bound is based only on those clients who completed follow-up evaluations. The lower bound assumes that clients who were not reached for follow-up did not maintain 30-day smoke-free point prevalence. The response rate (RR) for each program is listed in parentheses. The brackets enclose the confidence interval around the upper bound estimate for clients who completed follow-up evaluations.

Figure 4-14. 30-Day Smoke-Free Point Prevalence for Quit in Person Clients by Medicaid Status, FY 2011



Note: Results are among Quit Network clients who were current or former smokers at intake. The upper bound is based only on those clients who completed follow-up evaluations. The lower bound assumes that clients who were not reached for follow-up did not maintain 30-day smoke-free point prevalence. The response rate (RR) for each program is listed in parentheses. The brackets enclose the confidence interval around the upper bound estimate for clients who completed follow-up evaluations.

4.4 Client Satisfaction with Services Received

Table 4-3 presents client satisfaction with services received in total and by Medicaid status for the Quit by Phone and Quit in Person programs, respectively, for FY 2011. Because many of the clients who received counseling services from the Quit by Phone program are not reached for follow-up evaluations, the satisfaction of those clients with the services they received from the Quit by Phone program is not known. Because these findings are based only on the ratings provided by clients who completed follow-up evaluations, they may not accurately reflect the overall level of client satisfaction with the services received from the Quit by Phone program. However, of those clients who did report their satisfaction with the services they received, the majority of Medicaid and non-Medicaid clients for both the Quit by Phone and Quit in Person programs reported being either “very satisfied” or “mostly satisfied.”

Table 4-3. Client Satisfaction with the Quit by Phone and Quit in Person Programs by Medicaid Status, FY 2011

Self-Reported Satisfaction	Quit by Phone			Quit in Person		
	Total	Medicaid	Non-Medicaid	Total	Medicaid	Non-Medicaid
Completed 7-Month Follow-Up Evaluation	656	147	509	573	67	506
Very satisfied	49.7%	32.0%	54.8%	60.2%	46.3%	62.1%
Mostly satisfied	19.4%	21.1%	18.9%	15.7%	19.4%	15.2%
Somewhat satisfied	14.8%	19.0%	13.6%	13.4%	13.4%	13.4%
Not at all satisfied	12.2%	21.1%	9.6%	5.8%	10.4%	5.1%
Don't know	1.7%	2.7%	1.4%	1.6%	1.5%	1.6%
Refused	0.5%	0.7%	0.4%	1.6%	3.0%	1.4%
Missing	1.8%	3.4%	1.4%	1.7%	6.0%	1.2%

5. DISCUSSION

In this report, we compare statistics from the Vermont Quit by Phone and Quit in Person programs based upon clients' insurance status for fiscal year (FY) 2011. Within each program, we separated those who reported being on Medicaid or the Vermont Health Access Plan (VHAP) and all others. We presented data on reach, utilization, demographics, program services, and follow-up, by Medicaid status for each program. The term "Medicaid" encompasses both Medicaid and VHAP clients throughout this report.

We began by examining the reach and utilization of the Vermont Quit by Phone and Quit in Person programs by Medicaid status. In FY 2011, about 25% of all new clients who registered with the Quit by Phone program were on Medicaid. Around 15% of newly registered Quit in Person clients were on Medicaid in FY 2011.

We also assessed the demographic characteristics by Medicaid status within each program to see whether there are differences in clients within programs and between programs. As a reference, we also present demographic and smoking behavior data on Vermont smokers from the 2010 Behavioral Risk Factor Surveillance System (BRFSS) and the 2010 Adult Tobacco Survey (ATS). In FY 2011, Medicaid clients for both the Quit by Phone and Quit in Person programs were generally younger, with more than 50% being younger than age 45. Non-Medicaid clients tended to be older for both programs. The race of Quit by Phone clients was similar between the Medicaid and non-Medicaid clients, with around 86% of clients being white, 6% being non-white, and the rest unspecified. Data on race are not collected from Quit in Person clients. Females made up a larger proportion of Medicaid clients compared to non-Medicaid clients for both programs in FY 2011. Within each program, Medicaid clients were slightly less educated than non-Medicaid clients. For both programs, just over 25% of Medicaid clients reported having some college education or a college degree, whereas more than 40% of non-Medicaid clients reported having some college education or a college degree.

Smoking behaviors at intake by Medicaid status were explored within the Quit by Phone and Quit in Person programs. Overall, the number of packs smoked per day did not vary by more than a few percentage points based upon the clients' Medicaid status within the two programs. Medicaid clients do not appear to be more or less addicted to cigarettes based upon the reported number of packs smoked per day. Another proxy for measuring addiction levels of smokers is the time lapse between waking up and smoking. In FY 2011, Medicaid clients for both programs showed slightly higher rates of smoking within 30 minutes of waking than did non-Medicaid clients. Quit attempts at registration are collected from Quit by Phone clients. In total, Medicaid and non-Medicaid clients' quit attempts were not significantly different.

After analyzing smoking behaviors, we then presented a summary of the program services used by Quit by Phone and Quit in Person clients, and we explored whether these programs are being implemented with fidelity. Quit by Phone clients can choose to be in a multiple call program or a one call program, receive cessation materials only, or just receive general information. Approximately 80% of Quit by Phone clients, regardless of Medicaid status, chose to participate in the multiple call program. Group cessation counseling is the only treatment option for Quit in Person clients; therefore, all clients received this service. Medicaid clients received less counseling sessions than did non-Medicaid clients for the Quit by Phone and Quit in Person programs in FY 2011. Within the Quit by Phone program, just over 50% of all non-Medicaid clients received two or more counseling sessions, whereas only about 25% of Medicaid clients received two or more counseling sessions. Within the Quit in Person program, more than 50% of non-Medicaid clients received three or more counseling sessions, whereas just under 33% of Medicaid clients received three or more sessions.

Next, we analyzed available follow-up evaluation data to examine medication use in quit attempts and the efficacy of the Quit by Phone and Quit in Person services, by Medicaid status, on cessation outcomes such as quit attempts and quit rates. Of those eligible for follow-up evaluations, for both the Quit by Phone and Quit in Person programs, just over 35% of Medicaid clients and around 50% of non-Medicaid clients completed follow-up evaluations in FY 2011.

More than 77% of Quit by Phone and Quit in Person clients reported having used medication to help them quit in the past 7 months. Around 63% of Quit by Phone Medicaid clients and over 80% of non-Medicaid Quit by Phone clients used medications to help them quit. In the Quit in Person program, around 75% of Medicaid clients and 86% of non-Medicaid clients reported using medications to help them quit. We analyzed the types of medications clients reported using and found that nicotine patches were the most widely reported medications used, followed by nicotine gum and nicotine lozenges. Reported use of Chantix, Zyban, and nicotine inhalers was lower than that of nicotine patches, gum, and lozenges. Reported use of Chantix and Zyban was higher among Medicaid clients for both the Quit by Phone and Quit in Person programs, whereas the use of nicotine patches, gum, and lozenges was generally higher among non-Medicaid clients for both programs. This may be because non-Medicaid clients are offered free direct-shipment of nicotine patches, gum, and lozenges from the Quitline, whereas Medicaid clients are required to get a prescription from their doctor, who may prescribe Chantix and Zyban more than patches, gum, and lozenges.

We analyzed the methods by which clients obtained nicotine replacement therapy (NRT) over the past 7 months. For both the Quit by Phone and Quit in Person programs, more Medicaid clients reported obtaining their NRT by a prescription from their doctor, whereas more non-Medicaid clients reported getting NRT from the quitline or a local cessation

counselor. Similar proportions of Medicaid and non-Medicaid clients for both programs reported purchasing NRT on their own, at full cost in FY 2011. The number of weeks clients reported using NRT as a part of their most recent quit attempt was also presented for each program by Medicaid status. Most non-Medicaid clients in the Quit by Phone and Quit in Person programs reported using between 3 and 4 weeks of NRT in their latest quit attempt. Most Quit by Phone Medicaid clients reported using between 1 and 2 weeks of NRT in their latest quit attempt. Most Quit in Person Medicaid clients reported using either 1 to 2 weeks or 9 or more weeks of NRT in their latest quit attempt.

Of clients who reported receiving NRT from the Quit Network, most Quit by Phone non-Medicaid clients reported using between 3 and 4 weeks of NRT, and most Quit by Phone Medicaid clients reported using between 1 and 2 weeks of NRT. As with the Quit by Phone program, non-Medicaid clients of the Quit in Person program who received NRT from the Quit Network reported using between 3 and 4 weeks of NRT in their latest quit attempt. About 25% of Medicaid clients from the Quit in Person program who received NRT from the Quit Network reported using either 1 to 2 weeks of NRT or 9 or more weeks of NRT in their latest quit attempt.

We also evaluated the efficacy of Quit by Phone and Quit in Person services by examining cessation outcomes such as the rate of quit attempts or quitting among program clients by Medicaid status. The cessation outcomes presented in this report are directly influenced by the number of clients who are successfully reached for follow-up evaluations. Differences in follow-up evaluation response rates make it difficult to compare cessation outcomes within and across Quit Network programs. Differences in the characteristics of clients within and across programs also make it difficult to make meaningful comparisons in cessation outcomes across Quit Network programs.

With these limitations in mind, the data show no meaningful differences between Medicaid and non-Medicaid clients when taking into account both the completed-evaluation and the intent-to-treat estimates for either program. When comparing outcomes based only on confidence intervals for completed-evaluation estimates, a significantly higher proportion of non-Medicaid Quit by Phone and Quit in Person clients reported making a serious quit attempt lasting at least 24 hours following the completion of Quit Network services in FY 2011. For the Quit by Phone program, by comparing confidence intervals for completed-evaluation estimates, a significantly higher proportion of non-Medicaid Quit by Phone clients reported being smoke-free for at least 7 days following the completion of Quit Network services in FY 2011. There were no significant differences in reported quit attempts lasting 7 days between Quit in Person Medicaid and non-Medicaid clients when comparing the confidence intervals of completed-evaluation estimates. Similarly, when observing the confidence intervals for completed-evaluation estimates, there were no significant differences between Medicaid and non-Medicaid clients who reported being smoke-free for

at least 30 days following completion of Quit Network services in FY 2011 for either the Quit by Phone or Quit in Person programs.

Finally, we present client satisfaction with services received from the Quit by Phone and Quit in Person programs by Medicaid status. Client satisfaction results should be interpreted with caution, because there may be some self-selection bias or correlation between the decision to complete follow-up evaluations and satisfaction with the program. Notwithstanding these limitations, the majority of Medicaid and non-Medicaid clients from both the Quit by Phone and Quit in Person programs reported being either "very satisfied" or "mostly satisfied" with the services they received.

APPENDIX A: QUIT RATES

Table A-1. Percentage of Current Smokers at Intake Who Made a Serious Quit Attempt Lasting at Least 24, FY 2011

Program (Response Rate)	Completed Evaluation		Intent to Treat	
	N	% of N	N	% of N
Quit by Phone (RR = 44%)	576	80.6%	1,296	35.8%
Medicaid (RR = 36%)	134	66.4%	372	23.9%
Non-Medicaid (RR = 48%)	442	84.8%	924	40.6%
Quit in Person (RR = 49%)	573	84.8%	1,162	41.8%
Medicaid (RR = 36%)	67	70.1%	187	25.1%
Non-Medicaid (RR = 52%)	506	86.8%	975	45.0%

Note: Results are for clients who were current smokers at intake.

Table A-2. Smoke-Free Point Prevalence, FY 2011

Survey	7-Day	30-Day
Quit by Phone	14.0%–30.6%	12.2%–26.7%
	N = (1,432 656)	N = (1,432 656)
	RR = 46%	RR = 46%
Medicaid	8.0%–21.8%	7.0%–19.0%
	N = (402 147)	N = (402 147)
	RR = 37%	RR = 37%
Non-Medicaid	16.4%–33.2%	14.3%–28.9%
	N = (1030 509)	N = (1,030 509)
	RR = 49%	RR = 49%
Quit in Person	16.4%–33.3%	13.8%–27.9%
	N = (1,162 573)	N = (1,162 573)
	RR = 49%	RR = 49%
Medicaid	9.6%–26.9%	8.6%–23.9%
	N = (187 67)	N = (187 67)
	RR = 36%	RR = 36%
Non-Medicaid	17.7%–34.2%	14.8%–28.5%
	N = (975 506)	N = (975 506)
	RR = 52%	RR = 52%

Note: Results are among current and former smokers at intake. The results presented are as follows:
 Prevalence Estimate (Intent to Treat) – Prevalence Estimate (Completed Evaluation)
 N = (Number Eligible for Evaluation | Number Completed Evaluation)
 RR = Evaluation Response Rate