# BACKGROUND

Issue: The Maine QuitLink has historically faced challenges with conversion rates from registration to counseling, primarily due to its workflow model. This model caused delays in connecting individuals with a Tobacco Treatment Specialist (TTS). Enrollees had to choose a 3-hour window for a callback within several days, resulting in missed calls, extended phone tag, and outreach attempts at inconvenient times, which hindered effective intervention.





**Aim:** Implement a flexible, appointment-based approach to eliminate barriers to support, enhance treatment connections, and build trust in the service

# METHODOLOGY

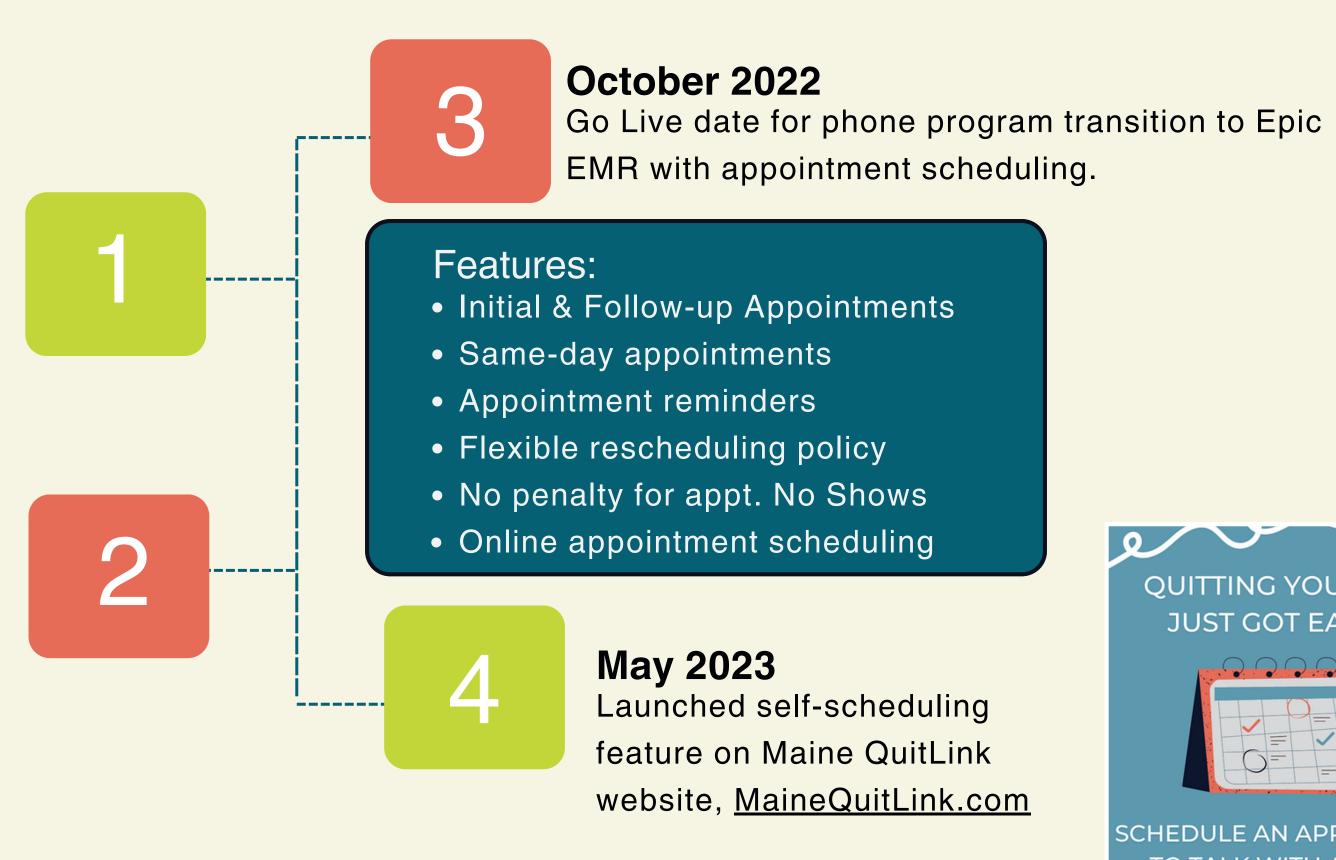
### September 2021

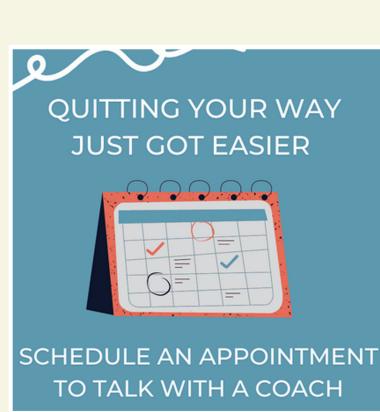
Decision made to shift Maine QuitLink phone-based tobacco treatment program to Epic EMR with appointment-based model with all counseling moving in house and an overhaul of operational model.

## September 2021-October 2022

data collection, and workflow needs

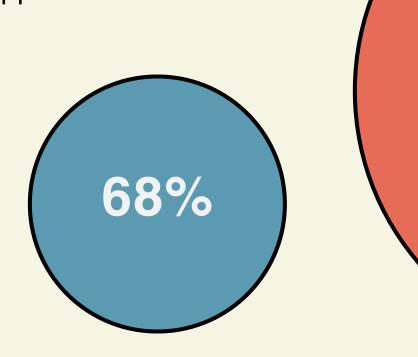
- Project underway with key steps including: • Epic department build including support documentation,
- Development of workflow plan and review of operational capacity
- Creation of robust after-hours support in form of website contact form and interactive voice response system (IVR).
- Team member training
- Reports development



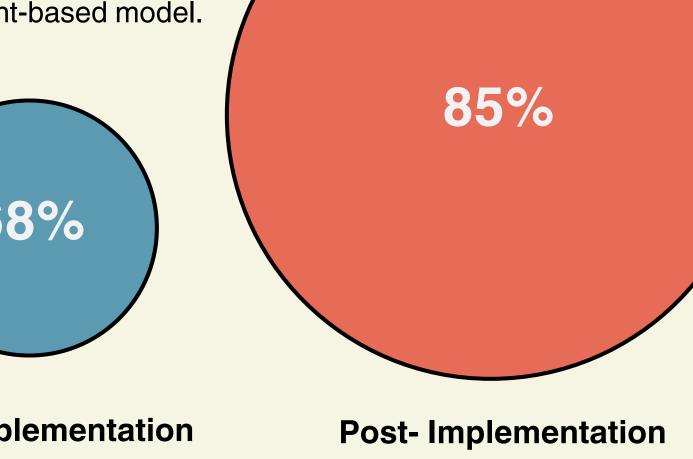


# RESULTS

Transition from registration to first treatment intervention with a Tobacco Treatment Specialist rate (as a percentage) 12 months before and after transition to appointment-based model.



**Pre- Implementation** 



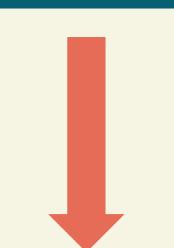
AVG # OF **TREATMENT INTERVENTIONS** 



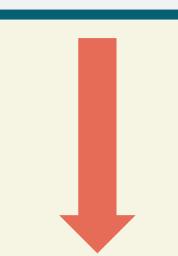
or privacy at home. "They know I am calling -Program Participant" and they are ready. People are less distracted now." -Maine QuitLink

Tobacco Treatment Specialist

A 25% increase in the number of registrants completing an intial treatment intervention with a TTS.



The average number of counseling interventions completed by participants increased from 2.5 to 3.4.



Feedback from both program participants and Tobacco Treatment Specialist indicate positive response.



Appointment-powered progress: Enhancing Maine quitline connections with personalized scheduling

Amy Giles, NCNTT, Senior Program Manager MaineHealth Center for Tobacco Independence

# CONCLUSION

Adopting an appointment-based model with personalized scheduling led to enhanced engagement and improvement in counseling completion rates during the first 12 months, appearing to successfully

# DISCUSSION



- Accommodating diverse preferences and needs seems to enhance connections, trust, and accountability, according to feedback from involved stakeholders.
- Data-driven decisions about appointment lengths and optimal staffing management have led to more equitable workflows and enhanced overall operational efficiency.
- Closely monitoring key metrics—such as no-show reports, same-day support requests, average appointment length, and demographics—is vital for understanding successes and opportunities arising from this transition.

03 02 How can we What metrics or What additional effectively assess feedback the effects of this considerations mechanisms would should we explore transition on provide the most to enhance our participant valuable insight? approach? engagement and outcomes?

address barriers faced by a traditional quitline model.

## Recommendations based on insights so far:

Elicit stakeholder feedback

Create clear scheduling protocols

Learn about and utilize EMR features that support

Create robust reporting capabilities



## **Acknowledgements:**

