Enhancing Tobacco Quitline Engagement through an EMR-Driven Model:
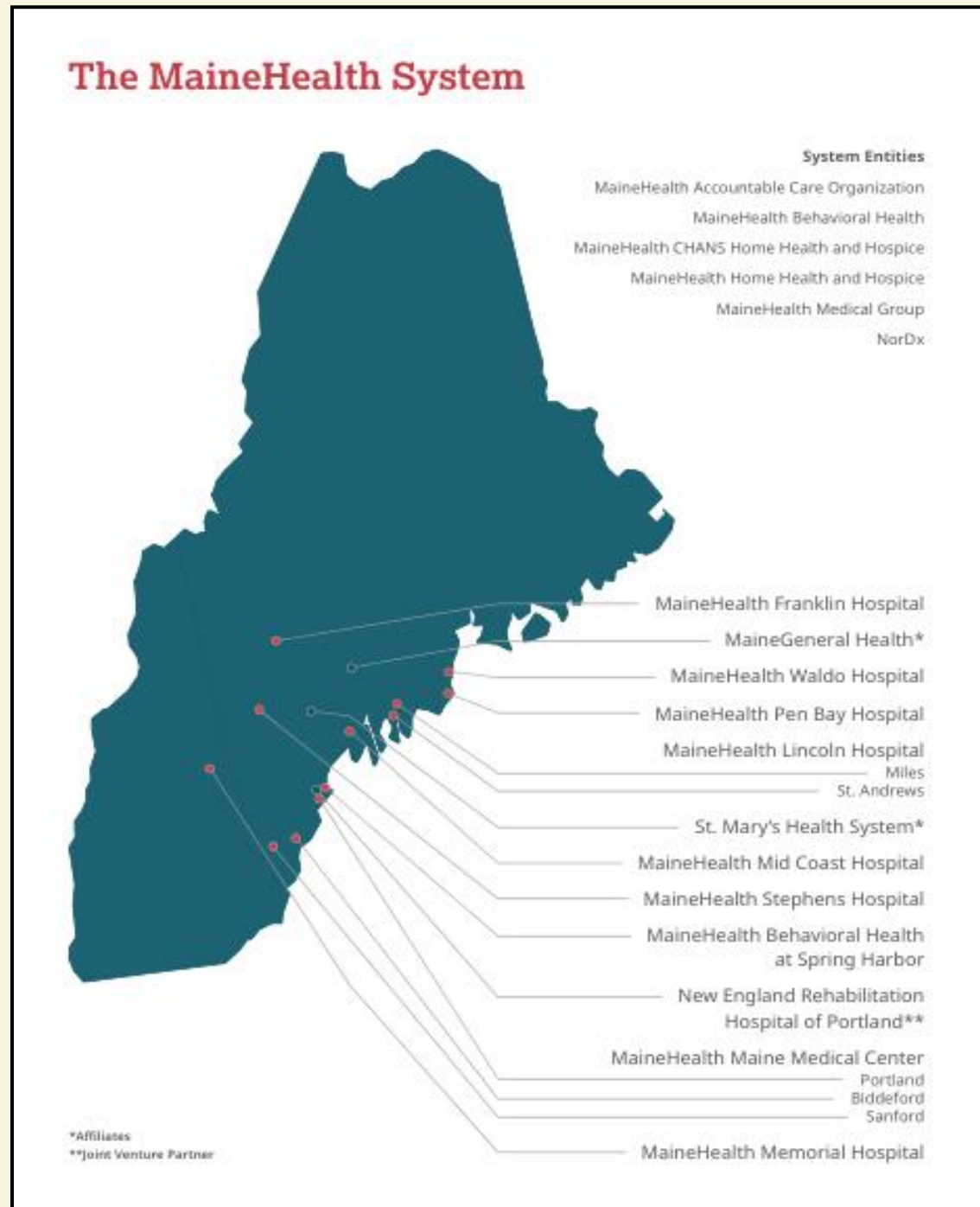
Appointment-Powered Progress in Maine

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MaineHealth Center for Tobacco Independence

National Conference on Tobacco or Health ■ August 26, 2025

MaineHealth Center for Tobacco Independence

The MaineHealth System

System Entities

MaineHealth Accountable Care Organization

MaineHealth Behavioral Health

MaineHealth CHANS Home Health and Hospice

MaineHealth Home Health and Hospice

MaineHealth Medical Group

NorDx

MaineHealth Franklin Hospital

MaineGeneral Health*

MaineHealth Waldo Hospital

MaineHealth Pen Bay Hospital

MaineHealth Lincoln Hospital

Miles

St. Andrews

St. Mary's Health System*

MaineHealth Mid Coast Hospital

MaineHealth Stephens Hospital

MaineHealth Behavioral Health at Spring Harbor

New England Rehabilitation Hospital of Portland**

MaineHealth Maine Medical Center

Portland

Biddeford

Sanford

MaineHealth Memorial Hospital

*Affiliates
**Joint Venture Partner

MaineHealth
### Center for Tobacco Independence

The MaineHealth Center for Tobacco Independence (CTI) has worked across the state of Maine since 2000 to address tobacco use and exposure through education, prevention, policy, treatment and training initiatives.

Key program focuses include:
- Tobacco Treatment Services
- Training and Technical Assistance Center
- Health System Change Strategies

CTI is nationally accredited by the Council of Tobacco Treatment Training Programs (CTTTP).

Acknowledgements
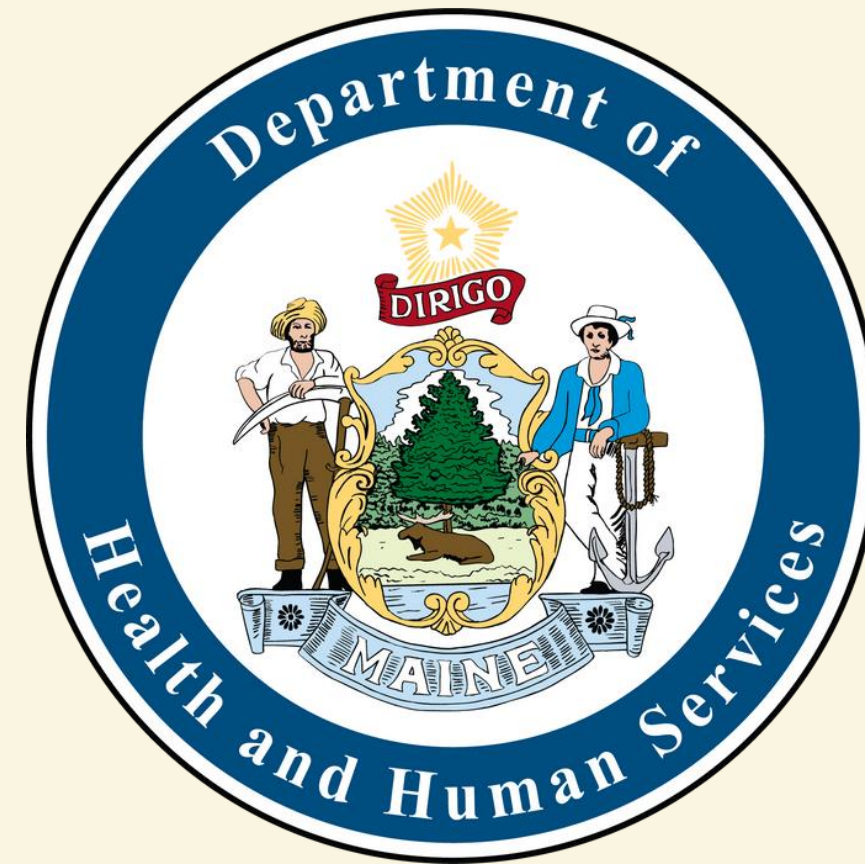
CTI administers statewide tobacco treatment contract on behalf of the Maine Center for Disease Control and Prevention (Maine CDC), Maine Department of Health and Human Services. The initiative includes several key initiatives and innovative strategies, including operation of the state quitline suite of services, the Maine QuitLink.

Session Goals

1 Explain why the Maine QuitLink adult phone program shifted to a new operational model that leverages an EMR.

2 Describe several key features of the Maine QuitLink's new appointment-based model.

3 Identify several outcomes and improvements associated with the shift to self-scheduling.

Why Do Quitlines Matter?

Lasting Community Impact

7,293
Individuals
Served Across Programs

12,573
Phone Coaching
Sessions

8,398
NRT Orders

Maine QuitLink FY25

5,369
Provider Referrals

40%
Conventional Tobacco
Quit Rate

Quitlines: A Bridge to Care and a Lasting Community Impact

- Evidence-Based: Grounded in proven tobacco treatment methods
- Accessible: Broadly available, reaching users where they are
- Tailored for Equity: Provides tailored support for populations with greatest need
- High Impact/Low Cost: Efficient use of resources
- Amplifying Efforts: Extends the reach and effectiveness of other interventions

Previous Model: Why make a change?

Enroll & Provide "best time" to call

Transfer or Wait for call back

Attempt during best time window

Poor timing, missed call, phone tag

Missed connections or disengaged

Barriers with a Callback Model

Unpredictable Scheduling
No set day or time for callbacks made it hard to connect meaningfully.

Inopportune Timing
Calls often came when participants were busy—driving, shopping, or with family.

Limited Flexibility
Participants had less control over when and how they engaged with coaching.

Missed Connections
Transfers after intake were hit-or-miss; phone tag and voicemails became the norm.

Lower Engagement
Only ~66% of registrants reached a coach; average of just 2.5 sessions per person.

Lack of Trust
Delays and unpredictability led to frustration and reduced follow-through.

The Case for Change

Limitations of the legacy phone quitline model that resulted in lower conversion from registration to coaching, fewer coaching sessions, and other systemic challenges highlighted the need for a strategic shift in a new direction.

Reduced Connections
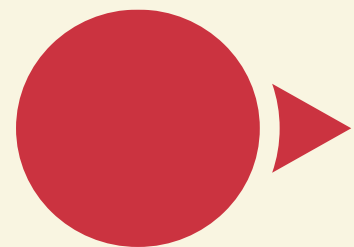
- 68% of registrants connected to an Initial Coaching Call in FY22
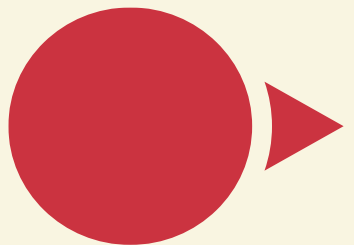
- 2.5 coaching calls completed on average in FY22

Operational Inefficiencies
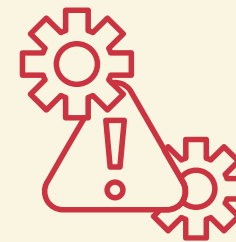
- Workflow inequities
- Missed calls, phone tag creates waste
- Forecasting challenges

- Missed calls and phone tag create waste

A New Direction

The Turning Point

In Fall 2021, a decision was made—powered by opportunity and infrastructure—to s**hift the Maine QuitLink adult phone program from a legacy platform to the health system EHR and adopt an appointment-based model** to boost engagement and streamline operations.

Design Goals: Appointments
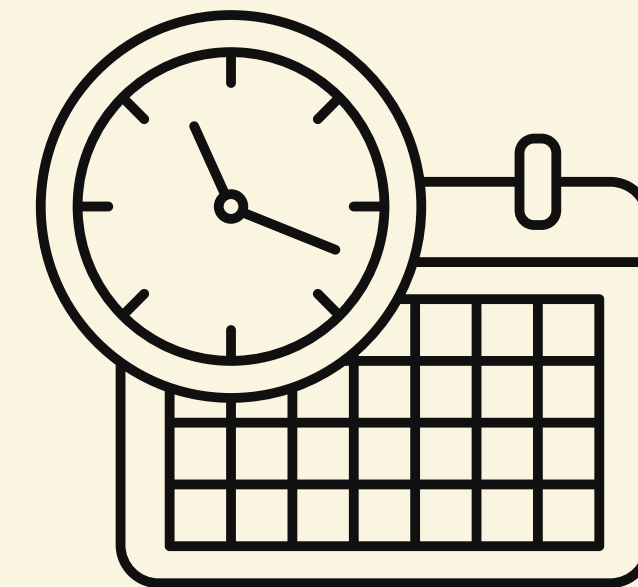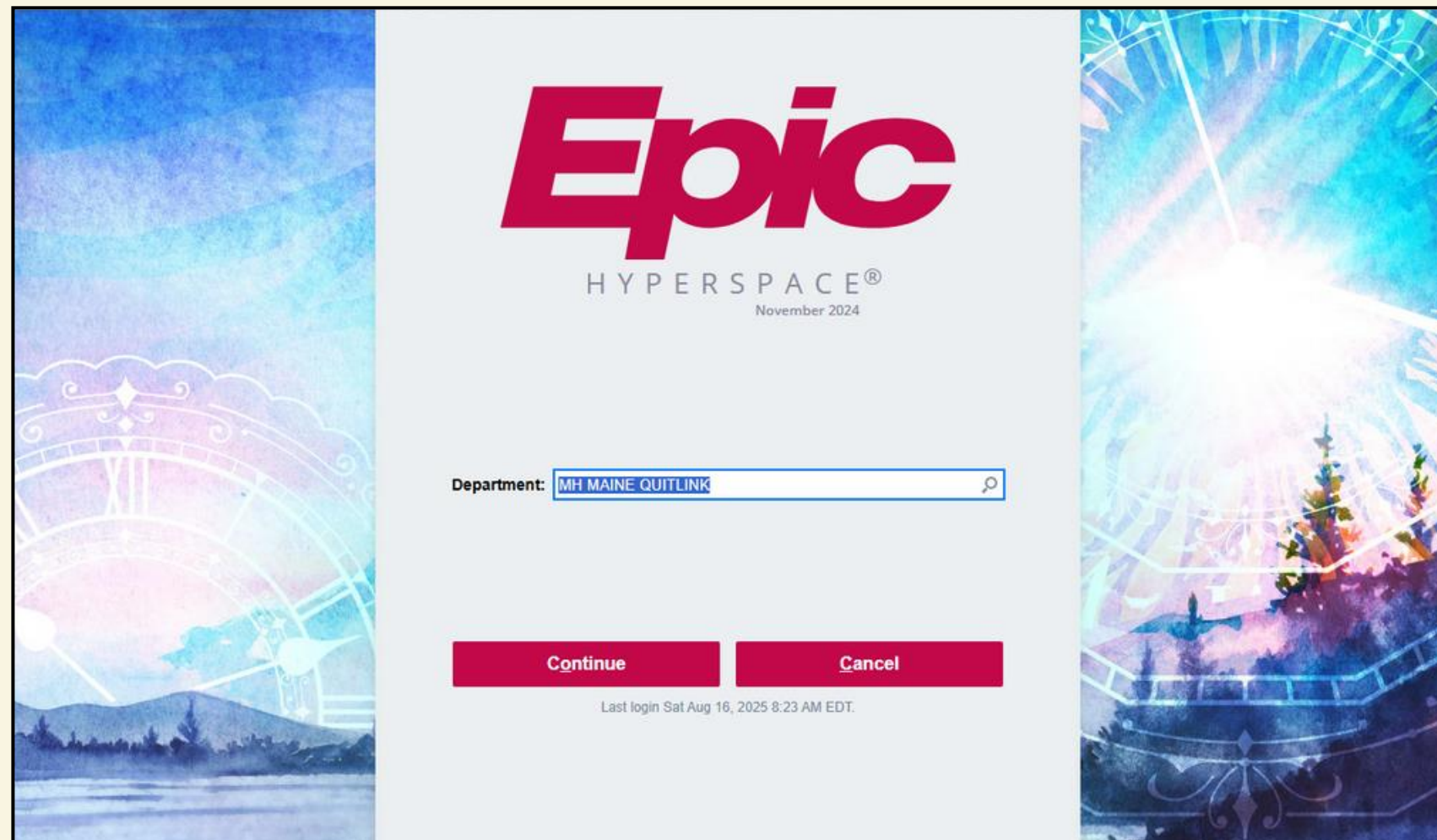
- Create clear scheduling protocols
- Add online "self-scheduling" options
- Protect inbound ad hoc call support
- Develop plan for handling No Shows
- Optimize provider schedules

During planning for an appointment-based model, our **design goals** centered on preserving the quitline core strengths while leveraging EMR-driven innovations and familiar appointment features.
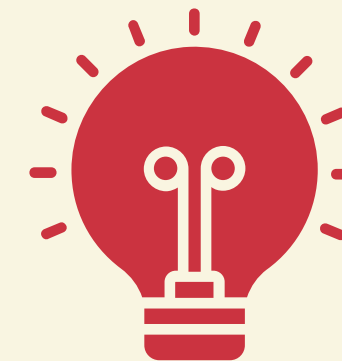
Key Features

Maine QuitLink Appointment Model

SCHEDULED APPOINTMENTS

- Distinct "Visit" Types
- Appointment lengths: 15, 30, 45-min

ONLINE APPOINTMENT SCHEDULING

- Self-scheduling for Initial Visit with a Tobacco Treatment Specialist

SAME DAY SUPPORT

- Unlimited inbound support
- Unscheduled

LOW BARRIER

- Reschedule anytime
- No penalty for missed appointments
- Re-enrollment

Provider Schedules

Highlights:

- **Leverages Epic's provider schedule templates** for efficiency

- **Assigned schedule** is tailored to each coach's role and availability as part of the daily workflow

- **Pre-filled appointment slots** (15, 30, 45 min; overlapping if needed)

- **Supports continuity** — often used by same coach, though not person-linked

- **Built-in flexibility** for real-time staffing adjustments

- **Specialized schedules** for online, same-day, or priority appointments

Self Scheduling Online

Promising Initial Results
Increased Connections in first 12 months with appointment model

The Maine QuitLink observed a 25% increase in the number of registrants completing an initial treatment intervention with a Tobacco Treatment Specialist during the first 12 months of the appointment-based quitline model.
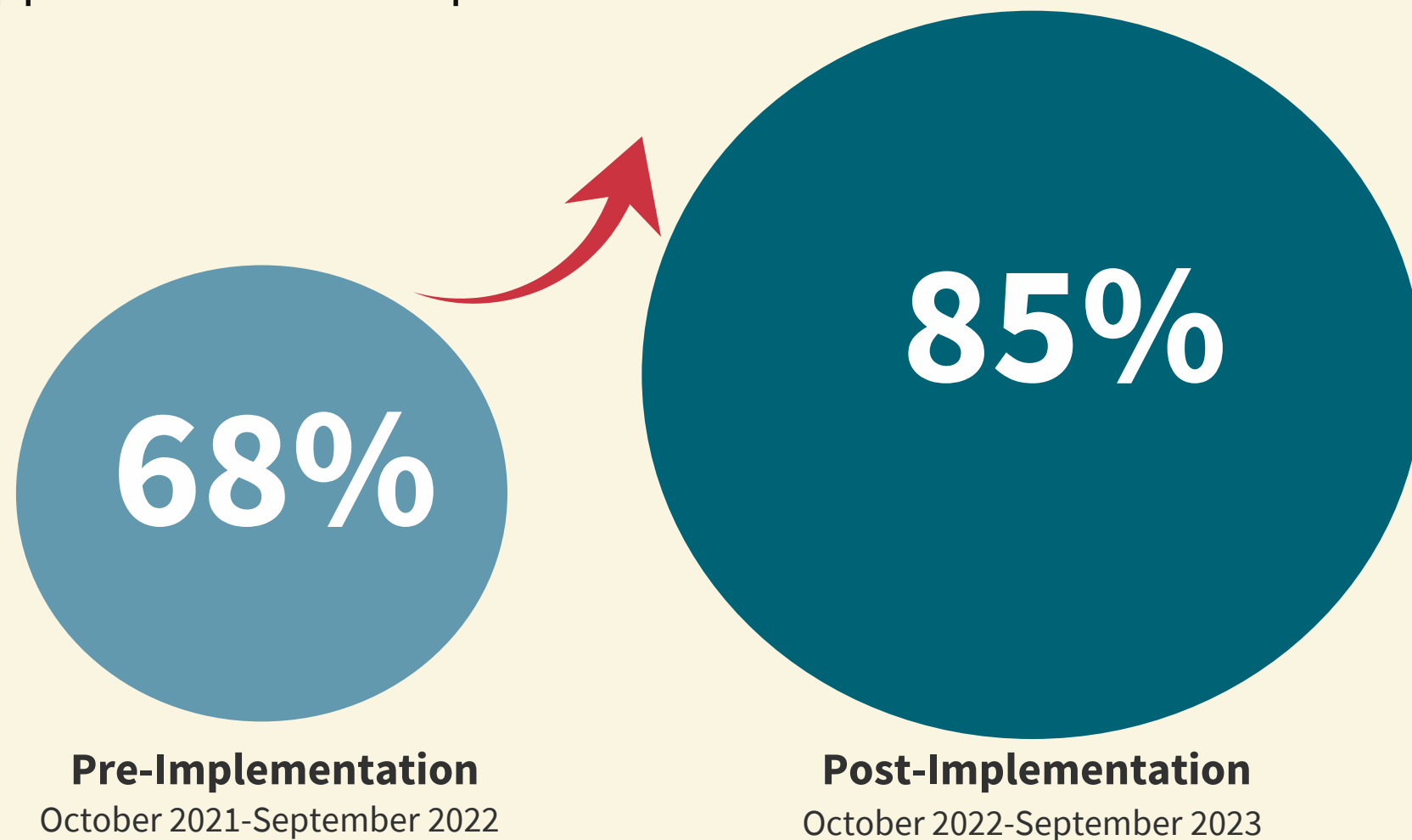
The average number of coaching calls over 5 minutes in length completed by Maine QuitLink participants **increased from 2.5 to 3.4** during the first 12 months of the appointment-based model.

68%

Pre-Implementation
October 2021-September 2022

85%

Post-Implementation
October 2022-September 2023
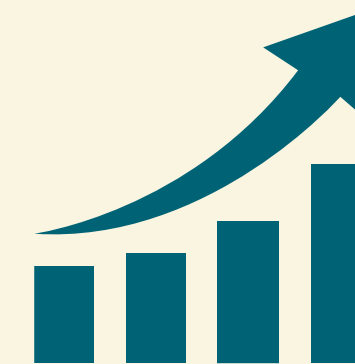
3.4
AVG # OF TREATMENT INTERVENTIONS

FEWER AD HOC CALLS

Increased Coaching Connections

Completed Interventions
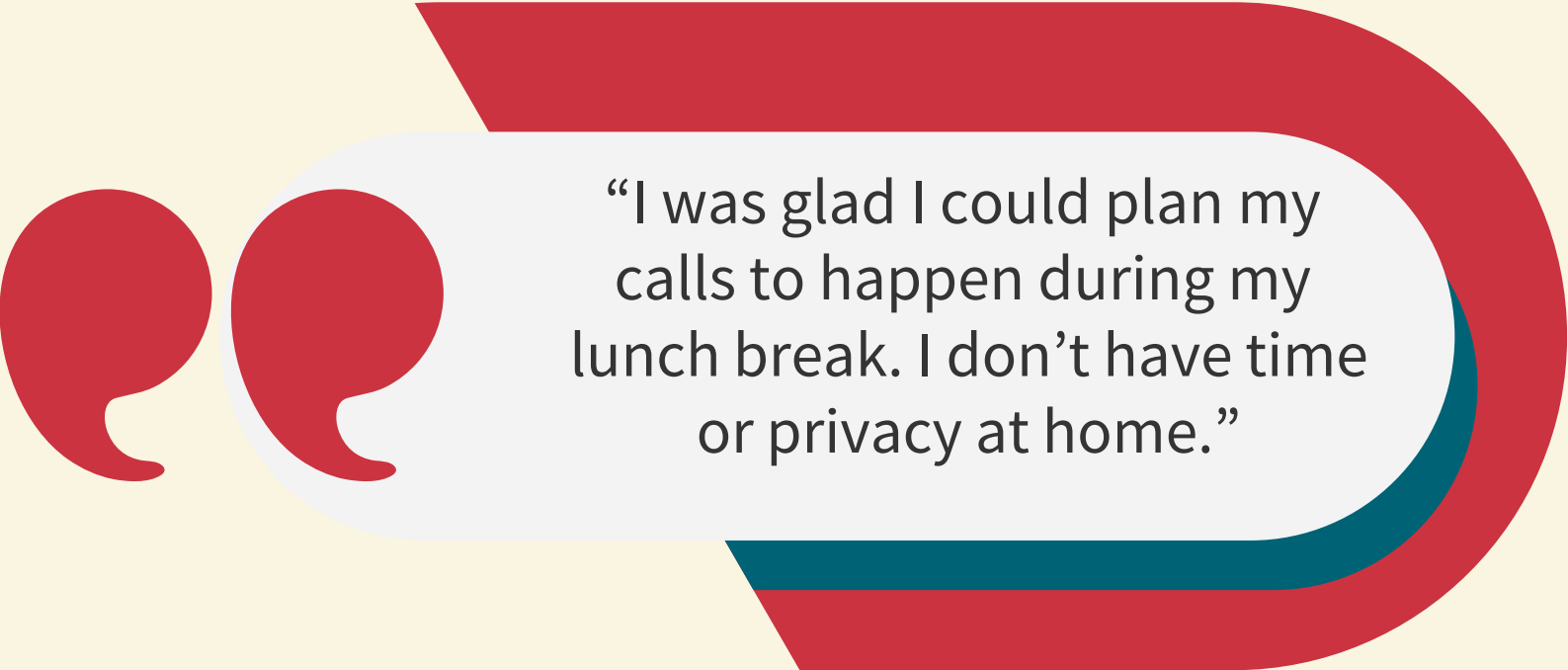### Calls with a Quit Coach over 5 minutes
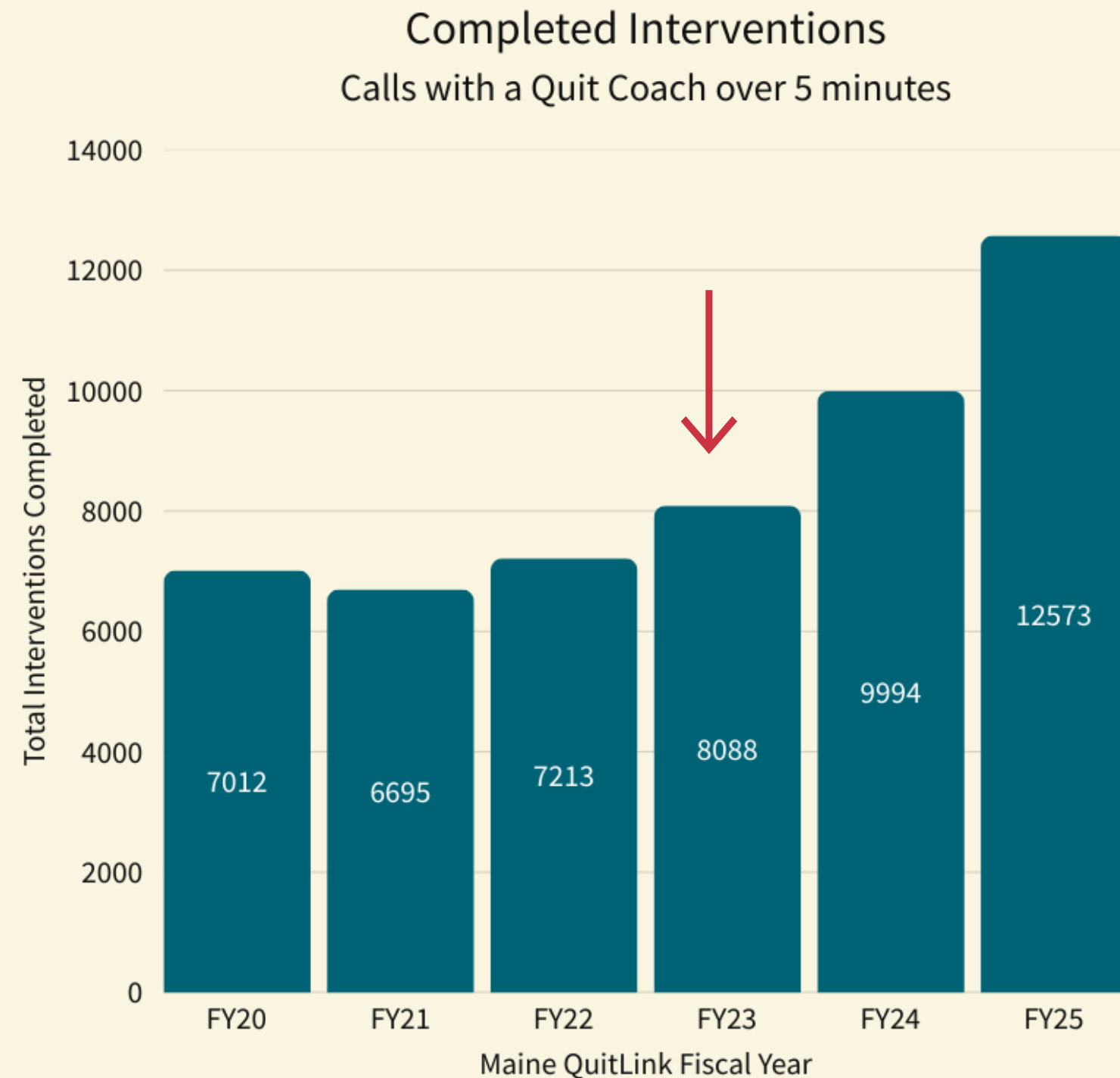
The number of completed coaching interventions continues to increase post-implementation of the appointment-based model despite a shift away from extended hours.
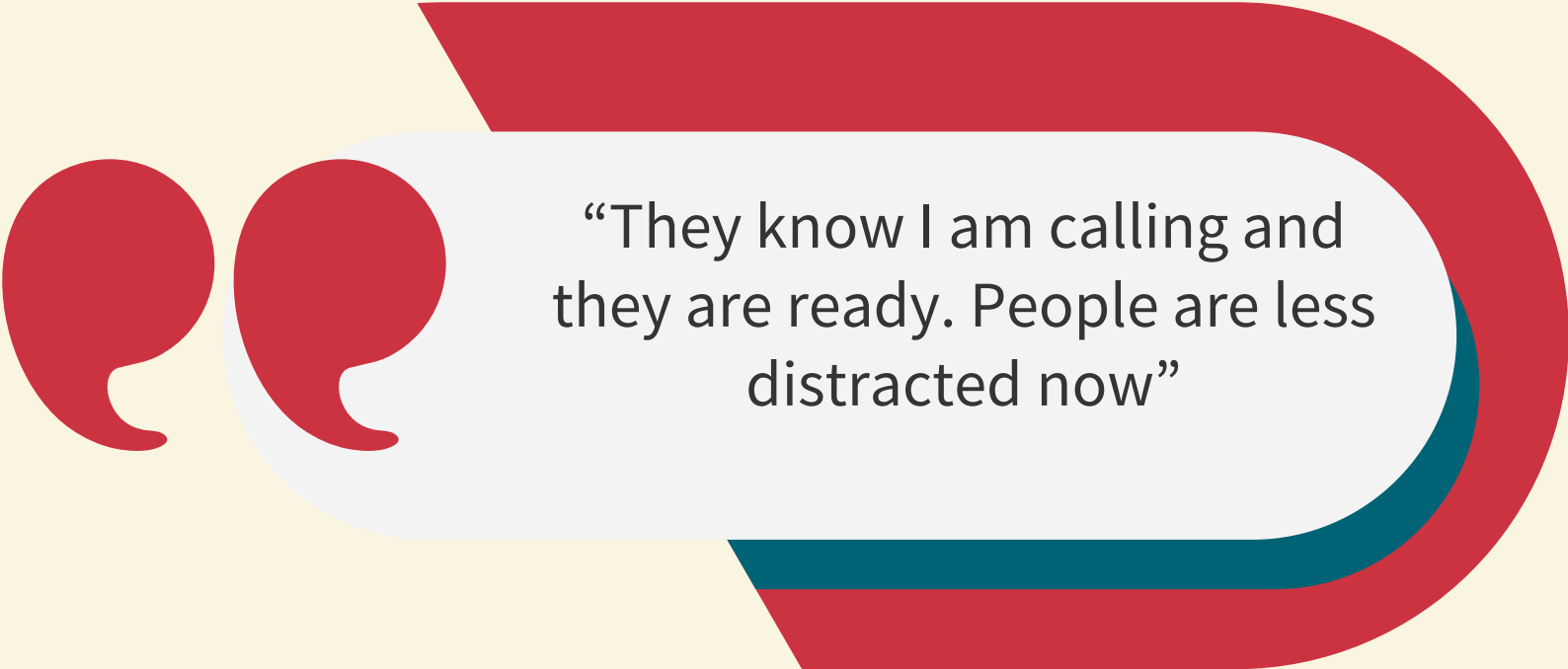
Strengthened Interactions

Enhanced Call Quality:

- Participants more prepared and engaged due to expected outreach
- Scheduled outreach supports Coach readiness and strengthens the quality of each interaction
- Scheduling structure simplifies matching participants with same coach when beneficial

"I was glad I could plan my calls to happen during my lunch break. I don't have time or privacy at home."

"They know I am calling and they are ready. People are less distracted now"

Improved Operations

Coach Schedules

- **Optimized Provider Scheduling**
  - Aligned with work schedule
  - Pre-populated breaks, huddles, and meetings

Workflow

- **Enhanced workflow experience**
  - Workflow equity
  - Supports flexible, real-time adjustments

Capacity Management

- **Forecasting**
  - Supports proactive planning and workload forecasting
  - Adjust based on volume

Evolving Insights

Lessons Learned

- **EMR integration streamlines operations**
  - Improves workflow efficiency, data access, and tracking

- **Participant self-scheduling increases engagement**
  - Increases engagement, strengthens follow-through, and supports lasting change

- **Necessary adaptation to EHR updates and standard workflows**

- **Predictable scheduling improves outcomes**
  - Boosts productivity, capacity management, and accountability.

Still in Progress

- **Balancing flexibility vs. predictability in scheduling +1 average coaching call — why not more?**

- **Optimizing appointment reminders: best modality & timing**

- **Navigating No Shows (**missed appointments)

- Utilization of EHR patient portal for scheduling & communication-should we or shouldn't we?

Next Steps & Conclusion

Looking Ahead:

- Next steps with "No Shows"
- Outcomes Survey
- Pending Tax Increase
- Continuous monitoring & Stakeholder Feedback

"Did you find your coaching appointments to be the right amount of time to meet your needs?"

Final Thoughts:

Adopting an appointment-based model with personalized scheduling—enabled by integration with a health system EHR—led to higher counseling completion rates, increased participant engagement, and overall operational efficiencies for Maine's quitline in the first year and beyond, showing promise in addressing key limitations of conventional quitline structures. Stakeholder feedback suggests that accommodating diverse preferences and needs helps strengthen connection, trust, and accountability.

"The Way Life Should Be"

Hard Worker.
Caring Father.
Former Smoker.

Quit LIKE A MAINER!

Maine Center for Disease Control and Prevention

Stay Connected
with us!

Center for Tobacco Independence | CTIMaine.org

Thank you

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