



MyQuit Process Evaluation: Executive Summary

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Prepared by: Gillian Pritchard, Champlain Cardiovascular Disease Prevention Network

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MyQuit launched in January 2015 and provides centralized access to smoking cessation services currently offered by multiple providers in the Champlain region of Eastern Ontario. Regional and provincial cessation partners worked together over a two-year period to centralize access to their various cessation offerings and create a singular brand (MyQuit) to promote their cessation services.

Current MyQuit partners include: Ottawa Public Health, the University of Ottawa Heart Institute, Smokers' Helpline (SHL), Eastern Ontario Health Unit, Champlain Regional Cancer Program, Leeds, Grenville & Lanark District Health Unit, Renfrew County and District Health Unit, Mackay Manor Residential Recovery Home and Addictions Treatment Service. All calls and referrals to MyQuit are received by SHL. The Champlain Cardiovascular Disease Prevention Network (CCPN) serves as the coordinating agency for MyQuit.

Methods

A process evaluation plan was developed by a sub-committee of MyQuit partners to better understand the program's implementation process and resulting value for partners. Semi-structured qualitative interviews were conducted with MyQuit program managers and quit coaches during the autumn of 2016.

Results

MyQuit Systems

BirchPress Scheduler: It is facilitating the scheduling of cessation appointments for MyQuit. Quit coaches are generally comfortable using the system and find the information to be accurate. The slowness of the system is a major challenge for quit coaches, which is impacting workflow.

MyQuit Map: SHL quit coaches find it a useful tool to determine services in close proximity to the client. The information in the map is found to be timely and accurate. No major quality improvement opportunities were identified.

TelAsk: Champlain quit coaches are not using TelAsk to access the smoking history of clients prior to meeting with them as initially intended. They collect smoking history during the first visit to ensure the information is current and to build rapport with the client. Champlain quit coaches are not charting in TelAsk because partners have their own internal charting processes.

Smokers' Helpline

Implementation: Many changes were introduced to facilitate MyQuit's implementation, including the development of a separate telephone path and modifications to SHL's client database (Smokescreens). Holding training sessions prior to the launch and facilitating communication between partners to quickly resolve problems facilitated the program's implementation.

Navigation: Taking on the navigation role for MyQuit broadens the scope of SHL quit coach responsibilities. The triaging protocol is helpful to SHL quit coaches in some situations. However, for the majority of clients, SHL quit coaches find the protocol unnecessary because clients already know what type of service they would prefer.

Value: The ability to book clients directly into other organizations' cessation services has added value to SHL's standard service. Clients benefit from being connected with sources of cost-free nicotine replacement therapy. SHL quit coaches like having the ability to directly connect clients with the services that they are looking for.

Challenges: The lack of integration between MyQuit systems (e.g. BirchPress, MyQuit Map, TelAsk) and SHL's Smokescreens database is creating inefficiencies during client intake. Developing regional processes within a province-wide service has created an added layer of logistics and protocols to SHL's standard service.

Champlain Partners

Implementation: All partners participated in training provided by the CCPN and promoted the program to their external community partners. The degree to which partners have applied internal strategies to promote and integrate MyQuit varies across organizations.

Value: Partners that have integrated MyQuit more fully within their organization are experiencing more value from the program, including easier promotion of cessation services and more efficient client referrals. MyQuit has fostered collaboration between community-based cessation providers in Champlain to the benefit of clients.

Challenges: The most commonly-cited challenge is that not all organizations providing community-based cessation services (e.g. family health teams, community health centres and addiction agencies) in Champlain are part of the MyQuit network. This is preventing some MyQuit partners from fully passing the responsibility of client navigation on to SHL as originally envisioned.

Service Delivery

Time spent on intake: Many Champlain quit coaches noted that MyQuit has reduced the amount of time they spend contacting clients and registering them for programs. Conversely, SHL quit coaches have noted that MyQuit calls take longer and are more complex than regular SHL calls.

Use of services: The majority of MyQuit clients are interested in accessing in-person services; however, location and proximity influence how many clients actually book into those services. A lack of services in certain geographical areas within Champlain may be an added barrier for clients.

Client feedback: Quit coaches from SHL and Champlain relayed that client feedback about MyQuit has been quite positive. Clients seem to like the option of being booked directly into services and the efficiency that it provides.

Lessons Learned

Communication: Maintaining consistent and clear communication between partners emerged as an important factor for the partnership. Having point contacts at partner organizations has facilitated communication between organizations.

Funding: Several program managers mentioned that during the planning phase of MyQuit, there should have been more time devoted to securing funding for the program.

Partnership: Working as a collective of cessation organizations has developed trust between partners and given quit coaches and program managers a better understanding of the cessation programs available across Champlain.

Integration & Scale-up: While MyQuit is not intended to grow beyond the Champlain region at this stage, the learnings from our experience can help to inform work at the provincial level. Some aspects of the system that would need to be addressed to scale-up a model such as MyQuit include: identifying services to refer people to, integrating software systems and developing a core leadership team.

Conclusions

Interviews with quit coaches and program managers from MyQuit partners have given a comprehensive picture of how MyQuit is being implemented at partner organizations. Most systems are running as intended, while the use of others should be reassessed. SHL quit coaches have successfully taken on the additional role of "cessation navigator" for Champlain-area clients and are experiencing benefits in providing active referrals to in-person cessation services. The MyQuit partnership has fostered communication between organizations and given quit coaches and program managers a better understanding of the cessation programs available in Champlain. Despite the challenges, in particular relating to integration gaps, partners remain committed to the vision of MyQuit

Implications

MyQuit is a demonstration that regional integration of cessation services is possible. Partners believe the implementation of MyQuit has added value to the cessation system as a whole by creating efficiencies and facilitating communication and collaboration between partners. Alignment with provincial cessation activities must be considered for long-term sustainability. A technology foundation to enable complete integration of services and seamless flow of information must be considered for the benefits and efficiencies, both for clients and providers, to be fully realized. Establishing a core leadership team with sufficient capacity to drive the work and ensuring that there is good coverage of in-person services in which to refer clients are key elements for successful systems integration. Learnings from the MyQuit experience can inform work at the provincial level, as the overarching vision of MyQuit is aligned with Ontario's Smoking Cessation Action Plan.