

# Smokefree ticket-Project - referring primary care patients to the German Quitline: Implementation Strategies and Progress after 3 years.

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## Background

Referrals from hospitals or general practitioners provide an efficient evidence-based method to connect patients to Quitlines. In a pilot project in 2019 a concept was developed to implement the "smoke-free ticket". The nationwide implementation has been supported by the Federal Center for Health Education (BZgA) since 2020. The "smoke-free ticket" bundles several advantages. For patients who smoke, telephone counseling is a free and low-threshold support service. Referring facilities support existing regulations for a smoke-free hospital environment. When intensive on-site tobacco cessation or aftercare cannot be offered Quitline services is helpful.

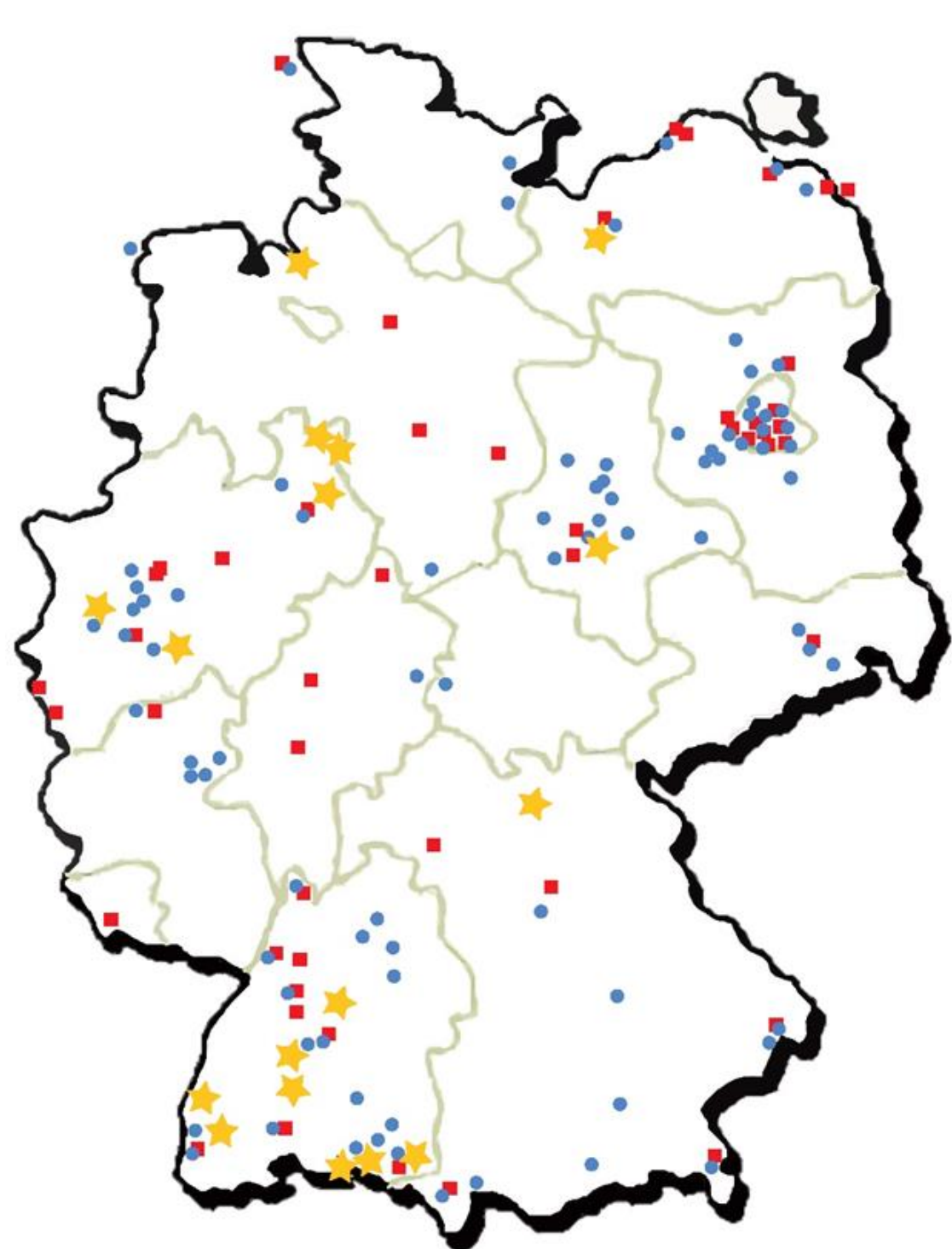
## Methods

64 acute care hospitals, rehabilitation clinics and general practices have signed up to the project. The aim is a sustainable implementation of screening, brief intervention and referral to Quitlines. The concept includes implementation support like a) promote readiness for implementation, b) training of multipliers, c) referral of patients interested in quitting or maintaining abstinence from tobacco. The Quitline is part of the comprehensive campaign „smokefree“ and operates as full service helpline 72 h/week. Staff consists of 16 counsellors, mostly non-academic Health Practitioners. Proactive service with up to 5 calls is offered for ready-to-quit and former smokers within 6 months after quit date. Baseline data are collected during the initial call; follow ups are conducted after 3 und 12 months based on MDS of NAQC.

## Results I

During the first 3 years an implementation structure and process was established, based on implementation science recommendations and through participatory quality improvement.

Fig 1: IMPLEMENTATION NETWORK



53 sites implemented the program:  
28 acute clinics with several departments  
17 rehabilitation clinics  
2 counselling centers  
7 medical practices  
5 pregnancy counselling centers

152 multipliers in  
18 trainings qualified:  
53 doctors  
34 psychologists  
39 nurses,  
26 other healthcare professionals

- hospitals for tobacco control
- ★ nursing schools – astra plus
- smoke free ticket

Fig 2: IMPLEMENTATION PROCESS

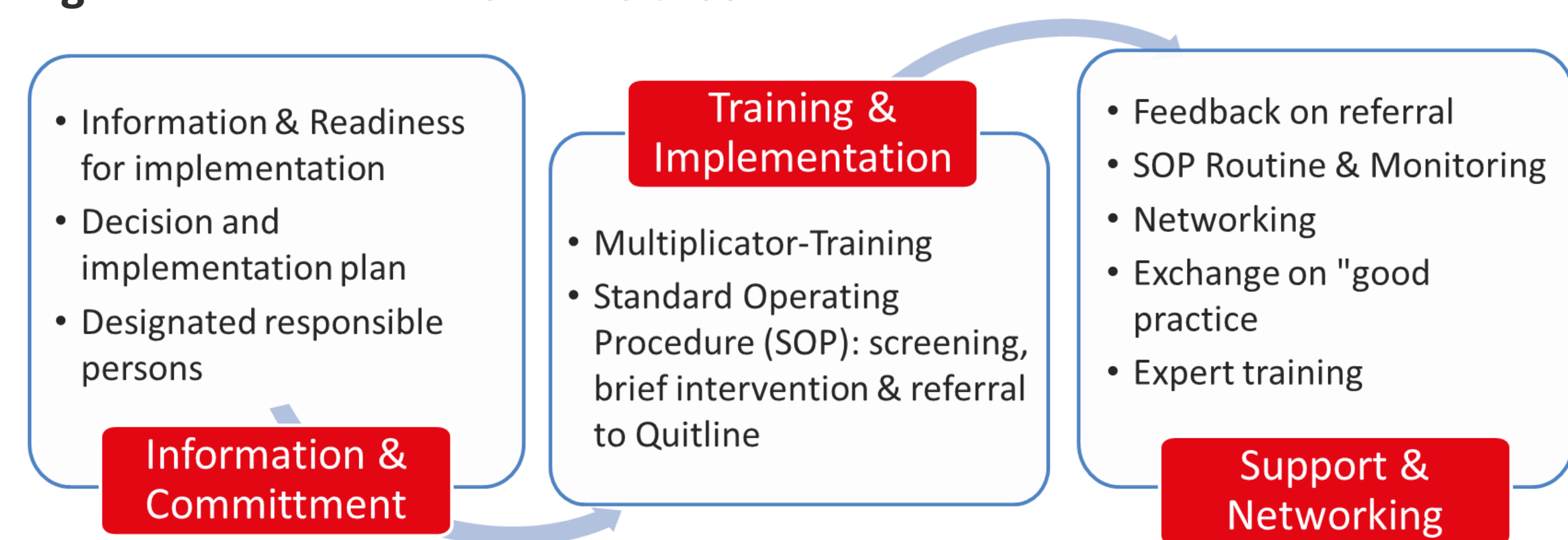
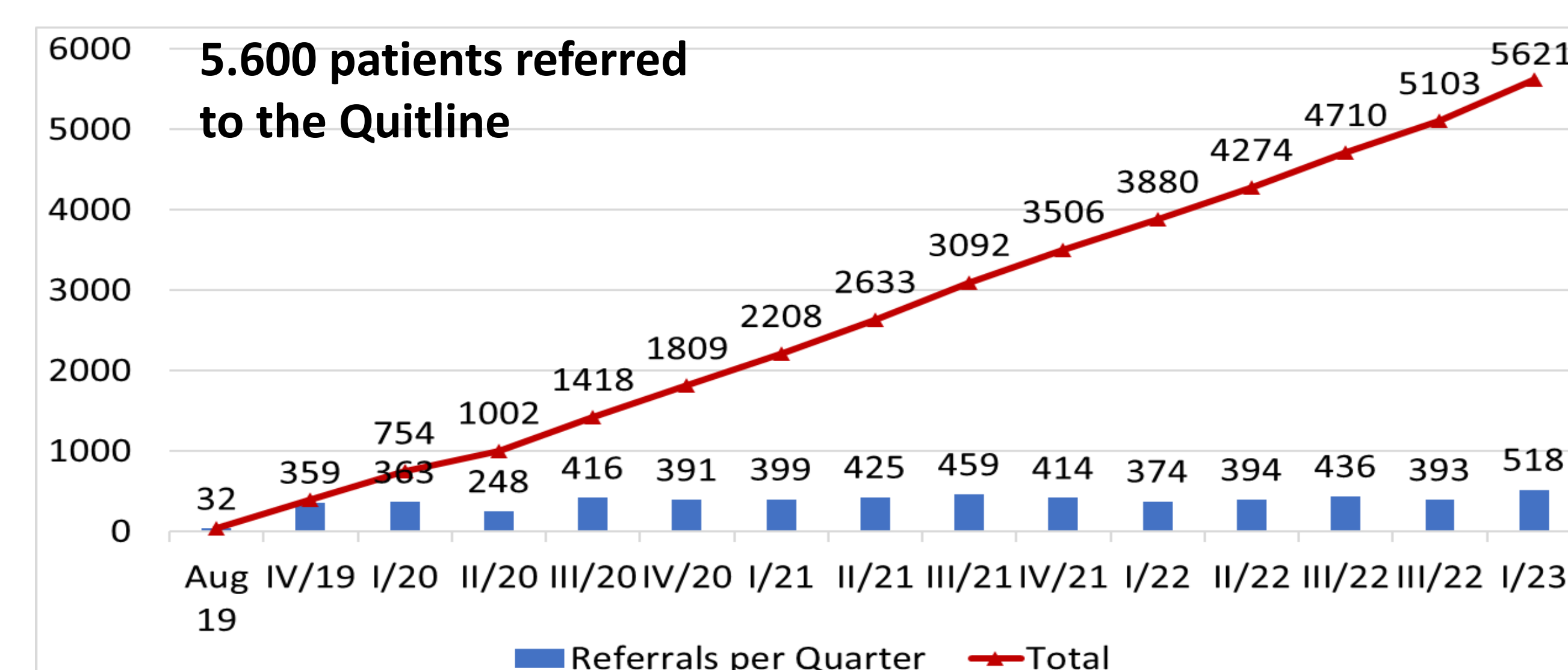


Fig 3: MONITORING REFERRALS



## Results II

About 60% of the referred patients were registered, reached and counseled. 30-day point prevalence abstinence rate after 3 months was 46.7% and 43.8% after 12 months. This high rate is probably partly explained by the combined intervention (approach in the participating clinics plus counseling at the telephone counseling service). Another factor is the proportion of participants who were already smoke-free (36.6%). When patients were enrolled to remain smoke-free, they had very good odds of remaining smoke-free after three months (78%) and 12 months (65%). Among smoking participants at first call 30-day point prevalence abstinence rates are 28.4% (one-time counselling) and 35.0% (proactive counselling), respectively, for an overall abstinence rate of 33.3%. This corresponds to the rates of the sample of self-callers.

Fig 4: 3 AND 12-MONTHS-FOLLOW-UP ALL PARTICIPANTS

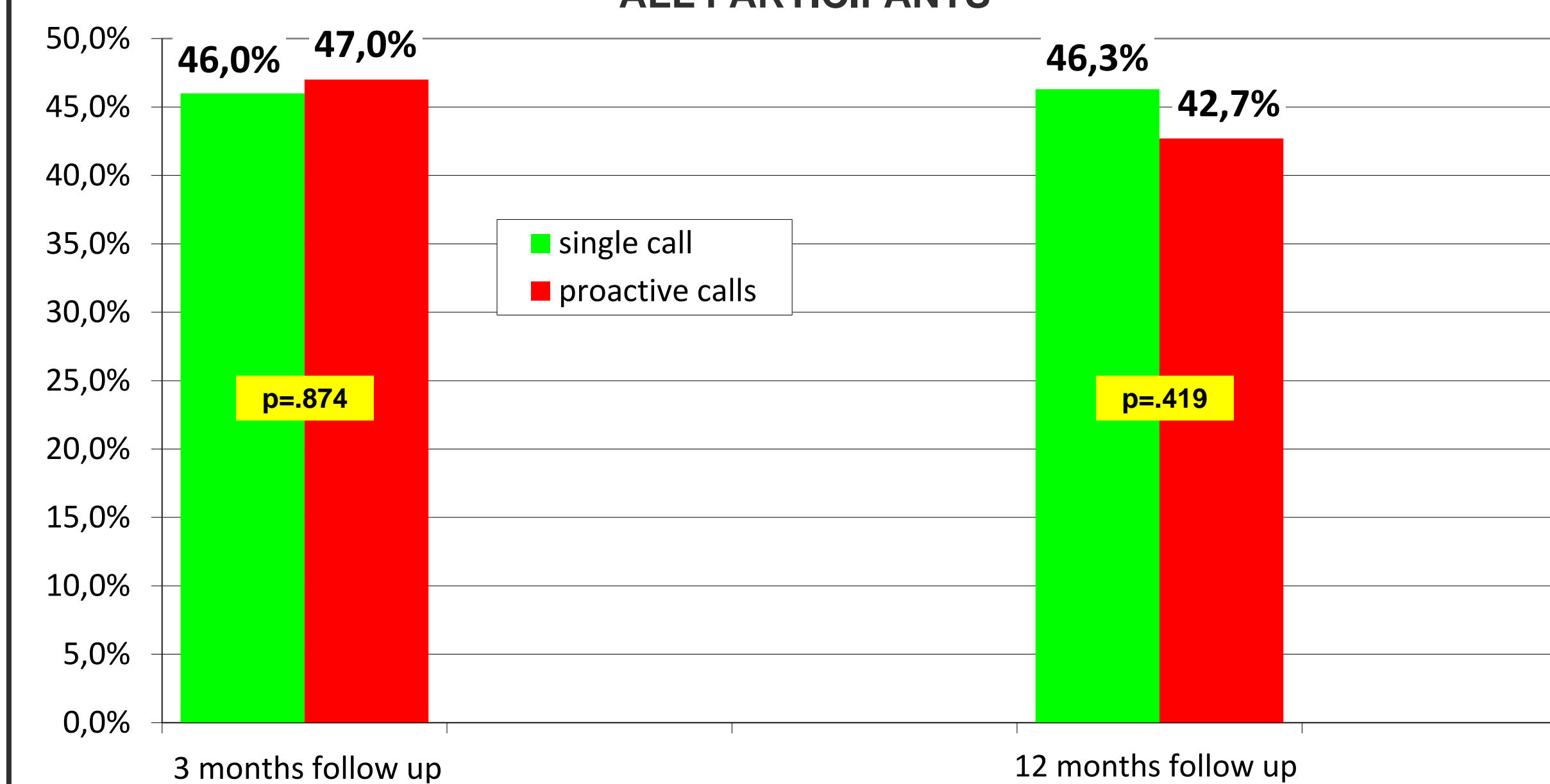
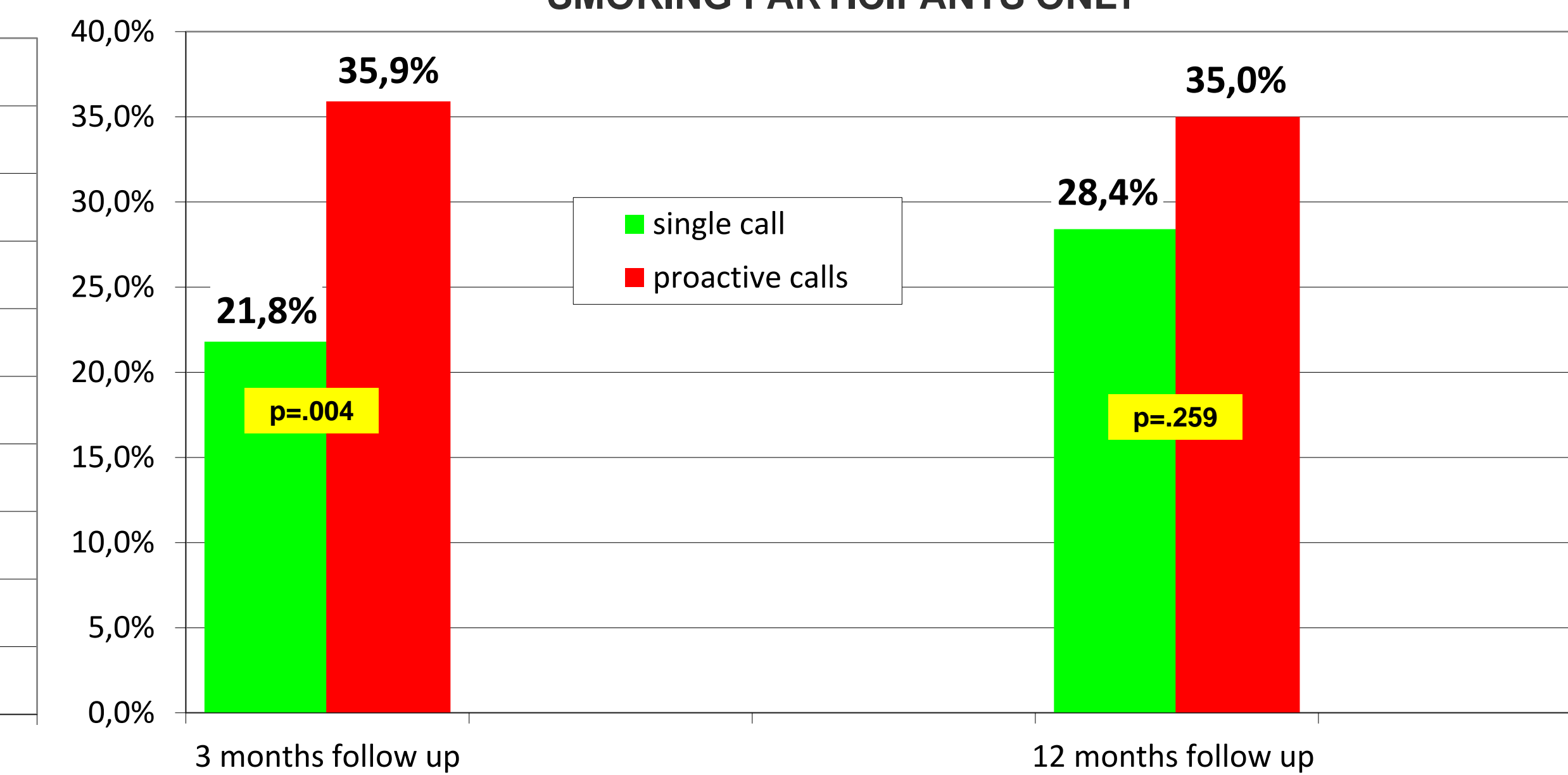


Fig 5: 3 AND 12-MONTHS-FOLLOW-UP SMOKING PARTICIPANTS ONLY



Quit rates at 12 months were equal or higher than quit rates at 3 months among smoking participants at first call (Fig 5).

This may be due to different reasons:

- Long term quitting plans are maintained even after single attempts did not work
- Quitting plans are discussed at 3 months follow up
- combined treatment (brief intervention plus Quitline), pictorial warnings and „number on the pack“ keep quitting plans vital

## Main Conclusions

The smoke-free ticket-project was successful established and supports sustainable implementation of guideline recommendations. Interventions in hospitals or general/medical practices in combination with Quitline support increases not only abstinence rates of patients but also experience of self efficacy and motivation of healthcare professionals. Since biochemical verification of smoking status was not possible, the reported abstinence rates should be taken with some caution; on the other hand, the high retention rate (90%) and agreement with the results of the total sample of self-callers speak for the external validity of the reported data. Next steps are web-based referrals, provision of tools to improve screening and brief intervention and to include settings like dentists and occupational health.