



# **Tobacco Dependence Treatment: A System's Change Approach**

ICSI Regional Workshop - Duluth



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# LANDSCAPE



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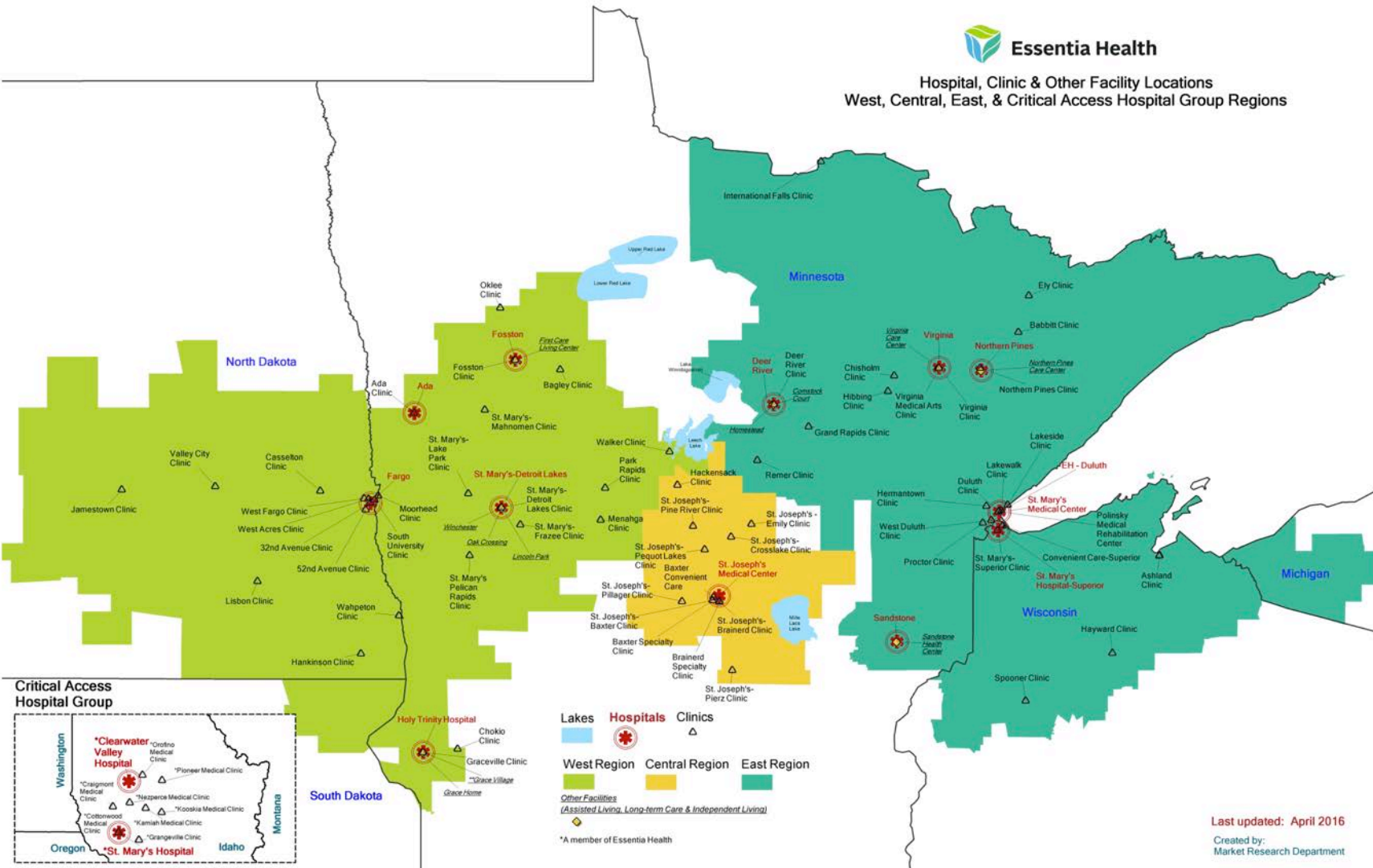
# Initial Funding for Project Launch

- Work began in May 2015 with a 2-year ClearWay MN Health Systems Change Grant (22 months ago)
  - Many smaller scale initiatives prior
- Steering Committee has about 20 members representing a multi-disciplinary group with representation from diverse geography
- FTE hired August 2015 – Tobacco Treatment Integration Specialist





# Hospital, Clinic & Other Facility Locations West, Central, East, & Critical Access Hospital Group Regions



Last updated: April 2016  
Created by:  
Market Research Department

## 67 Clinics 17 Hospitals 13,000 Employees



**At**

ESSENTIA  
HEALTH

**40,329**

— PATIENTS —

USE TOBACCO



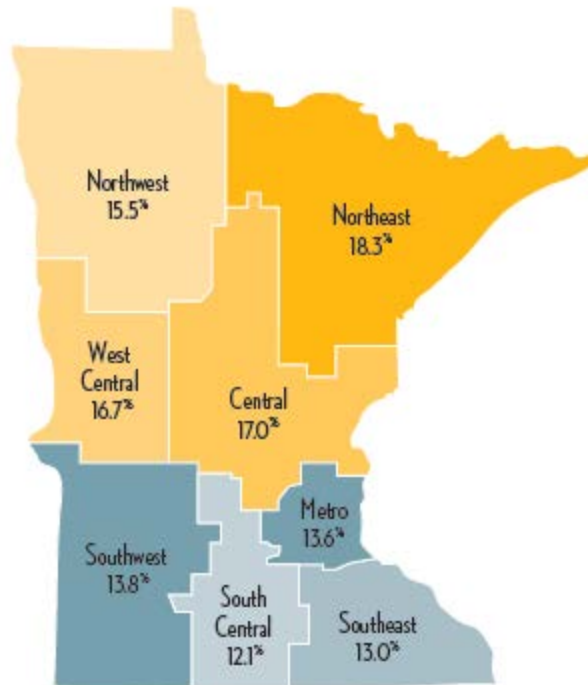
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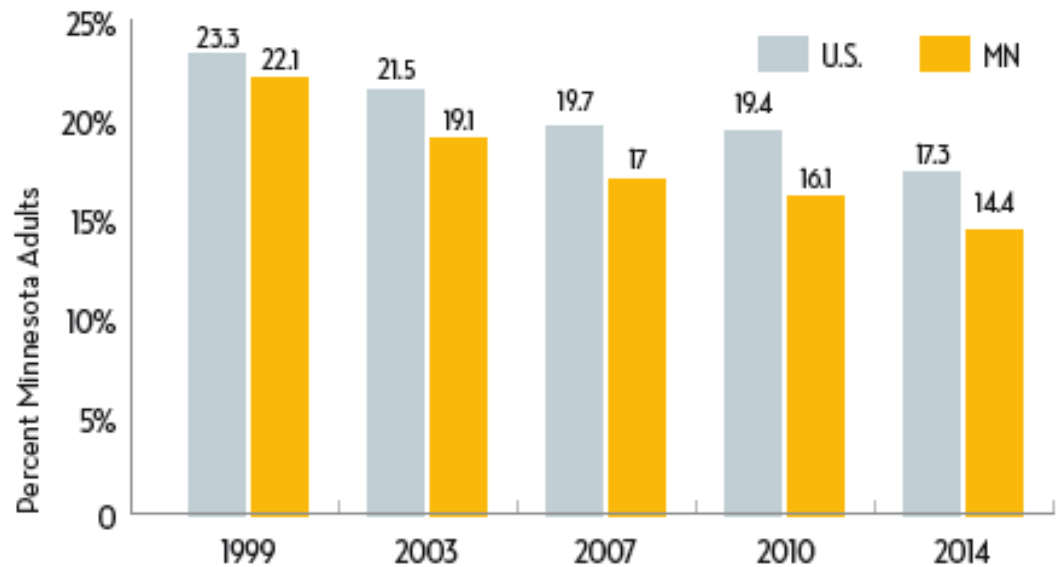
# TOBACCO USE IN MINNESOTA

Minnesota Adult Tobacco Survey 2014



MINNESOTA'S SMOKING RATE HAS FALLEN TO 14.4 PERCENT - A 35 PERCENT REDUCTION IN SMOKING SINCE 1999 AND THE LOWEST SMOKING RATE EVER RECORDED IN MINNESOTA.

## SMOKING PREVALENCE IN MINNESOTA & NATIONALLY, 1999-2014



Sources: Minnesota Adult Tobacco Survey and National Health Interview Survey



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<b>EH-GRAND RAPIDS CLINIC</b>	Total patients: 1,457	Total patient using tobacco: 412	% patients using tobacco: 28.28%
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**GRC FAMILY PRACTICE**

Total patients: 1,457	Total patient using tobacco: 412	% patients using tobacco: 28.28%
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<b>EH-HAYWARD CLINIC SMHS</b>	Total patients: 5,463	Total patient using tobacco: 1,019	% patients using tobacco: 18.65%
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**HAY FAMILY PRACT**

Total patients: 5,407	Total patient using tobacco: 1,003	% patients using tobacco: 18.55%
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**HAY GENERAL SURGERY**

Total patients: 56	Total patient using tobacco: 16	% patients using tobacco: 28.57%
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<b>EH-HERMANTOWN CLINIC</b>	Total patients: 10,434	Total patient using tobacco: 1,574	% patients using tobacco: 15.09%
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**HERM FAMILY PRACTICE**

Total patients: 10,434	Total patient using tobacco: 1,574	% patients using tobacco: 15.09%
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<b>EH-HIBBING CLINIC</b>	Total patients: 3,795	Total patient using tobacco: 855	% patients using tobacco: 22.53%
--------------------------	--------------------------	-------------------------------------	-------------------------------------

**HIB FAMILY PRACTICE**

Total patients: 3,754	Total patient using tobacco: 847	% patients using tobacco: 22.56%
--------------------------	-------------------------------------	-------------------------------------

**HIB PEDIATRICS**

Total patients: 41	Total patient using tobacco: 8	% patients using tobacco: 19.51%
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Our Clinic Patient Population that uses Tobacco: 12% - 31%

System-wide Average: 19.32%



# GOALS & STRATEGIES



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# Project and System Goals

- Conduct a Needs Assessment with Pilot Clinics (7 in NE MN) to identify barriers, gaps and opportunities
- Utilize Clinical Practice Guideline to guide process and workflow changes, leading to evidence based treatment strategies
- Improve access and enhance tobacco treatment services system-wide
- Measure outcomes and conduct program evaluation



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# Key Strategies & Success Factors

- Champions at the leadership level
  - Utilize Advisory Group to increase buy-in
- Dedicated staff time/person to coordinate (cheerleader)
- Partner with Community Health to enhance resources and reach
- Measure and share outcomes (data feedback)



# Provider Education

- Section Meetings
- Grand Rounds
- CME – Enduring Education Video
- Weekly Newsletter – STAT
- Clinic Leadership
- Primary Care Leadership

“Patients who have been advised to quit smoking by their doctors have a 66 percent higher rate of success.”

– Former US Surgeon General  
Regina Benjamin, MD, MBA



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Arrange > Ask > Advise >  
Assess > Assist

Tobacco dependence and use  
(current or former) is a chronic  
relapsing condition that requires  
repeated interventions and a  
systematic approach.

Or ASK → ADVISE → REFER



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# Examples to Motivate Patients in Minimal Time

- 1. Quitting smoking is the single most important thing you can do to improve your overall health.** Smoking impacts your \_\_\_\_\_ (diabetes management, vascular disease, COPD, depression/anxiety, ability to heal from surgery, medication adherence, reproductive system, dermatology, child's asthma). Highlighting the benefits of quitting smoking related to any other chronic conditions or signs/symptoms the patient has makes it feel more personal – rather than a blanket statement.
- 2. Counseling and medications to help you quit smoking are covered by most insurance plans.** The majority of insurance plans, including Medicaid, cover counseling and medications at 100% with no cost sharing or co-pays. If a patient finds that there are costs for medications, they can work with the counselors to find them low or no-cost options through state quitlines, etc.
- 3. The most important factor in your quit attempt is you!** On a scale of 1-10 how willing are you to make a quit attempt? If a 5, tell me why you're up to a 5 and not a 3 or a 2? Framing the conversation around why they are "already there" and not "only a 5" helps open the door for change talk and positive thinking. If you can spend a few minutes motivating them to bring them up a point or two on the readiness scale – it can make all the difference in their interest in a referral and/or willingness to make a quit attempt in the next few months.
- 4. Research shows that medication + face-to-face counseling works best!** In fact, patients that were seen 3 or more times by a tobacco treatment counselor here at Essentia have about a 50% success rate (or you can say "have the highest success rate"). I realize a 50/50 chance of being successful doesn't sound great, but in the world of tobacco cessation – that's about as good as we get! National data on evidence based practice shows face to face counseling + medication at the highest success rate of 38%

# Clinical Practice Guidelines -2008 Update

**Counseling + Medication Works Best**

Make sure every patient who uses tobacco is identified, advised to quit, and offered evidence-based treatments.

## FDA-Approved Medications for Smoking Cessation:

- Gum (Nicorette<sup>®</sup>, Generic)
- Lozenge (Nicorette<sup>®</sup> Lozenge, Nicorette<sup>®</sup> Mini Lozenge, Generic)
- Transdermal Patch (NicoDerm<sup>®</sup> CQ, Generic)
- Nasal Spray (Nicotrol<sup>®</sup> NS)
- Oral Inhaler (Nicotrol<sup>®</sup> Inhaler)
- Bupropion SR (Zyban<sup>®</sup>, Generic)
- Varenicline (Chantix<sup>®</sup>)

## Combining the Patch & Gum or Patch & Lozenge



Using the nicotine patch with nicotine gum or lozenges together might make your quit easier and more successful. The patch gives you nicotine slowly while the others work fast and help reduce withdrawal symptoms and cravings before they come up.



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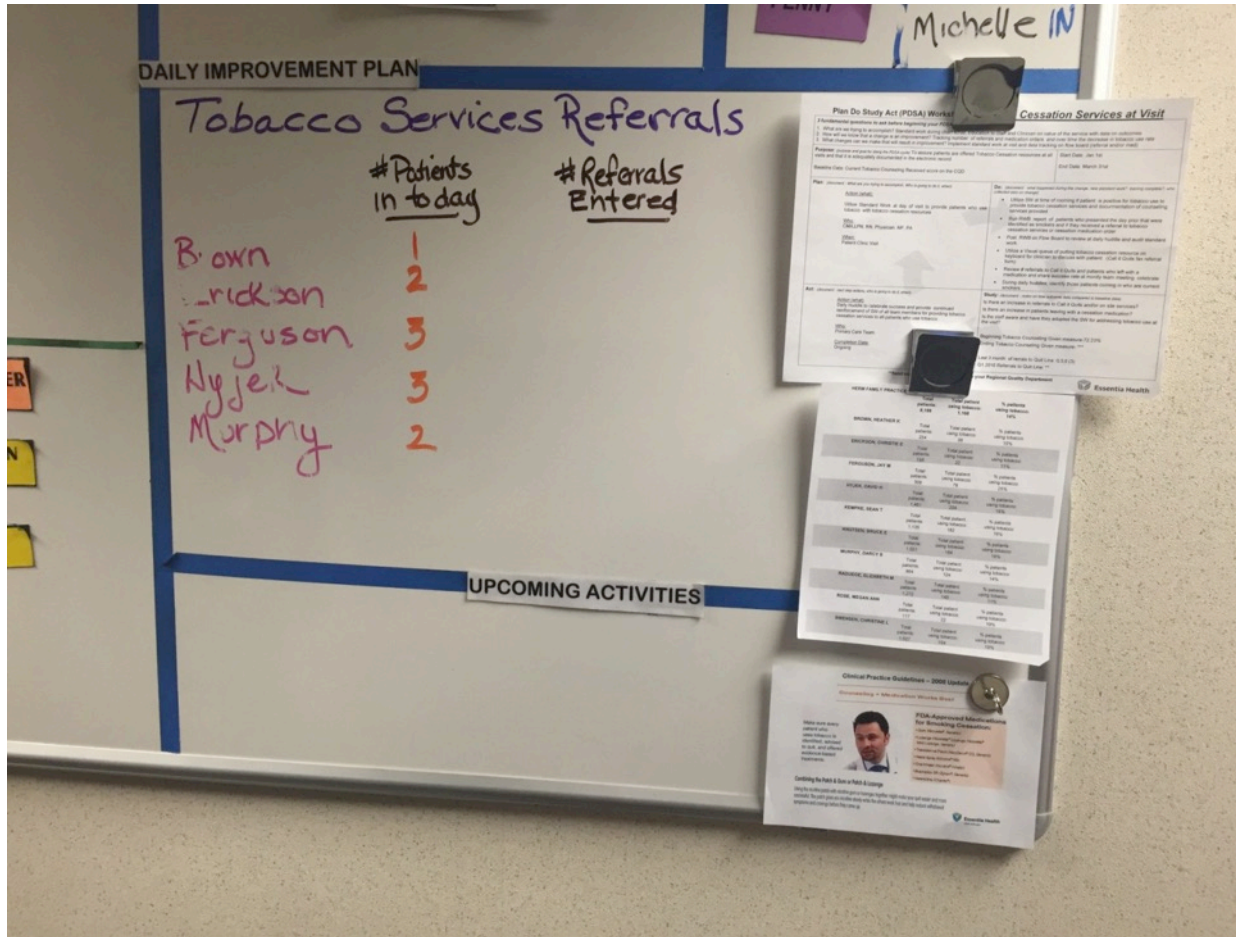
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# Care Team Education

- Same as above!
  - Rooming staff ask the question/start the conversation
  - Can T-Up and pend orders to providers
  - Facilitate warm hand offs
- Update care process and standard work to support clinic staff
  - Monitor standard work & provide coaching when necessary



# Process Improvement



PDSA Cycle  
 Performance Board  
 Team Huddles  
 Reporting Workbench  
 Celebrate Successes!

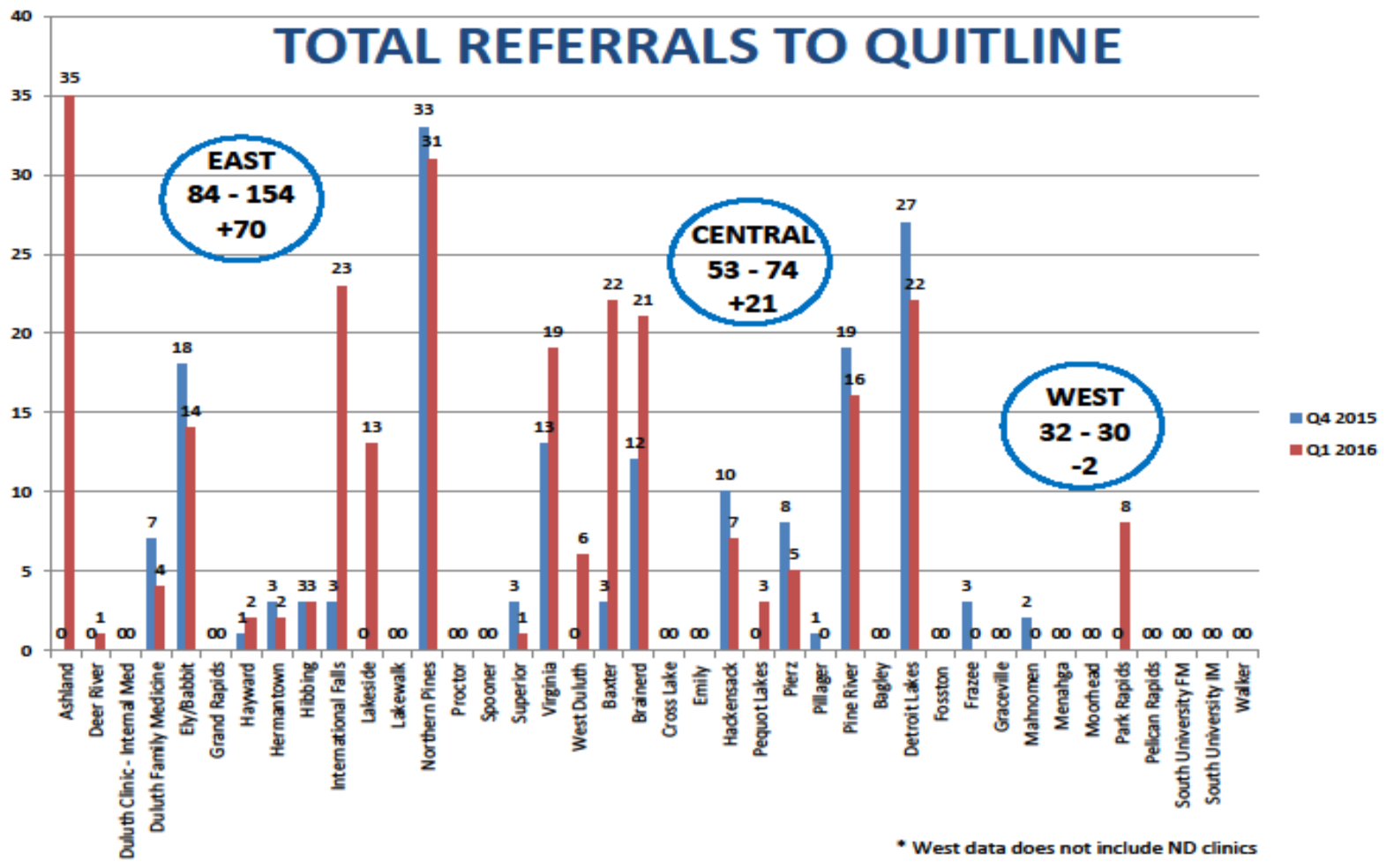


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# TOTAL REFERRALS TO QUITLINE



# GAME CHANGER



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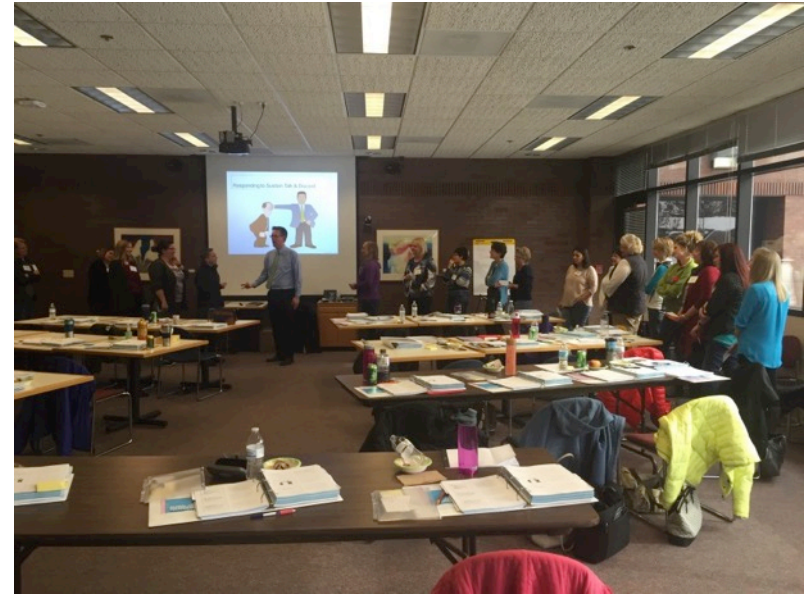
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# Tobacco Treatment Integration

20 EH staff from across all 3 regions and 6 community partners came together in Duluth to complete the Mayo Nicotine Dependence Centers – Tobacco Treatment Certification course.

The week long training with certification exam was held at the EH - Hermantown Clinic and offered registration at half the cost to employees and ¼ cost to community partners (some full scholarships)

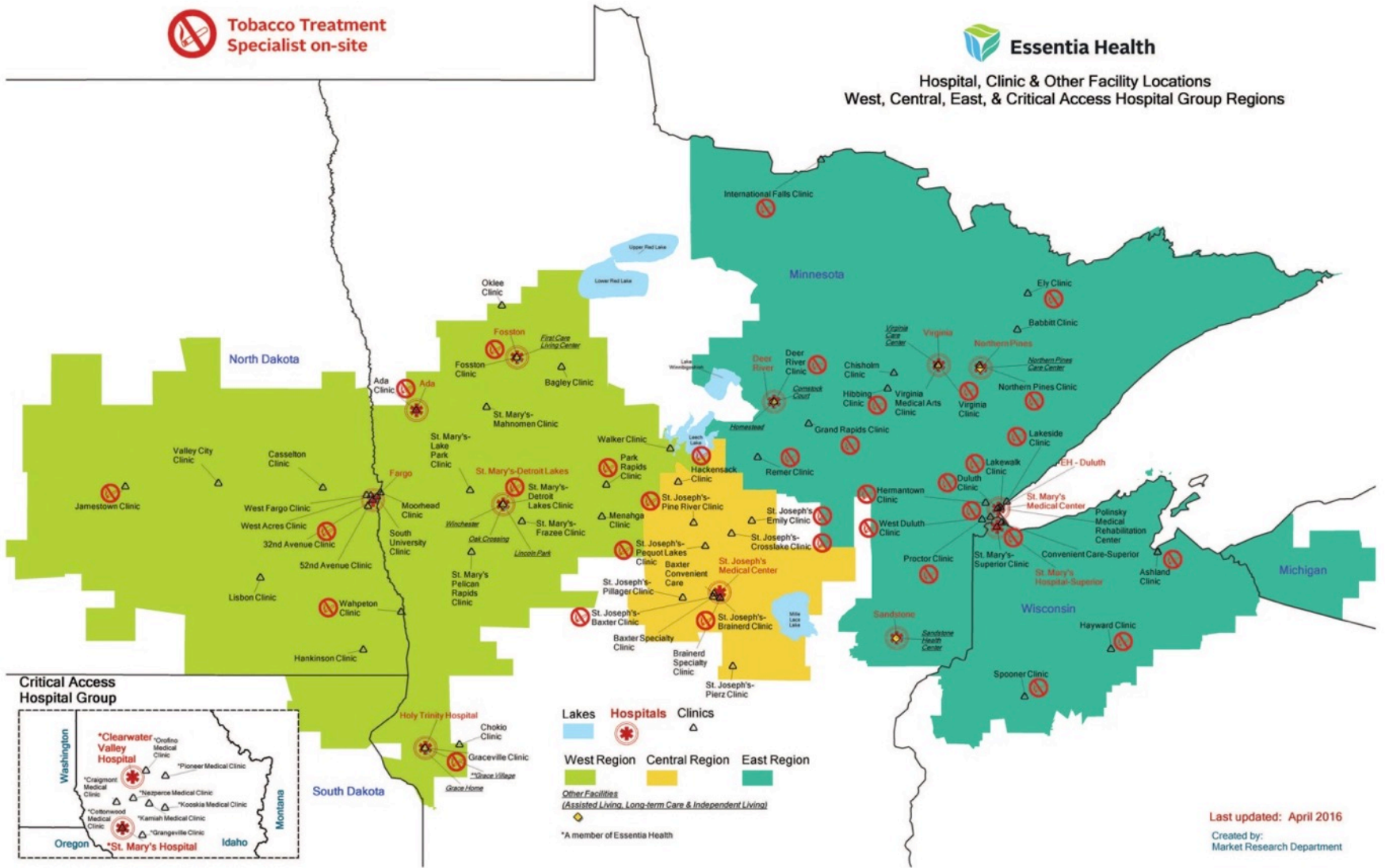


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### Hospital, Clinic & Other Facility Locations West, Central, East, & Critical Access Hospital Group Regions



Last updated: April 2016  
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Market Research Department

# Face to face tobacco treatment counseling offered on-site. From 13 to now 37 clinic and hospital locations!



# CTTS Integration/Utilization

- Ancillary Schedules for RN's in Primary Care (20/40 min visit types)
- EPIC Documentation Tools
  - Referral Order – by region and clinic location
  - SmartSet
  - Assessment sent via MyHealth in advance
  - Treatment Plan prints as AVS for patient
  - Patient Tracking Tools
- Unique toll free 1-800 Number for EH - TTS Visit
- Marketing and Patient Education Materials
- Monthly Connect Calls with EH – CTTS
- Proactive Outreach to Chronic Disease Patients utilizing Healthy Planet



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# **OUTCOMES**

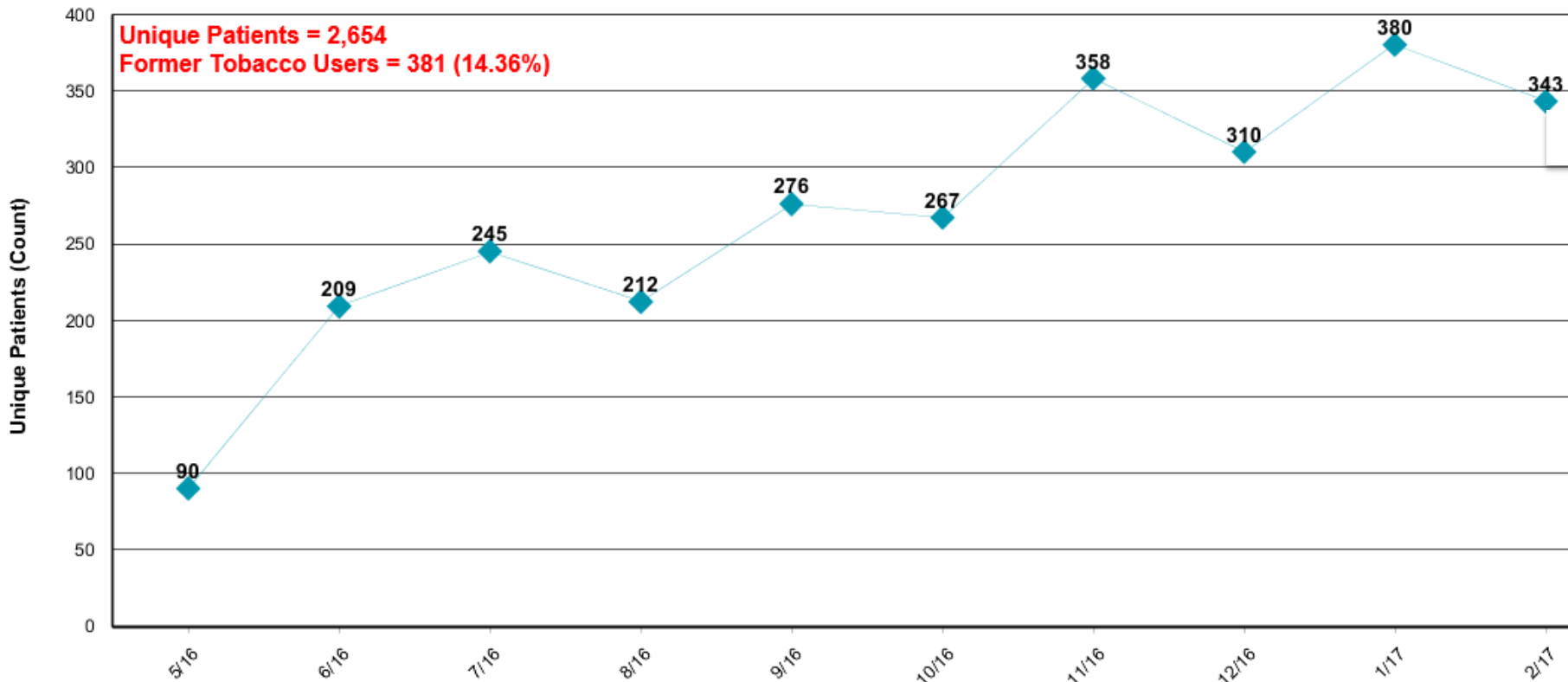
**(THE PROOF IS IN THE PUDDING)**



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# Clarity Reports: (data is a beautiful thing!)

Patients with a Tobacco Counseling Referral Order by Month



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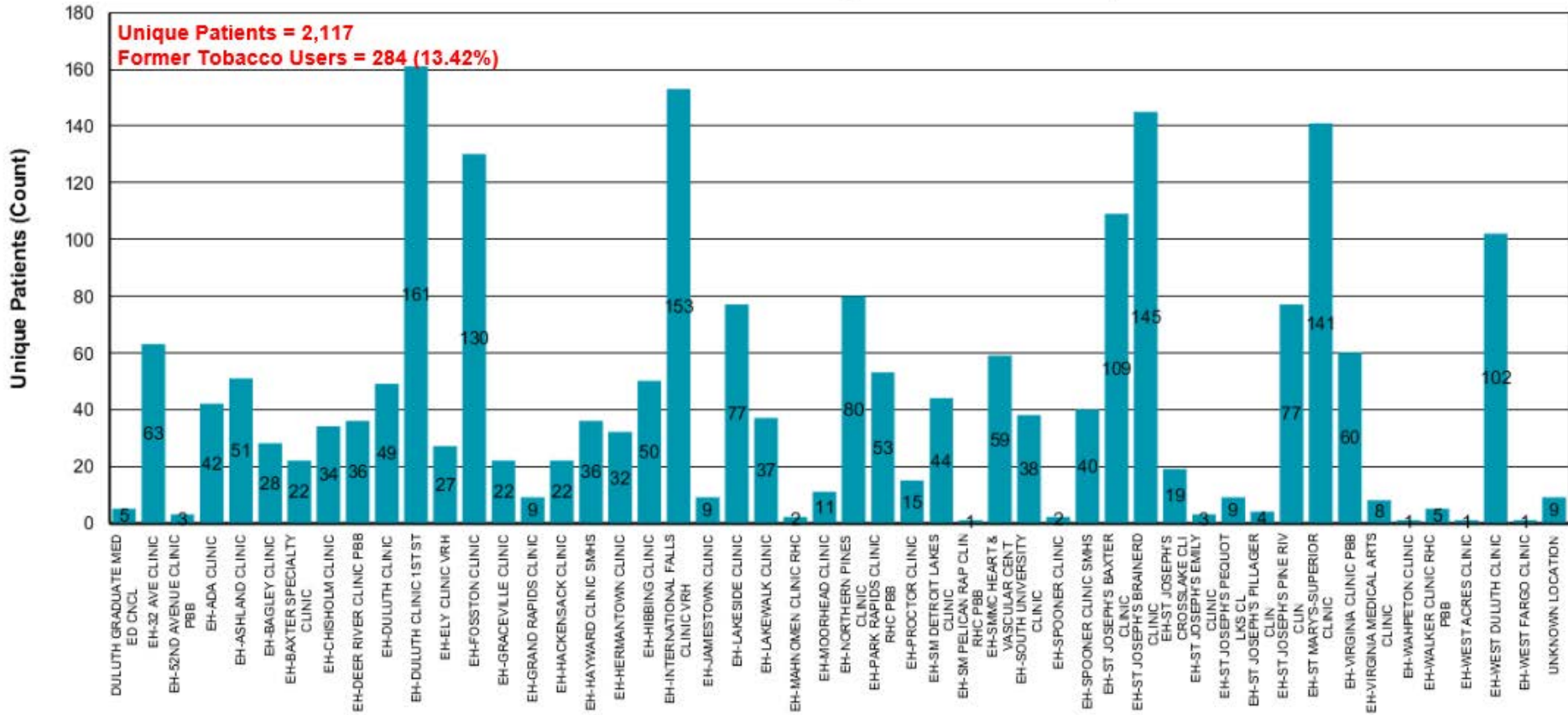
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# Clarity Reports:

(data is a beautiful thing!)

Patients with a Tobacco Counseling Referral Order by Location



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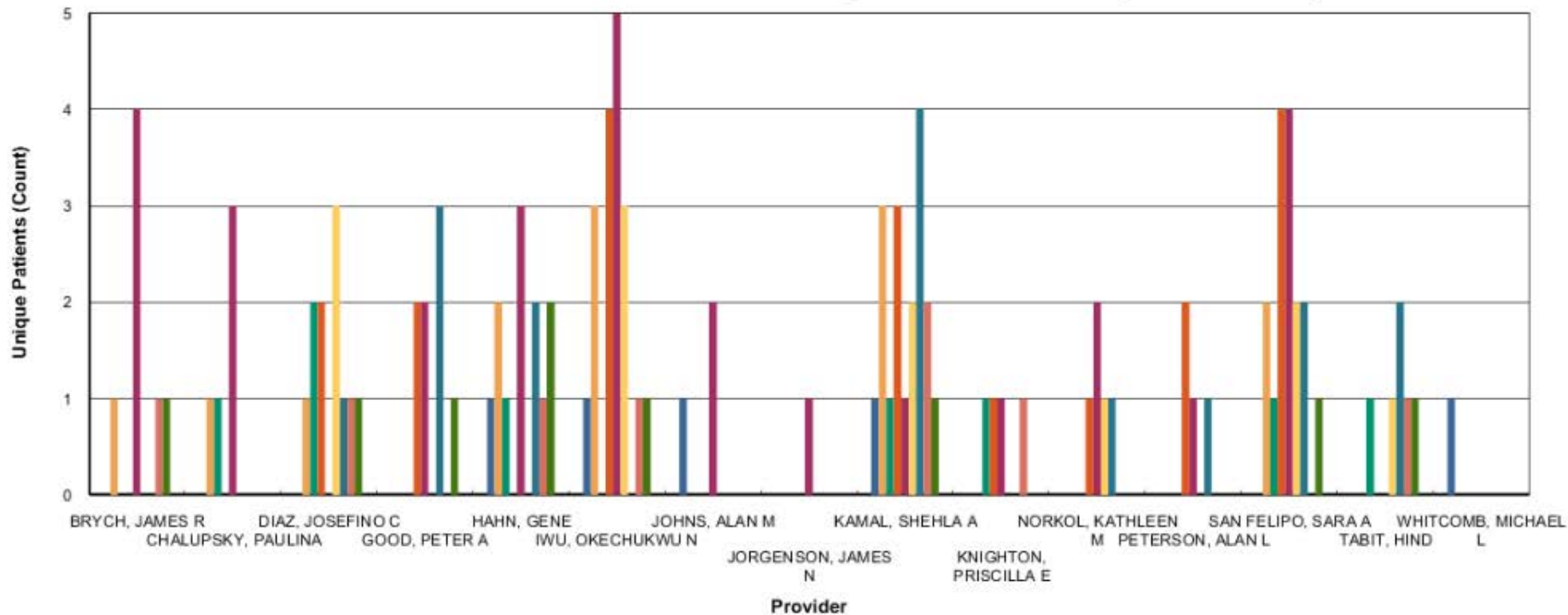
# Clarity Reports:

(data is a beautiful thing!)

EAST REGION → EH-DULUTH CLINIC 1ST ST  
 → FIRST INTERNAL MED

Unique Patients = 118  
 Former Tobacco Users = 10 (8.47%)

Patients with a Tobacco Counseling Referral Order by Provider by Month



\*Note: January's count includes data through 01/22/17.

# Clarity Reports:

(data is a beautiful thing!)

EAST REGION → EH-ST MARY'S-SUPERIOR CLINIC  
 → SUP FAMILY PRACTICE → HOLLIDAY III, GEORGE F

Unique Patients = 48  
 Former Tobacco Users = 2 (4.17%)

## Patient Details Continued...

I/E differentiates between Internal and External referral orders.  
 Patient's highlighted in red are tied to more than one referral order, of which might be ordered by a different provider than the one listed on this page.  
 Click on the patient's MRN to access the patient's chart.

Patient Name	MRN	Order Date	Order	Order Id	I/E	Referred To (Dept)	Tobacco User	Subsequent Tobacco Cessation Counseling Appointments				
								Total	Date	Department	Type	Status
		06/07/16	EC9123A [East]	178442107	I	SUP FAMILY PRACTICE	Yes	8	06/20/16	SMMC SUP TOBACCO-FREE	Appointment	Canceled
									07/11/16	SMMC SUP TOBACCO-FREE	Office Visit	Completed
									07/25/16	SMMC SUP TOBACCO-FREE	Office Visit	Completed
									08/15/16	SMMC SUP TOBACCO-FREE	Office Visit	Completed
									09/07/16	SMMC TOBACCO-FREE SERV	Telephone	
									09/19/16	SMMC SUP TOBACCO-FREE	Office Visit	Completed
									12/12/16	SMMC SUP TOBACCO-FREE	Telephone	
									01/09/17	SMMC SUP TOBACCO-FREE	Telephone	



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# OVERALL Quit Rates & Patient Satisfaction

TOBACCO CESSATION-WK 11-21-16	TOTAL PTS WITH REFERRAL 22	TOTAL # OUTREACH							
	22								
QUIT--former smoker (# I changed status)	6 (2)	4							
STILL USING--TREATMENT (appt made)	4	complete							
STILL USING--NO TREATMENT/DECLINED	6								
LEFT MESSAGE	6								
TOBACCO CESSATION-WK 11-28-16	TOTAL PTS WITH REFERRAL 40	TOTAL # OUTREACH							
	40								
QUIT--former smoker (# I changed status)	6(1)	4							
STILL USING--TREATMENT (appt made)	6	complete							
STILL USING--NO TREATMENT/DECLINED	13								
LEFT MESSAGE	15								
TOBACCO CESSATION-WK 12-5-16	TOTAL PTS WITH REFERRAL 39	TOTAL # OUTREACH							
	39								
QUIT--former smoker (# I changed status)	1	3							
STILL USING--TREATMENT (appt made)	3	complete							
STILL USING--NO TREATMENT/DECLINED	7								
LEFT MESSAGE	28								
TOBACCO CESSATION-WK 12-12-16	TOTAL PTS WITH REFERRAL 39	TOTAL # OUTREACH							
	39								
QUIT--former smoker (# I changed status)	4	3							
STILL USING--TREATMENT (appt made)	9	complete							
STILL USING--NO TREATMENT/DECLINED	9								
LEFT MESSAGE	17								
TOBACCO CESSATION-WK 12-19-16	TOTAL PTS WITH REFERRAL 35	TOTAL # OUTREACH							
	35								
QUIT--former smoker (# I changed status)	2	3							
STILL USING--TREATMENT (appt made)	3	complete							
STILL USING--NO TREATMENT/DECLINED	13								
LEFT MESSAGE	17								
TOBACCO CESSATION-WK 12-26-16	TOTAL PTS WITH REFERRAL 34	TOTAL # OUTREACH							
	34								
QUIT--former smoker (# I changed status)	5 (2)	3							
STILL USING--TREATMENT (appt made)	3	complete							
STILL USING--NO TREATMENT/DECLINED	8								
LEFT MESSAGE	18								

OF ALL OUTREACH				
Total Pop	623			
Pts Reached	311	50%		
<b>Tobacco Free</b>	<b>51</b>	<b>16%</b>	<b>of pts reached</b>	
Changed Status	9			
<b>Relapsed+Appt</b>	<b>71</b>	<b>23%</b>	<b>of pts reached</b>	
Relapsed+Declined	173	56%		

OF COMPLETED OUTREACH (3)				
Total Pop	504			
Pts Reached	234	46%		
<b>Tobacco Free</b>	<b>46</b>	<b>20%</b>	<b>of pts reached</b>	
Changed Status	9			
<b>Relapsed+Appt</b>	<b>66</b>	<b>28%</b>	<b>of pts reached</b>	
Relapsed+Declined	142	61%		

10 months of Patient Referral Data  
 3 months of 6 Month Follow Up Data  
 (completed outreach)

# TARGETED PATIENT OUTREACH



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# MN Community Measures

## Optimal Diabetic Care

Measure Target: 43.70%

	Rate	Total Patients	Total Compliant	Non-Compliant Tobacco Users			# To Reach Target
				Total	Non-Compliant Reason(s) Tobacco & Other	Non-Compliant Reason(s) Tobacco ONLY	
ESSENTIA HEALTH OVERALL	41.35%	19,027	7,868	3,753	2,219	1,534	447
EAST REGION	40.95%	10,373	4,248	2,105	1,249	856	286
EH-WEST DULUTH CLINIC	38.13%	965	368	181	107	74	54
WEST FAMILY PRACTICE	38.13%	965	368	181	107	74	54
LUSIAN, KRISTIN J	37.72%	114	43	23	15	8	7



## Patient Details (Tobacco Users)

\*Patients non-compliant due to Tobacco ONLY at the top of the list.

MRN	Patient Name	Compliant?					In OVC Population?	Future PCP Visit
		Tobacco	A1c	ASA	BP	Statin		
		N	Y	Y	Y	Y	■	03/23/17
		N	Y	Y	Y	Y	□	01/24/17
		N	Y	Y	Y	Y	■	02/02/17
		N	Y	Y	Y	Y	■	03/09/17
		N	Y	Y	Y	Y	□	
		N	Y	Y	Y	Y	□	06/21/17
		N	Y	Y	Y	Y	□	06/12/17
		N	Y	Y	Y	Y	□	01/23/17
		N	N	Y	Y	Y	□	02/07/17
		N	N	Y	Y	Y	□	
		N	N	Y	Y	Y	■	03/16/17
		N	N	Y	Y	Y	■	
		N	N	Y	N	Y	□	



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# Outcomes from the targeted DM + Tobacco outreach

1186 letters sent out the last week of December (provider signature)

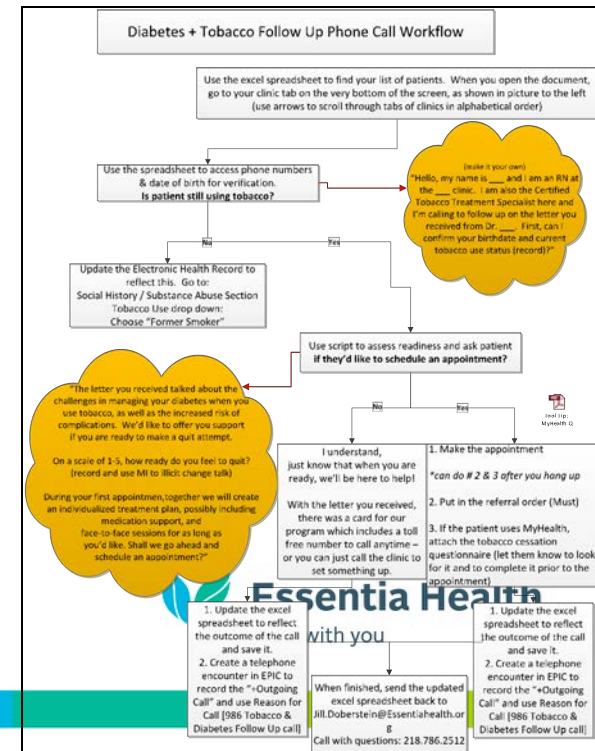
- 825 had documented telephone outreach during 6 week period following the letter (70%)
- 504 documentation indicated “call complete” (61% of documented telephone encounters, 42% of patients with letters)
- **81 referral orders placed (16% of completed calls – 10% of documented outreach – 7% of target population)**
  - Central: 7% (8 clinics)
  - East: 8% (16 clinics)
  - West: 19% (3 clinics)



Diabetes + Tobacco Letter

## From the detailed spreadsheets I received from CTTS:

- Feedback on 861 patient outreach encounters
  - 23 identified as already quit for 30+ days (updated EHR)
  - 27 already working with a CTTS
  - = 811
  - **71 patients scheduled (9%)**
  - + 9 requested phone follow up (10%)



## 21863 - (Weekly) Optimal Diabetic and Vascular Care - Tobacco User Stats

Current Diabetic and Vascular Patients as of 12/25/16

### Optimal Diabetic Care

Measure Target: 43.70%

	Rate	Total Patients	Total Compliant	Non-Compliant Tobacco Users			# To Reach Target
				Total	Non-Compliant Reason(s) Tobacco & Other	Non-Compliant Reason(s) Tobacco ONLY	
ESSENTIA HEALTH OVERALL	42.06%	18,996	7,989	3,785	2,265	1,520	313

**Before & After Outreach Initiative: our total diabetic patient population increased by 157 but our patients non-compliant in the D5 ONLY because of tobacco decreased by 33.**

## 21863 - (Weekly) Optimal Diabetic and Vascular Care - Tobacco User Stats

Current Diabetic and Vascular Patients as of 03/12/17

### Optimal Diabetic Care

Measure Target: 43.70%

	Rate	Total Patients	Total Compliant	Non-Compliant Tobacco Users			# To Reach Target
				Total	Non-Compliant Reason(s) Tobacco & Other	Non-Compliant Reason(s) Tobacco ONLY	
ESSENTIA HEALTH OVERALL	41.51%	19,153	7,950	3,720	2,233	1,487	420



# Addressing our Employee Tobacco Use Rate

## Quit4Cash Challenge

Start your journey to a tobacco-free you.  
Register for the Quit4Cash Challenge!

### What is the Quit4Cash Challenge?

During this four week challenge, Essentia Health employees that currently use tobacco will be encouraged to begin their journey to a tobacco free future and quit for the month of April.

### How the challenge works

- Any Essentia Health employee that currently uses tobacco is eligible to participate.
- Interested employees can register by visiting the [TakeCharge page](#) on The Source. Registration deadline is *March 31, 2017*.
- Participants will receive useful support tools, tips and to-dos weekly throughout the challenge to help keep them on track.
- They will also be asked to enlist a tobacco-free supporter, or non-smoking "buddy", who will support them throughout the challenge as they try to remain tobacco-free.

### Earn and save CASH for quitting

Each participant that successfully quits tobacco for the month of April will be placed in a drawing for a \$500 cash prize.\* Participants will be eligible to win weekly prizes along the ways as well.

Participating in this challenge will also qualify as a TakeCharge well-being activity.\*\*


### Prepare to quit tobacco

Visit the [TakeCharge Page](#) and click on "wellness resources" to learn where and how you can get the support you need to start the quit process, including face-to-face counseling, and quit aids.

\*500 cash is donated by the Essentia Health Foundation. Prize money will be subject to regular payroll tax

\*\*Employees (health plan policy holders) that complete a health assessment and one well-being activity by 9/30/16 will be eligible for \$260 HSA contribution or premium contribution. Non health plan members will be eligible for a \$50 gift card drawing.



 **For more information**  
Visit MyHR and click on TakeCharge  
or email [TakeCharge@EssentiaHealth.org](mailto:TakeCharge@EssentiaHealth.org)

- Sign Up in March
- Quit for the Month of April
- Weekly Support Tools & Prizes for Participation
- \$500 Grand Prize Drawing

\*If Health Partners member - \$260 insurance premium credit (TakeCharge)

\*If MN resident, can sign up for MN QUITCASH Challenge - \$5,000 Grand Prize



Cover  
Letter\_Quit4Cash



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# NEXT STEPS: INPATIENT



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# Integrating Tobacco Treatment Counseling into Essentia Health's SMMC and Duluth Hospitals

Hospitalization offers smokers a unique opportunity to initiate cessation because hospitals are smoke-free, requiring smokers to abstain temporarily. Hospitalization provides patients with both salient motivation to quit as well as access to tobacco-cessation interventions.

A meta-analysis of 50 RCT's found that hospital based interventions increased cessation rates by 37% at 6 to 12 month follow up. The two most successful strategies were:

1. Bedside Interventions (counseling + medications)

\*starting NRT in hospital ↑ quit rates by 54%

2. Providing NRT at Discharge (not just a prescription)

EH Plans to take this one step further to sustain quit attempts/prevent relapse after discharge:

3. Provide a referral to outpatient CTTS for follow up - ongoing counseling and medication management

\* Not effective without continued support after discharge

10. Rigotti NA, Clair C, Munafò MR, Stead LF. Interventions for smoking cessation in hospitalised patients. *Cochrane Database Syst Rev.* 2012;5:001837. <http://dx.doi.org/10.1002/14651858.CD001837.pub3>.



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# PROJECTED TIMELINE

- **March:** Protocol for Tobacco Consult/NRT Guidelines through Committee Approval Process
- **April:** Inpatient Tobacco Treatment Specialist hired/ orientation/training  
– If not already CTTS, attend June training at Mayo
- **March – May:** Build EPIC Support Tools  
– Admission Orderset – panel (protocol, consult, NRT)  
– Documentation tools for CTTS  
– Discharge Process (referral/scheduling)
- **May/June:** Begin Pilot at SMMC, then rollout to EH-Duluth Hospital



# CRITICAL SUCCESS FACTORS



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## Get ready to quit smoking

Issue: November 2016, Posted Date: 11/15/2016

Like 1 Tweet G+ 0

It's hard to quit smoking. Quitting takes time, patience and practice. And you may need more than one try, so don't give up.

"Research shows the most effective way to quit smoking is face-to-face counseling and medications," says Jill Doberstein, Essentia Health's tobacco treatment integration specialist. "And you don't need to do it alone. We have a quit coach near you."

Specially trained coaches are now available at 20 Essentia Health clinics in northeastern Minnesota and northwestern Wisconsin (see map below). All it takes to get an appointment is a toll-free call to 844.403.7010.

Try these tips to help you prepare to quit:

- Know why you are quitting. For better health, for a family member or to save money are all good reasons. Write them down and post them as a daily reminder.
- If you'd like their support, tell your family and friends that you plan to quit.
- Learn how to handle your triggers and cravings by finding healthier habits that give you the same sense of pleasure.
- Find ways to avoid nicotine withdrawal. Many medications that make quitting easier are free or inexpensive.
- Calculate how much money you could save. For more motivation, create a money jar and tape a picture of something that you'll reward yourself or your family with using the money saved.
- Explore your quit-smoking options.

An Essentia Health quit coach can help you prepare to quit and develop a plan that fits your life. Your coach will be there to support you every step of the way so you can find success.



**Jill Doberstein**  
Certified tobacco  
treatment specialist



# If you build it, will they come?



# Lessons Learned

- Systems Change, especially in a large system, takes time!!!
- It takes leadership at all levels – far and wide
- It's a full time gig!
- Set big goals and think long term (rather than quick and easy wins)
- Don't reinvent the wheel – learn from/share with others
- Stay grounded and compassionate



# This is hard work...

Quitting smoking is the single most important thing you can do to improve your overall health



...But so incredibly rewarding



Jill Doberstein, MAPL, CTTS  
Tobacco Treatment Program Manager  
System Quality | Essentia Health

[Jill.Doberstein@EssentiaHealth.org](mailto:Jill.Doberstein@EssentiaHealth.org)

218-786-2512



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