

Lessons Learned: Tobacco Cessation and Health Systems Change

May 24, 2017

Speakers



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Overview

- Introduction
- Setting the Stage
- The Oklahoma Experience
- The Minnesota Experience
- Question and Answer



What is a Comprehensive Cessation Benefit?

Cessation Coverage

Comprehensive Benefit

- 7 Medications
 - 5 NRTs (Gum, Patch, Lozenge, Nasal Spray, Inhaler)
 - Bupropion
 - Varenicline
- 3 Types of Counseling
 - Individual (face-to-face)
 - Group
 - Phone



Common Barriers to Access Care

- Cost Sharing (Co-Pays)
- Prior Authorization
- Stepped Care Therapy
- Required Counseling
- Duration Limits
- Annual (or Lifetime) Limits
- Dollar Limits



WHY HEALTH SYSTEMS CHANGE?

Why Systems Change?

Smokers want to Quit

- Over 2/3 of smokers want to quit
- In 2015, only half of smokers received advice to quit from a health professional and made a quit attempt
- Fewer than 1 in 10 smokers quit successfully
- In Medicaid, only 10 percent of current smokers received cessation medication



Why Systems Change?

Value and Payment

- Tobacco-caused disease is costly in terms of lives and money
- Quality Measures
 - HEDIS
 - Joint- Commission
- MACRA





Hospitals Helping Patients Quit:

Advancing Tobacco Treatment

Oklahoma Hospital Association

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MANAGER, HEALTH IMPROVEMENT INITIATIVES



Oklahoma Hospital Association

- **Established in 1919; represents over 135 hospitals/health systems – 85% of all hospitals**
- **Advocacy at state & federal levels, industry communication, educational programs, information and data analysis, patient quality & safety resources, health improvement**
- ***Promotes health and welfare of all Oklahomans by leading and assisting member organizations to provide high quality, safe and valued health care services to their communities***
- **Hospitals play a vital role in helping to advance the overall state of health for their patients and the public**
- **Uniquely positioned to promote tobacco treatment**

Hospital Helping Patients Quit



- **Funding - Okla. Tobacco Settlement Endowment Trust - MSA \$\$**
- **Staffing - 3.5 FTE's – 1 Manager, 2 Coordinators, ½-time assistant**
- **Launched in 2009, serving OHA hospital members**
- **Touched over 50 hospitals and health systems statewide**
- **Measure # referrals to Helpline ; % acceptance; % tobacco free**
- **Helpline & HHPQ evaluation - Oklahoma Tobacco Research Center and the University of Oklahoma, College of Public Health**
- **October 2010 – March 2017:**
 - **Referrals to Oklahoma Tobacco Helpline – 20,189 / 50% e-Referrals**
 - **29% acceptance rate for services**
 - **35% of those receiving counseling and pharmacotherapy remain quit at 7 mos**

Hospital Helping Patients Quit



- **Comprehensive system changes – tobacco-free culture:**
 - Policy driven
 - Comprehensive tobacco-free property – inside and outside
 - Tobacco treatment/cessation support for:
 - Patients, Family and Employees
- **Sustainable system changes embedded in processes**
 - Clinical Process – evidence-based clinical guidelines – 5A's
 - Workflow – integrate clinical protocol into EMR, include e-Referral

Why Hospitals/Clinics

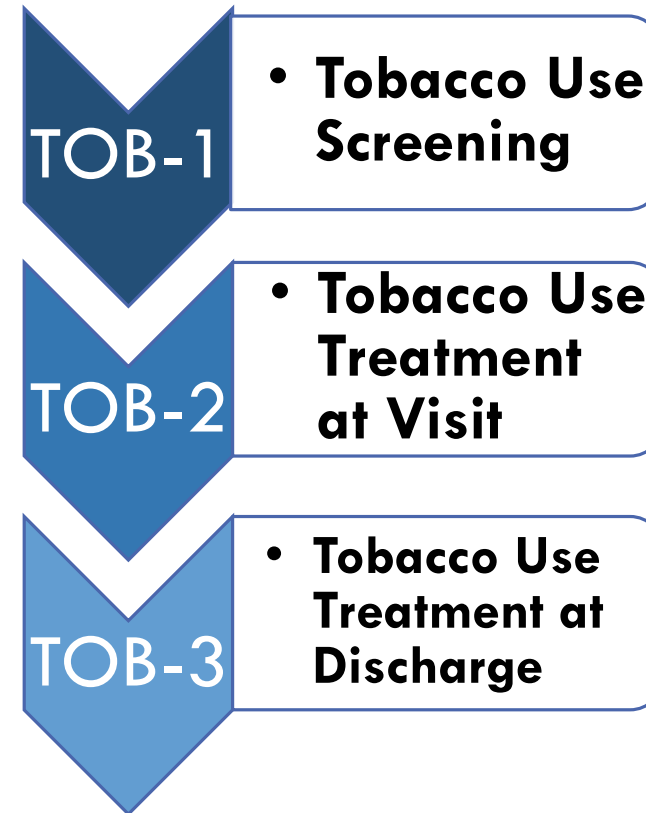
- **Appropriate time and setting**
 - **Health system! Treat the whole person!**
 - **Majority of tobacco users visit a health system annually**
 - **Teachable moment – motivated due to hospitalization**
 - **Tobacco free campus / culture – supports cessation**
 - **Opportunity for positive experience with adequately dosed medication and supportive treatment**

Why Hospitals/Clinics?

- **Growing Quality Measure in the Healthcare Sector**
- **Recommendation of National Quality Forum**
- **Joint Commission Tobacco Measures**

Increasingly Adopted – 14 Hospitals in Oklahoma

- **CMS Requirement for Inpatient Behavioral Health**
- **Meaningful Use**



Embedding Best Practice Clinical Workflow In EMRs

Clinical Practice Guidelines

5A's Best Practice



ASK - screen all patients

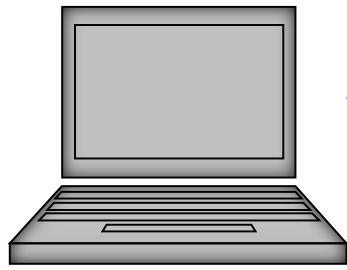
ADVISE - to quit tobacco and tie to health issues

ASSESS - readiness to make a quit attempt

ASSIST - provide adequately dosed NRT

ARRANGE - referral to the Oklahoma Tobacco Helpline / follow-up

USPHS Clinical Practice Guidelines: Treating Tobacco Use and Dependence – 2008 Update



EMR

Tobacco Use Screening (RN/LPN/MA)

- Screens all patients for tobacco use via the screening questions in embedded in EMR
- Arranges for medication
- EMR prompts designated staff for completion of cessation intervention

Ask

Tobacco status documented in record

Advise & Assess

Bedside Intervention (3–5 minutes)

- Motivational Interview
- Assess tobacco users interest in quitting
- Assess desire for helpline support
- Assess for comfort with medication

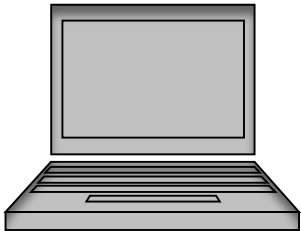
Visit with Physician

RRT Case Mgt. Soc. Work RN

Assist & Arrange

Tobacco Treatment Workflow

EMR



E-Referral / Fax referral
Outcome report



Optum

Case Studies: Four Oklahoma Health Systems

Case Study: INTEGRIS Health

INTEGRIS

- **First system-wide implementation / began with fax referrals**
- **Launched in Oct 2010 / 10 hospitals/1,650 beds & 20+ clinics**
- **Took 18 months to implement / hospitals first**
- **Required 1 FTE coordinator - 3 yr contract w/ HHPQ – shared cost**
- **2016 - implementing new EMR – Epic /clinics & 4 hospitals /
24 mos**
- **As of March 2017 – 10,480 referrals!**
 - **7,980 inpatient / 2,083 outpatient/ 261 employees /
86 community health**



Case Study:

Chickasaw Nation Medical Center

- **Oklahoma has the 2nd largest Native American population in numbers & percent - nearly 300,000 / 9.1% ***
- **First Oklahoma hospital to implement e-Referrals / 18 mos to complete**
- **Utilize IHS EMR – RPMS**
(Resource and Patient Management System)
- **Launch: Hospital - Nov 2014 / 4 clinics - Feb 2015**

* U.S. Census Bureau, July 2015 / Kaiser Family Foundation, 2015



Case Study:

Chickasaw Nation Medical Center

- **Total Referrals: 2,136 Clinics – 1,825; Hospital – 311**
- **Adapted RPMS work around / SFTP – Secure File Transfer Protocol**
 - **Batch referral files to be sent to Quitline / Encrypt them / Drag & drop from their server to the Helpline server**
 - **Outcome reports – returned to hospital via SFTP encrypted/server to server**

Case Study: Mercy Health System



- **Already had an integrated EMR in hospitals and clinics – Epic**
- **2½ years to build e-Referral capability into Epic / 5 years overall**
- **65 clinics launched first – April 2015 launch - 1,640 referrals**
- **Employee Wellness – Jan-March 2016 launch – 102 referrals**
- **9 hospitals – 825 inpatient beds – 696 referrals**
 - **Mercy OKC – 2015**
 - **5 rural hospitals – 2016**
 - **3 rural hospitals – 2017**
- **Total Helpline e-referrals - 2,438**
- **Required 1 FTE coordinator – shared cost with OHA/TSET**

Case Study: OUMC Children's Hospital, Perinatal-Neonatal Program



- **Part of University of Oklahoma Medical Center and O.U. Health Sciences Center**
- **Level III NICU – 90 beds**
- **Receives infants statewide and from Kansas**
- **Large Medicaid population**
- **Improve infant exposure to secondhand smoke upon discharge and improve post discharge healing**
- **Requires 1 FTE coordinator/.5 FTE social worker/shared cost w/HHPQ**
- **April 2016 – launched protocol in NICU**
 - **screen neonatal parents and caretakers - best practice protocol embedded in NICU EMR – ‘CribNotes’**
 - **E-fax - no need for outcome reports - family returns to local PCP**

Case Study: OUMC Children's Hospital, Perinatal-Neonatal Program



- **Screened over 780 parents/caretakers**
- **85% of NICU admission parents/caretakers were screened for tobacco use**
- **Of those, 49% received cessation services by NICU staff and referred to Helpline**
- **Expanded to Prenatal Diagnostic Center 2017 – high risk pregnant patients**
 - **38 OB patients screened/assessed / 27 – Helpline referral**
- **2017-2018 – expanding to Pediatric Cardiothoracic Surgery and Oklahoma Infant Transition Center**

Lessons Learned



*When you've worked
with one health
system,,,,,
you've worked with
one health system*

Lessons Learned

- **Tobacco treatment in health care settings must be embedded in electronic medical records to be sustainable and include:**
 - **Clinical workflow – best practice 5A's**
 - **FDA approved pharmacotherapy with dosing information**
 - **Electronic referrals to quitlines – preferably direct messaging**
 - **Returned outcome reports from quitlines to patient record**
- **Large system implementation requires internal system resources**
 - **Accountable administrative oversight**
 - **Multi-disciplinary implementation committee**
 - **Full time coordinator**
 - **IT EMR support expertise**

Lessons Learned

- **Permanent changes in health systems requires focused effort with funding and dedicated staff consulting and supporting – HHPQ/ TSET**
- **Provider associations:**
 - are credible, trusted resources to help health providers
 - help reduce hospital costs in making permanent changes
- **Support to health systems requires expertise in best practice, technology, and funding.**
- **Resources are essential - staffing resources inside health systems**
 - financial support & external expertise to guide the process
- **Greatest impact is through larger multi-service health systems - includes urban and rural providers**
- **Patience, patience, patience..... this work takes time!**

HHPQ Staff Contact Information



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Health Systems Change Initiative

Megan Whittet, MPH, Senior Cessation Manager

May 24, 2017

Overview

- Brief review on our approach to health systems change
- Update on Health Systems Change Grants
- Update on Capacity Building Project

Health Systems Change

Support health systems to implement changes to make tobacco dependence treatment a standard and expected part of health care



Health System Change Efforts

- Health Systems Change Grants
- Capacity Building Initiative
- Policy Initiatives



Health Systems Change Grants

Health Systems Change Grants

Fiscal Year 2014

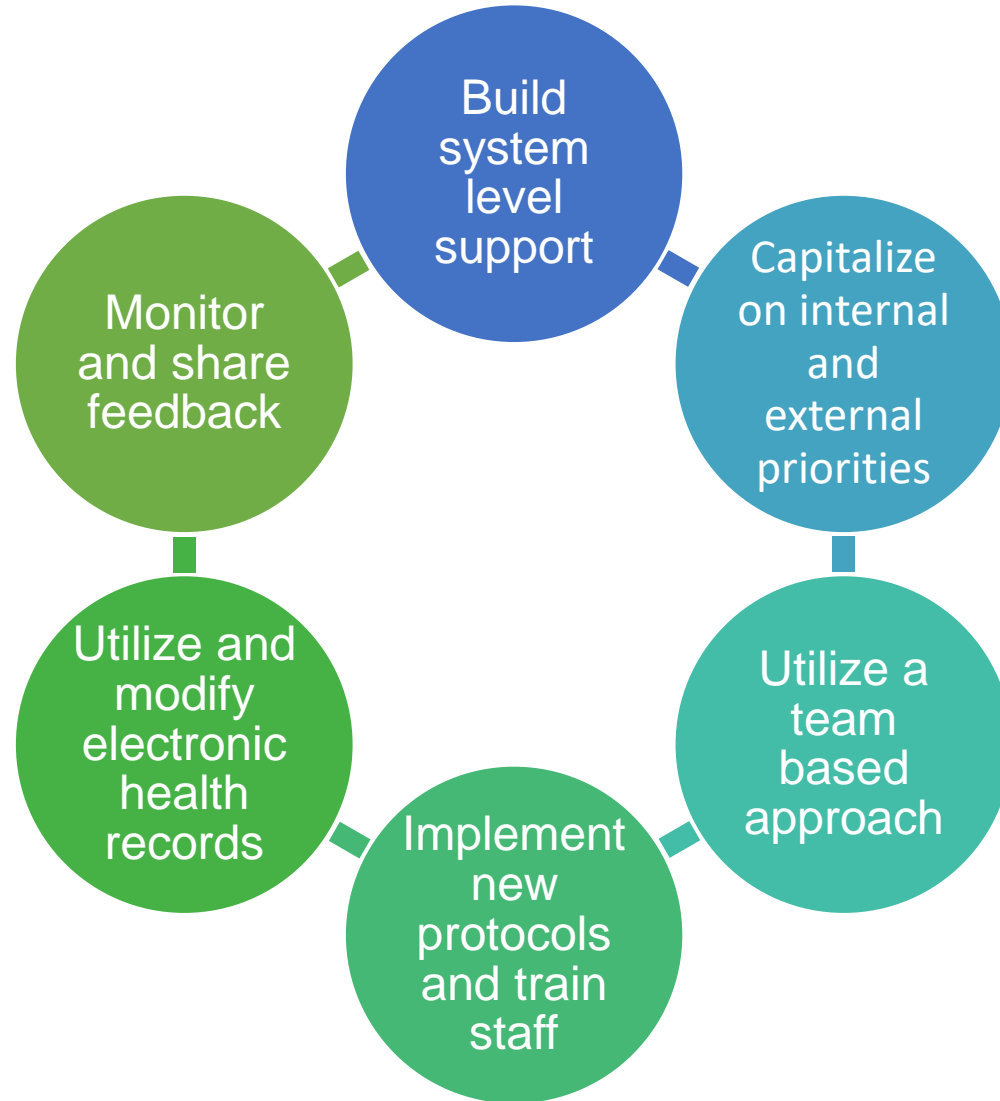


CENTRACARE Health

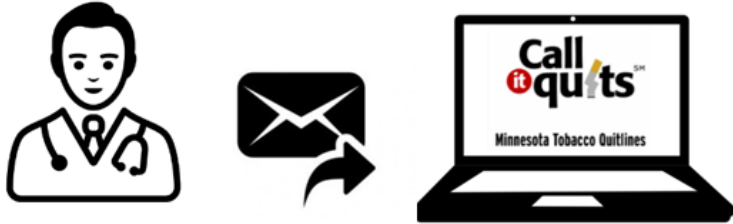
Fiscal Year 2015



Key Strategies to Facilitate Change



Success!



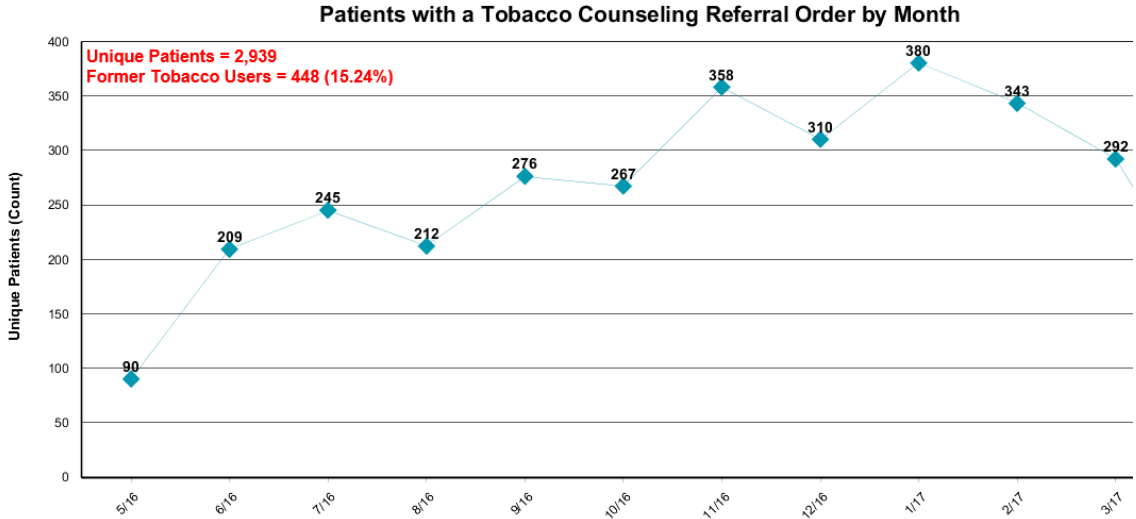
CENTRA CARE Health



“Dissemination of the Big Lake experience has garnered the attention and support of Clinic Quality, leadership, and regional/departmental sites for replication, enhancement, and the renewed spirit that process change can and will produce positive outcomes.”

- *CentraCare staff member*

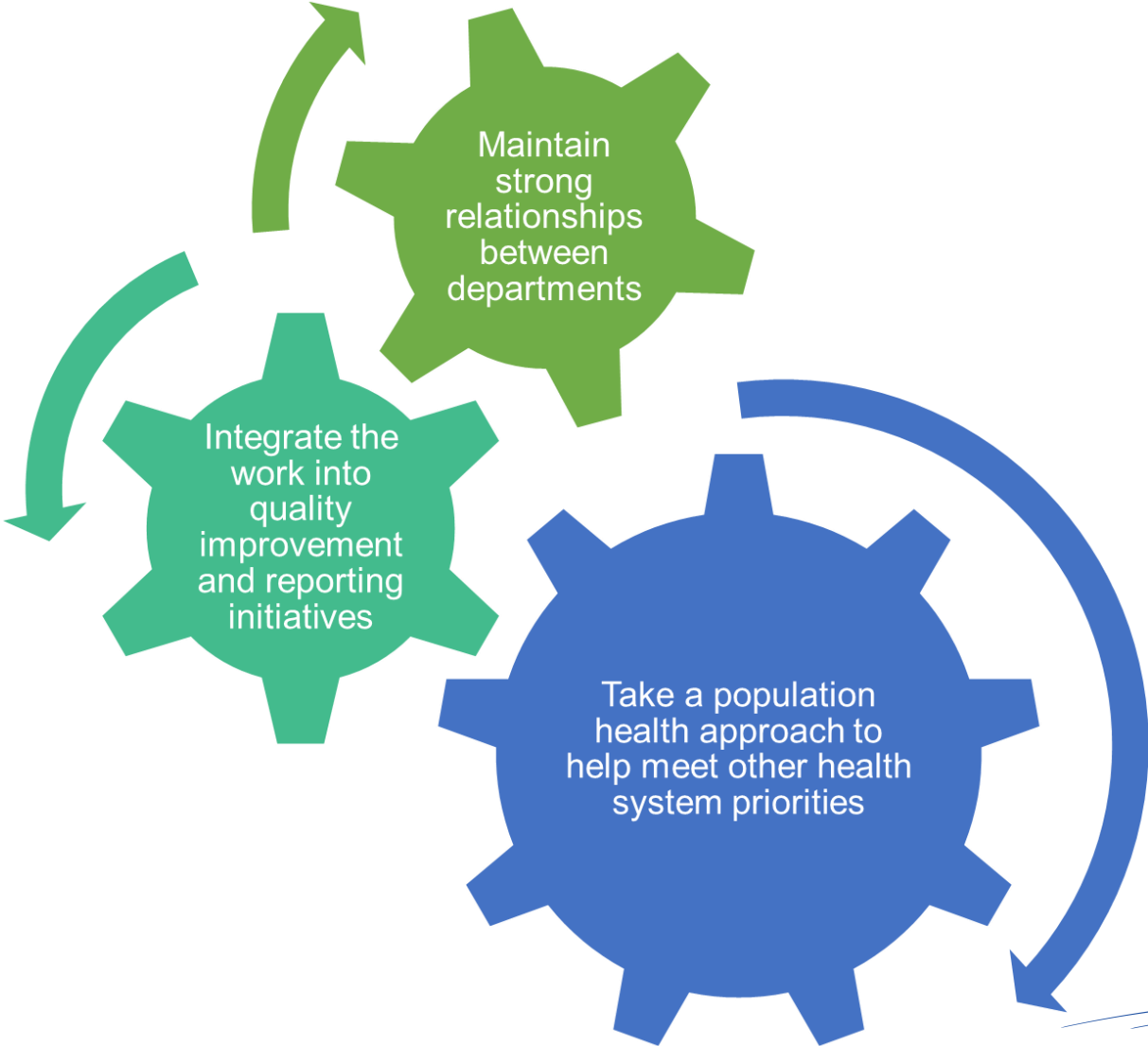
Success Continued!



Key Challenges and Solutions


- Implementing Electronic Health Record (EHR) elements
 - Work closely with IT staff from the beginning
 - Pilot the EHR elements
- Reaching all staff, including new staff
 - Use multiple repeated forms of communication
 - Utilize new employee orientations
- Lack of funding for training staff and prioritizing systems change
 - Utilize current resources and processes
 - Share existing data to help prioritize work among leadership


Sustaining the Work





Case Studies

Creating Systemic Changes to Support Tobacco Treatment

 **Hennepin County
Medical Center**



Integrating Commercial Tobacco Cessation and Clinical Services: *Ininaamokamigaa Aki*



A Multifaceted Approach to Tobacco Health Systems Change

CENTRACARE Health





Capacity Building Project

Capacity Building Initiative

ICSI Institute for Clinical
Systems Improvement
Transforming health care, together

Year One Activities

- Interest Group
- Trainings
- Practice Facilitation Coaching
- Communication and Resources

Interest Group

- 23 participants from a variety of:
 - Health Systems and Clinics
 - Health Plans
 - State-wide Organizations
 - State Agencies (i.e. DHS, MDH)
- Share insights and help inform the capacity building activities

Rally Around Health Systems Change for Treating Tobacco Dependence

- Almost 100 participants



- WHAT is health systems change and WHY is it important
- 90% agreed or strongly agreed that they gained an idea they will take back to their organization or community



Regional Workshops



- Total of 49 Participants
- Provide effective methods to help health systems identify next steps to advance tobacco systems change efforts

Practice Facilitation Coaching



Tobacco Systems Change Website

The screenshot shows the ICSI website's navigation and content for Tobacco Systems Change. The top navigation bar includes 'Home', 'Dissemination & Implementation', 'Practice Facilitation', and 'Tobacco Systems Change'. A sidebar on the left lists 'Dissemination & Implementation', 'Behavioral Health Integration', 'COMPASS', and 'Practice Facilitation' (with sub-items: SIM Practice Facilitation, Tobacco Systems Change, Chronic Condition Management). Below the sidebar are buttons for 'Tools and Resources', 'Join Our List to Stay Informed', a Facebook 'Like' button, and 'Questions? Contact Us'. The main content area features a 'Tobacco Systems Change' header with a graphic and text: 'Boosting your efforts to address tobacco use and dependence with practical offerings for health care systems change.' It includes a quote: 'Great information on NRT. Scripting examples really helpful. Fun exercises without a lot of pressure.' and another: 'We learned a new approach; a new way to ask patients the question.' Below this is a section titled 'Regional Workshops Hit the Mark!' with text: 'Over 60 people participated in workshops in St. Paul and Duluth to build your capacity to assess and address tobacco use among patients. They were designed for clinics and health care delivery systems, and included practical assistance on scripting and simple quality improvement tools and resources.' A photo shows a group of people in a workshop. Further down, it says 'From the Field' and 'Hennepin County Medical Center: A Case Study' with bullet points: 'Integrating tobacco use questions into the ambulatory care rooming workflow', 'Modifying and implementing a tobacco SmartSet in the electronic health record (EHR)', and 'Implementing electronic referrals to tobacco treatment resources (e.g., telephone Outline)'. It also mentions 'Read the HCMC case study for noteworthy successes, challenges, and lessons learned.' and 'In 2014, ClearWay Minnesota funded three organizations for two years to help them improve their ability to assess and address tobacco use with their patients.' The footer includes the ClearWay Minnesota logo and the text: 'ICSI's partnership with ClearWay Minnesota to increase the capacity of health systems to...'

The screenshot shows the 'Tobacco Systems Change Resources' page. The top navigation bar includes 'Home', 'Dissemination & Implementation', 'Practice Facilitation', 'Tobacco Systems Change', and 'Tobacco Systems Change Resources'. A sidebar on the left lists 'Dissemination & Implementation', 'Behavioral Health Integration', 'COMPASS', and 'Practice Facilitation' (with sub-items: Tobacco Systems Change, Chronic Condition Management). Below the sidebar are buttons for 'Join Our List to Stay Informed' and 'Questions? Contact Us'. The main content area features a 'Tobacco Systems Change Resources' header with a graphic and text: 'These resources, and tools, which are updated frequently, can help increase the capacity of health systems to routinely intervene with their patients that use commercial tobacco.' Below this is a 'GOOD READS' section with links: 'A Time to Lead: The Case for Integrating Treatment of Tobacco Use in the Treatment of Other Substance Use and Mental Health Disorders', 'Best preventive care? Get vaccines, and don't smoke.', 'Doctors giving regular checkups will get the most bang for their buck if they advise adults to quit smoking, convince teens to never start, and keep children up to date with immunizations, according to an influential report released Monday by the Bloomington-based HealthPartners Institute. The research findings, sponsored in part by the U.S. Centers for Disease Control and Prevention, could influence how doctors across the country conduct thousands of regular patient visits each year. Minneapolis Star-Tribune, January 9, 2017.', 'Read the editorial that accompanied the published research, co-authored by George Isham, MD, MS, HealthPartners Institute. Annals of Family Medicine, January/February, 2017.', and 'An Argument for Change in Tobacco Treatment Options Guided by the ASAM Criteria for Patient Placement. Williams, Jill et al. Journal of Addiction Medicine, September-October 2016.' Below this is a 'HEALTH CARE PROFESSIONALS' section with links: 'Call It Quits Referral Program', 'Tobacco-Product Use by Adults and Youths in the United States in 2013 and 2014', 'Extinguishing the Tobacco Epidemic in Minnesota (CDC Fact Sheet)', 'Blue Cross and Blue Shield of Minnesota Report on the health and economic impacts of smoking. Press release and report.', 'Twin Cities Medical Society: Physician Advocacy Network. Tobacco tools and more.', 'Surgeon General's report on e-cigarettes. Read the Report.', and 'UCSF Smoking Cessation Leadership Center'. Below this is a 'PATIENT EDUCATION AND AWARENESS' section with links: 'CDC Tips from Former Smokers' and 'The Tips from Former Smokers campaign provides many resources and materials (fact sheets, FAQs, videos, posters, etc.) on starting the conversation with and informing patients about tobacco cessation.'

https://www.icsi.org/dissemination_implementation/practice_facilitation/tobacco_systems_change/



Tobacco
Health
Systems
Change  Connections

Kickoff for Tobacco Health Systems Change

Nearly 100 people from different types of health care delivery systems and other agencies gathered on November 15 in Maple Grove MN to kick off the Tobacco Health Systems Change initiative. Starting with a powerful presentation from Dr. Michael Fiore, this action-oriented day focused on what different clinics are doing and how to motivate and create change, featuring the people doing the work. Additional information about the day, including presentations and more photos, are available online.



Dr. Michael Fiore

Future trainings and free in-clinic practice coaching help will be available from ICSI as part of this initiative. Our goal is to build capacity among health care provider organizations to address tobacco cessation and disseminate learnings and resources. Offerings will be shaped by the interests of participants.

[Read More](#)

Clinics Connect!

Wednesday, December 7, 2016, 11 - 11:45 a.m.

You've got questions; someone else might have the answers. And you've learned a few things about addressing tobacco in your organization that others need to know as well. Join this 45-minute networking call as we bridge from connections and learning at the November 15 event, *Rally Around Health Systems Change for Treating Tobacco Dependence*.

This call is intended for health system and primary care clinic staff. You're welcome to the conversation, whether or not you attended the kick-off event.

[Learn More & Register](#)

From the Field

The cookie-cutter method rarely works - all clinics and populations vary. So on our website you'll find examples from different types of systems. The first ones featured include:

- St. Paul's West Side Community Health Services, addressing tobacco in a high-risk, low-socioeconomic population
- Eszenita Health, spreading tobacco cessation across their system, including inpatient care
- CentraCare Health, piloting new workflow processes at its Big Lake clinic.



Presenters and ICSI's Tani Hemmilla

[Read more](#)

Resource Corner

These resources are curated from what others like you have found to be useful. Below are a few samples; more are available online.

- Goes out to over 170 participants
- Every other month
- Includes a variety of information and resources

Reach Summary

- 159 Participants
 - 18 Who have been involved in more than one activity
- 66 Organizations
 - 18 Health Systems or Clinics
 - 7 Community Health Centers/ FQHC
 - 6 Native American Focus
 - Others include Health Plans, State/Local Health & Human Services, and Mental Health Organizations

Telling Our Story



Join the premier gathering of the United States tobacco control movement
NATIONAL CONFERENCE ON TOBACCO OR HEALTH
March 22-24, 2017 // Austin, Texas
WWW.NCTOH.ORG





QUESTIONS?

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