

# Open Cities Health Center Expands Tobacco Dependence Treatment

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Between October 2010 and June 2012, ClearWay Minnesota<sup>SM</sup> provided Open Cities Health Center (OCHC) with funding and technical assistance to further integrate best-practice tobacco dependence treatment within its two clinics.

OCHC, a federally qualified health center, serves approximately 17,000 residents of Ramsey and Dakota counties through two clinics located in Saint Paul, Minnesota. These clinics provide a wide range of preventive and health care services, including primary care, dental care, behavioral health counseling, ophthalmology and chiropractic care as well as outreach and education.



During the 21-month grant period, OCHC worked toward implementing standardized tobacco user identification, documentation and treatment referral processes across departments and clinics.

“We recognize that our [patient] population has smoking as a risk factor. We need to intervene and do something more intense.”

*-Luna Cooper, CEO of OCHC*



# Bringing Tobacco Dependence Treatment to the Forefront

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## Working to reduce health disparities related to tobacco use

As was the intent of the original founders, OCHC is a safety net care provider that serves a primarily low-income patient population that is often under or uninsured. The prevalence of tobacco use within OCHC's patient population is around 30%, which is higher than the statewide adult tobacco use prevalence rate of 16%.

OCHC clinical staff and providers understand the need to address tobacco use—they see the impact of tobacco use on patient health in both the short- and long term, including the effect tobacco use has on diabetes, cardiovascular disease, asthma and other chronic conditions.

“We recognize that tobacco use causes health disparities. Tobacco use rates are so high in the community that we serve. . . . We realize that we really need to pay attention to this.”

*-Deb Mielke, MD, Medical Director at OCHC*

ClearWay Minnesota funding assisted OCHC in further prioritizing and systematizing tobacco dependence treatment within its clinics as a way to help reduce the disparate burden of disease and adverse health outcomes associated with tobacco use among their patient population.

Over the 21-month grant period, a team consisting of OCHC staff, providers and executive leadership worked to promote, develop and integrate new clinic procedures into the daily operations of OCHC to link more patients to low or no-cost tobacco cessation treatment.

## Standardizing interventions across departments

OCHC implemented standardized tobacco cessation intervention protocols across multiple departments, including the medical, dental, ophthalmology, behavioral health and chiropractic departments.

Previous OCHC protocols required screening for tobacco use at every patient visit. The new protocol has

added a standard of asking the amount tobacco used and providing all tobacco users with a referral to cessation treatment.

Medical assistants or nurses screen patients for tobacco use, document the amount of tobacco used, and alert the attending provider if a referral for additional cessation counseling is needed.

“We have always documented tobacco use, but then it often stopped there. We’ve taken it a step further, so now medical assistants, nurses and doctors can refer patients [to counseling] using the system.”

*-Melinda Donaway, Program Manager at OCHC*

All patients referred for tobacco counseling are followed up with by OCHC staff and are asked if they would like to schedule an appointment with a cessation counselor through OCHC’s on-site cessation program, Project Quit. Patients are also informed of other treatment options, such as telephone counseling or web-based resources, if appropriate.

All departments were trained on the new protocols. Clinic staff members were also trained on best practices in tobacco dependence treatment, including the “5As” as recommended by the United States Public Health Service Guideline, Treating Tobacco Use and Dependence – 2008 Update.

### **Electronic order sets**

Tobacco dependence treatment protocols are facilitated by new tools available through the clinic’s electronic medical records (EMR) system.

One of these new tools is a tobacco-specific “order set” that provides staff and clinicians a location within the EMR to document tobacco use status and amount of tobacco used, to provide referrals to cessation counseling and to document the result of attempts to contact patients referred to counseling.

Project Quit cessation counseling staff can also keep track of appointments and document case notes and access cessation medication guidelines via the EMR. Further, the creation of these order sets has led to the development of similar order sets to facilitate other

types of referrals within OCHC (e.g., mammograms).

### **Enhanced reporting capabilities**

In addition to developing new tobacco treatment-specific order sets, OCHC's Program Manager, Melinda Donaway, worked closely with Internet Technology (IT) staff to develop new EMR reporting capabilities to monitor specific data points, such as the number of patients screened for tobacco use and referred for cessation counseling.

Reports on these measures are available at multiple levels - clinic, department, and individual staff or provider. Reports are generated monthly and provided to clinical and department directors to monitor performance and to follow up with clinicians and staff who need additional encouragement to follow protocols.

## **Keys to System-Change Success**

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### **Commitment from key leadership**

Tobacco systems change efforts at OCHC benefitted from support from executive leadership—starting with OCHC's former CEO, Dorii Gbolo, and continuing with OCHC's new CEO, Luna Cooper. Additionally, the medical and clinical directors—who are involved with the overall operation of the clinic and who direct staff and medical providers—have been involved in promoting and implementing tobacco systems change efforts.

This high-level support raised the priority of tobacco dependence treatment and helped bring other staff and providers along. This created understanding of why tobacco dependence needs to be addressed on an ongoing, daily basis within all departments and within both of OCHC's clinics.

### **Multi-disciplinary involvement**

OCHC staff from different departments were involved in the development and implementation of the new tobacco intervention protocols. OCHC's Program Manager

worked closely with OCHC's IT staff, medical and clinical directors and performance improvement coordinator to ensure successful development, implementation and monitoring of the new protocols.

In turn, implementation of the new protocols is becoming routine practice within the clinic, facilitated by involvement by a wide variety of staff and providers in the treatment process.

### **Linking efforts to quality improvement initiatives**

OCHC recognized that tobacco systems change was only one of many competing initiatives within the clinics. In order to elevate the importance of tobacco dependence treatment, OCHC systems-change staff linked their efforts to other high priority initiatives within the clinics.

"There is commitment from all of the providers and staff [to treat tobacco dependence]. . . . We know it's a problem. . . . We want to really improve the health of the community."

*-Luna Cooper, CEO of OCHC*

Treatment of tobacco dependence is a key factor in the alleviation of several chronic diseases, such as diabetes and cardiovascular disease. For example, OCHC is involved with the Minnesota Community Measures diabetes ("D5") statewide quality care initiative. One component of the D5 involves treatment of tobacco dependence. As approximately 25 percent of OCHC's diabetic population smokes, treatment of tobacco use dependence will help the clinics improve on their "D5" measures and will ultimately help improve the overall health of their diabetic patients.

### **Initiative Impact**

As a result of OCHC's tobacco systems change efforts, patients will be more routinely screened for tobacco use and will be more likely to receive assistance quitting tobacco. The more assistance patients receive, the more likely they will attempt to quit or be able to quit successfully. Quitting tobacco use will greatly improve the health of patients while reducing costs associated with treating tobacco-related illnesses.