Tobacco Dependence Treatment: A System’s Change Approach

ICSI Regional Workshop - Duluth
LANDSCAPE
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
67 Clinics
17 Hospitals
13,000 Employees
At ESSENTIA HEALTH

40,329 PATIENTS USE TOBACCO
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.

Sources: Minnesota Adult Tobacco Survey and National Health Interview Survey

Essentia Health
Here with you
<table>
<thead>
<tr>
<th>Clinic Name</th>
<th>Total Patients</th>
<th>Total Patients using Tobacco</th>
<th>% Patients using Tobacco</th>
</tr>
</thead>
<tbody>
<tr>
<td>EH-GRAND RAPIDS CLINIC</td>
<td>1,457</td>
<td>412</td>
<td>28.28%</td>
</tr>
<tr>
<td>GRC FAMILY PRACTICE</td>
<td>1,457</td>
<td>412</td>
<td>28.28%</td>
</tr>
<tr>
<td>EH-HAYWARD CLINIC - SMHS</td>
<td>5,463</td>
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<td>HAY FAMILY PRACTICE</td>
<td>5,407</td>
<td>1,003</td>
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<td>HAY GENERAL SURGERY</td>
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<td>16</td>
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<tr>
<td>EH-HERMANTOWN CLINIC</td>
<td>10,434</td>
<td>1,574</td>
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<tr>
<td>HERM FAMILY PRACTICE</td>
<td>10,434</td>
<td>1,574</td>
<td>15.09%</td>
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<tr>
<td>EH-HIBBING CLINIC</td>
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<td>855</td>
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<tr>
<td>HIB FAMILY PRACTICE</td>
<td>3,754</td>
<td>847</td>
<td>22.56%</td>
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<tr>
<td>HIB PEDIATRICS</td>
<td>41</td>
<td>8</td>
<td>19.51%</td>
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</tbody>
</table>

Our Clinic Patient Population that uses Tobacco: 12% - 31%

System-wide Average: 19.32%
GOALS & STRATEGIES
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
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
Tobacco dependence and use (current or former) is a chronic relapsing condition that requires repeated interventions and a systematic approach.
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®, Generic)
- Lozenge (Nicorette® Lozenge, Nicorette® Mini Lozenge, Generic)
- Transdermal Patch (Nicoderm® CQ, Generic)
- Nasal Spray (Nicotrol® NS)
- Oral Inhaler (Nicotrol® Inhaler)
- Bupropion SR (Zyban®, Generic)
- Varenicline (Chantix®)

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.
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!
GAME CHANGER
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).
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
OUTCOMES

(THE PROOF IS IN THE PUDDING)
Clarity Reports:
(data is a beautiful thing!)

Patients with a Tobacco Counseling Referral Order by Month

Unique Patients = 2,654
Former Tobacco Users = 381 (14.36%)
Clarity Reports:
(data is a beautiful thing!)

Patients with a Tobacco Counseling Referral Order by Location

Unique Patients = 2,117
Former Tobacco Users = 284 (13.42%)
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%)
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.

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>MRN</th>
<th>Order Date</th>
<th>Order</th>
<th>Order Id</th>
<th>I/E</th>
<th>Referred To (Dept)</th>
<th>Tobacco User</th>
<th>Total</th>
<th>Date</th>
<th>Department</th>
<th>Type</th>
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<td>Yes</td>
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<td>07/11/16</td>
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<td>Completed</td>
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<tr>
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<td></td>
<td>07/25/16</td>
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<td>01/09/17</td>
<td>SMMC SUP TOBACCO-FREE</td>
<td>Telephone</td>
<td></td>
</tr>
</tbody>
</table>

*Essentia Health*

*Here with you*
OVERALL Quit Rates & Patient Satisfaction

10 months of Patient Referral Data
3 months of 6 Month Follow Up Data (completed outreach)
TARGETED PATIENT OUTREACH
**MN Community Measures**

**Optimal Diabetic Care**

**Measure Target: 43.70%**

<table>
<thead>
<tr>
<th>Measure Target: 43.70%</th>
<th>Rate</th>
<th>Total Patients</th>
<th>Total Compliant</th>
<th>Total Non-Compliant Tobacco &amp; Other</th>
<th>Total Non-Compliant Tobacco ONLY</th>
<th># To Reach Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESSENTIA HEALTH OVERALL</td>
<td>41.35%</td>
<td>19,027</td>
<td>7,868</td>
<td>3,753</td>
<td>2,219</td>
<td>1,534</td>
</tr>
<tr>
<td>EAST REGION</td>
<td>40.95%</td>
<td>10,373</td>
<td>4,248</td>
<td>2,105</td>
<td>1,249</td>
<td>856</td>
</tr>
<tr>
<td>EH-WEST DULUTH CLINIC</td>
<td>38.13%</td>
<td>965</td>
<td>368</td>
<td>181</td>
<td>107</td>
<td>74</td>
</tr>
<tr>
<td>WEST FAMILY PRACTICE</td>
<td>38.13%</td>
<td>965</td>
<td>368</td>
<td>181</td>
<td>107</td>
<td>74</td>
</tr>
<tr>
<td>LUSIAN, KRISTIN J</td>
<td>37.72%</td>
<td>114</td>
<td>43</td>
<td>23</td>
<td>15</td>
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</table>

**Non-Compliant Tobacco Users**

<table>
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<td>114</td>
<td>43</td>
<td>23</td>
<td>15</td>
<td>8</td>
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</table>

**Patient Details (Tobacco Users)**

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

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<tr>
<th>MRN</th>
<th>Patient Name</th>
<th>Compliant?</th>
<th>Tobacco</th>
<th>A1c</th>
<th>ASA</th>
<th>BP</th>
<th>Statin</th>
<th>In OVC Population?</th>
<th>Future PCP Visit</th>
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<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
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<tr>
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</table>

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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)

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%)
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.

### Optimal Diabetic Care

**Measure Target: 43.70%**

<table>
<thead>
<tr>
<th></th>
<th>Rate</th>
<th>Total Patients</th>
<th>Total Compliant</th>
<th>Non-Compliant Tobacco Users</th>
<th>Non-Compliant Reason(s)</th>
<th># To Reach Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESSENTIA HEALTH OVERALL</td>
<td>42.06%</td>
<td>18,996</td>
<td>7,989</td>
<td>3,785</td>
<td>Tobacco &amp; Other</td>
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<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Tobacco ONLY</td>
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<th># To Reach Target</th>
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</thead>
<tbody>
<tr>
<td>ESSENTIA HEALTH OVERALL</td>
<td>41.51%</td>
<td>19,153</td>
<td>7,950</td>
<td>3,720</td>
<td>Tobacco &amp; Other</td>
<td>420</td>
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<td></td>
<td>Tobacco ONLY</td>
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</table>
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.

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

Essentia Health Foundation
For more information
Visit MyHR and click on TakeCharge or email TakeCharge@EssentiaHealth.org

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NEXT STEPS: INPATIENT
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

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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
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
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