Speakers

Anne DiGiulio, Manager, Lung Health Policy, American Lung Association

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Overview

- Introduction
- Setting the Stage
- The Oklahoma Experience
- The Minnesota Experience
- Question and Answer
What is a Comprehensive Cessation Benefit?
Comprehensive Benefit

- 7 Medications
  - 5 NRTs (Gum, Patch, Lozenge, Nasal Spray, Inhaler)
  - Bupropion
  - Varenicline

- 3 Types of Counseling
  - Individual (face-to-face)
  - Group
  - Phone
Cessation Coverage

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

JOY L LEUTHARD, MS, LSWA
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

TOB-1
- Tobacco Use Screening

TOB-2
- Tobacco Use Treatment at Visit

TOB-3
- Tobacco Use Treatment at Discharge
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
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

Bedside Intervention (3–5 minutes)
- Motivational Interview
- Assess tobacco users interest in quitting
- Assess desire for helpline support
- Assess for comfort with medication

Tobacco status documented in record
Visit with Physician
RRT Case Mgt.
Soc. Work RN
Assist & Arrange
Ask

Tobacco Treatment Workflow
Ask
Advise & Assess
EMR
EMR
E-Referral / Fax referral
Outcome report
Optum
Optum
American Lung Association Webinar / May 24, 2017
Case Studies:
Four Oklahoma Health Systems
Case Study: INTEGRIS Health

- 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
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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
Key Strategies to Facilitate Change

- Build system level support
- Capitalize on internal and external priorities
- Utilize a team based approach
- Implement new protocols and train staff
- Utilize and modify electronic health records
- Monitor and share feedback
Success!

“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!

[Graph showing patients with a Tobacco Counseling Referral Order by Month]

Unique Patients = 2,839
Former Tobacco Users = 448 (15.24%)
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

- Maintain strong relationships between departments
- Integrate the work into quality improvement and reporting initiatives
- Take a population health approach to help meet other health system priorities
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

http://clearwaymn.org/policy/cessation-policy/
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

https://www.icsi.org/dissemination__implementation/practice_facilitation/tobacco_systems_change/
• 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
QUESTIONS?
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