

Report on Accomplishments 2007-2010

Advancing Systems Change as a Critical Strategy to Reduce Prevalence and Address Disparities

- Developed a consensus definition of systems change adopted by CDC/OSH and other organizations.
- Defined the components of health systems change at multiple levels: policy, health care organizational-level and clinician behavior.
- Raised visibility of systems change as a national cessation goal through panel and poster presentations by member states at national conferences and through participation in CDC-hosted meetings and national partner forums, 2008-2010.

Advancing Science through Evaluation and Focus on Health Outcomes

- Development of simulation models, using real-world data from multiple states, to estimate impact of tobacco interventions in healthcare and cessation benefits on health outcomes and cost containment (Data collection in process with 2 health systems and 3 states, subject to funding availability).

Products to Advance Practice (CDC funded)

- Developed website www.multistatecessationcollaborative.org that has attracted visitors from throughout the US and internationally,
- Four reports disseminated to over 500 individuals and organizations:
 - Executive Summary (4 pages)
 - Improving Health Care Systems to Reduce Tobacco Use: Lessons Learned From States
 - Improving Health Care Systems to Reduce Tobacco Use: Promising Practices Case Studies (23 case studies, 271 pages)

Advancing Practice through Information Sharing and Technical Assistance

- Four Conferences:
 - Cambridge, MA, 2007; Cleveland Clinic, OH, 2008; Phoenix, AZ, Fall 2009; Atlanta, GA, 2010
- Technical Assistance to Members and Non-Members
 - Respond to weekly requests for TA from member and non-member states seeking to implement systems changes or seeking to replicate MassHealth Cessation Benefit results.
 - Collaborative members invited to conduct CDC Institute Cessation Course. Three members will develop and deliver course, October 6-8, 2010.
- Webinars
 - A webinar series on (1) defining health systems change, (2) supporting changes in healthcare facilities, (3) promotion and benefit/reimbursement strategies and (4) action planning. Hundreds of individuals representing 23 states, Canada and several national organizations participated. (Funded by CDC)
 - One webinar on JCAHO proposed new regulations for hospitals.
 - Webinar on integrating tobacco into electronic medical records, featuring presenter from Iowa Regional Extension Center.
 - Webinar for MSC members to update on governance, program activities, new members, and finances, April 12, 2010
 - Webinar with NAQC on integrating quitlines in healthcare held on May 7, 2010

Report on Accomplishments 2007-2010 continued

■ Presentations and Poster Sessions

- Two NCTOH ancillary meetings (2007, 2009).
- Email inquiries (~ 200) after release of report and webinar emails, from individuals and organizations seeking more information the Collaborative and its work.
- Presentation on health systems change with CDC/OSH Director (2009).
- Hosted topic discussion and problem solving groups on insurance coverage and health care organizational-level change.
- Facilitated EHR/HIT workgroup for National Tobacco Cessation Collaborative
- Members offer technical assistance in response to requests from members and non-members

Organizational Development and Financing Accomplishments

■ Growth in Membership and Partners

- The collaborative state membership has grown rapidly from three states (March 2007) to 18 states (2010)
- National partners include: Centers for Disease Control and Prevention, the National Tobacco Cessation Collaborative, Partnership for Prevention/ACTTION, ALA, and the North American Quitline Consortium.

■ Organization Development

- Created a community of practice around health systems change and benefit policy and five task groups.
- Formulated five areas for Collaborative consideration for collective action (media/communications, change at the healthcare organizational level, benefits/reimbursement, clinician education, and a time-limited group to develop 2020 recommendations.
- Established a steering committee comprised of funders and task leaders that meets monthly to oversee projects in process, future plans, organizational development and funding.
- Created Collaborative Mission, Organization Model and Member Application process. Membership policies available online.

■ Financing

- Secured organization to serve as fiscal agent (North American Quitline Consortium)
- Secured \$165,000 in funding for first two years (CDC \$100,000; member state contributions \$65,000) and hundreds of hours of volunteer time from member states.
- For FY 2010-2011: developed a diversified portfolio of sources: grants, member and partner contributions, unrestricted donations, conference registration fees. Funds committed or received to date total \$160,000 (including \$65,000 in CDC funds for simulation models).

Member States: Arizona, Colorado, Iowa, Louisiana, Maine, Massachusetts, Minnesota, New Hampshire, New York, New York City, North Carolina, Ohio, Oklahoma, Rhode Island, Vermont, Virginia, Washington, Wisconsin. Partner Organizations: Centers for Disease Control and Prevention, National Tobacco Cessation Collaborative, North American Quitline Consortium, Partners for Prevention/ACTTION, American Lung Association