

# The Multi-State Collaborative for Health Systems Change: Supporting Health Care to Reduce Tobacco Use

## Executive Summary

Although the dangers of tobacco use are well known and policies restricting tobacco use are widespread, access to evidence-based treatment is still limited. To help improve access, the Public Health Service Clinical Practice Guideline *Treating Tobacco Use and Dependence—2008 Update*<sup>1</sup> stressed the role of health care policies, administrative procedures, and health care delivery systems in addressing tobacco use during every encounter in the health care system. This point also is emphasized in *Ending the Tobacco Problem: A Blueprint for the Nation*<sup>2</sup>, a 2007 Institute of Medicine report. The report states that cessation tools and services that are already well known to be effective must be fully integrated into health care systems if population cessation rates are to increase.

However, even though the evidence and rationale to support systems change are compelling, carrying out those changes is complex, and health care organizations face multiple barriers in their efforts. To advance practice and learning in this area, state tobacco control programs and collaborating health care partners agreed in 2007 to form the Multi-State Collaborative for Health Systems Change. This fact sheet explains the work of the Collaborative and describes its **new report on promising state activities** that promote health system change to improve tobacco cessation interventions.



### NEW REPORTS

Read on to find out about the Collaborative's new reports on promising state practices!

## What does “health systems change” mean?

The Collaborative has broadly defined health systems change as sustainable, integrated solutions at the health care organization level and changes in health care policy and financing. These changes are aimed at promoting and supporting universal, evidence-based interventions with all tobacco users. A range of clinician education and marketing strategies to promote behavior change by clinicians and increased use of telephone quitlines by providers and their patients are also included under the umbrella of health systems change.

## What is the Multi-State Collaborative?

The Collaborative is a community of practice and learning that is dedicated to working strategically at the state level to support clinicians and the health care systems in which they work to address tobacco use consistently and effectively.

## Who participates in the Collaborative?

Currently, 13 states are members of the Collaborative. They are: Colorado, Iowa, Maine, Massachusetts, Minnesota, New Hampshire, New York, Ohio, Oklahoma, Rhode Island, Vermont, Washington, and Wisconsin.

<sup>1</sup>[www.surgeongeneral.gov/tobacco/treating\\_tobacco\\_use.pdf](http://www.surgeongeneral.gov/tobacco/treating_tobacco_use.pdf)

<sup>2</sup>[www.nap.edu/catalog.php?record\\_id=11795](http://www.nap.edu/catalog.php?record_id=11795)

The members collaborate in their activities with a variety of groups and agencies, including academic centers, private and public employers, commercial health plans, Medicaid agencies, and health care delivery systems. Its work is further enhanced through partnerships with the U.S. Centers for Disease Control and Prevention (CDC), the National Tobacco Cessation Collaborative, the Tobacco Cessation Leadership Network, and the North American Quitline Consortium. The Collaborative actively seeks to partner with other national organizations who work to provide cessation help to all tobacco users.

## **What is the Collaborative's action agenda?**

The Collaborative's members and partners are working on several fronts to serve as an information clearinghouse for state experiences, articulate barriers and facilitators to health systems change, identify promising state-level strategies, and share their findings to a broad national audience.

In addition, the members have formed five task groups to assess the feasibility of collective action on issues of national scope:

- Influence insurers to improve health care benefits for tobacco use and reimbursement for tobacco treatment providers.
- Support changes in health care systems at the organizational level, including disseminating real-world examples of how tobacco interventions are integrated fully into patient care and EHRs, and how data are retrieved, reported and used for performance improvement.
- Market effectively to clinicians to encourage an increase in tobacco interventions.
- Pursue improvements in clinician education, including medical school curricula, residency requirements, and continuing education, to address tobacco use.
- Influence the vision, mission and objectives of Healthy People 2020 to include key concepts about health care systems change to improve longevity and to reduce health disparities related to tobacco use.

By bringing energy and experience at the state level together with efforts at the national level, the Collaborative is perfectly positioned to create a synergy that can accelerate the adoption of best practices for tobacco dependence treatment in health systems. The ultimate goal is to raise the visibility of the power of effective health system change and to bring together public health and medical communities to end the scourge of tobacco use in our country.

## **What are the Collaborative's new reports?**

For some time, the Collaborative has been gathering practical evidence on how state tobacco control programs can support widespread, sustainable changes in all provider practices, hospitals, and health centers. We decided that it was time to share this knowledge with all state and national tobacco control programs and groups as well as with a broad audience of health care policy advocates, health care providers, health plans, and employers. With support from CDC, we developed [\*Improving Health Care Systems to Reduce Tobacco Use: Lessons Learned from States\*](#), and its companion document, [\*Improving Health Care Systems to Reduce Tobacco Use: Promising Practices Case Studies\*](#).

*Lessons Learned from States* briefly describes state initiatives to improve health care systems for treating tobacco use. The report synthesizes strategies used, barriers experienced, and lessons learned across

23 projects funded by 12 states. *Promising Practices Case Studies*, the companion document, provides in-depth case studies of the 23 projects described in the *Lessons Learned* summary report.

In both reports, the projects are grouped into four main categories:

- Influencing insurers, purchasers, and employers to provide comprehensive cessation benefits.
- Educating and motivating clinicians to treat tobacco use as a chronic disease.
- Helping health care organizations and practices improve tobacco cessation interventions
- Promoting systems changes in mental health and substance abuse services institutions and departments.

Though individual states used a variety of strategies, it's not surprising that several strategies emerged repeatedly. The states found that these strategies made their projects more effective and they can clearly be recommended to others wishing to develop tobacco cessation interventions:

- Form partnerships with other influential groups to collaborate on health systems change.
- Provide incentives to encourage clinicians or health care organizations to implement systems change.
- Obtain the buy-in of senior management or work to provide top-level role models to foster change in cessation benefits offered by Medicaid, health plans, state government employee plans, and private employers and to effect systems change in health care organizations.
- Require or identify skilled and committed staff in target organization to inform and carry out the tobacco use intervention.
- Provide ongoing training and technical assistance to help organizations, practices, and clinicians develop and maintain tobacco cessation interventions.
- Engage in multi-pronged strategies to support sustainable improvements in health systems to address tobacco use.

Most of the projects described in the two reports are in the early stages of evaluation. Some have only process and output measures and some have only baseline measures at this point. However, the Collaborative recognizes the importance of collecting evaluation data at every step of the intervention so that both quality and performance can be determined and continually improved.

### **Where can I get the Collaborative's new reports?**

To get the reports, visit the Collaborative's website, at [www.MultiStateCessationCollaborative.org](http://www.MultiStateCessationCollaborative.org).

### **Where can I learn more about the Collaborative's activities?**

The Collaborative warmly invites states, organizations, and agencies to learn about its work and to become involved. Visit us at [www.MultiStateCessationCollaborative.org](http://www.MultiStateCessationCollaborative.org) or contact Caroline Cranos, Coordinator for the Collaborative, at [caroline.cranos@umassmed.edu](mailto:caroline.cranos@umassmed.edu) or Donna Warner, Director of Cessation Policy and Program Development, Massachusetts Tobacco Control Program, at [donna.warner@state.ma.us](mailto:donna.warner@state.ma.us).