

Improving Health Care Systems to Reduce Tobacco Use Lessons Learned from States



BACKGROUND AND PURPOSE OF THE COLLABORATIVE

While the dangers of tobacco use are well known and policies restricting tobacco use are widespread, access to evidence-based treatment is limited. To improve access, the U.S. Public Health Service Clinical Practice Guideline, *Treating Tobacco Use and Dependence: 2008 Update*, has placed a stronger emphasis on the role of health care policies, administrative procedures and health care delivery systems to incorporate addressing tobacco use during every encounter in the health care system. However, implementing changes is complex and involves multiple barriers.

To advance practice and learning in this area, the **Multi-State Collaborative for Health Systems Change: Supporting Health Care to Reduce Tobacco Use** was formed in 2007 as a community of state tobacco control programs and collaborating health care partners to share lessons learned. Its purpose is also to inform future efforts to support changes in health care to address tobacco dependence. Thirteen states and partners are working on a variety of policy and systems change projects. The Collaborative has broadly defined health systems change to include sustainable, integrated solutions at the health care organization level, as well as changes in health care policy and financing to promote and support universal, evidence-based interventions with all tobacco users.

THE COLLABORATIVE ACTION AGENDA

The Collaborative was formed not only to share promising practices, but also to take collective action on issues of national scope. Five priorities were identified and task groups were formed to assess the feasibility of Collaborative action to:

- Improve health care benefits for tobacco dependence treatment and reimbursement for providers
- Increase evidence-based tobacco interventions by clinicians via targeted marketing campaigns
- Pursue improvements in clinician education (medical school curricula, residency requirements, continuing education, etc.) to address tobacco dependence
- Influence the vision, mission and objectives of Healthy People 2020 with the goal to include key concepts about health care systems change to improve longevity and to reduce health disparities related to tobacco dependence
- Promote health systems change within health care organizations and practices

PROMISING PRACTICES REPORT AND LESSONS LEARNED

The Collaborative has produced two reports describing twenty-three projects about systems change from twelve states. The reports, "Improving Health Care Systems to Reduce Tobacco Use: Lessons Learned from States and Promising Practices Case Studies," can be found on the Collaborative website (www.multistatecessationcollaborative.org)

Project descriptions are grouped into four categories:

1. Influencing insurers, purchasers and employers to provide coverage for cessation benefits
2. Motivating/educating clinicians to address tobacco dependence as a chronic disease and use evidence-based interventions
3. Influencing systems change within healthcare organizations and practices to encourage an increase in tobacco cessation interventions
4. Influencing systems change in Mental Health and Substance Abuse Treatment settings to encourage an increase in tobacco cessation interventions.

Effective strategies found by most or many of the states in the Collaborative are to:

- Form partnerships with other influential groups to collaborate on affecting health systems change
- Provide incentives to clinicians or health care organizations to implement systems change
- Obtain buy-in from senior management to affect 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/identify skilled and committed staff in target organization to inform and/or implement the tobacco use interventions
- Provide ongoing training and technical assistance

CONCLUSIONS

While exemplary tobacco dependence intervention systems exist in specific health care organizations and/or systems, chiefly driven internally by champions, the Collaborative is gathering practical guidance on how state tobacco control programs can support widespread, sustainable change in all provider practices, hospitals and health centers.

A higher level of advocacy is needed to prioritize tobacco cessation and health systems change amid competing issues at the national and state level and within health care organizations. To accomplish our mission, the Collaborative is prepared to serve as a national advocate, coordinating with other national organizations. Above all, the Collaborative can raise the national visibility of the power that effective systems in health care have to reduce the personal and economic costs of tobacco dependence.

MISSION STATEMENT

We are a collaborative of tobacco control programs working to facilitate sustainable changes in health care systems within our states and nationally in order to reduce tobacco use and prevalence.

HOW WE WORK

Working as a community of practice, we seek to effect change by:

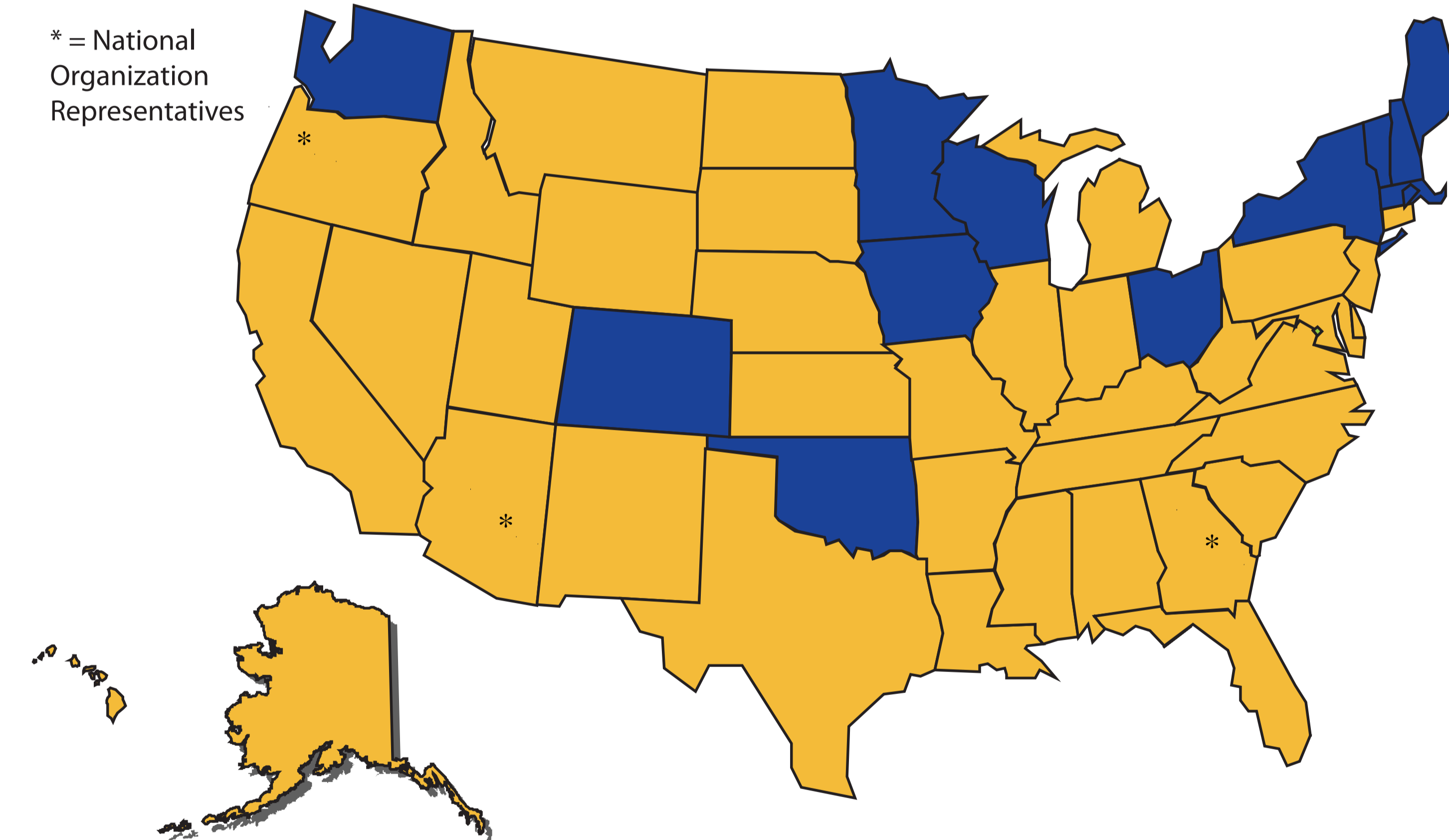
- sharing knowledge and practices widely about how state tobacco control programs support system changes in health care,
- documenting emerging and promising practices at the state level to build the evidence base for national health systems change, and
- in collaboration with national partners, identifying and serving as chief advocate for changes needed in policies and practice at the national level that serve as barriers to effective change at the state level.

HOW TO PARTICIPATE

We encourage state tobacco control programs, health care partners, and national partners to participate in the Collaborative in several ways by:

- sharing information and practices via the Collaborative website, conferences and conference calls,
- participating in task groups working to advance promising practices in health systems change and to identify issues for collective action,
- collaborating with national partners to advance action needed at the national level to support effective change and address barriers to change within states.

Participating States and National Organizations



Participants for the Collaborative come from 13 States and three national organizations. State participants represent leadership from Department of Health Tobacco Prevention and Control Programs and Health Department partners including providers and outreach program contractors, vendors and grantees. Participating states and state partners come from, Colorado, Iowa, Maine, Massachusetts, Minnesota, New Hampshire, New York, Ohio, Oklahoma, Rhode Island, Vermont, Washington and Wisconsin. National organizations include the Centers for Disease Control (CDC), the North American Quitline Consortium (NAQC) and the Tobacco Cessation Leadership Network (TCLN). Participating state partners and vendors include the American Lung Association (Maine), Center for Tobacco Research and Intervention (CTRI), Clearway Minnesota™, Free & Clear, John Snow International and the University of Massachusetts.

www.multistatecessationcollaborative.org

National Conference on Tobacco or Health 2009

EXAMPLES FROM STATE CASE STUDIES

Influencing Insurers/Employers	MN1	MN2	OK	ME
Strategies & Lessons				
Use top-down approach in state or target organization	X	X	X	X
Provide ROI, service utilization, or best practice data to influence insurers/employers	X	X	X	X
External influences can help motivate changes (collaborations, coalitions, associations, legislative mandates)		X		X
Provide incentives (funding/training) to implementers (local communities, providers)			X	X
Keep the network of health plans active to ensure continued progress	X			
Pair tobacco-free worksite policy work with changes in benefits			X	

Educating/Motivating Clinicians	NY1	NY2	VA	VT	WI
Strategies & Lessons					
Provide training/TA to clinicians and office staff		X		X	X
Provide accessible web-based training, easy update, tracks clinician utilization			X		
Provide implementation incentives			CME credit	NRT	Perf. pay
Involve target audience to inform expert design of marketing, online, or educ. materials	X		X		X
Choose challenging rather than likeable message-Don't be silent about tobacco	X				
Ensure feasibility of data collection requirements		X			

Outpatient interventions	CO	MA2	MA3	WA	WI
Strategies & Lessons					
Staff in target org. with right skills (proj. mgt., IT)	X	X	X	X	X
Offer incentives	grant	grant	Grant, scholar-ships	Online CMEs	
Ongoing Training & TA provided	X			X	X
Address sustainability			X	X	X
Customize EMRs and patient registries with tobacco fields	X	X	X		
Market success stories & web-based training to clinicians to motivate					X
Convene grantees to share learning & problem-solving			X		
Providers are motivated to intervene once adequately prepared	X				

Inpatient interventions in hospitals	VT	NH	WI
Strategies & Lessons			
Award grants to target hospitals	X	X	
Provide onsite training & ongoing TA		X	X
Fund one of hospital grantees to oversee program and administer NRT benefit	X		
Medicaid pay-for-performance mandate at time of grant facilitated success		X	
Collaborate with state hospital association to create hospital policy manual			X

Business Impact: Lost Productivity

Annual cost \$

- Nonsmokers \$2623
- Former smokers \$3246
- Current smokers \$4430
- Presenteeism accounts for 50-70% of lost productivity

Bunn WB et al. JOEM 2006. 48:1099-1108.

