



Defining Health Systems Change

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The Multi-State Collaborative

- 13 states already engaged
- Created a Community of Practice and Clearinghouse
- Three meetings held to date
- Ancillary NCTOH meeting for state tobacco control programs and national partners (Thursday 5:00 PM at the Sheraton)
- Primary funders: CDC, ClearWay Minnesota, State of Massachusetts and State of Vermont

**Welcome to the Collaborative
and Our Webinar Series**



Contributors

- 35 individual members from 13 states and their health care partners
- National partners: CDC, NAQC, NTCC
- Members are serving on:
 - 5 Task Groups (Benefit/reimbursement, Healthcare Organization Change, Marketing to Clinicians, Clinician Education, 2020 Goals)
 - 3 Working Groups (Promising Practices Report, Webinar Series, Collaborative Organizational Development)
 - Interim Steering committee
- Staff to the collaborative: Caroline Cranos, Nancy LaPelle, UMass Medical School

Purpose of Webinar Series

- Disseminate what Collaborative states have learned
- Invite other states engaged or interested in health systems change to join us
- Check out reports and comparison tables on our website.
- Outline of 4 sessions
 - What is Health Systems Change? (session 1)
 - Examples of what has been done by states in the Collaborative (sessions 2 & 3)
 - What can we all do to change systems? (session 4)

Session Topics and Dates

Session 1: Defining Health Systems Change

May 13, 3:00-4:30 EDT

- What is it?
- States' role as change agents
- Barriers that need to be addressed

Session 2: Supporting Changes in Health Care Organizations (hospitals, health centers, practices)

May 20, 3:00-4:30 EDT

- A panel of 4 states in the Collaborative share examples of their work with healthcare facilities on sustainable changes

Session 3: Promotion and Policy Strategies

June 17 3:00-4:30 EDT

- Influencing clinicians' behavior: marketing and education examples from 2 states
- Improving benefits and utilization: examples from 3 states

Session 4: Into Action- Working Together

June 24 3:00-4:30 EDT

- What we can do together
- How you can participate in the Collaborative





Webinar # 1

Defining Health Systems Change

What is health systems change?

Goals for Webinar # 1

- Address three questions:
 - How do we define health systems change and why is it important?
 - What are common barriers to health systems change that must be managed?
 - How can state-level tobacco control programs serve as change agents?

Why Health Systems Change?

“Treating Tobacco Use and Dependence: 2008 Update”, Clinical Practice Guideline (CPG) provided overwhelming evidence that if health care systems were in place to ensure that every patient at every visit would be screened for tobacco use and assisted in quitting, then providers could help their patients achieve long-term abstinence.

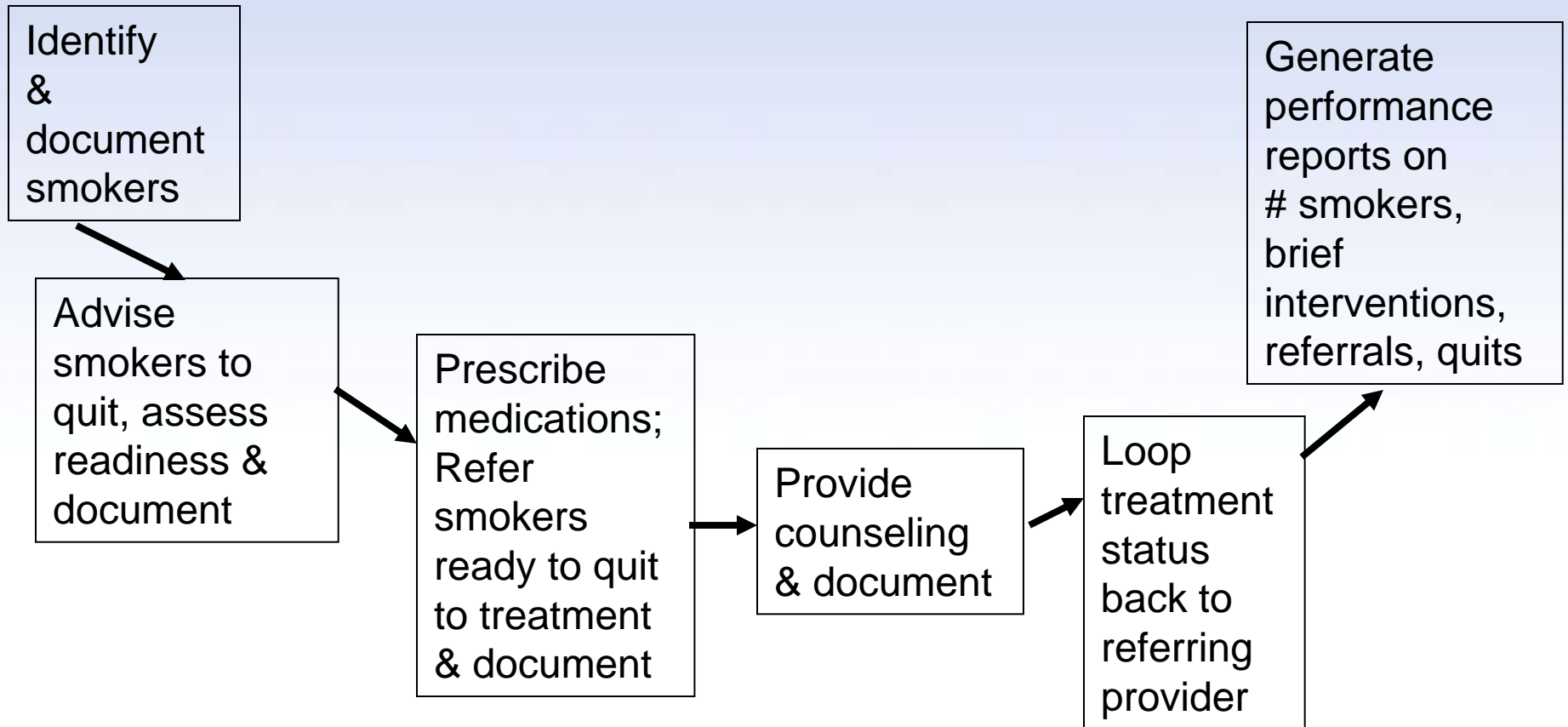
But...how do we do this?

What is Health Systems Change to reduce smoking prevalence?

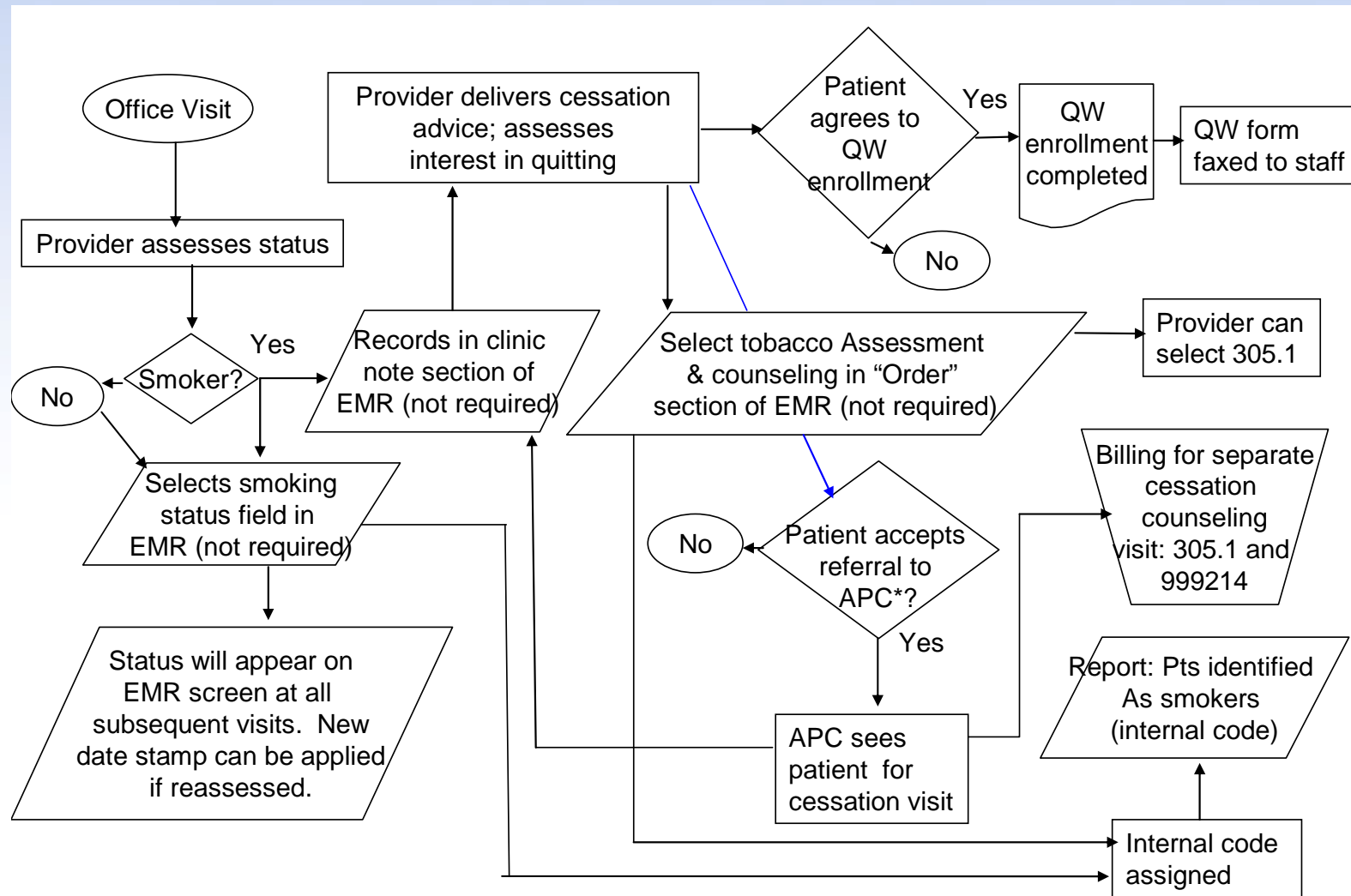
- Broadly defined, “health systems change” includes:
 - *sustainable, integrated solutions* at the health care organization level, as well as
 - changes in *health care policy and financing* to promote and support universal, evidence-based interventions with all tobacco users

What does a “system” look like within a health care organization or practice?

Tobacco Use Intervention and Referral Performance Improvement Model



Example of Integrated Solution In Health Care Setting: Harvard Vanguard



* APC = Advanced Practice Clinician (e.g., Nurse Practitioner, Physician Assistant)

Why is Health Systems Change important?

- A fully-integrated system of cessation tools and services in healthcare at every level is *the single most critical issue*
- Systems change can be *self-sustaining* if linked with quality and/or performance improvement
- When a fully-integrated system of care is implemented, it can be *a powerful driver of quit attempts* and reduce smoking rates.

Questions?

Questions For Participants

- **For state tobacco control programs:**
 - Are you working on some aspect of health system change?
 - Can you give us a brief example of what you are doing?
- **Take our survey! Go to our website after the call.**
www.multistatecessationcollaborative.org
- **Results will be presented during Webinar #2 and posted on the website**

Collaborative Approach to Health Systems Change

Barriers and Solutions

How can tobacco control programs
serve as change agents?

Collaborative's Multi-level Approach to Health Systems Change (HSC)

National Policy and Environment Targeted by Collaborative Action



State As Change Agent to Support Systems Changes in Healthcare



Health Care Organizations Targeted by National and State Action

Why is change so hard to achieve?

At the national and state level:

- Insufficient policies, standards, or regulations to support or sustain systems improvements
- Lack of clinician reimbursement for intervention & pharmacotherapy benefits
- Medicaid and private insurers are slow to respond
- Medicaid may have separate funding streams for behavioral and medical treatment
- Insufficient funding for state tobacco control programs to act as effective agents of change

Why is change so hard to achieve?

At healthcare organizational level:

- Dealing with competing priorities in health care delivery organizations
- Gaining access to provider practices is labor intensive. Repeated interventions are required for success.
- Components of an effective bedside intervention remain unclear
- Full 5A model is too complicated; 2 A's and R (ASK, ADVISE, REFER) model works better
- Paper-based reporting systems in organizations
- Psychiatry staff resistant to prescribing NRT due to possible medication conflicts

State Role as Health Systems Change Agent

- States are “proving grounds” to test effective methods to implement national recommendations for systems changes
- States and their partners are:
 - influencing policy-changes that reduce barriers to systems change
 - identifying action areas affecting all states that need to be addressed with national partners

State Role as Health Systems Change Agent

- Through documentation of these state initiatives, we have
 - identified promising strategies
 - shared what we have learned through practice
 - begun to replicate and evaluate practices to build an evidence-base

23 Systems Projects to Share

- **Working with health care, mental health and substance abuse services organizations**
 - Supporting changes to protocols, documentation tools, electronic medical record systems and performance improvement tools
- **Influencing clinicians through education and marketing**
 - Advertising strategically to motivate healthcare providers to treat tobacco use
 - Building clinician intervention skills through education that is easily accessible
- **Improving insurance benefits**
 - Advocating for policy changes with Medicaid, private insurers and self-insured employers

At A Glance: Project Comparison Tables

SUPPORTING HEALTH CARE TO REDUCE TOBACCO USE

Motivating and Educating Clinicians to Treat Tobacco Use as a Chronic Disease: New York, Washington, Vermont, and Wisconsin

Comparison Category	New York (NY1)	New York (NY2)	Washington (WA1)	Vermont (VT1)	Wisconsin (WI1)
Project goal	<ul style="list-style-type: none"> Use clinician-focused media campaign to support academic detailing with clinicians at their practice sites to increase their rate of assisting smokers to quit (use of PHS Guideline) 	<ul style="list-style-type: none"> Adapt and implement the AMA 20 CEU performance improvement program to the existing Cessation Center academic detailing model in NY state. This would educate primary care offices to improve office protocols and standards to support implementation of the PHS Guidelines 	<ul style="list-style-type: none"> Provide a short, scalable, cost-effective interactive online tobacco cessation training program with easy access for health care providers and the capacity to provide reports about use 	<ul style="list-style-type: none"> Encourage office-based health care providers to intervene with smokers, offer NRT, and refer them to treatment 	<ul style="list-style-type: none"> Increase clinician awareness of Medicaid cessation benefits and clinician/patient use of these benefits
Target institutions and/or organizations				<ul style="list-style-type: none"> Federally Qualified Health Centers (FQHC) and Health Clinics serving the uninsured 	<ul style="list-style-type: none"> None
Target provider and/or patient population(s)	<ul style="list-style-type: none"> Health care clinicians – doctors, nurses, PAs, NPs, practice managers and medical assistants 	<ul style="list-style-type: none"> Primary care clinician and office staff within the practice 	<ul style="list-style-type: none"> Prescribing health care providers and clinic decision-makers are primary audience; other health care staff are secondary 	<ul style="list-style-type: none"> Primary care physicians; uninsured smokers in Vermont 	<ul style="list-style-type: none"> Medicaid providers Medicaid enrollees
State level annual budget and FTEs/roles	<ul style="list-style-type: none"> One FTE at DOH provides oversight for 19 Cessation Centers 5-6 cessation centers each provided .1 FTE to participate in working group Additional work group participants from DOH, the North Shore University Hospital Center for Tobacco Control and the NY Smokers' Quiltline Social Marketing firm \$1.3 million included \$900,00 in ads, and design and PR 	<ul style="list-style-type: none"> Oversight for this program by DOH at .2 FTE \$11,000 allocated to pay for CMEs awarded from State Univ. at Buffalo 40 staff at Cessation Centers doing academic detailing spend about .3 FTE on this project 	<ul style="list-style-type: none"> Tobacco Cessation Resource Center (TCRC) Project manager Subject matter experts Marketing and graphic design support Audio recording, photography and graphic acquisition Quiltline coaches 	<ul style="list-style-type: none"> \$80,000 per year for contract with John Snow International, Inc. (JSI) to conduct the project 	<ul style="list-style-type: none"> Univ. of WI Ctr. for Tob. Research and intervention (UW-CTRI) 6 FT outreach specialists DOH & Family Svcs. Funded an ad/PR firm and design firm to inform and create materials Medicaid office was engaged throughout and contributed \$20,000 for printing PR and design firms for materials
Community level annual budget and FTEs/roles		<ul style="list-style-type: none"> Clinicians and staff in practice offices participate on their own time 	<ul style="list-style-type: none"> Training done on own time 	<ul style="list-style-type: none"> Staff in primary care offices, FQHCs, and Clinics serving the uninsured 	<ul style="list-style-type: none"> The 12 HMOs on contract to provide services for Medicaid enrollees became involved in disseminating materials and information to patients

Collaborative Action Agenda

- Influence insurers to improve benefits
- Support changes in health care systems at organizational level by disseminating real-world examples.
- Market effectively to clinicians
- Pursue improvements in clinician education
- Influence vision, mission and objectives of Healthy People 2020

Questions?

Discussion

- **We have questions for you:**
 - What challenges does your state face when trying to promote health systems change?
 - What have you done that effectively addressed this challenge?
- **Take our survey! Go to our website after the call**
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New Reports

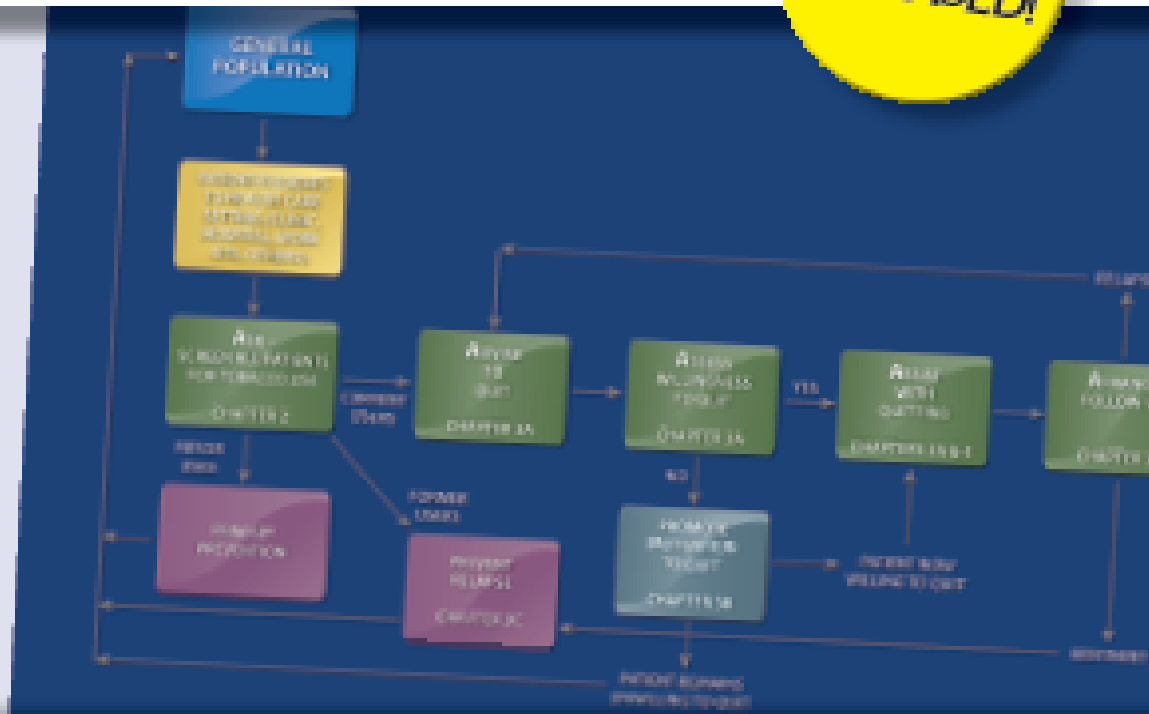
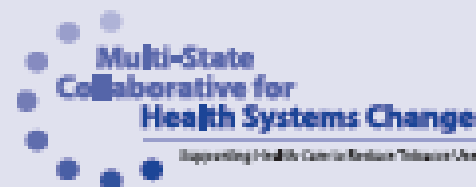
Improving Health Care Systems to Reduce Tobacco Use: Lessons Learned from States

JUST RELEASED!

A Summary Report and Case Studies

These brand new publications offer practical approaches for state tobacco control programs and their partners

For more information visit www.MultiStateCessationCollaborative.org



New York, New Hampshire, Massachusetts, Vermont, Ohio, Minnesota, Wisconsin, Iowa, Oregon, Washington, Oklahoma, Rhode Island, Maine, Colorado, Center for Disease Control & Prevention, North American Outline Consortium, Academy for Educational Development

How to find out more

- Get reports from the Collaborative website:

“Improving Health Care Systems to Reduce Tobacco Use”

- [Lessons Learned from States](#) (Summary report & general findings from all case studies)
- [Promising Practice Case Studies](#) (23 projects detailed in this companion report)

Future Sessions and Resources

- **Webinar # 2 May 20 (3:00-4:30PM EDT)**
 - Helping healthcare facilities to implement sustainable systems changes

- **For reports and more information on the Collaboration and how to participate:**
 - <http://www.multistatecessationcollaborative.org/>

Wrap-Up

- Do you have questions that the Collaborative can answer during the next webinar?
- How might the Collaborative help you?
- Go to our website www.multistatecessationcollaborative.org and take our survey

Thank You!



Resources (1)

1. Fiore, M. C., Jaén, C. R., Baker, T. B., Bailey, W. C., Benowitz, N. L., Curry, S. J., et al. (2008). *Treating Tobacco Use and Dependence—2008 Update*. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service. Retrieved April 13, 2009 from <http://www.surgeongeneral.gov/tobacco/>
2. Bonnie, R. J., Stratton, K., & Wallace, R. B. (Eds.). (2007). *Ending the Tobacco Problem: A Blueprint for the Nation*. Institute of Medicine. (2007). Washington, DC: The National Academies Press. Retrieved April 13, 2009 from http://www.nap.edu/catalog.php?record_id=11795
3. Kaper, J., Wagena, E. J., Willemsen, M. C., van Schayck, C. P. (2005). Reimbursement for smoking cessation treatment may double the abstinence rate: Results of a randomized trial. *Addiction* 100, 1012-1020.
4. Anderson, P. (2003). Partners in the treatment of tobacco dependence: The role of third party organizations. *Journal of Clinical Psychiatry* 18, 83-91.
5. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. (2001). Reimbursement for smoking cessation. *Chronic Disease Notes & Reports*. 14, 31. Retrieved April 13, 2009 from <http://www.cdc.gov/nccdphp/publications/cdnr/pdf/CDNRfall2001.pdf>
6. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. (2007). *Best Practices for Comprehensive Tobacco Control Programs—2007*. Retrieved on April 13, 2009 from http://www.cdc.gov/tobacco/tobacco_control_programs/stateandcommunity/best_practices

Resources (2)

7. Partnership for Prevention. *An Action Plan to Address the Lack of Access to Tobacco-Use Treatment*. (2008). Access to Cessation Treatment for Tobacco in our Nation (ACTION). Retrieved April 13, 2009 from http://www.actiontoquit.com/summit/call_for_action/
8. American Lung Association. (2008). *State of Tobacco Control: 2008*. Retrieved April 13, 2009 from <http://www.stateoftobaccocontrol.org>
9. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office of Smoking and Health. (2006). *A Practical Guide to Working with Health-Care Systems on Tobacco-Use Treatment*. Retrieved April 13, 2009 from http://www.cdc.gov/tobacco/quit_smoking/cessation/practical_guide/index.htm
10. Zaza, S., Briss, P. A., & Harris, K. W. (Eds.). (2005). *The Guide to Community Preventive Services: What Works to Promote Health?* New York, NY: Oxford University Press, Inc.
11. Partnership for Prevention. (2008). *Healthcare Provider Reminder Systems, Provider Education, and Patient Education: Working with Healthcare Delivery Systems to Improve the Delivery of Tobacco-Use Treatment to Patients*. Washington, DC: Partnership for Prevention. Retrieved April 14, 2009 from <http://www.prevent.org/content/view/159/178>