

# Massachusetts

## Project 2

# Systems-Level Tobacco Use Interventions in Community Health Centers

## Goals

- Improve existing CHC systems to support tobacco use interventions
- Operationalize new MassHealth (Medicaid) Cessation Benefit.
- Expand use of QuitWorks.
- Pilot innovative approaches to help women of reproductive age stop using tobacco (FY07 only).

## Scope

- 8 out of 15 eligible Community Health Centers applied and were funded for the 8-month period, November 1, 2006 - June 30, 2007.

# Impetus for Initiative

- New monies available to MTCP through health care reform
- CHCs are significant source of primary care for MTCP priority populations
  - low SES
  - ethnic, racial and linguistic minorities
- Builds on prior work with CHCs (BCBS Demonstration Project and QuitWorks trainings)
- New MassHealth Benefit effective July 1, 2006

# Resources Committed

- \$320K (40K to each Community Health Center)
- Project Team (Est. 1.5 FTE)
  - MTCP: Jo-Ann Kwass, Donna Warner, Anh Dao Kolbe
  - UMMS: Elena List, Beth Ewy
  - Independent Evaluator: Nancy LaPelle
- 2 in-person group meetings with CHCs in 9-month grant period (at a nice hotel with lunch!)

# Strategies

## Collaborative Model/TA Approach

- Each CHC selected systems change goals on the basis of a self assessment checklist.
- Development of project work plan and outcome measures was collaborative effort.
- Ongoing consultation on implementing and assessing systems improvements

# Strategies (cont.)

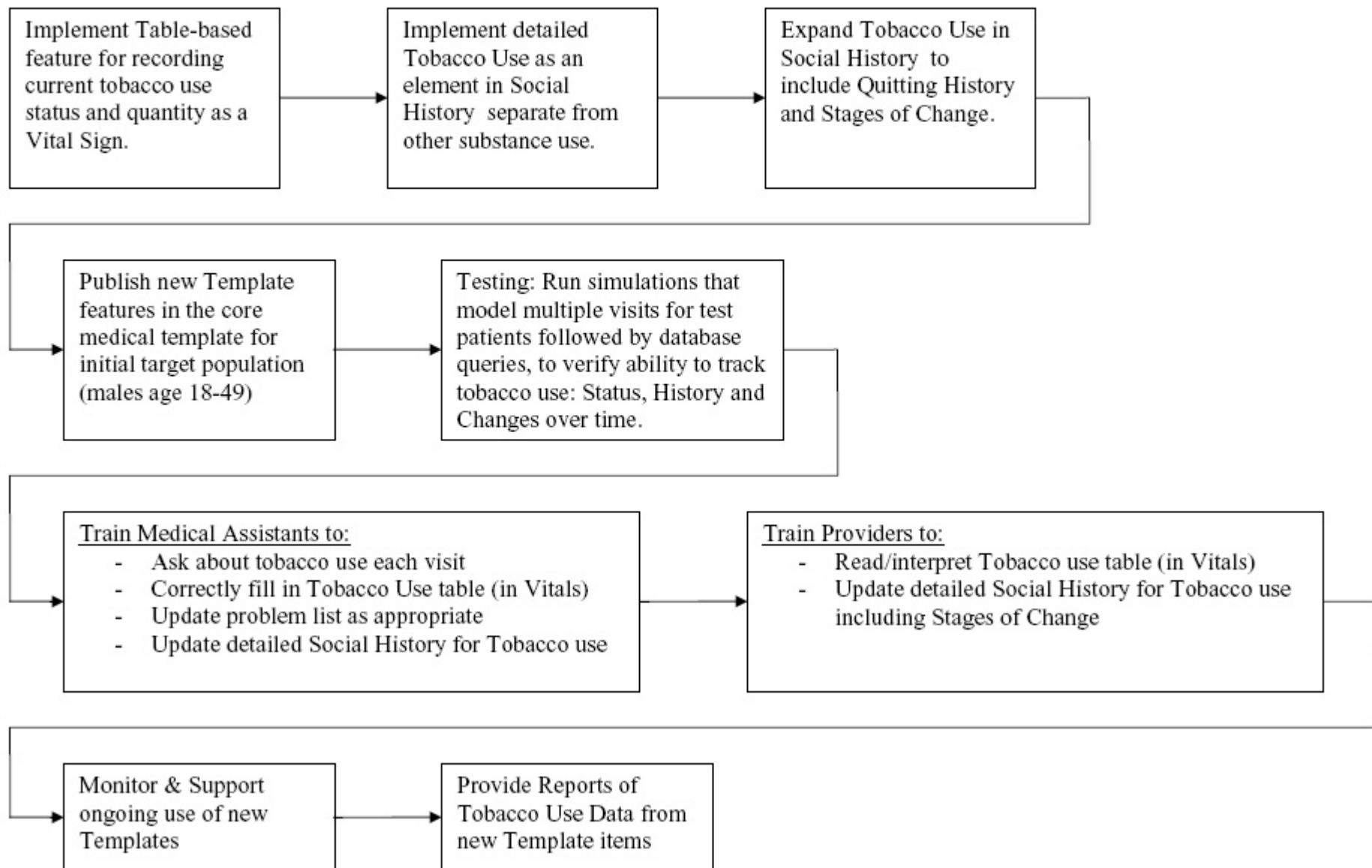
- Two group information-sharing meetings with grantees (January and June)
- Framework created for process evaluation
  - Process Maps
  - Process Evaluation Worksheet
  - Baseline Measures
  - KI interviews

## Complete Only for Steps/Measures You Will Use as Part of This Systems Change Intervention

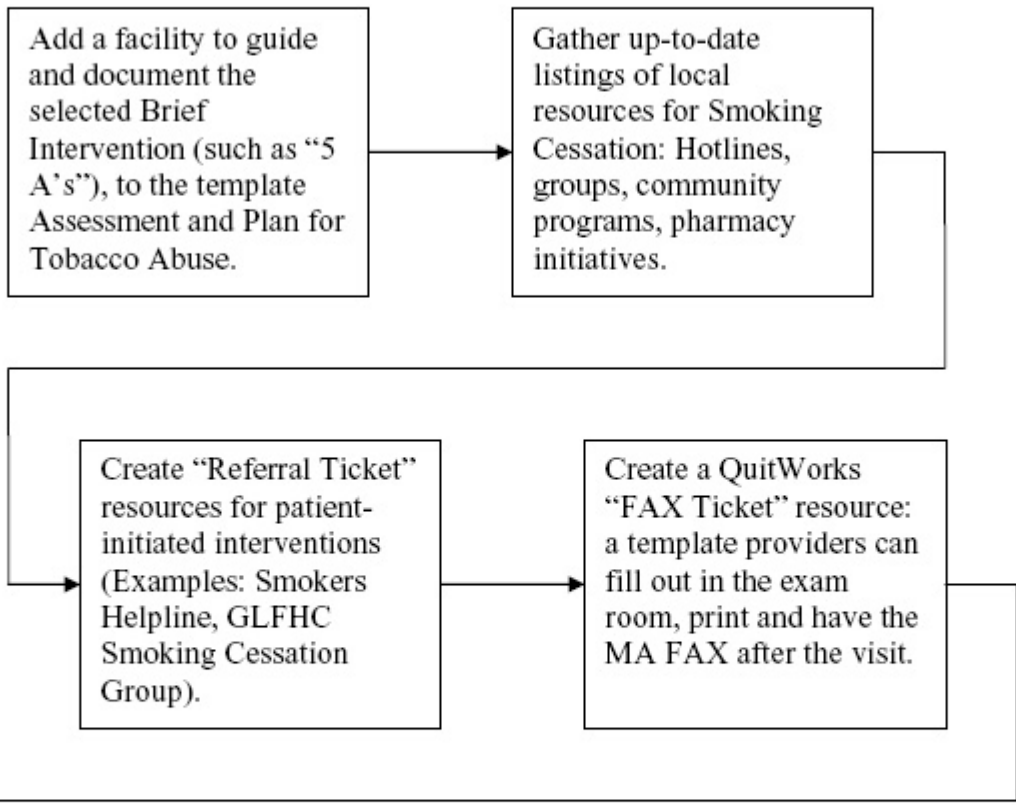
STEP 1. ROUTINELY IDENTIFY SMOKERS AT EVERY VISIT	Track Now	Plan to track	Current Baseline %	Actual data or estimate (A or E)	Projected % achieved by end of grant
1.1 Percentage of staff trained in the CHC's system to ask about smoking status at every patient visit.*	√	√	50%	E	100%
1.2 Percentage of new patients seen who are routinely screened and documented for smoking status in medical chart	√	√	80%	A	100%
1.3 Percentage of tobacco users identified and documented at <i>repeat</i> visits to CHC.		√	0%	E	50%
1.4 Percentage of visits with smokers where screeners <u>prompted</u> clinician to conduct brief interventions.	N/A	N/A			

Preliminary Process Map for Planned Systems Changes

1. Revise EMR templates to facilitate easy identification and quantization of tobacco use at each visit. This change involves the creation of new features in EMR "Templates", and the connected tasks of technical verification and training:



2. Revise and expand EMR templates to enable and document brief interventions, pharmacologic interventions and treatment referrals at point of care. This task involves changes to the Assessment and Plan section of EMR templates, and implementation of additional referral resources.



- Train Providers to:
- Use and document Brief Intervention
  - Recognize the scope of available community resources for Tobacco Cessation
  - Facilitate use of patient-initiated resources via Referral Ticket
  - Use FAX Ticket to refer patient to QuitWorks

Monitor & Support ongoing use of new Templates

Provide Reports of Tobacco Use, Readiness to Change, and Cessation Referral Data from new Template items

# Process Evaluation Documentation

(Complete one page per process step)

Process Step: \_\_\_\_\_

Planned (section to be completed as soon as steps are defined in process map):

Who will implement/perform step? \_\_\_\_\_

Date step to be implemented/operationalized? \_\_\_\_\_

How will it be done (change to record, policy, protocol)? \_\_\_\_\_

Where will it be documented (or tracked)? \_\_\_\_\_

For related baseline measures, how/how often will they be reported & to whom?

Actual (section to be completed as each step is implemented):

Any changes made/needed to above **step** during implementation

Reasons why changes were made

# Results to Date

- **CHC systems changes completed**
  - Tobacco use made a vital sign
  - EMR fields and templates created
  - New referral systems put in place with feedback loop to clinicians
  - On-site tobacco treatment and billing instituted
  - Tracking and reporting capabilities enhanced
- **Lessons learned incorporated into application for FY08 funding**
- **Formal evaluation underway**
  - Evaluator's KI interviews will take place in July
  - Final CHC reports due August 1

# Facilitators and Obstacles

- CHC Champion
- Effective CHC Project Manager/Team
- EMR/EHR Capability
- CHC Priority to Address Tobacco Use
- Short Duration of Funding
- Competing Health Care/Staff Priorities
- Paper Records/EMR System Limitations
- CHC did not dedicate adequate staff time to project

# Brick Wall

**“I’ll take your money, but I don’t need any technical assistance”.**



**Thank You.**