

Multi-State Collaborative On Health Systems Change To Address Tobacco Use Guiding Questions For March 17 Panelists

Please come prepared to present your answers to questions 1 and 2 in less than 5 minutes total. We want the major part of each panel to be an interactive discussion with the audience.

Guiding questions for each panel member

- 1. What is your most significant best practices project?**
 - a. Provide a very brief rationale for your project
 - b. What is/are the target institution(s)/organization(s), if any, for your project? (eg, # health plans, # hospitals, # mental health or AOD organizations)
 - c. What is/are the overall target population(s) for your initiative in terms of behavior change and what is the estimated size of this/these population(s)? (eg, members of an insurance plan, targeted clinicians at a target health care institution, patient population of targeted clinicians in a target healthcare institution).
 - d. What is the total cost of the initiative in dollars? What is the length of your project in years as this relates to the total cost?
 - e. What project team resources are involved at the state and/or target-system level in terms of FTEs and what role did they play?
- 2. What indicators of success are you using or might use to evaluate the success of your project?**
 - If you have not yet defined indicators, refer to those suggested in Appendix A for possible suggestions of indicators that might be relevant for you (These were culled from the project descriptions submitted).
- 3. Whole group discussion questions:**
 - What are the implications of these projects for a national action plan?
 - What actions at the national level would benefit these initiatives?

Panel 1: Influencing Insurers – MN, OK?

- Minnesota - Ann Wendling

- Oklahoma - Sally Carter

Panel 2: Motivating/Educating Clinicians and Practices to Change Behaviors - NY, OK, VT, WI:

New York – Annie Beigel
Oklahoma – Sally Carter
Vermont – Todd Hill
Wisconsin – Not attending
Colorado - ?

Panel 3: Systems Changes to Policy, Protocols, and IT Systems in Medical Institutions/Practices– MA, NH, RI, VT, WA, WI?

Massachusetts – Elena List
New Hampshire – Teresa Brown
Rhode Island – Mary Ellen Casey
Vermont – Todd Hill
Washington - Gillian Schauer or Juliet Thompson
Wisconsin – Not attending

Panel 4: Systems Changes in Mental Health/AOD Institutions and Departments – OH, OK, MA?

Ohio – Lon Herman, Dushka Crane Ross, Brad DeCamp, Dana Harlow,
Melanie Tidwell?
Oklahoma – Sally Carter
Massachusetts – Elena List

SEE ATTACHMENT: APPENDIX A

APPENDIX A: Potential Health Systems Change Measures for All Project Types:

General Measures:

- Cost of project in \$/FTEs
- Resources committed at state and local level/roles
- Size of target population
- Reach within timeframe of project

For Interventions with Insurers

Measures:

- Cessation benefits provided by Medicaid - # members receiving NRT benefit/ # receiving counseling benefit/# providers trained about benefit
- #/% health plans providing NRT benefits to at least some members as part of their own quitline program/ # members receiving the NRT benefit
- #/% of health plans having comprehensive coverage for telephone counseling/ # members receiving the benefit
- Cessation benefits provided by state and local government to employees
- #/% self-insured employers providing cessation coverage
- #/% employees utilizing the benefit
- return on investment for insurance companies and employers

Motivating Clinician/Practice Behavior Change

Measures:

- # providers targeted by media campaign vs. # reached (re: their responsibility to treat tobacco dependence)
- # clinicians completing CME course on tobacco interventions and office systems change
- # medical school curricula that provide in-depth tobacco treatment education
- # practices adopting QuitWorks (see also below)

For Hospitals and Health Centers Implementing QuitWorks

Measures:

- # providers trained in QW program
- Amount & frequency of QW materials ordered by sites
- Number of QW referrals from each hospital
- Number of providers from each hospital making QW referrals
- Overall reach rate (how many of referred patients were contacted/reached by QW)
- Overall quit rates (assessed at 7 months post referral)
- Number of tobacco-free hospitals and hospital campuses

Systems Changes in Institutions/Practices involving EMR or Med. Chart Changes

Measures:

1. System Level

- a. Organization has written policy re: cessation treatment
 - b. Organization has written protocols for screening and brief intervention
 - c. # screeners and clinicians trained to use protocols and tobacco use/intervention-related EMR fields
 - d. EMR is operational and has been customized to capture tobacco use and treatment data
 - e. JCAHO & HEDIS measures
 - f. Number of tobacco-free hospitals and hospital campuses
2. Clinician Intervention performance - Monthly reports track the change in the proportion of office visits that resulted in appropriate interventions at every stage of the AARP process. Performance reports by physician are generated to improve compliance with policy
- a. # **providers** completing the 5A form for smokers
 - b. # **providers** conducting brief interventions
 - c. # **providers** making referrals for counseling
 - d. # **patients** screened for tobacco use
 - e. # **smokers** identified
 - f. # **patients** exposed to second hand smoke
 - g. # brief interventions conducted
 - h. # referrals made for in-house counseling
 - i. # referrals where patient connected for tobacco treatment counseling
3. Tobacco Treatment Counseling performance
- j. # patients attending 1 or more sessions
 - k. # patients quitting
4. Loopback - A process was implemented whereby tobacco treatment “success stories” (or no-shows) could be reported back to the offices from which the referral originated.

Integrating Cessation Interventions with Inpatients in Hospitals

Measures:

Hospital Inpatients:

- # inpatient smokers
- # inpatient smokers receiving cessation interventions
- # inpatient smokers receiving follow-up after release
- # inpatient smokers who stayed quit after release

Integrating Cessation Interventions with Patients in MH/AOD Systems

Measures:

MH/AOD

- Facility has gone tobacco-free
- % of consumers using tobacco
- % of staff using tobacco
- #/% staff increasing knowledge and skills regarding assessment and treatment model
- Increased staff support for tobacco dependence treatment and agency policy changes

- # requests from MH/AOD agencies for technical assistance to implement treatment and policies
- Increased consumer demand for treatment
- # consumers/staff receiving treatment
- # consumers/staff that quit