

Multi-State Collaboration on Health Systems Change
Matrix: Synthesis of State Projects

Table 1: State Projects Organized by Four Focus Areas

FOCUS AREA STATE	Influencing Insurers and Employers MN, OK	Motivating/Educating Clinicians and Practices to change behaviors NY, OK, VT, WI	Systems Changes to policy, protocols, IT systems in medical institutions/practices MA, NH, RI, VT, WA, WI	Systems changes in Mental Health/AOD institutions and departments OH, OK, MA?
Ohio				Identify/evaluate strategies to integrate cessation interventions in MH/AOD systems
Minnesota	<ul style="list-style-type: none"> • Reduce barriers to QL use by health plan members • Increase employee coverage by self-insured employers 			
Oklahoma	Collaborate with state Medicaid agency to implement cessation benefits and with state to change its health benefit for state employees to include cessation benefits. Train community grantees to work with local employers to adopt the same benefit package	<ul style="list-style-type: none"> • Work with U of O to improve medical school curriculum to include brief intervention and referral to Helpline • Conduct regional training events to train Medicaid providers on how to integrate new cessation benefit into their practices • Marketing campaign to change social norms for tobacco use – targeted at providers and smokers 		Work with DMH and SAS to have facilities go smoke-free and to implement tobacco treatment concurrently with AOD treatment

Multi-State Collaboration on Health Systems Change
Matrix: Synthesis of State Projects

New York		<ul style="list-style-type: none"> • Medical campaign targeting health care clinicians to improve attitudes & beliefs about importance of assisting patients to quit smoking • AMA offers 20 CME credits for education and systems change; this program provides an excellent incentive for getting into primary care practices. 		
Vermont		Motivate practices to intervene and refer to QL by providing free NRT to practices	Build capacity to intervene effectively with in-patient smokers	
Wisconsin		Campaign to increase clinician/enrollee awareness & utilization of Medicaid cessation benefits	Integrate tobacco treatment with inpatient care in hospitals	
Colorado			<ul style="list-style-type: none"> • Provide mini-grants to practice sites to integrate clinical guidelines into routine practice and track clinician/ staff performance for tobacco interventions as quality improvement measures 	
Massachusetts			<ul style="list-style-type: none"> • Increase documented 	(Several CHCs are

Multi-State Collaboration on Health Systems Change
Matrix: Synthesis of State Projects

			<p>brief interventions by Pedi/OBGYNs with women of reproductive age in practices and hospital since whole region uses same EMR</p> <ul style="list-style-type: none"> • Implement/improve systems to promote tobacco dependence treatment; increase usage of Medicaid cessation benefit and QuitWorks referrals • Implement QuitWorks in as many hospitals as possible 	attempting systems changes in Behavioral Health Depts.)
New Hampshire			Implement PHSG across entire community of providers on Dartmouth Hitchcock Medical Center campus/fax-referral process & referral to onsite cessation specialists	
Rhode Island			Motivate practices to adopt QuitWorks program	
Washington			Test prior learnings about how to effect HSC in 3 pilot organizations in disparate rural populations in rural health clinics and hospitals (by adapting	

Multi-State Collaboration on Health Systems Change
Matrix: Synthesis of State Projects

			PDSA process to implement identification, intervention, and referral of smokers to quitline or internal resource)	
--	--	--	---	--

Multi-State Collaboration on Health Systems Change
Matrix: Synthesis of State Projects

Table 2. Barriers by State and Focus Areas

FOCUS AREA/ STATE	Influencing Insurers and Employers	Motivating/Educating Clinicians and Practices to change behaviors	Systems Changes to policy, protocols, IT systems in medical institutions/practices	Systems changes in Mental Health/AOD institutions and departments
Ohio				<ul style="list-style-type: none"> • Resistance of psychiatry staff to providing NRT due to health risk and safety concerns (OH) • QL protocol not appropriate to individuals with serious mental illness (OH) • Logistics of fax-referral process (OH, NH)
Minnesota	<ul style="list-style-type: none"> • Health plan requirements for provider visits & prescriptions for NRT (MN) • Implementation of co-pay collection via quitlines (MN) • QL staff lack of access to NRT benefit info (MN) • Lack of cessation benefit provided by self-insured employers (MN) • Health plan policy 			

Multi-State Collaboration on Health Systems Change
Matrix: Synthesis of State Projects

	<p>change is slow and involves multiple reports. And processes (MN)</p> <ul style="list-style-type: none"> • Lack of state-specific ROI data for tobacco cessation (MN) • Lack of access to health plan senior management (MN) 			
Oklahoma	<ul style="list-style-type: none"> • Unable to influence small local businesses until major employers in state take first step (OK) 	<p>Clinicians not accepting importance of taking responsibility for treating tobacco dependence (NY, OK)</p>		
New York		<ul style="list-style-type: none"> • Clinicians not accepting importance of taking responsibility for treating tobacco dependence (NY, OK) • Gaining access to clinicians in primary care (NY, VT) 		
Vermont		<ul style="list-style-type: none"> • Hard to gain access to practices (VT, NY) • 5As take too much time to be feasible (VT) 		
Wisconsin		<ul style="list-style-type: none"> • Working out details of campaign materials with Medicaid and HMOs (WI) 		
Massachusetts			<ul style="list-style-type: none"> • Paper-based tracking of tobacco use interventions makes 	

Multi-State Collaboration on Health Systems Change
Matrix: Synthesis of State Projects

			<ul style="list-style-type: none"> reporting on compliance difficult (MA) • Generally need to make changes to EMR to capture and report on information about tobacco use interventions (MA) • Insurance companies do not pay doctors for intervening with smokers (MA, RI, WA) • Time needed and logistics for training clinicians on evidence-based tobacco treatment and referral process (MA, RI) • CHCs have competing priorities and limited resources/staffing (MA, WA) • 8-month grant period too short (MA) 	
New Hampshire			<ul style="list-style-type: none"> • Logistics of fax-referral process (OH, NH) • Time needed to gain approval for detailing 	

Multi-State Collaboration on Health Systems Change
Matrix: Synthesis of State Projects

			<ul style="list-style-type: none"> • of change in each dept. (NH) • Securing a cessation specialist position within each area of the hospital and/or one for oversight (NH) 	
Rhode Island			<ul style="list-style-type: none"> • Physician time required for training (RI, MA) • Clinician frustration with lack of insurance coverage for cessation (RI, MA, WA) 	
Washington			<ul style="list-style-type: none"> • No monetary incentives for participation (WA, RI, MA) • Timing of capacity building re: models informing process (PDSA, Chronic Care Model) (WA) • Project not a priority for all participating organizations (WA, MA) 	

Multi-State Collaboration on Health Systems Change
Matrix: Synthesis of State Projects

Table 3. Strategies by State and Focus Areas

State	Influencing Insurers and Employers	Motivating/Educating Clinicians and Practices to change behaviors	Systems Changes to policy, protocols, IT systems in medical institutions/practices	Systems changes in Mental Health/AOD institutions and departments
Ohio				<ul style="list-style-type: none"> • Develop agency policies with involvement of staff related to tobacco use (progressing towards tobacco-free) (OH, OK) • Provide treatment to BH staff who smoke (OH) • Partner with other community and state resources (OH, OK) • Implement treatment using evidence-based psychosocial and pharmacological interventions unique to the needs of this population (OH)
Minnesota	<ul style="list-style-type: none"> • Schedule meetings with senior management of health plans (MN) • Make it easier for QL to transfer callers back to their health plan helpline (MN) • Collaborate with primary insurance 			

Multi-State Collaboration on Health Systems Change
Matrix: Synthesis of State Projects

	buyers group in state to collect data from self-insured employers and present ROI data to them (MN)			
Oklahoma	<ul style="list-style-type: none"> • Work with major employers in state to adopt cessation benefits before working at the community level with small businesses (OK) 	<ul style="list-style-type: none"> • Identify a physician champion in medical schools to help promote inclusion of cessation interventions in curriculum (OK) • Provide regional trainings for all Medicaid providers on new Medicaid cessation benefit, billing, the 5As and how to refer to the Helpline (OK) • Produce campaign to influence health care providers and citizens to take responsibility for cessation (OK) 		<ul style="list-style-type: none"> • Partner with other community and state resources (OH, OK) • Encourage DMH and SAS to go tobacco-free in facilities (OK, OH) • Encourage DMH and SAS to implement tobacco dependence treatment concurrently with AOD treatments (OK)
New York		<ul style="list-style-type: none"> • Produce edgy campaign in venues that target clinicians to improve attitudes/beliefs re: importance of assisting patients to quit (NY) • Provide incentives (CMEs) to attract PCPs to AMA 		

Multi-State Collaboration on Health Systems Change
Matrix: Synthesis of State Projects

		performance improvement program that instructs on tobacco use intervention and office systems change (NY)		
Vermont		<ul style="list-style-type: none"> • TA (multiple interventions) for whole practice office to define practice system for intervening (VT) • Give incentives to practices (free NRT) (VT) • Work with vendor with QuitLine expertise (RI, VT, NH) 	<ul style="list-style-type: none"> • Provide consult at bedside that exceeds JCAHO requirements (VT) 	
Wisconsin		<ul style="list-style-type: none"> • Provide materials and onsite training and TA for clinicians on cessation benefits provided by Medicaid (WI) 	Work with Hospital Association to develop/distribute to hospitals materials re: treating hospitalized smokers (WI)	
Colorado			<ul style="list-style-type: none"> • Academic Detailing to ID needs, site champions, tools and peer practice evaluation findings (CO) 	
Massachusetts			<ul style="list-style-type: none"> • Presenting fax-referral system to senior managers of hospital (MA) • Providing TA in 	<ul style="list-style-type: none"> • Facilitate the spread of tobacco interventions to BH departments in CHCs (MA)

Multi-State Collaboration on Health Systems Change
Matrix: Synthesis of State Projects

			<p>defining QW implementation details within each hospital (MA)</p> <ul style="list-style-type: none"> • Grant funding and implementation requirements (MA) • Use of TA model with regular interaction to develop work plan and evaluation process for implementation & documentation of screening, intervention and referral CO, MA) • Use of cessation screening, intervention and referral model that can be customized to each CHC (MA) • Provide opportunities for CHCs to share learnings (MA) • Require electronic documentation of interventions and performance reporting (EMR or PECS) (MA) 	
<p>New Hampshire</p>			<ul style="list-style-type: none"> • Trainings that offer CEUs and TA for staff (NH) • Detailed workplan methodically targeting all areas of hospital (NH) 	

Multi-State Collaboration on Health Systems Change
Matrix: Synthesis of State Projects

			<ul style="list-style-type: none"> • Work with vendor with QuitLine expertise (NH, VT, RI) 	
Rhode Island			Work with vendor with QuitLine expertise (RI, VT, NH)	
Washington			<ul style="list-style-type: none"> • Use volunteer participation for targeted organizations; i.e., no funding (WA) • Recruitment via Rural Health Dept. listservs and Community agency listservs (WA) • Use PDSA and Chronic Care Model to guide teams and inform systems change process (WA) • Site teams composed of one clinical leader, one administrative leader and one leader knowledgeable of current tobacco cessation system (WA) 	

Multi-State Collaboration on Health Systems Change
Matrix: Synthesis of State Projects

Table 4. Lessons Learned by State and Focus Areas

State	Influencing Insurers and Employers	Motivating/Educating Clinicians and Practices to change behaviors	Systems Changes to policy, protocols, IT systems in medical institutions/practices	Systems changes in Mental Health/AOD institutions and departments
Ohio				<ul style="list-style-type: none"> • Need to get buy-in from agency medical staff (OH) • Has to be integrated with BH care to be effective (OH) • Treatment protocol has to be adapted to the needs of this population (OH, MA)
Minnesota	<ul style="list-style-type: none"> • Difficulty of working with self-insured employers (MN) • Buy-in of senior health plan management is necessary to effect health plan systems change (MN) 			
Oklahoma	<ul style="list-style-type: none"> • Need to make a ROI argument with insurance companies and their actuaries to support cessation benefit (OK) • Importance of pairing policy work (tobacco-free workplace policies) and 			

Multi-State Collaboration on Health Systems Change
Matrix: Synthesis of State Projects

	availability of effective services (Helpline) with changes in cessation benefits (OK)			
New York		<ul style="list-style-type: none"> • Make educational programs targeting PCPs more user friendly(NY) 		
Vermont		<ul style="list-style-type: none"> • Practices need to take systems-wide ownership of the issue (VT) 	<ul style="list-style-type: none"> • Smaller rural health access hospitals have constraints that limit ability of TTS to deliver bedside services (VT) • It is unclear what the components of an effective bedside intervention are (VT) 	
Wisconsin			Hard to sustain integration of tobacco treatment with inpatient care once JCAHO is “done” (WI)	
Massachusetts			<ul style="list-style-type: none"> • In order to track, need EMR or other means of collecting accurate information on interventions performed (MA) • Providers need feedback on referrals, referral compliance and patient outcomes to improve 	Treatment protocol has to be adapted to the needs of this population (OH, MA)

Multi-State Collaboration on Health Systems Change
Matrix: Synthesis of State Projects

			<p>performance (NH, MA)</p> <ul style="list-style-type: none"> • Turnover in hospital staff/Loss of champion(s) in hospital (MA) • TA is critical and need ongoing education due to staff turnover (NH, MA) • No one wants to own the implementation of the fax-referral system in the hospital (MA) • Need to make contacts at multiple levels in system to successfully implement fax-referrals - a time-consuming, complex and intensive effort (MA) • CHC must have a project manager dedicated to the project with authority to implement system-level changes (MA) • Sustained contacts with TA providers are needed to promote successful implementation (MA) • Time for approval and implementation of 	
--	--	--	---	--

Multi-State Collaboration on Health Systems Change
Matrix: Synthesis of State Projects

			changes to EMR is usually longer than expected (MA)	
New Hampshire			<ul style="list-style-type: none"> • Logistics/staffing of cessation specialist for inpatients, specialty care patients, outpatients in clinic (NH) • Logistics of the fax-referral process (NH) • Time needed to gain approval within each dept. for detailing of change (NH) 	
Rhode Island			<ul style="list-style-type: none"> • Use as many communication venues with providers as possible (piggyback on education sessions/conferences, Physician Service Organization, etc.) (RI) • Collaborate with other stakeholders to make the most of your time with physicians (RI) 	
Washington			<ul style="list-style-type: none"> • Small rural organizations are often more solutions-oriented than process-oriented and want to implement without testing (WA) 	

Multi-State Collaboration on Health Systems Change
Matrix: Synthesis of State Projects

			<ul style="list-style-type: none">• Need to teach the model for improvement (PDSA) up front (WA)• Need to tailor systems change approach to organizational environment (WA)	
--	--	--	--	--