

Multi-State Collaborative On Health Systems Change To Address Tobacco Use

Working Definition: Systems Change

March 17 Planning Session:

One part of our planning session on March 17 will be to identify our top 1-3 areas of national focus where we might partner collectively to have impact. Toward this end, we need a working definition of ‘systems change’ that will allow us to select national initiatives as a group. We propose this ‘Working Definition’ for these pragmatic planning purposes.

INITIAL ASSUMPTIONS

- All tobacco users should have ready access to barrier-free tobacco dependence treatment
- At every clinical encounter tobacco users should receive an intervention and be offered treatment
- Evidence-based tobacco dependence treatment must become a widely accepted a standard of care
- For this to happen, clinicians need to be ready to deliver evidence-based interventions and systems changes need be made to support the integration of these interventions into routine care

Working Definition: PHS Clinical Practice Guidelines & CDC Best Practice Recommendations

The PHS Clinical Practice Guideline: *Treating Tobacco Use and Dependence* offers clinicians and healthcare-delivery settings a thorough and effective roadmap for intervening with tobacco users. Not only does the Guideline provide detailed, evidence-based interventions for tobacco users, it includes recommendations for the systems changes necessary to support those interventions.

The PHS Guideline recommends these strategies:

- Implement a tobacco-user identification system
 - Create a system for all relevant sites in your organization to ask every patient about tobacco use, advise them to quit, offer help and document results
 - Include tobacco use as vital sign
- **Provide education, resources and feedback to promote provider interventions:**
 - Train relevant staff on treating tobacco dependence
 - Provide resources, such as information about state tobacco quitlines
 - Report the provision of tobacco-dependence treatments through existing mechanisms (such as Joint Commission, HEDIS) or through clinic/system specific efforts
 - Provide feedback to clinicians and evaluate the degree to which they are identifying, documenting and treating patients.
- **Include effective tobacco-dependence treatments (both counseling and medication) as paid or covered services for all subscribers or members of health insurance plans:**
 - Offer insurance coverage for tobacco-dependence treatment
 - Educate patients about this coverage
 - Make the treatments easy to access
 - Educate insurers about the cost-effectiveness of including FDA-recommended medications as a standard benefit without co-pays and other barriers
- **Dedicate staff to provide tobacco-dependence treatment:**
 - Find a capable employee willing to champion this important aspect of your continuum of care
 - Empower him or her to lead and communicate this person’s role to all staff

- Direct this person to coordinate your tobacco-treatment program
 - This person does not necessarily need to be a physician
 - Include in job description and track results in this person’s performance reviews
- **Promote Hospital Policies That Support And Provide Tobacco-Dependence Treatment:**
 - Ask every patient about tobacco use at every visit and provide appropriate treatment
 - Implement a system to identify tobacco users
 - Incorporate into electronic medical record
 - Identify a staff member to champion tobacco-dependence treatment
 - Select clinician(s) to deliver tobacco-dependence inpatient consultation services at every hospital and reimburse them for delivering the services
 - Expand hospital formularies to include FDA-approved tobacco-dependence medications and create relevant standing orders
 - Monitor compliance with The Joint Commission regulations mandating that all sections of the hospital be entirely tobacco-free and that all hospitalized patients routinely receive treatment

Center for Disease Control (CDC) Best Practice Recommendations (Revised 2007)

Another essential guideline for states is the recently revised Centers for Disease Control Best Practice Recommendations. According to the Center for Disease Control (CDC), action on tobacco use treatment should include the following:

- Sustain, expand and promote services through population-based counseling and treatment programs such as tobacco quitlines
- Cover treatment for tobacco use under both public and private insurance, including individual, group and telephone counseling and all FDA-approved medications
- Eliminate cost and other barriers to treatment for underserved populations, particularly the uninsured and populations disproportionately affected by tobacco use
- Making the health care system changes recommended by the PHS Guideline
- Use definitions, language and examples from 2006 CDC “A Practical Guide to Working with Healthcare Systems.” http://www.cdc.gov/tobacco/quit_smoking/cessation/00_pdfs/Toolkit.pdf

Sample National Initiatives That Would Fall Under This Working Definition

This working definition would offer a general framework that is evidence-based and focused on best practice. This would give our work credibility and need not be limiting.

“Potential Areas of focus for systems change multi-state collaborative” (generated from group discussion in Boston, June 2007 and Minneapolis, October 2007); with Lezli, Sally and Rob’s edits

3 stars:	<ol style="list-style-type: none"> 1. Improve Joint Commission tobacco measures for hospitals 2. Consider promoting mandated insurance coverage for FDA-approved medication and counseling (or other ways to increase insurance coverage) 3. Create a Uniform Data System (standard ways to measure) 4. Create and implement marketing strategies that target clinicians 5. Identify clinician education strategies, goals and standards (physicians, other), including incorporating tobacco dependence treatment into medical education 6. Identify “Standards of Care” (part of sustainability of systems change)
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NOTE: Although “Definition of Treatment” was highly rated by the group, it is not listed here as a potential area of focus. It is more of a best practice issue than an action item. The PHS Guideline provides clear definitions of treatment that would be very useful to this discussion.