

Practice Profile Practice Structure and Patient Panel Data

Please provide the following information about this physical office/ location:

Practice Name _____ Date _____

Address _____

Practice Specialty _____

Primary Contact _____ Phone _____

Staff at this practice location		
	Number people	Total FTEs *
MD		
DO		
NP/PA		
MSW		
LCSW		
RN		
LPN		
MA		
Admin		
Other		

Patient Panel Data					
Patient Volume at this location (Number)		Patient Gender (Percent)		Patient Race (Percent)	
Total Patients		% Female	%	% White	%
Total Visits/yr		% Male	%	% Black/ African American	%
				% American Indian	%
				% Asian	%
		Patient Age (Percent)		Patient Ethnicity (Percent)	
% Medicaid	%	% <18 yrs	%		
% Medicare	%	% 18-34	%		
% Commercial	%	% 35-44	%		
% Uninsured	%	% 45-64	%		
				% 65+	%
				% Hispanic/Latino	%

* FTE = fulltime employee

1. Do any primary care staff at this location provide OB/GYN services?

None ___ Both OB & GYN ___ Only OB ___ Only GYN ___

2. Do you have OB/GYN specialists who provide care at this location?

Yes ___ No ___

3. Are there WIC services on-site?

Yes ___ No ___

4. What type of medical record does your practice use?

- ___ Paper Medical Record Only
- ___ Electronic Medical Record
- ___ Combination of Paper & EMR

EMR Name: _____

5. How are **most** decisions about changes in your practice system made?

(e.g. changing format of medical chart, or changing a guideline/protocol for Diabetes management)

- Each individual provider makes his/her own decisions
- Group decision by providers only
- Group decision by providers and clinical support staff
- Administrative directive from practice management or health system
- Other: _____

6. How is this practice's staff structured for providing patient care?

Do all support staff work with all providers? Or does each provider work with a team of specific support staff?

If the latter, how many teams are there in your practice?

Tobacco User Identification System

Practice Name _____ Date _____

1. Does practice know prevalence of tobacco use in patient population?

___ No ___ Yes..... Record prevalence: ___%
 How does practice determine prevalence?

2. Who is involved with asking/documenting pt's tobacco status- at this location?

Staff	Role/ responsibility each staff has in asking/documenting tobacco status
MD	
DO	
NP/PA	
MSW	
LCSW	
RN	
LPN	
MA	
Admin	

3. In general, **HOW OFTEN** is tobacco use or exposure asked about?

	Patient's Tobacco Use	Second-hand Smoke Exposure
Only at initial patient visit	_____	_____
Only at wellness visits	_____	_____
Asked about periodically, but sporadically	_____	_____
At visits where tobacco related to chief complaint	_____	_____
At almost every/every visit	_____	_____
Other: _____	_____	_____

What are these chief complaints/ conditions?

4. In general, **WHERE** is tobacco use or exposure **MOST OFTEN** documented?

Location in Paper Record or EMR	Patient's Tobacco Use	Second-hand Smoke Exposure
Recorded in survey patient fills out	_____	_____
In progress notes	_____	_____
Chart Summary or Problem List	_____	_____
Part of vital signs record/stamp	_____	_____
Other: _____	_____	_____

5. Does your practice use a registry of tobacco users?

- Paper file system _____
- Electronic database _____

IF USES REGISTRY...

Can this location easily create a list of patients who use tobacco?
(Such a list could be used for population-wide intervention) ___No ___Yes

We would like to get an understanding of what tobacco treatment resources your staff is using.

6. Are you using the PHS Quick Reference Guide? ___No ___Yes

- a. Has your practice staff reviewed/discussed any tobacco treatment guidelines?
- If yes, which guidelines? Who reviewed? When?

7. What, if any, medication information are you giving patients?

8. Do you use any websites to access tobacco treatment resources? ___No ___Yes

IF YES...

- Which sites do you use?

9. Have you ever called the Maine Tobacco HelpLine? ___No ___Yes

- To learn about the services? ___No ___Yes
- To order materials? ___No ___Yes

10. What tobacco treatment is provided? By whom? How often?

Tobacco Treatment Activity	How often done?*	Who Involved &/or Responsible?	Struggles or Barriers?
Assessing Readiness to quit			
Give patient educational materials			
Medications Discussed			
Medications Prescribed			
Schedule follow-up visit for counseling with practice staff/provider			
Community referral			
Recommend ME Tob HelpLine			
Fax Referral to ME Tob HelpLine			

* Use keywords: Not aware; Never; Rarely; Sometimes; Often; Almost Always

Questions, to probe about how practice provides tobacco treatment:

11. How does the practice/clinicians recommend the HelpLine to patients?

- Proactively (i.e. giving pt materials re. HelpLine, writing a “prescription” to call HelpLine, strongly encouraging)
- OR passively (telling pt HelpLine exists - suggest call)
- OR combo?

12. Is there a standard, minimum intervention used across the practice? Standard protocol
 Or does tobacco dependence treatment vary across providers? Varies across providers

13. What is the practice protocol for prescribing NRT, bupropion, varenicline?

Does the practice have a **written protocol** for tobacco treatment medications? No Yes

Patient Educational Materials at practice

14. Is one person responsible for managing the patient education materials?

No Yes

Name: _____

Specific Material	Location (circle one)		
Posters	Central*	Exam Room	Waiting Room
Post-it notes	Central*	Exam Room	Waiting Room
Quit tips	Central*	Exam Room	Waiting Room
HelpLine Information	Central*	Exam Room	Waiting Room
Youth materials	Central*	Exam Room	Waiting Room
Other: _____	Central*	Exam Room	Waiting Room
Other: _____	Central*	Exam Room	Waiting Room

* Central= Location where staff would retrieve and provide to pts.

15. Is there an established system for **following up** with tobacco users who are ready to quit?
 No Yes

- What determines who gets a f/u? (e.g. tobacco users who set a quit date?)
- What type of f/u, e.g. call, visit back?
- Who implements the f/u?

Coordination & Management of Tobacco Treatment System

NOTE: all forms (A,B,C,D) must be submitted to CTI prior to work plan session

Practice Name _____ Date _____

1. Does the practice have a tobacco dependence treatment coordinator(s)? ___No ___Yes

IF YES...

name(s) _____

- a. Does the coordinator have clear, specific responsibilities established for coordinating a tobacco dependence treatment system
- b. Is tobacco tx considered a high, moderate or low priority for the coordinator, relative to other responsibilities? Is tobacco treatment viewed as an “add-on” responsibility?
- c. Does person have time carved out to focus on tobacco treatment systems?
- d. Is coordinating delivery of tobacco treatment part of person’s performance evaluation?

IF NO... Does the practice have a chronic disease care manager? ___No ___Yes

name(s) _____
One possibility is to fold tobacco treatment coordination into this person’s job.

2. Are there documented tobacco tx goals that staff are working toward? ___No ___Yes

IF YES...

How well known is(are) the goal(s)?

Sense of staff agreement/support of goal(s):

IF NO...

Discuss creating a document with goals. Is there interest?

3. Have other staff members been informed what their role/responsibilities are in delivering tobacco dependence services? Yes___ No___

- If yes, when was last time? _____

4. Are responsibilities in tobacco dependence delivery system part of staff’s performance evaluations?

5. Did the practice make any recent changes specific to identifying/treating tobacco dependence?

Feedback to Staff on How Tobacco Dependence Treatment Working

6. What kind of feedback system does the practice have to report to the practice staff how they are doing in providing tobacco treatment?
7. Do you measure/know the quit success rates for patients?
8. Are there regular team meetings to discuss roles, responsibilities, problems, fine-tuning of the tobacco dependence delivery system?

Tobacco Treatment Training Needs/ Interest

9. What training on tobacco dependence treatment has practice staff received? Any previous CTI in-services and if so, when?

a. Attendees to the Basics and Intensive trainings (Record Names)

10. Are there special populations that present more of a challenge for staff when they are treating tobacco dependence?

- (E.g. teen smokers, smokers with co morbidities)

11. Are there special populations that the practice provides special care/programs for? Beyond care provided through regular patient process. (E.g. WIC, pregnant teens, HIV clinic for geographic region)

Tobacco Treatment Educator Impressions:

- Complete this form by yourself after visit 1 is finished. **NOT around practice staff.**
- For the questions with lines underneath, please mark on the line where you feel the practice falls- between the two anchor descriptions.
- These are YOUR impressions, based on responses & comments made, body language, and interactions between those who you met with during visit 1.

Practice Name _____ Date _____

1. Rate how much you feel the staff meets each descriptor below re: tobacco treatment

How much are the staff you talked with...	Not at all 0%	Somewhat 25%	Mostly 75%	Completely 100%
confident in treating tobacco dependence?	-----			
confident in providing tobacco tx medications?	-----			
confident motivating pts to quit?	-----			
overwhelmed with treating tobacco dep.?	-----			
frustrated in treating tobacco dependence?	-----			
feel treating tobacco dependence is an imposition?	-----			
feel treating tobacco dependence is a high priority?	-----			
excited and/or passionate in treating tobacco dependence?	-----			

2. How united are practice clinicians & staff about goals/objectives for treating tobacco dependence?

Not at all united	Somewhat united	Mostly united	Completely united

3. How supported by leadership do staff feel for making tobacco treatment system changes?

	Not at all supported 0%	Somewhat supported 25%	Mostly supported 75%	Completely supported 100%
by providers at location	-----			
by administrators at location	-----			
by administrators at higher level (e.g. group practice, hospital)	-----			

Partnership for a Tobacco Free Maine – Center for Tobacco Independence

4. Are there facilitators/motivated staff present in the practice? Yes No
 If yes, record names and role at practice:

5. What barriers exist for implementing specific components of a comprehensive system for tobacco control?

- Consider that different issues might be present for different components, e.g. identification vs. follow-up.
- Consider attitudes as well as instrumental issues such as financial resources, staff time, etc.

Barriers	Tobacco Control Component(s)	Barrier Affects
<input type="checkbox"/> Time	_____	_____
<input type="checkbox"/> Documenting in EMR	_____	_____
<input type="checkbox"/> Other: _____	_____	_____
<input type="checkbox"/> Other: _____	_____	_____

Comments:

6. Were ideas for changes discussed? Yes No
 (If yes, document specifics about ideas.)

7. Comment upon any notable events, interactions, problem-solving that you think might be useful.

8. OVERALL, **how ready** is this practice for making changes in their tobacco treatment systems?

Not at all Ready	Somewhat Ready	Mostly Ready	Completely Ready

Please provide a few bullet points as to why you selected the “readiness score” above.

- A **"not at all ready practice"** is one where
- few if any staff are participating in the clinical outreach session
 - you sense disinterest and/or negativity toward tobacco treatment across all levels of staff (clinical and non-clinical), and
 - no recent efforts have been made to increase implementation of any of the 5As.
- A **"completely ready practice"** is one where everyone who could possibly attend the full practice education session is there,
- you sense a high level of enthusiasm for tobacco treatment across all levels of staff (clinical and non-clinical), and
 - the staff are seeking out or have already made changes to increase implementation of ALL 5 As."

STRENGTHS

Tobacco User Identification System

- Patients are asked about their tobacco use [and/or second hand smoke exposure] at almost every/every visit.
- Tobacco use is documented in the EMR or paper file
- Tobacco use is documented in the problem list.
- Patients are almost always assessed and advised to quit when they are identified as tobacco users.
- The clinic knows the prevalence of tobacco use in the patient population.
- Staff members [eg MD and MAs] have defined roles in the asking and documenting tobacco use status, assessing willingness to quit, and referrals to MTHL.
- A tobacco use registry is used to create a list of tobacco users.

Treatment resources that staff are currently using

- Staff use the PHS quick reference guide.
- Tobacco cessation education and resource materials are given to patients.
- Staff have called the MTHL to [to order materials, learn about service, refer family members]

Tobacco Treatment

- Staff members [eg MD and MAs] have defined roles in the asking and documenting tobacco use status, assessing willingness to quit, and referrals to MTHL.
- The clinic faxes referrals to the MTHL.
- There is a standard minimum intervention used across the clinic.
- There is a practice protocol used for prescribing tobacco treatment medications.
- There is a point person responsible for managing the patient education materials.
- There is an established follow up system in place for tobacco users who are ready to quit.

Coordination and Management of Tobacco Treatment System

- There is an onsite champion for tobacco treatment and prevention.
- The clinic has a tobacco treatment coordinator [or a chronic disease care manager] with a defined role in coordinating the tobacco treatment system and time allocated to focus on this system.
- Staff is united regarding goals/objectives for treating tobacco dependence.
 - Treating tobacco use is seen as a priority.
 - Staff are informed of their roles/responsibilities.

Feedback to Staff on Effectiveness of Tobacco Treatment Efforts

- Responsibilities are part of staff evaluations.
- Responsibilities are discussed and reviewed at staff meetings

Post Assessment Form_Items

- Clinic knows the quit success rates for patients and discusses these at staff meetings.

Tobacco Treatment Training

- Staff have received previous training from CTI [Basics, Intensive Conference, etc.]

AREAS OF ACTION

Tobacco User Identification System

- For paper filing systems, use a “vital sign stamp” as a reminder to record tobacco use status.
- Incorporate tobacco use as part of the vital signs at each office visit.
- Ask patients about their tobacco use [and/or second hand smoke exposure] at almost every/every visit.
- Document tobacco use in the EMR or paper file.
- Document tobacco use in the problem list.
- Assess and advise patients to quit when they are identified as tobacco users.
- Develop/use a tobacco use registry to create a list of tobacco users.

Treatment resources that staff are currently using

- Encourage staff to use the PHS quick reference guide.
- Create “resource packets” for patients who use tobacco in all stages of readiness.
- Give tobacco cessation education and resource materials to patients.
- Have clinical staff resources readily available to discuss treatment opportunities with patients.

Tobacco Treatment

- Develop a tobacco treatment protocol system that promotes consistent and effective interventions, creates helpline and behavior health referrals, ensures an internal follow-up process, and tracks tobacco user progress.
- Define staff roles in asking and documenting tobacco use status, assessing willingness to quit, and making referrals to MTHL.
- Fax a minimum of five referrals to MTHL per month.
- Develop a standard minimum intervention for use across the clinic.
- Develop a practice protocol for prescribing tobacco treatment medications.
- Identify a point person responsible for managing the patient education materials.
- Develop a follow up system for tobacco users who are ready to quit.

Coordination and Management of Tobacco Treatment System

- Identify an onsite champion for tobacco treatment and prevention.
- Utilize the chronic disease care manager to oversee tobacco treatment efforts.

Feedback to Staff on Effectiveness of Tobacco Treatment Efforts

- Include tobacco treatment protocol in performance evaluation.
- Incorporate tobacco treatment education in staff meetings through role play and information sharing around pertinent issues such as working with youth.
- Discuss and review roles and responsibilities at regularly scheduled staff meetings.
- Share patient quit success rates with staff at regularly scheduled staff meetings.

Tobacco Treatment Training

Post Assessment Form_Items

- Send two staff members to Basic Skills Training in your area scheduled for [date of training]
- Send one staff member to Intensive Conference in Portland, Me scheduled for [date of training]
- Create educational opportunities for staff to maintain commitment to motivational interviewing techniques through attendance at the Basic and Intensive Tobacco Conferences and viewing tobacco webinars.

Partnership for a Tobacco-Free Maine*
System Support Program – Practice Profile Write-up
[SITE NAME – ASSESSMENT DATE]

Thank you for taking the time to participate in this PTM* program, we enjoyed spending time with you and your staff. We would like to provide you with some feedback on our initial visit as well as some ideas for your upcoming action plan session scheduled on [ACTION PLAN DATE] with [NAME OF TTE].

Your enthusiasm and advocacy for tobacco treatment makes a difference. During our visit we noted several areas in which your [PRACTICE NAME] is particularly strong, including:

-
-
-
-

Some ideas for your upcoming action plan session are:

-
-
-
-

Next Step:

As a team, with your Tobacco Treatment Educator acting as a facilitator, our shared goal is to formulate a written plan for implementing office systems change. Focusing on increasing brief tobacco treatment interventions and referrals to the Maine Tobacco HelpLine, we will problem-solve and identify any potential barriers.

Thank you for your participation. Your feedback as we make this journey together is always very much appreciated.

**Partnership for a Tobacco-Free Maine (PTM)
System Support Program – Action Plan Write-up**
[Site Name and Date]

Thank you for taking the time to participate in this PTM program. We would like to provide you with a write up of the ideas that were identified during your action plan session.

ACTION PLAN

Objective 1

What:

Who:

When:

How:

Objective 2

What:

Who:

When:

How:

Objective 3

What:

Who:

When:

How:

Thank you for your participation. We will follow up with an onsite technical assistance visit in 90 days from (Date of Action plan meeting). Please contact Anthony Massarelli (207.662.7140) or your Tobacco Treatment Educator (Name) (tel number) if you have questions or need additional technical assistance.

AREAS OF ACTION

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- Identify an onsite champion for tobacco treatment and prevention.
- Utilize the chronic disease care manager to oversee tobacco treatment efforts.

Feedback to Staff on Effectiveness of Tobacco Treatment Efforts

- Include tobacco treatment protocol in performance evaluation.
- Incorporate tobacco treatment education in staff meetings through role play and information sharing around pertinent issues such as working with youth.
- Discuss and review roles and responsibilities at regularly scheduled staff meetings.
- Share patient progress with staff at regularly scheduled staff meetings [which can include: a) quit success, b) relapse intervention strategies used, or c) quit attempt rates].

Tobacco Treatment Training

- Send two staff members to Basic Skills Training in your area scheduled for [date of training]
- Send one staff member to Intensive Conference in Portland, Me scheduled for [date of training]
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