

Partnerships with Health Systems to Increase Evidence-Based Treatment of Tobacco Dependence

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UW-CTRI

Center for Tobacco Research and Intervention
University of Wisconsin Medical School

Agenda



- Why focus on Healthcare Systems?
- What is Healthcare Systems Change?
- Implementing Healthcare Systems Change

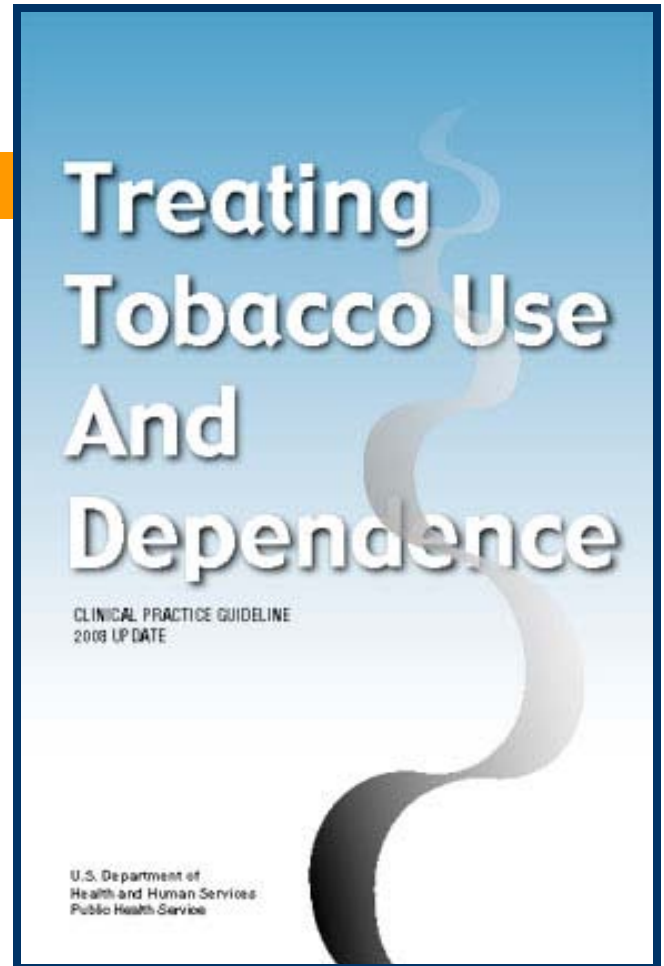
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Why Treat?

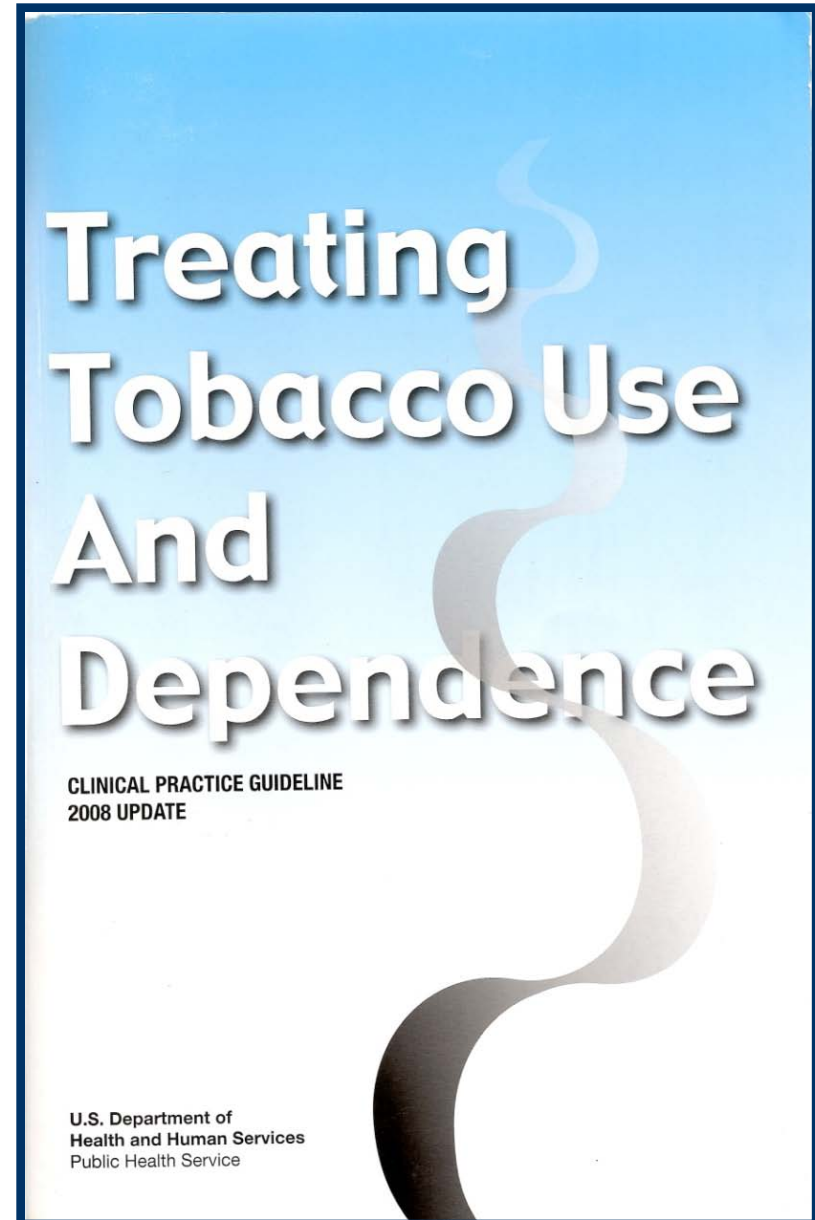
Cost Effective

Clinically Effective



The Guideline

- Evidence-based treatments
 - Counseling
 - Medications
 - Health System Changes
- 2008 Updated Guideline
- Literature from 1975 – 2007
- 8,700 total research articles



Why focus on healthcare systems?

- 70% of smokers report that they want to quit
- About 80% of smokers see a clinician each year
- Only 25% of smokers who see a clinician leave that visit with evidence-based counseling and/or medication
- Need to stay current with healthcare rules/changes, and help healthcare systems achieve tobacco cessation-related quality standards and reporting, meaningful use of EHRs, etc.

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What Is A System?

Definition: A group of interacting, interrelated, or interdependent elements forming a complex whole.

Factors:

- People
- Policies
- Process

Why A Systems Approach?

- Training efforts directed only to healthcare providers are not sufficient
- Clinic-wide and/or health system-wide interventions are more effective
- The goal – implement changes in clinic and hospital operations that are sustainable and become the standard of care

Systems Change

- Goal: to help healthcare systems make and sustain as a standard of care:
 - the identification of,
 - intervention with, and
 - documentation of evidence-based treatment provided to tobacco-users

Levers For Change

- **Partnerships** (who has a stake in helping patients quit?, work together; improve patient outcomes)
- **Leadership** (champions; tobacco dependence can be treated successfully; help our patients quit)
- **Innovations** (demonstrate success; HMOs and hospitals are competitive)
- **Finances** (cost-saving, return on investment)

Where To Start?



- Identify your objective
- Determine what has to change
- Who can make this change happen?
- Who do you know?
- Think about existing groups, networks, associations
- What resources do you or others have?

Systems Thinking

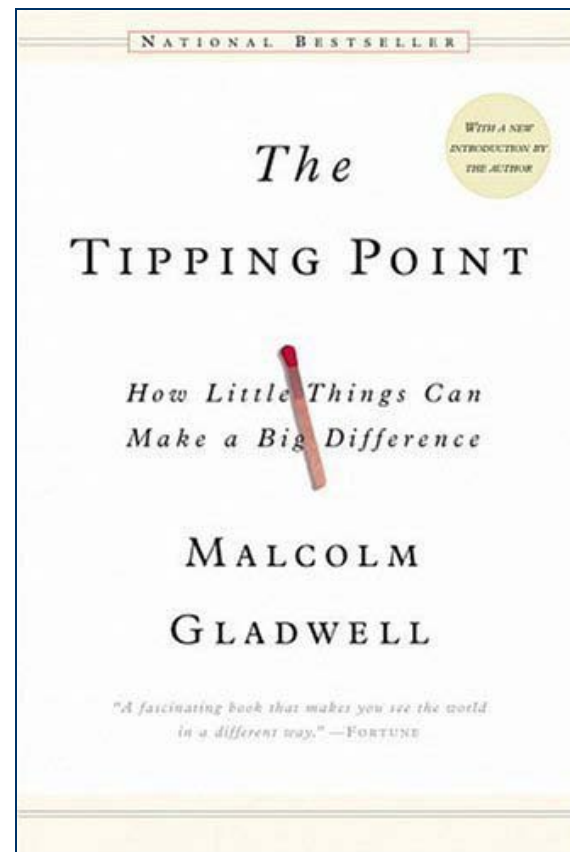
- Promotes
 - Communication
 - Partnership
 - Win-win solutions
- It's about relationships

Systems Thinking

Small events can
create large change
in complex systems

Connectors, Mavens,
Salespeople

Stickiness



Opportunities



- Joint Commission Inpatient Tobacco Measures
- Healthcare Reform and Meaningful Use
- Electronic Health Records

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UW-CTRI Outreach Program

Outreach Specialists Research into Practice

- Academic detailing (repeated, ongoing contacts)
- Free, convenient, reliable link to up-to-date research, resources and tools
- Community organizing and systems change approach
- Helping clinics and hospitals incorporate Quit Line as a treatment extender



Academic Detailing Components

- Repeated, ongoing site and staff contact
- CME and CE credit
- Professional association partnerships
- Communication and media
- Community organizing & systems change
- Provider and system feedback
- Ongoing access to research and resources

Academic Detailing

- Regional Outreach Specialists live and work in different parts of the state and visit clinics, hospitals, insurers and healthcare systems
- Training, including CME-CE, for physicians, nurses, physician assistants, medical assistants, dentists and hygienists and other healthcare staff
- Technical assistance on system reminders, billing, quality improvement, tobacco use as a vital sign, brief “5A” tobacco use intervention, EHRs, medications, and the Tobacco Quitline
- Regional Outreach Specialists train and follow-up with individualized, on-site technical assistance, developed in conjunction with the clinic or hospital, to help advance and enhance the sites’ tobacco dependence treatment practices, policies, and workflow
- Identify and cultivate champions

Identifying and Fostering Champions

- Identify tobacco cessation champion(s) within sites/systems
- Champions:
 - Influence sites/systems to adopt tobacco cessation as priority issue
 - Lead/assist change and monitor practices and policies
 - Advocate tobacco dependence treatment as ongoing standard of care

Integrating State-funded Quit Line

- Clinicians not equipped and/or don't have time to provide intensive counseling critical to a successful quit attempt
- Clinicians can do a brief intervention, including prescribing appropriate medications
- Wisconsin Tobacco Quit Line as a treatment extender for ongoing, intensive counseling

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Systems Change Example: Wisconsin Medicaid

“Medicaid Covers It” Campaign

Program Purpose:

Increase utilization of Medicaid-covered benefits and WTQL

Program Objective:

Reduce tobacco-use rate among Medicaid enrollees

You can afford to quit smoking.

Medicaid can help.

Medicaid, BadgerCare & SeniorCare — all cover the cost of prescription medicines for quitting smoking.

Ask your doctor about quitting.

Forward

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Tú puedes lograr dejar de fumar.

Medicaid te ayuda.

Medicaid, BadgerCare & SeniorCare — todos cubren el costo de medicamentos de prescripción para dejar de fumar.

Pregunte a su médico sobre cómo dejar de fumar.

Forward

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Medicaid lo cubre.

Patrocinado por el Centro para la Investigación de Tabaco e Intervenciones de la Universidad de Wisconsin

www.ctri.wisc.edu/HC.Providers/healthcare_medicaid.htm

What Did We Do?

- Identify problem and how to address problem
- Share objective with others invested in solving problem, be clear about what they will gain
- Identify systems changes necessary to attain objective and “change agents”
- Form partnerships; deepen relationships
- Create and disseminate tools to address barriers
- Evaluate and share results
- Keep communicating!

With Whom?

- Division of Healthcare Finance and Department of Health and Family Services (DHFS)
- Tobacco Program Partners and Advocates
- Medicaid members
- Medicaid Benefit Enrollment Specialists
- Medicaid-Contracted HMOs
- Clinicians
- Substance abuse providers
- Pharmacists
- Billing specialists and other administrators

What Happened?

SYSTEM CHANGES:

- State Medicaid program makes identifying and treating tobacco users a priority (pay for performance, financial support)
- Medicaid-contracted HMOs make this a priority. Providers change clinic and individual practice
- Clinicians and support staff change clinical and administrative practice and workflow

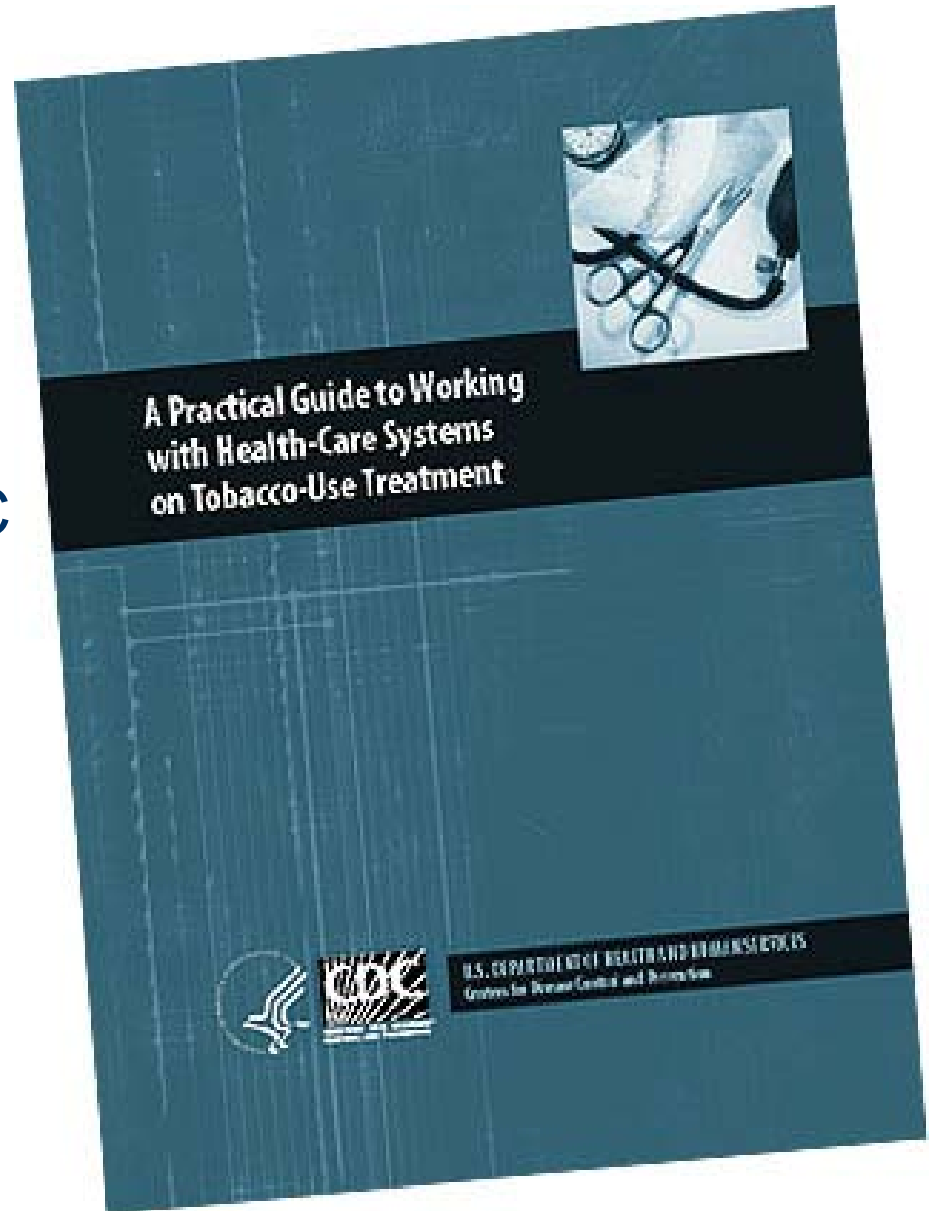
OUTCOME:

- Medicaid members seek and receive treatment
 - Utilization of the tobacco dependence treatment more than doubled

Resource

A Practical Guide to Working with Health-Care Systems on Tobacco Use Treatment, CDC 2006.

www.cdc.gov/tobacco/pubs.htm



HEALTHCARE PROVIDER REMINDER
SYSTEMS, PROVIDER EDUCATION,
AND PATIENT EDUCATION



Working with Healthcare
Delivery Systems to Improve
the Delivery of Tobacco-Use
Treatment to Patients

AN ACTION GUIDE



Shaping Policies • Improving Health



TOBACCO-USE TREATMENT

www.prevent.org/actionguides

www.prevent.org/Topics.aspx?ealD=4&topicID=14

UW-CTRI Resources

- Fact Sheets – primary care; hospital; reimbursement
- Treating Tobacco Dependence Manual – clinic; hospital; dental
- Videos: motivational interviewing; clinic and hospital scenarios; specific populations
- CME/CE – online (Medscape)
- “Medicaid Covers It” Materials



www.ctri.wisc.edu

Activity



Write down who you could work with when you get home in a healthcare system to systematize tobacco dependence treatment (think broadly)



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