Everyone Loves a Quitter: Tobacco Cessation

Matt Flory, American Cancer Society
Jill Doberstein, Essentia Health

September 24, 2018

Agenda

• Welcome/Introductions
• American Cancer Society – Everyone Loves a Quitter
• Essentia Health – Systems Change: Tobacco Dependence Treatment Integration
• Q & A
Everyone Loves a Quitter: Tobacco Cessation

Matt Flory
State Health Systems Manager
September 24, 2018

- Tobacco use is still the number one preventable cause of death and disease in the United States.

- The majority of tobacco users say they want to quit, and nearly half try to quit each year.

- However, only 4% to 7% of smokers are successful in quitting each year.
Providers Could be the Key

- Tobacco users cite health care professional advice to quit as an important motivator for attempting to quit.
- Brief advice from you significantly increases the chances that your patients will try to quit and do so successfully.

Some Smokers Want to Quit

“Among all current U.S. adult cigarette smokers, nearly 7 out of every 10 (68.0%) reported in 2015 that they wanted to quit completely”
How Do You Know If They Want To Quit?

THE BRIEF TOBACCO INTERVENTION

**The 5As**

**ASK** about tobacco use:
“Do you currently smoke or use other forms of tobacco?”

**ADVISE** the patient to quit:
“Quitting tobacco is one of the best things you can do for your health. I strongly encourage you to quit. Are you interested in quitting?”

**ASSESS** readiness to quit:
“Are you interested in quitting tobacco?”

**ASSIST** the patient in quitting:
**IF READY TO QUIT:** Provide brief counseling and medication (if appropriate). Refer patients to other support resources that can complement your care (e.g., quitlines, Smokefree.gov, SmokefreeTXT, B4TobaccoFree.gov, group counseling).
For tips on how to offer brief counseling, see: www.shq.gov/path/tobacco.htm.
**IF NOT READY TO QUIT:** Strongly encourage patients to consider quitting by using personalized motivational messages. Let them know you are there to help them when they are ready.

**ARRANGE** for follow up:
Follow up regularly with patients who are trying to quit.
When Talking to a Tobacco User

- Acknowledge that it is hard to quit but offer support and be patient with them

- Talk about health benefits of quitting, especially immediate impact

- Consider the cost argument, cigarettes are not cheap. And smokers have other costs. For some people these costs seem more immediate.

Immediate Health Benefits

- Your heart rate and blood pressure drop within 20 minutes.
- Your carbon monoxide level in the blood drops to normal within 12 hours.
- Your circulation improves and your lung function increases within 2-12 weeks.
- Your coughing and shortness of breath decrease within 1-9 months.
- Your risk of coronary heart disease is about half that of a smoker’s within 1 year.
- Your risk of stroke is reduced to that of a nonsmoker’s within 5 years.
- Your risk of lung cancer falls to about half that of a smoker’s, and your risk of cancer of the mouth, throat, esophagus, bladder, cervix, or pancreas decreases within 10 years.
- Your risk of coronary heart disease is that of a nonsmoker’s within 15 years.
Cancer Specific Health Benefits of Quitting

5 years after quitting

- Risk of cancer of the mouth, throat, esophagus, and bladder are cut in half.
- Cervical cancer risk falls to that of a non-smoker.

10 years after quitting

- The risk of dying from lung cancer is about half that of a person who is still smoking.
- The risk of cancer of the larynx and pancreas decreases.

Advice to Patient: Consider the Cost

“We all know that smoking causes a range of health problems, but have you thought about how it affects your wallet?”

- Cigarettes and/or tobacco
- Breath mints and cough drops
- Cleaning expenses clothes, home, and car.
- Long term costs of doctor visits
Help Them Make a Plan

• Provide brief counseling and medication (if appropriate)
• Refer them to resources that can compliment your care
• Encourage them to pick a date and tell friends/family to get their support

CDC How to Quit Page
ACS Great American Smokeout

The Great American Smokeout

When trying to quit smoking, support can make all the difference. #GASO

Great American Smokeout Event Tools and Resources

Download template forms for use in employee health fairs, and other places in your community.

Why We Need the Great American Smokeout

- Increased cancer incidence and mortality rates
- Economic burden of smoking
- Environmental impact of smoking

Get Help Quitting Smoking

- Nicotine replacement therapy
- Medications
- Quitline services
- Online programs

More Resources

- American Cancer Society’s website
- National Cancer Institute

Resources: Tools for Employers

American Cancer Society Quit Tobacco and Smoking Toolkit 2017

Table of Contents

- Smoking 
- Stopping 
- Nicotine replacement therapy
- Medications
- Quitline services
- Other resources

Resources: Tools for Employers

- American Cancer Society’s website
- National Cancer Institute

Resources: Tools for Employers

- American Cancer Society’s website
- National Cancer Institute
Other Considerations: Lung Screening

Who Should Be Screened for Lung Cancer?

Radon Screening

1. Test Your Home
2. Reduce Your Exposure
3. Spread the Word

Two of Five Minnesota homes have high RADON levels
ACS State Contacts

Thomas Rich, MPH | Michigan Health Systems Manager
1755 Abbey Rd
East Lansing, MI 48823
Phone: 517.664.1422
Thomas.rich@cancer.org

Matt Flory | Minnesota Health Systems Manager
950 Blue Gentian Drive
Eagan, MN 55121
Phone: 651.335.8926
cancer.org | 1.800.227.2345
Matt.flory@cancer.org

Beth Brunner | Wisconsin Health Systems Manager
N19 W24350 Riverwood Drive
Waukesha, WI 53188
Phone: 262.523.5547
Beth.brunner@cancer.org

SYSTEMS CHANGE:
TOBACCO DEPENDENCE TREATMENT INTEGRATION

Jill Doberstein, MA, CTTS
Essentia Health
September 24, 2018
Grant Funding

- 05/2015 – 04/2017 ClearWay Minnesota
  – Health Systems Change for Integrating Tobacco Dependence Treatment

- 05/2017 – 7/2018 ClearWay Minnesota
  – Dissemination Grant

*Link to Essentia Health Case Study
Integrated Health System

Our Service Area
LANDSCAPE

At
ESSENTIA HEALTH

39,649 PATIENTS USE TOBACCO
Our Patient Population that uses Tobacco by Clinic: 12% - 31%

Essentia-wide Average: 18.6%

<table>
<thead>
<tr>
<th>Clinic</th>
<th>Total Patients</th>
<th>Total Patients using Tobacco</th>
<th>% Patients using Tobacco</th>
</tr>
</thead>
<tbody>
<tr>
<td>GRC FAMILY PRACTICE</td>
<td>1,457</td>
<td>412</td>
<td>28.29%</td>
</tr>
<tr>
<td>EH GRAND RAPIDS CLINIC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HAY FAMILY PRACTICE</td>
<td>5,407</td>
<td>1,003</td>
<td>18.55%</td>
</tr>
<tr>
<td>HAY GENERAL SURGERY</td>
<td>56</td>
<td>10</td>
<td>18.03%</td>
</tr>
<tr>
<td>EH HAYWARD CLINIC SIMS</td>
<td>5,463</td>
<td>1,019</td>
<td>18.65%</td>
</tr>
<tr>
<td>EH HERMANTOWN CLINIC</td>
<td>10,434</td>
<td>1,574</td>
<td>15.09%</td>
</tr>
<tr>
<td>HERM FAMILY PRACTICE</td>
<td>10,434</td>
<td>1,574</td>
<td>15.09%</td>
</tr>
<tr>
<td>EH HOLLAND CLINIC</td>
<td>3,754</td>
<td>856</td>
<td>22.63%</td>
</tr>
<tr>
<td>HIB FAMILY PRACTICE</td>
<td>41</td>
<td>8</td>
<td>19.51%</td>
</tr>
<tr>
<td>HIB PEDIATRICS</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

GUIDELINES & BEST PRACTICES
Clinical Practice Guidelines

Or ASK → ADVISE → REFER

“Patients who have been advised to quit smoking by their doctors have a 66 percent higher rate of success.”

— Former US Surgeon General
Regina Benjamin, MD, MBA

ASK – Every Visit, Every Time

ABOUT 69% OF SMOKERS WANT TO QUIT COMPLETELY.
ADVISE - Examples to Motivate Patients in Minimal Time

1. Quitting smoking is the single most important thing you can do to improve your overall health. Smoking impacts your _______ (diabetes management, vascular disease, COPD, depression/anxiety, ability to heal from surgery, medication adherence, reproductive system, dermatology, child’s asthma). Highlighting the benefits of quitting smoking related to any other chronic conditions or signs/symptoms the patient has makes it feel more personal – rather than a blanket statement.

2. Counseling and medications to help you quit smoking are covered by most insurance plans. The majority of insurance plans, including Medicaid, cover counseling and medications at 100% with no cost sharing or co-pays. If a patient finds that there are costs for medications, they can work with the counselors to find them low or no-cost options through state quitlines, etc.

3. The most important factor in your quit attempt is you! On a scale of 1-10 how willing are you to make a quit attempt? If a 5, tell me why you’re up to a 5 and not a 3 or a 2? Framing the conversation around why they are “already there” and not “only a 5” helps open the door for change talk and positive thinking. If you can spend a few minutes motivating them to bring them up a point or two on the readiness scale – it can make all the difference in their interest in a referral and/or willingness to make a quit attempt in the next few months.

4. Research shows that medication + face-to-face counseling works best! In fact, patients that were seen 3 or more times by a tobacco treatment counselor here at Essentia have about a 50% success rate (or you can say “have the highest success rate”). I realize a 50/50 chance of being successful doesn’t sound great, but in the world of tobacco cessation – that’s about as good as we get! National data on evidence based practice shows face to face counseling + medication at the highest success rate of 38%
UTILIZING A SPECIALIST MODEL

Tobacco Treatment Integration

- 30 EH staff from across all 3 states and 19 community partners came together to complete the Mayo Nicotine Dependence Centers – Tobacco Treatment Certification course at Essentia Health in 2016 & 2017.

- The week long training with certification exam was offered at half the cost to employees and ¼ cost to community partners (some full scholarships) through EH-Community Health (CHNA)

- An additional 16 staff have been trained and certified down at Mayo in Rochester between 2016-2018!
CTTS Integration/Utilization

- Ancillary Schedules for RN’s in Primary Care (20/30 min visit types)
- EPIC Documentation Tools
  - Referral Order – by region and clinic location
  - Visit Type for Tobacco Counseling
  - Assessment sent via MyHealth in advance
  - SmartSet specific to CTTS’s
  - Treatment Plan prints as AVS for patient
  - Patient Tracking Tools
- Unique toll free 1-800 Number for EH - TTS Visit
- Marketing and Patient Education Materials
- Monthly Connect Calls with EH – CTTS + Basecamp
- Proactive Outreach to Chronic Disease Patients utilizing Healthy Planet annually
Meet your Essentia Health Team of Certified Tobacco Treatment Counselors

“This is really hard work… But so incredibly rewarding”

Quitting smoking is the single most important thing you can do to improve your overall health

When you’re ready to quit, we’re here to help.

Schedule an appointment today by calling us toll-free at 844.403.7010.
Essentially You Magazine

Get ready to quit smoking

It's hard to quit smoking. Quitting takes time, patience and practice. And you may need more than one to, as don't give up.

“Research shows the most effective way to quit smoking is face to face counseling and nicotine patches,” says Dr. Michelle, Essentia Health's tobacco treatment specialist. “And you don’t need to do it alone. We have a quit coach here for you.”

Nicotine replacement therapy can help you quit smoking. As of June 2017, Essentia Health will be a tobacco-free environment on campus.

Nicotine replacement therapy helps you stop smoking by providing a steady supply of nicotine. Nicotine replacement therapy includes nicotine patches, nicotine gum, and nicotine inhalers.

Try these tips to help you prepare to quit:

• Know why you are quitting. For better health, for a family member or to save money are all good reasons. Write them down and post them as a daily reminder.
• Find a quit coach to support you and your friends. Call the Essentia Health Quitline at 218-681-2365.
• Learn how to handle your triggers and cravings. For example, if you smoke while drinking alcohol, try a non-alcoholic drink.
• Focus on the financial aspects of quitting. Every $1 you save by not smoking is worth $5 in savings.
• Calculate how much money you save each month. For more information or a picture of something that you’d want to buy if you quit, call 1-800-231-6962.
• Explore new smoking cessation programs.

An Essentia Health quit coach can help you prepare to quit and develop a plan that fits your life. Your coach will be there to support you every step of the way as you work toward success.

OUTPATIENT OUTCOMES
Year 1 Referrals - Outpatient
(mid-May 2016 to mid-May 2017-based on referral order go live)

Year 2 Referrals – Outpatient
(mid-May 2017 to mid-May 2018-based on referral order go live)
Monitor Referrals by Clinic

Patients with a Tobacco Counseling Referral Order by Location

Unique Patients = 3,167
Former Tobacco Users = 488 (15.60%)

Monitor Referrals by Provider

CENTRAL REGION → EH-ST JOSEPH’S BAXTER CLINIC → BAX FAMILY PRACTICE

Unique Patients = 164
Former Tobacco Users = 37 (22.56%)

Patients with a Tobacco Counseling Referral Order by Provider by Month

© 2017 Essentia Health
Process Improvement

- PDSA Cycle
- Utilize Performance Board
- Team Huddles
- Reporting Workbench
- Track and Celebrate Successes!

6 Month Quit Rates and Patient Satisfaction

**Essentia Health**

**6, 12 Month Follow-Up Call Outcome Measures**

<table>
<thead>
<tr>
<th>Quit Attempt</th>
<th>Response</th>
<th>Patients (served)</th>
<th>Patients (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>1,102</td>
<td>89.71%</td>
<td></td>
</tr>
<tr>
<td>Referral</td>
<td>40</td>
<td>3.2%</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>1,440</td>
<td>11.09%</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>2,652</td>
<td>100.00%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Used Tobacco in Last 30 Days</th>
<th>Response</th>
<th>Patients (served)</th>
<th>Patients (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>977</td>
<td>89.17%</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>1,011</td>
<td>89.90%</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1,988</td>
<td>100.00%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Used Tobacco in Last 7 Days</th>
<th>Response</th>
<th>Patients (served)</th>
<th>Patients (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>121</td>
<td>13.12%</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>872</td>
<td>95.71%</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>993</td>
<td>100.00%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agreed To Appointment</th>
<th>Response</th>
<th>Patients (served)</th>
<th>Patients (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>1,469</td>
<td>96.10%</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>53</td>
<td>3.90%</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1,522</td>
<td>100.00%</td>
<td></td>
</tr>
</tbody>
</table>

**Satisfaction with Tobacco Treatment**

<table>
<thead>
<tr>
<th>Response</th>
<th>Patients (served)</th>
<th>Patients (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Satisfied</td>
<td>75</td>
<td>60.79%</td>
</tr>
<tr>
<td>Slightly Satisfied</td>
<td>55</td>
<td>44.59%</td>
</tr>
<tr>
<td>Not at all Satisfied</td>
<td>40</td>
<td>32.71%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>4</td>
<td>3.21%</td>
</tr>
<tr>
<td>Total</td>
<td>2,652</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

**Quit Smoking**

<table>
<thead>
<tr>
<th>Quit Smoking</th>
<th>Yes, “No” if used in last 30 days</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>264.5%</td>
<td>155.5%</td>
</tr>
<tr>
<td>No</td>
<td>155.5%</td>
<td>264.5%</td>
</tr>
<tr>
<td>Total</td>
<td>320</td>
<td>320</td>
</tr>
</tbody>
</table>

**Referral Ordered**

<table>
<thead>
<tr>
<th>Referral Ordered</th>
<th>Patients (served)</th>
<th>Patients (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>2,844</td>
<td>90.00%</td>
</tr>
<tr>
<td>No</td>
<td>279</td>
<td>9.00%</td>
</tr>
<tr>
<td>Total</td>
<td>3,123</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

- 28 months of Patient Referral Data
- 22 months of Follow Up Data from
6 Month Quit Rates – Deeper Dive

**Overall quit rate** = **40.3%** (663/1,645)

- Referral + Medication = **31.1%** (91/293)
- Referral + Medication + 1 Counseling Visit = **38.3%** (129/337)
- **Referral + Medication + 3 or more Counseling Visits = 49.6%** (127/256)  - Best Practice Treatment

- of patients we reached 6 months after the referral order who made a quit attempt
- 56.5% of pts with a referral order had at least 1 intervention (counseling/med)
- 50% reach rate at 6 months post-referral with 3 outreach attempts
  - MyHealth + 2 phone call attempts

---

Counseling + Combo Pharm Best

% quit at 1 year:

- Telephone Quitline ----------- 13%
- Group Counseling ------------ 14%
- Individual Counseling ------- 17%
- 2-3 Sessions + Medication ---- 28%
- Buproprion + Counseling ------ 24%
- Patch + Counseling ----------- 27%
- Varenicline + Counseling ------ 33%
- Combo Pharm + Counseling ------- 26%-37%

Over 2 Years of Utilization

- Over 6,500 unique patient referrals
  - Nearly 1,500 patients have quit tobacco
    - (6 months post referral data)
  - 394 patients who had relapsed at 6 month follow up, made an appointment to make another quit attempt
  - 83% very satisfied or mostly satisfied with the services they received

Patient Story: Partnering with a Tobacco Cessation Specialist at Essentia Health

https://youtu.be/jI7iBgJmUoQ
CHRONIC DISEASE
CLINICAL QUALITY DASHBOARD

Tobacco Use Impact on the Clinical Quality Dashboard

21863 - (Weekly) Optimal Diabetic and Vascular Care - Tobacco User Stats
Current Diabetic and Vascular Patients as of 04/09/18

**Optimal Diabetic Care**
Measure Target: 42.70%

<table>
<thead>
<tr>
<th></th>
<th>Rate</th>
<th>Total Patients</th>
<th>Total Compliant</th>
<th>Total</th>
<th>Non-Compliant (Tobacco &amp; Other)</th>
<th>Non-Compliant (Tobacco ONLY)</th>
<th>To Reach Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Essentia Health OVERALL</td>
<td>38.85%</td>
<td>20,157</td>
<td>7,824</td>
<td>2,555</td>
<td>2,460</td>
<td>1,495</td>
<td>970</td>
</tr>
</tbody>
</table>

**Optimal Vascular Care**
Measure Target: 61.90%

<table>
<thead>
<tr>
<th></th>
<th>Rate</th>
<th>Total Patients</th>
<th>Total Compliant</th>
<th>Total</th>
<th>Non-Compliant (Tobacco &amp; Other)</th>
<th>Non-Compliant (Tobacco ONLY)</th>
<th>To Reach Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Essentia Health OVERALL</td>
<td>59.40%</td>
<td>12,071</td>
<td>7,170</td>
<td>2,566</td>
<td>810</td>
<td>1,766</td>
<td>302</td>
</tr>
</tbody>
</table>
# MN Community Measurement

## Optimal Diabetic Care

<table>
<thead>
<tr>
<th>Measure Target</th>
<th>5.0%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>Total Patients</td>
</tr>
<tr>
<td>ESSENTIA HEALTH OVERALL</td>
<td>42.6%</td>
</tr>
<tr>
<td>CENTRAL REGION</td>
<td>42.6%</td>
</tr>
<tr>
<td>EH ST JOSEPH'S BRAINERD CLINIC</td>
<td>42.4%</td>
</tr>
<tr>
<td>BMC INTERNAL MEDICINE</td>
<td>44.3%</td>
</tr>
<tr>
<td>GEBHARDT, KRISTI R</td>
<td>26.6%</td>
</tr>
</tbody>
</table>

### Patient Details (Tobacco Users)

<table>
<thead>
<tr>
<th>MINN</th>
<th>Patient Name</th>
<th>Tobacco</th>
<th>A/Sa</th>
<th>BrP</th>
<th>Status</th>
<th>In OVC</th>
<th>Population</th>
<th>Future PCP Wait</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
<td>11/05/17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
<td>10/19/17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
<td>09/24/17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
<td>09/17/17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
<td>09/17/17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
<td>09/17/17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
<td>09/17/17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
<td>09/17/17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
<td>09/17/17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
<td>09/17/17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
<td>09/17/17</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Optimal Vascular Care

<table>
<thead>
<tr>
<th>Measure Target</th>
<th>5.0%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>Total Patients</td>
</tr>
<tr>
<td>ESSENTIA HEALTH OVERALL</td>
<td>59.5%</td>
</tr>
<tr>
<td>EAST REGION</td>
<td>57.2%</td>
</tr>
<tr>
<td>EH-DULUTH CLINIC 1ST ST</td>
<td>61.5%</td>
</tr>
<tr>
<td>FIRST INTERNAL MED</td>
<td>61.5%</td>
</tr>
<tr>
<td>KAMAL, SHEHLA A</td>
<td>61.4%</td>
</tr>
</tbody>
</table>

### Patient Details (Tobacco Users)

<table>
<thead>
<tr>
<th>MINN</th>
<th>Patient Name</th>
<th>Tobacco</th>
<th>A/Sa</th>
<th>BrP</th>
<th>Status</th>
<th>In OVC</th>
<th>Population</th>
<th>Future PCP Wait</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
<td>03/21/15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
<td>06/27/15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
<td>05/14/15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
<td>04/23/15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
<td>04/23/15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
<td>04/23/15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
<td>07/15/15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
<td>07/15/15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
<td>05/07/15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
<td>05/07/15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
<td>05/07/15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
<td>04/23/15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
<td>04/23/15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
<td>04/12/15</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PDSA – New Years Resolution

• Patient List: Those not at target in D5 or ICD4 ONLY because of tobacco use

• Letter (snail mail) from PCP
  – Tobacco’s impact on ability to manage
  – Health risk of tobacco and chronic disease
  – We have the best resource to help you quit!

• Phone Follow Up
  – CTTS in each clinic calls using standard work, script and EMR documentation tools

• Monitor Outcomes/Data Feedback

Outcomes

Outcomes Overall:
Total Patient with "DM and Tobacco Outreach Letter" documented in Epic = 1192
- 1191 patients were sent the letter (1 patient was never sent the letter)
- 1186 patients received the letter (5 returned letters)

Of the 1186 patients that received the letter
- 81 had a tobacco cessation referral ordered between 12/27/2016 and 02/14/2017
- 821 patients had a documented "Tobacco and Diabetes Follow Up Call" encounter
- Of the 365 patients that didn’t have a documented "Tobacco and Diabetes Follow Up Call" encounter, 4 had a "Tobacco Cessation Follow Up Call" encounter between 01/05/2017 and 01/06/2017

Outcomes:
1627 out of 1628 patients were sent the IVD and Tobacco Outreach Letter (the patient not sent the letter passed away early December).

Of the 1627 patients sent the letter
- 70 had a tobacco cessation referral ordered between 01/03/2018 - 04/12/2018
- 517 had a "Tobacco and IVD Follow Up Call" encounter documented within their chart (335 of the 517 encounters included documentation indicating the call was completed)
The study, published in the online edition of *Tobacco Control*, revealed that low productivity due to more missed days at work costs employers, on average, $517 annually for each employee that smokes. Meanwhile, presenteeism costs $462 annually for each smoker, smoking breaks cost $3,077 a year per smoker and excess health care expenses cost $2,056 annually for every employee that smokes. Overall, the total estimated cost to employers was $5,816 per employee per year.

$6,013,744 annually

*Based on 1,034 Health Partners members that are Essentia Health employees, that receive care at EH, and that use tobacco x $5,816.
Addressing Our Employee Tobacco Use Rate

Quit4Cash Challenge

Start your journey to a tobacco-free you. Register for the Quit4Cash Challenge.

What is the Quit4Cash Challenge?

The Quit4Cash Challenge is a free tobacco cessation program designed to help employees quit smoking and reduce their tobacco use.

How the challenge works:

• Quit4Cash Sign-Up in March
  - Mini-Quit Monday’s in March to “practice”
• Quit for the Month of April
• Weekly Support Tools & Prizes for Participation
• $500 Grand Prize Drawing

*If Health Partners member - $260 insurance premium credit (TakeCharge)

*If MN resident, can sign up for MN QUITCASH Challenge - $5,000 Grand Prize

Cover Letter Quit4Cash

Direct mail to all HP Members/EH Employee tobacco users

Essentia's Tobacco-free Challenge yields life-changing success

Essentia Health wanted to help employees make a healthy change by participating in a tobacco-free challenge. The Quit4Cash Challenge was designed to encourage employees to quit smoking, use tools to reduce tobacco use, and participate in weekly support sessions.

Month Mini-Quit Mondays

Getting started is easy and it's not too late to enroll. A mini-quit is a way to practice various coping strategies in different situations before your quit date. Mini-quit challenges will be available each Monday in March, including weekly prizes.

March Mini-Quit Mondays

- March 5-11: Stress-free work day Register here
- March 12-18: Smoke-free car rides Register here
- March 19-25: Smoke-free meals Register here
- March 26-31: Avoid social smoking Register here

Quit4Cash Challenge

During the four-week challenge, Essentia Health employees that currently use tobacco will be encouraged to begin their journey to a tobacco-free future and quit for the month of April. Click on the link below to register by March 31.

How the challenge works:

- Participants will receive support tools, tips, and ideas throughout the challenge to help keep on track.
- They will be asked to write a tobacco-free support letter or non-smoking buddy, who will support them through this process.

Click on the link below to register by March 31.

Quit4Cash Challenge Register here
Why Integrate Tobacco Treatment into Hospitals

Hospitalization offers tobacco users a unique opportunity to initiate cessation because hospitals are smoke-free, requiring smokers to abstain temporarily. Hospitalization provides patients with both salient motivation to quit as well as access to tobacco-cessation interventions.

- Care Delivery Model at 32H in Fargo (7 years)
- Inpatient = teachable moment/golden opportunity
- Avoid withdrawal – discharge AMA to smoke off-campus
- Increase healing and medication adherence
- Avoid wound infection and hospital readmissions
- Patient care plan to sustain quit attempts long term
Opportunity

1. Avoid withdrawal during inpatient stay
2. Avoid discharge to leave hospital property to use tobacco
3. Initiate long-term cessation for interested patients

Integrating Tobacco Treatment Counseling into Essentia Health’s Duluth Hospital - SMMC

A meta-analysis of 50 RCT’s found that hospital based interventions increased cessation rates by 37% at 6 to 12 month follow up. The two most successful strategies were:

1. Bedside Interventions (counseling + medications)  
   *starting NRT in hospital  quit rates by 54%
2. Providing NRT at Discharge (not just a prescription, but meds to beds)

EH Plans to take this one step further to sustain quit attempts/ prevent relapse after discharge:

3. Provide a referral to outpatient CTTS for follow up - ongoing counseling and medication management  
   * "not effective without continued support after discharge"

Pilot Go Live – June 15, 2017

- Admission OrderSet to include:
  - Protocol Order
  - Consult Order (for bedside counseling)
  - Nicotine Replacement Therapy (NRT) Order
  - Easy dosing nomogram
  - No Orders for NRT

- Once the protocol is initiated by the provider, the following care team members can order both the NRT and the Consult (bedside counseling with a CTTS)
  - Providers (MD, PA, NP)
  - Nursing (RN or LPN)
  - Pharmacy
  - Certified Tobacco Treatment Specialist (CTTS)
Inpatient Pilot Outcomes – 1 Year
(Go Live – June 15, 2017)

• 1,884 completed orders for bedside consult with Certified Tobacco Treatment Specialist (CTTS)

• 2,046 inpatient med orders for Nicotine Replacement Therapy (avoid withdrawal/comfortable while here with us)

• 814 discharge med orders for a 4 week supply of Nicotine Replacement Therapy (sustaining cessation)

• 429 discharge referral orders for counseling with an ambulatory CTTS (sustaining cessation)
System-wide Protocol: Inpatient  
(April 2018 – 10 months into pilot)

• (pre-checked) Protocol on all Admission Ordersets for 13 Hospitals
  – 5,510 orders for NRT
  – 4,071 bedside consults (8/13 have CTTS)
  – 474 referrals to outpatient counseling

To order the protocol outside of an order set you can use Tobacco Cessation Panel. This also includes IP tobacco cessation consult order (COMING) and nicotine replacement therapy dosing panel (nicotine withdrawal) for ordering convenience.

Coming Soon!

PRE-SURGICAL INITIATIVE
Medical Insight: TV Spot
https://youtu.be/y5pjEiBTbZc

UPSTREAM PREVENTION – POLICY & ADVOCACY
Essentia Supports Public Health Policy

• Aspirational Aim: Achieve health and vitality with our communities
  – We must do our part to make health care more accessible and more affordable. This means going beyond the walls of our hospitals and clinics and partnering with other organizations on innovative approaches to community and individual health

• Community Health Needs Assessment (CHNA)
  – Goal #2: Decrease the impact of tobacco on priority populations, specifically
    • 1) e-cigarettes and flavored tobacco in youth,
    • 2) commercial tobacco in Native Americans and
    • 3) menthol in African Americans.
  – Example Tactics: Influence public policy on tobacco sales practices in our community

Duluth Lethal Lure Campaign

Thank you to all our supporters, including:

- City of Duluth Human Rights and Indigenous Commissions
- Duluth School Board #307
- St. Louis County Health and Human Service Department
- Essentia Health and St. Luke’s Pediatrics Department
- Health in All Policies Committee
Reflections/Lessons Learned

- Less not more (AAR rather than 5 A’s/pre-checked protocol & empower care team)
- Rooming question is important!!!
- Follow up is critical – centralize if necessary
- Inpatient vs Outpatient (or both/and)
- Quit for Now / Quit for Good
- Much of health care happens outside our 4 walls
- For a large health system – full time program manager (or full time cheerleader)

Jill Doberstein, MAPL, CTTS
Supervisor: Tobacco Treatment Program
System Quality | Essentia Health
Jill.Doberstein@EssentiaHealth.org
218-786-2512
References

- ClearWay Minnesota [http://clearwaymn.org/]
- Minnesota Adult Tobacco Survey 2014.
- Essentia Health patient data
- Centers for Disease Control and Prevention [http://www.cdc.gov/tobacco/data_statistics/fact_sheets/cessation/quitting/index.htm]
- U.S. Preventive Services Task Force (USPSTF) FAQ about ACA [http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/clinicians-updata/index.html]
- NDQuits [https://ndquits.health.nd.gov/]
- Wisconsin Tobacco Quitline [http://www.ctri.wisc.edu/quitline.htm]
- Call It Quits, Minnesota Tobacco Quitlines [http://www.health.state.mn.us/callitquits]
- QuitPlan [https://www.quitplan.com/]
- Minnesotans for a Smoke Free Generation [http://smokefreegenmn.org/]
LSQIN Contact Information

**Michigan**
Andrea Boucher  
alauhoff@mpro.org

**Minnesota**
Jerri Hiniker  
jhiniker@stratishealth.org

**Wisconsin**
Ashley Green  
agreen@metastar.com

---

Thank You!

Follow us online @LakeSuperiorQIN

This material was prepared by Lake Superior Quality Innovation Network, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The materials do not necessarily reflect CMS policy. 1150W-MN-81-18-48 092118