

## 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.

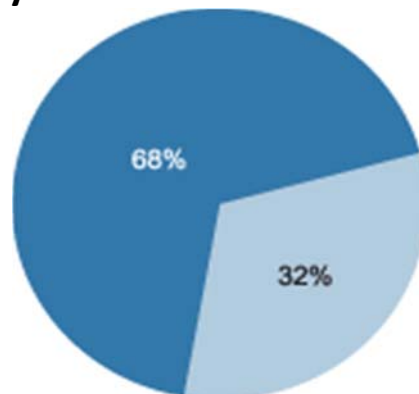
## Providers Could be the Key

- 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.

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## 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”**



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# How Do You Know If They Want To Quit?



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## 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, BeTobaccoFree.gov, group counseling).

For tips on how to offer brief counseling, see: [www.ahrq.gov/path/tobacco.htm](http://www.ahrq.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.



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## 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.

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## Immediate Health Benefits



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## 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.

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## 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

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## 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



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## CDC How to Quit Page

**CDC** Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives, Protecting People™

SEARCH

CDC A-Z INDEX ▾

### Tips From Former Smokers®

**How to Quit Smoking**

It's never too late to quit smoking. Quitting smoking now improves your health and reduces your risk of heart disease, cancer, lung disease, and other smoking-related illnesses.

**Start Your Quit Plan Today!**

**DEVELOP A QUIT PLAN**

One of the keys to a successful quit is preparation. A great way to prepare to quit smoking is to create a quit plan.

[More >](#)

**MANAGE YOUR CRAVINGS**

When a craving is triggered, it's important to have a plan to beat that urge to smoke.

[More >](#)

**FIND SOCIAL SUPPORT**

Find and share your motivation to quit smoking on CDCTobaccoFree. Social support can help you beat nicotine addiction and live a smokefree life.

[More >](#)

**SIGN UP FOR FREE TEXTS**

Free 24/7 quit help texted to your phone! Text START to 47848, answer a few questions, and you'll start receiving messages.

[More >](#)

**Call For Free Help**

You can quit smoking for good and live a healthy, smokefree life. Take the first step and call **1-800-QUIT-NOW** for FREE support.

**Free quit help:**  
[1-800-QUIT-NOW](tel:18002472747)  
[1-800-786-8649](tel:18007868649)

**In Spanish:**  
[1-855-335-3549](tel:18553353549)  
[1-855-335-3549](tel:18553353549)

**In Asian Languages:**  
Mandarin and Cantonese: [1-800-638-8217](tel:18006388217)  
Korean: [1-800-556-5564](tel:18005565564)  
Vietnamese: [1-800-778-8660](tel:18007788660)

**Get Email Updates**

To receive email updates about the Tips From Former Smokers® campaign, enter your email address:

What's this? [Submit](#)

**Related Links**

Smoking & Tobacco Use  
[Smokefree.gov](http://Smokefree.gov) [»](#)  
[National Cancer Institute](http://NationalCancerInstitute.gov) [»](#)

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# ACS Great American Smokeout



## The Great American Smokeout



Every year, on the third Thursday of November, smokers across the nation take part in the American Cancer Society Great American Smokeout event. Encourage someone you know to use the date to make a plan to quit, or plan in advance and then quit smoking that day. By quitting – even for 1 day – smokers will be taking an important step toward a healthier life and reducing their cancer risk.

### Great American Smokeout Event Tools and Resources

Download resources for use in workplaces, health systems, and other places in your community.

#### Why We Need the Great American Smokeout

About 38.6 million Americans still smoke cigarettes, and tobacco use remains the single largest preventable cause of disease and premature death in the world. While cigarette smoking rates have dropped from 42% in 1980 to 14.1% in 2010, pipes, cigars, and hookah – other dangerous and addictive ways to smoke tobacco – are very much on the rise. Smoking kills people – there's no "safe" way to smoke tobacco.

Quitting smoking has immediate and long-term benefits at any age. Quitting is hard, but you can increase your chances of success with help. Getting help through counseling or medications can double or triple the chances of quitting successfully.

[History of the Great American Smokeout](#)

#### Get Help Quitting Smoking

Quitting smoking is not easy, but you can do it. To have the best chance of quitting and staying quit, you need to know what you're up against, what your options are, and where to go for help.

[Benefits of Quitting Smoking Over Time](#)

[How to Quit Smoking on Smokeless Tobacco](#)

[Smoking-Habits Quiz](#)

[Helping a Smoker Quit - Do's and Don'ts](#)

#### More Resources

Quitting is hard, but you can increase your chances of success with help. The American Cancer Society can tell you about the steps you can take to quit smoking and provide quit-smoking programs, resources and support that can increase your chance of quitting successfully. To learn about the available tools, call us at 1-800-227-2343. You can also find free tips and tools below.

[Latest News About Tobacco and Smoking](#)

[Fight Back Against Tobacco](#)

[Quit For Life - phone and web-based support](#)

# Resources: Tools for Employers



The American Cancer Society is pleased to work with your company to provide tips for your employees to help reduce their risk of developing cancer. Resources such as [this toolkit](#) raise awareness about the importance of not using tobacco and the steps your employees can take to help prevent cancer and provide support if they are diagnosed with the disease.

Employees appreciate employers who show a caring commitment to their personal needs. You can show your support to the well-being of your employees by reminding them of the services available through us.

Please be sure to cite the American Cancer Society as your source of information when offering the enclosed information to your employees. All content in this toolkit has been updated for 2017. Changing the text of this toolkit might also change the meaning of certain medical content, and is not recommended. Thank you again for your commitment to helping save lives from cancer in the workplace.



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# Other Considerations: Lung Screening


Cancer Helpline 800.422.0223 Live Chat American Society of Clinical Oncology Search News English DONATE

CANCER A-Z STAY HEALTHY TREATMENT & SUPPORT OUR RESEARCH GET INVOLVED OUR PARTNERS ABOUT US

## Who Should Be Screened for Lung Cancer?

By Steve Simon, Senior Editor News

Nov 4, 2017



A harsh truth about lung cancer is that it doesn't usually cause symptoms until the cancer is already advanced and not able to be cured. That's why the idea of screening – looking for lung cancer in people who do not have any symptoms – is appealing. It has the potential of finding the cancer earlier, when it's easier to treat.

But screening carries risks that may outweigh the benefits for most people. The people who are most likely to benefit from screening are those at higher risk for lung cancer, such as people with a long history of smoking.

### How lung screening works

A computed tomography (CT or CAT) scan uses x-rays to produce detailed cross-sectional images of the lungs. It's better than a regular x-ray at finding lung tumors and showing them clearly. That's why CT scans are used for lung cancer screening.

One drawback of a CT scan is that it finds a lot of abnormalities that turn out not to be cancer but that still need to be checked out to be sure. This may lead to additional scans or even more-invasive tests such as needle biopsies or even surgery to remove a portion of lung in some people. A small number of people who do not have cancer or have very early-stage cancer have died from these tests. There is also a risk that comes with increased exposure to radiation, even though a low dose is used for lung screening.

To weigh the benefits and risks before issuing current guidelines, experts at the American

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# Other Considerations: Radon

# RADON

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



MDH Minnesota Department of Health RADON AIR UNIT

Two of Five Minnesota homes have high RADON levels



MINNESOTA DEPARTMENT OF HEALTH DEPARTMENT OF HEALTH

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# ACS State Contacts

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[cancer.org](http://cancer.org) | 1.800.227.2345  
Matt.flory@cancer.org

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Waukesha, WI 53188  
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Beth.brunner@cancer.org

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One Mission, *We are called to make a healthy difference in people's lives.*

 The Heart of High Reliability  
for our Patients  
*Right Care, Every Patient, Every Time, Everywhere*

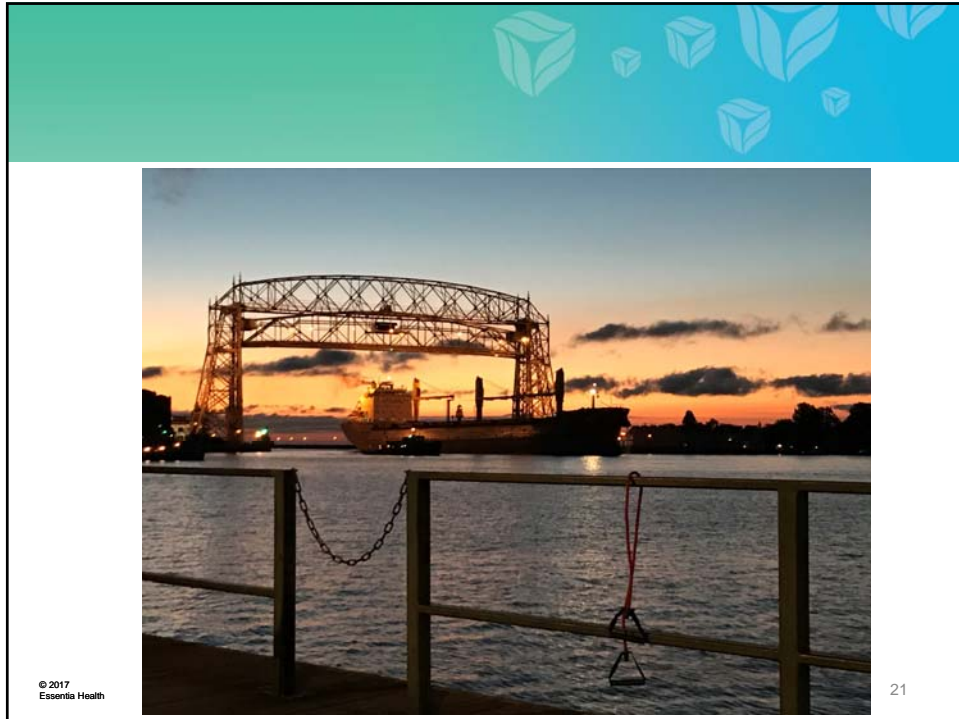
One Essentia

## SYSTEMS CHANGE: TOBACCO DEPENDENCE TREATMENT INTEGRATION

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

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Essentia Health

Quality | Hospitality | Respect | Justice | Stewardship | Teamwork



## Grant Funding

- 05/2015 – 04/2017 ClearWay Minnesota  
– Health Systems Change for Integrating Tobacco Dependence Treatment
- 05/2017 – 7/2018 ClearWay Minnesota  
– Dissemination Grant

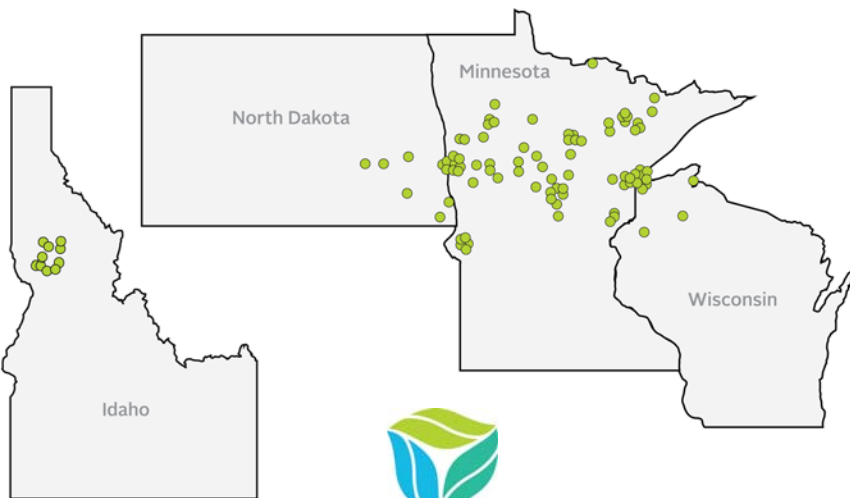
\*Link to [Essentia Health Case Study](#)

# Integrated Health System

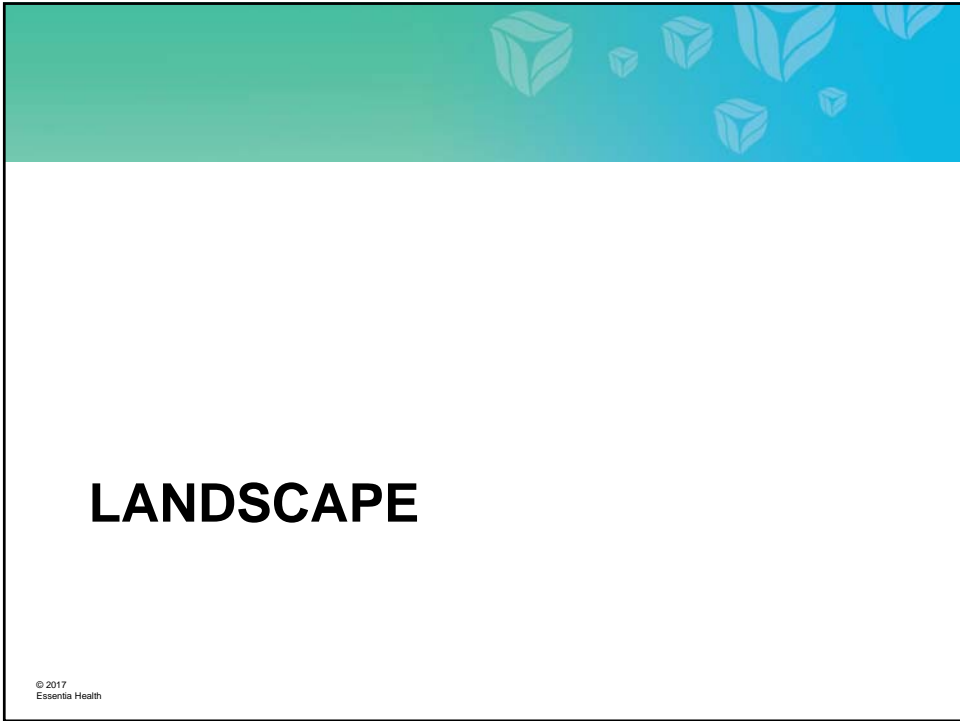


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# Our Service Area



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Our Patient Population  
that uses Tobacco by  
Clinic: 12% - 31%

Essentia-wide Average:  
18.6%

<b>EH-GRAND RAPIDS CLINIC</b>	Total patients: 1,457	Total patient using tobacco: 412	% patients using tobacco: 28.28%
<b>GRC FAMILY PRACTICE</b>	Total patients: 1,457	Total patient using tobacco: 412	% patients using tobacco: 28.28%
<b>EH-HAYWARD CLINIC SMHS</b>	Total patients: 5,463	Total patient using tobacco: 1,019	% patients using tobacco: 18.65%
<b>HAY FAMILY PRACT</b>	Total patients: 5,407	Total patient using tobacco: 1,003	% patients using tobacco: 18.55%
<b>HAY GENERAL SURGERY</b>	Total patients: 56	Total patient using tobacco: 16	% patients using tobacco: 28.57%
<b>EH-HERMANTOWN CLINIC</b>	Total patients: 10,434	Total patient using tobacco: 1,574	% patients using tobacco: 15.09%
<b>HERM FAMILY PRACTICE</b>	Total patients: 10,434	Total patient using tobacco: 1,574	% patients using tobacco: 15.09%
<b>EH-HIBBING CLINIC</b>	Total patients: 3,795	Total patient using tobacco: 855	% patients using tobacco: 22.53%
<b>HIB FAMILY PRACTICE</b>	Total patients: 3,754	Total patient using tobacco: 847	% patients using tobacco: 22.56%
<b>HIB PEDIATRICS</b>	Total patients: 41	Total patient using tobacco: 8	% patients using tobacco: 19.51%

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## GUIDELINES & BEST PRACTICES

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## Clinical Practice Guidelines



“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

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Or ASK → ADVISE → REFER

## ASK – Every Visit, Every Time



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## 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%

## REFER

The screenshot displays a web-based referral form for 'Appt with Tobacco Cessation Counselor'. The interface includes a search bar at the top, followed by sections for 'Procedures' and 'Medications'. Below these are three detailed form sections for different regions: Central, East, and West. Each section contains fields for 'Class', 'Referral Priority', 'Department', 'Referral', 'Location/POS', 'From', 'To', '# of Visits', and 'Expiration Date'. A red circle highlights the 'Order Search' button at the top left. Another red circle highlights the region dropdown menu in the 'Central Region' section. A third red circle highlights the 'Accept' button at the bottom right of the 'West Region' section. A red arrow points to the 'Department' dropdown menu in the 'East Region' section.



## UTILIZING A SPECIALIST MODEL

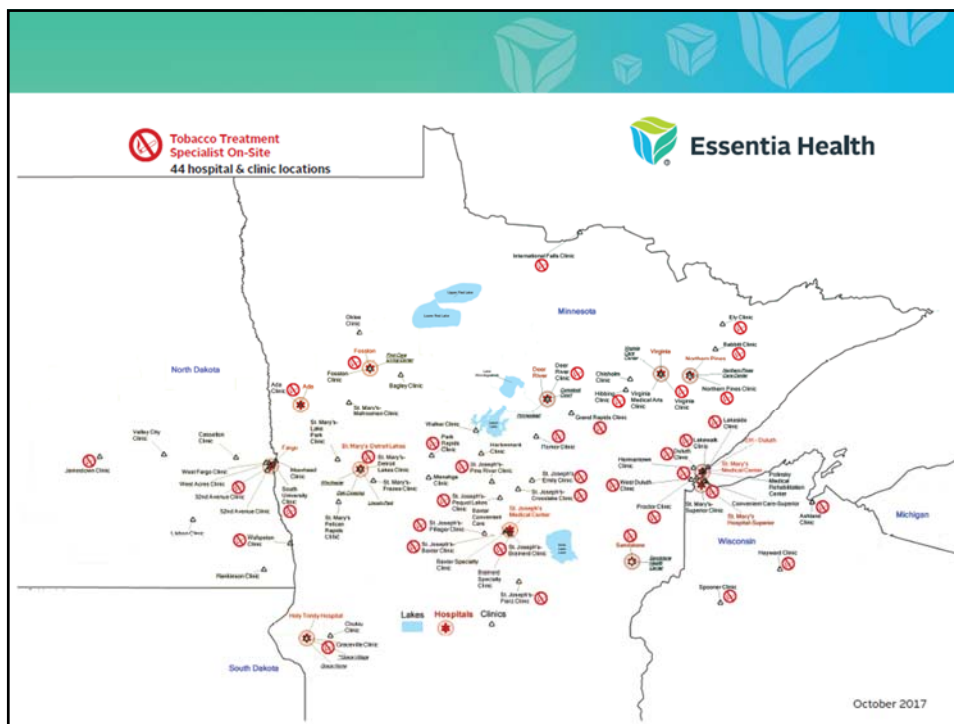
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## Tobacco Treatment Integration

- 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.
- An additional 16 staff have been trained and certified down at Mayo in Rochester between 2016-2018!
- 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)



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## 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**



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When you're  
ready to quit,

*we're here to help.*

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



When you're ready to quit,  
*we're here to help*

**Quitting is hard.** It takes time, patience and practice to quit smoking. It may take more than one try to quit for good.  
*Don't give up!*

**We can offer you:**

- Individual counseling with a Certified Tobacco Treatment Specialist (CTTS)
- Discuss free and low-cost medication options to help you quit
- Personalized treatment plan with on-going follow up and support along the way

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



**Essentially You Magazine**

### Get ready to quit smoking

Issue: November 2016. Posted Date: 11/15/2016

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

"Research shows the most effective way to quit smoking is face-to-face counseling and medications," says Jill Doberstein, Essentia Health's tobacco treatment integration specialist. "And you don't need to do it alone. We have a quit coach near you."

Specially trained coaches are now available at 20 Essentia Health clinics in northeastern Minnesota and northwestern Wisconsin (see map below). All it takes to get an appointment is a toll-free call to 844.403.7010 go.

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.
- If you'd like their support, tell your family and friends that you plan to quit.
- Learn how to handle your triggers and cravings by finding healthier habits that give you the same sense of pleasure.
- Find ways to avoid nicotine withdrawal. Many medications that make quitting easier are free or inexpensive.
- Calculate how much money you could save. For more motivation, create a money jar and tape a picture of something that you'll reward yourself or your family with using the money saved.
- Explore your quit-smoking options.

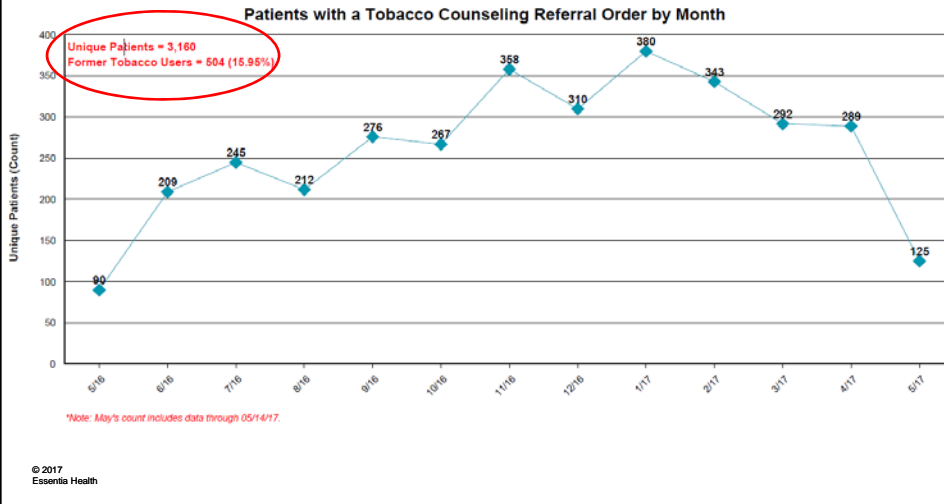
An Essentia Health quit coach can help you prepare to quit and develop a plan that fits your life. Your coach will be there to support you every step of the way so you can find success.

**Jill Doberstein**  
Certified tobacco treatment specialist

# OUTPATIENT OUTCOMES

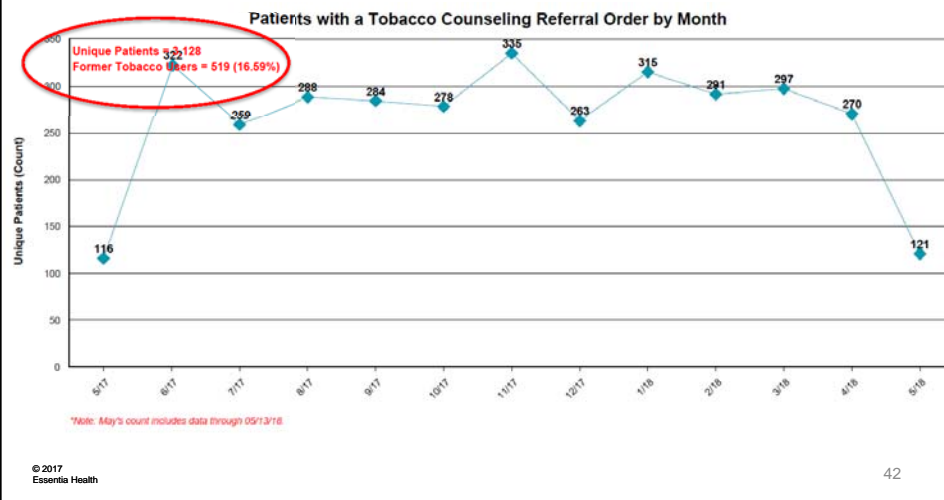
## Year 1 Referrals - Outpatient

(mid-May 2016 to mid-May 2017-based on referral order go live)



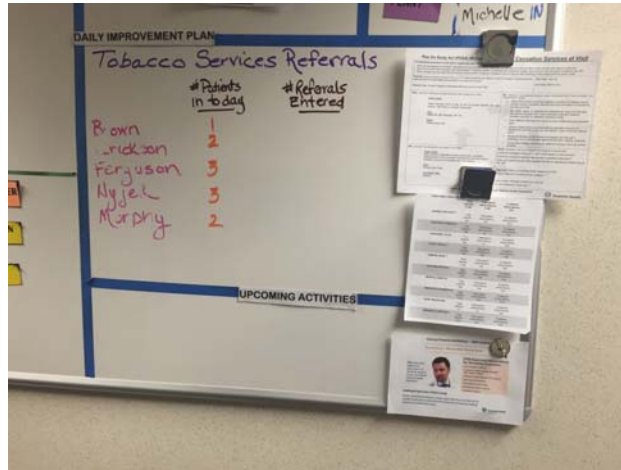
## Year 2 Referrals – Outpatient

(mid-May 2017 to mid-May 2018-based on referral order go live)





# Process Improvement



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

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# 6 Month Quit Rates and Patient Satisfaction

## ESSENTIA HEALTH

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

Follow-Up Encounter Date Range: 11/1/16 - 3/15/18

Quit Attempt		
Response	Patients (Count)	Patients (%)
No	1,206	41.70%
Refused	46	1.59%
<b>Yes</b>	<b>1,640</b>	<b>56.71%</b>
<b>Total</b>	<b>2,892</b>	<b>100.00%</b>

Used Tobacco in Last 30 Days		
Response	Patients (Count)	Patients (%)
<b>No</b>	<b>580</b>	<b>35.34%</b>
Yes	1,091	64.66%
<b>Total</b>	<b>1,641</b>	<b>100.00%</b>

Used Tobacco in Last 7 Days		
Response	Patients (Count)	Patients (%)
<b>No</b>	<b>510</b>	<b>34.25%</b>
Yes	970	65.75%
<b>Total</b>	<b>1,489</b>	<b>100.00%</b>

Agreed To Appointment		
Response	Patients (Count)	Patients (%)
No	2,224	80.76%
<b>Yes</b>	<b>530</b>	<b>19.24%</b>
<b>Total</b>	<b>2,754</b>	<b>100.00%</b>

Satisfaction with Tobacco Treatment		
Response	Patients (Count)	Patients (%)
Very Satisfied	1,214	43.30%
Mostly Satisfied	186	6.63%
Somewhat Satisfied	217	7.74%
Not at all Satisfied	48	1.71%
Don't Know	1,112	39.69%
Refused	27	0.96%
<b>Total</b>	<b>2,804</b>	<b>100.00%</b>

Quit Smoking		
Quit Smoking = "Yes" if Used in Last 30 or 7 Days = "No"		
Quit Smoking	Patients (Count)	Patients (%)
No	882	59.70%
<b>Yes</b>	<b>663</b>	<b>40.30%</b>
<b>Total</b>	<b>1,645</b>	<b>100.00%</b>

Referral Ordered		
Referral Ordered	Patients (Count)	Patients (%)
<b>Yes</b>	<b>394</b>	<b>13.50%</b>
No	2,524	86.50%
<b>Total</b>	<b>2,918</b>	<b>100.00%</b>

Interventions		
Intervention Type	Patients (Count)	Patients (%)
1 Visit	123	7.53%
2 Visits	30	1.84%
+3 Visits	35	2.14%
Med.	460	30.37%
Med. 1 Visit	464	28.41%
Med. 2 Visits	207	12.88%
Med. +3 Visits	278	17.02%
<b>Total</b>	<b>1,633</b>	<b>100.00%</b>

- 28 months of Patient Referral Data ★
- 22 months of Follow Up Data from

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## 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

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## Counseling + Combo Pharm Best

% quit at 1 year:

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

Fiore et al. Treating Tobacco Use and Dependence: Clinical Practice Guideline. USDHHS, 2008.

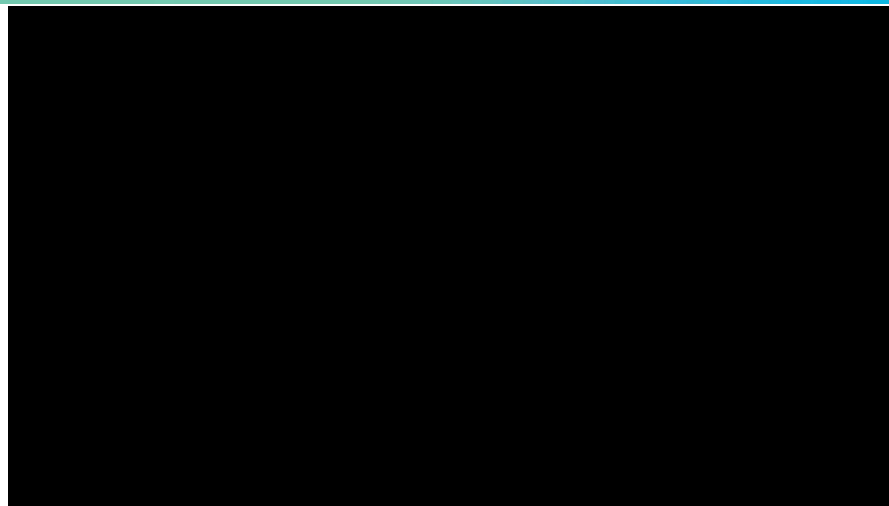
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## Over 2 Years of Utilization

- 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



# CHRONIC DISEASE CLINICAL QUALITY DASHBOARD

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## Tobacco Use Impact on the Clinical Quality Dashboard



Last Refreshed: 4/9/18  
Viewed By: JKDoberste

### 21863 - (Weekly) Optimal Diabetic and Vascular Care - Tobacco User Stats

Current Diabetic and Vascular Patients as of 04/08/18

#### Optimal Diabetic Care

Measure Target: 43.70%

	Rate	Total Patients	Total Compliant	Non-Compliant Tobacco Users			# To Reach Target
				Total	Non-Compliant Reason(s) Tobacco & Other	Non-Compliant Reason(s) Tobacco ONLY	
ESSENTIA HEALTH OVERALL	38.85%	20,137	7,824	3,955	2,460	1,495	976



Last Refreshed: 4/9/18  
Viewed By: JKDoberste

### 21863 - (Weekly) Optimal Diabetic and Vascular Care - Tobacco User Stats

Current Diabetic and Vascular Patients as of 04/08/18

#### Optimal Vascular Care

Measure Target: 61.90%

	Rate	Total Patients	Total Compliant	Non-Compliant Tobacco Users			# To Reach Target
				Total	Non-Compliant Reason(s) Tobacco & Other	Non-Compliant Reason(s) Tobacco ONLY	
ESSENTIA HEALTH OVERALL	59.40%	12,071	7,170	2,596	830	1,766	302

# MN Community Measurement

## Optimal Diabetic Care

Measure Target: 43.70%

	Rate	Total Patients	Total Compliant	Non-Compliant Tobacco Users		# To Reach Target	
				Total	Non-Compliant Reason(s) Tobacco ONLY		
ESSENTIA HEALTH OVERALL	42.85%	19,568	8,384	3,872	2,263	1,609	168
CENTRAL REGION	42.86%	2,947	1,263	542	326	216	25
EH-ST JOSEPH'S BRAINERD CLINIC	43.44%	1,609	699	274	164	110	5
BMC INTERNAL MEDICINE	44.31%	966	428	149	86	63	0
GEBHARDT, KRISTI R	35.86%	145	52	24	11	13	12

### Patient Details (Tobacco Users)

\*Patients non-compliant due to Tobacco ONLY at the top of the list.

MRN	Patient Name	Compliant?					In OVC Population?	Future PCP Visit
		Tobacco	A1c	ASA	BP	Statin		
		N	Y	Y	Y	Y	<input checked="" type="checkbox"/>	11/08/17
		N	Y	Y	Y	Y	<input type="checkbox"/>	10/18/17
		N	Y	Y	Y	Y	<input checked="" type="checkbox"/>	08/21/17
		N	Y	Y	Y	Y	<input type="checkbox"/>	09/07/17
		N	Y	Y	Y	Y	<input type="checkbox"/>	09/15/17
		N	Y	Y	Y	Y	<input type="checkbox"/>	08/23/17
		N	Y	Y	Y	Y	<input type="checkbox"/>	11/09/17
		N	Y	Y	Y	Y	<input checked="" type="checkbox"/>	11/15/17
		N	Y	Y	Y	Y	<input checked="" type="checkbox"/>	09/22/17
		N	Y	Y	Y	Y	<input type="checkbox"/>	09/19/17
		N	Y	Y	Y	Y	<input type="checkbox"/>	10/10/17
		N	Y	Y	Y	Y	<input type="checkbox"/>	09/15/17
		N	Y	Y	Y	Y	<input checked="" type="checkbox"/>	08/22/17

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# MN Community Measurement

## Optimal Vascular Care

Measure Target: 61.90%

	Rate	Total Patients	Total Compliant	Non-Compliant Tobacco Users		# To Reach Target	
				Total	Non-Compliant Reason(s) Tobacco ONLY		
ESSENTIA HEALTH OVERALL	59.28%	12,115	7,182	2,631	844	1,787	318
EAST REGION	57.63%	7,055	4,066	1,594	513	1,081	302
EH-DULUTH CLINIC 1ST ST	61.51%	1,008	620	180	61	119	4
FIRST INTERNAL MED	61.51%	1,008	620	180	61	119	4
KAMAL, SHEHLA A	61.40%	114	70	19	6	13	1

### Patient Details (Tobacco Users)

\*Patients non-compliant due to Tobacco ONLY at the top of the list.

MRN	Patient Name	Compliant?				In OVC Population?	Future PCP Visit
		Tobacco	ASA	BP	Statin		
		N	Y	Y	Y	<input type="checkbox"/>	04/16/18
		N	Y	Y	Y	<input type="checkbox"/>	03/20/18
		N	Y	Y	Y	<input checked="" type="checkbox"/>	06/27/18
		N	Y	Y	Y	<input checked="" type="checkbox"/>	05/14/18
		N	Y	Y	Y	<input checked="" type="checkbox"/>	04/03/18
		N	Y	Y	Y	<input type="checkbox"/>	
		N	Y	Y	Y	<input type="checkbox"/>	10/26/18
		N	Y	Y	Y	<input checked="" type="checkbox"/>	07/19/18
		N	Y	Y	Y	<input type="checkbox"/>	06/07/18
		N	Y	Y	Y	<input type="checkbox"/>	03/22/18
		N	Y	Y	Y	<input checked="" type="checkbox"/>	04/27/18
		N	Y	Y	Y	<input type="checkbox"/>	03/28/18
		N	Y	Y	Y	<input type="checkbox"/>	04/16/18
		N	Y	N	Y	<input type="checkbox"/>	04/12/18

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## 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

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## 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 01/01/2018 - 04/12/2018
- 517 had a "Tobacco and IVD Follow-Up Call" encounter documented w/in their chart (335 of the 517 encounters included documentation indicating the call was completed)

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# EMPLOYEE CESSATION

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## Addressing our Employee Tobacco Use Rate

"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.

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# 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?

During this 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.

### How the challenge works

- Any Essentia Health employee that currently uses tobacco is eligible to participate.
- Interested employees can register by visiting the [TakeCharge page](#) on The Source. Registration deadline is March 31, 2017.
- Participants will receive useful support tools, tips and to-dos weekly throughout the challenge to help keep them on track.
- They will also be asked to enlist a tobacco-free supporter, or non-smoking "buddy", who will support them throughout the challenge as they try to remain tobacco-free.

### Earn and save CASH for quitting

Each participant that successfully quits tobacco for the month of April will be placed in a drawing for a \$500 cash prize.\* Participants will be eligible to win weekly prizes along the ways as well.

Participating in this challenge will also qualify as a TakeCharge well-being activity.\*\*

### Prepare to quit tobacco

Visit the [TakeCharge Page](#) and click on "wellness resources" to learn where and how you can get the support you need to start the quit process, including face-to-face counseling, and quit aids.

\*\$500 cash is awarded by the Essentia Health Foundation. Prize money will be subject to regular payroll tax.

\*\*Employees (health plan policy holders) that complete a health assessment and one well-being activity by 7/31/16 will be eligible for \$250 HSA contribution or premium contribution. Non-health plan members will be eligible for a \$50 gift card drawing.



For more information  
Visit MYHR and click on TakeCharge  
or email [TakeCharge@EssentiaHealth.org](mailto:TakeCharge@EssentiaHealth.org)

- 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's month-long smoking cessation challenge - Quit4Cash - yielded some life-changing results among our [Engaged and Inspired People](#), including Kendra Twomey, a licensed practical nurse at the Hammarilton Clinic. She was among 16 staff members from across our organization who completed the April challenge, with 50 percent confirming they were tobacco-free.

Each Quit4Cash participant who successfully quit tobacco was placed in a drawing for a \$500 cash prize. Twomey found out this week she had won, and Essentia Health CEO David C. Herman, MD, was on hand to present her with the check - donated by the Essentia Health Foundation. Twomey, who had smoked since 2010, was motivated to improve her health because she fell in love with mountain biking last fall and wanted to be able to keep up with her fiancé, Eric Paulson. She says she appreciated the supportive weekly emails that were part of challenge and shares some of her strategies for success.

"Smoking was hindering me from completing my transition to a healthy lifestyle. I used free nicotine patches and also began meditation to lower my stress level," says Twomey, who has been with Essentia for 18 months and works in Family Medicine. Her advice for others: "It's important to lean on those who are close to you. Keep supportive people around you - people who love you and want to see you succeed." When she faced situations around other smokers, she stepped away and inhaled an e-cigarette.

"Smoking isn't a habit, it's an addiction, which is more of a challenge to change than a habit," says Dr. Herman, who



CEO David C. Herman, MD, presents Licensed Practical Nurse Kendra Twomey with a \$500 check for winning Essentia's Quit4Cash challenge.



EssentiaHealth\_May 19, 2017

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### March Mini-Quit Mondays

Quitting takes practice and it doesn't happen overnight. A mini-quit is a way to practice various coping strategies in different situations prior to your planned quit date. Mini-quit challenges will be available each Monday in March including weekly prizes.

Click on the links below to register for the mini-quit challenges. In order to participate in the challenge, you must register by *end of day Monday the week the challenge starts*. It is encouraged to sign up for multiple mini-quit challenges.

#### March Mini-Quit Mondays

- **March 5-11:** Smoke-free work day  
[Register here](#)
- **March 12-18:** Smoke-free car/home  
[Register here](#)
- **March 19-25:** Smoke-free meals  
[Register here](#)
- **March 26-31:** Avoid social smoking  
[Register here](#)



### Quit4Cash Challenge

During this 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 useful support tools, tips and to-dos weekly throughout the challenge to help keep them on track.
- They will also be asked to enlist a tobacco-free supporter, or non-smoking "buddy", who will support them throughout the challenge as they try to remain tobacco-free.
- Each participant that successfully quits tobacco for the month of April will be placed in a drawing for a \$500 cash prize.\* Participants will be eligible to win weekly prizes along the ways as well. Participating in this challenge will also qualify as a TakeCharge well-being activity. \*\*

#### Quit4Cash Challenge

➤ [Register here](#)



# INPATIENT INITIATIVES

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## 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

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## 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



Tobacco Treatment Program



Tobacco Treatment Program

**Nicotine Replacement Therapy (NRT)**  
We can prevent symptoms of withdrawal and keep you comfortable during your stay with us. Our team of nurses, pharmacists, doctors and tobacco specialists will offer you NRT to manage your cravings.

**Meds to Beds**  
St. Mary's Medical Center now delivers your prescriptions right to your room. If you choose to continue nicotine replacement therapy, our inpatient pharmacy can bring you a 4-week supply before you leave the hospital.

**Bedside Support**  
Our Certified Tobacco Treatment Specialist will meet with you in your room. They will give you support, tools to recognize and prevent withdrawal symptoms, and information about ways to stay quit and prevent relapse.

**Referral for Ongoing Support**  
Research shows that face-to-face counseling works best for quitting tobacco. In such, when you leave, we can refer you to a Certified Tobacco Treatment Specialist at a clinic in your area. They will support you on your journey to a tobacco-free future.

For more information, ask a member of your hospital care team.




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

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

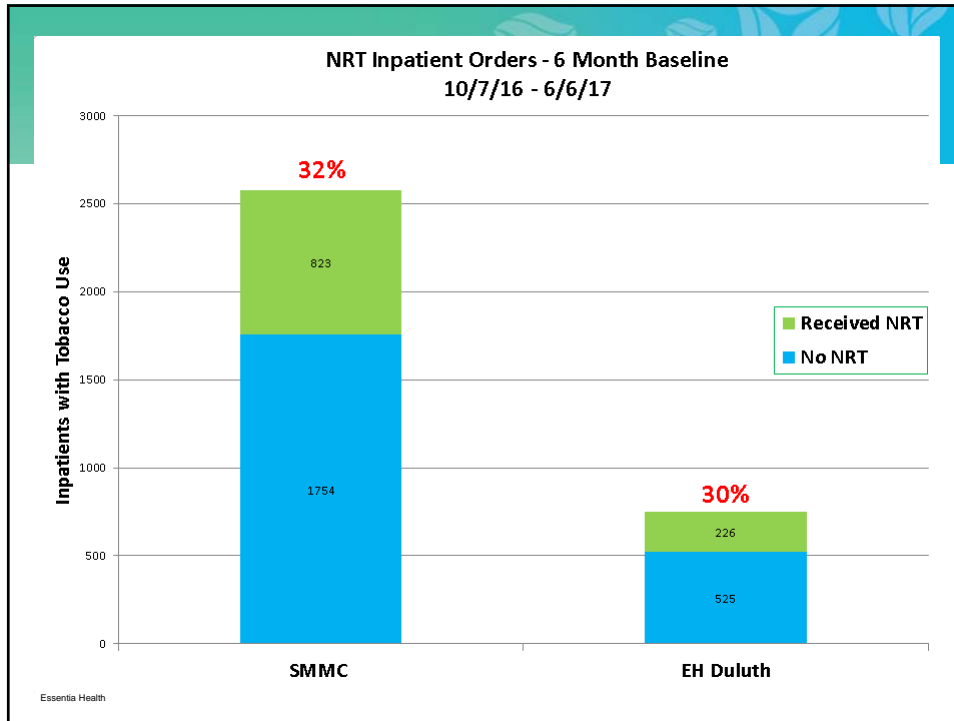
1. Bedside Interventions (counseling + medications)  
\*starting NRT in hospital ↑ quit rates by 54%
2. Providing NRT at Discharge (not just a prescription, but meds to beds)

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"

© 2017 Essentia Health Rigotti NA, Clair C, Munafò MR, Stead L.F. Interventions for smoking cessation in hospitalized patients. *Cochrane Database Syst Rev.* 2012;5:001837, <http://dx.doi.org/10.1002/14651858.CD0D1837.pub3>





## 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

Cigarettes: NRT Initial Dosing Guidelines	
Cigarettes Per Day	Nicotine Patch Dose
1-5	7 mg/day
6-14	14 mg/day
15-20	21 mg/day
21-28	21+7 mg/day
29-34	21+14 mg/day
35 or more	42 mg/day


  

Cigarettes Per Day	Nicotine Gum Dose
Less than 20	2 mg
20 or more	4 mg

Oral tobacco: NRT Initial Dosing Guidelines	
Cans or Pouches per week	Nicotine Patch Dose
Less than 2	14 mg/day
2-3	21 mg/day
More than 3	42 mg/day

- 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)



June 22, 2017

### Essentia launches innovative tobacco cessation pilot

- Physician Newsletter (STAT)
- News Flash
- Employee Newsletter (Daily Dose)
- Nursing Communication Bundle (SBAR)
- Nursing Practice Counsel presentations
- Nursing Unit Huddles
- Hospitalists Huddles
- Surgical Practice Committee
- Hospital Practice Committee
- Pharmacy & Therapeutic Committee
- Medical Staff Executive Committee

When it comes to fulfilling our mission of making a healthy difference in people's lives, few things are more important or more challenging than helping people quit using tobacco.

Research indicates there are several tactics which increase the chance of success – and this summer, Essentia Health is bringing together several of them in an innovative pilot program at Essentia Health-St. Mary's Medical Center.

**Highlights of the program include:**

- A protocol that allows nurses, pharmacists and certified tobacco treatment specialists to order a tobacco consult, or bedside counseling, and nicotine replacement therapy.
- Bedside visits from a certified tobacco treatment specialist for patients identified as a tobacco user (more than 50 patients on any given day).
- A "meds to beds" approach has nicotine replacement drugs delivered directly to the patient prior to discharge (increasing the change of medication adherence).
- Automatic referrals to Essentia's outpatient tobacco cessation services, which are available at most Essentia Health clinics, for ongoing support.

While some of these tactics are not new to Essentia Health, with a bedside counseling program in place for 7 years now in Fargo, this may be the first time all four tactics have been used together in a comprehensive program in the U.S. All clinicians who treat patients at Essentia Health-St. Mary's are invited and encouraged to use this new tool with patients who use tobacco.

**New cessation support**

- A pilot program brings together four proven cessation techniques for the first time.
- A standard protocol makes it easy to order bedside cessation counseling and nicotine replacement therapy.
- The goal is an increase in patients leaving the hospital with nicotine replacement drugs and a referral for outpatient cessation support.
- This work supports Essentia's Aspirational Aims of Zero Preventable Harm and Achieving Health and Vitality with our Communities.

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## 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)

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# 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 (**CON306**) and nicotine replacement therapy dosing panel ("nicotine withdrawal") for ordering convenience.

The screenshot shows a software interface for ordering a 'Tobacco Cessation Panel'. At the top, there is a search bar and a list of order sets. Below that, the 'Tobacco Cessation Panel' is selected and expanded. It contains several checkboxes: 'Use Smoking Cessation Protocol' (checked), 'Inpatient Consult to Smoking/Tobacco Cessation Program' (unchecked), and 'Nicotine Withdrawal' (unchecked). There is also a link to a document: 'http://intraeas/epcOrderSetLinks/Tobacco Cessation\_East Region\_Final\_5-17-17.docx'. An 'Accept' button is visible at the bottom right of the panel.

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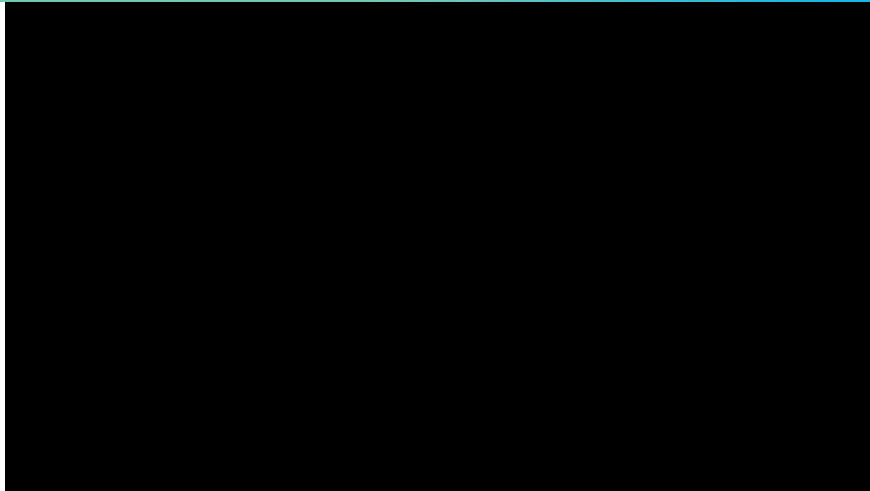
Coming Soon!

## PRE-SURGICAL INITIATIVE

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## Medical Insight: TV Spot



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<https://youtu.be/y5pjEIBtbZc>

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## UPSTREAM PREVENTION – POLICY & ADVOCACY

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# 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

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# Duluth Lethal Lure Campaign

Thank you to all our supporters, including:



- City of Duluth Human Rights and Indigenous Commissions
- Duluth School Board ISD #709
- St. Louis County Health and Human Service Department
- Essentia Health and St. Luke's Pediatrics Departments
- Health in All Policies Committee



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## 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)

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Jill Doberstein, MAPL, CTTS

Supervisor: Tobacco Treatment Program  
System Quality | Essentia Health

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218-786-2512

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Quality Innovation  
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## Questions?

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Thank You!

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