Healthcare Systems Strategies for Tobacco Cessation
Model Policy Guidelines

Rationale

These guidelines were created to assist all healthcare facilities, clinics and hospitals, to establish a tobacco cessation process for patients who indicate the desire to quit using tobacco. This document includes model policy guidelines, which means that an organization can include a few or all of the components. It should be used as a tool for healthcare facilities to establish systems change and institutionalize tobacco cessation interventions into routine clinical care. According to the CDC, "Systems changes within healthcare organizations complement intervention in state and community settings by institutionalizing sustainable approaches that support individual behavior change."[1] The SD Tobacco Control Program wishes to partner and support healthcare systems across the state to improve tobacco cessation efforts and help South Dakotans become tobacco free.

These guidelines focus on three aspects of systems change:

1. Healthcare provider reminder systems (Electronic Health Record prompts)
2. Provider education
3. Patient education

Cigarette smoking is the leading cause of preventable death in the United States. It causes approximately 1,100 deaths each year in South Dakota.[2] However, a 2010 CDC study showed that 69 percent of adult smokers wanted to stop smoking, 52 percent had tried to do so in the past year and only 6 percent had recently quit.[3] The annual healthcare costs in South Dakota directly caused by smoking are $373 million, the portion covered by Medicaid is $58 million. SD residents' state and federal tax burden from smoking-caused government expenditures is $587 per household. The loss of productivity that these medical issues cause for individuals who smoke is $233 million. These tobacco-related costs to SD that are noted do not include health costs caused by exposure to secondhand smoke, smoking-caused fires, smokeless tobacco use, or cigar and pipe smoking.[4]

Why are provider referrals important?

Although about 70 percent of smokers visit a primary care physician each year, only about 30 percent report that they leave these visits having received evidence-based counseling and medication for smoking cessation.[5] Most smokers want and expect their physicians to talk to them about quitting and are open to their physicians' advice. Healthcare providers have the skills to assess tobacco use, educate on the adverse health effects of tobacco use, develop trust and rapport with patients, and follow-up

with patients. Institutionalizing cessation interventions in healthcare systems and integrating them into routine clinic care increases the likelihood that healthcare providers will consistently assess patients for tobacco use and offer cessation options.

With the help of all healthcare providers, more people in SD are trying to quit and are successful at quitting tobacco. Referrals to the SD QuitLine occur directly from providers through electronic facsimile (fax) or electronic health record (1.4%), tobacco users who hear about the SD QuitLine from a healthcare provider (39.8%) and tobacco users who hear about the SD QuitLine from another source (58.8%). The most successful and evidence-based method of referral is direct referral (fax or EHR) from healthcare providers, but it is underutilized. Individuals referred directly by a healthcare provider had a slightly higher quit rate than indirect referral, 48.8% vs. 45.5% respectively.[6] Many healthcare facilities across the nation have adopted system changes focusing on EHR referrals to quitlines and have had significant success. Lonestar Circle of Care in central Texas increased from 7 paper-based referrals annually to over 1,250 in the next year after implementation of EHR referral.[7] Targeting all types of healthcare providers to promote cessation and increase direct referrals to the SD QuitLine is paramount.

Ask, Advise, Refer

Research shows that when providers talk to patients about quitting, their success increases. Healthcare providers can help tobacco users quit by simply asking if patients use tobacco and then taking the time to talk about it.

After the healthcare provider discusses the patient's tobacco use and documents it on their chart, the healthcare provider should ask if the patient is willing to quit. If the patient isn't ready, the healthcare provider may need to provide additional counseling. If the patient is ready to quit, they should be referred to the SD QuitLine. As noted previously, the easiest and most successful method is through a fax or EHR referral.

Policy Guidelines

Current process for fax referral or EHR referral

Patients wishing to quit can complete and sign a fax referral form, giving their consent for a SD QuitLine coach to contact them. Providers can then fax the referral form to the SD QuitLine at 1-605-322-3858. With patient consent, the SD QuitLine is able to forward information about the enrollment and participation status back to the provider. To download the fax referral form visit: http://sdquitline.com/providers.

Some facilities in SD have integrated the referral process into their EHR system. To learn more about the feasibility of integration into your healthcare facility, contact your Information Technology department or department manager. The SD Tobacco Control Program is available to assist any facility interested in developing this process. Contact the SD Tobacco Control Program at 605-773-3737 to learn more about this option.

Model Policy Guidelines

A tobacco cessation policy can include a few or all of the major components listed below:

Given indisputable research and evidence that tobacco poses a huge burden in cancer, chronic disease, and death in South Dakota, it is our responsibility as healthcare professionals at [healthcare facility] to address the devastating consequences of tobacco use and help all of our patients who use tobacco to quit.

1. [Healthcare facility] is committed to providing its healthcare providers, nurses, therapists, and other staff with evidence-based and practical information that they need to successfully integrate tobacco cessation activities into their practices.
2. [Healthcare facility] affirms its commitment to supporting policies to eliminate the growth and persistence of tobacco use. This includes making all buildings and grounds of [healthcare facility] tobacco free (including cigarettes, smokeless tobacco, and e-cigarettes). Download a tobacco-free worksite model policy at http://befreesd.com/content/themes/BeFreeSD/files/Work/WorkModelPolicy.pdf
3. [Healthcare facility] encourages all employees who currently use tobacco to quit. The [healthcare facility] offers cessation benefits/assistance for employees who want to quit using tobacco. Tobacco cessation information is also available from the SD QuitLine at 1-866-737-8487 and at http://SDQuitLine.com. Residents outside of South Dakota can call 1-800-QUITNOW.
4. [Healthcare facility] reaffirms its commitment to educating the community on [healthcare facility's] successful integration of tobacco cessation services, as well as educating patients, their families, and the public at large about the risks caused by tobacco use.
5. [Healthcare facility] sets forth recommendations for its healthcare professionals to lead by example. At every opportunity [healthcare facility] strives to address the importance of decreasing the tobacco epidemic in the communities in which our facility serves, whether by supporting policy changes at the state or local level or one-on-one in the clinical setting.
6. [Healthcare facility] mandates all employees are educated on the 2 A's & R (Ask, Advise, Refer) method of referring patients to the SD QuitLine and associated services. Education will be provided through in-person training, webinar, or PROF (Professional Resource Online Facilitator) to all current employees and has been integrated into employee orientation for all new employees.
7. [Healthcare facility] integrates tobacco screening, cessation education, and SD QuitLine referrals into all patient assessments and education, thus making tobacco cessation a priority and using a streamlined, effective method to educate and refer ALL patients who use tobacco.
8. [Healthcare facility] has created and will maintain a Tobacco Cessation Team with a team leader or champion who campaigns and promotes all tobacco cessation efforts throughout the facility. The team leader/champion stays in

contact with the Tobacco Control Program to ensure all updates and changes in tobacco control and education are incorporated.

9. [Healthcare facility] realizes the importance of tobacco cessation in regard to better health and healing, and so mandates that cessation (2 A's & R) is covered during admission and repeated throughout the patient's care.
10. [Healthcare facility] has information on cessation and the SD QuitLine included in the discharge paperwork and sent home with all patients who use tobacco.
11. [Healthcare facility] acknowledges that cessation is a process of change and to ensure our patient's overall health we have assigned staff to follow-up with all patients who use tobacco one to two weeks after providing care to check on their progress to becoming tobacco free.

Implementation

The following section includes recommendations and best practices for implementation.

QuitLine 101 Training

The SD QuitLine offers training on a number of topics that can be helpful to healthcare professionals who interact with tobacco users. Training can be delivered through an on-site presentation, a webinar using a computer and phone, or through the online learning module, PROF. Training will include the consequence tobacco has taken on South Dakotans, especially the priority populations (mentioned later in this document). Training will also discuss the 2 A's & R method of referring patients to the SD QuitLine and be given talking points to help ease the conversation with patients. Most importantly, the training will cover the design of the SD QuitLine so healthcare professionals can feel confident in referring patients to an evidence-based resource.

Joint Commission

In 2012, the Joint Commission released a new measure requiring that hospitals screen all inpatients over the age of 18 for tobacco use; provide cessation treatment during the hospital stay and at discharge; and follow-up with patients up to 30 days after discharge. This is an optional measure; however, there are a number of reasons to select it for implementation, including public health and financial cost, interference with patient recovery and overall health, meaningful use of EHR, commitment to hospital mission, and CMS endorsement.[8] Following are suggested steps to take to implement a tobacco cessation policy:

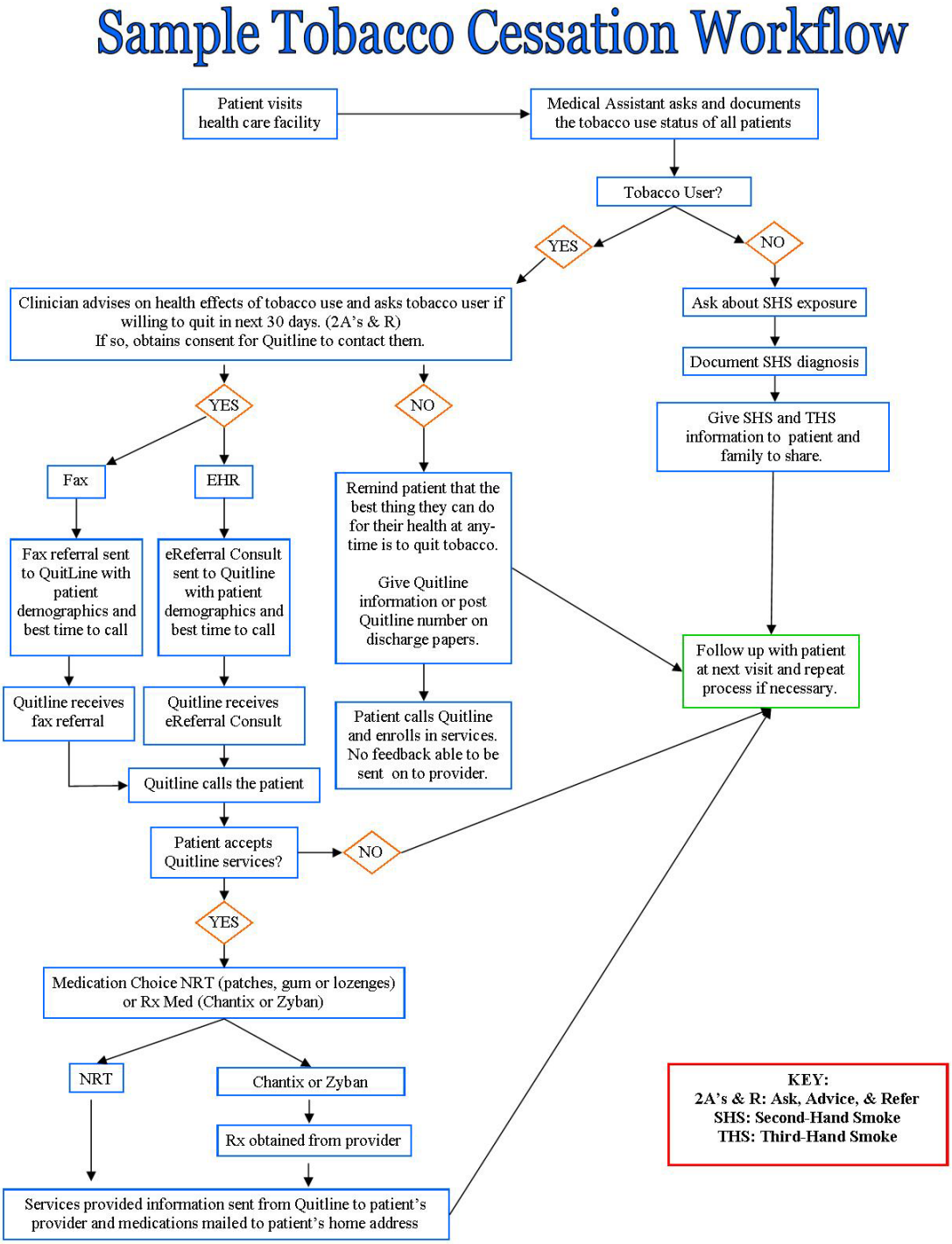
1. Assemble a multidisciplinary team to develop the program. Effectiveness is enhanced when leadership endorses the effort. Physician buy-in is essential therefore identifying a "Physician Champion" to lead the effort will improve the success of the effort.
2. Conduct an assessment of existing tobacco use treatment services. Determine what is available in each department and any barriers that might prevent effective implementation.

3. Set measurable tobacco cessation goals to meet Joint Commission standards. Review the standards and establish quality improvement measures to meet them.
4. Train staff to deliver evidence-based tobacco cessation treatment. Train staff to use Ask, Advise, Refer and offer SD QuitLine 101 training for employees.
5. Identify a tobacco cessation counselor or counseling team. Designate a department or individuals responsible for bedside cessation consults and counseling for patients identified as tobacco users.
6. Assess the current EHR system and modify as needed to effectively document tobacco use status and cessation interventions. Customize the EHR to include mandatory fields related to tobacco use and cessation interventions with automated prompts and drop-down lists.[9]

Priority populations

There are several populations who are disproportionately affected by tobacco use. It is recommended that healthcare facilities focus specific attention on these populations: youth and young adults; American Indians; pregnant women; Medicaid clients; spit tobacco users; and individuals with mental health issues and substance abuse.

Sample Workflow



Compliance

EHR Incentive Programs

Clinical quality measures (CQM) are tools that help measure and track the quality of healthcare services provided by eligible professionals within our healthcare system. These measures use data associated with providers' abilities to deliver high-quality care. Measuring and reporting CQMs helps to ensure that our healthcare system is delivering effective, safe, efficient, patient-centered, equitable, and timely care. To participate in the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs and receive an incentive payment, providers are required to submit CQM data from certified EHR technology.[10]

One of the CQMs, NQF0028 "Preventive Care and Screening Measure Pair for Tobacco Use Assessment and Tobacco Cessation Intervention" is directly related to these model policy guidelines. The Tobacco Use Assessment description is the "percentage of patients 18 years and older who have been seen for at least two office visits who were queried about tobacco use one or more times within 24 months." The Tobacco Cessation Intervention description is the "percentage of patients aged 18 years and older identified as tobacco users within the past 24 months and have been seen for at least two office visits, who received cessation intervention."[11] Implementing these model policy guidelines would help you achieve this CQM.

Final Statement

By implementing this model policy in its entirety or choosing to tailor this policy to your needs, you are taking a great first step in encouraging your patients to quit using tobacco. Together through strategy, commitment and action, we can end the tobacco epidemic.

Definition of Terms

Cessation: The process of discontinuing tobacco use.

Electronic Health Record (EHR): Digital version of a patient's paper chart. EHRs are real-time, patient-centered records that make information available instantly and securely to authorized users.

Tobacco: This refers to commercially produced tobacco products only and never the traditional tobacco of our Northern Plains American Indians.

Secondhand Smoke (SHS): The smoke that comes off the end of a burning cigarette and the smoke the smoker exhales.

Thirdhand Smoke (THS): Residual nicotine and other chemicals left on a variety of indoor surfaces by tobacco smoke. This residue is thought to react with common indoor pollutants to create a toxic mix.

Resources

South Dakota Tobacco Control Program: http://doh.sd.gov/tobacco

QuitLine training and resources for health professionals: http://sdquitline.com/training

SD QuitLine: http://sdquitline.com

Be Tobacco Free South Dakota: http://befreesd.com

American Cancer Society Great American Smokeout Communications Toolkit for Health Systems: http://cancer.org/acs/groups/content/@editorial/documents/document/acspc-044243.pdf

Million Hearts: http://millionhearts.hhs.gov

References

1. Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs - 2014. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.
2. Tobacco Control Program, South Dakota Department of Health. (2014, August). South Dakota Tobacco Control State Plan 2015-2020.
3. Asman, K., & O'Halloran, A. (2011). Quitting Smoking Among Adults - United States, 2001-2010. Morbidity and Mortality Weekly Report, 60(44), 1513-1519. Retrieved October 1, 2014, from http://cdc.gov/mmwr/pdf/wk/mm6044.pdf.
4. Campaign for Tobacco-Free Kids (19 Mar 2014). The Toll of Tobacco in South Dakota. Retrieved from https://tobaccofreekids.org/facts_issues/toll_us/south_dakota.
5. Fiore, M., Jaen, C., & Baker, T. (2008). Treating Tobacco Use and Dependence: 2008 Update.

6. Kerkvliet, J. (2014) South Dakota Tobacco QuitLine: Cessation Outcomes of Tobacco Users Referred by Healthcare Providers- 2014. [Research Report] Brookings: South Dakota State University, College of Nursing.
7. Texas eReferral Project with Lonestar Circle of Care, NextGen, Alere Wellbeing and University of Texas at Austin. (2014, October 1). Retrieved November 3, 2014, from http://c.ymcdn.com/sites/www.naquitline.org/resource/resmgr/eRef/ErefTXLonestar.pdf.
8. Partnership for Prevention. Helping Patients Quit: Implementing the Joint Commission Tobacco Measure Set in Your Hospital. Washington, DC.
9. Treating Tobacco Use and Dependence in Hospitalized Patients. Retrieved 10/16/14. http://ctri.wisc.edu/HC.Providers/h0spit8ls/PagesfromSect2pgs912117112.pdf.
10. Clinical Quality Measures Basics. Centers for Disease Control and Prevention. Retrieved 10/24/14. http://cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures.html.
11. 2011-2012 Eligible Professional Clinical Quality Measures. EHR Incentive Program. Retrieved 10/24/14. https://cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/CQM_EPs_2012_02_02.pdf.