Integrating Commercial Tobacco Cessation and Clinical Services: *Ininaamokamigaa Aki*

ClearWay MINNESOTA

PDA
www.pdastats.com

Background

What is Health Systems Change?

Health systems change is a sustainable, integrated solution implemented at the organizational level that supports clinicians and health care systems to address tobacco use consistently and effectively. Systems change leads to improvements in the way that health care systems operate and improves patient care.[1-2] However, data from Minnesota illustrate that there is still substantial room for improvement in integrating comprehensive tobacco dependence treatment into routine care. Although almost all smokers report being asked by their health care provider if they smoke and 78.9 percent report being advised to quit, only 52.6 percent of current smokers report receiving a referral for quitting assistance.[3]

Why is Health Systems Change Important?

The Institute for Healthcare Improvement describes the need to optimize health system performance in order to meet the "Triple Aim" – improving the patient experience of care (including quality and satisfaction), improving the health of populations, and reducing the per capita cost of health care.[4] Addressing tobacco use with patients aligns with the Triple Aim; it increases patient satisfaction with their health care[5]; helps patients quit and, therefore, improves their health[6]; and, has a positive return on investment.[7]

Note: *Tobacco* is defined as commercially manufactured products containing tobacco and does not include sacred and traditional tobacco use by American Indians and other cultures.

Health Systems Change Project

The Mille Lacs Band of Ojibwe (MLBO) received a two-year grant award from ClearWay Minnesota[SM] to implement health systems changes that would improve MLBO's ability to address commercial tobacco use among their community members. The project period was from May 1, 2014 to April 30, 2016. Clearway Minnesota is an independent nonprofit organization working to improve the health of all Minnesotans by reducing the harm caused by tobacco.[8] Professional Data Analysts, Inc. was hired by ClearWay Minnesota to conduct a process evaluation of its health systems change grants. This case study summarizes key activities implemented by MLBO and lessons learned through their systems change work during the two-year grant period.

1 Curry SJ, Keller PA, Orleans CT, Fiore MC. The role of health care systems in increased tobacco cessation. Annu Rev Public Health. 2008;29:411-428.
2 Fiore MC, Jaén CR, Baker TB, et al. Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. May 2008.
3 Tobacco Use in Minnesota: 2014 Update. Minneapolis, MN: ClearWay Minnesota[SM] and Minnesota Department of Health; January 2015.
4 www.ihi.org/offerings/Initiatives/TripleAim/Pages/default.aspx
5 Quinn VP, et al. Tobacco-cessation services and patient satisfaction in nine non-profit HMOs. Am J Prev Med. 2005;29:77-84.
6 The Health Consequences of Smoking: A Report of the Surgeon General. May 27, 2004.
7 Richard P., West K., Ku L. The return on investment of a Medicaid tobacco cessation program in Massachusetts. PLoS One. 2012;7:e29665.
8 www.clearwaymn.org

Mille Lacs Band of Ojibwe (MLBO)

is a member of the federally recognized Minnesota Chippewa Tribe, located in northeast central Minnesota.[9] There are over 4,500 enrolled Band members, and over 2,500 members live within the reservation boundaries. The Mille Lacs Reservation is divided into three districts: District I, Vineland; District II, East Lake; District IIA, Chiminising; and District III, Lake Lena. MLBO is a sovereign nation with a government based on the separation of powers, consisting of Executive, Legislative, and Judicial branches. MLBO Health and Human Services Department operates under the Executive branch of the tribal government, and it runs one clinic in each of the three Districts (I, II, and III). The MLBO Public Health Department provides a full range of services to the MLBO community.

In a 2013 survey of the MLBO community, 62.7 percent of respondents reported smoking cigarettes every day, and 67.9 percent self-identified as current smokers[10], a significantly higher smoking rate than the statewide adult smoking rate of 16.1 percent in 2010.[11] At that time, MLBO Public Health staff ran a Smoking Cessation Program; however, few Band members were aware of it. Also, while clinic nurses regularly asked patients about commercial tobacco use and were responsible for verbally notifying providers if a patient wanted to quit, few clinic staff were aware of the Smoking Cessation Program, and they rarely referred patients to it. Additionally, there was no electronic health record (EHR) documentation of these efforts. Together, these factors led MLBO to pursue a more coordinated system of tobacco user identification and referral to treatment between Public Health and the District clinics.

Photo credit: Chad A Germann

Systems Change Grant Goal

MLBO's goal for this two-year grant was to implement systems changes that would optimize health system performance and integrate referrals to the Smoking Cessation Program into the medical clinics.

Key Strategies

1. Establish a Cross-Disciplinary Tobacco Team
2. Embed Commercial Tobacco Dependence Treatment into the Clinical Standard of Care
3. Conduct Community and Health System Outreach

9 www.millelacsband.com
10 millelacsband.com/wp-content/uploads/2014/02/inaa_february2014.pdf
11 Tobacco Use in Minnesota: 2010 Update. Minneapolis, MN: ClearWay Minnesota℠ and Minnesota Department of Health; February 2011.

Strategy 1: Establish a Cross-Disciplinary Tobacco Team

MLBO staff recognized a need to coordinate commercial tobacco cessation-related efforts being conducted within the community. To this end, MLBO Public Health hired a Health Systems Coordinator (funded by the grant) who helped pull together a cross-disciplinary Tobacco Team that included staff from the Smoking Cessation Program, the Statewide Health Improvement Program (SHIP), the District I medical clinic, and an outreach coordinator working on secondhand smoke education and policy. The Tobacco Team met regularly to discuss upcoming tobacco cessation trainings, activities, challenges, and opportunities to improve tobacco user identification and referrals to cessation programming.

Tobacco Team Member Roles and Contributions

- *Health Systems Coordinator* – managed and conducted the daily systems change grant work; convened Tobacco Team meetings; conducted outreach to District clinics and external (non-MLBO) clinics in the community to promote the MLBO Smoking Cessation Program
- *SHIP Coordinator* – coordinated community outreach efforts and cessation program recruitment; conducted outreach at community events; attended Tobacco Team meetings
- *Clinic Champion* - liaison between the Public Health Department and District I clinic providers; promoted use of the updated clinical workflow among nurses and providers; attended Tobacco Team meetings; monitored cessation referrals from District clinics
- *Smoking Cessation Counselor* – conducted outreach at community events; conducted tobacco cessation counseling through the Smoking Cessation Program; attended Tobacco Team meetings
- *Secondhand Smoke Outreach Coordinator* – attended Tobacco Team meetings to provide updates on secondhand smoke-related policy efforts and events in the community

Tobacco Team Members (left to right): Kim Leschak, LPN, former Smoking Cessation Program Counselor; Darla Roache, former Health Systems Coordinator; Carol Hernandez, former Gego Zaagaswaaken Outreach Coordinator; Alicia Remer, LPN, District I Clinic Champion; and, Amy Maske, former SHIP Coordinator. Picture taken on October 26, 2015.

Successes

During the grant period, members of the Tobacco Team met monthly to discuss upcoming trainings and activities to promote the use of cessation services, develop EHR and workflow elements within the District I clinic, and identify ways they could support each other's efforts. Having team members representing Public Health and the District clinics was particularly integral to the systems changes, as the clinical setting is an important source of referrals to the Smoking Cessation Program. This strong relationship was important given the physical distance between the clinics and the Public Health Department.

Challenges

Turnover among Tobacco Team members presented periodic challenges around coordinating outreach efforts and ensuring access to needed tools. However, each time a new member joined the team, they continued to move the systems change work forward, sometimes using a slightly different approach. Despite staffing changes, key Public Health and clinical staff and leadership continued to support systems changes and tobacco cessation efforts throughout the grant period. At a minimum, this meant that efforts to identify commercial tobacco users and provide brief intervention in the clinical setting continued while other health systems change elements (e.g. referrals to the Smoking Cessation Program) were temporarily put on hold.

"This team was instrumental in communication between the cessation program and clinic providers. Our clinic champion was key . . . as a clinic provider, her input and communication with other providers was very helpful."
- Tobacco Team Member

Strategy 2: Embed Commercial Tobacco Dependence Treatment into the Clinical Standard of Care

Previously, the District I clinic identified tobacco users, and providers occasionally referred patients to tobacco dependence treatment. However, these procedures were not systematically implemented or electronically documented. Most clinical staff were also unaware that MLBO had its own Smoking Cessation Program within the Public Health Department. While the Smoking Cessation Program received occasional referrals from the District clinics, they tracked participants' quit progress in an electronic system that did not interface with the clinics' EHR system. To help improve the current MLBO systems, members of the Tobacco Team worked to standardize the clinic workflow, implement new EHR supports within the District clinics, and find a more direct method for cessation program staff to update medical providers regarding patient progress towards quitting commercial tobacco.

Piloting and Implementing a Standardized Clinical Workflow

In August 2014, the District I clinic implemented a "Smoking Cessation Month" in which providers and staff focused on intervening with patients on their commercial tobacco use. This served as a pilot of the new standardized workflow, utilizing the referral form (see Appendix) to link patients with the Smoking Cessation Program. After consultation with clinical staff and piloting a revised tobacco cessation workflow, a decision was made by the Health and Human Services Administration to have nurses ask patients about tobacco use, readiness to quit, and to provide referrals to the Smoking Cessation Program. Nurses are to document the information in the EHR, which alerts the medical provider so they can review the information and provide additional support to the patient (e.g. discuss cessation medications). If a patient seems resistant to the referral, the nurse makes a note in the EHR so the provider can address the issue and provide additional motivation to quit.

Photo credit: American Indian Cancer Foundation and Ivy Vainio

Modifying EHR Templates and Access

The District I clinic EHR system was modified to allow for documentation of patient tobacco use status, readiness to quit, referrals (see EHR Referral Screenshot in the Appendix), and progress notes. Since the Smoking Cessation Counselor worked in the Public Health Department, she was required by Indian Health Service to complete HIPAA and Information Systems Security Awareness trainings to be able to access the clinic EHR and enter progress notes. The ability to view patient progress notes and track referrals to the program were important elements to garnering buy-in and motivating clinicians to address tobacco use with patients.

Educating Staff

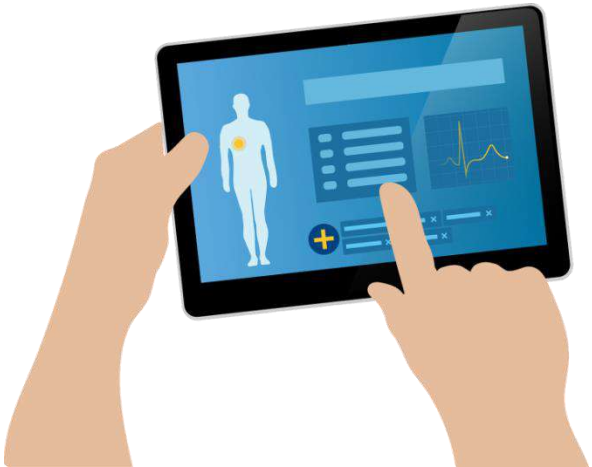
During the systems change grant period, MLBO was working on another grant project that provided training for clinical staff on brief interventions for tobacco cessation (i.e. the 5 As[12]), which likely enhanced tobacco systems change efforts. In addition, the Tobacco Team successfully completed the Tobacco Treatment Specialist training, with two members receiving certification.

While clinic staff did not require additional formal training on the revised workflow, the Tobacco Team provided them with information about the Smoking Cessation Program. This information helped clinicians feel more comfortable referring their patients to the program and informing patients about what to expect after being referred. Most provider education was conducted by the Tobacco Team Clinic Champion during clinic staff meetings. One exception to this was some formal training provided by IT staff on the new EHR features for both Smoking Cessation Program staff and District I clinic staff.

12 Fiore MC, Jaén CR, Baker TB, et al. Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. May 2008.

Successes

After implementing the revised workflow in the District I clinic, the Smoking Cessation Program experienced a dramatic increase in referrals from the clinic. This was facilitated by the nursing staff assuming a defined, primary role in the referral process and being able to document tobacco use status, readiness to quit, and referrals within the EHR. Additionally, giving cessation program staff access to the clinic EHR to enter progress notes facilitated bi-directional communication between the clinic and cessation program. Clinicians appreciated the ability to track referrals and patient progress in quitting. Referral data was shared during staff meetings, and it motivated clinicians to keep providing referrals as a way to improve patient care. Tracking the number of patient referrals was also important to maintain buy-in from clinic leadership for cessation referral efforts.



Challenges

One challenge was staffing changes that left the cessation counseling position vacant for a period of time. During this period, medical providers addressed cessation on a case-by-case basis. After a new counselor was hired, the Clinic Champion from the Tobacco Team informed clinical staff, and referrals from the clinic resumed. In addition, it was important to work with administration to ensure that providers received information on their patients' quitting progress and to continue coordination between the Public Health Department and clinic.

Another challenge was implementing the tobacco cessation workflow and EHR updates in the outer District II and III clinics. While the main District I clinic implemented these changes, the two outer District clinics did not make workflow or EHR changes. This was due to IT systems issues and a lack of IT staff time. Unfortunately, the EHR systems in the three clinics do not communicate with each other, which is a significant barrier. However, the Health Systems Coordinator provided updates to the outer District clinics regarding the Smoking Cessation Program and supplied them with program brochures and referral forms (see Appendix) that could be faxed to the cessation program.

Strategy 3: Conduct Community and Health System Outreach

In addition to working with the District I clinic, the Health Systems Change Coordinator worked with the outer District II and III MLBO clinics. They also reached out to other clinics and health systems in nearby communities to help increase Smoking Cessation Program referrals for Band and other community members.

In-Band Clinic Outreach

Outreach to the District II and III clinics was important to ensuring Band and community member access to the MLBO Smoking Cessation Program. Typically, the outer clinics only have one nurse on staff, and they would refer tobacco users to a telephone quitline. The Health Systems Coordinator traveled to these clinics to provide information to their staff about MLBO's Smoking Cessation Program, promoting it as an alternative face-to-face cessation option. She also provided the clinics with fax referral forms for the program, as these clinics did not have access to or connectivity with the main District I clinic EHR.

"There is a trust level that needs to be established, and consistency is important. If they know you are there and keep seeing you, they become more engaged and more willing to seek the assistance that they need."
- Tobacco Team Member

External Health System Outreach

While many Band members receive care at MLBO District clinics, others seek care at nearby community clinics. The Health Systems Coordinator reached out to clinics in the surrounding community that were known to serve the largest number of Band members and their family members. The Coordinator had successful meetings with staff from several external clinics, ranging from clinic administrators to health education and wellness staff. She provided the clinics with brochures and fax referral forms for MLBO's culturally-specific Smoking Cessation Program.

Community Outreach and Engagement

Community engagement is incredibly important to the success of cessation efforts. If community members are aware of the Smoking Cessation Program, familiar with program staff, and can see consistency in program implementation, they are more likely to utilize the program. It was important, therefore, that the Public Health Department and clinic staff regularly attended community gatherings to build personal connections and trust with community members. Tobacco Team members made efforts to be included on community meeting agendas to discuss tobacco cessation-related issues, in order to facilitate this type of education and presence in the community.

Successes

The Health Systems Coordinator met with key staff at the outer District clinics as well as other non-MLBO clinics in the community and provided them with information and materials to help facilitate referrals to the Smoking Cessation Program. Tobacco Team members also attended multiple community gatherings and events to raise awareness of the Smoking Cessation Program. These efforts led to an increase in referrals from the District clinics and community members reaching out to the cessation program.

Above: Kim Leschak, former Smoking Cessation Program Counselor, promoting the Smoking Cessation Program at a health fair.

Challenges

One of the key challenges to conducting outreach with the outer District clinics is the limited availability of providers. These clinics are only open for a limited number of hours each week, so providers are more focused on addressing urgent medical needs, and they rarely prioritize tobacco cessation efforts. Tobacco Team members supported the outer Districts' efforts by providing program materials, emphasizing that the counselor could travel to them, and periodically checking in with clinic staff to remind them of the services available.

Regarding non-MLBO clinics, several have their own cessation programs and, generally, prefer to refer patients internally. This is partially due to greater competition between health systems for patients. While the Affordable Care Act has led to more MLBO Band members being insured, Band members also now have more choices on where they receive care. This change has motivated the District clinics to focus more on providing quality healthcare and emphasizing the cultural appropriateness of care for Band members. This includes emphasizing culturally appropriate services provided by the MLBO Smoking Cessation Program.

Lessons Learned

Garner leadership support from the beginning

The project benefitted from having strong leadership support in the MLBO Public Health Department and the main District I clinic. Leadership support elevated the priority of addressing commercial tobacco use among District I clinic patients. It also allowed key Public Health staff to have EHR access to facilitate cessation program referrals, tracking, and follow-up.

Maintain cross-disciplinary support

Developing and maintaining a cross-disciplinary team of Public Health staff and clinic champions increased the priority of addressing commercial tobacco use within the clinic. The team also helped its members stay informed about related commercial tobacco cessation and norm change work being conducted in the MLBO community. By meeting together regularly, the Tobacco Team could coordinate work from different areas and support each other's tobacco-related efforts.

Leverage opportunities within new models of care

The District I clinic's efforts to move toward meeting the Centers for Medicaid and Medicare Service's Meaningful Use requirements and obtaining Joint Commission accreditation incentivized the clinic to prioritize asking patients about tobacco use and electronically documenting patient tobacco use status.

Be patient when implementing EHR system changes

The EHR system was the best method for clinic providers and the Smoking Cessation Program to communicate with each other about patients. It was critical to leverage IT support to modify the District I clinic EHR and manage permissions so that Public Health staff could have access to the tobacco fields. However, while modifications to the EHR system improved communication between these two entities, staffing changes and limited IT staff time required Public Health and the District I clinic to find creative solutions to keep referral and bi-directional communication efforts moving forward.

Build relationships with clinic staff and patients

In order to receive referrals and successfully help patients quit using commercial tobacco, it was important for the Smoking Cessation Program to build relationships with clinic staff and patients. Having a tobacco champion working within the District I clinic was essential for increasing awareness, trust, and support for the program among clinic staff. Furthermore, when clinic staff are informed about the program, they are more likely to refer patients to treatment and track their progress towards quitting tobacco.

Acknowledgements

The authors would like to thank the following individuals for providing information for this case study: Darla Roache and Megan Cummings, former Health Systems Change Coordinators; Alicia Remer, LPN, Clinic Champion; Sam Moose, MLBO Commissioner of Health and Human Services; Lisa Blahosky, former Director of Public Health; Amy Maske, former SHIP Coordinator; and Sacha Larson, RN, Director of Nursing.

Appendix

1. Smoking Cessation Program Fax Referral Form
2. EHR Referral Screen Shot
3. Smoking Cessation Program Brochure

Mille Lacs Band of Ojibwe Public Health

Smoking Cessation Program
Keep Tobacco Sacred

Referral Procedures

1. Fax to: 320-532-7524 Attention: Amy Maske SHIP Coordinator
2. Initial contact will be made within 7 days from the date referral is received.

Patient Information

Patient Name: _____ Patient DOB: _____

Mailing Address: _____

District that Patient resides in: _____

Chart #: _____ Phone: _____

Referral Information

Referred by (Print Name): _____

Clinic/Department: _____

Phone: _____

Referral Notes: _____

Date: _____

Referred by (Signature): _____

If you have questions or would like additional information please contact:

amy.maske@hhs.millelacsband-nsn.gov

Phone: 320-532-7760

American Indian Cancer Foundation.

Template: TOBACCO CESSATION

Click here to begin - please choose visit location

Ne-Ia-Shing Health Center
43500 Migizi Dr
Onamia, MN 56359
Phone: 320-532-4163
Fax: 320-532-4735

East Lake Health Station
36666 Hwy 65
McGregor, MN 55760
Phone: 218-768-3311
Fax: 218-768-2143

Lake Lena Health Station
Aazhoomog Clinic
45741 Grace Lake Rd
Sandstone, MN 55072
Phone: 320-384-0149
Fax: 320-384-0163

PATIENT INFORMATION

==========

Patient Name: TEST,ADOLESCENT FEMALE Patient DOB:JAN 1,2000

Mailing Address: 43500 MIGIZI DR ONAMIA, MN 56359

Distirct that Patient resides in: MILLE LACS

Chart #: 99-99-66 Phone: 3205324779 (home) Other Phone: No other phone in record

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Referred by: John Doe, LPN

Clinic/Department: NURSING

Referral Notes:

Pt smokes 1 ppd and interested in quiting within the next month.

Date: 19-Sep-2016

All | None | * Indicates a Required Field | Preview | OK | Cancel

Our Products and Services

- One to One support; In office, in home over the telephone or by email.
- Incentives for enrollment; with completion of intake.
- Custom quit kits with resources and aids that includes healthy lifestyle incentives.
- Carbon monoxide level monitoring.
- Quarterly incentives for your fist year smoke free.
- Annual drawings and giveaways, to celebrate those who are 12 months smoke-free.
- Provide education and resources to support your smoke free success.

Why is it so hard to quit smoking?

Nicotine. First, nicotine is physically addictive and, second, nicotine addiction also causes psychological changes in smokers because they connect pleasurable feelings to many different aspects in their lives. Nicotine is a drug that naturally occurs in tobacco. When you puff on a cigarette, you inhale nicotine in the smoke that spreads through your body. The result is a pleasant relaxing feeling that makes you want to smoke more. As you continue to smoke, your body adapts and becomes tolerant to nicotine.

Benefits of Quiting

- **Cost**
  Average cost for a pack a day for a week is $50.00
  Yearly you can save $2400.00.
- Health
  Immediate health improvement, oxygen increase and heart rate slows.
- **Long Term Benefits**
  Reduce risk for cancer and heart disease.
  Food tastes better
  Healthy looking skin
  Improve sleep
  Fresher breath
  Brighter teeth
- **Time**
  At an average of 5 minutes per cigarette, you'll save 600 hours a year.

Mille Lacs Band of Ojibwe
Public Health Department

17230 Noopiming Drive, Onamia, MN 56359

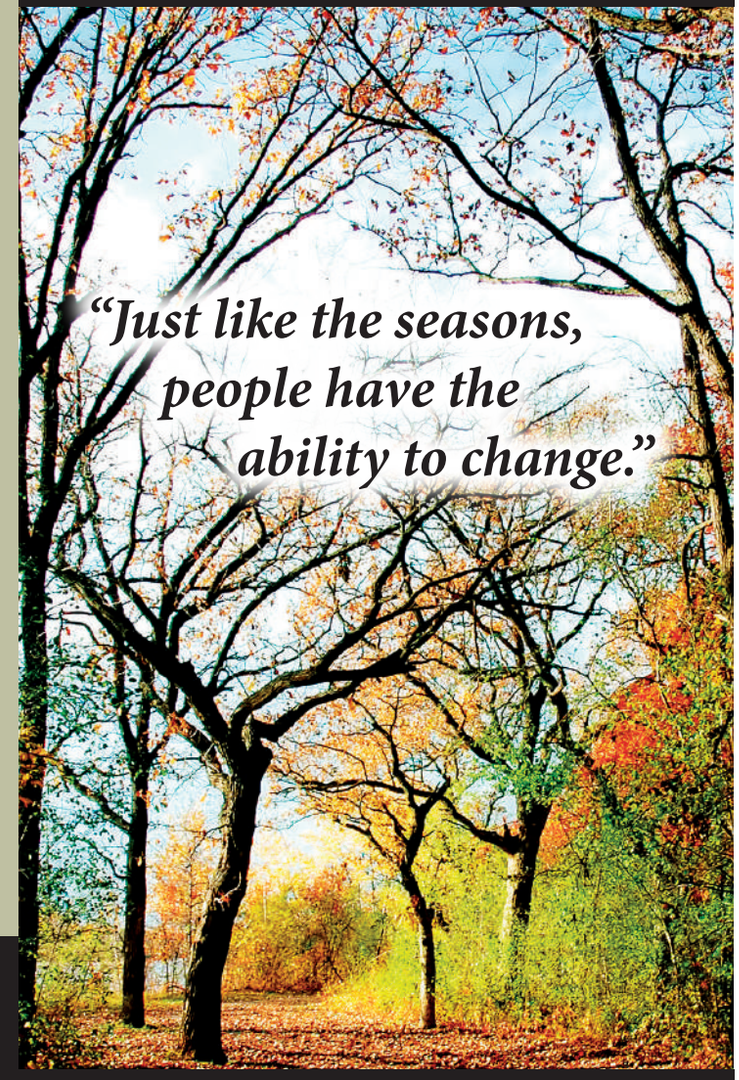
Contact Us

Phone: 320.532.7760 • Fax: 320.532.7524
Email cessation support inquiries/referrals to:
amy.maske@HHS.millelacsband-nsn.gov

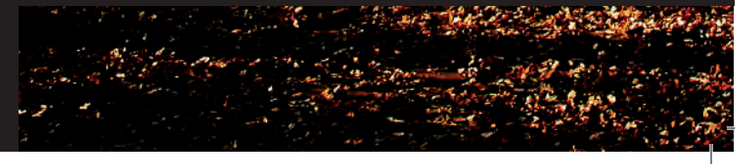
Smoking Cessation Program

Mille Lacs Band of Ojibwe
Public Health Department

Let us help you quit.



Keep Tobacco Sacred



Who's eligible?

- Mille Lacs Band of Ojibwe Community Members
- Mille Lacs Band members
- Family members of ML members.
- Residents living on the MLB reservation in all districts.
- MLBO Government employees.
- Grand Casino associates.
- ML Corporate Ventures employees and small business employees.

Amy Maske
SHIP Coordinator

- **Worked for the Band 10 plus years as an educator. In March of 2015 joined the MLB Public Health Deptartment.**
- **Intake for Smoking Cessation Program clients providing individual support and resources.**
- **Provide healthy living options for the MLB communities through Statewide Health Improvement Progam.**
- **Community education on the dangers of smoking.**

Kim Leschak, LPN
MLB Public Health

- **Worked in the Mille Lacs Band community for 12 plus years. In 2013 joined the MLB Public Health Department.**
- **Provide One to One support for cessation clients.**
- **Community education on the dangers of smoking.**
- **Help customize your smoking cessation process.**

Who We Are

We provide support to all MLB Community members that are interested in quitting the use of commercial tobacco products.

We share with you all the QUIT methods and options available. YOU determine the quit method that is best fit for your lifestyle.

We discuss your history and triggers. YOU set goals that are realistic and motivating for you.

We work with you and the providers in selecting the best nicotine replacement therapy (NRT).

We will be there to assist you with every step and look forward to YOU changing your life!