Integrating Tobacco Cessation Interventions in Health Care Systems: Tobacco Cessation Workflow

The Affordable Care Act and related health reform initiatives have created opportunities to implement system changes in health care to reduce tobacco use, with the goal of improving services, improving health and reducing costs. CCOs and their partners in Oregon are perfectly positioned to work with their provider groups to implement these evidence- based interventions.

The US Public Health Service (USPHS) clinical practice guideline "Treating Tobacco Use and Dependence 2008 Update" calls on clinicians to change or improve the practice patterns in their offices to ensure that 1) every patient is screened for tobacco use status and tobacco use status is documented, and 2) patients who use tobacco are advised to quit and provided options for evidence based treatments.

The Clinical Tobacco Cessation Work Flow

While primary health care settings are often motivated to begin addressing the high prevalence of tobacco use in their client population they have questions about how to implement these services into daily practice. A tobacco cessation workflow helps provide practical strategies for how to offer these services. The workflow should identify who carries out each step of the intervention, when each step occurs in the course of the clinical encounter, and what information is needed at each step. A clinic workflow is not only essential to the design of the delivery system but is an integral part of developing or modifying the EHR.

The Transformation Center recommends CCOs provide this evidence based tobacco cessation workflow to their provider groups and partners. The workflow can be modified depending on practice size and team structure but the core functions remain the same. Following are some suggestions CCOS can give to provider groups to adapt and adopt the workflow.

Step 1: Conduct An Assessment of the Clinic's Current Practices Regarding Tobacco Use

1. Does the provider, or other care team member, ask patients a tobacco-screening question?
    a. Is this included with the vitals check at every visit?
    b. Is this included for all patients or only specific ages (e.g. > 18 years, > 13 years)?
2. Does the provider, or other care team member, ask what type of tobacco the patient uses (e.g. cigarette, chew, cigar, hookah, e-cigarette)?
3. What EHR is the provider using?
4. Is the provider's EHR able to capture tobacco status and type of tobacco discretely?
5. Does the provider, or other care team member, provide an intervention or refer to quit line?
6. Is there an EHR shortcut (drop down menu) for providers to easily prescribe interventions?
7. How does the provider or care team member document the intervention?
    a. Referral recorded in discrete EHR field and submitted electronically;
    b. Referral recorded in discrete EHR field and submitted via fax or email;
    c. Referral documented in EHR progress note; or
    d. Not documented.

Step 2: Identify an Office Champion

Make one person in your practice a tobacco cessation office champion. An office champion plays a critical role in providing overall leadership for tobacco cessation efforts. The champion should be charged with recommending and implementing system changes to integrate tobacco dependence treatment into your practice's daily office routines.

Choose a champion who is passionate about helping staff and patients quit tobacco use so they can live healthier lives. Make it a collaborative process, allowing all staff and clinicians to provide input into realigning processes. Gain leadership buy-in for dedication of resources and time. Integrate into existing quality and measurement programs for continuous monitoring and feedback to clinical teams.

Step 3: Identify Barriers

What challenges do you expect to experience as you make system changes to identify and treat patients who use tobacco? A team meeting to identify potential barriers is a great place to start a re-design of the workflow. Make a list.

For many clinicians common barriers to treatment of tobacco dependence include: the need for a better tobacco cessation model/system; lack of time; perceived lack of payment for intervention; and lack of experience training. Staff members who smoke may feel uncomfortable assisting patients with quitting. Another potential barrier is having unrealistic expectations about treating tobacco dependence. It should be considered a chronic condition and it should be treated with the expectation that most patients will be treated through a series of relapses and remissions rather than quitting on the first try.

Step 4: Modify the Tobacco Cessation Workflow

Based on the information gathered make appropriate modifications to the workflow.

More information about the Transformation Center's work and targeted supports is available online at www.oregon.gov/oha/Transformation-Center/Pges/Targeted-Supports.aspx

Primary Resources:

- American Academy of Family Practice (AAFP) Office Champions: A Systems Based Approach http://www.aafp.org/patient-care/public-health/tobacco-nicotine/office-champions.html
- Behavioral Health and Wellness Program, University of Colorado Anschutz School of Medicine, A Patient-Centered Tobacco Cessation Workflow for Healthcare Clinics https://www.bhwellness.org/fact-sheets-reports/A%20Patient-Centered%20Tobacco%20Cessation%20Workflow%20for%20Healthcare%20Clinics.pdf

Additional Resources:

- Oregon CCO Incentive Metrics
  - Strategies for Reducing Tobacco Use
  - Cigarette Smoking Prevalence Metric - FAQ
  - Cigarette Smoking Prevalence (Bundled Metric) Specifications
- Tobacco Resources
  - CDC: Quitting Smoking
  - CDC: Quit Smoking Resources
- Quality Improvement
  - IHI Model for Improvement
  - Plan – Do – Study – Act