



# A Partnership to Successfully Increase Smoking Cessation Intervention within a Community

Hosted by:

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Special Presentations by:

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&

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# The New England Quality Innovation Network – Quality Improvement Organization (New England QIN-QIO)

*brought to you by:*


- **Healthcentric Advisors**
  - Focus areas: MA, ME, RI
- **Qualidigm**
  - Focus areas: CT, NH, VT




**Please visit the New England  
QIN-QIO website!**


[www.HealthCareForNewEngland.org](http://www.HealthCareForNewEngland.org)

The New England Q x  
www.healthcarefornewengland.org

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Home Health:  
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## Introducing the New England QIN-QIO

The New England Quality Innovation Network-Quality Improvement Organization (QIN-QIO) is a collaborative effort to improve the experience, care and health outcomes for all

### Upcoming Events

**WEBINAR: New England Home Health Care Collaborative - Session 3: Use of Aspirin in Heart Disease**





CORNERSTONE VNA  
HOME • HEALTH • HOSPICE

*Trusted Care since 1913*

# Successful Smoking Cessation QAPI Initiative

*Jennifer Gullison, RN, BSN, MSN*  
*Chronic Care Specialist*

# Cornerstone VNA



- Cornerstone was approached by NH Department of Health and Human Services about the Million Hearts® campaign
- There was a task force aimed at implementing Million Hearts® strategies
- The state was also working closely with Georgette from the New England QIN-QIO
- Both the state and QIN-QIO collaboration were key to get the Million Hearts® initiative off the ground within the organization

# Polling Question:

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- Is your agency involved in the Million Hearts Campaign?
  - A. YES
  - B. NO
  - C. THINKING ABOUT IT

# Getting Started

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- Cornerstone selected Smoking Cessation as the first initiative
- Reasons:
  - Lack knowledge about resources for patients
  - Clinicians were unsure how to approach the subject with patients





# Getting Started

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- Through continued partnerships, Cornerstone was connected with the NH Tobacco Prevention and Control Program
- Organizations worked together to increase awareness and resources for both clinicians and patients



# Implementation

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- Teresa Brown, Tobacco Treatment Specialist, was able to perform two on-site visits to increase awareness to clinical staff
- SN, PT, OT, LNA's, MSW all attended
- General statistics/smoking awareness provided
- Key to help get the clinician buy-in
- Must tie agency targets directly to the patient

# Implementation



- Cornerstone identified a key manager to track and enter the patient data into the data registry
- Initially it took some time to figure out where all the resources are and what steps were needed to accomplish goals. The tool brings all this together. CVNA implemented prior to the development of this tool.
- Utilize Roadmap to Success Implementation-Checklist.

# Implementation

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- Need to know what data you need to collect based on the measure you choose
- Smoking cessation you need to collect two things:
  - Was patient screened
  - Was smoking cessation education provided for at least 3 minutes
- Agency was able to implement specific intervention into the care plan for clinicians to select
- Screening was added to the SOC/ROC template

# Implementation

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- NH Tobacco Prevention and Control Program was able to customize a referral form to refer patient to the NH Quit now program
- NH Tobacco Prevention and Control Program also provides Cornerstone with smoking cessation educational booklets to provide to patients
- Having access to resources that directly benefit patients and partnerships with other organizations were key to the success of this initiative

# Polling Question:

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- Is your agency currently participating in smoking cessation activities?
  - A. YES
  - B. NO
  - C. THINKING ABOUT IT

# Evaluation

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- Need to monitor monthly to identify what additional education is needed
- Staff Educator brings direct concerns to Clinical Director on any trends
- Can monitor results on HHQI reports



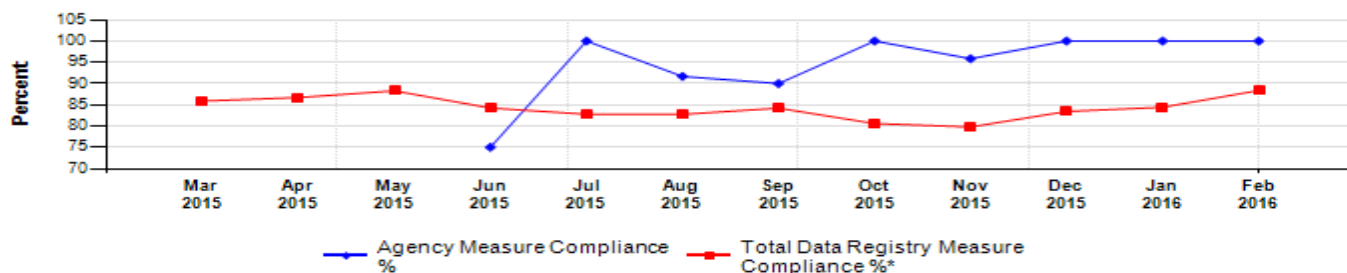
# HHQI Reports

## Tobacco Use: Screening and Cessation

Percentage of patients aged 18 years and older who were screened for tobacco use by the home health agency AND who received cessation counseling/intervention by the home health agency

	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Total
# of Episodes Screened and Receiving Cessation Intervention	0	0	0	9	12	11	18	21	23	23	22	24	163
Total Eligible Episodes Abstracted-Agency	0	0	0	12	12	12	20	21	24	23	22	24	170
Agency Measure Compliance %				75.00	100.00	91.67	90.00	100.00	95.83	100.00	100.00	100.00	95.88
Total Data Registry Measure Compliance %*	85.89	86.71	88.29	84.24	82.78	82.75	84.22	80.57	79.79	83.44	84.42	88.39	84.29
# of Episodes Screened for Tobacco Use	0	0	0	12	12	12	20	21	24	23	22	24	170
Total Eligible Episodes Abstracted-Agency	0	0	0	12	12	12	20	21	24	23	22	24	170
Agency Measure Compliance %				100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
# of Episodes Receiving Cessation Intervention	0	0	0	0	0	0	4	2	5	5	2	2	20
Total Episodes of Screened Tobacco Users	0	0	0	3	0	1	6	2	6	5	2	2	27
Agency Measure Compliance %				0.00		0.00	66.67	100.00	83.33	100.00	100.00	100.00	74.07

## Tobacco Use: Screening and Cessation Intervention





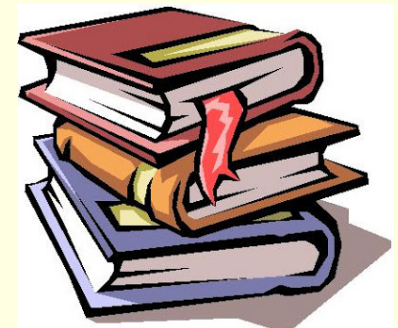
# Treatment for Tobacco Dependence

Teresa Brown, BS, TTS  
NH Tobacco Prevention and Cessation  
Program

# Learning Objectives

After watching this presentation, participants will understand:

- Tobacco landscape in New England
  - Economic costs of tobacco dependence
  - Morbidity and mortality costs
- 2015 NH data
- Evidence based treatments for tobacco dependence
- State quitlines: An evidence-based tobacco treatment resource



# Toll of Tobacco in New England

Source: Campaign for Tobacco Free Kids June 21, 2016

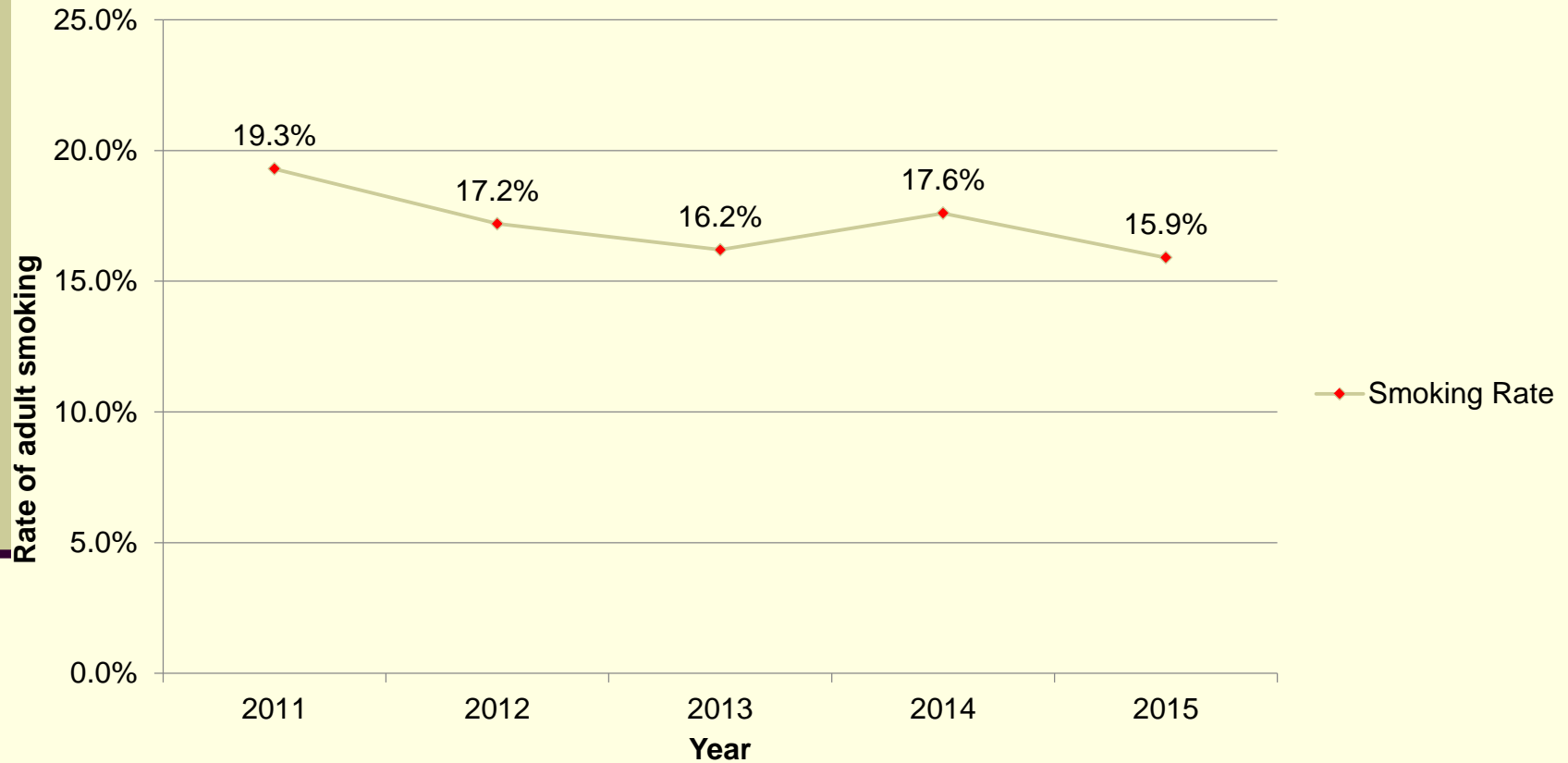
## Comparison of Tobacco Dependence

Data-Source: Campaign for Tobacco Free Kids and National Health Interview Survey, 2015, Sample Adult Core component

	National	CT	ME	MA	NH	RI	VT
Adult Smoking Rate	15.1%	15.4%	19.3%	14.7%	15.9%	16.3%	16.4%
Number of Adults	Approx. 40 Million	434,4000	206,700	787,100	180,962	137,200	82,800
High School Smoking Rate	10.8%	10.3%	11.2%	7.7%	9.3%	4.8%	10.8%
High School E-Cig Rate	16.0%	7.2%	16.8%	23.7%	25%	19.3%	15.3%
Deaths per year	480,000+	4,900	2,400	9,300	1,900	1,800	1,000
Health costs:							
Medicaid	\$170B	\$2.03B	\$811M	\$4.08B	\$753.6M	\$640M	\$348M
Medicare	\$39.6B	\$520.8M	\$261.6M	\$1.26B	\$139.2M	\$216.8M	\$87.2M
VA	\$45B						
	\$23.8B						
Economic burden	\$151B	\$1.25B	\$647M	\$2.04B	\$506.9M	\$458.9M	\$232.8M

# Trend of Adult Smoking Rates in NH

## 2011-2015 Adult Smoking Rate



# Tobacco Use in NH

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- 2015 Adult Behavioral Risk Factor Surveillance Study

- 16.9%

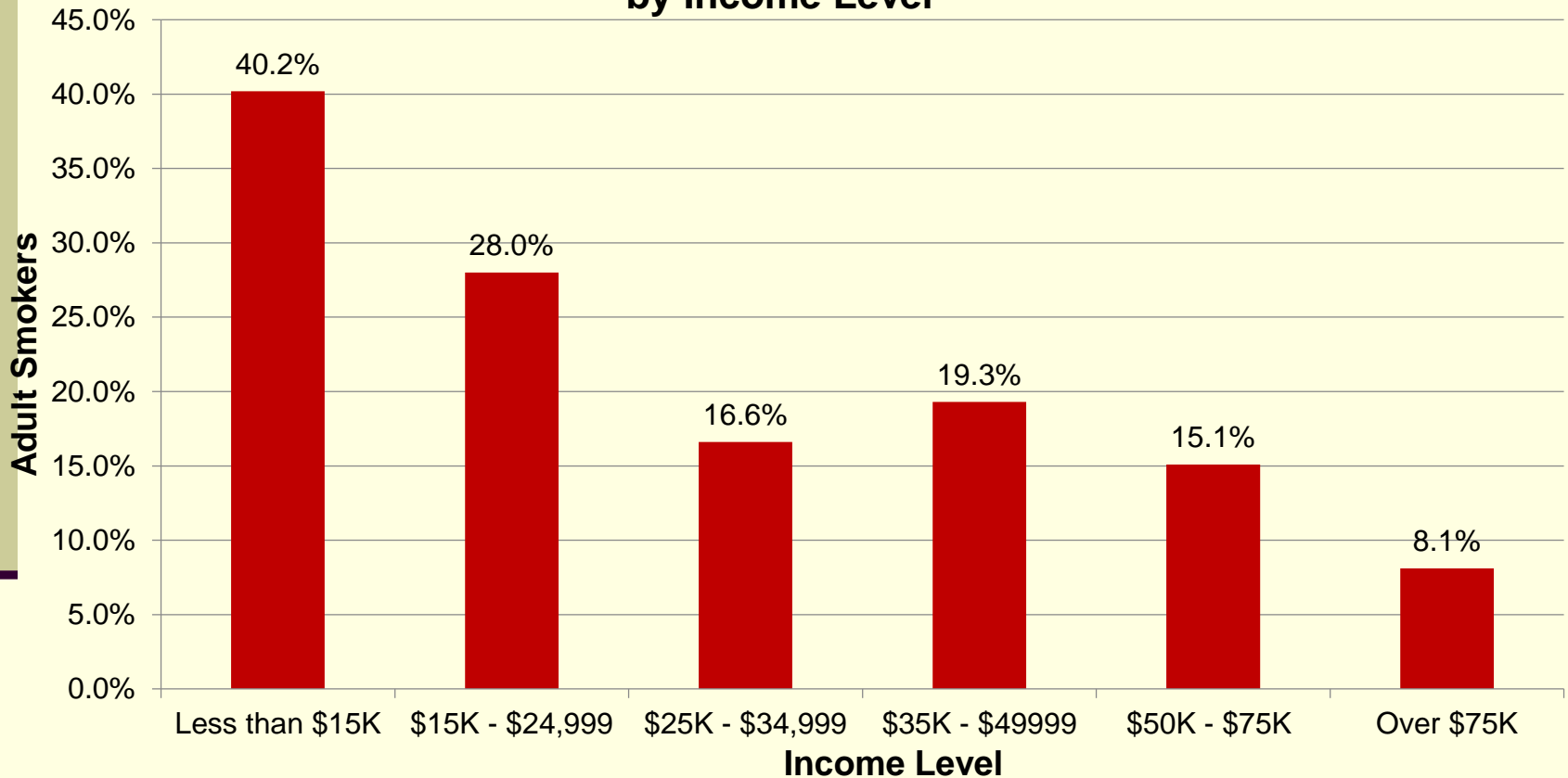
- 180,962 adults continue to smoke

- **Who are these adults...?**



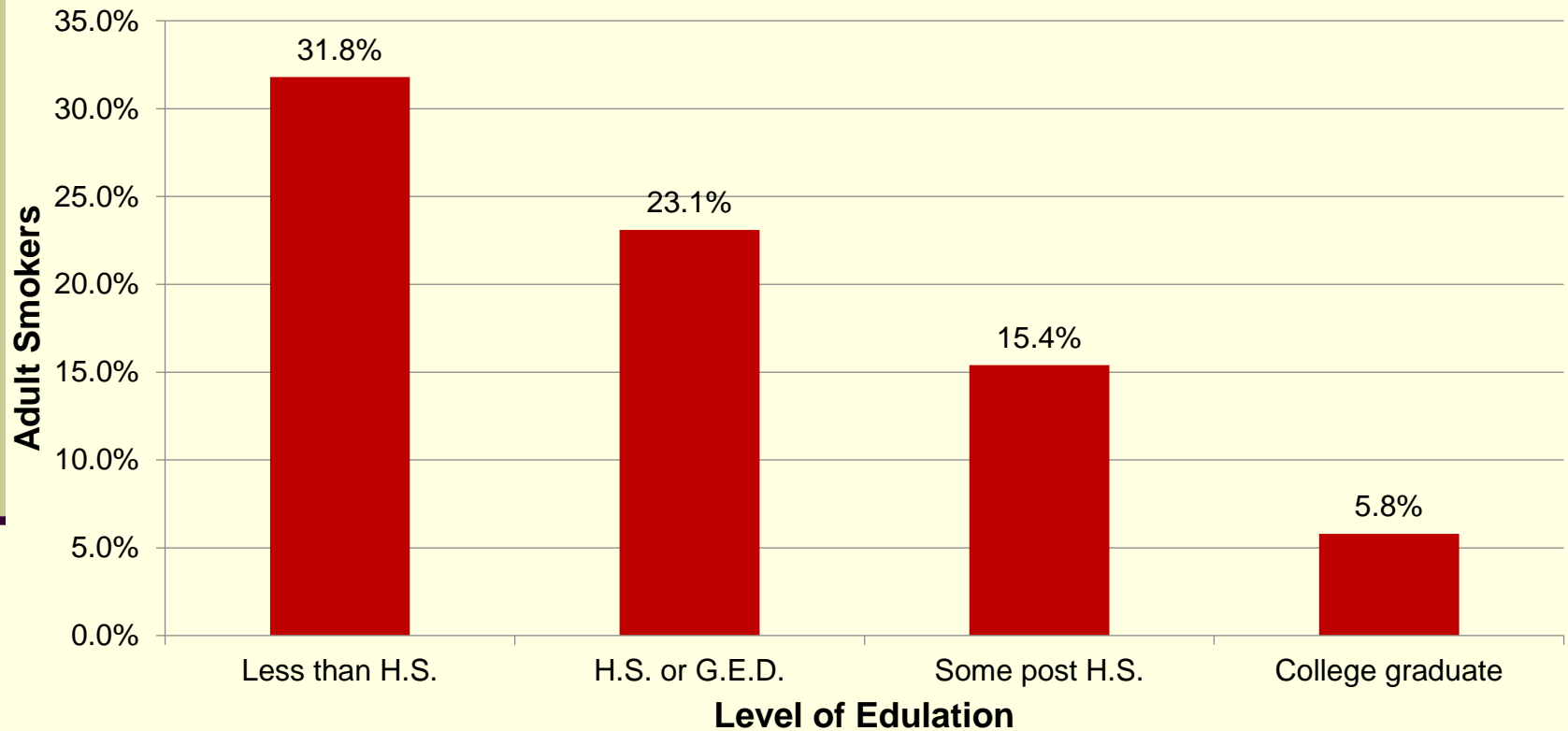
# Income of Adults Smoking in NH

**2015 Adult Smoking  
by Income Level**

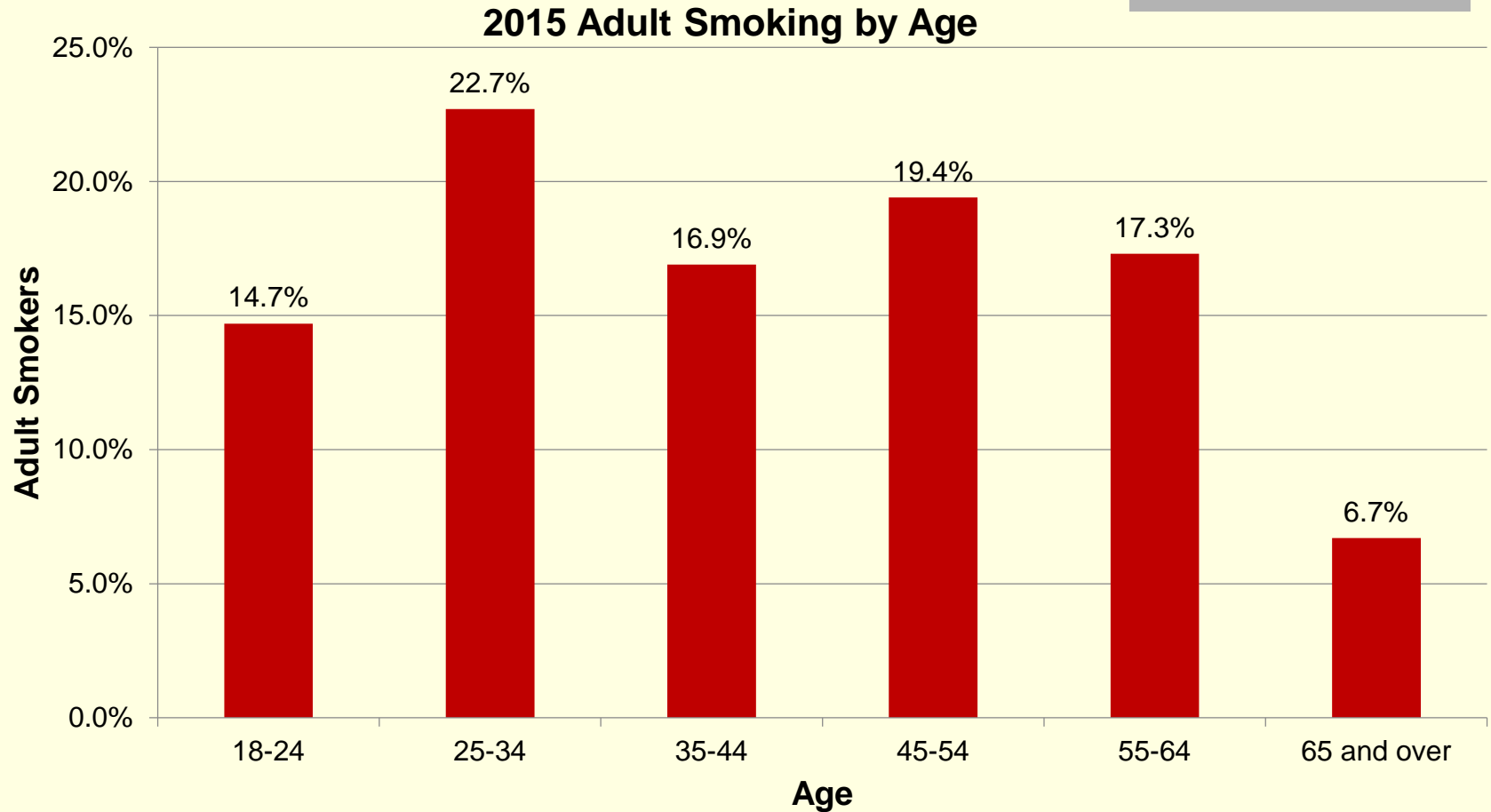


# Education Level of Adults Smoking in NH

**2015 Adult Smoking  
by Education Level**



# Age of Adults Smoking in NH

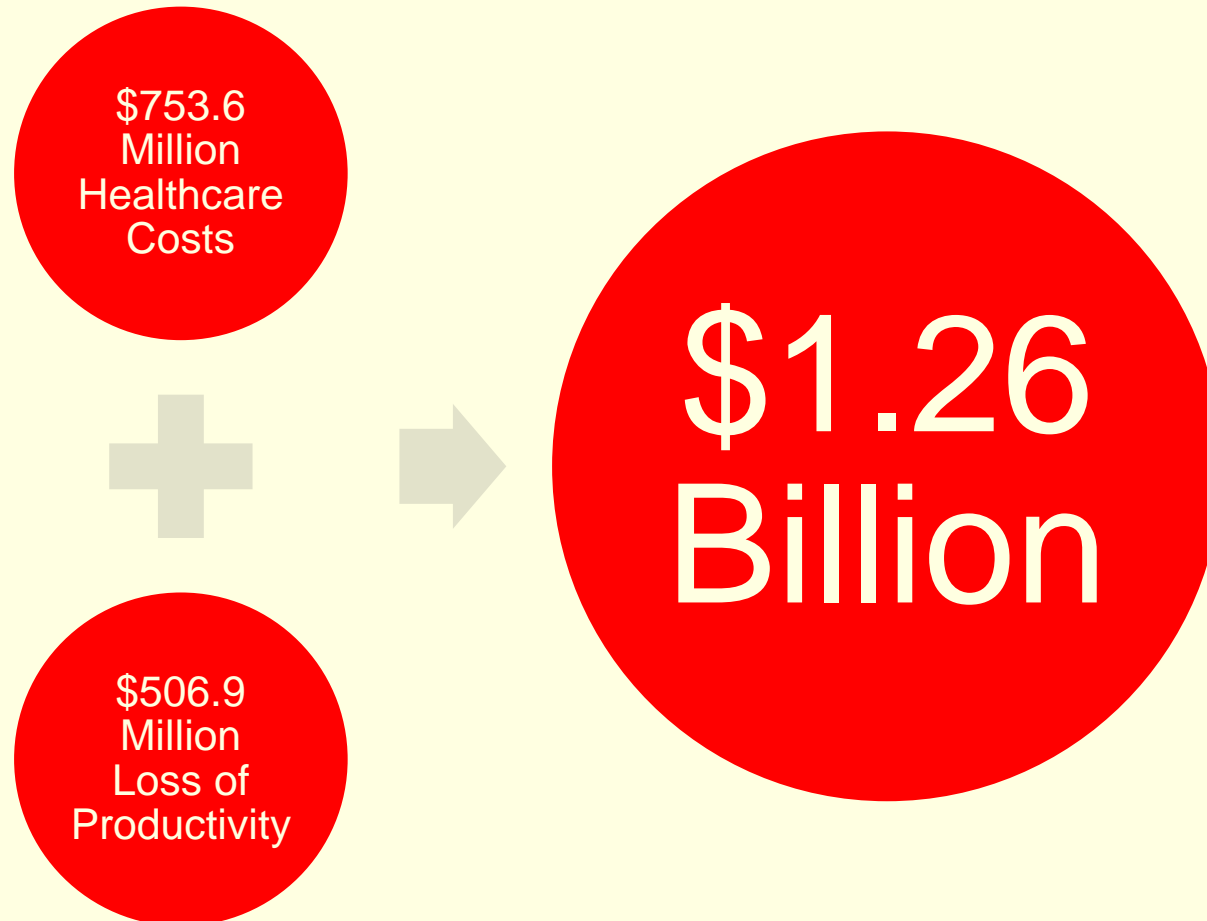




# Cost of Tobacco Dependence in NH

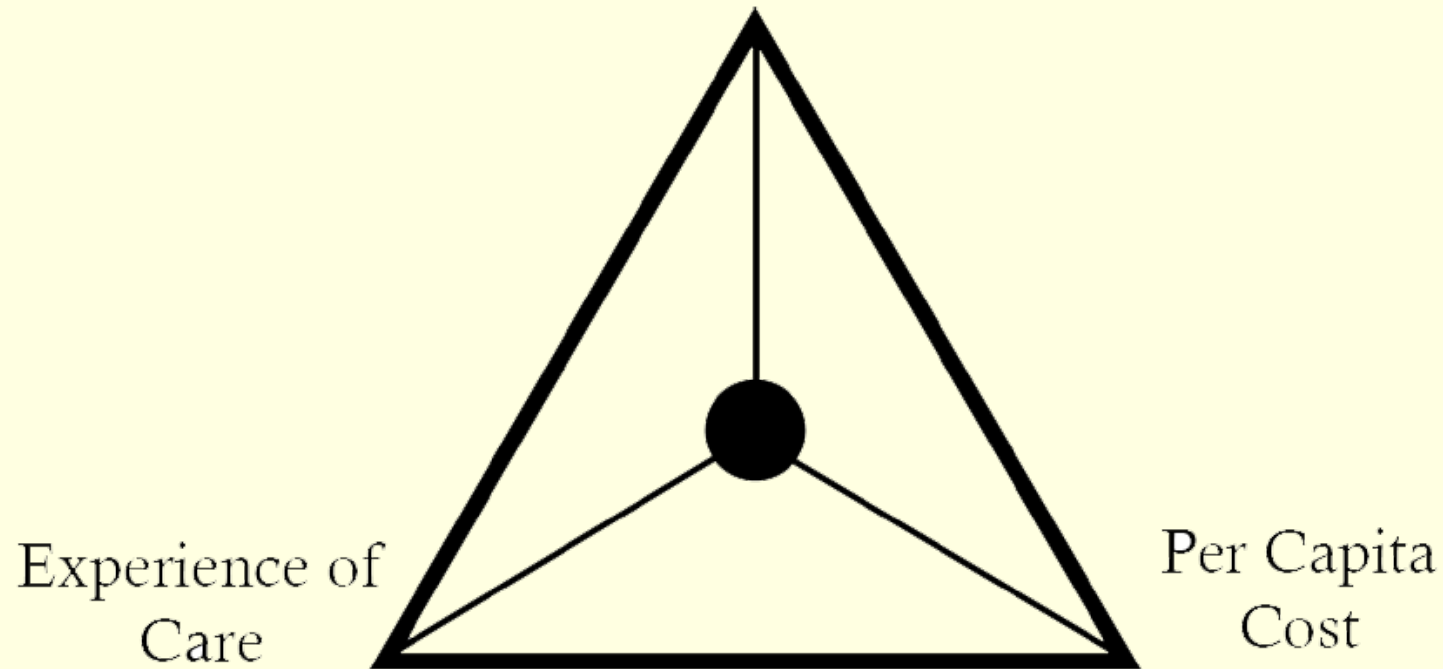
## 1,900 deaths annually from tobacco-related illness

Source: Campaign for Tobacco Free Kids, SAMMEC, CDC Best Practices



# Why is Quitting So Important?

Health of a  
Population



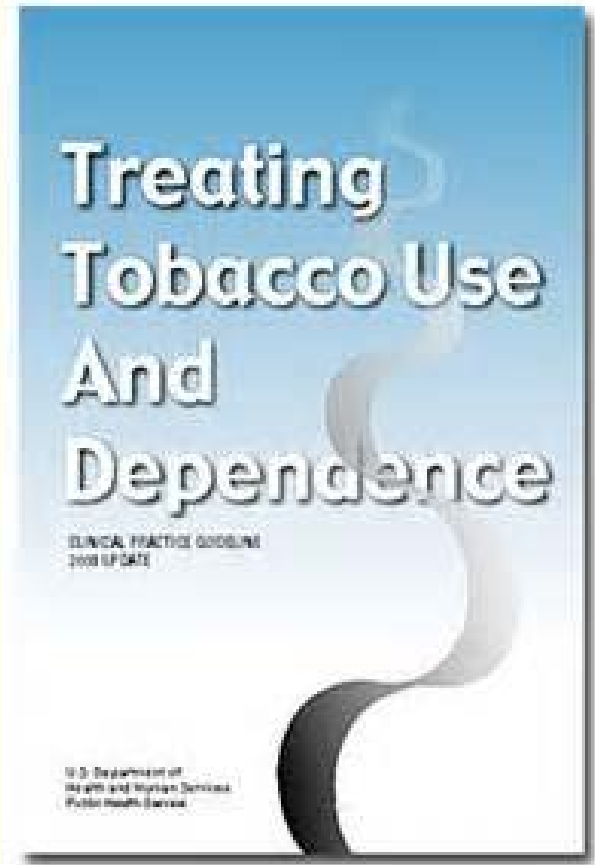
The *Triple Aim*

# Effective Treatment for Tobacco Dependence

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Effective tobacco treatment is a combination of:

- ✓ Evidence-based behavior change coaching
- ✓ FDA approved medications
- ✓ Use of Quitlines



# North American Quitline Consortium

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- Who? [www.NAQuitline.org](http://www.NAQuitline.org)
- What? Research, education and support for states and for quitline vendors
- How Many? All states plus PR and Guam, 10 Canadian Provinces and beyond...
- National Portal = 1-800-Quit-Now
- Supported by CDC and Legacy

# 5A's = Ask, Advise, Assess, Assist, Arrange Now are 2A's and R = Ask, Assist and Refer

Intervention	Least likely to successfully quit	Somewhat likely to successfully quit	Most likely to successfully quit
ASK	Not a vital sign in the medical record	Identify patient as smoker	Identify patients smoking status at every visit.
ASSIST	None Judging Nagging Blaming	<u>1-3 Minutes:</u> Discuss the benefits of quitting Discuss the prognosis of not quitting	<u>3-5 Minutes:</u> Using MI techniques (rating scale and decisional balance) Offering medications
REFER	None	Handing out print	Direct referral to QuitWorks-NH

Highest success rates: combination of medicines plus counseling for 100-300 minutes.

# Polling Question:

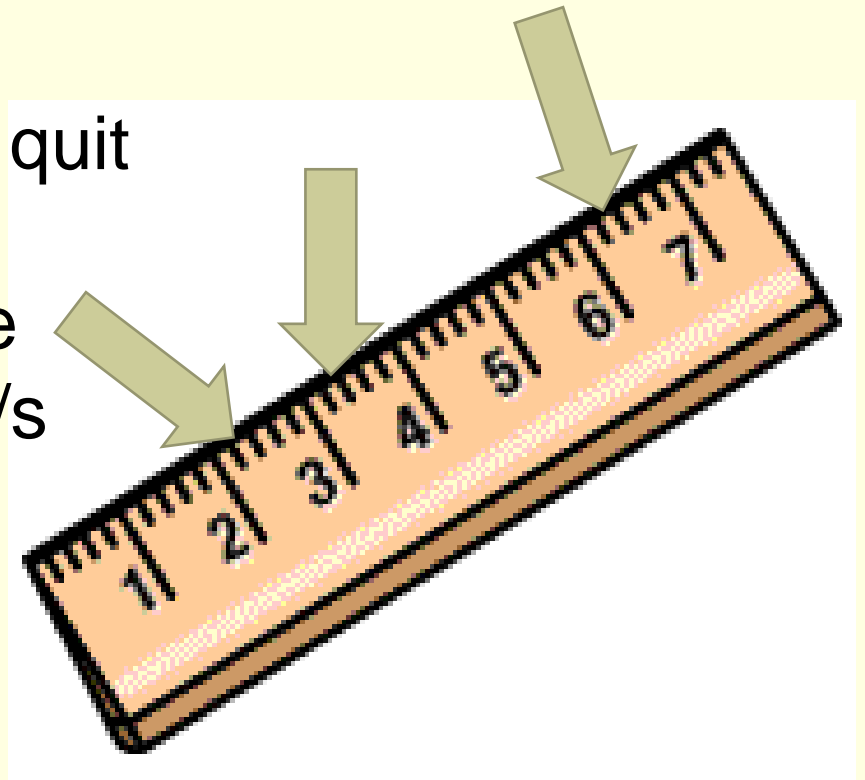
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- Are you comfortable addressing tobacco use with your patients that use tobacco?
  - A. YES
  - B. NO

# Rating Scale

On a scale of 1-...”

- Willing to talk about quitting
- How successful this quit will be
- Willing to try nicotine replacement therapy/s



# Decisional Balance

List the best things about quitting

- 1.
- 2.
- 3.

List the best thing about smoking

- 1.
- 2.
- 3.

List the worst things about quitting

- 1.
- 2.
- 3.

List the worst things about smoking

- 1.
- 2.
- 3.



# NH Tobacco Helpline: 2 Services

QuitWorks-NH.org

QUITWORKS-NH  
The solution for providers to help patients quit tobacco  
www.QuitWorksNH.org

Home Quitworks-NH Worksites Tools Education & Training Health Care Payers News

" Adopting the 2A and R as a best practice improved our performance in tobacco treatment interventions. "

Peter Fifield, MS  
Behavioral Health Specialist  
Families First Health and Support Center  
Portsmouth, NH

REFERRAL FORMS

WHAT'S NEW

ABOUT QUITWORKS-NH

New Resources and Events

Smoking Cessation: Pregnancy and Beyond (earn CECs) and Behavioral and Pharmacotherapy Interventions for Tobacco Smoking Cessation in Adults, Including Pregnant Women: U.S. Preventive Services Task Force. [Learn more >](#)

1-800-Quit-Now  
QuitNowNH.org

NH Tobacco Helpline  
Try to Stop. We Can Help.

Home About Us I Want To Quit Dear Me Customized Quit Tips Resources Media For Providers What's New

What's New

Quitting smoking isn't any easier if you're pregnant.

Pregnant women who are trying to quit smoking may feel guilty, ashamed, or alone even when they know it is the best thing for their baby.

[Learn more >>](#)

Quitting Smoking is a Journey

This 8 min video explores what works and what doesn't work when thinking about quitting smoking.

[Watch the video](#)

New Hampshire Tobacco Helpline

[f](#) [yt](#) [w](#)

The NH Tobacco Helpline can help you quit tobacco. Trained counselors are FREE for anyone in NH.

**Try to stop. We can help.** You can contact the Helpline whether you are currently using cigarettes, chew, snus, cigars, or dip, have already quit or want information for someone else.

FREE HELP with Quitting Smoking and Chew Tobacco is available for NH Residents.

ENGLISH	SPANISH	Number of New Hampshire Quitters To Date!
1-800-QUIT-NOW	1-800-8-DEJALO	712,317

# Polling Question:

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- Do you refer patients to your state tobacco quitline?
  - A. YES
  - B. NO

# Fax or E-Referral using EMR



New Hampshire Division of Public Health Services  
NH Tobacco Helpline

- If a tobacco user is ready to quit in 30 days, fill out this form with them.
- A Quit Coach from the NH Tobacco Helpline will contact the individual to offer free treatment services, nicotine replacement therapy if available, and send feedback reports to the provider listed below.
- This program is free for all New Hampshire residents regardless of insurance status.

## QuitWorks-New Hampshire Enrollment Form

### Health Care Providers: Complete this section

Referring Provider:	_____	Phone Number	_____
Facility:	_____	Fax Number	_____
Address:	_____		
Send feedback report to:	_____		
<input type="checkbox"/> Same as above	or	Name _____ ( ) _____ ( )	Phone Number _____ Fax Number _____
<b>PEDIATRICS ONLY:</b>			
Tobacco User's relationship to child:	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Other (specify) _____
Child/Children's name: (to help with your recordkeeping)	_____		

### Health Care Providers: Complete this section (only necessary if one of the below conditions exists)

Does patient have any of the following conditions?  Pregnant/Breastfeeding  Heart disease  
 Uncontrolled high blood pressure

I authorize NH Tobacco Helpline to send patient free nicotine patches if available: \_\_\_\_\_

### Patients: Complete this section

First Name _____	Last Name _____	Gender _____	Date of Birth _____
Mailing Address _____	City _____	State _____	Zip _____
Phone Number _____			
When should we call? (check all that apply) <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> No preference			
Language Preference: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (specify) _____			
May we leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<small>I authorize this provider to release the information on this enrollment form to QuitWorks-NH so that I may be contacted and participate in the QuitWorks-NH program. I also authorize QuitWorks-NH to disclose information about my progress in attempting to quit tobacco use to the health care provider listed on this form.</small>			
<input type="checkbox"/> By checking this box, this patient has consented to the above statement.			

Copies of this form can be downloaded from [www.QuitWorksNH.org](http://www.QuitWorksNH.org)

**Fax this form toll-free to 1-866-560-9113**

# What Happens Next?

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- Whether directly referred to QuitWorks-NH or by calling 1-800-Quit-Now:
  - “Press 1 for English”
  - Live answer, “How can I help you?”
  - Short Intake Screener (5-7 minutes)



# ...then...

- Opportunity to start counseling or make an appointment for 1<sup>st</sup> counseling session.
- At the end of session #1, if they set a quit date within the next 2 weeks, may be eligible for 4 weeks free Nicotine Replacement Therapy Patches.



# Questions?

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Teresa Brown

Tobacco Treatment Specialist

NH Tobacco Prevention and Cessation Program

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Chronic Care Specialist

Cornerstone VNA

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# We're Here to Help You!

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