

Grant Report ID 044786

MultiCare Health System/MultiCare Health Foundation

MultiCare Hospitals Tobacco Cessation Intervention Project

February 2014

Project Description

[MultiCare Health System](#) (MultiCare), under the leadership of the MultiCare [Center for Healthy Living](#) (CHL), in collaboration with MultiCare Tacoma General and Good Samritan Hospitals.

Overall Aim & Objectives of the MultiCare QuitSmart Tobacco Cessation Intervention

The project was conducted by the MultiCare Center for Healthy Living (CHL) to foster quality patient care by testing a new implementation process for a sustainable, structured tobacco cessation referral, counseling and intervention program for MultiCare's patients and providers. Results and data from past initiatives were reviewed. Results from this project will inform future MultiCare initiatives to incentivize both patients and physicians to pursue tobacco cessation intervention programs.

Audience and Project participation:

Patient intervention: The project goal was to target 200 volunteer patients in multiple venues to include primary care and specialty clinics. As of December 2013, the project received 145 patient referrals. At the end of the project 45 completed the program; 38 participated in feedback of the program.

MultiCare's efforts at tobacco intervention for its own employees have proven more concrete. In 2013 CHL resumed a program to provide TC education for employees as part of the [Healthy@Work](#) program. The employee wellness Healthy@Work program attracted 222 employees registered for the program. Approximately 45 participating adults completed the 8-week online program. Employee participants completing the intervention in 2013 self-reported a quit rate of 57.9% and 23.7% self-reported a reduction in cigarettes smoked. The employee satisfaction surveys indicated 73.6% of participants reported a beneficial or very beneficial experience after completing the 8-week, online program.

Total participation was 193 composed of 148 patients and 45 employees. The completion rate was 46 percent overall (90), with 43 percent (83) of participants providing feedback on the process.

The intervention project sought to leverage success by improving program participation for MultiCare patients, enhancing opportunities to track and sustain long-term meaningful results for participants. This project provided the opportunity to assure access to quality intervention services and to conduct direct follow-up to assess patient satisfaction with the services. Our intention in 2014 is to continue getting the message out that providers can refer to our in-house QuitSmart tobacco cessation program by including referral messaging via EPIC, and in after visit QuitSmart handouts patients are given.

Physician incentives and impacts on current and future tobacco cessation initiatives

In 2013, the quality measure for tobacco compliance by mid-level providers (13 providers) for Obstetrics was 90%, through the third quarter. In the first three quarters of 2013, 23,754 patients had encounters with a tobacco abuse diagnosis, for a total of 39,698 encounters. Smoking cessation intervention or counseling was provided at a record 69.8% of these 39,698 encounters. 81.8% of these patients received cessation intervention or counseling during at least one encounter in 2013. These results helped MultiCare retain tobacco cessation incentives for physicians. In 2014, our focus for quality measures will include: Preventative Cardiology; Primary Care; and Urgent Care. Providers in these departments will be incentivized.

Goal 1: Continue tobacco use screening, initial counseling and referral for inpatients and outpatients from selected departments to CHL intervention program and or QUIT-NOW program. This project was the result of realizing that a focus on tobacco cessation with physician incentives will lead to improvement in patient outcomes. During the project, efforts were made in MultiCare hospitals and clinics to increase the identification of tobacco users through intake forms and counseling orders.

The current quality measure for physicians is expressed as: *If active tobacco use (305.1 dx code during last 12 months) in the office visit, problem list, or current tobacco social history then tobacco counseling should be provided in last 12 months.* Physicians document patient counseling using a series of intervention/counseling procedure codes – see page 5 *DataBase Search* Screen Shot . The quality measure is “*Advising smokers and tobacco users to quit*” A review of tobacco cessation encounters for 2013 shows the following:

Physician incentives: In 2013, the quality measure for tobacco compliance by mid-level providers (13 providers) for Obstetrics was 90%, through the third quarter. This project was the result of realizing that a focus on tobacco cessation will lead to improvement in patient outcomes.

2013 Q1-Q3 Numbers

- 39,698 encounters with 305.1 diagnosis code
- 69.8% of these encounters included cessation counseling or intervention
- 23,754 patients were seen with a 305.1 diagnosis code
- 81.8% of these patient received counseling or intervention during at least one encounter

The counseling and referral to treatment was done at Tacoma General by the Respiratory Therapy (RT) staff. 100% of the RT staff from target departments were informed about the new tobacco cessation options. At discharge the RT staff person conducts tobacco cessation (TC) counseling and provides information about local tobacco cessation group meetings, MultiCare’s QuitSmart program, and the Washington State Tobacco 1-800-QUIT-NOW (QUIT-NOW) cessation service. The project tested counseling follow up through referral to the QuitSmart program where patients were called and invited to participate in the research project.

Looking back at 2013 we observe the following:

- There continues to be a certain small percentage of doctors who generate the majority of tobacco cessation referrals.

- When incentivized, doctors engage in tobacco cessation encounters more often than when not incentivized.
- One of the challenges we faced was getting the word out to all appropriate providers within our not-for-profit system, community-based integrated health system of 5 hospitals, 10,600 employees, and more than 130 specialty, primary and urgent care clinics throughout Pierce, King, Thurston, and Kitsap counties.
- Communication and distribution of new educational materials were conducted more than 4 times throughout the project period (posters, rack cards, email blasts, EPIC blasts and newsletter information). Information about QuitSmart was communicated via
 - Email blasts to targeted groups,
 - EPIC staff messages to targeted groups,
 - Provider newsletter information,
 - MultiCare's Healthy Living Magazine to over 300,000 community members,
 - Rack cards to outpatient clinics, exam rooms, and waiting areas
 - Trainings at staff meetings
 - Phone meetings with director of Respiratory Therapy
 - Posters at various locations

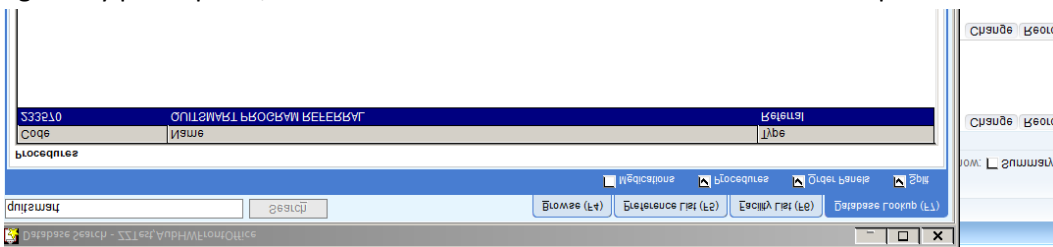
Patient Intervention and impact on current and future tobacco cessation: While good efforts were made in 2011 and 2012 to increase the identification of current tobacco users, lack of a coordinated intervention response prevented development of a comprehensive TC referral and treatment program for MultiCare patients. This project tested the addition of the intervention service. The QuitSmart program is an 8-week web-based program that is easily accessed by visiting the website: <http://www.multicarequitsmart.org>. There are prompts on the website directing the user to enter the username and password. QuitSmart utilizes tips to create a quit plan, solutions to deal with triggers, and behavioral skills to quit for good. Each week there are short webinars to overview the week's topic, reading material from the American Lung Association's *Freedom From Smoking* guide, and additional articles that encourage practicing new skills. Each web-based session ends with a self quiz designed to help participants to reflect on the concepts learned that week.

Goal 2: Enroll volunteers in the CHL tobacco use treatment, counseling and/or E-visits medication intervention program options.

- 145 patients were referred to the QuitSmart online program and/or phone support program from April through December 2013
- Multiple phone attempts (6) were made to referred patients to initiate the QuitSmart intervention process with and obtain intake questions for data base
- 145 intervention participants received 2 or more follow-up contacts regarding their quit-rate success. Once the patient had been contacted, the welcome information packet was sent the same day via USPS.

Referral Process: Referral tools

- a) The process begins when a Pool Message is sent by a provider in EPIC. Messages are found in the QuitSmart staff message folder where the patient chart can be reviewed. A telephone call to the patient is initiated and, if reached, staff confirms their desire to participate in the program. A letter of instruction how to commence the online program, plus the reading guide are sent to the patient.
- b) Fax referrals to the QuitSmart staff were another option to start the process.
- c) Prior to smart phrases in EPIC being developed, Email and Epic In Basket messages were sent from providers to initiate the Quitsmart process.
- d) An *Agreement to Participate* document (1) in QuitSmart for in-patient referrals was generated, signed by participants, and faxed to QuitSmart staff in some cases when Epic was not used.



EPIC procedure code was created for providers to order the QuitSmart program for their patients.

▼ **CNSL: Tobacco Use Cessation**

▼ **Chief Complaint**

- NICOTINE DEPENDENCE
- STOP SMOKING

▼ **Progress Note**

- Tobacco Cessation [edit](#)

▼ **Procedure**

- Tobacco Cessation Counseling - No Fee [4000F]
Qty-1
- Tobacco Cessation Counseling - 4 - 10 min - Asymptomatic - Billable Service [G0436]
Qty-1
- Tobacco Cessation Counseling - 4-10 min - Symptomatic - Billable Service [99406]
Qty-1, Normal, Routine
- P Tobacco-Use Counsel>10Min Asymptomatic - Billable Service [G0437]
Qty-1
- Tobacco Cessation Counseling >10 min - Symptomatic - Billable Service [99407]
Qty-1, Normal, Routine
- QUITSMART PROGRAM REFERRAL
Referral By - VAILS, JULIE, Qty-1, Referral - Non-Managed, Routine

▼ **Medications**

- Chantix: Starting Month Pack
- Nicotine: 7 MG/24HR Patch (NICODERM-CQ)
- Nicotine: 14 MG/24HR Patch (NICODERM-CQ)
- Nicotine: 21 MG/24HR Patch (NICODERM-CQ)

▼ **Diagnosis**

- Tobacco Use Disorder [305.1]
- H/O Tobacco Use [V15.82]

▼ **Patient Instructions**

- WA STATE TOBACCO QUIT LINE
- QUITSMART TOBACCO CESSATION PATIENT INSTRUCTIONS [edit](#)

QuitSmart Counseling & Intervention Process:

Goal 3: Assess intervention treatment, tobacco use and cessation rates during individual web based program and group participation, and through three- and six-month follow-up calls.

- Through the combined programs for patients and employees, approximately 193 people were either referred or self-referred themselves to MultiCare’s tobacco cessation programs
- 145 referred patients received follow-up communication from CHL within 30 days of referral to the program. Maximum number of attempts was 6 (8 in some cases where patient was referred by more than one provider).
- 6 telephone attempts (and up to 8 attempts in particular cases) were made at different times of the day and evening to initially contact the patient once a provider had referred them. Referral follow-up on the offer of tobacco cessation services through CHL for no less than 30 days.

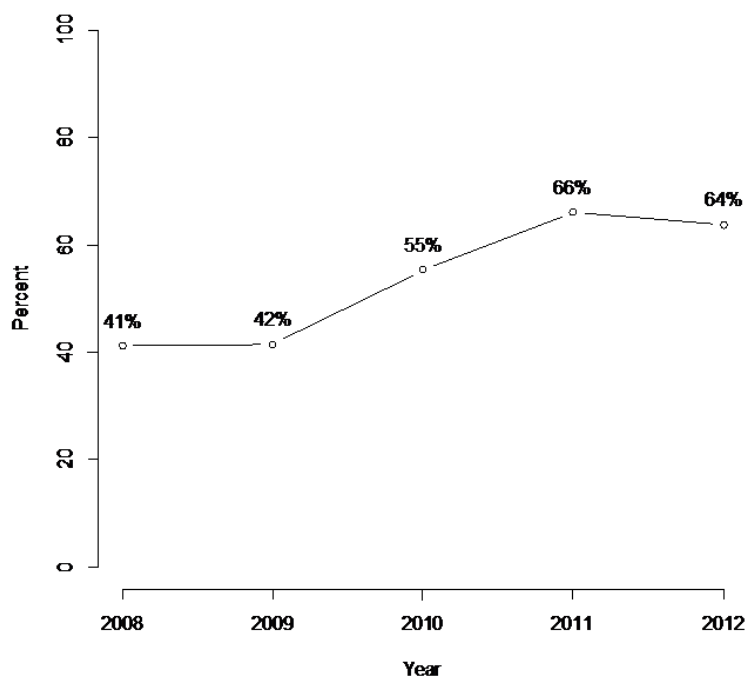
- Failed attempts were noted in a spreadsheet, and pertinent notes of the conversation were included in the spreadsheet
- MultiCare pharmacies dispensed discount cards for prescription quit meds, however anyone is able to access these cards online if they need more. A limited amount of gum, patches and lozenges were given to patients requesting them.
- Phone support was offered every Tuesday at 12:00 noon and 5:30 pm. The phone support was offered as an optional activity to participants. An 800-phone number with access code was given to patients in their packet of materials sent after initial phone encounter. The phone support was not utilized by participants. Possible reasons might include: phone times offered did not work for working participants; participants did not want to share their problems with others; or participants are too busy.
- Midpoint in the process, a letter was generated and sent to all participants encouraging the use of phone support. Participants were also reminded that they were involved in a research study.
- At approximately 3 and 6 month intervals, the patient was contacted by the QuitSmart staff to learn of their tobacco cessation status. If the patient had quit or cut down the amount of cigarettes smoked, this information of change of status was recorded in the patient's chart as a telephone encounter. If there was no change of status, the information was recorded in the spreadsheet, but not placed into the patient's chart.
- At the completion of the Intervention Project, participants received a phone call to discuss their smoking status. Quits, and declines in amount of cigarettes smoked were tracked and placed into a spreadsheet. Occasionally, participants were unable to be contacted or declined phone calls.
- **Follow-up and data tracking:** For patients who completed the intervention program and self-reported a "quit," this data is entered into their EPIC chart as a telephone encounter. In this way, the loop has been closed from initial referral, through intervention & counseling, and cessation to communicating this with the doctor or other referring staff.
- Approximately 222 signed up for the Healthy@Work tobacco cessation program; 45 completed the program. A review of the Healthy@Work tobacco cessation participants shows the following:
 - 145 total referrals from doctors, nurses, respiratory therapists, ARPNs, and self-referrals
 - 16 of those referred to QuitSmart reported a Quit (13.79% of participants accepting QuitSmart program)
 - 16 of those referred to QuitSmart reported a decrease in amount smoked from 50% down to 1-2 cigarettes per day (13.79% of participants accepting QuitSmart program)
 - 29 of those referred to QuitSmart declined services or could not be contacted after ≥ 5 phone attempts (20% of total referrals declined participation)

Retrospective data 2008-2012 review and analysis:

Goal 4: Conduct a retrospective data 2008-2012 review and analysis: Two data extraction efforts in EPIC for the purpose of comparing and analyzing data for 2008-2013 relating to baseline measures. The impact of physician quality incentives during those years were reviewed and compared.

MultiCare’s launched its first tobacco cessation program in late 2005 in response to TJC Hospital Quality standards. At the same time MultiCare’s CHL collaborated in a community health assessment survey that identified interventions for teens and adult smokers as an unmet need in Pierce County. In 2005, a similar incentive for tobacco cessation screening was in place, which mirrors the current metric. In the years between 2005 and 2013, MultiCare physicians participated in several more tobacco counseling efforts, primarily when MultiCare provided incentives for action. The decision to reinstate the quality incentive in 2010 for PCPs was the result of a decline in compliance rates among physicians. See *Encounters with 305.1 Diagnosis and Cessation Intervention*. In 2012 the tobacco cessation effort was centered in MultiCare Medical Associates (MMA) with primary care physicians (PCPs). Years 2010 through 2012 represent years when targeted provider groups were incentivized.

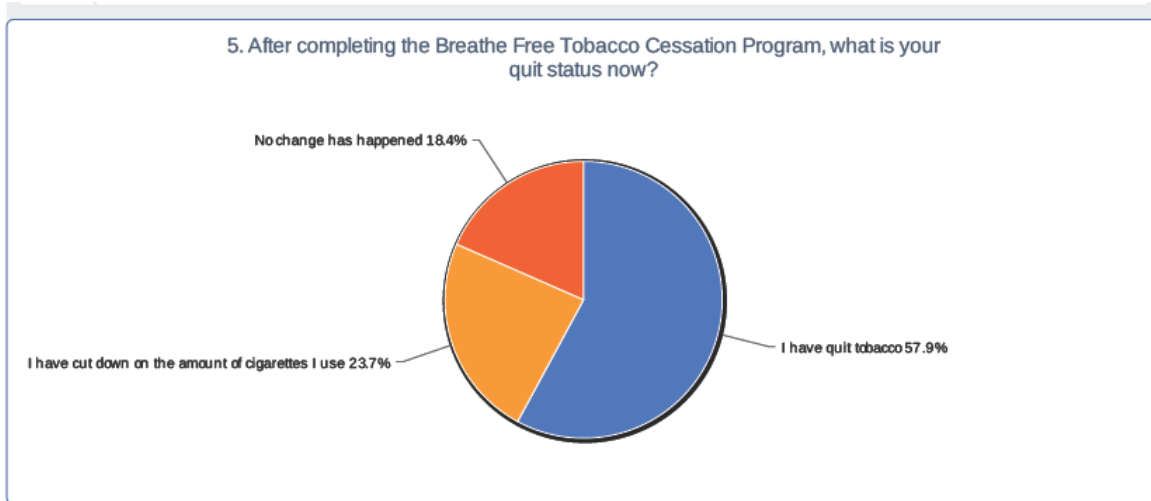
Encounters with 305.1 Diagnosis and Cessation Intervention



We reviewed data available in Epic for years 2008 – 2012. These data revealed an increase in the percentage of encounters with a tobacco abuse code (ICD9 305.1) during which the physician provided smoking cessation counseling or a smoking cessation intervention. In 2008 and 2009, 41% and 42% of encounters with a tobacco abuse diagnosis also included counseling or intervention. In 2010, with the implementation of the physician incentives program, this number rose to 55%, reached 66% in 2011, and remained stable at 64% in 2012.

Evaluation and feedback: In the Healthy@Work tobacco cessation program, 45 employees received follow-up communication from CHL, and were asked to complete an 8-question Survey Gizmo to assess how beneficial the online workshop was; their quit status; and suggestions for improving the program.

Below are samples of questions and answers provided by employee participants in the free, online tobacco cessation program offered by MultiCare’s Healthy@Work program:



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5. After completing the Breathe Free Tobacco Cessation Program, what is your quit status now?

Value	Count	Percent %	Statistics	
I have quit tobacco	22	57.9%	Total Responses	38
I have cut down on the amount of cigarettes I use	9	23.7%		
No change has happened	7	18.4%		

Sustainability, use of data for future project investigations: MultiCare has a strong incentive to continue the current smoking cessation initiatives. The project is being sustained through 2014 and project results will be disseminated internally and externally. In 2014, the focus for physicians will include: Preventative Cardiology; Primary Care; and Urgent Care. Providers in these departments will be incentivized.

At the Center for Healthy Living (CHL), specifically the Healthy@Work program is funding a tobacco position of .6 FTE for 2014 to maintain offerings for workshops and telephonic support for the 10,600 employees that work for the parent organization, and for the community at large. CHL is supporting .4 FTE to continue QuitSmart for employees, and the System will support .2 FTE for QuitSmart for the community. The MultiCare CHL program has strong, experienced leadership and the support of a parent organization that has a number of years of experience bringing health care to our community, successfully working to help adult smokers to acknowledge the health risks of tobacco use, and partnering with various groups to foster policy reforms that improve health in our community.