

B. MAIN SECTION OF THE PROPOSAL

1. OVERALL AIM, IMPACT, AND OBJECTIVES

Aim: The aim of the proposed project is to implement a systems change/quality improvement project in 20 Federally Qualified Health Centers (FQHCs) in order to 1) increase the number of patients asked about their tobacco use status and 2) offer those who use tobacco assistance in quitting. The project is consistent with the principles of the patient-centered medical home, meaningful use in electronic health records, systems change, quality improvement, the Affordable Care Act's emphasis on preventive care, the integration of public health and primary care, and the American Academy of Family Physician's (AAFP's) fourth strategic objective – "Health of the Public."

Impact: This project will provide training and mentoring to 20 Office Champions and 20 Physician Champions in 20 FQHCs nationwide. In turn, these individuals will train all staff in their practices on the Office Champions model. We estimate that a total of 46,000 to 64,000 smokers will benefit from the project.

Objectives: The key objectives are:

- a. Recruit 20 FQHCs to participate in the project
- b. Have each clinic designate an Office Champion and a Physician Champion
- c. Provide training, mentoring, and materials for all Champions
- d. Assist the Office Champions in developing and implementing individually-tailored systems change/quality improvement projects in their clinics

2. CURRENT ASSESSMENT OF NEED IN THE TARGET AREA

Tobacco Use in the United States: An estimated 45.3 million people in the US – 19.3% of all adults – smoke cigarettes¹. 70% report that they want to quit, and millions have attempted to quit smoking². However, because nicotine causes addiction to tobacco products, quit failure rates are high³. Some smokers quit on their own, but success rates are much higher for those who receive counseling and medication⁴.

Lack of Knowledge about the PHS Guideline for Treating Tobacco Dependence: A survey on tobacco issues was presented at the October 2008 International Assembly of the American College of Chest Physicians. Survey participants included prescribers and non-prescribers. The results showed that only 6% of prescribers and 5% of non-prescribers knew about the U.S. Public Health Service (USPHS) Clinical Practice Guideline, *Treating Tobacco Use and Dependence: 2008 Update*⁴ ("the Guideline"). These results show a need to educate health care professionals about the Guideline.

Family Physicians' Need for the Proposed Project: The Office Champions Tobacco Cessation Pilot Project conducted by the AAFP in 50 practices in 2010-2011 (see below for details) had each family medicine practice conduct a random baseline chart review. For each chart, they answered: 1) was tobacco use status documented? and 2) if the patient was a tobacco user, was it documented that the practice offered tobacco cessation assistance?

Approximately 82% of charts had tobacco use status documented but fewer than 48% included documentation that quit assistance was offered. These results revealed the need for a systems change intervention to increase the number of patients who are asked if they use tobacco and the number of tobacco users offered quit assistance.

In the AAFP's 2011 Health of the Public Survey of members, physicians who did not have a tobacco cessation system in place provided reasons as lack of experience/training, and/or they needed a better tobacco cessation model/system.

FQHCs' Need for the Project: 93% of FQHC patients live at or below the federal poverty level⁵. It is well-documented that adults living in poverty are more likely to smoke than those above the poverty level. According to the CDC, 28.9% of those below the poverty level smoke, while only 19.3% of adults in the general population smoke¹. Various studies indicate that up to 40% of FQHC patients use tobacco⁶. In 2011, an estimated 79.5% of Community Health Center (CHC) patients were queried about tobacco use at least once. However, only 52.7% of these patients received tobacco cessation advice or medication⁷.

Pilot Project on Which the Current Project Is Based

Pilot Project Description: In 2010, the AAFP received a grant from Pfizer Inc for an Office Champions Pilot Project. The goal was to recruit and train Office Champions in 50 family medicine practices to provide leadership in implementing tobacco cessation activities and systems changes into their daily office routines

The effectiveness of the tobacco cessation systems changes was evaluated by having Office Champions review patient charts at the beginning and end of the project to determine whether there was documentation that patients were asked their tobacco use status and tobacco users were offered cessation assistance. The project period was November 2010 through June 2011.

Outcomes of Pilot Project: The project met and/or exceeded all of the goals stated in the proposal.

- The percent of patients asked about their tobacco use status increased 9% over baseline – from 82.1% to 90.2%.

- The percent of tobacco users offered cessation assistance increased by 50% over baseline – from 47.8% to 72.1%.
- 49 of the 50 practices completed the project.
- The practices made 85% of the changes in their implementation plans.
- Practices gave the project an average rating of 9.1 (on a scale from 1 to 10, with 10 being the highest) as a performance improvement project.
- 98% of practices felt they would be able to sustain their changes.
- Nearly 96% of practices distributed AAFP quitline referral cards.

The pilot project showed that the Office Champions model was effective, and the Office Champions played a critical role in providing leadership for tobacco cessation efforts in their individual practices. The project/model worked well in all practice size/type/settings, and the results showed that it could be implemented and sustained in family medicine practices without placing cumbersome burdens on practice teams. Allowing each practice the flexibility to develop its own implementation activities was key to the success of the project.

After the pilot project was completed, the AAFP received another year of funding from Pfizer Inc for an Office Champions Tobacco Cessation National Dissemination project. This current project timeline is January through December 2012, and includes implementing the project in another 50 family medicine practices. The current Office Champions project materials are available online at www.aafp.org/askandact/officechampions.

3. TECHNICAL APPROACH, INTERVENTION DESIGN AND METHODS

Recruit 20 FQHCs to participate in the project: Twenty FQHCs nationwide will be selected to participate in the project. A mixture of clinic types will be chosen. They will include rural and urban sites as well as larger and smaller clinics. The AAFP has approximately 8.1% of active members (approximately 5,250) who have FQHCs as their primary practice site and an additional 3.2% whose secondary locations are FQHCs. Emails will be sent to them, informing them of the project and inviting them to have their clinics participate. The AAFP will also place an article about the opportunity to participate in the project in its weekly e-newsletter. In addition, the National Association of Community Health Centers (NACHC) supports this project. (See letter of support.) FQHCs. Clinics will receive an incentive payment as well as recognition items for successfully completing the project.

Have each clinic designate an Office Champion and a Physician Champion: Each participating FQHC will designate an Office Champion and a Physician Champion. The former may be a nurse, health educator, practice manager or other staff person. The latter must be a family physician. Preference will be given to practices that have a member of the AAFP.

The Office Champion must have the following characteristics and responsibilities:

- Be enthusiastic about the project
- Be willing to accept the requisite responsibilities
- Provide leadership for the practice's tobacco cessation efforts
- Complete all required training (as specified both above and below)
- Recommend and manage the implementation of office systems changes to promote the integration of tobacco cessation activities into the practice's daily office routines
- Participate in project evaluation (as specified below)

The Physician Champion must have the following characteristics and responsibilities:

- Be a family physician
- Respond to recruitment efforts, submit an application and sign the necessary forms
- Select an Office Champion and convene a staff meeting to announce the project
- Provide oversight for the project
- Provide adequate support, time and resources for the Office Champion
- Consider completing the Office Champions Training
- Work with the Office Champion to develop the intervention plan for their office

Provide training, mentoring and materials for all Champions

Teleconferences: A teleconference for all Office Champions will be held during the training period. It will be presented twice to help ensure that there will be a convenient time for each Office Champion. The AAFP Co-Director and Project Manager will facilitate these training sessions and provide instruction along with a family physician expert advisor. These training sessions will be an hour long, with time for questions and answers at the end. An Office Champion from the pilot project who will serve as a mentor to the new Champions will also participate in the teleconference.

A third teleconference will be held midway through the project in order to be sure the individual projects are going well and to discuss barriers and solutions to implementation.

Practice Manual/Online Training Module: All Champions will be provided with a practice manual. The manual will teach them how to make relevant system changes. It will account for the variance in the size and structure of participating FQHCs and address common challenging barriers to tobacco cessation.

Some of the interventions included in the practice manual and online training module are:

- Assessing patient flow to identify various points in a visit at which tobacco cessation assistance might occur

- Changing templates in electronic health records (if in use) to prompt physicians/practice teams and to ask about tobacco use and offer quit assistance
- Making changes to paper patient chart documentation
- Displaying patient education materials, posters and wearing lapel pins
- Collecting information about tobacco use and exposure as a vital sign
- Providing appropriate patient education materials
- Creating a list of community resources to which patients can be referred, as well as promoting the quitline number (1-800-QUIT-NOW)
- Creating and using registries of patients who use tobacco
- Formalizing a protocol for interventions
- Systematizing scheduling of follow-up visits for patients who use tobacco
- Changing billing systems to include appropriate coding/billing for the treatment of tobacco dependence
- Utilizing a team approach to patient care when addressing tobacco dependence
- Understanding stages of change and conducting motivational interviewing
- Educating staff and physicians about the practice's systems change plan

Assist the Office Champions in developing and implementing individually-tailored systems change/quality improvement projects in their clinics: Once the Office Champions complete their training, they will work with the Physician Champions and AAFP staff to create a customized implementation plan for their individual practices by selecting systems change strategies from a list of interventions discussed on the teleconference, presented in the practice manual, and available online at the AAFP's website. They can also develop additional strategies for change of their own.

Office Champions, with input from the Physician Champions, will be responsible for determining which changes are most appropriate for their individual practices. They will also determine which staff member will be responsible for each change, how the change will be made, an implementation date, and how the change will be monitored.

4. EVALUATION DESIGN

Outcome Measures:

1. 20 FQHCs will be recruited and at least 18 will successfully complete the project.
2. At the conclusion of the project a review of 20 random charts in each practice will show that it met or exceeded a 9% increase over baseline in the number of patients asked about their tobacco use status.

3. At the conclusion of the project a review of 20 random charts in each practice will show that it met or exceeded a 50% increase over baseline in the number of tobacco users who received some type of tobacco cessation assistance.

Project Evaluation by Practice Personnel: At the conclusion of the project, the Office Champions will evaluate its overall effectiveness using a detailed survey to assess:

- Usefulness of the educational project/training materials
- Usefulness of the AAFP tobacco cessation materials
- Usefulness of the best practices shared by the Office Champion mentors
- Success in implementing individual implementation plans
- Systems changes made
- Barriers to change encountered and how they were overcome

C. DETAILED WORK PLAN AND DELIVERABLES SCHEDULES

Office Champions Tobacco Cessation Project Timeline (14 months)

December 2012	Submit IRB application	
January 2013:	Obtain IRB approval	
	Meet with physician experts/advisors for input on updating and revising materials – clinical expert honoraria	\$2,000
	Translate Stop Smoking Guide to Spanish	\$1,500
February	Recruit Office Champion mentors Recruit practices	
	Work with Marketing to revise materials per advisors' input	\$4,100
March	Applications due; select practices	
	Finalize and print materials	\$5,000
	Update multimedia/online training	\$4,000
April	Ship materials to practices	\$1,500
	Hold teleconferences	\$200
	Pre-project chart review and implementation plans due end of April	
	Pay practices when they complete required training (20 x \$1000)	\$20,000
	Attend workshop for Directors of Family Medicine Residency Programs (PDW)/Residency Program Solutions (RPS) April 4-6	\$200
		\$200

	National Conf of Special Constituencies/Annual Leadership Forum April 25-27	
May – November	Practices implement their projects	
	Provide continuing technical assistance	
June	Make 2 site visits	\$3,000
July	Make 1 site visit	\$1,000
August	Hold teleconference	\$200
	Attend National Conf of Fam Med Residents & Students Aug 1-3	\$200
	Reprint additional materials	\$1,000
	Ship additional materials	\$500
December 2013		
January 2014	Post-project chart review and final evaluation due (December)	
	Pay practices after post-project chart review/final eval (20 x \$1000)	\$20,000
	Compensate Office Champion mentors	\$800
	Compile and evaluate final results	
	Dissemination, including writing final report and ANN article; post info on website	