D. Project Description

MultiCare Hospitals Tobacco Cessation Intervention Project (MTC)

Organization: MultiCare Health System (MultiCare), under the leadership of the MultiCare Center for Healthy Living (CHL), in collaboration with MultiCare Tacoma General and Good Samaritan Hospitals, along with the MultiCare Cardiac Rehabilitation clinics and the Covington Heart Center.

D1. Overall Aim & Objectives:

This project will be 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. The project will address updated Joint Commission (TJC) smoking cessation performance measures and will build upon past efforts in tobacco cessation for MultiCare, underway since 2005. A key activity of the project will be to conduct an internal data review and analysis of EPIC EMR records from 2008 – 2012 relating to tobacco usage and treatment. The evaluation will provide results from past initiatives for tobacco screening and counseling referrals that we will compare with project generated data. These efforts reflect MultiCare's commitment to TJC National Hospital Quality Measures and its mission of Quality Patient Care. This project is aligned with and will contribute to MultiCare's meaningful use core incentives and internal patient care goals. It will not be necessary to submit project tasks to the internal MultiCare Internal Review Board (IRB) because the intent of the project is to support quality improvement in patient care and is not research. The project has received an IRB exemption. Patient participation in the tobacco cessation intervention program will be voluntary. Internal review will be conducted as appropriate and all precautions will be taken to assure that patient confidentially is maintained.

Preliminary data and current program outcomes: 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. To address this, CHL worked with MultiCare primary care clinics and community partners to initiate a multidisciplinary, structured, tobacco cessation intervention targeted at outpatient adults and offered to MultiCare employees under the Healthy@Work initiative. In 2012 the tobacco cessation effort is centered in MultiCare Medical Associates (MMA) with primary care physicians (PCPs). The current effort is the result of realizing that a focus on tobacco cessation will lead to improvement in patient outcomes. In 2005, a similar incentive for tobacco cessation screening was in place, which mirrors the current metric. The decision to reinstate the quality incentive in 2010 for PCPs was the result of a decline in compliance rates among physicians. 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 diagnostic codes of which codes 4000F, CL00010, 99406, 99407, G0436 or G0437 are primary.

The quality measure is "*Advising smokers and tobacco users to quit*" and the target threshold is 82%. In 2013, the quality measure will no longer be incentivized and data for physician response to the initiative will be available for comparison with previous years.

Currently, efforts are underway in MultiCare hospitals and clinics to increase the identification of tobacco users through intake forms and counseling orders. The counseling and referral to treatment is done at Tacoma General by the Respiratory Therapy (RT) staff. At discharge the RT staff person conducts tobacco cessation (TC) counseling and provides information about local tobacco cessation group meetings, along with a form for the Washington State Tobacco 1-800-QUIT-NOW (QUIT-NOW) cessation service. No follow up is conducted. Use of the QUIT-NOW service has not been successful for two reasons. The Washington quit line was temporarily closed to residents with the exception of privately insured and Medicaid recipients from July 2011 until funding was restored by the legislature in August 2012. Currently funding is only guaranteed through June 2013. Secondly, MultiCare was not able to conduct follow-up with patients or determine their satisfaction with the program. While good efforts have been 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 provides the opportunity to assure access to quality intervention services and to conduct direct follow-up to assess patient satisfaction with the services.

Smoking greatly increases the risk of heart attack and aggravates other chronic disease conditions. Thinking about giving up tobacco is the first step. Smoking cessation screening combined with counseling and intervention can significantly improve the quit rate for patients and help determine how ready they are to stop. It improves their chances of success when they do quit.[i] During the project period the CHL will streamline the assessment, education, medication, referral and follow-up process for TC efforts aimed at adult patients. The project will target no less than 200 patients that are admitted at two MultiCare hospitals, at the Covington Heart Center in King County and in the five Cardiac Rehabilitation Program clinics at MultiCare. This will allow testing of the program in four different venues (primary care and specialty clinics). In addition to testing the logistics of the system for effectiveness, we will also be able to look at quit-rates in relation to the patients referred and their medical condition. We will refer to the CHL intervention program and continue to refer to the state QUIT-NOW program to increase the number of patients who will have access to tobacco cessation services.

The project will test the new intervention model using 200 volunteer patients. Volunteers will participate in online education and weekly group intervention programs that are facilitated by CHL staff. CHL will use a multidisciplinary model from referral to follow-up, involving a registered dietician, tobacco cessation specialist and primary care medical director. The primary innovation will be to establish a MultiCare intervention and education program operated by CHL, providing a facilitated, online group program, where we will track individual and group engagement over 12 months and introduce new system-based data collection, and follow-up activities and identify opportunities.

Intervention description, target population and data collection: Based on the past three years of data recorded in EPIC, results for the initial identification and counseling program have paid off for participants. MultiCare has successfully identified smokers and conducted initial counseling to encourage cessation. It has offered adult patients (≥ 18 years) access to two interventions, pharmacotherapy (medication) and referral to the state QUIT-NOW cessation service. Because patient response to the state sponsored intervention has not been tracked we have only confirmation participation by 16 MultiCare patients.

MultiCare's efforts at tobacco intervention for its own employees have proven more concrete. In 2011 CHL resumed a program to provide TC education for employees as part of the Healthy@Work program. Over two years, 2011–2012, 89 participating adults completed the 12-week group interactive sessions. Employee participants completing the intervention in 2011 self-reported a quit rate of 56.5%, and 74.5% reported using some form of self-study, web-based or social program for intervention. The employee satisfaction surveys indicated 89% of participants reported a good or very good experience.

The new intervention project will leverage this success by improving program participation for MultiCare patients while enhancing opportunities to track and sustain long-term, meaningful results for participants. The changes to Healthy@ Work will not require additional permanent staff and the current cost of participation in an intervention group ($100 per individual) is expected to remain the same. 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.

Project goals and performance measures will align with TJC smoking cessation performance measures. Goals will focus on 4 broad areas of action for patients who volunteer to participate:

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.

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

Goal 3: Conduct referral follow-up on the offer of tobacco cessation services through CHL for no less than 30 days.

Goal 4: 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.

D2. Current Assessment of Need in Target Area

MultiCare draws patients from three Puget Sound counties, Pierce, King and Kitsap. Four of MultiCare's five hospitals are centered in Pierce County and three of those are in Tacoma, Washington. Data for Kitsap and Pierce counties show a higher level of tobacco use than the state

average of 16% for adults and 14% for teens.[ii] Pierce County has a high percentage of adult tobacco users at 20%. In addition, 20.7% of 12th graders in Pierce County indicate they are regular tobacco users. The general community profile for Tacoma provides additional incentives to address tobacco use for this population. Seventeen percent of Tacoma residents live below the federal poverty level compared to 12% statewide; 60% of public school students receive free or reduced lunch and 9.3% of Tacoma residents were unemployed in January 2012 compared to 9.0% statewide.[iii]

Equally compelling are the potential clinical benefits for patients and for hospitals as MultiCare continues to place a priority on TC efforts. Each year nearly 430,000 people die from tobacco-related diseases.[iv] Tobacco use, especially smoking, is the number-one preventable cause of death and disease in the United States.[v] Further, smoking adds to the cost of providing health care. Tobacco-related medical costs in Washington exceed $1.6 billion annually.[vi] This cost is $96 billion in annual smoking related health care cost according to TJC.[vii] Conducting tobacco related counseling and treatment relieves both a preventable burden and achieves a high return on investment according to TJC.

Tobacco cessation counseling is offered to patients to increase their chances of success when they decide to quit. In 2010 tracking of TC counseling became a quality improvement goal for PCPs in the MultiCare Medical Group. Each year since 2010 data has been tracked for compliance. This project takes advantage of MultiCare's health reform compliance preparations by acknowledging that tobacco cessation is emerging as a new target for mitigation and treatment to reduce chronic disease. We have increased employee engagement with the Healthy@Work cessation program over the past few years through evolving the educational content to reduce barriers to technology and personal interaction.

Many individuals struggle with maintenance in TC and other health measures after their participation in the program ends. Over time, participant surveys and feedback identified a drop-off in program participation and an inability to track sustainable results after leaving the program. Strategies for removing participation roadblocks, including incentives for sustaining participation, were identified as a priority in the analysis of the employee program results.

Baseline Data Summary: Data has been collected in EPIC EMR relating to TC counseling or counseling treatment by PCPs for seven years. Baseline: 2008-2012 rates for TC counseling or tobacco counseling treatment for active smokers

- **2005 MultiCare** = 69%
- **2007 MultiCare** = 79%
- **2008 MultiCare** = 74%; 2008 National Average Commercial is 77%; 2008 National Average Medicaid = 69%. [National data provided by National Committee for Quality Assurance (NCQA)] This is for the "Advising Smokers to Quit" measure. 2010 HEDIS rates are 77% and 74% (Medicaid).
- **2009 MultiCare** = 69%
- **2010 MultiCare** tobacco cessation counseling for heart attack patients, Tacoma General/Allenmore/Good Samaritan Hospitals–Scores 100%, compared with Washington State at 99%.

- **January–December 2011** rate for MultiCare is 71.8% when MMA physicians are incentivized to perform and record screening/counseling.
- **2012,** 1st quarter rate for MMA PCPs is 67.3% with a high of 96.8% for one clinic.
- **2013 MultiCare** rates will be determined by project activities and voluntary screening/counseling by MMA physicians and hospital staff.

Baseline rate: 2009–2012 rates for employee TC counseling or tobacco treatment for active smokers. Employee data, pharmaceutical usage 2009–2011.

- 2009: 103 employees utilized vouchers.
- 2010: 64 employees received vouchers: 34 chantix, 20 patches, 3 bupropion, 5 lozenges, 4 gum, 1 inhaler. Quit rate: 36% (all employees who had utilized a voucher were sent a questionnaire regarding quit status; 11 responded)
- 2011 (data through June: 27 employees received vouchers: 11 chantix, 10 patches, 1 bupropion, 1 lozenges, 3 gum, 2 inhaler. 49 prescriptions filled, 10 employees refilled Rx at least 1 time. Quit Rate: 56% (70 employees were sent a questionnaire; 46 responded)

Healthy@Work program 2011:

- Forty-six employees participated with a 56.5% self reported quit rate. 93% stated they used cessation aids. 74% stated they used some type of behavioral modification program, including Healthy@Work 1:1 and self-study program, web-based and social networking programs. 50% of employees who were not tobacco free remained in the process of quitting or cutting down.

Healthy@Work program 2012 to date:

- Forty-three employees have participated in the Healthy@Work 12-part web-based cessation program. At the conclusion of the program 81% self reported quit rate. 100% participated in the behavioral modification program (12 session on-line program). 15% who stated they were not tobacco free at the conclusion of the program have set a quit date. 87% state they felt the program was helpful in their attempt to quit tobacco. 65% were given vouchers for cessation aids/medications.

Pilot community webinar program:

- Fourteen community members participated in this 3-part, web-based education and support group pilot program. Results showed that 93% were either currently in the process of quitting or planning to quit in the next 30 days. Participants stated the following aids would be beneficial in quitting: 18% 1:1 phone counseling, 18% support groups and 54% pharmaceutical assistance. This pilot project demonstrated that the on-line/phone- based option reduces the location and time barriers. Participants can assess this program at home or at work and do not need to travel to participate. (Increasing the marketing and awareness of this program would increase participation rates.)

Preliminary data pull of ICD9 Diagnosis Codes use in EPIC for Unique Patient Count January 1, 2011–April 30, 2012:

- 305.1 Tobacco use disorder = 17,113
- V15.82 History of Tobacco use = 532

- 989.84 Tobacco = 32
- E869.4 Second hand tobacco smoke = 3
- 649.0 Tobacco use disorder complicating pregnancy = 1

Project objectives and measures, project period January-December 2013:

- Maintain at 100% the number of heart attack patients who indicate tobacco usage and receive smoking cessation counseling orders and/or referral to TC program options prior to discharge. Baseline: MultiCare reference data for heart attack patients.
    - MultiCare Tacoma General December 2010, **Baseline** = 100%
    - MultiCare Good Samaritan December 2010, **Baseline** = 100%
    - Washington State 2010, **Baseline** = 99%
- Maintain at $\geq$ 71% the percentage of primary care patients who are screened for tobacco use during their office visit. **Baseline** for Jan-Dec 2012 is 71.5% for PCPs
- Increase the number of tobacco medication E-visits by MHS physicians able to prescribe FDA-approved pharmacotherapy. **Baseline:** 0 (Information not currently collected)
- Track the number of adult hospital patients who are identified as tobacco users who receive an order for practical counseling and cessation medication. Project outcomes will be measured by tracking the number/percentage of patients who have been asked their tobacco status and medication preference and the response recorded in EPIC. **Baseline:** 0 (To date tracking has been for primary care patients)
- Track the number of referred patients who receive follow-up communication from CHL within 30 days of referral to the program. Maximum number of attempts will be 5. **Baseline:** 0
- Increase by 50% the number of intervention participants who indicate they quit tobacco use and maintained cessation for 30 days. For quit rate the baseline data is based on Workplace Tobacco Cessation program. **Baseline: 56 participants (**40 employees and 16 referrals in 2012 from MultiCare hospitals and clinics to QUIT-NOW. **Baseline:** Multicare = 56.5% of employee participants self-report quitting. National 12–month quit rate is 28% for participants completing screening and optimal intervention. [viii]
- Increase from 0 to 200 the number of patient records in EPIC that have been reviewed and evaluated for tobacco cessation screening, referral, treatment, counseling, and follow-up information. **Baseline**: 0
- Track the number of intervention participants who receive 2 or more follow-up contacts regarding their quit-rate success. **Baseline**: 0
- Track the number of specialty care patients identified as current tobacco users who are referred to CHL outpatient counseling and provided a prescription for medication upon discharge. **Baseline**: 0 (unknown for 2012)
- Track the number of RT staff from target departments who are informed about the new tobacco cessation options. **Baseline data is 0**. (Currently not being done)
- Communication and distribution of new education materials will be conducted twice during project period. Possible opportunities: new employee orientation, on-line mandatory education, and visual reminders. **Baseline data is 0**. (Currently not being done)

- Conduct two or more data extraction efforts in EPIC for the purpose of comparing and analyzing data for 2008–2012 relating to the baseline measures. Review and compare impact of physician or quality incentives during those years. **Baseline: 0**

D 3. Technical Approach, Intervention Design and Methods:

Current Practice: Tobacco use Q&A upon in-patient admission or clinic visit, printed materials supplied, Q&A at discharge/release done by RT. Volunteers are referred to Washington QUIT-NOW for follow-up.

Outline of innovation assessment, referral, intervention and follow-up steps based on adapting the Clinical Practice Guideline for Treating Tobacco Use and Dependence. Innovative procedures for the project include implementing a structured, sustainable assessment, referral, education and intervention program with patient follow-up recorded in patient records. Streamlining of the screening and referral process will be combined with improved provider awareness training, promotion materials and improved marketing to patients. The project will, by design, address the struggle many individuals face with maintaining tobacco cessation efforts after their participation ends. Further, patients will have a more structured and accessible program to build connections with other individuals facing the same challenges.

Assessment and physician counseling: Upon admission to our defined test sites, hospital departments or outpatient clinic facilities, adult patients ($\geq$ 18 years) will be asked their current tobacco use based on the past 30 days. Physicians or RT staff will use a tobacco cessation intervention called the 2As & R (Ask about tobacco use: Have you used tobacco in the past 30 days? Assess readiness to quit. Advise the patient to quit.) For target test sites, physician/RT staff will document responses on the patient record in EPIC and it will be a mandatory field to complete. If patients state they wish to quit in the next 30 days, they will receive literature and a referral for contact with the CHL. At the time of discharge or conclusion of the outpatient visit, the patient will receive educational material describing the program and a referral to the MultiCare program. RT staff will ask their current insurance and primary provider status to determine which cessation options can be offered. This goal will be measured by tracking through EPIC the number/percentage of patients who have been asked their tobacco status upon initial visit or indicated by coded TC orders in the record. The process will be improved by making the question mandatory upon admission and documented in their electronic record (EPIC). A "current tobacco user" status may trigger three actions:

- An order for appropriate cessation aids while hospitalized.
- An automatic referral captured on a paper form to cessation services at CHL.
- A fax referral to the Washington QUIT-NOW service

Referral of volunteer participants to CHL: When a patient indicates they are ready to quit the RT will assist with completing a referral form containing patient contact information. The referral will be transferred to CHL. A representative from the CHL will contact the patient within 2 weeks, but not later than 30 days from date of the referral (there will be up to five attempts to contact via phone, email). CHL staff will determine upon initial discussion with the patient their preferred intervention program. Patients who volunteer to participate in the intervention program will be

registered. A release form will be signed to consent to use of de-identified information for the purposes of the project.

Intervention: There will be three options for cessation intervention offered through CHL. Participants can utilize all three options: web, phone support, and medications if they choose. Patients will be encouraged to complete the program by the offer of an award in the form of a free health screening or other incentives available through CHL.
Option #1: Referral to CHL program: An 8-12 week, web-based cessation program and/or; Option #2: A weekly phone and web-based support group that is facilitated by a CHL staff to discuss online learning. Patients can join one or both programs. There will be no cost for these programs in the first year; reimbursement will be considered for sustainability. On-going tracking of participation, cessation aid usage and tobacco status will be completed on a weekly basis through on-line/email surveys.

Option 3: "E-Visits" or prescription medication counseling may be introduced to patients with this program. "E-Visits" is a program designed to decrease the barrier for patients who would prefer to consult with a physician via email, rather than in the office. This program decreases barriers for patients who do not have insurance or do not have time for an in-office visit. For a yearly fee of $35, the patient will have access to a specified group of MC providers. For tobacco cessation purposes, this will allow patients to more easily receive prescriptions for cessation medication aides. The number of tobacco users that receive medication assistance and tracking of what aides were used will measure this goal.

Measures:

- Rate of patient participation in intervention program. Comparison of 2011, 2012 and 2013 participation rates.

- Rate of participants who indicate they have quit. Comparison of quit rate data from 2012 employee intervention program and 2013 patient intervention program. Comparison quit rate data from MHS intervention program rates with Washington QUIT–NOW rates and/or national quit rates from similar projects.

Follow-up and data tracking: For patients who complete the intervention program, self-reported data will be entered into My Chart and/or CHL staff will communicate the new tobacco use status to RT staff and/or to the PCP. Physicians may arrange appropriate follow-up care or information to be included in the patient record. MultiCare will track participation and assess whether the participants reduce tobacco use through communication and surveys at three months and six months. Measure: Rate of participants who indicate they have maintained cessation of tobacco use over 3–12 months.

MHS EPIC review and analysis: Data will be added to EPIC for inpatient and outpatient clients. Staff will document usage on the intake form in a mandatory field. The referral source indicated will be identified to allow for data retrieval from the notes field of the patient record. Actions will include pulling data related to ICD-9 codes, reviewing selected patient Individual Treatment Plan notes if present in EPIC and use of analysis tools. We will review of use of ICD-9 codes for tobacco

dependence in the patient record and review of standing orders for TC counseling and/or pharmacotherapy (in-patient and discharge). Patient records may include:

- Continuing the capture of tobacco status and initial counseling on cessation methods. Education referrals to CHL will be made as appropriate.
- Referral to CHL intervention cessation program will be expanded to provide cessation resources to the RT staff and to the MultiCare patient community. The intervention program will be either an 8 or 12 week, web-based program in which lessons are emailed to participants. The lessons are comprised of defined tasks and a short quiz. The online program will accommodate patients regardless of the geographical location. To date in 2012 there are 40 employees currently enrolled in the program.
- Referral to TC SUPPORT GROUP, a phone/webinar group that was piloted in late 2011 and was well accepted in the community. This support group will be offered once or twice a week (morning/evening) to accommodate patients' schedules. CHL staff will moderate the support group, but it will use an open format to allow patients to guide the discussions. Pre and post-intervention surveys will capture tobacco use status and related information.
- Washington QUIT NOW will provide the follow-up data for any MHS referrals.

D4. Evaluation Design:

Data Review and Analysis: The project will be evaluated through periodic collection and measurement of data, with on-going analysis and evaluation of results.

Data collection review and analysis will occur in the first and third quarters during the project. The project will experiment with data and text extraction methods to pull relevant information entered in the EPIC system tobacco cessation initiatives beginning in 2008 and continuing to the present. An initial review of information and coding appearing in the EPIC system shows that data is present for 17,681 unique patients under ICD classification code 305.1 for the period of January 2011–April 2012. In addition, we know that data may be found relating to seven other codes and in notes fields in Individual Treatment Plans for some cardiac patients. The data review and analysis will help inform internal planning efforts to sustain the initiative and prepare to meet anticipated Affordable Care Act patient quality performance measures. Project results will be used to review and assess the potential for system strategies that health care administrators can implement to treat tobacco dependence. These strategies include implementing an automated tobacco-user identification system; providing training, resources, and feedback to staff; dedicating staff to provide tobacco cessation treatments and assessing delivery of treatment in staff performance evaluations; and promoting hospital policies that support and provide tobacco cessation services. MultiCare TC intervention program will include weekly data collection for program participants, with quarterly summation reviews for at least 12 months or more. Each performance measure will be tracked for 12 months. Evaluation will include:

- Baseline hospital data reflecting TJC standards.
- Participation rates and feedback surveys.

- Cessation rates tracked through feedback surveys and follow-up calls.
- Pharmaceutical usage as compared to cessation and participation.
- Hospital readmissions correlated with tobacco users and level of program participation.

Sustainability, use of data for future project investigations: The project will be sustained and project results will be disseminated internally and externally**.** MultiCare has a strong incentive to continue the current smoking cessation initiatives. MultiCare recognizes that emerging trends in the Patient Protection initiatives of the Affordable Care Act (ACA) and emerging Essential Health Benefits descriptions are moving toward reimbursement for mandated preventive care services. These mandates may include tobacco cessation treatments. The project will review the literature for information relating to incentives for outpatient reimbursement [i.e. Medicare/Medicaid linking TC to reimbursement in the future]; aspects of billing insurance [i.e. TC programs being reimbursed under ACA] and review of reduced hospital readmissions. TC programs are seen as an emerging new target for mitigation and treatment to reduce Chronic Disease. Dissemination of project results will occur through peer reporting pathways such as: Presentations/poster sessions at national/regional conferences such as the National Conference on Tobacco, the American Public Health Association Annual Meeting, or the regional Joint Conference on Health, presenting results and outcomes through journal articles or lists, (i.e. Puget Sound Health Alliance); and reporting results to MMA providers and external collaborators such as Washington State Hospital Association; Washington Department of Health, or the American Heart Association's, Go Red for Women.

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[i] Fiore MC et al. Treating Tobacco Use and Dependence: 2008 Update. US Public Health Service, 2008.

[ii] American Lung Association, State of Tobacco Control, Washington State, 2012

[iii] Public Health indicators, Tacoma Pierce County Health Department, 2011. www.countyhealthrankings.org/washington/pierce

[iv] Tobacco addiction causes 443,000 deaths in the United States each year, making it the leading preventable cause of death. In addition, some 8.6 million Americans live with serious smoking-related illnesses. Of the 45.3 million current smokers, 70% say that they would like to quit. But without assistance, less than 5% are able to stop smoking. They need help from health professionals, whose advice serves as a powerful motivator. http://smokingcessationleadership.ucsf.edu/ (10.10.2012)

[v] National data provided by National Committee for Quality Assurance (NCQA). American Lung Association Stop Smoking (10.10.2012). www.lung.org/stop-smoking/

[vi] Quick Facts About Tobacco Use in Washington State. www.doh.wa.gov/DataandStatisticalReports/HealthBehaviors/Tobacco.aspx

[vii] Joint Commission, January 2012 webinar, "Practical applications of the New Joint Commission Tobacco Standards." May, 2012

[viii] Fiore MC et al. Treating Tobacco Use and Dependence: 2008 Update. US Public Health Service, 2008.

E. Detailed Work Plan and Deliverables Schedule

2013

		JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
Implementation	Recruit and train staff												
	Enroll patients in CHL Intervention program												
Create / update referral materials	Upon enrollment into a group, secure patient release for sharing data with the MHS												
Update course program on-line	Purchase supplies/equipment												
Train CHL staff on facilitating on-line program	Educate care providers												
Review and update evaluation	Test data sharing with Research Institute												
Site staff training	Outpatient clinic participation confirmed												
Define referral outreach propocol	Respiratory therapists collaboration in hospital departments confirmed												
	Literature distribution partners confirmed												
	Maintain enrollment (intervention option groups)												
Goal 1													
Continue tobacco use screening, initial counseling and referral for inpatients and outpatients from selected departments	Educate group participants on importance of tobacco cessation												
	Conduct weekly facilitated calls												
	Track enrollment rates												
Goal 2													
Enroll volunteers in the CHL Tobacco Use Treatment, Counseling &/or E-visits medication intervention program options	Train sites on referral process and ensure proper referral materials are in place												
	Maintain referral process with clinic sites												
	Conduct weekly out reach to potential volunteers												
	Track enrollment rates												
Goal 3													
Conduct One Month Referral Follow-Up on the offer of Tobacco Cessation services through CHL.	Define referral outreach propocol												
	Conduct weekly facilitated outreach measures												
	Track enrollment rates												
Goal 4													
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.	Assure participants are receiving their program sessions												
	Conduct weekly group support sessions												
	Conduct weekly surveys with support group participants												
	Monitor program outcomes												
	Request reports from WA State Quit-Now												

E. Detailed Work Plan and Deliverables Schedule

Other

Survey group participants re education understanding
Evaluate all program goals and adjust actions based on learnings
Data pull from EPIC, review and analysis. Pull comparison statistics from 2008-2012
Reports to funder
Support evaluation process
Attend appropriate meetings

MultiCare
BetterConnected

Allenmore Hospital
Good Samaritan Hospital
Mary Bridge Children's Hospital & Health Center
Tacoma General Hospital
MultiCare Clinics

October 16, 2012

Jacqueline Mayhew
Director, Medical Education Group
External Medical Communications
Pfizer, Inc.
235 East 42nd St, 219-2-1
New York, NY 10017

RE: Smoking Cessation RFP from SCLC and Pfizer
Grant ID 044786

Dear Ms. Mayhew:

I am writing to indicate full support and approval by Quality Management for the proposed MultiCare Hospitals Tobacco Cessation Intervention Project.

This project will promote quality patient care by testing a new implementation process for a sustainable, structured tobacco cessation referral and counseling program for patients and providers of the MultiCare Health System. The project has the support and commitment of the Quality Management program. Appropriate resources will be made available for consultation on the data gathering and analysis activities of the project.

We support this project that will focus on education and quality improvement programs that include implementation of the updated Joint Commission smoking cessation performance measures. We know that when we focus on tobacco cessation we can make a difference in health outcomes for patients. The project is in line with the MultiCare strategic goals of Improved Patient Health, Meaningful Use Compliance and Health Care Reform Compliance.

MultiCare Health System has made a commitment to establishing quality focused outcome objectives that represent a continued level of rigor and commitment to interventions that will make the biggest difference in the lives of our patients.

Sincerely,

H. Lester Reed, MD FACP
Senior Vice President, Quality