

Main Section of the proposal:

1. Overall Aim & Objectives:

Over the past two decades Providence Health & Services has developed a comprehensive tobacco cessation program within our health system. The foundation of this program has always been to integrate tobacco cessation services into every point a patient touches our system. We have implemented physician training on the 5 A's; an inpatient cessation treatment protocol which coordinates with a patient's care plan and includes a bed side respiratory care intervention; as well as providing community-based tobacco cessation classes. We have helped thousands of patients end their dependence on tobacco.

Currently, the Providence Tobacco Cessation Program aligns with the tobacco measures set as established by the Joint Commission, with the exception of assessing and documenting smoking status after discharge. At this time we lack the capacity to document smoking status post-discharge and to refer patients to tobacco cessation resources through our existing electronic medical record (EMR).

Our key objectives for this grant are:

- Meet the requirements of the Joint Commission Tobacco Measure Set
- Create a process to assess and document smoking status within 15 – 30 days after discharge for inpatients
- Increase referrals to tobacco cessation resources for over 38,000 patients

Three of the four requirements set forth by the Joint Commission Tobacco Measure Set are currently being met by Providence Health & Services. We are not meeting the fourth standard, which says that patients identified as having used tobacco products within the last 30 days should be contacted within 30 days after being discharged from the hospital for follow up on tobacco use status. We would like to close this loop for our patients and create a process within our EMR to collect that data and refer them to tobacco cessation services when applicable.

This project will utilize the Epic EMR. Providence is implementing Epic in all our acute care facilities and Providence Medical Group (PMG) clinics. This project will support:

- Overall project management for this grant – a collaborative team including inpatient and outpatient stakeholders, PMG staff and Epic analysts.
- Three Epic analysts to assess workflow, build the referral process and address reporting features for tobacco cessation.
- One Epic analyst to develop features necessary to track and report follow-up rates for PMG patients. There are approximately 38,000 PMG patients who have been identified as current smokers. This data will also be included in the medical home reports.

- Working with the Oregon Quit Line to integrate Epic documentation and improve reporting data received from fax referrals.
- Training for over 600 healthcare providers on incorporating the post-discharge assessment into clinic visits and referral to tobacco cessation resources.

This will streamline the provider's process for referral into our tobacco cessation resources. Referral forms and reports will need to be built within Epic to be automatically sent to our tobacco cessation program. The program will reach out to patients recently discharged from the hospitals or who have a referral from a clinic, document their current smoking status and provide them with resources when needed.

When this project is completed, it will have a significant impact on our patients, our health system and our clinicians.

- Patients will have a consistent and coordinated approach to address tobacco cessation, allowing them every opportunity to quit.
- It will allow our health system to meet the Tobacco Measure Set as well as our goals around implementing the Medical Home model.
- It will allow our clinic staff to have a streamlined integrated documentation and referral process for tobacco cessation.
- It will create better reporting and data from our partner, the Oregon Quit Line.
- It will improve the data we collect regarding our patients and our program outcomes.

2. Current Assessment of Need in Target Area:

The practice gap that would be addressed by this project is threefold and includes:

1. Reaching identified smokers after discharge
2. Documenting smoking status
3. Linking them to tobacco cessation resources as necessary

In 2011, our acute care facilities had over 8, 800 tobacco cessation interventions with patients who had been identified as smokers upon admission. We are currently not able to link any documentation that they had a tobacco cessation intervention to the outpatient setting. There is no process for post-discharge assessment of smoking status and no appropriate referral process for patients needing cessation services.

Currently we provide a fax referral in our hospitals for patients, who have given consent, to the Oregon Quit Line. The Oregon Quit Line sends us data on referrals per month per facility, but no data on how many fax referrals they receive from our hospitals, the smoking status of those patients or if they were referred to our programs. This project would help us better partner with the Quit Line and receive more detailed data.

After talking with the system wide Care Plan Management group (CPM) there is a collective decision that this is a universal goal to implement this practice gap in our system.

We have seen a significant decrease in the tobacco cessation class volumes. In 2008 we had 308 patients participate in our tobacco cessation classes. By 2011 that number had dropped to 151. Providers gave feedback that it is not easy for them to refer patients to our classes or resources that may be available. This grant would allow us to address that referral issue, significantly increasing the number of referrals to our classes and other cessation services.

3. Technical Approach, Intervention Design and Methods:

The project coordinator will bring together a collaborative group to implement this work. The overall approach will be as follows: The Project team will work with the Care Plan Management group (CPM) to make sure all clinical areas have input into the scope of work. The process analyst will assess work flow for each area as well as the overall objectives of this project. This assessment will look at each area the patient comes in contact with our system, including but not limited to access services, nursing, respiratory medicine, pharmacy, health education and the outpatient clinics. A build analyst would take those findings and develop the protocols and procedures that would actually be implemented into the Epic EMR. Finally a reporting analyst would work on building the reports in Epic that would be utilized by the different departments supporting this initiative.

The process would be piloted at one of our acute care facilities in partnership with one of our PMG clinics. All employees who come into contact with these patients would go through training to address and document their smoking status in Epic. This includes admissions staff, respiratory therapists, nursing, physicians and clinic staff. The providers will be educated about this new process through a clinician newsletter, grand rounds, online training and videos by the Tobacco Cessation Medical Director. Specific training around documentation would be integrated into the training currently being developed for Epic implementation. The Quality Department would monitor the overall data process and establish that we are meeting the standards as set by Joint Commission and CMS. After the funding period for this program, the process to sustain this work will fall into the day to day operations of the acute care staff, clinic staff, Epic analysts and quality management coordinators.

4. Evaluation Design:

This project will be evaluated upon meeting the goal of implementing a process to assess and document smoking status 15-30 days post discharge and a referral process for those patients to tobacco cessation resources.

Implementing this program we would expect to see the following:

- Increased volumes in tobacco cessation classes

- Increased satisfaction on tobacco cessation class surveys (showing an improved patient experience)
- Increased referrals and data from the Oregon Quit Line
- Baseline numbers for PMG patients on referrals into classes and services
- Number of identified smokers upon admission, how many were referred into tobacco cessation resources and the quit rate for those smokers.

A qualitative evaluation will be conducted to gather feedback from all areas as to what worked well or didn't work well around this process. We will also gain feedback on training materials and make any necessary changes. Once a standard practice for Oregon has been established, that information will go to all regional practice areas for implementation. These practice areas include four other Providence regions in AK, WA, MT and CA. Including Oregon, these regions equal 32 hospitals, 350 physician clinics and over 64,000 employees.

Detailed Work Plan and Deliverables Schedule:

Project Timeline: 2 years

Deliverable	Schedule for Completion
Project coordinator to gather collaborative project team	March 2013
Secure Epic Analyst team	March 2013
Epic Process Analyst workflow assessment and recommendations complete	March 2013
Epic Build Analyst work completed and tested	June 2013
Beta testing	June 2013
Clinical training developed	September 2013
Pilot testing of post discharge assessment and referral process	December 2013
Integrate changes as needed	March 2014
Finish and produce clinical training	March 2014
Implement staff training	June 2014
Implement evaluations	September 2014
Disseminate process to other Providence regions	December 2014

Detailed Budget:

The proposed budget outlines the necessary costs associated with our goal of implementing a process to assess and document smoking status after discharge and build a referral process in Epic to increase access to cessation services.

Direct Labor Costs:

Tobacco Program Coordinator: This position will facilitate and coordinate the overall scope of work for this grant. They will manage grant deliverables, timelines, billing, and internal and external communication. They will be responsible for supporting meetings, documenting the WWW plan (Providence's internal Who, What, When follow up process) and supporting PI needs.

Epic Analyst: This work is scoped to include three Epic Analysts.

- One to assess and document current and needed processes around tobacco cessation assessment and referral.
- One to build the necessary features within the Epic EMR
- One to assess and build reporting needs related to this new data.

The last two steps will require testing, data management and consultation with the Epic support services. This is the primary work needed to complete the grant requirements.

PI: Our principle investigator will work closely with the Epic analyst and the clinical teams on ensuring the process is easy to use, effective and complies with the Joint Commission Tobacco Measure Set. She will also participate in developing the clinical training including materials, format and promotion.

Direct Initiative Costs:

Training – Healthstream: Healthstream is the tool Providence uses to distribute and track employee training requirements. Employees log onto this tool, participates in the training, completes an evaluation or an assessment and then receives a certificate of completion. Managers can access a report that identifies who has or has not completed the assigned training. A specific training will be developed for clinical staff on how to assess tobacco status after discharge and how to refer to cessation services. This training will need to be developed, loaded and stored into Healthstream with the ability to run needed reports for staff compliance.

Training – ehow video: One feature that is effective for clinicians is our ehow videos. These are pop up, short videos that link to a feature of our EMR. This is built in training. The clinician simply hovers over the area in question, the video pops up, they can play it and it will outline the feature in a quick, step by step process. This video can also be used in clinician communication and featured on training resource websites. This video will be done by our PI, Meera Jain, MD.

Meeting Travel – Mileage: Providence has multiple sites throughout the Portland Metro Area where this work will occur. Our standard mileage rate follows the federal rate and all mileage is

reimbursable through the Providence travel policy. Program Coordinator and PI will travel to attend meetings and trainings.

Publication Design and Printing: When developing staff training we create communication material to support it. These include e-newsletter articles, table top flyers, posters and other support materials that can be distributed in our clinical settings. It also includes content for our Tobacco Program website, which houses clinical training reference material. Providence uses a contractor for content design and all materials are printed using our vendor, Formit Printing.

Epic process and data management: In our partnership with Epic we purchased the base model and are customizing it to meet our Providence standards. We have an internal Epic team of Providence employees that are implementing and supporting this product, and then we have the Epic team which is supporting our customization and ongoing technical support. To complete this work, we will have to utilize the support of the Epic team which is not included in the standard scope of work. These funds will support their technical assistance.

Overhead/Indirect Costs: Providence calculated the overhead for this project at 24% of the overall budget. This will support the infrastructure and communication needed to complete this project.

Organizational Detail

1. Leadership and Organizational Capability:

Providence Health & Services is a not-for-profit Catholic health care ministry committed to providing for the needs of the communities it serves – especially for those who are poor and vulnerable. Providence Health & Services operates in a five state western area. It is the sixth largest health system in the nation. The scope of services includes 32 hospitals, 350 physician clinics, senior services, supportive housing and many other health and educational services. The health system employs more than 64,000 people across five states – Alaska, California, Montana, Oregon and Washington – with its system office located in Renton, Washington. In 2011, Providence provided more than \$651 million in community benefit, including nearly \$204 million in free and discounted care for those who could not afford to pay for care. Providence Health & Services continues a tradition of caring that the Sisters of Providence began more than 155 years ago.

The Oregon region has eight hospitals, over eighty ambulatory clinics, seven home health complexes, an in-state health plan, and other health facilities with gross revenue of \$3.6 billion per year.

Providence Oregon has a demonstrated organizational commitment to innovation and excellence in clinical research. Since 1990, Providence researchers have been awarded over \$100 million of federal-agency funding to conduct clinical research and demonstration projects

within its Oregon hospitals. Federal agencies have awarded funds from the National Institutes of Health, the Department of Defense, the Department of Energy, the Centers for Disease Control & Prevention, the National Science Foundation, and the Agency for Healthcare Research and Quality. Additionally, Providence has received numerous awards from private national and local foundations including The Henry J. Kaiser Family Foundation, the William Randolph Hearst Foundation, the Montgomery Street Foundation, the Susan G. Komen Foundation, and the Robert Wood Johnson Foundation, among others to fund various initiatives to improve medical care.

2. Staff Capacity:

Cynde Dunn will be our project manager. She is currently the Tobacco Cessation Program Coordinator for Providence Health & Services in Oregon. In her current role, she oversees the program coordinating our tobacco cessation classes and support groups. She also collaborates with the Respiratory Therapy department for our inpatient program which addresses tobacco use among patients. She helped develop the referral process to our state quit line from our acute care facilities. She also works closely with our PMG groups to provide information and work on tobacco cessation resources for their patients.

In 2008, Cynde Dunn was the project manager for the Tobacco Free initiative for Providence Oregon. As a leading health care provider, Providence is committed to providing a tobacco free environment for our employees and patients. Our Tobacco Free policy prohibits the use of tobacco products while on any Providence property, including hospitals, medical clinics and business office campuses. This initiative was implemented at seven hospitals; over 90 primary care, specialty care, and immediate care medical clinics. It also impacted over 15, 000 employees, as well as our patients, customers, contractors, visitors, and residents. The team worked to develop a two year plan that addressed issues such as: policy changes; increased tobacco cessation programs to support patients and employees; communication and education for patients, families and employees; staff training; policy enforcement; and physical changes on campuses (such as new signage and removal of smoking areas). Overall the response to going tobacco free was very successful in the Oregon region.

She is committed to overseeing this project to close the loop and implement a seamless process for our patients to gain access to our tobacco cessation services. In her work taking Providence Oregon tobacco free, she has demonstrated her ability to take a project through to the end and work with a multi-disciplinary team to implement the initiative.

Dr. Meera Jain, PI and the Medical Director for the Tobacco Cessation Program; she will provide clinical direction and oversee grant implementation. She will provide clinical expertise and assist in developing the clinical training for providers. Dr. Jain has a strong skill set and successful history in developing effective clinical training.

Dr. Jain has recently presented Advances in Lung Cancer Management for Primary Care Providers for the Providence Thoracic Oncology program. This symposium offered an update for primary care professionals regarding the management of lung cancer and the most recent advances in screening and therapy utilizing a multidisciplinary and interactive approach for this rapidly changing landscape. This symposium also educated providers with Providence Cancer Center's multi-disciplinary approach to managing and treating lung cancer; options regarding minimally-invasive surgery or definitive radiation for the patient with localized lung cancer; understand the most recent evidence supporting the role of palliative care involvement for the patient with advanced lung cancer.

Dr. Jain has served for 4 years as the medical director for the Tobacco Cessation Program at Providence. She has participated in educating the youth in our community about the importance of remaining tobacco free or quitting tobacco. Dr. Jain represents Providence for all media requests that we receive about our tobacco cessation program. She also has recently implemented Epic in the clinic that she practices.

Other key members of this team will be the Epic analysts which have not yet been identified. They are currently working on implement Epic across our system and are well educated and trained on how we will be able to execute this initiative.

3. Biographical sketches of key project staff members:

Meera Jain, MD attended medical school at the University of Florida (Alpha Omega Alpha) and completed her internal medicine residency training at Oregon Health & Science University. She has been working for the past 13 years as General Medicine faculty with the Providence Portland Internal Medicine Residency Program. Her areas of academic focus include chronic disease management, preventive health, critical appraisal of the literature, and tobacco prevention and cessation. She serves as Medical Director for the Providence Tobacco Cessation and Prevention Program. Dr. Jain has written commentaries for ACP Journal Club and given many lectures pertaining to cardiovascular risk management.

Cynde Dunn has been the Tobacco Cessation Program Coordinator for Providence Health & Services since 2007. She received her B.S. from Portland State University in Public Health Education. Since joining the tobacco cessation program she has worked on several projects to help decrease tobacco use for our patients and for all Oregonians. In response to requests from other hospitals and health systems on our tobacco cessation classes she worked to help develop an implementation guide that other systems could utilize to implement similar programs at their facilities. She also was the project manager for the Tobacco Free initiative for Providence Oregon to take all of our facilities tobacco free in 2008.