

## **1. Overall Aim & Objectives**

The Hunterdon Medical Center Foundation respectfully requests \$50,000 to pilot the *Expanding Provider Education Resources and Training (ExPERT) Tobacco Cessation Program* within the Hunterdon Healthcare System (HHS). The goals of ExPERT are to: 1) Educate healthcare providers about effective strategies to increase patient cessation rates; and 2) Integrate standardized tobacco cessation counseling protocols (the “Five Major Steps to Intervention,” or “5As”) into patient care in a way that can be replicated throughout the Hunterdon Healthcare System. The proposed pilot program is the organization’s first formal step toward achieving compliance with The Joint Commission Tobacco Measure Set.

Both existing health data and preliminary data from an in-process community needs assessment indicate that tobacco use is one of the top health priorities facing HHS’ service area. In May 2011, a Tobacco Cessation Task Force with over 15 representatives from various departments throughout the system was convened; this Task Force has identified several gaps in the area of tobacco cessation treatment. Chief among these is a lack of provider education and a lack of standardized protocols to prompt and guide providers through cessation counseling. Dr. Geralyn Prosswimmer, MD, Medical Director of Primary Care for Hunterdon Medical Center, serves as the Task Force’s Physician Champion.

The ExPERT Tobacco Cessation Program will focus initially on specialties in which tobacco cessation is critical to recovery after an acute care admission, such as behavioral health, surgical services, cardiology, pulmonology, orthopedics and oncology, as well as on the primary care practices in order to expand the existing referral base for smoking cessation counseling. Twelve (12) staff from Hunterdon Medical Center and the Hunterdon Healthcare Partners’ practices will attend a five-day training at UMDNJ’s Certified Tobacco Dependence Treatment Specialist Training.

Once trained, these providers will apply to become Certified Tobacco Treatment Specialists through The Certification Board, Inc. and be considered internally as “Superusers” who will function as change agents throughout the system to introduce smoking cessation knowledge and processes to other providers and clinicians. They will take the lead in delivering training to other providers in their respective departments and also work closely with the Task Force in the process of integrating the “5As” protocol into patient care. Once disseminated throughout the Hunterdon Healthcare System, this project has the potential to impact over 12,000 current, active smokers throughout the entire service area.

**2. Current Assessment of Need in Target Area:** Currently, data entered into the EHR systems at HMC and HHP on patient tobacco use and provider actions around tobacco cessation is not complete or consistent. Therefore, to create an accurate picture of provider attitudes and current practices around smoking cessation, in August 2011, the Tobacco Cessation Task Force conducted a baseline survey of 48 HHP primary care and specialty physicians. The survey instrument was a 10-question, anonymous, paper questionnaire distributed through the mail. Almost half of respondents (43%) said they never provide cessation counseling to patients expressing a desire to quit; only 2% always provide counseling. When asked if they felt they had

access to adequate resources in order to help their patients quit smoking, 32% responded no; only 52% responded yes and the remaining 15% indicated that a “fair” amount of resources are available. When asked what type of tobacco cessation treatment they offer patients who wish to quit, only 35% said they offer counseling. Over two-thirds (67%) said they offer pharmacological options only. The majority (93%) said they never make follow up calls to tobacco users who have attempted to quit. Other practice gaps identified by the Task Force outside of the survey include the need for a broader referral base and better knowledge of pharmacotherapy options. While the survey did not include clinicians working in the hospital, evidence of a practice gap within the hospital exists based on the fact that until only recently, the hospital EHR system, QuadraMed, was not programmed to collect and document data on patient tobacco use.

Currently, no formal process is in place on the inpatient or outpatient side to guide clinicians through the steps to provide smoking cessation counseling, and few external resources are available. A majority of respondents to the HHP physician survey indicated they refer patients in need of smoking cessation help to the NJ Quitline, a program of the NJ Department of Health and Senior Services, Office of Tobacco Control. Only 6% indicated they refer patients to other clinicians within the Hunterdon Healthcare System and 16% said they refer patients to Somerset Medical Center’s Tobacco Dependence Center, which is in the next county.

County level data points to practice gaps as well. A 2010 countywide Behavioral Risk Factor Surveillance Survey found that since 2001, the percentage of smokers who report that they have not been advised by a health professional to quit smoking has increased from 61% to 74%. In 2010, only 9% of Hunterdon County smokers reported a health professional had advised them to quit within the past 12 months, compared to 24% in 2001<sup>1</sup>.

Hunterdon County has a higher incidence of smokers than the national average, with 15% of residents reporting that they smoke regularly, compared to 14% nationally<sup>2</sup>. However, recently collected local data shows that in some parts of the county, the rate of smokers is significantly higher than the national rate. With the support of a grant from the Robert Wood Johnson (RWJ) Foundation, HHS is in the process of conducting a community needs assessment in collaboration with the Hunterdon Partnership for Health, a community collaborative founded in 1995 with a vision that every individual in Hunterdon County enjoy a state of optimal physical, mental, spiritual, and social well-being.

This needs assessment has already yielded valuable information about the prevalence of smoking in the service area. Using NextGen Electronic Health Record (EHR) patient data for 89,000 patients from HHS’ 22 patient-centered medical home (PCMH) practices, project staff mapped adult patients by zip code and found that in almost half of the major population centers in the County, the percentage of smokers is higher than the county rate of 15%, ranging from 16 – 19%.<sup>3</sup> According to this analysis, there are 12,049 smokers in the service area.

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<sup>1</sup> Hunterdon County Behavioral Risk Factor Surveillance Survey. A Partnership for Health. 2010.

<sup>2</sup> County Health Ranking & Roadmaps. Robert Wood Johnson Foundation and University of Wisconsin Population

<sup>3</sup> Data from Hunterdon HealthCare Partners NextGen EMR System

### **3. Technical Approach, Intervention Design and Methods:**

***How this initiative will be constructed to meet the overall aim and objectives.*** The proposed ExPERT Program is an initiative of the Hunterdon Healthcare System Tobacco Cessation Task Force, a multidisciplinary group of clinicians that came together in May 2011 in response to an identified need to develop a system-wide, standardized approach to tobacco/smoking cessation. In addition to lacking a standardized approach, very few clinicians within the system have received training on the provision of smoking cessation.

The members of the Tobacco Cessation Task Force (Task Force) have agreed to play an advisory role in the implementation of the ExPERT Pilot Program and have appointed Maria Feo, RNC, CTTS as the Principal Investigator for the program. In collaboration with Nicole Camporeale, Administrative Director of Clinical & Quality Management for Hunterdon HealthCare Partners, Ms. Feo is the co-founder of the Task Force and the Heart and Vascular Care Coordinator for Hunterdon Medical Center's Cardiovascular Service Line.

The Tobacco Cessation Task Force is comprised of a variety of clinicians representing divergent disciplines within Hunterdon Healthcare System:

- Geralyn Prosswimmer, MD, Medical Director, Task Force Physician Champion
- Nicole Camporeale, RN, CTTS: Hunterdon HealthCare Partners
- Maria Feo, RNC, CTTS: Heart & Vascular Care Coordinator
- Kristina Torok, Outreach Coordinator, Hunterdon Regional Cancer Center
- Mary Vecchio, RN, APN: Cancer Center- Community
- Sandra Jackson, RN: Acute Behavioral Health- Inpatient
- Lisa Marie Buckley, RN: Director of Cardiopulmonary Rehab
- Sonia Patel, Pharm D: Clinical Assistant Professor, Rutgers, The State University of New Jersey, Clinical Coordinator, Ambulatory Care
- Catherine Edmonds, RN: - Clinical Nurse Leader- Intermediate Care Unit
- Jennifer Kareivis, RN: Clinical Nurse Leader- Med/Surg Unit
- Gennady Gelman, MD: Family Practice Resident
- Tara Grunden, RN, CTTS: Occupational Health
- Susan Jackson, MS, LCADC: ATS Coordinator, Behavioral Health
- Mariane Sabo, RN: Performance Improvement Specialist, Hunterdon Healthcare
- Nancy Miller, RN: Center for Bone and Joint Health Care Coordinator
- Christine Meny, RN: Center for Advanced Weight Loss Program Coordinator

Over the past 14 months, the Task Force has: 1) Established a common goal to standardize the process for addressing tobacco use system wide; 2) Created an online resource guide for providers to give to patients; 3) Partnered with Mom's Quit Connection, a state-funded, nonprofit project, as well as the NJ Quitline; and 4) Begun the process of developing EMR screens that enable inpatient and outpatient providers to collect detailed data about patient

tobacco use. The ExPERT Pilot Program will continue the momentum of these accomplishments by embedding tobacco cessation best practices into provider-patient interactions.

The involvement of a cross-section of disciplines will ensure that the implementation of the ExPERT Program meets the needs of clinicians and patients throughout the system. The ExPERT Program will incorporate evidence-based practices of the *United States Public Health Service Clinical Practice Guideline: Treating Tobacco use and Dependence: 2008 Update* and the Association for the Treatment of Tobacco Use and Dependence (ATTUD).

In an effort to prepare Hunterdon Medical Center for ultimately being able to achieve compliance with The Joint Commission's Tobacco Measure Set, the ExPERT Program will train a small group of providers, who will then serve as "change agents" throughout the system by training their colleagues in evidence-based smoking cessation strategies. Based on technical assistance and input from members of the Task Force, the change agents, or "Superusers" will incorporate standardized smoking cessation counseling protocols (the "Five Major Steps to Intervention" or 5As") processes into the workflow of both the hospital and physician practices to ensure that patients are routinely asked about tobacco use and offered smoking cessation counseling consistently.

The ExPERT Program will be simultaneously implemented in the inpatient and the outpatient setting. On the hospital/inpatient side (HMC), six clinicians will be recruited to participate in the ExPERT Tobacco Cessation Pilot Program. These clinicians will be recruited from specialties in which tobacco cessation is critical to recovery after an acute care admission, such as behavioral health, surgical services, cardiology, pulmonology, orthopedics, and oncology. This will address the fact that smokers are more likely to be hospitalized and allow hospital-based physicians, nurses, and other clinicians to capitalize on the "teachable moment" that can motivate hospitalized patients who smoke to make a decision to stop in order to aid their recovery.<sup>4</sup>

Examples of the types of hospital staff that will be targeted during the recruitment process for training include hospitalists, clinical nurse leaders, behavioral health staff, admission nurses, respiratory therapists, emergency department staff, pulmonary specialists, med-surg nurses, and same day surgery center staff. In addition, faculty members of HMC's Family Medicine Residency program will also be included in the ExPERT Pilot, in order that smoking cessation counseling can be incorporated into the residency curriculum moving forward.

On the outpatient side (HHP), six clinical staff members will be identified to participate in the UMDNJ program. These will include physicians, nurses and nurse care coordinators.

**Implementation methods.** Implementation will consist of the following five phases:

**Phase 1 – Recruitment:** A number of existing forums at HMC and HHP will serve as venues for recruiting the 12 "Superusers" to attend the UMDNJ Certified Tobacco Treatment Specialist

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<sup>4</sup> ASHP's Safety and Quality Pearls. Chapter 9: Strategies to Enhance Tobacco Cessation Education in Your Hospital. 2008, American Society of Health-System Pharmacists.

Training. Announcements will be made at HMC Grand Rounds presentations, at the inpatient nursing councils (at which nurses from every department are represented) and at the regular clinical nurse leader (CNL) meetings (at which CNL from each hospital service line are represented). HHP recruitment opportunities include the twice monthly Population Health meetings and various meetings related to the regional patient outcomes projects that are ongoing (see page 12). In addition, Task Force members will be responsible for identifying and approaching qualified clinicians in their respective areas. Opportunities to participate in the training will also be available to a select number of interested Task Force members. If necessary, ads will also be placed in the Hunterdon Healthcare System employee newsletter, *The Pulse*. Recruitment will be based on a number of factors, including experience, interest, and dedication to the project. If there is a high demand for participation, an application process will be used.

Phase 2 - Certified Tobacco Treatment Specialist Training: Once recruited, the 12 HHP and HMC staff members will attend the University of Medicine and Dentistry of New Jersey (UMDNJ) Tobacco Dependence Program's Certified Tobacco Treatment Specialist (CTTS) training program. This 5-day, intensive 42-hour curriculum prepares health care professionals to become tobacco dependence treatment specialists. Upon completing the training, participants will be able to effectively treat patients for tobacco dependence and to provide organizational services that will help Hunterdon Healthcare System address tobacco use.

The comprehensive curriculum incorporates evidence-based treatment methods and provides participants with necessary skills and tools needed to assess and treat smokers in multiple settings. Topics covered include cultural competency, medical complications of tobacco, group counseling skills, motivational interviewing, pharmacological treatment options, and the biology of addiction and dependence. Participants must also complete an independent project within 30 days of completing the training course. The CTTS training meets all of the requirements set forth in the US Public Health Guidelines as well as the proposed standards for competencies for tobacco treatment specialists developed by the Association for the Treatment of Tobacco Use and Dependence (ATTUD).

UMDNJ is offering two trainings in 2013 – from January 14 - 18 and April 15 – 19. Six staff will attend each training session.

Phase 3 - Certified Tobacco Treatment Specialist Certification/Re-certification: Following completion of the five-day course, staff will be responsible for applying for their CTTS certification from The Certification Board, Inc. Hunterdon Healthcare System will pay the application fee of \$225. Re-certification is required every 2 years, and consists of staff completing 18 hours of continuing education in smoking cessation techniques.

Phase 4 - Electronic Health Record (EHR) enhancement/Workflow Development: In order to support the integration of standardized smoking cessation counseling into the existing patient workflows, the Superusers will work with project staff, the Task Force, and other relevant staff to build algorithms into each organizations' EHR system. While the approach will be different

for each organization based on the parameters of the two different EHR systems, both systems will be adapted to incorporate the 5A's framework for comprehensive smoking cessation counseling, which is outlined in the U.S. Public Health Service Clinical Practice Guideline for Treating Tobacco Use and Dependence. Prompts will be added to each system to guide clinicians through the steps of the 5A's as follows:

**The 5A's**

ASK (About Tobacco Use)	Identify and document tobacco use status of every patient at every visit
ADVISE (to Quit)	In a clear, strong, and personalized manner, urge every tobacco user to quit
ASSESS	For the current tobacco user, is the user willing to make a quit attempt at this time?
	For the ex-tobacco user, how recently did he/she quit and are there any challenges to remaining abstinent?
ASSIST	For the patient willing to make a quit attempt, offer medication and provide or refer for counseling or additional behavioral treatment to help the patient quit
	For patients unwilling to quit at this time, provide interventions designed to increase future quit attempts
	For the recent quitter and any with remaining challenges, provide relapse prevention
ARRANGE	All those receiving the previous A's should receive follow-up

On the hospital (HMC) side, the EHR system in use is the QuadraMed Computerized-Patient Record (QCPR). One of the Task Force's most recent accomplishments was to add screens to the system that allow providers to collect data on patient tobacco use and history. Through the proposed ExPERT Pilot, a series of screen prompts will be programmed into the patient health record to guide every provider through the 5A protocols, regardless of which department the patient visits. In some cases, it is not possible for the 5As to be followed as above in the inpatient setting, as it cannot be expected for one clinician to provide all of the above elements of counseling during the patient's stay. In these cases, there will be an option for the person who initiates the counseling to refer the patient to another source for more intensive counseling, either later in their hospital stay or following their discharge. This modified protocol for inpatient settings is known as the "Ask-Advise-Refer" model<sup>5</sup>.

On the outpatient/HHP side, the Next Gen EHR System contains a Tobacco Use template that is not used consistently and a Tobacco Cessation templates that is not set up for use yet. Superusers from HHP and key staff members will work with IT consultants from Next Gen to optimize and increase utilization of the data fields necessary to guide outpatient providers through the 5As counseling protocols.

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<sup>5</sup> ASHP's Safety and Quality Pearls. Chapter 9: Strategies to Enhance Tobacco Cessation Education in Your Hospital. 2008, American Society of Health-System Pharmacists.

Throughout the process of modifying the Next Gen and QuadraMed systems, the Superusers and key members of the Task Force will work with IT staff and consultants to test and refine the system modifications. They will also work with key staff members in the HHP practices and within the hospital to design patient care workflows that support the 5A's protocols and integrate seamlessly with the EHR screens and prompts.

Phase 5 - Training/process improvement: Once the Superusers are certified to provide smoking cessation counseling and organizational services and when the EHR modifications are complete, they will work under the leadership of Principal Investigator Maria Feo to develop training programs and conduct process improvement activities. In some cases training activities may take place simultaneous to the EHR system enhancements being completed, when they are still in the testing phase. The Superusers will also work with ExPERT project staff to develop a training manual to be used in training staff through the hospital.

Training will take place system-wide and in several different forms and venues on the hospital and outpatient side, in order to ensure the most thorough "spread" possible. One of the primary training tools will be HHS' careLearning Intranet application, an accredited, e-learning solution for health care organizations that is in use by over 40 hospital associations and health systems. This program allows employees to take online courses specific to their job functions at their convenience, and tracks course performance, individual licensure and certifications. In collaboration with the Task Force and key staff, the Superusers will develop a series of e-learning courses around smoking cessation, focusing on both the counseling aspect and incorporating the 5A's into the patient care workflows. careLearning also allows for the development and delivery of competency assessments to gauge learning accomplishments and the analysis of skill gaps to identify staff in need of further training.

On the hospital side, Superusers will work with the Staff Development department to develop educational briefs around smoking cessation that can be included in new employee orientations and ongoing educational programs. Presentations at regularly scheduled meetings and gatherings of providers, such as Grand Rounds and the various Nursing Councils, will provide further opportunities for educating staff on smoking cessation strategies and the 5A's. Finally, under the leadership of the Superusers, individual departments will be encouraged to plan and hold workshops to educate their staff about implementing the 5A's in ways that best match each department's workflow needs. To assist providers with patient education, HMC just updated its closed caption TV education program to a Milner-Fenwick series, which includes videos on smoking cessation that providers can show to patients and use as part of counseling.

On the outpatient/HHP side, numerous initiatives exist that are well-aligned with the goals of the ExPERT Pilot and which will present ongoing opportunities for training and dissemination. As discussed on page 12, HHP is participating in several projects aimed at improving patient outcomes from a population health perspective, all of which will be positively impacted by the ExPERT Program. These projects include a partnership with Aetna in an Accountable Care Organization (ACO), a Healthcare Innovations project with Horizon Blue Cross Blue Shield of

New Jersey and participation in the Medicare Comprehensive Primary Care Initiative. At the heart of the Horizon project is the use of Nurse Care Coordinators, who function as the “hub” of HHP’s patient-centered medical home (PCMH) model. These Nurse Care Coordinators will be recruited as Superusers, which will allow the ExPERT Program to play a central role in the management of patient health. Regular meetings are held for HHP staff participating in these projects, which will provide opportunities for training and workflow development to incorporate the ExPERT program into the PCMH workflow.

Underpinning all of these initiatives is the HHP Population Health Committee, which is comprised of representatives from across the enterprise. The Population Health Committee seeks to understand the distribution of health outcomes and the determinants that influence these outcomes within our patient populations. Using population-based data to design, implement and evaluate interventions and policies, the committee works to influence and improve health and wellness. Rose Puelle, a member of the ExPERT Pilot Project team, is HHP’s Population Health Coordinator and a member of the Population Health Committee.

HHP will also enhance training for the ExPERT Program through Pfizer’s Advise the Quit Plus Program, an in-service designed to enhance medical practices’ approach to patient smoking cessation. This program is directly aligned with and will compliment the ExPERT Program by providing an additional learning forum for providers.

Finally, both HHP and HMC are planning for and pursuing compliance with federal meaningful use goals for health information technology (HIT) by 2014. Documentation of tobacco use and intervention is one of the core Clinical Quality Measures under Meaningful Use Stage 1 Requirements. As both organizations pursue meaningful use goals, the alignment of these goals with the ExPERT Program goals will provide further training and dissemination opportunities.

In addition to training, under the direction of Maria Feo, Principal Investigator, the Superusers will conduct performance improvement activities around cessation counseling processes. Following each staff training, they will work with key staff in their respective departments to conduct Plan-Do-Study-Act (PDSA) cycles to continuously test, refine and optimize the process of documenting patient tobacco use and offering counseling.

***Intervention addresses the established need and will produce the desired outcomes.*** The proposed project will improve providers’ likelihood/ability to offer tobacco cessation counseling, expand their awareness of other treatment options such as pharmacotherapy, and broaden the existing referral base throughout Hunterdon Healthcare System. By training key health care providers and incorporating smoking cessation counseling into patient care workflows, the ExPERT Program will increase the number of patients who are offered and who receive smoking cessation advice from their healthcare providers.

***Specific role of partners.*** As discussed above, Hunterdon Medical Center (HMC) and Hunterdon Healthcare Partners (HHP) are both part of the Hunterdon Healthcare System. In implementing the ExPERT Pilot Program, HHP will implement it on the outpatient side in its primary care

practices and HMC will implement it within the hospital. The Hunterdon Healthcare Tobacco Cessation Task Force, which will serve as the Advisory Board for the project, consists of representatives from both HMC and HHP. The Task Force will serve as the unifying force of the project, ensuring that there is open communication about project developments and that the resources of each partner are leveraged as appropriate.

***Sustainability after the funding period.*** Sustainability of the project through the funding period is guaranteed by the use of the “train-the-trainer” model. The 12 Superusers who complete the UMDNJ Certified Tobacco Treatment Specialist course and certification will go on to develop training programs and resources to train other staff throughout the health system in the process. Additionally, all of the project costs are one-time costs. Once the EHR systems have been modified and the training complete, the program will be operationalized.

The Task Force will be charged with ensuring that training resources are periodically updated. The 12 Superusers will be responsible for keeping their CTTS certifications current by renewing every two years. Additionally, the relevance of smoking cessation to the improvement of patient outcomes means the ExPERT Program is likely to be met with enthusiasm by the Hunterdon’s Population Health Committee and the other patient outcomes initiatives in progress (see page 12).

***Evidence of feasibility for program implementation.*** In addition to the support of the diverse, multidisciplinary members that make up the Tobacco Cessation Task Force, the ExPERT Pilot Program has the full support of HMC and HHP leadership that includes a commitment to sending staff members to the 5-day UMDNJ Certified Tobacco Specialist Training course. Three letters of support are attached to this application.

**4. Evaluation Design:** The following metrics will be used:

*Objective - Increase the % of providers reporting improved knowledge of tobacco cessation options. Metric 1 – % of providers reporting adequate resources/options for tobacco cessation compared to the baseline percentage of 52%.*

*Objective 2 - Increase the % of patients who are screened for tobacco use and documented in the EHR. Metric 2– % of patients who are screened for tobacco use and documented in the EHR systems compared to the current baseline of 68%.*

*Objective 3 - Increase the % of patients who are offered counseling/treatment for tobacco use. Metric 3 – % of patients who are offered counseling for tobacco use compared to the baseline of 35%.*

**Sources of data.** The source of data for Metric 1 will be collected using surveys of providers that will be distributed and analyzed by the Tobacco Cessation Task Force. A pre-and-post survey will be distributed to all providers who receive training. This includes both the Superusers receiving CTTS training and those within the targeted departments trained by the Superusers. The survey will be similar to the one done in 2011, which gauged provider behavior and attitudes around tobacco cessation.

Patients screened for tobacco use (Metric 2) and patients offered counseling (Metric 3) will be tracked and measured using patient data from the NextGen and QuadraMed systems. As part of the EHR enhancements made in Phase 4 of the implementation, ExPERT staff will work with the IT consultants to develop reports that will allow the ExPERT Principal Investigator and other project staff to run reports on the number of patients documented as being tobacco users in system and the number that are offered counseling. The reports will also allow project staff to track and measure over time the success rates/outcome of patients who receive counseling and make quit attempts. In addition to consulting with the Task Force on the development of these EHR reports, ExPERT Program staff will also get feedback from the Hunterdon Population Health Committee to ensure that data collected and reported will meet their data reporting needs.

**Method to control for other factors.** Trainings conducted by the Superusers will be scheduled and designed in such a way as to ensure that some providers in each department do not receive training in order that a control group exists for gauging provider perception of increased resources for smoking cessation. The Task Force will distribute a survey an equal number of providers that do not receive training in order to compare their attitudes about smoking cessation to providers who received training.

**Extent to which the target audience was engaged.** Provider engagement will be evaluated in several ways: 1) the number of Superusers that complete the UMDNJ CTTS Course; 2) pre- and post-surveys distributed to all providers receiving training; 3) Audits of EHR files to determine that tobacco use and counseling offered to patients is consistently documented.

**Primary audience and dissemination.** The primary audience for this project are providers, discussed in detail on page 4. In addition to the various dissemination opportunities discussed on in the Training/Process Improvement section on pages 7-8, there will be an opportunity to communicate about the project at the county level through the RWJ Community Needs Assessment that Hunterdon Healthcare System is participating in with the Hunterdon Partnership for Health.

Data collected for this project will be linked with secondary data in an online data sharing repository that will serve as an efficient means of tracking the progress of various initiatives including their impact on the health of county residents. This online repository will foster inter-organizational collaboration and data sharing of evidence-based best practices for health and social service organizations throughout the county. Once completed in September 2013, the online data repository will provide a technical platform through which HHS can communicate lessons learned and results from the ExPERT program throughout the county and beyond.

Regular meetings of the Hunterdon Partnership for Health, which consist of a variety of health provider throughout the county, will also provide a forum for sharing information and lessons learned from the ExPERT program.

## EXPERT Tobacco Cessation Workplan

<b>Project Phase</b>	<b>Activities</b>	<b>Timeframe</b>	<b>Deliverable</b>
<b>Phase 1 – Recruitment</b>	Hold presentations at provider forums to announce the EXPERT project and solicit 12 participants to enter UMDNJ training and become “superusers”. Forums include: Grand Rounds, the HMC Nursing Counsels, CNL Meetings, Population Health Meetings	11/1/2012 – 1/10/2012	Six (6) clinicians from HMC and six (6) clinicians from HHP will be signed up to enroll in the UMDNJ Training and participate in the EXPERT program as superusers.
	Run an ad in the HHS Employee Newsletter, the Pulse		
<b>Phase 2 – CTTS Training</b>	12 HMC/HHP clinicians will participate in the UMDNJ CTTS Training	1/14 - 1/18/2013 4/15- 4/19/2013	12 clinicians will complete the course
	12 HMC/HHP clinicians will complete their independent project within 30 days of completing the UMDNJ Course	1/19 – 2/18/2013 4/16- 5/16/2013	12 clinicians will complete the independent project and be qualified to apply for CTTS certification
<b>Phase 3 – CTTS Certification</b>	12 HMC/HHP clinicians will submit applications for their CTTS certification	2/19 – 3/31/2013 5/17- 6/30/2013	12 clinicians will become certified as Certified Tobacco Treatment Specialists
	Clinicians will maintain their CTTS  Certifications by completing 18 hours of continuing education every two years	Ongoing throughout and beyond project period	12 clinicians will remain certified as Certified Tobacco Treatment Specialists

### ExPERT Tobacco Cessation Workplan

<b>Phase 4 – EHR Enhancement and Workflow Development</b>	ExPERT Project Staff will meet with NextGen and Quadramed consultants to develop specifications for building the algorithms for the 5A's into the EHR system	12/1/2012 – 1/31/2013	Specifications developed and approved
	IT consultants will complete the programming updates	2/1 – 4/30/2013	Programming updates complete and ready for testing
	ExPERT staff and Superusers (those trained to date) will test the updates and revise patient workflows to incorporate the 5A's	5/1 – 10/31/2013	Updates tested and approved; patient workflows revised
<b>Phase 5 – Training/Process Improvement</b>	ExPERT project staff and Superusers will work with their respective departments to identify other clinicians to be trained and schedule trainings for 2014. They will also develop a Provider Training manual	11/1 – 12/31/2013	Second round of trainees identified; training schedule established; training manual developed
	Superusers will each hold 4 trainings throughout the second year of the project	1/1 – 12/31/2014	A total of 28 trainings will be held throughout the health system
	Training will be developed for residents and incorporated into residency curriculum	1/1 – 6/30/2014	Family Medicine Residency Program will provide Tobacco cessation training on an ongoing basis
	Each training will be followed by an implementation/testing period during which Superusers work with their respective departments to conduct performance improvement and PDSA cycles to integrate the 5As process into their department workflows	Ongoing throughout 2014 following each training	5A's operationalized in key departments