

# Family Medicine Office Champions Tobacco Cessation Pilot Project

## Final Report

7/15/11

This project was supported by Pfizer Inc



AMERICAN ACADEMY OF  
FAMILY PHYSICIANS  
STRONG MEDICINE FOR AMERICA

**ASK AND ACT**  
A TOBACCO CESSATION PROGRAM

# Family Medicine Office Champions Tobacco Cessation Pilot Project

## Project goal:

To recruit and train Office Champions in fifty Family Medicine practices to provide leadership in implementing tobacco cessation activities in their offices.

## Overview of project:

The U.S. Public Health Service (USPHS) Clinical Practice Guideline, *Treating Tobacco Use and Dependence, 2008 update*, calls on clinicians to change the clinical culture and practice patterns in their offices to ensure that every patient who uses tobacco is identified, advised to quit and offered scientifically sound treatments.

To facilitate that change in family medicine offices, the AAFP recruited 50 practices for a pilot project to encourage and teach Office Champions to implement system changes to integrate tobacco cessation activities into daily office routines.

The project was built on the AAFP's successful Ask and Act program. Ask and Act encourages family physicians to ASK their patients about tobacco use, then to ACT to help them quit. Through the Ask and Act program, AAFP members have access to a variety of resources to help patients quit using tobacco.

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*“Change took place from the reception desk, to waiting room, to exam room, to billing office and back to the front again.”*

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## Recruitment:

A call for applications for the pilot project went out in June, 2010. The announcement was sent to AAFP members and constituent chapters via email and newsletters. To be considered for the Office Champions Pilot Project, practices had to agree that their:

- Office Champion would complete the Office Champions training program including an online course, a teleconference and a review of a practice manual
- Office Champion or Physician Champion would present an overview of the project to their practice's physicians and staff
- Practice would complete a pre- and post-project chart review of 20 patient charts
- Office Champion would identify and implement system changes to better integrate tobacco cessation activities into daily office routines and to create a culture that encourages tobacco cessation
- Office Champion would be allocated adequate time, resources and support to fulfill the responsibilities of the champion role
- Practice would participate in all phases of program evaluation including chart reviews, surveys, phone interviews and a possible site visit by AAFP staff

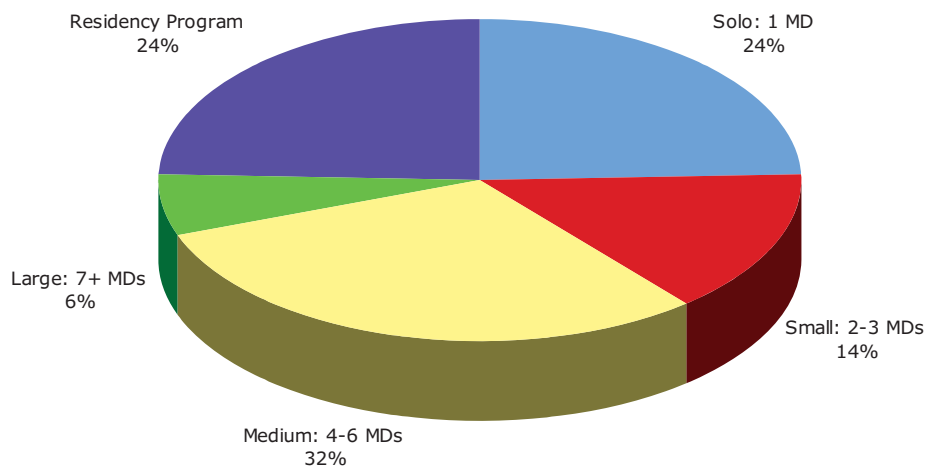
In the call for applications, practices were made aware that if they completed the project they would receive \$3,500 to cover administrative costs, recognition in an ad in *American Family Physician*, recognition on the AAFP website and in materials distributed at AAFP conferences, and a recognition kit to include:

- A certificate that reads: “This practice is recognized by the American Academy of Family Physicians for excellence in tobacco cessation assistance”
- A press release to send to their local newspaper
- A certificate for their Office Champion indicating he or she completed tobacco cessation training by the American Academy of Family Physicians
- An article for their patient newsletter
- Electronic “Tobacco Treatment Excellence” logos to use on letterhead, business cards, advertisements, etc.
- Tips on holding a recognition ceremony for staff
- Tips on publicizing their champion status

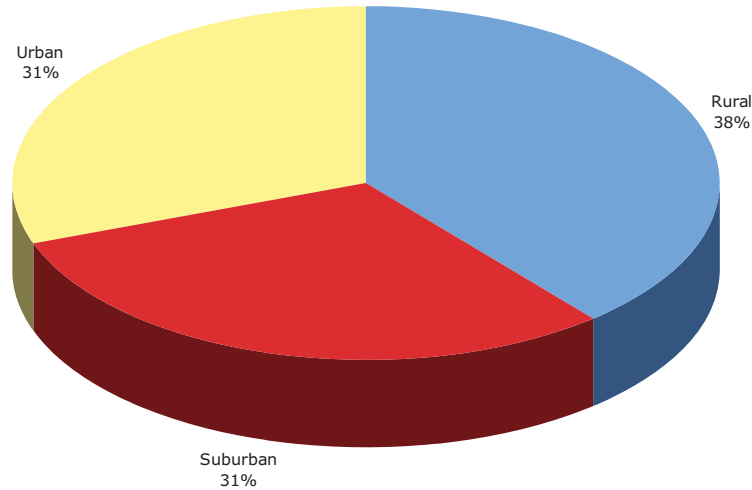
More than 100 applications were received. Fifty practices were selected to ensure a wide geographic representation – equally distributed in Pfizer’s five defined regions – with a range of practice types and sizes, and a variety of practice settings (urban, rural, and suburban). Participating sites were announced in September 2010, with project implementation and evaluation from November 2010 through June 2011. (Note: Forty-nine practices participated in the project. All information in this report is based on those 49 practices).

## Demographics

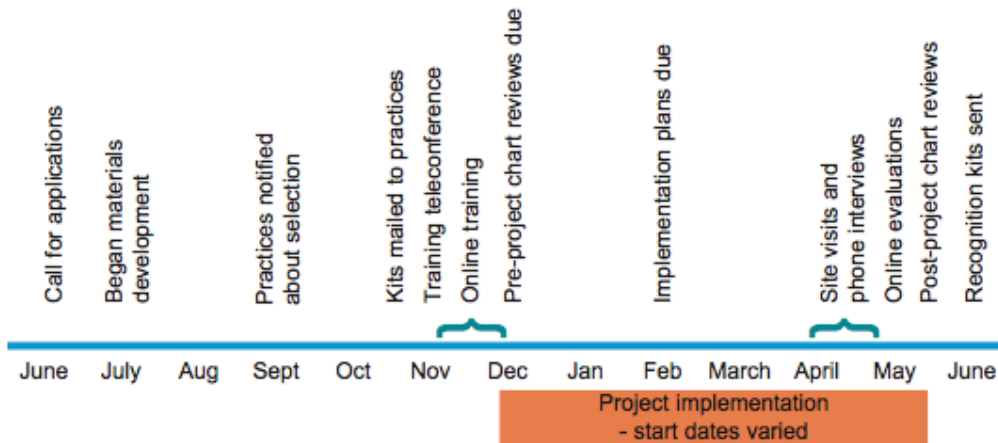
size of selected practices



### setting of selected practices

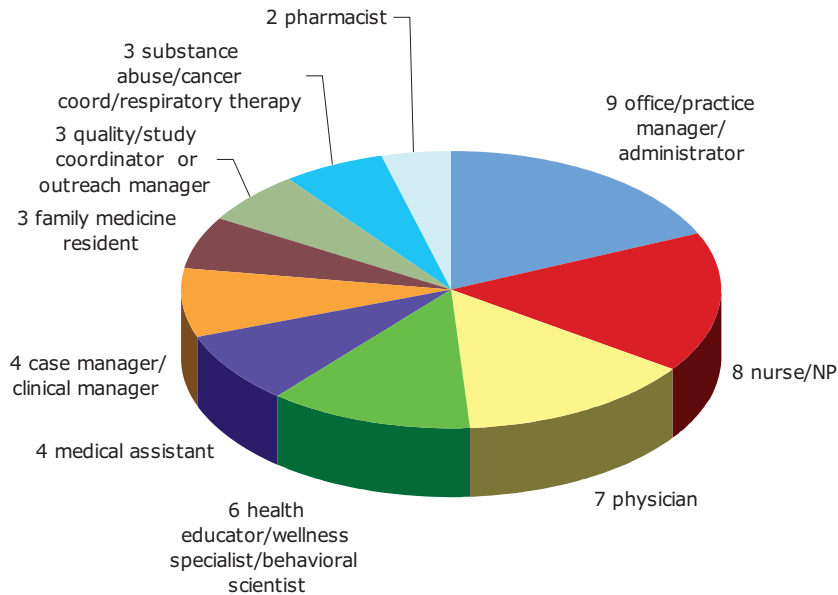


### Project implementation:



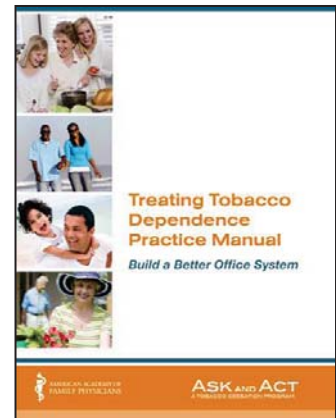
The Office Champions project spanned 13 months. Practices participating in the pilot designated an Office Champion, typically a non-physician, to lead the project and communicate results to the AAFP, and a Physician Champion to ensure that the Office Champion received physician and staff support during the project.

### Office Champions by job title



Each practice was sent a kit that included:

- A training manual
- Posters
- A group visits guide
- Billing/coding information
- Patient education materials
- Lapel pins
- “Prescription” pads



Posters and patient materials were available in both English and Spanish.

Each practice participated in one of three mandatory teleconferences, where Tom Houston, MD, FAAFP, Chair of the AAFP’s Tobacco Cessation Advisory Committee, provided an overview on system change strategies to help patients quit. Staff followed up with specifics on how to implement the project and details on expectations and deadlines. The teleconferences ended with a question and answer session.

**Tobacco Cessation  
Office Champions Training**

This project is supported by Pfizer Inc.

**ASK and ACT**

In the 2-3 months following the teleconferences, Office Champions were required to complete an online training program, review and report data from 20 patient charts, submit their practice’s implementation plan, and have a meeting with their clinic staff.

The pre-project chart review was due December 24, 2010. Office Champions were asked to begin early in the week

and pull and enter data from the first 10 patients – over the age of 18 – their clinicians saw for two consecutive days.

For each chart they pulled, they answered the questions:

1. Was tobacco use status documented? (yes or no)
2. If patient is current tobacco user, was it documented that the practice offered some type of tobacco cessation assistance? (yes or no)

If the answer to question #1 was “no,” they did not answer question #2.

Chart review data (self-reported) was entered online.

The chart review data was consistent with industry research. Approximately 82 percent of charts had tobacco use status documented. Just under 48 percent included documentation that the practice offered assistance to quit.

Each practice was asked to submit their implementation plan by February 28, 2011. Suggestions for change were shared with Office Champions in the teleconference, online training program and in the practice manual. Practices could use those suggestions, or come up with ideas of their own. Their plans could include one to 10 change strategies. For each change they planned to make, they had to indicate:

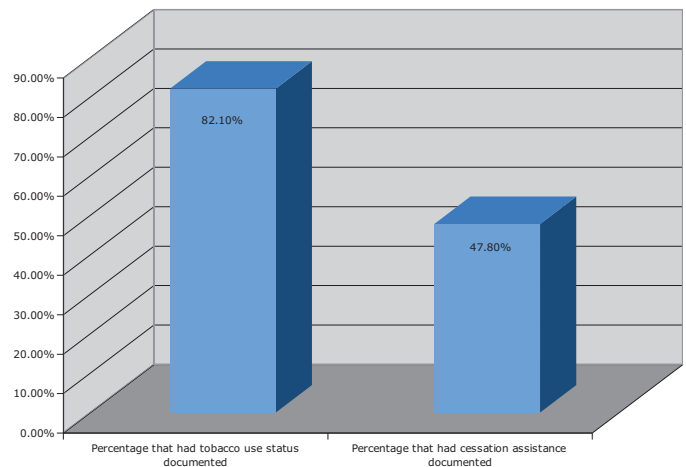
- Change to be made
- How change will be made
- Who (title) is responsible for change
- Implementation date
- How change will be monitored

They also had to note the date of their staff meeting and the number of people in attendance.

Implementation plans were for an average of 5.7 changes per practice. Following is a list of changes submitted in the implementation plans, followed by the number of practices that indicated they would make that change.

- Hang posters (29)
- Display patient education materials (27)
- Make changes to Electronic Health Record (EHR) (24)
- Give patient ed materials to patients (23)
- Research/implement group visits or classes (18)
- Assess readiness to quit (17)
- Make changes to paper documentation (16)

**Pre-project chart review results**



- Create patient registry (16)
- Wear lapel pins (15)
- Provide/increase cessation counseling (14)
- Develop system to follow up (13)
- Educate staff (12)
- Remove tobacco ads from magazines (11)
- Modify/add/use tobacco cessation billing codes (11)
- Evaluate/use quitline (8)
- Create patient flow chart to identify opportunities (5)
- Create/enforce a tobacco-free campus policy (5)
- Share successes (4)
- Identify community resources (4)
- Create video message (3)
- Implement motivational interviewing (2)
- Send card for successful quit (2)
- Help low-income patients get free pharmacotherapy (1)
- Identify second-hand smoke exposure (1)

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*“I had never considered the magazines in the waiting room having smoking or tobacco-related ads. Now I edit all of them.”*

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Practices launched their changes between December 2010 and February 28, 2011.

## Program evaluation and results

All 49 practices completed the project and received their administrative payments. Both qualitative and quantitative data were collected to evaluate the materials, the Office Champions model and the level of success of system change within the practices.

### Online Evaluation Survey:

In the final month of the project, May 2011, practices were asked to complete an online evaluation. The results follow.

1. How useful did you find the Treating Tobacco Dependence Practice Manual in helping you *identify* system changes in your practice?

	Frequency	Percent
Very useful	28	57.1
Somewhat useful	14	28.6
Neutral	5	10.2
Not very useful	1	2
Did not utilize	1	2
Total	49	100

Representative comments:

- Gave some good ideas, which led to good brain-storming sessions within our clinic.
- I like the way it is methodical and makes suggestions for change.
- I passed on copies to our other four sites and educators since the pilot program was only done in (one) site.
- It was very complete and very helpful in coming up with some ways to implement the program.

2. How useful did you find the Treating Tobacco Dependence Practice Manual in helping you *make* system changes in your practice?

	Frequency	Percent
Very useful	23	46.9
Somewhat useful	17	34.7
Neutral	5	10.2
Not very useful	3	6.1
Did not utilize	1	2
Total	49	100

Representative comments:

- Gave me the “blueprint” ... of the most successful things to do instead of having to trial my own ideas.
- Gave some good ideas in terms of using the EMR to our advantage.
- Great asset to project.

3. How useful did you find the online training program in helping you *identify* system changes in your practice?

	Frequency	Percent
Very useful	25	51
Somewhat useful	15	30.6
Neutral	6	12.2
Not very useful	1	2
Did not utilize	2	4.1
Total	49	100

Representative comments:

- I really enjoyed the online training program. It gave me some great ideas on changes we could make to the office.
- The online training program was quick and easy. It was a good supplement to the written materials.
- Went step by step. Easy for anyone to use. Educational.

4. How useful did you find the online training program in helping you *make* system changes in your practice?

	Frequency	Percent
Very useful	20	40.8
Somewhat useful	13	26.5
Neutral	12	24.5
Not very useful	2	4.1
Did not utilize	2	4.1
Total	49	100

Representative comments:

- Gave great information that could be implemented.
- Gave numerous good suggestions.
- Helped motivate me.

5. How useful did you find November's teleconference in helping you understand the Office Champions project?

	Frequency	Percent
Very useful	30	61.2
Somewhat useful	13	26.5
Neutral	4	8.2
Not very useful	1	2
Did not utilize	1	2
Total	49	100

Representative comments:

- An excellent overview and informative session.
- Covered all questions and concerns that we had at our site.
- Excellent! Very encouraging, and not overwhelming.
- It was a great way to kick start the project.

6. Did you or your practice use AAFP tobacco cessation wall posters during the course of this project?

	Frequency	Percent
Yes	39	79.6
No	9	18.4
Can't remember/Don't know	1	2
Total	49	100

6A. Overall usefulness of AAFP tobacco cessation wall posters:

	Frequency	Percent
Very useful	11	28.2
Somewhat useful	12	30.8
Neutral	14	35.9
Not very useful	2	5.1
Total	39	100.0

7. Did you or your practice use AAFP Quitline referral cards during the course of this project?

	Frequency	Percent
Yes	47	95.9
No	2	4.1
Total	49	100

7A. Overall usefulness of the AAFP Quitline referral cards:

	Frequency	Percent
Very useful	30	63.8
Somewhat useful	8	17.0
Neutral	7	14.9
Not very useful	2	4.3
Total	47	100.0

8. Did you or your practice use AAFP prescription pads during the course of this project?

	Frequency	Percent
Yes	35	71.4
No	12	24.5
Can't remember/Don't know	2	4.1
Total	49	100

8A. Overall usefulness of the AAFP prescription pads:

	Frequency	Percent
Very useful	14	40.0
Somewhat useful	10	28.6
Neutral	6	17.1
Not very useful	5	14.3
Total	35	100.0

9. Did you or your practice use the AAFP lapel pins during the course of this project?

	Frequency	Percent
Yes	36	73.5
No	13	26.5
Total	49	100

9A. Overall usefulness of the AAFP lapel pins:

	Frequency	Percent
Very useful	12	33.3
Somewhat useful	9	25.0
Neutral	10	27.8
Not very useful	5	13.9
Total	36	100.0

10. Did you or your practice use the AAFP patient education brochures during the course of this project?

	Frequency	Percent
Yes	43	87.8
No	5	10.2
Missing	1	2.0
Total	49	100

10A. Overall usefulness of the AAFP patient education brochures:

	Frequency	Percent
Very useful	19	43.2
Somewhat useful	17	38.6
Neutral	5	11.4
Not very useful	3	6.8
Total	44	100.0

11. Did you or your practice use the AAFP Stop Smoking Guide during the course of this project?

	Frequency	Percent
Yes	43	87.8
No	5	10.2
Can't remember/Don't know	1	2.0
Total	49	100

11A. Overall usefulness of the AAFP Stop Smoking Guide:

	Frequency	Percent
Very useful	31	72.1
Somewhat useful	7	16.3
Neutral	4	9.3
Not very useful	1	2.3
Total	43	100.0

12. Did you or your practice use the AAFP Guide to Tobacco Cessation Group Visits during the course of this project?

	Frequency	Percent
Yes	13	26.5
No	35	71.4
Can't remember/Don't know	1	2
Total	49	100

12A. Overall usefulness of the AAFP Guide to Tobacco Cessation Group Visits:

	Frequency	Percent
Very useful	5	38.5
Somewhat useful	6	46.2
Neutral	2	15.4
Total	13	100.0

13. Did you or your practice use the Guide to Integrating Tobacco Cessation into Electronic Health Records during the course of this project?

	Frequency	Percent
Yes	23	46.9
No	26	53.1
Total	49	100

13A. Overall usefulness of the Guide to Integrating Tobacco Cessation into Electronic Health Records:

	Frequency	Percent
Very useful	9	39.1
Somewhat useful	8	34.8
Neutral	5	21.7
Not very useful	1	4.3
Total	23	100.0

14. Did you or your practice use the AAFP coding/Medicare reference during the course of this project?

	Frequency	Percent
Yes	29	59.2
No	18	36.7
Can't remember/Don't know	2	4.1
Total	49	100

14A. Overall usefulness of the AAFP coding/Medicare reference:

	Frequency	Percent
Very useful	11	37.9
Somewhat useful	12	41.4
Neutral	5	17.2
Not very useful	1	3.4
Total	29	100.0

15. Did you or your practice use the AAFP PowerPoint presentation for patients during the course of this project?

	Frequency	Percent
Yes	13	26.5
No	36	73.5
Total	49	100

15A. Overall usefulness of AAFP PowerPoint presentation:

	Frequency	Percent
Very useful	8	61.5
Somewhat useful	5	38.5
Total	13	100

16. Do you have electronic health records?

	Frequency	Percent
Yes	33	67.3
No	16	32.7
Total	49	100

16A. Did you create prompts to remind clinicians to intervene with patients who use tobacco?

	Frequency	Percent
Yes	12	36.4
No. Didn't elect to make this change as part of our implementation plan	5	15.2
No. Functionality was already in system	10	30.3
No. EHR wouldn't allow changes	4	12.1
No. Did not have time to figure out how to make this change	2	6.1
Total	33	100

16B. Did you make changes to document interventions provided to patients?

	Frequency	Percent
Yes	21	63.6
No. Didn't elect to make this change as part of our implementation plan	3	9.1
No. Functionality was already in system	7	21.2
No. EHR wouldn't allow changes	1	3.0
No. Did not have time to figure out how to make this change	1	3.0
Total	33	100

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*“Great program. It continues to have a huge effect on our practice. Thanks.”*

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17. How would you rate your overall success in implementing tobacco cessation changes in your practice?

	Frequency	Percent
Very successful	25	51
Fairly successful	16	32.7
Moderately successful	7	14.3
Not very successful	1	2
Total	49	100

18. What were some of the barriers you encountered in implementing these changes (check all that apply)?

	Frequency	Percent
Competing demands	22	61.1
Too busy	21	58.3
Staff buy-in	10	27.8
Buy-in from other physicians	8	22.2
Lack of payment	0	.0
Technology	0	.0
Other	0	.0
Total	36	100.0

Other barriers (subset of answers):

- Change in staff members.
- Change to different EMR during project, IT team not able to complete template until end of project.
- Continually reminding ourselves. Old habits are hard to break!
- IT department unable to create EHR templates changes in timely matter.

19. How many of the changes you made are still in place?

	Frequency	Percent
All	38	79.2
Most	8	16.7
Some	1	2.1
A few	1	2.1
Total	48	100.0

20. Do you think you'll be able to sustain your changes after this project?

	Frequency	Percent
Yes	48	98.0
Missing	1	2.0
Total	49	100

21. Did you find the chart review beneficial?

	Frequency	Percent
Yes	41	85.4
No	7	14.6
Total	48	100

If Yes, why? (subset of answers)

- Able to see progress.
- Accountability is always helpful.
- Actual data is much better than anecdotal evidence.
- After the final chart review I was able to see some change.
- Eye-opening.
- Good to see how poorly we were doing before.
- Helped me see what we were doing what needed to be done.
- Helped me to know which physicians and staff are not as thorough in this area so I can review this with them.
- I find that the physicians overall have made changes-I wasn't sure I would see that. Also fewer

smokers overall.

- I saw an improvement in our practice for identifying and assisting with cessation.
- Identified forms that needed updated.
- It affirmed that our clinic is good about asking these questions.
- It gave a snap shot of what barriers still exist and a focus area for improvement.
- It helped with physician and staff reporting on who was and wasn't doing their job.
- It let us know that we forgot to ask some patients.
- It provided us with new ideas.
- Let us know how well we implemented the changes.
- Showed the types of patients we are missing the question on.
- Showed us where we were starting.
- The improvement we saw helped to motivate the entire staff to continue.

If No, why?

- Didn't tell us anything we didn't know.
- It was somewhat useful. It was easy but I used a much more in-depth system. I don't know if it gave large enough look at the changes.
- Not representative of implementations I made.
- Small sample.
- The majority of charts reviewed were nonsmoking.
- Too many variables, like type of office visit. Documented for all physicals, but not for acute injuries.
- We have a custom report for smoking assessment and counseling efforts.

Additional comments from online evaluation:

- Disappointing that insurers are not paying for the tobacco cessation codes.
- Enjoyable project. System changes that can be used in other areas of healthcare. Looking into EMR and can implement some of this directly into it. Thank you for a wonderful experience.
- Enjoyed working on the project very much and appreciated all the support from the AAFP team. Obviously, we always want to do more, but I think our clinic made great strides in increasing awareness and documenting tobacco use. We will work to do better in the future.
- Helpful to the practice overall. Glad we were able to participate.
- I recommend this be implemented nationwide. We all need to work together to encourage pts to stop smoking. I would add a component of prevention by encouraging EHR users to implement a strategy to discuss not starting with teens.
- Project was too short in time, needs about 12 month for a 2nd and 3rd evaluation.
- Thank you for selecting us to be a part of this project. It gave us a huge "leg up" for the meaningful use requirements and gave us an excellent program to simply drop into our practice to improve our tobacco cessation efforts.
- Thanks so much! We thoroughly enjoyed the process and are using the same steps to improve our chronic care of various diseases especially diabetes, HTN and hyperlipidemia.
- The business cards (quitline cards) were great; People could stick them in the wallet or purse and discreetly have information on smoking cessation. The pins were great way for the patient to know we were willing to help.
- This was a great template to assist other practices within the network to implement smoking cessation education as a standard of care. Simple tool to show practice staff how little changes can assist patients in making healthier lifestyle decisions. Also can serve as an outline for other quality improvement initiatives.

**Post-project chart review:**

At the end of the project, May 2011, practices were asked to again review data from 20 patient charts. Office Champions were asked to begin early in the week and pull and enter data from the first 10 patients – over the age of 18 – their clinicians saw for two consecutive days. These data are self-reported.

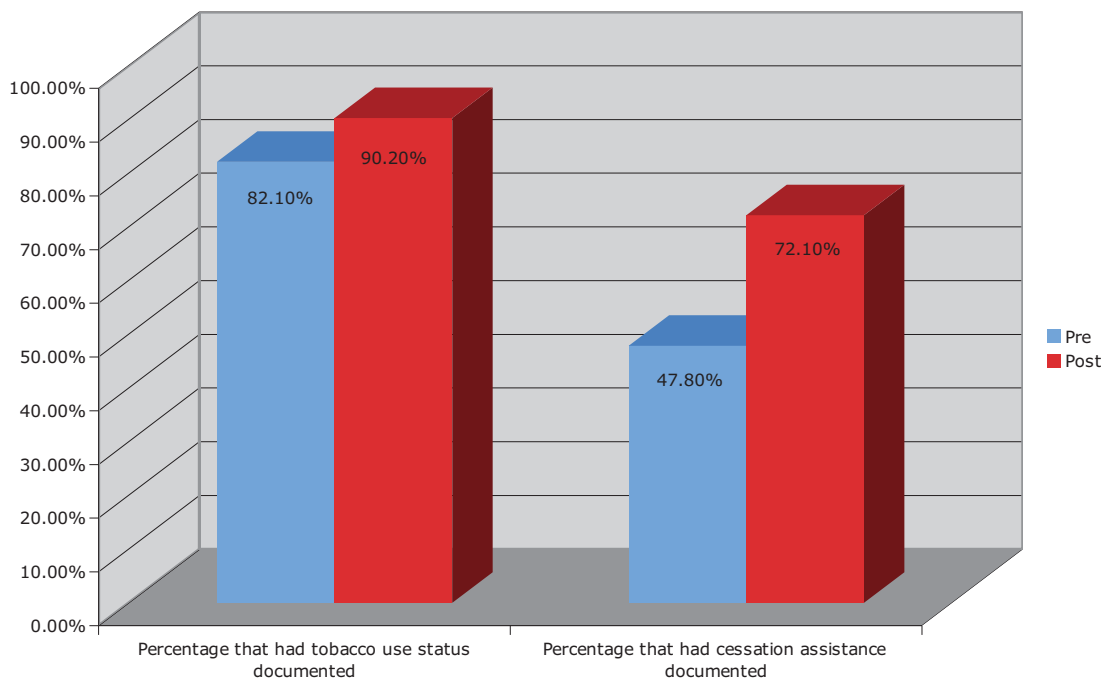
For each chart they pulled, they answered the questions:

1. Was tobacco use status documented? (yes or no)
2. If patient is current tobacco user, was it documented that the practice offered some type of tobacco cessation assistance? (yes or no)

If the answer to question #1 was “no,” they did not answer question #2.

Chart review data was entered online.

**chart review results**



The post-chart review revealed significant improvements in documentation. The percentage of charts that showed documentation of tobacco use status increased from 82.1 percent to 90.2 percent. The percentage that had documentation that the practice offered assistance to quit jumped from 47.8 percent to 72.1 percent.

### Site visits and phone interviews:

Site visits and phone interviews were built into the pilot project to get a realistic view of practice challenges and successes, and to determine whether changes needed to be made to the project prior to national dissemination.



Ten practices – two in each of Pfizer’s five geographic regions -- were selected to receive site visits to evaluate their success in making changes. Twenty practices – four in each of Pfizer’s geographic regions were selected to participate in phone interviews. The site visits and phone interviews were conducted by the project team and took place in April, May, and early June of 2011.

During site visits and phone interviews, practices reported they successfully completed 157 of 184

changes from their implementation plans, or 85 percent. In 100 percent of cases, practices reported they were successful in making changes to wear lapel pins, assess readiness to quit, distribute patient education resources, provide tobacco cessation counseling and educate staff.

More challenging changes were making changes to EHRs (66 percent success rate), identifying community resources (25 percent success rate), creating patient registries (72 percent success rate) and implementing group visits or classes (75 percent success rate).

Challenges to making changes included:

- Staff turnover
- Lack of follow through/consistency
- Difficulty getting physicians to make changes
- Getting buy-in to make changes to forms
- Technology issues getting changes made to EHRs (priorities, pending upgrades)
- Patient lack of interest in group visits
- Difficulty reaching patients on the phone for follow up
- Time constraints/competing demands

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*“It was important to explain the importance of everyone’s roles – to let MAs know that their roles matter.”*

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*“There’s currently eight places in our EHR you can document smoking status, and none of the fields can be pulled for population-wide reports.”*

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Practices expressed enthusiasm for the Office Champions project. They felt honored to have been selected. When asked to rate Office Champions project, on a scale of 1 to 10, as a performance improvement project, 7 was the lowest rating, and 10 the highest. The average rating was 9.1.

When asked what they thought worked well in the project, Office Champions praised:

- Working with AAFP – the project was well organized and they always knew what they were supposed to do.
- The Office Champions model – many felt it was effective to have a non-physician take on the role of Office Champion
- The free resources
- The flexibility to create their own implementation plan, rather than being forced to make changes that wouldn't work in their practice
- The *Treating Tobacco Dependence Practice Manual* and the *Stop Smoking Guide*
- The fact that the project and materials came from AAFP. They felt this gave the project credibility
- The fact that the project is consistent with efforts to become a patient-centered medical home
- The timing. Many of the practices are working to meet meaningful use requirements, which helped them get support to make changes in their EHR



When asked how the project could be improved, Office Champions suggested:

- Sharing examples of what other practices have done that worked
- Having someone to call who has participated in the project previously
- Creating scripts for non-physician staff on what to say to patients
- Providing suggestions on how to find local resources
- Providing videos/DVDs for patients to watch in the office/waiting rooms
- Extending the implementation period
- Measuring quit rates

### Recognizing practices:

Recognition kits, as described in the applications, were sent to all participating practices. A full-page ad will appear in the July 2011 issue of *American Family Physician*. A list of the selected practices was distributed at the 2010 AAFP Annual Assembly, and will be distributed at the 2011 National Conference of Family Medicine Residents and Medical Students. The practice names are also on the AAFP website.

**RECOGNIZED**  
*for* **EXCELLENCE**  
in tobacco cessation

## Summary and key findings:

Forty nine out of 50 practices completed the project. The project met and/or exceeded all the goals stated in the proposal. With the Office Champions training and resources, the practices were successful in making systems changes to integrate tobacco cessation activities into daily office routines:

- Practices successfully completed 85 percent of the changes in their implementation plans.
- 98 percent of practices are confident they'll be able to sustain their changes.
- The percentage of charts with documentation of tobacco use status increased from 82.1 percent to 90.2 percent.
- The percentage of charts with documentation that the practice offered patients assistance to quit increased from 47.8 percent to 72.1 percent.
- 95.9 percent of practices reported that they used the AAFP quitline referral cards.

The Office Champion model was effective, and Office Champions played a critical role in providing leadership for tobacco cessation efforts. The project/model worked well in all practice size/type/settings, and can be implemented and sustained in family medicine practices without cumbersome burdens on practice teams. Key to the success of the project was allowing the practices the flexibility to define their own implementations.

**Practices gave the Office Champions project a rating of 9.1 out of 10.**

## Next steps:

Contingent on future funding, AAFP plans to undertake a national dissemination of the Office Champions project with the following steps:

- Write white paper/journal article(s) about results of pilot project
- Write and share case studies/best practices
- Present results of pilot project at AAFP national and/or chapter meetings
- Offer Office Champions project to all AAFP members (while quantities last):
  - Update materials and online training, as needed
  - Create “kits” for practices (two different sized kits – quantity to be determined)
  - Convert recognition kit to all-electronic format
  - Increase automation of online data submission
- Promote with exhibits at selected national and chapter meetings
- Increase member participation through chapter infrastructure
- Continue to offer technical assistance and opportunities to communicate with other practices involved
- Conduct “About” and How to Implement” presentations at chapter meetings and national meetings