

American Academy of Family Physicians Office Champions Tobacco Cessation Federally Qualified Health Centers Project

FINAL REPORT

February 11, 2014

This project was supported by Pfizer Inc in collaboration with the
Smoking Cessation Leadership Center



ASK AND ACT
A TOBACCO CESSATION PROGRAM

Office Champions Tobacco Cessation Federally Qualified Health Centers Project

Project Goals

The objective of this project was to recruit and train office champions in 20 Federally Qualified Health Centers (FQHCs) to provide a leadership role in implementing systems changes and encourage a tobacco-free culture in their clinics. The goals of the project were to: 1) Increase the number of patients asked about their tobacco status; 2) Offer those who use tobacco assistance in quitting; and 3) Meet or exceed the results of the 2012 Office Champions Tobacco Cessation National Dissemination Project.

Overview of the 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 evidence-based treatments.

Federally Qualified Health Centers are nonprofit private or public entities that serve medically underserved populations and/or areas. FQHCs may also serve special underserved populations, such as migrant and seasonal farmers, as well as the homeless. FQHCs are in a unique position to address the high prevalence of tobacco use associated with their populations. Studies indicate that more than 40% of FQHCs' patients use tobacco, according to the Mississippi Primary Health Care Association and the Mississippi State Department of Health Office of Tobacco Control FQHC Tobacco Project.

"FQHC patients are more likely to be uninsured and live below the poverty level, and they have tobacco use rates much higher than the national average," said Richard Feldman, MD, chair of the American Academy of Family Physicians (AAFP) Tobacco Cessation Advisory Committee. "This project will profoundly affect populations in critical need of health intervention. The changes made during this project will impact patients for a lifetime."

To facilitate change in FQHCs, the AAFP expanded the successful Office Champions Tobacco Cessation National Dissemination Project to include FQHCs and to train office champions on how to implement systems changes to better integrate tobacco cessation activities into the daily office routines. The quality improvement project was based on the framework of the AAFP's successful Ask and Act program. Ask and Act encourages family physicians to ASK their patients about tobacco use and then 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.

"I am proud to announce that at West End Medical Center, 1,133 patients are enrolled in the tobacco cessation program, and 307 are currently down to less than five cigarettes a day, 226 no longer smoke, and the remainder are currently on medication to stop. Please keep the grant available for inner-city community health centers."

- 2013 Office Champions Project Participant

Practice Recruitment

Practice recruitment efforts began in March 2013 with a call for applications for the project. The 2013 AAFP Member Census stated that an estimated 8.3% of members indicated that an FQHC was their primary practice location. The AAFP represents more than 110,600 family physicians, family medicine residents, and medical students.

Selected practices were required to be an FQHC and to have an AAFP member on staff fill the role and perform the duties of the physician champion. Twenty-two sites were selected in 18 states across the country. The project announcement was distributed to the following:

- AAFP active member physicians who practice in an FQHC
- Social media outlets, including Twitter, Facebook, and AAFP President Jeff Cain's blog
- *AAFP News Now (ANN)* and *AAFP SmartBrief* newsletter
- Tar Wars, Ask and Act, and Association of Family Medicine Residency Directors (AFMRD) listservs
- National Association of Community Health Centers (NACHC) listserv
- Smoking Cessation Leadership Center (SCLC) email

Selected practices' office champions, physician champions, and supportive staff did the following:

- Completed the office champions training program, including completing an online course (the Collaborative Institutional Training Initiative [CITI] institutional review board [IRB] course on Human Subjects Research), attending a teleconference, and reviewing the practice manual.
- Presented an overview of the Office Champions Project to their practice's physicians and staff at a staff meeting in April 2013.
- Completed a pre- and post-project chart review of 20 randomly selected patient charts, following the parameters distributed during the course of the project.
- Implemented systems changes to better integrate tobacco cessation activities into daily office routines.
- Allocated sufficient time and resources to support the responsibilities of the champion roles.
- Participated in all phases of program evaluation, including the final evaluation survey at the end of the project.



Office Champions Project staff at Lincoln Community Health Center in Durham, NC

In the call for applications, FQHC practices were informed that upon successful completion of the project, they would receive \$2,000 to cover administrative costs, identification on the AAFP website and in materials distributed at AAFP conferences, and a recognition kit to include the following:

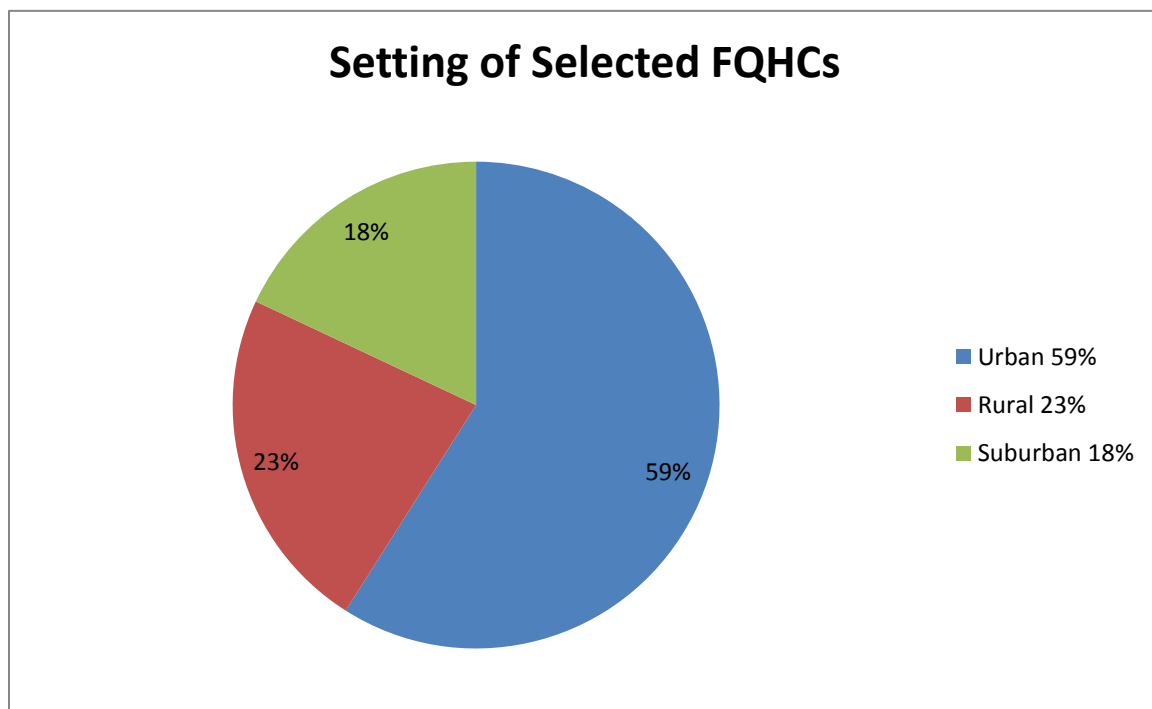
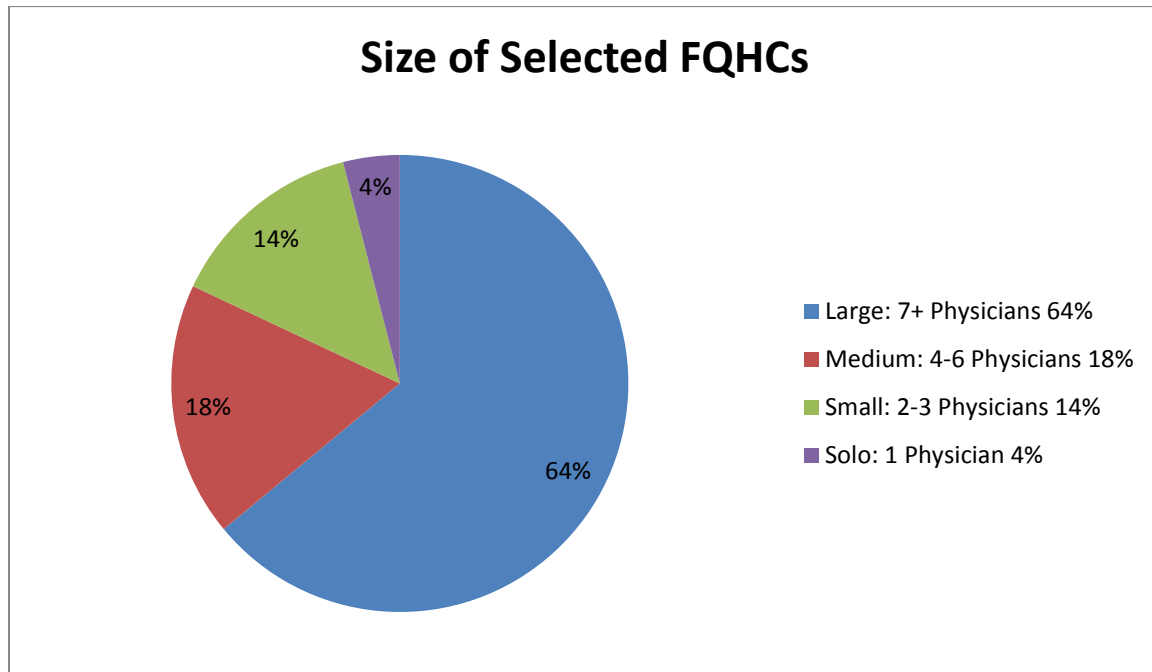
- A certificate of recognition for the office champion and practice
- A press release to send to the local newspaper
- An electronic “Recognized for Excellence in Tobacco Cessation” recognition logo
- Tips on holding a recognition ceremony for staff and publicizing their champion status
- A recognition poster



A total of 31 applications were received, and 22 practices were selected. Criteria used for the selection process were designed to ensure a wide geographic representation and variety in size of practice. In an effort to target populations with high smoking prevalence, practice selection was based on tobacco use prevalence from local Uniform Data System (UDS) reports. Fifteen of the 22 selected FQHCs had a patient population smoking prevalence higher than the national average.

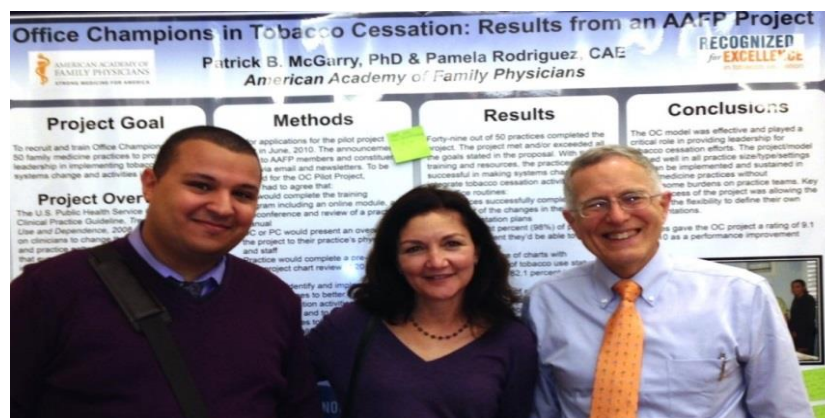
The Office Champions Project spanned 13 months. Practices participating in the project designated an office champion to lead the project and communicate results to the AAFP, and a physician champion to ensure that the office champion received physician and staff support.

Demographics



Project Timeline 2013-2014

March	Recruitment of practices and Office Champions Project mentors Final updates to materials, online training, and resources Applications due
April	Practices selected and announced Training teleconferences held Toolkits mailed to FQHCs AAFP conferences: exhibit and disseminate materials Implementation plan and pre-project chart review due
May	Implementation phase of project begins First payment to practices for completing training requirements
June/July	One-on-one calls with office champions Site visits to two practices
September	AAFP Scientific Assembly: Office Champions Project presentation; exhibit and disseminate materials (San Diego, CA)
November	Site visit to one practice Beyond the 5A's Conference: Two poster presentations on Office Champions Project (Scottsdale, AZ) Implementation complete Post-project chart review and final evaluation survey due
December	Second payment to practices Recognition items sent to all practices
January 2014	Collected data compiled and analyzed Final report completed and submitted Recognition flyer and report added to AAFP website



Beyond the 5A's Conference: Paul Saad, MD, Catherine Saucedo, & Don Weaver, MD

Office Champions by Job Title

Office champions held a variety of roles, including the following:

- Respiratory therapist
- Medical assistant
- Registered nurse
- Information services director
- Licensed practical nurse
- Clinical nursing supervisor
- Licensed clinical social worker
- Family nurse practitioner
- Quality improvement specialist
- Registered dietician
- Director of quality and clinical informatics
- Behavioral health counselor
- Clinical director/administrator

"I think the program is very user friendly and has usable resources that can easily be integrated in any office workflow."

- 2013 Office Champions
Project Participant

Project Materials

Each FQHC was sent a package of AAFP project materials that included the following:

- *Treating Tobacco Dependence Practice Manual and Addendum*
- *Integrating Tobacco Cessation into Electronic Health Records* document
- Patient education brochures
- Secondhand smoke brochures
- Posters
- Table tents
- "Quit Smoking" prescription pads
- Coding reference and Medicare Part B benefits for smoking and tobacco cessation
- Quitline referral cards
- *A Guide to Tobacco Cessation Group Visits*
- *Stop Smoking Guide*
- *Pharmacologic Product Guide: FDA-Approved Medications for Smoking Cessation*
- "Quit now, Ask us how, Be tobacco-free" lapel pins

**Treating Tobacco
Dependence
Practice Manual**
Build a Better Office System



Posters and patient materials were available in both English and Spanish. In addition, a tip sheet was emailed to all physician champions to assist them in identifying ways to support their office champion and to help ensure successful implementation.

Office Champions Training and Technical Assistance

Office champions were required to complete an online training program, review the *Treating Tobacco Dependence Practice Manual*, review/report data from 20 patient charts, submit their practice's implementation plan, and have a meeting with staff and physicians.

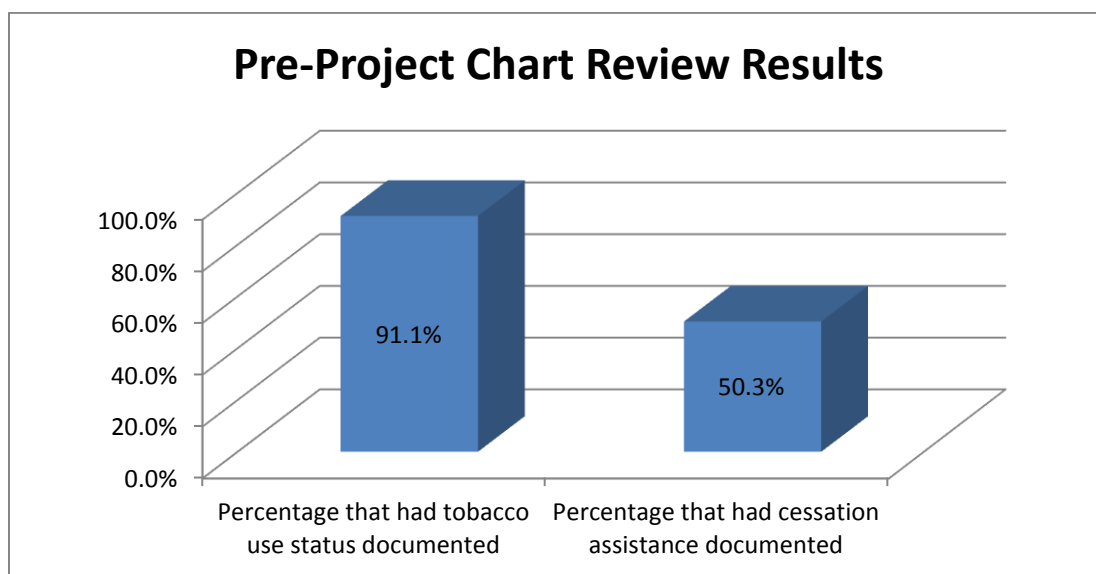
Practices participated in one of two mandatory training teleconferences. Sarah Mullins, MD, a member of the AAFP's Tobacco Cessation Advisory Committee and office champion for her family medicine practice during the 2011 pilot project, provided an overview on systems changes and strategies. Two office champion mentors, Terri Ball and Joel Urdang, also participated in the teleconference, sharing their experience, best practices, and project guidelines. The teleconferences ended with a question-and-answer session. Throughout the project, office champion mentors were available to provide feedback and offer assistance.

Pre-Project Chart Review and Implementation

The pre-project chart review was due at the end of April. Office champions were asked to begin early in the week, pulling and entering data from the first 10 patients over the age of 18 that the clinician saw on one day. The process was repeated on the following day, for a total of 20 chart pulls. For each chart they pulled, they answered the following questions:

1. Was tobacco use status documented? (Yes or No)
2. If the patient is a 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 on the AAFP website page for the project. Pre-project chart review data revealed that 91.1% of charts had tobacco use status documented, and 50.3% included documentation that the practice offered assistance to help the patient quit tobacco.



Selected practices submitted their implementation plans at the end of April. Office champions were offered opportunities to learn about potential systems changes during the required teleconferences and the online training program, and in the training manual. Mentors and the project manager also offered assistance. Practices were allowed to choose from any of the suggested systems changes, or they could create systems changes that would work specifically for their practice. Office champions were required to indicate the following:

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

Common themes of the implementation plans included the following:

Training/Education

- Train staff on motivational interviewing and counseling techniques
- Monitor and follow up with patients who set quit dates
- Educate physicians and staff on coding and billing
- Create a flowchart to identify opportunities for intervention
- Establish support groups for patients
- Provide tobacco cessation classes
- Provide one-on-one counseling and group counseling
- Refer patients to a state quitline or tobacco cessation counselor

Resource Materials and Equipment

- Display visual cues throughout clinic, including wearing lapel pins
- Remove tobacco ads from magazines in the practice
- Distribute patient education materials
- Utilize community resources
- Purchase carbon monoxide monitors for patient testing

Electronic Health Record (EHR) Changes

- Add prompts to EHR system to record tobacco use and/or cessation intervention
- Add tobacco education to dropdown menu on vitals page
- Add templates to EHR to display action taken
- Create patient registries of tobacco users and quit dates

Policy/Finance

- Enforce a tobacco-free policy
- Improve accessibility of cessation tools (e.g., patches, gum) by establishing a fund to purchase cessation medications for patients in need

Practices implemented their systems changes between May 2013 and November 2013.

“It was a great way to grade ourselves on how we improved on addressing smoking cessation after participating in the AAFP [project].”

- 2013 Office Champions
Project Participant

Site Visits

Three site visits were made to FQHCs located in Durham, NC; Birmingham, AL; and Columbus, OH. The purpose of conducting a site visit is to gain insight on the clinic's general operation, learn about the practice's challenges and successes, and encourage project staff. It is also an opportunity to observe firsthand how each clinical practice has integrated systems changes into their daily activities.

Lincoln Community Health Center, Durham, NC

Lincoln Community Health Center is one of the oldest and largest community health centers (CHCs), with approximately 140,000 patient visits per year and 30 health care professionals. The center is accredited by The Joint Commission and offers a wide range of health services, including family medicine, adult/internal medicine, pediatrics, dental, and behavioral health. Durham is an International Refugee Center (IRC) and has a very diverse population. Lincoln Community Health Center fills nearly 1,100 prescriptions per day and has the biggest pharmacy CHC in North Carolina. The majority of patients are uninsured.

The physician champion and health care professionals use motivational interviewing, stages of change, readiness, etc., and the following message to patients: "I recommend that you quit smoking; you can do it, and I can help." This has proven to be very useful in assisting patients with their tobacco cessation efforts.

Birmingham Health Care, Birmingham, AL

Birmingham Health Care consists of a main site, six satellite sites, and one dental clinic. They are also part of Health Care for the Homeless and maintain a homeless site at a church. Additional materials were sent to the implementation site for distribution to the dental site and the satellite sites. In particular, the dental site was excited about the project; staff counsels patients on tobacco use frequently, as they have many opportunities for intervention. There are 45 employees, and all are trained on motivational interviewing. As with most FQHCs, the majority of the patient population is underserved or uninsured.

Development of the implementation plan was key in helping them find their weaknesses. Both the physician champion and office champion said that the project has helped them to focus more on intervention—something which has fallen through the cracks—and to be successful in their endeavors.

Southeast, Inc., Columbus, OH

Southeast, Inc., is a comprehensive health care, mental health, and substance abuse recovery services organization. The majority of the patient population is homeless. Many patients with mental health issues smoke, but staff members at Southeast, Inc., are also seeing increases in those patients who have a desire to quit. Southeast, Inc., demonstrated the value of integrated primary care, in that the patients were able to receive behavioral care, medical care, and medications on site.

Southeast, Inc., provides a high level of care to patients. The visit began with chart reviews in "the huddle." The huddle is a daily case management activity to coordinate care. The intake staff, mental health staff, a health coach, and a physician discussed each patient being seen that day. Many patients receiving care have a variety of problems, including: drug addiction

(primarily meth and alcohol); mental health issues (e.g., bipolar disorder, schizophrenia); homelessness; unemployment; and chronic health conditions (e.g., diabetes, urinary tract infection [UTI], pain). Southeast, Inc., has utilized the Office Champions Project to enhance its level of care by focusing on patient treatment, provision of medication, and cessation counseling.

Successes and Challenges Noted During Site Visits

Successes:

- Multiple staff members from behavioral and clinical health asking patients who are tobacco users if they are ready to quit
- Office champion and physician champion helped to revitalize and place renewed energy into tobacco treatment program
- Accessibility of tools, resources, and technical support for intervention
- Internal evaluation of ASKing (i.e., documenting tobacco status) and ACTing (i.e., documenting cessation assistance), identifying barriers, and setting goals

Challenges:

- Health literacy of patients; suggested creating additional versions of some materials (e.g., *Stop Smoking Guide*, patient education brochures) written at a lower literacy level. These materials can specify the basics, such as how to “park” gum, how to use the nicotine patch, and options for medication. In addition, a patient education video would be helpful.
- Technology and EHR problems
- Patients with poly-addictions
- Staff training on counseling patients; would like an actual “script” of what to say to patients for tobacco cessation counseling



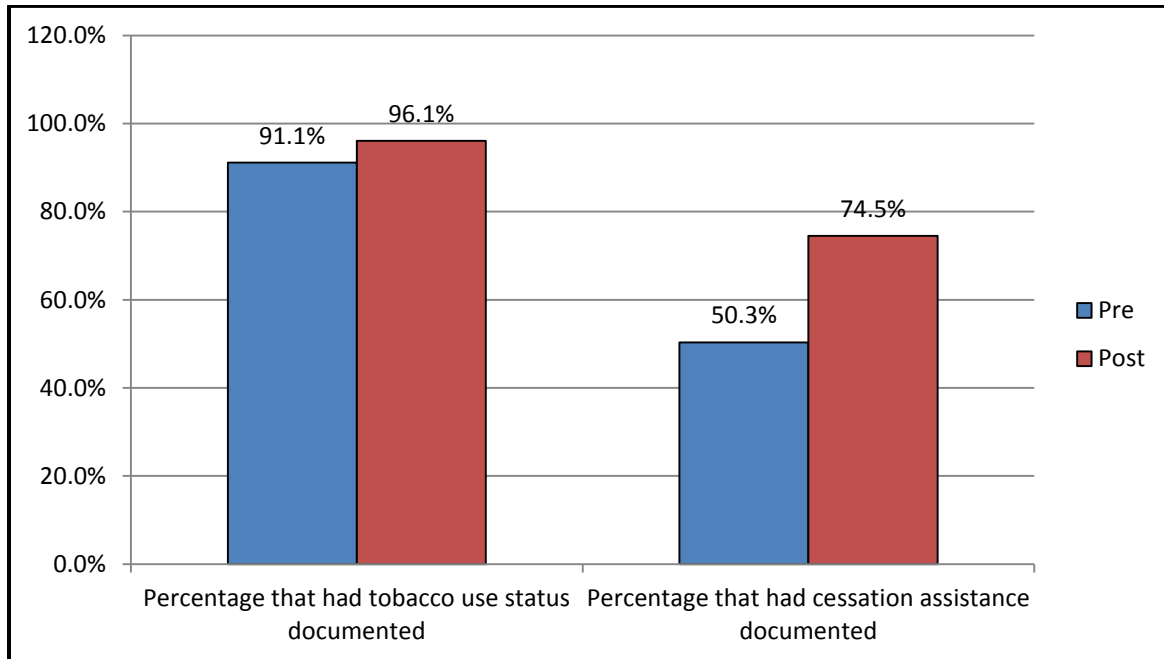
Office & physician champion at Birmingham Health Care



Pharmacist at Southeast, Inc.

Post-Project Chart Review, Final Evaluation, and Results

Post-Project Chart Review Results



Post-Project Chart Review

All 22 practices finished the project at a 100% completion rate, and each received its administrative payments. Both qualitative and quantitative data were collected to evaluate the materials, the Office Champions Project model, and the level of success of systems change within the practices.

After the implementation period, practices were asked to again review data from 20 patient charts. The office champions were asked to follow the same process and answer the same questions as the pre-project chart review and enter their answers online.

The post-project chart review revealed an improvement (specifically, a 5.49% increase over baseline) in the percentage of patients that had tobacco use documented. The post-project chart review revealed a significant improvement (specifically, a 48.1% increase over baseline) in the percentage of patients for whom cessation assistance was documented.

According to Health Resources and Services Administration (HRSA) 2011 national data, 79.5% of CHC patients were queried about tobacco use, but only 52.7% of patients received tobacco cessation advice about medication. Data from the Office Champions Project pre-project chart review closely reflects these results. The post-project chart review results greatly exceeded expectations for both tobacco use documentation and cessation assistance documentation.

Final Evaluation Survey

Along with the post-project chart review submitted at the end of November 2013, office champions were also asked to complete an online evaluation. The final evaluation survey included questions about the usefulness of the project materials in helping to identify and make systems changes. Office champions were able to rate the project materials on a Likert scale from “Extremely useful” to “Not at all useful.” The top five highest rated project materials found to be “Very useful” or “Extremely useful” on the Likert scale were:

- | | |
|---|-----|
| • AAFP Medicare benefits/coding reference | 88% |
| • Lapel pins | 88% |
| • Quitline cards | 86% |
| • Tobacco cessation wall posters | 84% |
| • Patient education brochures | 81% |

The following activities or systems changes worked best for FQHCs:

- Using EHR prompt to make sure tobacco question was asked
- Having increased access to smoking cessation material
- Having more visible signs and handouts for patients, more referrals to health coaches, and funding to make patches/nicotine replacement available
- Getting nursing involvement in starting the conversation
- Preparing the staff to educate patients and giving them the materials needed to answer patients' questions. The 1-800-QUIT-NOW cards and brochures were a lifesaver.
- Having procedural training and log sheets
- Providing cards to patients because it generally was the least invasive type of strategy in approaching change in both the health care professional's view and the patient's view
- Removing tobacco ads from magazines, identifying smokers, and following up with them
- Training health care workers to be cessation counselors and continuing to remind all staff at staff meetings that they could make a difference
- While counseling the patient, if patient had behavioral problems that caused smoking, referring the patient to a behavior health specialist. In addition, showing the smokers real pictures of what the lung looks like for a smoker helped, too.

Common barriers practices encountered in implementing changes included the following:

- Competing demands
- Too busy
- Lack of staff buy-in

Constructive comments received:

- Need lower health literacy materials
- Need larger samples and more data that reflect reduction or additional quit attempts
- Would like webinars or telephone conferences with other office champions to see how it is going in their practices

Recognizing Practices

Recognition items, as described in the call for applications, were mailed to all participating practices. A recognition flyer with the names of FQHCs that successfully completed the project will be available to view on the AAFP website.

*“This grant saves lives.
Together we can save one
life at a time.”*

- 2013 Office Champions Project
Participant

Summary and Key Findings

All 22 practices finished the project, which gave a 100% completion rate. The post-project chart review revealed a 5.49% increase over baseline for the percentage of patients that had tobacco use documented. With regard to the results of the post-project chart review of patients that had cessation assistance documented, after implementation of the systems changes there was a dramatic increase in this percentage: 50.3% pre-implementation to 74.5% post-implementation, a 48.1% increase over baseline. The increases of 5.49% and 48.1% over baseline demonstrate that the Office Champions Project model was critical in helping the practices make systems changes to integrate tobacco cessation activities into daily office routines. The results indicate that there was, in fact, a systems change as desired, and that the systems change created a positive increase in the percentage of patients that had tobacco use status and tobacco cessation assistance documented.

Additional successes, per the final evaluation survey of the project, included the following:

- On average, office champions submitted three to four systems changes per practice.
- 95% of the practices indicated that all or most of the changes made were still in place at the conclusion of the project.
- 91% of the practices were confident they would be able to sustain their changes.
- 82% of the practices found the chart review beneficial.

The Office Champions Project model for the FQHC project was again successful, as proven in the 2011 Office Champions Tobacco Cessation Pilot Project and the 2012 Office Champions Tobacco Cessation National Dissemination Project. This model has consistently shown positive outcomes and serves as a powerful and sustainable intervention. Office and physician champions working in various roles and settings provided leadership in implementing changes to create a tobacco-free culture. The AAFP's Office Champions Project model and team-based approach is essential to feasibility in making clinic systems changes.

Next Steps

The final report and materials will be shared on the AAFP website for dissemination to AAFP members. Future efforts will seek to operationalize tobacco dependence treatment in the patient-centered medical home ([PCMH] Level 3 Behavioral Health Services). The Office Champions Project approach should be standard in tobacco use treatment in all family medicine settings. It has proven successful in tobacco dependence, fitness, and immunizations. The AAFP seeks to expand this transformative model to other areas by translating it to chronic conditions amenable to family medicine team interventions, such as obesity, diabetes, and

alcohol/drug dependence. Future ideas for the Office Champions Project include applying the chronic care model, and integrating with Maintenance of Certification (MOC)-Part IV credit, National Committee for Quality Assurance (NCQA) and Physician Quality Reporting System (PQRS) quality measures, and other quality improvement or payment models.

Submitted by the AAFP Office Champions Project Team:

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