

# Welcome

Please stand by. We will begin shortly.

## 50,000 Quitters and Counting: Lessons from KPNC's Tobacco Program

Wednesday, September 21, 2016 1pm ET (90 minutes)



SMOKING CESSATION  
LEADERSHIP CENTER

# Disclosures

Renee Fogelberg, MD, Ali Goldstein, MPH, Brian Clark, Gil Lorenzo, Jennifer Matekuare, Roxana Said, MPH, and Catherine Saucedo have disclosed no financial interest/arrangement or affiliation with any commercial companies who have provided products or services relating to their presentation or commercial support for this continuing medical education activity.

# Moderator



## **Catherine Saucedo**

**Deputy Director,  
Smoking Cessation Leadership  
Center, University of California,  
San Francisco**

**[catherine.saucedo@ucsf.edu](mailto:catherine.saucedo@ucsf.edu)**

# Thank you to our funders



Robert Wood Johnson Foundation



**truth initiative**  
INSPIRING TOBACCO-FREE LIVES



**National Behavioral Health Network**  
*For Tobacco & Cancer Control*

# Housekeeping

- All participants will be in **listen only mode**.
- Please **make sure your speakers are on** and adjust the volume accordingly.
- If you do not have speakers, please request the dial-in via the chat box.
- **This webinar is being recorded** and will be available on SCLC's website, along with the slides.
- **Use the chat box to send questions** at any time for the presenters.

# Today's Speaker



**Ali Goldstein, MPH**

Program Director Regional Health  
Education at Permanente Medical  
Group, Inc.

# Today's Speaker



## **Renee Fogelberg, MD**

Chair of the Chiefs of Patient Education, Ncal, Chief of Patient Education, East Bay, Clinical Lead, Ncal Tobacco Cessation, Department of Ob/Gyn, Pinole Medical Offices

# 50,000 Quitters and Counting

Kaiser Permanente zeroes in on quitting tobacco

Renee Fogelberg, MD

Ali Goldstein, MPH

September 21, 2016



# Agenda

Light a Fire: social marketing campaign

Get Systematic: Using the EMR

Alignment: Link with other clinical goals

It takes a village: finding partners

Reflections and looking forward

**Light a Fire:**  
The 50,000 Quitters Campaign

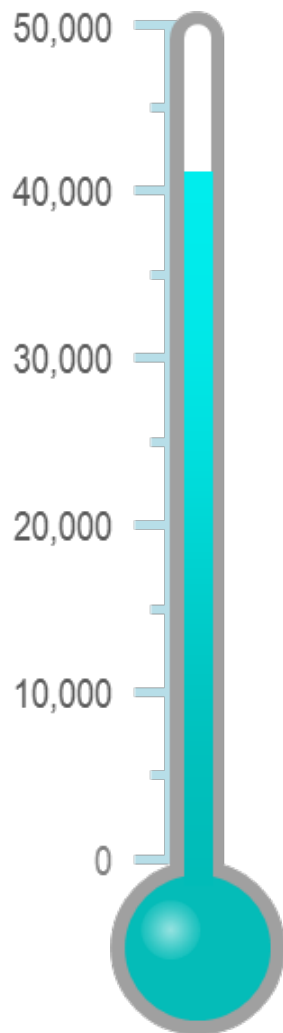
# The Problem





# 50,000 QUITTERS CAMPAIGN

No Ifs, Ands or BUTTS  
JAN 2014 – DEC 2015



## The largest single opportunity to improve the health of our members

- Helping 100,000 members quit in the next 5 years could lead to a smoking prevalence of 5% and reduce cancer mortality by 12%, or ~2000 lives saved every year.
- 63,000+ members have quit tobacco since January 2014 translating to more than 160,000 additional years of life saved

# 50,000 Quitters – the story behind the numbers



FRONT





# Quit because YOU'RE WORTH IT

Join the 50,000 Quitters

Thousands of quitters can't be wrong. Join them.

Quitting tobacco is one of the best things you can do for your health. Take advantage of the chance to speak with a Wellness Coach for free. Get proven strategies and medications and make a plan to be tobacco-free. **Call 1-866-251-4514** to make your free phone appointment.

<http://kpdoc.org/quittingtobacco>

# Quit Campaign – Ignite a Movement!

Component	Description
<b>Medical Center Infrastructure</b>	Define your team. Find the story tellers, the funders, the influencers.
<b>Tell the Story</b>	Communicate the message. Make it personal .
<b>Metrics</b>	Communicate quit numbers broadly. Encourage competition. Highlight high performer practices.
<b>Visibility</b>	Leverage the message: “Who Says Quitters Never Win” “No Ifs, Ands, or Butts” “Quit Because You’re Worth It”
<b>Reinforce this behavior</b>	“Tobacco Free Tuesday”
<b>Workflow</b>	Develop/Confirm systems to complete tobacco vitals, communicate to clinician, refer at risk patients



# Quit Campaign – Ignite a Movement!

“50,000 Quitters helps remind me how many people I see every day who smoke. It also reinforces the important role I play in saving lives.”

— KP Medical Assistant, Pinole





# Get Systematic: Using the EMR to drive intervention

# Gold Standard – 5'A's

**ASK**

about tobacco **USE**

**ADVISE**

tobacco users to **QUIT**

**ASSESS**

readiness to make a **QUIT** attempt

**ASSIST**

with the **QUIT ATTEMPT**

**ARRANGE**

**FOLLOW-UP** care

# Critical Moves: ASK

- EMR Prompt for Medical Assistant to screen:
  - “Do you currently smoke or use tobacco, even sometimes?”
- Standard documentation in EMR
- Highlight current smoking status for clinician to address
- Audit/feedback on screening performance



# Critical Moves: Advise and Assist



## EMR Prompt

Alert clinicians when intervention is needed



## Decision Support

Make ordering medications simple



## Referral Pathways

Provide easy referral pathways within EMR

# Critical Moves: Assist

“Health Education and Coaching are critically important to my patients getting the strategies and support they need to quit.”

— TPMG primary care physician



# Critical Moves: ASSIST

## Tobacco Cessation Classes and Resources

KAISER PERMANENTE • HEALTH EDUCATION DEPARTMENT • EAST BAY SERVICE AREA



### Classes

#### **Quit Tobacco Workshop (1 session)**

This one-session workshop is designed to help you develop your own quit plan. In a positive no-pressure environment, learn about the nature of addiction, cessation strategies, medications, and ways to prevent relapse. Open to the community.

**Fee:** No fee for members; \$30 nonmembers

**Location:** Oakland, Richmond, Pinole

#### **Freedom From Tobacco (7 sessions)**

Declare your freedom and join our tobacco cessation program. Learn about the nature of nicotine addiction, how to develop a

**Ready to Register?  
Call the Health Education  
Department or stop by one  
of our locations.**

### **Oakland**

**Health Education Department**  
*(510) 752-6150*

#### **Health Education Center**

3600 Broadway  
Oakland, CA 94611

#### **Healthy Living Center**

3701 Broadway  
Oakland, CA 94611

#### **Education & Technology Center**

3801 Howe Street  
Oakland, CA 94611

### **Alameda**

**Health Education Department**

# Challenges with the Electronic Medical Record

- Not all departments have Medical Assistant- implications for screening/documentation
- EPIC social history entries for tobacco status are not optimized
  - No entry for eCigarette
- Physician notification is challenging

Alignment: Align smoking cessation with clinical goals



# Accountability: Quality Report

- Build metrics and regularly report performance on key drivers:
  - Screening rates
  - Advice rates
  - Treatment rates
  - Referral rates
  - Prevalence +/-or quit rate
- Align reporting with other quality improvement efforts

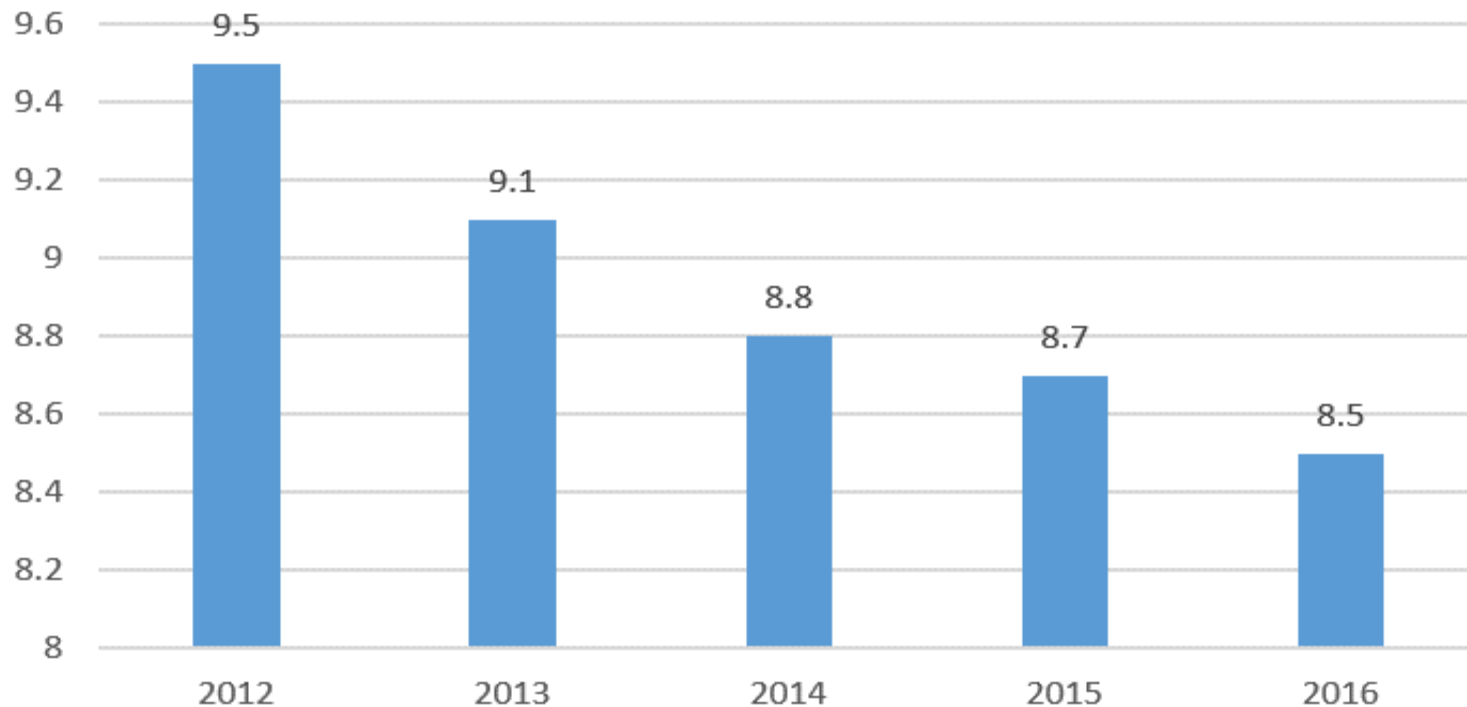


# Exposing Variability: Clinician discussion

Medical Center	Primary Care Medicine	OB/Gyn	Surgery	Total
FAC 1	59%	58%	53%	51%
FAC 2	58%	58%	53%	48%
FAC 3	57%	56%	35%	49%
FAC 4	61%	47%	56%	48%
FAC 5	55%	51%	51%	50%
FAC 6	60%	51%	45%	48%
FAC 7	59%	56%	43%	45%
FAC 8	57%	60%	44%	47%
FAC 9	54%	53%	44%	48%
FAC 10	57%	60%	39%	47%
FAC 11	62%	52%	39%	47%
FAC 12	64%	52%	46%	49%
FAC 13	54%	46%	50%	49%
FAC 14	59%	42%	56%	50%
FAC 15	64%	45%	60%	52%
<b>Region</b>	<b>59%</b>	<b>53%</b>	<b>47%</b>	<b>48%</b>

# Smoking Prevalence Trend

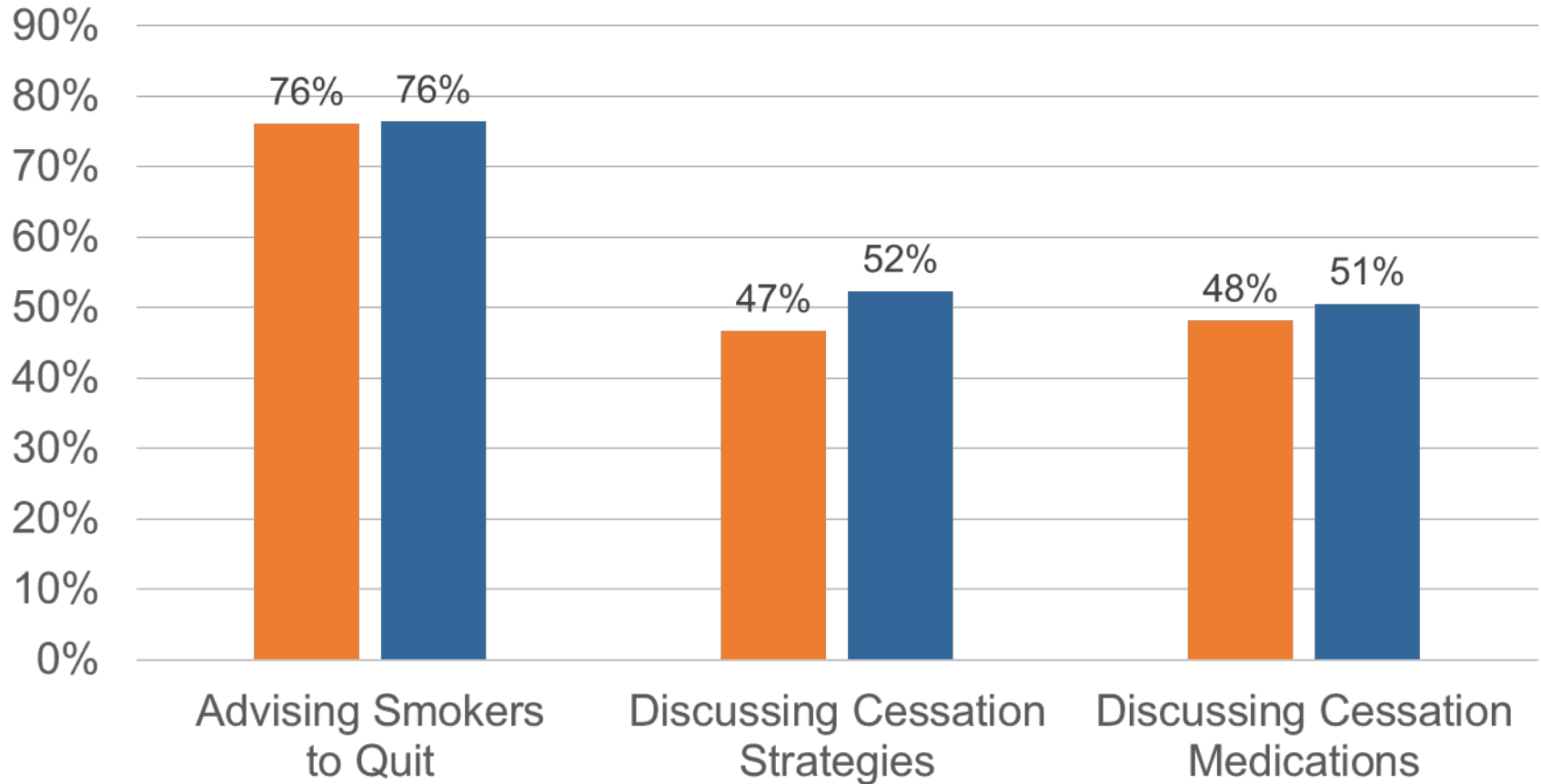
Adult Smoking Prevalence KPNC



# HEDIS Performance Results

CAHPS Smoking Results  
2015<sup>1</sup> vs 2016<sup>2</sup>

2015 2016



Rank: 36th | 26th

Rank: 26th | 11th

Rank: 47th | 19th

# It Takes a Village: Finding partners

# Leverage those teachable moments



# Teachable Moments- Tobacco Cessation

Periop Quit

- 20-50%

Pregnancy Quit

- 60-80%

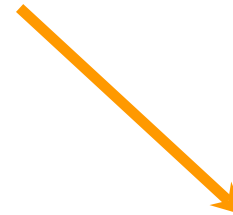
Inpatient Quit

- 3x



# Surgical Smoking Cessation

Unique perioperative moment



**Smoking Cessation  
Improves Surgical  
Outcomes**

Cigarette smoking increases cardiovascular, respiratory and wound-related complications

**Surgery May  
Promote Smoking  
Cessation**

Teachable moment: Quit rates 30 day post major inpt procedure 21%<sup>1</sup>  
25% one year quit rate is attainable

1 Warner DO Smoking behavior and perceived stress in cigarette smoking undergoing elective surgery *Anes* 2004;100:1125-37



# Periop Metric 2016 ( KP Ncal)

## Aim

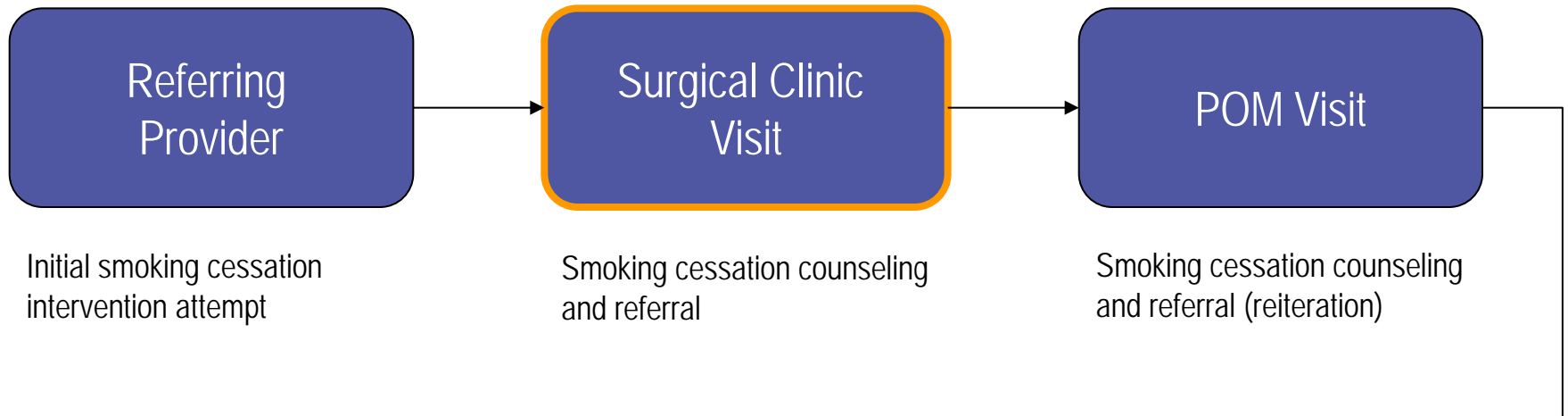
25% of patients who smoke will abstain for at least 24 hours preoperatively.

This will be measured on all inpatient and day surgeries

Abstention is defined as exhaled CO level <10 ppm

# Surgical Intervention Touchpoints

## Critical Point



## Measurement





# Quit for Good

What are the benefits?



Surgery is a great time to quit smoking.  
Here's why:

## People who quit before surgery:

- Have **fewer cravings** for cigarettes
- Are more than **twice as likely to stop for good** than at other times
- **Heal better and faster** after surgery
- Have **fewer breathing and circulation problems** during and after surgery

We have helped thousands of patients quit successfully. We're confident that you can, too.

**What's your next step? Talk with your surgeon about Wellness Coaching for a plan, support, and medications.**

# Perioperative monitoring – CO Monitor



[-] PWA Information.					
<input type="checkbox"/>	VerifyInformedConsent	Complete	30 Aug 12		Complete
<input type="checkbox"/>	Assessment Verified	Yes	31 Aug 12	Yes	
<input type="checkbox"/>	ID/DOB/AllergyVerify	Yes	31 Aug 12	Yes	
<input type="checkbox"/>	VerbOfMD/Proced/Site	PerPatient	31 Aug 12	PerPatient	
<input type="checkbox"/>	SurgSite/BandInitial	NA	31 Aug 12	NA	
<input type="checkbox"/>	VerbalizConsist With	eSHA	31 Aug 12	eSHA	
<input type="checkbox"/>	Antibiotic Location	Obtain OR	31 Aug 12	Obtain OR	
<input type="checkbox"/>	CurrentCigTobaccoUse	Yes	31 Aug 12	Yes	
<input type="checkbox"/>	CO Analyzer	12	31 Aug 12	12	
<input type="checkbox"/>	Warming Device	Off	31 Aug 12	Off	

## CO Analyzer

Date/Time: 8/31/2012 6:19:00 AM

Result: 12

# of Cigarettes Smoked Per Day 0-10,  
Smoked Today Yes

# Why is this an OB/GYN issue?



- 84,000 women in KPNC smoke
- OB/GYN sees 3,000 smokers every month but **less than half** report their physician talked to them about smoking

# Smoking Cessation 2016 -Ob/Gyn

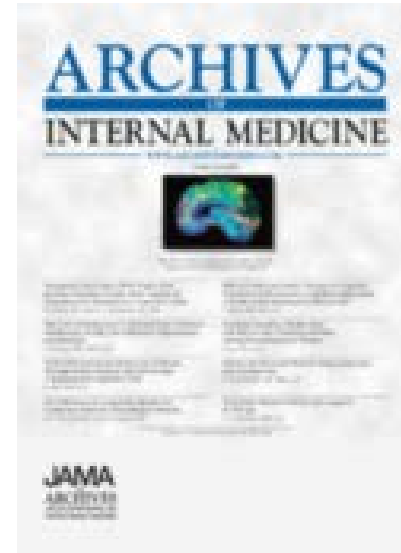
## Smoking Cessation: Critical Moves

- 1 Screen and document tobacco status
- 2 Notify provider of + tobacco status
- 3 Provider advise " quitting tobacco is the most important thing you can do for your health"
- 4 Educate re the importance of medical management
- 5 Provider to offer nicotine gum/patch when appropriate

# Teachable Moments- Inpatient

## Adults with recent Dx:

- Stroke
- Cancer
- Lung disease
- Cardiovascular Disease
- Diabetes



3.2 x more likely to quit than those without concurrent dx\*

\*Keenan PS: Smoking and weight change after new health diagnoses in older adults. [Arch Int Med](#) 2009;169:237-42





## Tobacco Treatment National Hospital Inpatient Quality Measures

<b>Set Measure ID #</b>	<b>Measure Short Name</b>
TOB-1	Tobacco Use Screening
TOB-2	Tobacco Use Treatment Provided or Offered
TOB-2a	Tobacco Use Treatment
TOB-3	Tobacco Use Treatment Provided or Offered at Discharge
TOB-3a	Tobacco Use Treatment at Discharge
TOB-4	Tobacco Use: Assessing Status After Discharge



# HBS Admission Order Sets



## Tobacco Status drives intervention

- Nursing Counseling
- NRT meds
- HBS advice/counseling

# Discharge Reminders- Inpatient Cessation

- Once NRT agents are used in the hospital setting, an alert fires for discharge fills
- EMR auto-populates discharge instructions based upon social history
- Prompt reminds provider to send a referral for post discharge counseling



# Partner Up



## Early Start

Update pre-natal substance use protocol to address smoker only



## Wellness Coaching

Offload clinicians - tap into telephonic counseling



## Quality Improvement

Leverage existing outreach structures

# Reflections and Looking Forward

# Reflections

- Empowering teams to impact patient care
- Instilling staff pride in gradual but persistent progress
- Providing opportunities for new partnership at the Medical Centers
- Reinforcing the relevance for all primary care and specialty departments

# Ongoing Challenges

- Competing priorities / Resource constraints
- New Members – higher smoking prevalence
- Changing tobacco use landscape – vaping
- Move from acute care to chronic conditions management
- Constraints with EMR

# Kaiser Permanente Opportunities

- Patient Registries – Targeted outreach
  - New smokers
  - Single Quit Status
  - Medication no pick up
- Better relapse prevention
  - Postpartum/ Post op/ After discharge- outreach
  - Post counseling intervention
- Community partnerships
  - New legislation



64,000 !

50,000 Quitters

...and Counting



# Questions ?

# Questions and Answers



- Submit questions via the **chat box**

# Contact SCLC for technical assistance

**CME/CEUs of up to 1.5 credits are available to all attendees of this live session. Instructions will be emailed after the webinar.**



## **Visit us online**

- <http://smokingcessationleadership.ucsf.edu>

## **Call us toll-free**

- **1-877-509-3786**



# American Association for Respiratory Care (AARC)

- Free Continuing Respiratory Care Education credit (CRCEs) are available to Respiratory Therapists who attend this live webinar
- Instructions on how to claim credit will be included in our post-webinar email



# Save the date

Co-hosted with Truth Initiative, our next webinar will be on **October 26<sup>th</sup>**.

*Registration is coming soon!*



**truth initiative**  
INSPIRING TOBACCO-FREE LIVES

# CME/CEU Statement

## **Accreditation:**

The University of California, San Francisco (UCSF) School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

UCSF designates this live activity for a maximum of *1.5 AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the webinar activity.

**Nurse Practitioners and Registered Nurses:** For the purpose of recertification, the American Nurses Credentialing Center accepts *AMA PRA Category 1 Credit™* issued by organizations accredited by the ACCME.

**Physician Assistants:** The National Commission on Certification of Physician Assistants (NCCPA) states that the *AMA PRA Category 1 Credits™* are acceptable for continuing medical education requirements for recertification.

**California Pharmacists:** The California Board of Pharmacy accepts as continuing professional education those courses that meet the standard of relevance to pharmacy practice and have been approved for *AMA PRA category 1 credit™*. If you are a pharmacist in another state, you should check with your state board for approval of this credit.

**Social Workers:** This course meets the qualifications for 1.5 hours of continuing education credit for MFTs and/or LCSWs as required by the California Board of Behavioral Sciences. If you are a social worker in another state, you should check with your state board for approval of this credit.

**Respiratory Therapists:** This program has been approved for a maximum of 1.50 contact hours Continuing Respiratory Care Education (CRCE) credit by the American Association for Respiratory Care, 9425 N. MacArthur Blvd. Suite 100 Irving TX 75063, Course # 147265000