Evaluating and Improving Your Tobacco Cessation Efforts Using Data-driven Decision-making

Presented by Dr. Jason M. Satterfield

Academy Endowed Chair for Innovation in Teaching and Professor of Clinical Medicine
University of California San Francisco

National Behavioral Health Network
For Tobacco & Cancer Control

UCSF Smoking Cessation Leadership Center | National Center of Excellence for Tobacco-Free Recovery

Tuesday, October 8, 2019, 3:00 PM EDT

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH
STATE ASSOCIATIONS OF ADDICTION SERVICES
Stronger Together.

Welcome!

Dana Lange
Project Manager, Practice Improvement
National Council for Behavioral Health

Jason M. Satterfield, PhD
Academy Endowed Chair for Innovation in Teaching
Professor of Clinical Medicine
University of California San Francisco

Housekeeping

- Webinar is being recorded. All participants placed in “listen-only” mode.
  - Recording will be posted on **BHtheChange.org**
- For audio access, participants can either dial into the conference line or listen through your computer speakers.
- Submit questions by typing them into the chatbox.
- PDFs of today's presentation slides and our presenter bio available for download in the handouts pane.

National Behavioral Health Network
For Tobacco & Cancer Control

- Jointly funded by CDC's *Office on Smoking & Health* & *Division of Cancer Prevention & Control*
- Provides resources and tools to help organizations reduce tobacco use and cancer among people with mental illness and addictions
- 1 of 8 CDC National Networks to eliminate cancer and tobacco disparities in priority populations

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National Council for Behavioral Health
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Webinar Overview

- Assessing Your Current Cessation Service Model
- Designing and Improving the System
- Using Data to Drive and Support Change
- Evaluating Success and Sustaining Innovation

Disclosures

This UCSF CME activity was planned and developed to uphold academic standards to ensure balance, independence, objectivity, and scientific rigor; adhere to requirements to protect health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA); and include a mechanism to inform learners when unapproved or unlabeled uses of therapeutic products or agents are discussed or referenced.

The following faculty speakers, moderators, and planning committee members have disclosed they have no financial interest/arrangement or affiliation with any commercial companies who have provided products or services relating to their presentation(s) or commercial support for this continuing medical education activity:

Christine Cheng, Dana Lange, Margaret Jaco Manecke, MSSW, Jennifer Matekuare, Jason M. Satterfield, PhD, Catherine Saucedo, Samara Tahmid, and Taslim van Hattum, LCSW, MPH and Steve Schroeder, MD

Learning Objectives

- Explain how to use results from comprehensive assessments to help tailor services
- Determine how to use data to drive and support systems change
- Describe how to enhance your tobacco cessation program using design thinking and a person-centered approach

CME/CEU Statement

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San Francisco

Evaluation, Improvement, and Data-Driven Decision Making

Jason M. Satterfield, PhD
Professor of Medicine
Smoking Cessation Leadership Center

SAMHSA National Center of Excellence for Tobacco-Free Recovery

"Data? I don't need it. I live in the real world."

"I don't have the time or the money to collect data."

"Oh, you academics are so out of touch!"

"I care about people – not numbers."


DON'T MISS
THE FOREST
FOR THE TREES

Our Goal: Improving the Physical and Mental Health of our Clients

- The Forest: Integrated Behavioral Health and Specialty Behavioral Health Organizations and Clinics
- What we know:
  - 240,000 of our clients are dying per year from tobacco-related causes
  - Our clients are being targeted by big tobacco to become and stay addicted to nicotine
  - Longstanding myths are interfering with the quality of care we provide to our clients
  - Smoking cessation IS our responsibility – along with treating mental illness and other commonly co-occurring substance use disorders
- The Trees: The pieces or processes we need in place in order to make this “forest” as healthy as possible – along with an unbiased look at how key trees are doing.

Tobacco Use and Mental Illness (Legacy Foundation 2011)

Recommendations for integrating tobacco control into mental health care and addiction treatment.

1) Change existing beliefs;

2) Provide tailored treatment services;

3) Use results from comprehensive assessment to help tailor services;

4) Provide cessation pharmacotherapy and monitor psychiatric medications concurrently;

5) Tailor behavioral treatment;

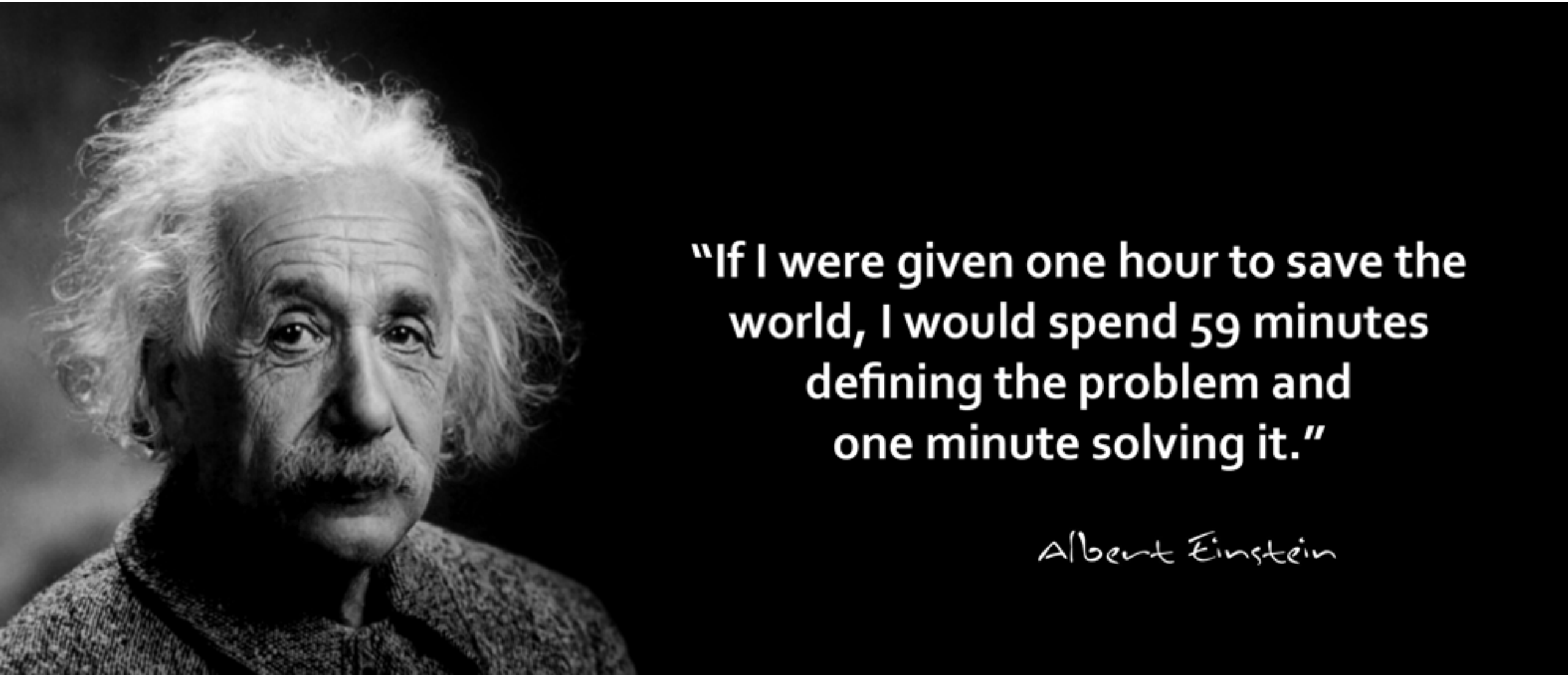
6) Increase training and supervision for counseling staff

7) Use data to assess the success of implementation and any changes in clinical outcomes

8) Use those data to make iterative improvements in the service delivery model

Key Questions

- What Cessation Service Model Fits for you and your microsystem?
- How do you implement your cessation services?
- How do you evaluate implementation success?
- How do you evaluate cessation success?
- What comes next? How do you keep improving what you have?


"If I were given one hour to save the world, I would spend 59 minutes defining the problem and one minute solving it."
Albert Einstein

Which Model Fits?
Do a Self-Assessment: Beliefs, Readiness, Needs

- Microsystem
  - Local environment, structures, resources
  - Leadership
  - Staff/clinicians
    - MA's, nursing, social work, behavioral health
    - NP, PA, MD/DO
  - Staff/administrative
    - Registration, medical records, scheduling
    - Billing, authorizations
  - Patients and Community

Assessing Staff/Provider Beliefs

- Be sensitive to time required to complete
- Make sure the data are useful
- Remember that changing attitudes can be important but is only the beginning
- Use pre-written and tested items when possible
  - "Smoking-Knowledge, Attitudes, and Practices" survey (S-KAP)
    - 46 item Likert-scale survey composed of 5 factors: knowledge about the effects of smoking, smoking cessation practices, perceived barriers to smoking cessation, perceived self-efficacy to implement smoking cessation treatment, and beliefs and attitudes towards cessation
    - Delucchi KL,Tajima B, and Guydish J. Development of the Smoking Knowledge, Attitudes, and Practices (S-KAP) Instrument. *J Drug Issues* . 2009 March; 39(2): 347–364.

Staff/Provider Needs Assessment

- Needs can include perceived obstacles and/or needed resources
  - What are the biggest obstacles to providing smoking cessation counseling to your clients?
  - What resources do you need to provide smoking cessation counseling to your clients?
- Needs can include self-assessments of skills and preferences for possible training events and teaching modalities (e.g. webinars, workshop, staff meeting)
  - Check each of the following skills you feel competent to perform.
  - Which of the following training events would you be most likely to attend?
  - What topics would you like to see emphasized during a smoking cessation training?

Staff/Provider Needs Assessment Cont.

- Needs can be assessed with importance/confidence ratings
  - On a scale of 1-10, how important is it for BH providers to deliver smoking cessation interventions?
  - On a scale of 1-10, how confident are you in your ability to provide behavioral counseling for smoking cessation?
- A comprehensive assessment will yield both implicit and explicit needs that should be addressed before programmatic lauch
  - Implicit needs – e.g. The beliefs assessment might show that staff need basic education on smoking cessation benefits and the effects of cessation sobriety
  - Explicit needs are elicited directly from survey questions as above

Clinic Readiness Assessment

- Before a clinical practice decides to implement the CF-5A's intervention, clinic readiness should be assessed.
- Two clinical leaders and/or champions should independently rate several dimensions of readiness
  - Motivational readiness
    - Feasibility and timeliness
    - Ratings of "importance"
  - Institutional/system resources
  - Leadership and staff capacity
  - Organizational climate

1. Melanie A. Barwick, PhD, CPsych. Checklist to Assess Organizational Readiness (CARI) for EIP Implementation. Hospital for Sick Children, University of Toronto. 2011
2. Health Information Technology Readiness survey www.ama-assn.org/go/hit . American Medical Association.
3. Assessing organizational readiness for change (ORC), Lehman W., et al. Journal of Substance Abuse Treatment. 22 (2002) 197– 209.

What do you need before you launch?

- Buy-in
  - Leadership
  - Staff
  - Community
- Champions – clearly defined roles and responsibilities
- Established clinical flows
  - Pt/clinician flow
  - Documentation, billing
  - Process for FU
- Administrative and clinical tools, instruments
- Links to internal and external resources
- Staff and provider training
- Timeline and clear goals (with assessment tools for process and outcomes)

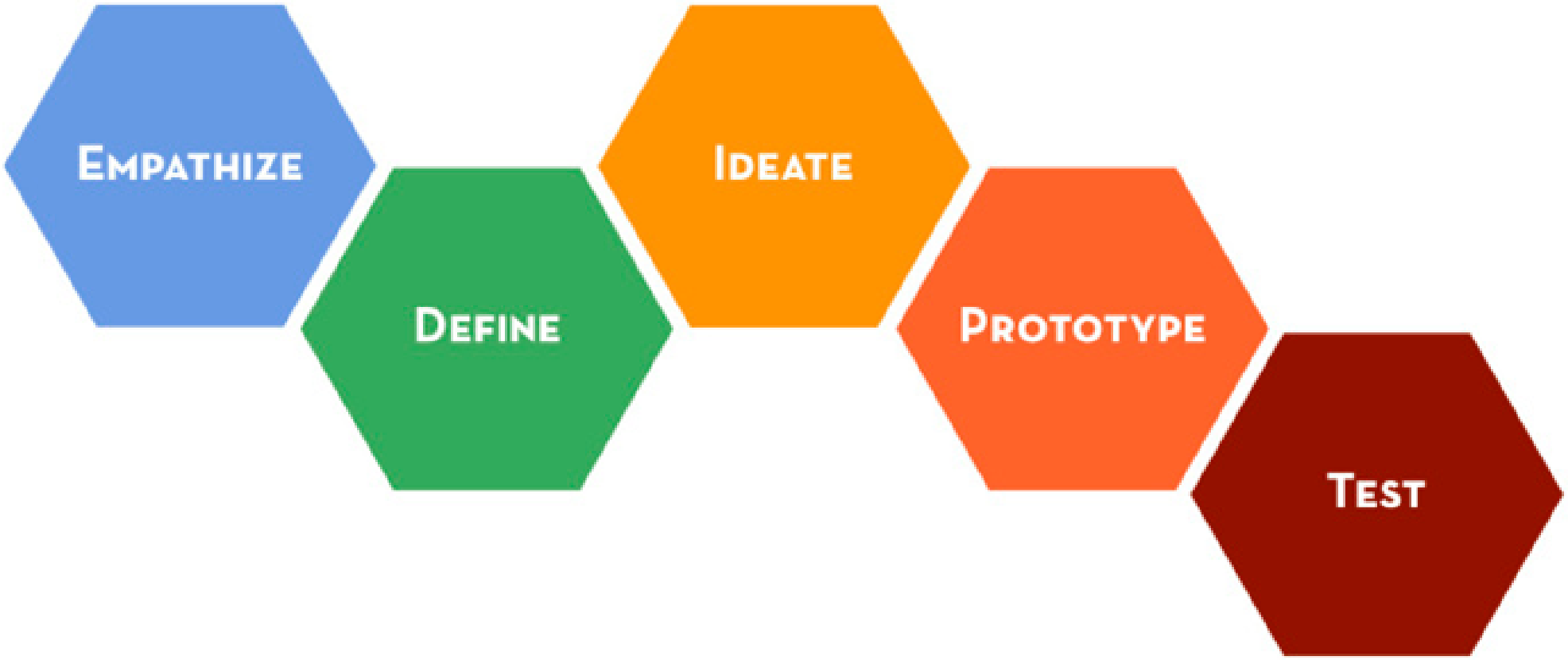
How do I Design and Improve a System?

- Start from the results of your needs assessment
- Include evidence-based intervention models when possible
  - 5A's, AAR, AAC, technology
- Employ user-centered design to create/tailor 1-2 models
- Collaboratively develop a timeline and action plan
- Use an iterative evaluation and revision process to make improvement and re-assess

Design Thinking and User-Centered Design

- Design thinking is a human-centered approach to innovation that draws from the designer's toolkit to integrate the needs of people, the possibilities of technology, and the requirements for business success.—Tim Brown, CEO, IDEO

Design Thinking in Healthcare



d. mindsets

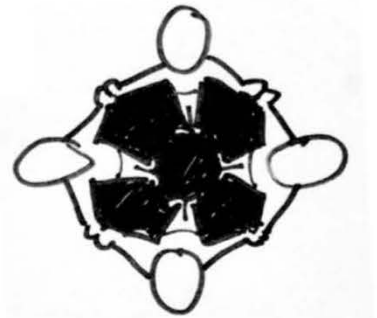
FOCUS ON
HUMAN VALUES

SHOW
DON'T TELL

EMBRACE
EXPERIMENTATION

BE MINDFUL
OF PROCESS

BIAS TOWARD
ACTION



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Staff and Provider Training Tools: Example

RX FOR CHANGE

- Clinician Assisted Tobacco Cessation Curriculum
  A comprehensive tobacco cessation education tool that provides not only clinicians and students, but also clinical staff, and peers with the knowledge and skills necessary to offer comprehensive tobacco cessation counseling to patients, clients and consumers who use tobacco. It covers information about the epidemiology of tobacco use, pharmacotherapy, and brief behavioral interventions.
- The following versions are also available:
  - The 5 A's
  - Ask-Advise-Refer
  - Psychiatry
  - Cancer Care Providers
  - Cardiology Providers
  - Mental Health Peer Counselors
  - Surgical Providers

Administrative and Clinical Tools and Instruments

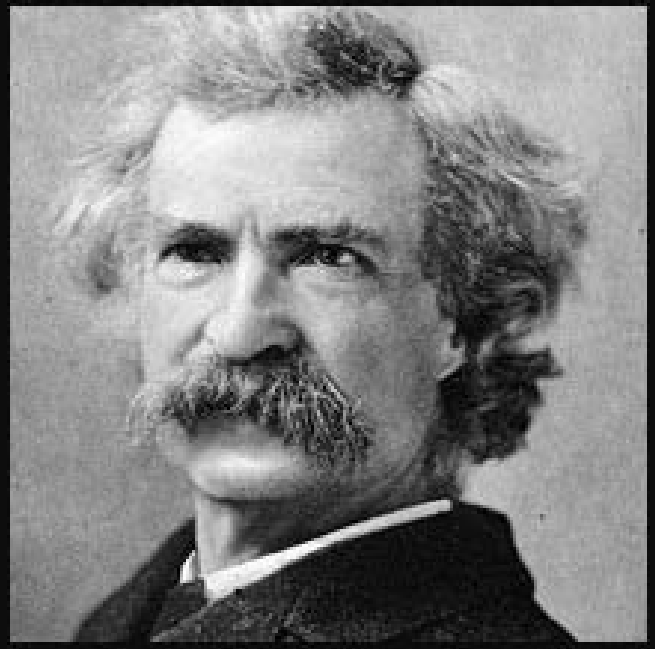
- Screening forms
- Documentation templates
- EHR Smart phrases/smart sets
- Fold in data collection fields for QI
- Patient educational materials, handouts
- NRT and Rx information (including insurance coverage and cost)
- Referral forms, directories

Billing and Coding

- Medicare billing codes changed as of October 1, 2016 and are now the same as private insurance codes. Medicare payments differ according to geographic location. Therefore, it is important to know the charge rates for your region/area.
- Tobacco coding and documentation. American Academy of Family Physicians (AAFP)
- Centers for Medicare and Medicaid Preventive Services
- The Happy Hospitalist blogspot
- Quick Guide: Billing for Smoking Cessation Services.
- 99406 (intermediate counseling of 3-10 minutes) reimbursement ranges from $11- $14, depending on region.
- 99407 (intensive counseling of >10 minutes) reimbursement ranges from $24- $27, depending on region.

How do we evaluate success?

- Create a timeline with pre-determined target goals and metrics
- Implementation success metrics
  - How many patients (%) were screened for smoking status?
  - What percentage of smokers received the 5A's (or AAR, AAC, etc)?
  - Debriefs: What worked well? What needs improvement?
  - Staff/provider/patient satisfaction and other feedback
- Clinical outcomes
  - Clients enrolled in new smoking cessation program
  - Clients that have called the quitline
  - Clients that report a change in readiness or change in smoking status



Data is like garbage. You'd better know what you are going to do with it before you collect it.

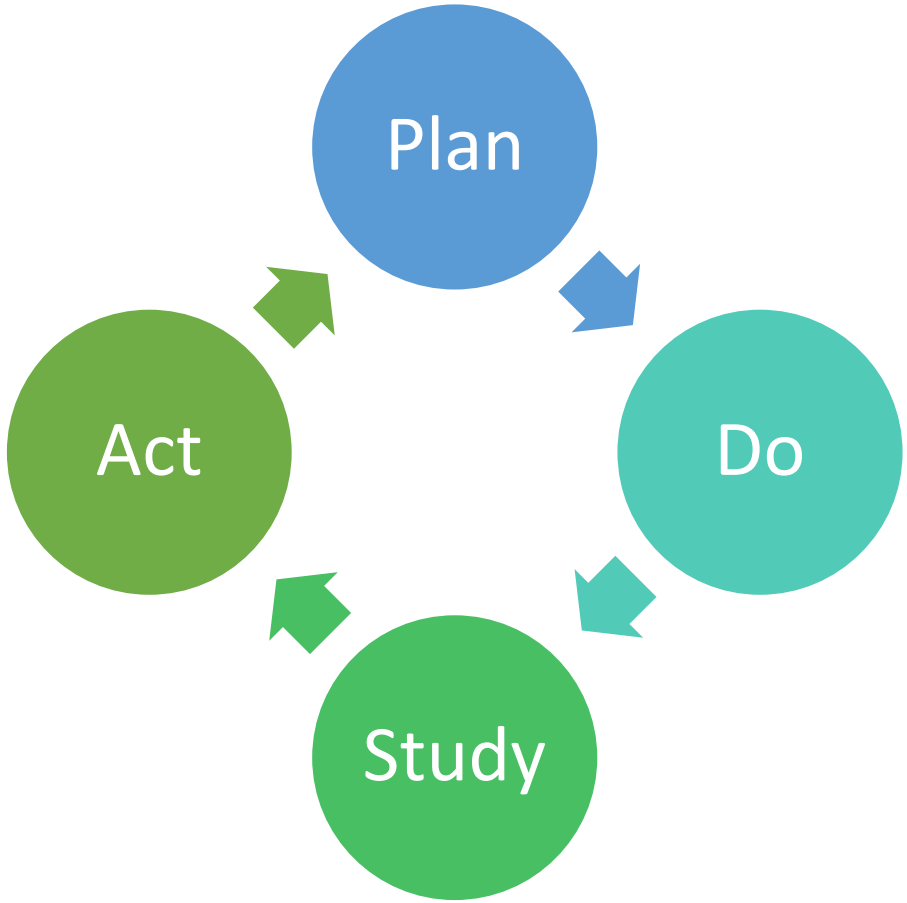
~ Mark Twain

AZ QUOTES

Quality Improvement

- Measuring patient service delivery quality for improvement is critical for a practice's overall function, accountability, and success.
- QI provides an opportunity to identify and address quality of care components that work and to improve those elements that don't.
- Practices with a QI process in place can adapt more easily as patient care trends change.
- The Center for Disease Control and Prevention (CDC) provides core measures for best practices that address the 5A's gold standard process of care.

Model for Quality Improvement: PDSA Cycles



What are some key characteristics of PDSA cycles?

- Pilot-testing (small numbers)
- Measurement (collect useful data during each test)
- Rapid cycles – short period of time testing/adapting a change idea
- Multiple cycles
- Collaboration
- Not undertaken as official “research” project (not worried about statistical significance)
- Remember: improvement in the end is not the end goal: rather, designing improvements that can be sustained over time!

The PDSA Model for Improvement

Start here!

What will happen if we try something different?

Let's try it!

Did it work?

What's next?

- Adapt
- Adopt
- Abandon

What are you trying to accomplish?

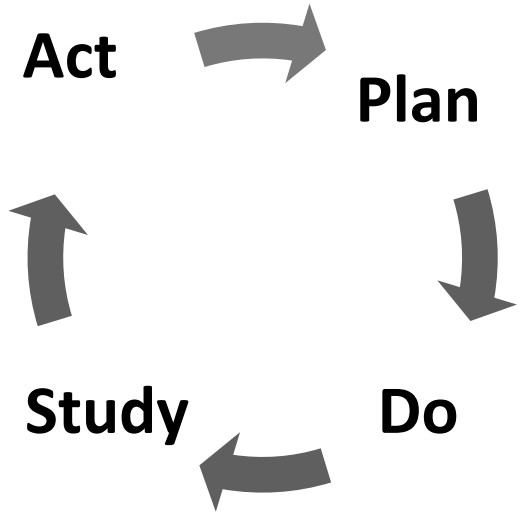
→ AIM

How will we know that a change is an Improvement?

→ MEASURES

What changes can you make that will result in Improvement?

→ CHANGES



Other Models for Improvement

Six Sigma Methodology with focus on reducing defect rate: "DMAIC"

-Define the problem

-Measure defects ("defects per million" or Sigma level)

-Analyze under what conditions defects occur (process measures, flow charts, defect analysis)

-Improve (by defining and testing changes)

-Control your results (by determining what steps you will take to maintain performance)

Lean

The goal is to reduce waste of time/resources (increase speed), improve value

Systems Improvement Template

1. Background: *What problem are you talking about and why?*

2. Current Conditions: *Where do things stand now?*

3. Target Conditions (Goals): *What specific outcome is desired?*

4. Gap Analysis: *Why does the problem exist?*

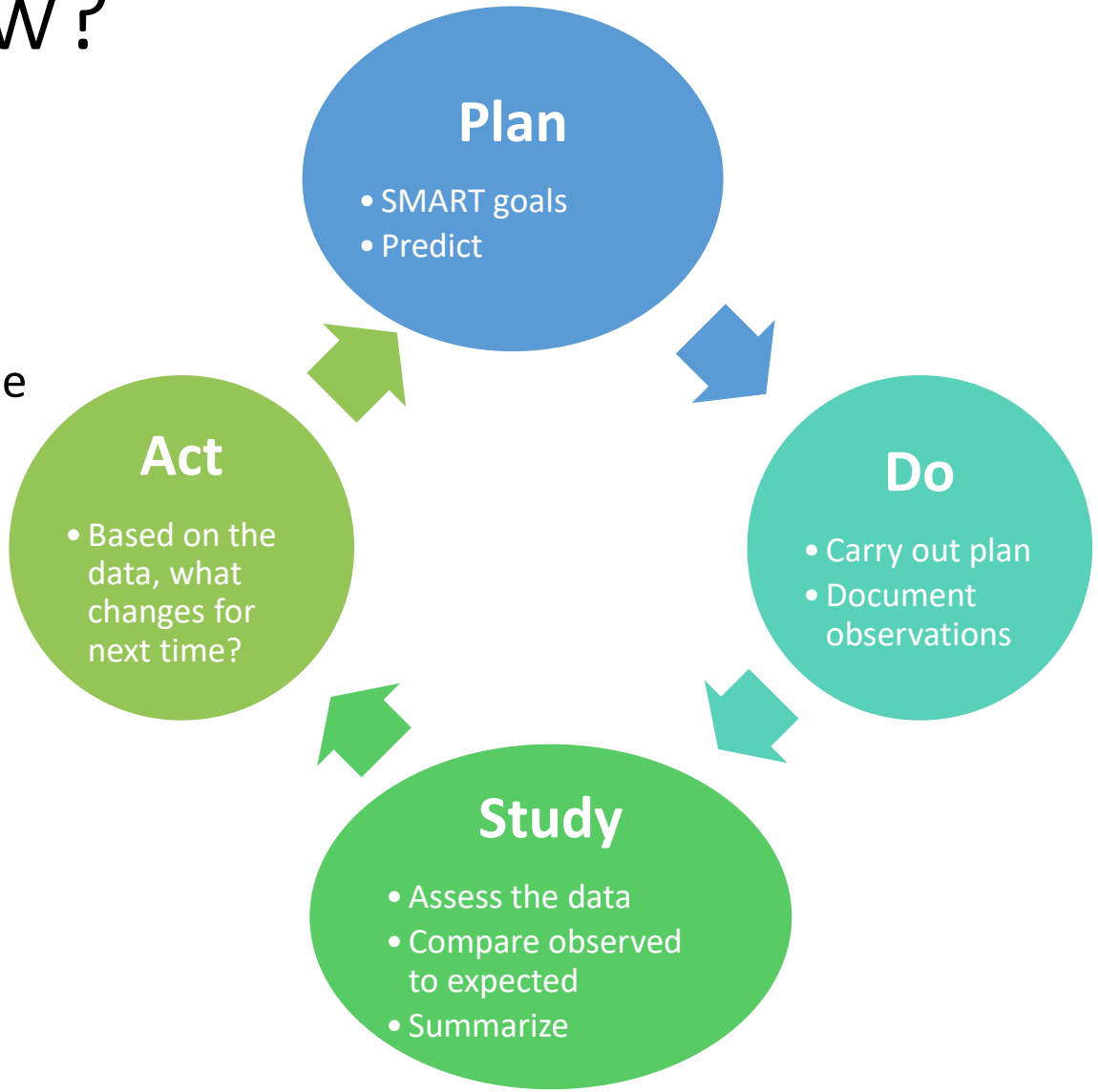
5. Experiments: *What countermeasures do you propose and why?*

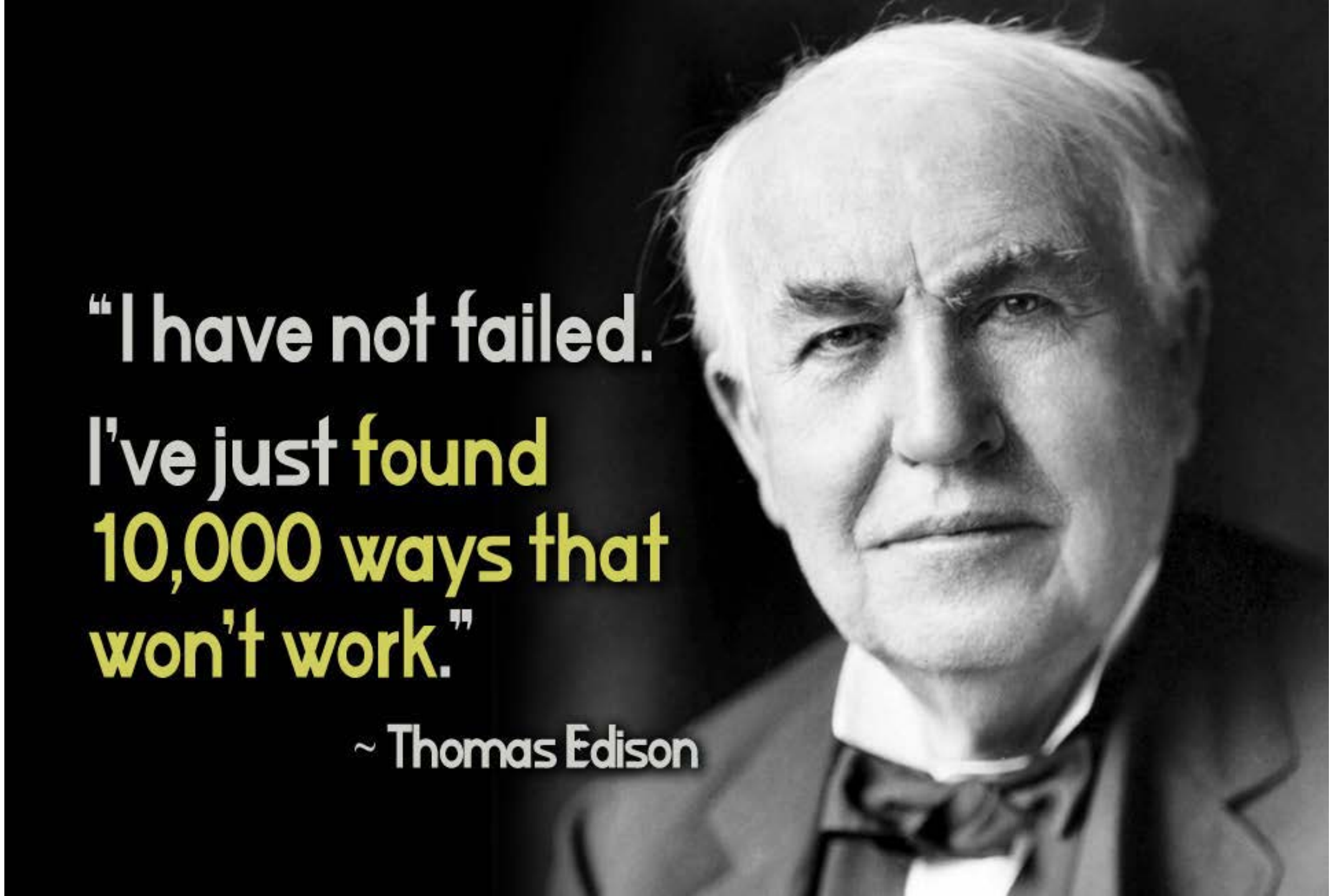
6. Action Plan: *How will you implement?*

7. Study, Reflect, Plan Next Steps: *How will you assure ongoing PDCA?*

You have data….What now?

- Assess goals, benchmarks
  - What were met?
    - Build and stabilize successes but stay flexible
  - What fell short?
    - Do gap analysis and make changes
    - Ask “why” at least 5 times
- Use data as a motivator for change
  - Client satisfaction and feedback
  - Staff/provider report cards




"I have not failed.
I've just found
10,000 ways that
won't work."
~ Thomas Edison

Sustainability

- Competing demands and limited time/resources place any innovation at risk of being lost. How can we make it stick?
  - Formally change clinic policies and publicly articulated goals/mission to include smoking cessation services
  - Create quarterly quality reports that include smoking cessation performance. Reward top performers
  - Invite staff/providers to continue to innovate and improve cessation services
  - Involve client/community advisory boards
  - Share client and staff narratives
  - Identify and support at least 2 local smoking cessation champions tasked with reviewing cessation data and building reports to the full clinic
  - Quickly and transparently respond to new obstacles or “adverse” events

Lessons Learned: Systems Change and Implementation

- Don’t give up when people say something cannot be done
- Take time to build strong face-to-face relationships with key stakeholders and influential leaders
- To get consensus focus on finding common goals
- Use data to measure progress but also as a motivator
- Use existing infrastructures when possible; maximize use of available resources
- Leadership, advocacy, training, and technical assistance are essential for systems change

Lessons Learned: Using Data to Drive and Support Change

- Establish buy-in as early as possible in the process to facilitate collaborative goal setting and identification of data collection tools
- Establish a clear timeline with benchmarks and matched data collection tools to assess progress
- Maximize readiness and have all tools in place before launch
- Have a method for quickly analyzing data and making adjustments (PDSA)
- Be willing to accept and share negative results
- Remember the “Forest” – improved patient care is our ultimate goal


"Numbers have an important story to tell. They rely on you to give them a clear and convincing voice."
Stephen Few
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Comments & Questions

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Kaleidoscope

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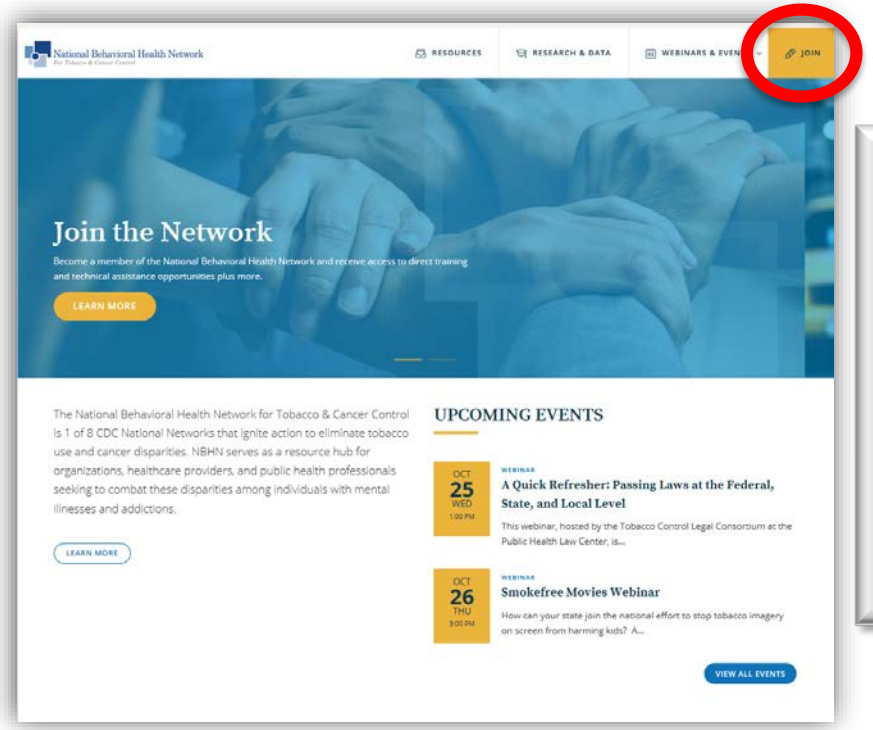

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