National Nurse-Led Care Consortium

The **National Nurse-Led Care Consortium (NNCC)** is a membership organization that supports nurse-led care and nurses at the front lines of care.

NNCC provides expertise to support comprehensive, community-based primary care.

- – Policy research and advocacy
- – Technical assistance and support
- – Direct, nurse-led healthcare services

Housekeeping

Question & Answer
- Click Q&A and type your questions into the open field.
- The Moderator will either send a typed response or answer your questions live at the end of the presentation.

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- Please take the SurveyMonkey evaluation at the end of this webinar to receive CME/CNE
- You must complete survey to receive credit.
- Certificate will arrive within 1 week of completing the survey.
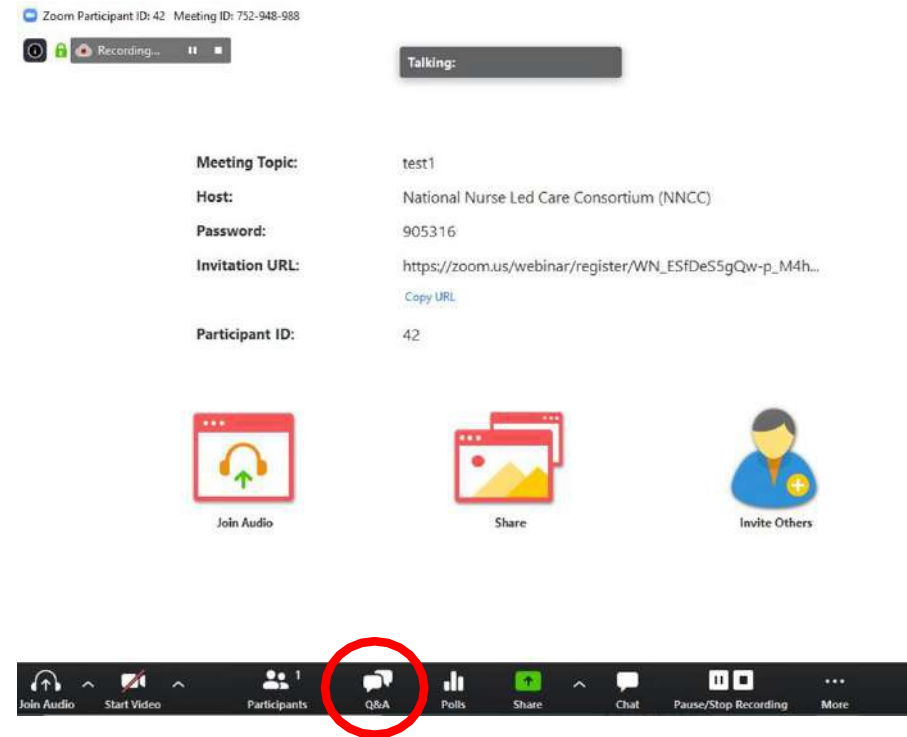
Speakers

Sue Flocke, PhD
Professor of Family Medicine
Oregon Health & Science University

Sean McCormick, PhD, MS
Assistant Director, Tobacco Control
Health Promotion Council

Introduction/Bio - Sean

Sean McCormick, PhD, MS | Email: smccormick@phmc.org

Health Promotion Council – Assistant Director– Tobacco Control

BA - University of Wisconsin-Madison, Addictions Research Lab

MS – Psychology, Drexel University

Thesis: Life Stress, Asthma Health and Quality of Life

PhD – Public Health, Temple University

Dissertation: Negative Affect and Social Problem-Solving Predictors of Smoking Cue Reactivity

Quit Coach – City of Philadelphia, WIC Clinics, Substance Abuse Rehab for Mothers

RWJF – Public Health Law Research Fellow – Naloxone Access and Good Samaritan Law Variation by State

Certified Tobacco Treatment Specialist-Master (CTTS-M)

Perelman School of Medicine, University of Pennsylvania

POLL:

- How confident are you in your ability to deliver tobacco cessation/tobacco dependence treatment services?
  - Ie. counseling
  - Medication
  - Nicotine replacement
  - Referral to Quit Line, etc

Health Promotion Council -Tobacco Control and Prevention Services

- Tobacco dependence treatment and integration
- Youth empowerment (Advocacy Institute)
- Enforcement of under-age sale laws
- Multi-unit housing (smoke-free policy and cessation)
- Tobacco-Free Behavioral Health Initiative
- Young Lungs at Play (tobacco-free playgrounds)
- Worksite wellness
- Health disparities
- Advocacy: e.g. ending Clean Indoor Air Act exemptions
- Wellness Coalition – Please join us! www.Sepatobaccofree.org

Tobacco Cessation and Covid-19

- Problem or Opportunity?
  - Lung health and risk of Covid-19/Coronavirus complications
  - E-cig use and youth risk (5-7x more likely to have Covid-19 dx.) immuno-suppressed.
  - Motivation to quit?
  - Increased stress? More difficult to quit?
  - Tech barriers?
  - →Virtual TDT Workgroup

Tobacco Cessation and Covid-19

- Telehealth, Video Conferencing Best-Practices
  - Secure platform?
  - Privacy?
  - All participants on similar device (can everyone see slides? Some joined via phone only)
  - 6-8 max to ensure engagement/build relationships
  - Time limits?
  - Attendance/registration/time attended?
- Need for training for professionals
- Need for materials to help with patient access (what to expect)

Tobacco Cessation and Covid-19

- Outcomes? – study/data analysis planned
  - Decreased sense of social support?
  - Increased engagement?
    - No travel, more flexible
  - Quit attempts?

Disclosures

The authors have no conflicts of interest to disclose.

Funding sources for the work presented:

Overview

1. **Background and Opportunity**
2. Project Aims
3. Approach
4. Findings
5. Implications

Context

Primary Care

Community Health Centers
Low-income populations

Individual

Policy

Policy

Context
• Community Health Centers
• Low-income populations

Primary Care

Individual

• Tobacco assessment
• Assistance with cessation
• Referral to other resources
• EHR as a resource
• Health systems and teams
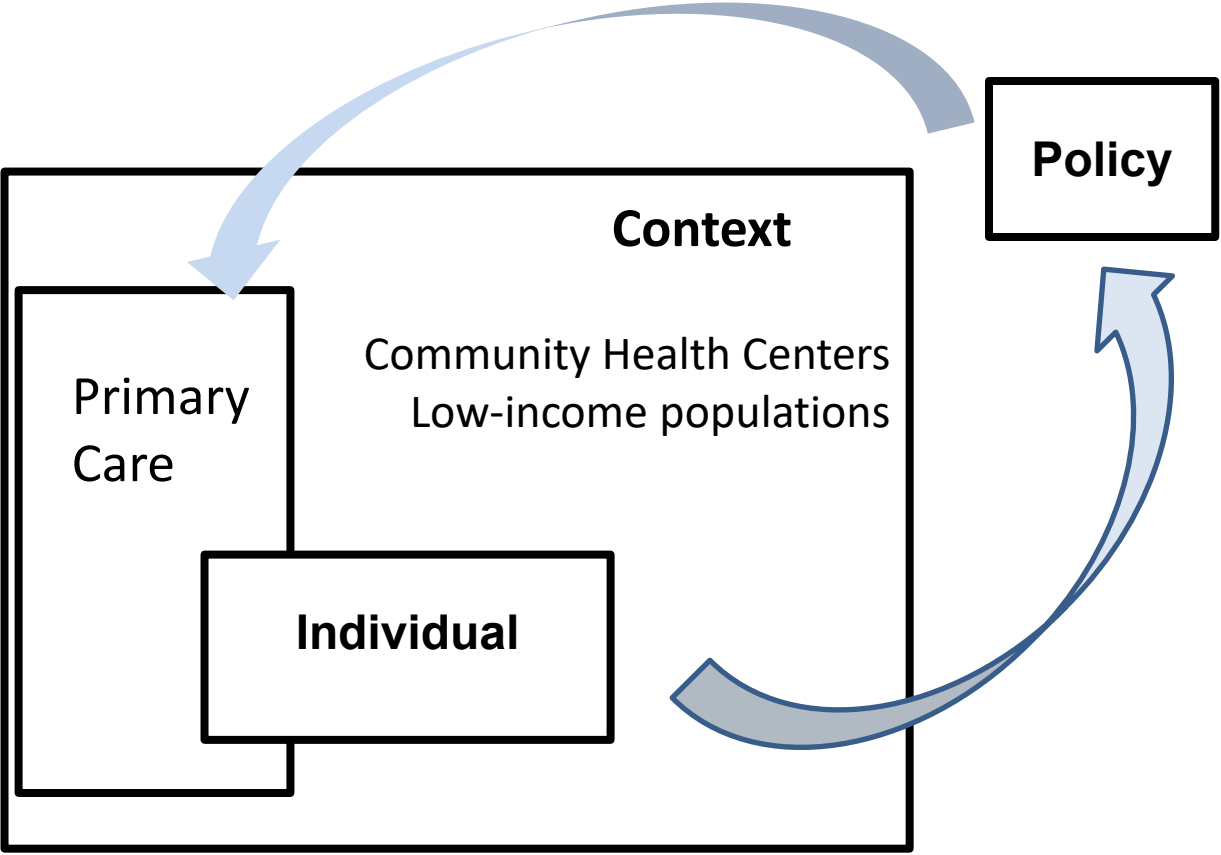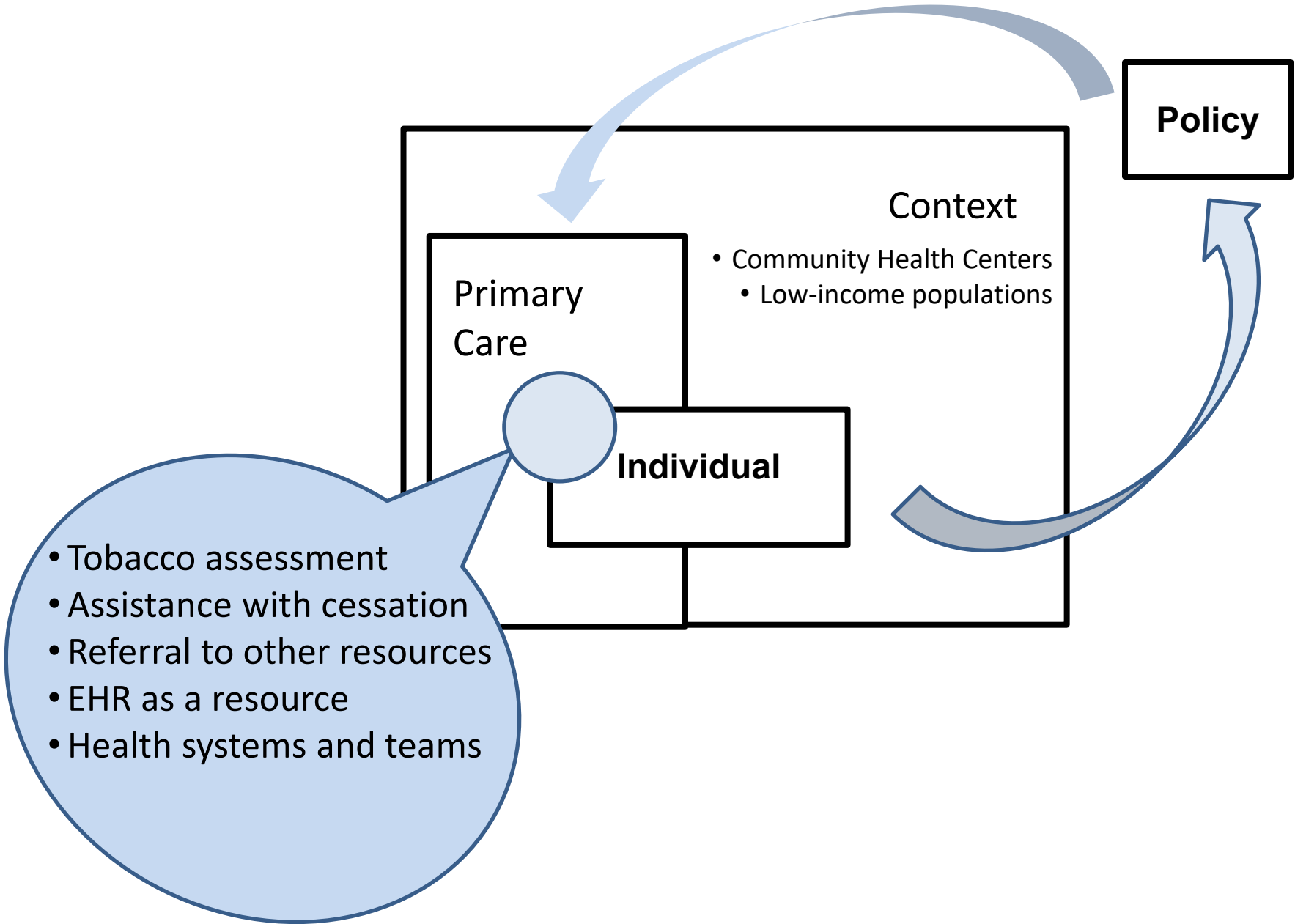
Background

- The burden of smoking tobacco on morbidity and mortality is substantial, and rates have not declined for the lowest economic classes.
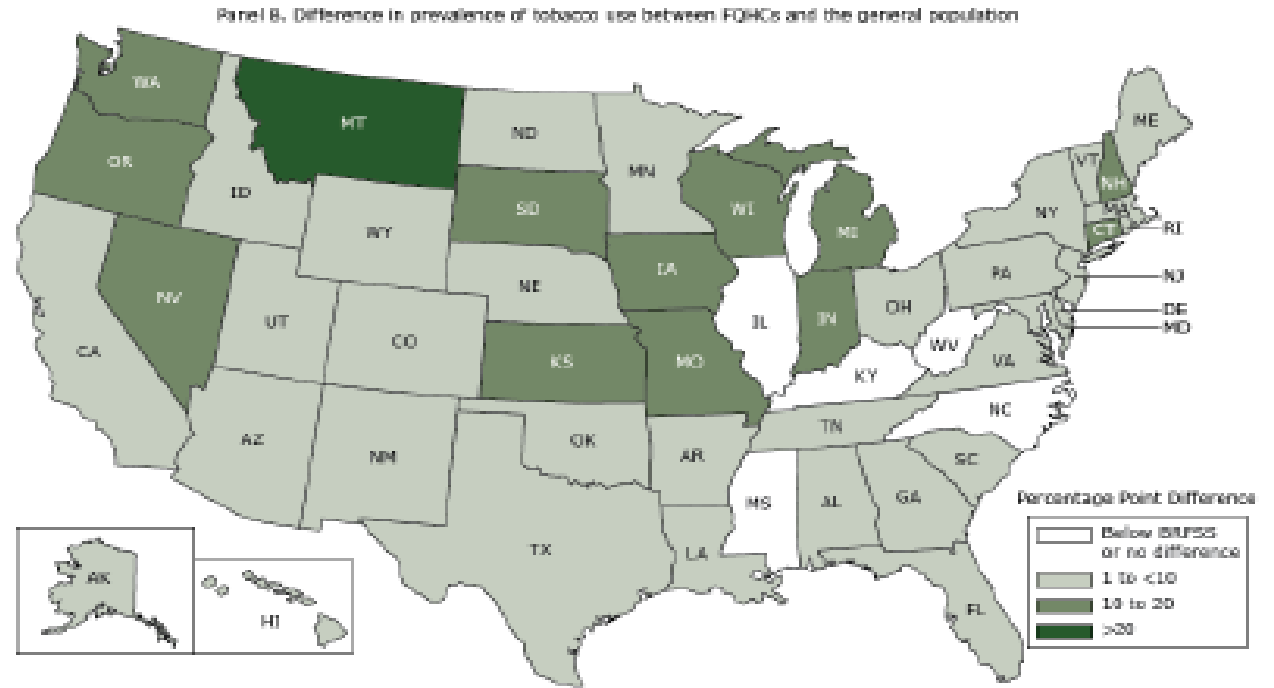- Guidelines urge primary care providers to use ask, advise and refer strategies.
- We know in the context of community health centers, that the burden of tobacco use is high.

Background

CHCs have a higher prevalence of tobacco users (29%) than the state population (BRFSS ~ 20%).

Panel B. Difference in prevalence of tobacco use between FQHCs and the general population

Figure. Federally qualified health center (FQHC) tobacco use prevalence and differences between FQHC and state-level estimates. Panel A shows the US prevalence of tobacco use among adult FQHC patients in 2013; panel B shows the differences in prevalence of tobacco use between FQHCs and the general population. Sources: Uniform Data System, 2013 (Panels A and B), and Behavioral Risk Factor Surveillance System, 2013 (Panel B).

Flocke et al. The prevalence of tobacco use at federally qualified health centers in the United States, 2013. *Prev Chronic Dis.* 2017;14:E29.

Flocke et al. Addressing Tobacco Cessation at Federally Qualified Health Centers: Current Practices & Resources. Journal of Healthcare for the Poor and Underserved. 2019; 30(3):1024-2036.

Background

Among CHCs

- Many barriers to providing tobacco cessation
- 75% report having at least 1 resource (e.g. fax to quitline)
- 25% reported no resource
- None reported using a systematic team-based approach

Flocke et al. The prevalence of tobacco use at federally qualified health centers in the United States, 2013. *Prev Chronic Dis*. 2017;14:E29.
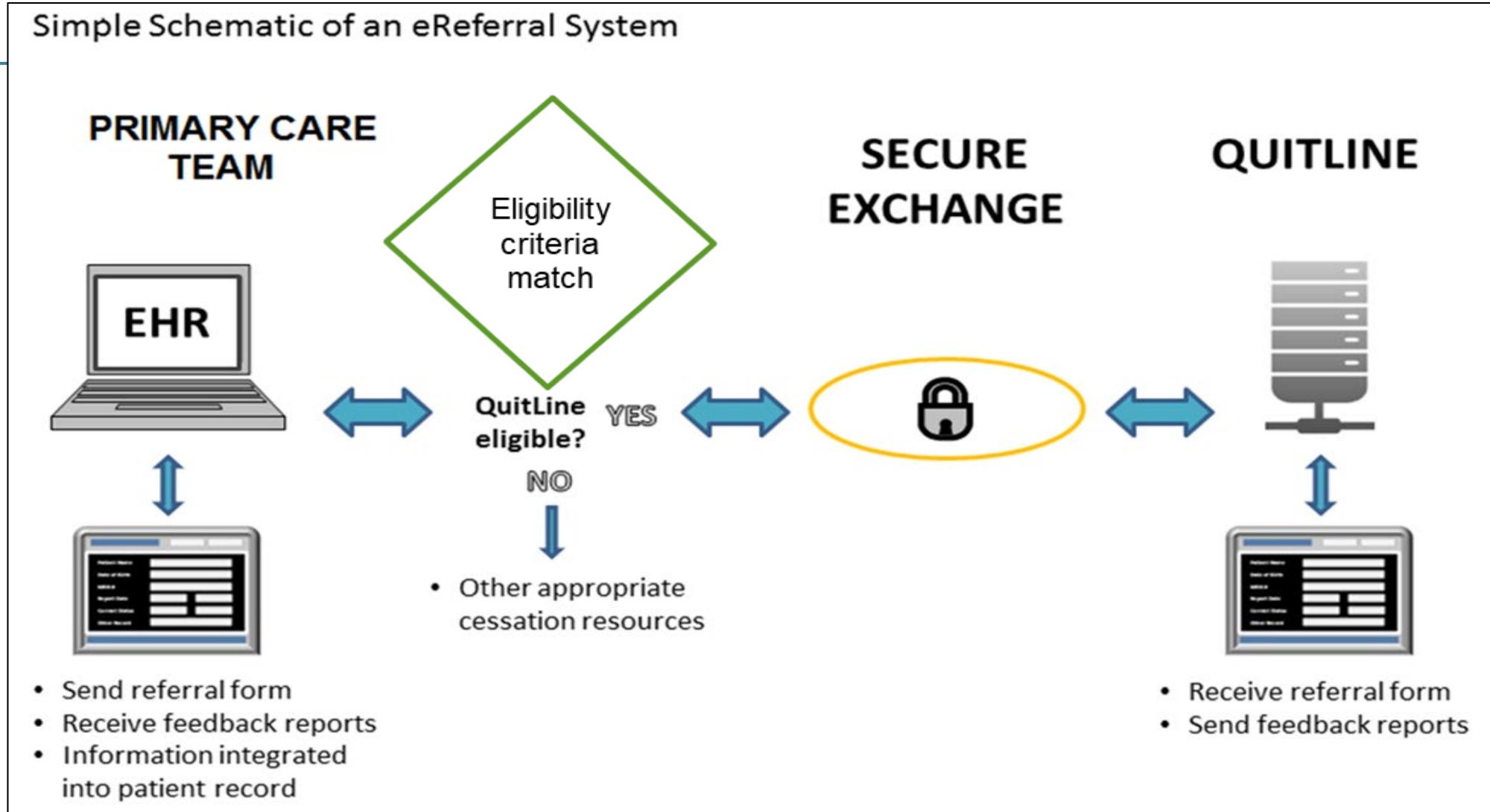
Flocke et al. Addressing Tobacco Cessation at Federally Qualified Health Centers: Current Practices & Resources. Journal of Healthcare for the Poor and Underserved. 2019; 30(3):1024-2036.

Background

- Quitlines – evidence-based telephone counseling
  - Available in all 50 states
  - Most offer multiple counseling sessions
  - Many provide free nicotine replacement therapy
- Multiple ways to engage with quitlines
  - self referral – call the 800 Quit Now #
  - fax or web referral by health care provider
  - e-referral – capacity established in several states, but implementation has been challenging.

e-Referral capacity

Simple Schematic of an eReferral System

PRIMARY CARE TEAM

EHR

Eligibility criteria match

QuitLine eligible?   YES

NO

- Other appropriate cessation resources

- Send referral form
- Receive feedback reports
- Information integrated into patient record

SECURE EXCHANGE

QUITLINE

- Receive referral form
- Send feedback reports

POLL

Does your clinic / organization have eReferral to a quitline enabled?

Yes
No
I'm not sure

Evidence-based strategies

- Quitline
- e-referral
- Ask-Advise-Connect strategy
- Teachable Moments Communication Process

Implementation of these strategies requires a <u>systems change approach</u>

Opportunities

- Context of Greater Cleveland, Ohio –

  35% of adults smoke

- Partner with the MetroHealth Health System

- Whole system & team approach
  - Could be replicated in other systems, regions and states;
  - Was sustainable and not dependent on the research project;
  - Fit needs of organization and patient population

eReferral + Teachable Moments Study Team

Co-authors

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Other Partners

MetroHealth Staff

Clinical staff

Informatics

Population health

Epic trainers

Information systems

Other Organizations

National Jewish Health

Ohio Department of Health

Patient representatives

Overview

Study Aims:

Improve the delivery of smoking cessation brief advice and assistance to socially and economically disadvantaged patients using two strategies:

1. A systems-based Ask-Advise-Connect approach

2. A clinician-focused Teachable Moment Communication Process

Study Aims:

Elicit narratives of patients' experiences with tobacco cessation assistance.

Overview

1. Context and Opportunity
2. Project aims
3. **Approach**
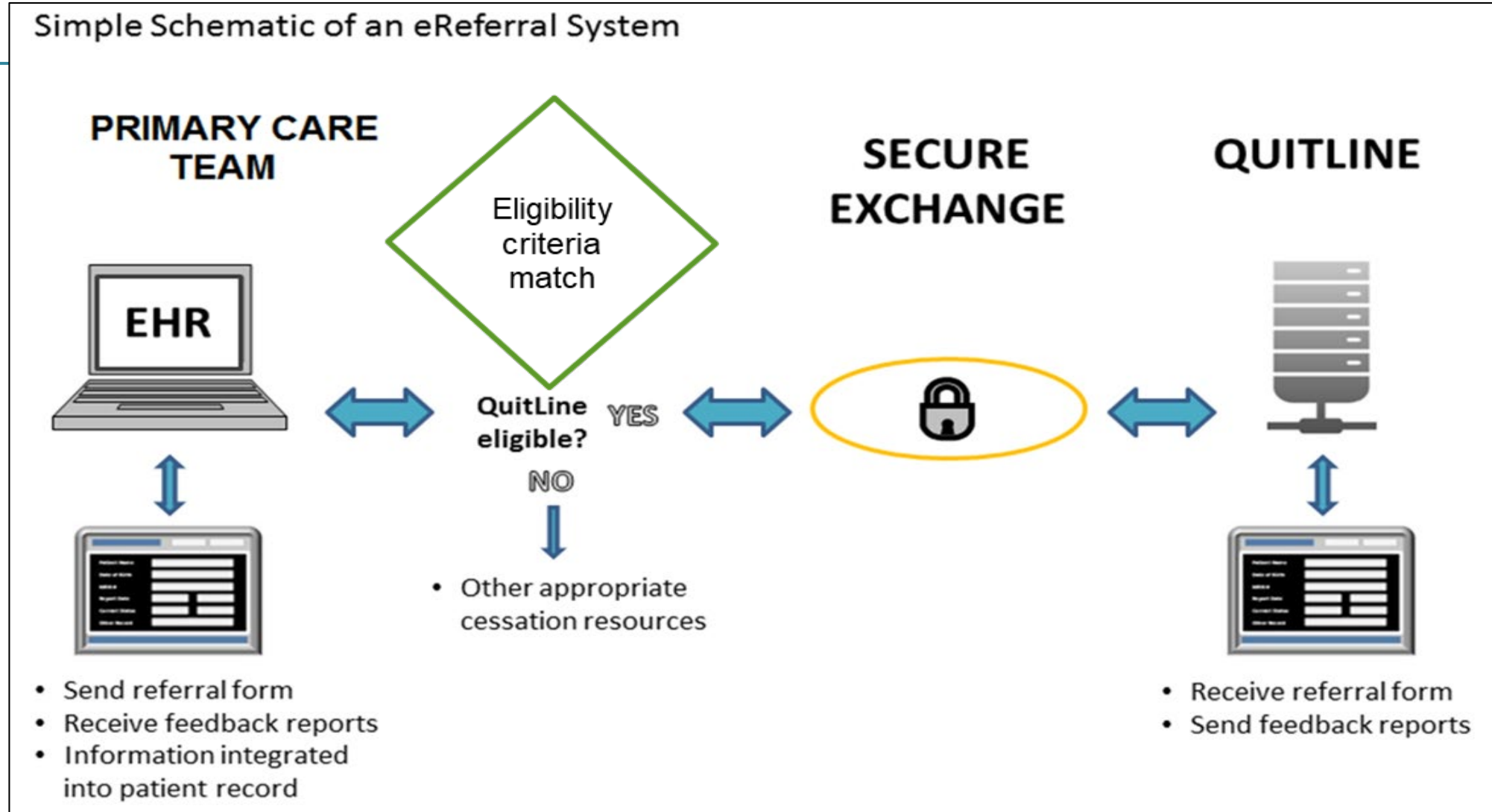4. Findings
5. Implications

Ask-Advise-Connect Strategy

Preparation:

1. Establish e-referral capacity

2. Changes to EHR
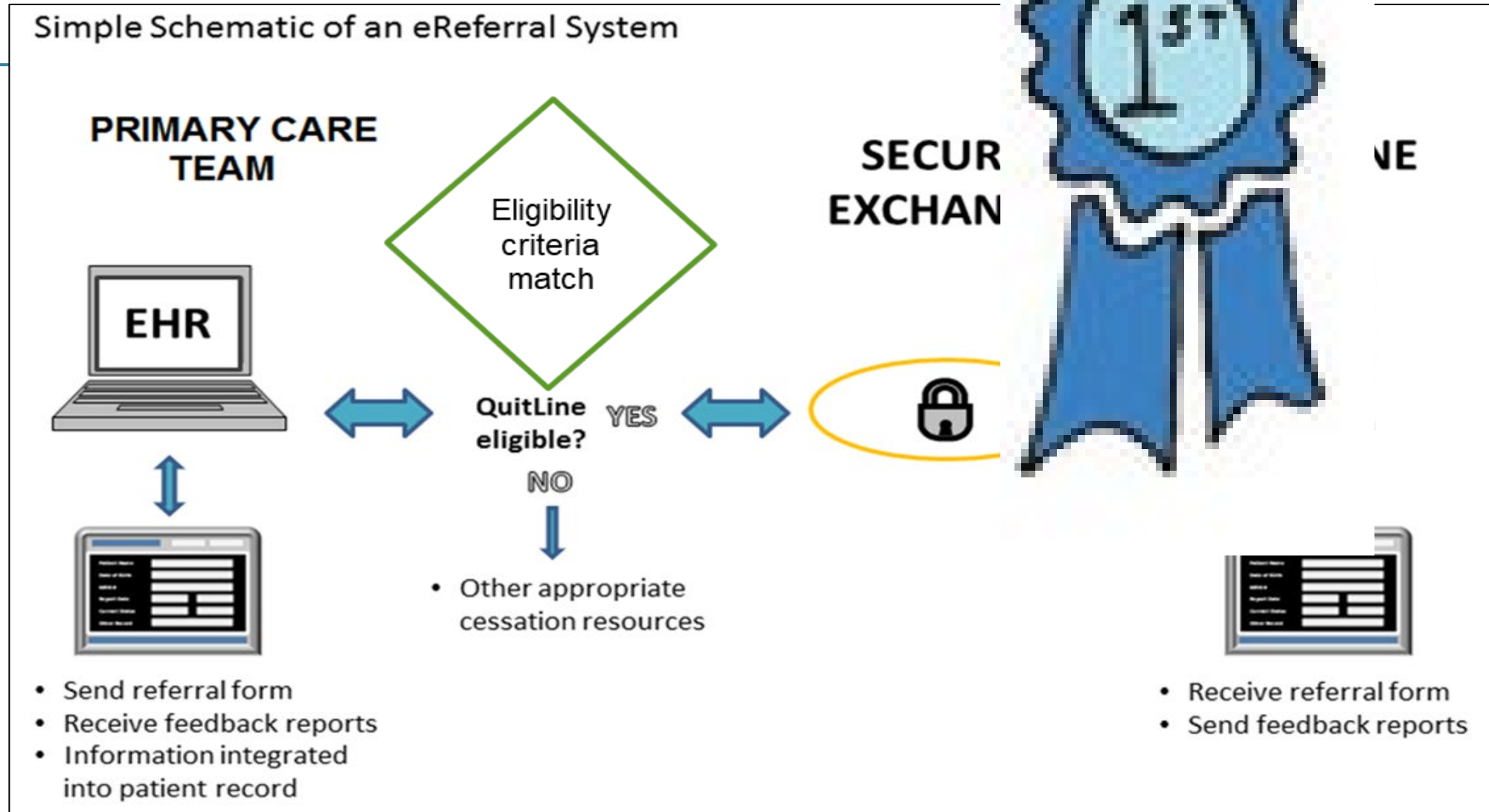
3. Role and process changes for medical assistants

Implementation:

1. Training, audit and feedback

Establish e-referral capacity

Simple Schematic of an eReferral System

PRIMARY CARE TEAM

EHR

Eligibility criteria match

QuitLine eligible? YES NO

- Other appropriate cessation resources

SECURE EXCHANGE

QUITLINE

- Send referral form
- Receive feedback reports
- Information integrated into patient record

- Receive referral form
- Send feedback reports

Establish e-referral capacity

Simple Schematic of an eReferral System

PRIMARY CARE TEAM

EHR

Eligibility criteria match

QuitLine eligible? YES

NO

- Other appropriate cessation resources

SECUR EXCHAN ... NE

- Send referral form
- Receive feedback reports
- Information integrated into patient record

- Receive referral form
- Send feedback reports

Role and process changes

Changes to EHR

Task	EHR button	Guiding phrases in EHR	Role expectation **prior to AAC** implementation	Role expectation **post AAC** implementation
Ask	Existing	Existing	MA	MA
Advise	Existing	NEW	Clinician	MA
Assess Readiness	Existing	NEW	Clinician	MA
Assess interest in referral	NEW	NEW	Clinician	MA
Connect (i.e. Order referral)	Existing – BUT only for in house program NEW for QL	NEW	Clinician	MA

Study Design:

Ask-Advise-Connect was implemented in Year 1.

- **Sites:** 8 community-based primary care clinics
- **Design:** Sequential roll-out of intervention
- **Time frame:** data collection 3 months pre- and 12 months post-implementation

Outcomes measured

Key outcomes for Ask-Advise-Connect

- Process variables: uptake of tobacco assessment and assistance
- Contact rate by the quitline
- # counseling sessions by the quitline

Overview

1. Context and Opportunity
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5. Implications

Visit Characteristics

Description	Category	Overall 211,704 Total	Pre-AAC Implementation 72,320 N (%)	Post-AAC Implementation 139,384 N (%)
Race	White	49.9%	48.6%	50.5%
	African American	46.5%	48.0%	45.7%
	Other	3.6%	3.4%	3.7%
Hispanic	Non-Hispanic	87.7%	87.6%	87.8%
	Hispanic	12.3%	12.4%	12.2%
Primary Insurance	Commercial	29.9%	29.5%	30.1%
	Medicaid	40.1%	41.3%	39.6%
	Medicare	23.9%	23.8%	24.0%
	Self-Pay	6.0%	5.4%	6.3%
Smoking Status	Current Smoker	26.1%	26.5%	25.9%
	Former Smoker	27.8%	27.5%	28.0%
	Never Smoked	46.0%	45.9%	46.0%

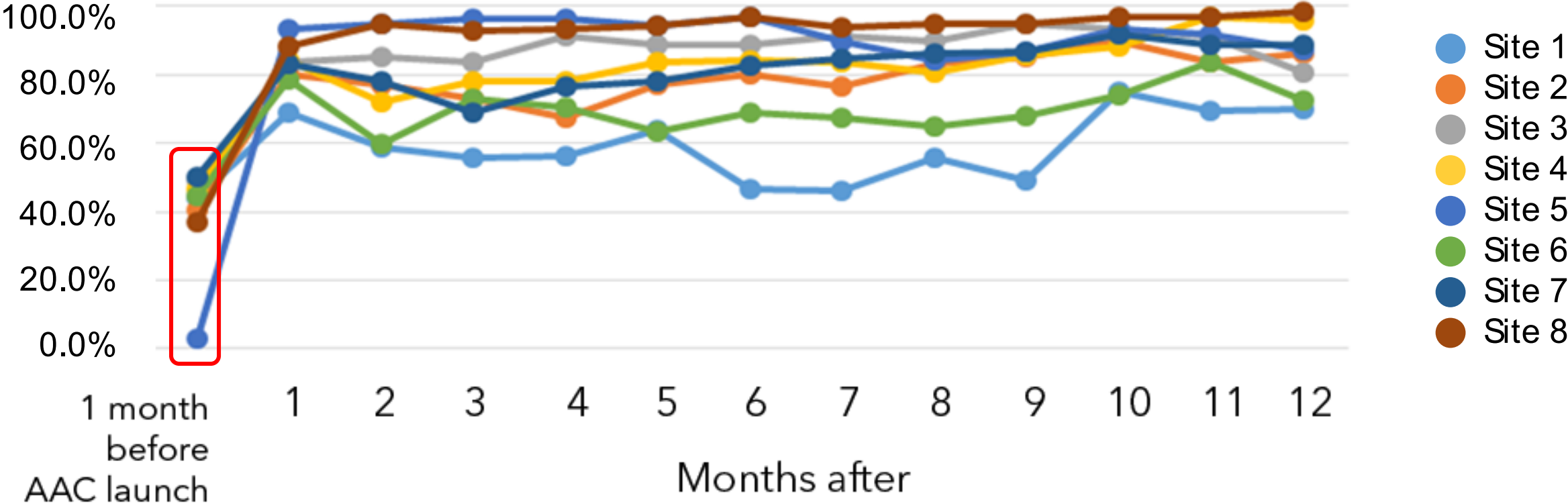# Ask Advise Connect Findings

Figure 1. % Ask (in the last 30 days...)
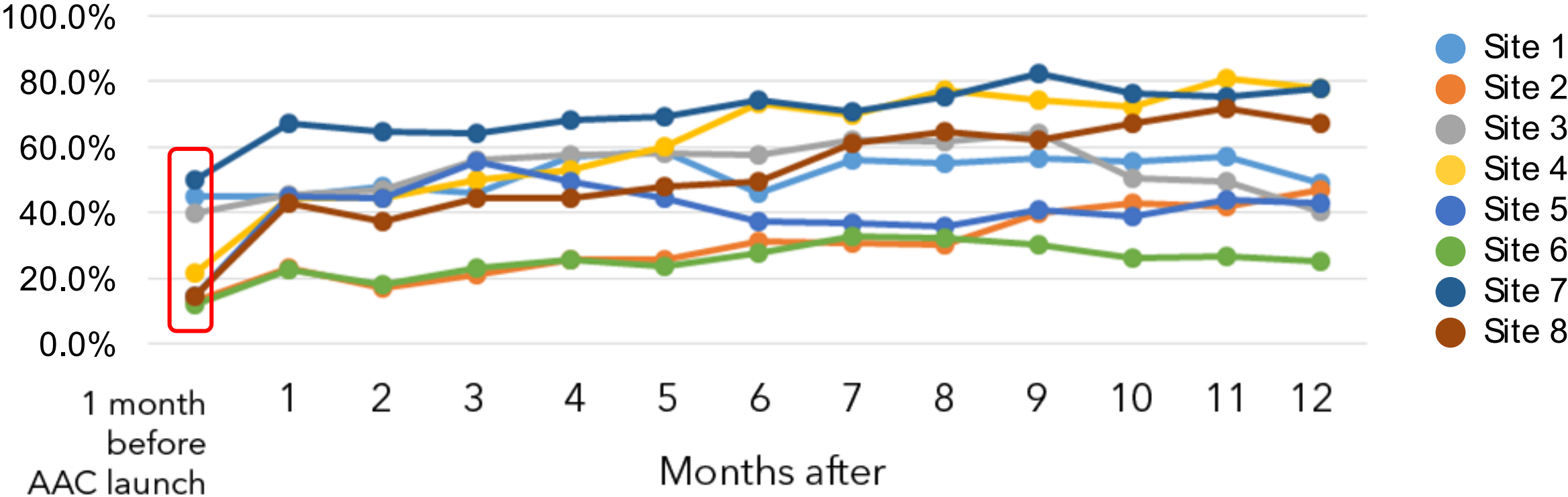
Flocke SA, et al. 12 month evaluation of an EHR-supported staff role change for provision of tobacco cessation care in 8 primary care safety-net clinics. J Gen Intern Med. 2020 J Gen Intern Med.
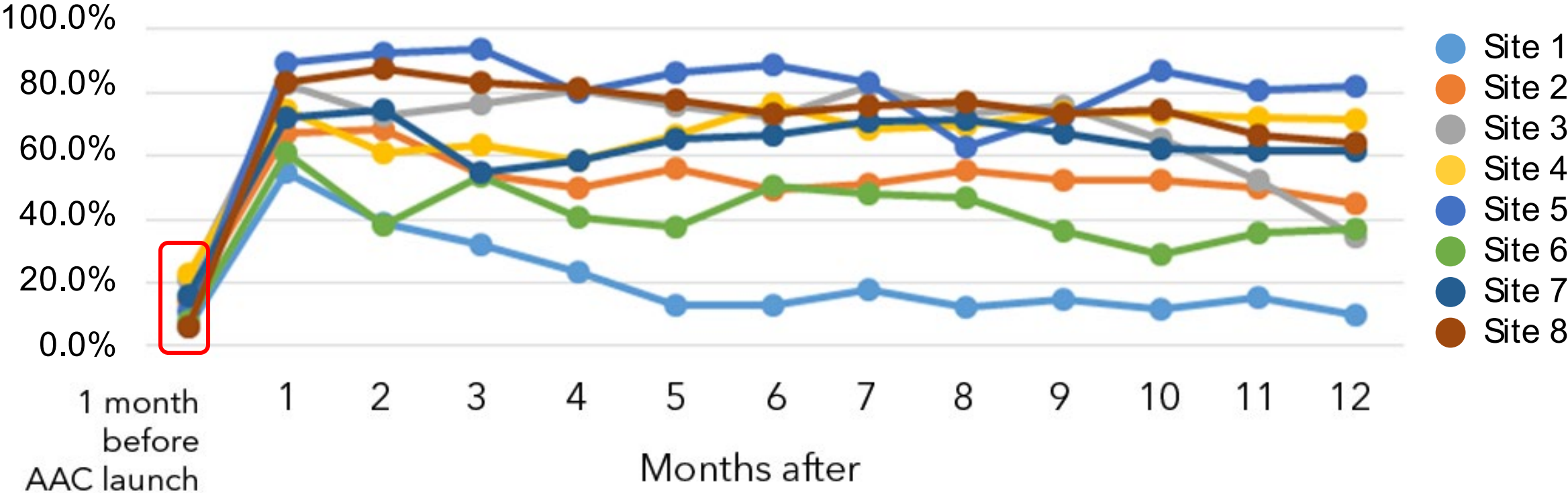
Ask Advise Connect Findings
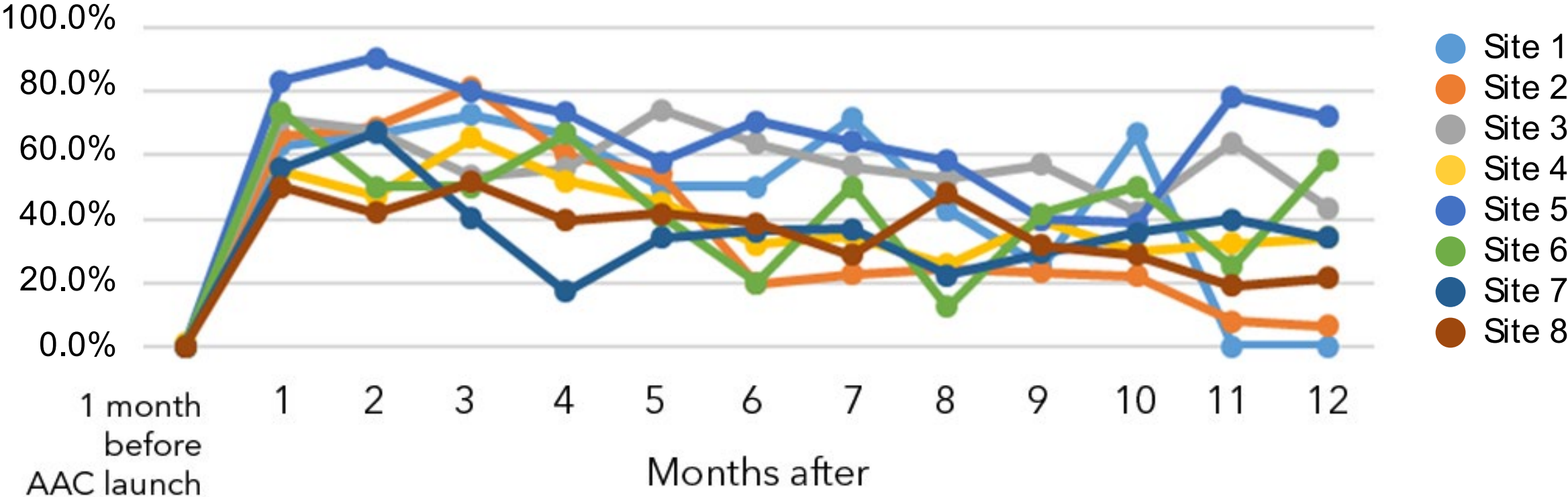

Figure 2. % Advise

Ask Advise Connect Findings

Figure 3. % Assess readiness

Ask Advise Connect Findings

Figure 4. % Accepted referral

Ask Advise Connect Findings

Indicator	Time Points								
	1-3 Months Before AAC			6 Month After AAC			12 Months After AAC		
	N	%	OR (95% CI)	N	%	OR (95% CI)	N	%	OR (95% CI)
% Ask	36,677	27%	----	11,605	52%	2.9 (2.8, 3.1)	11,991	55.7%	3.5 (3.3, 3.6)
% Advised	2,775	45%	----	1891	84%	6.5 (5.6, 7.5)	2,117	88.7%	9.6 (8.3, 11.2)
% Assess Readiness	2,775	16%	----	1891	65%	9.8 (8.5, 11.3)	2,117	55.0%	6.5 (5.7, 7.5)
% Accepted Referral	184	0.5%	----	399	38%	111 (15, 803)	301	30.9%	81 (11, 592)
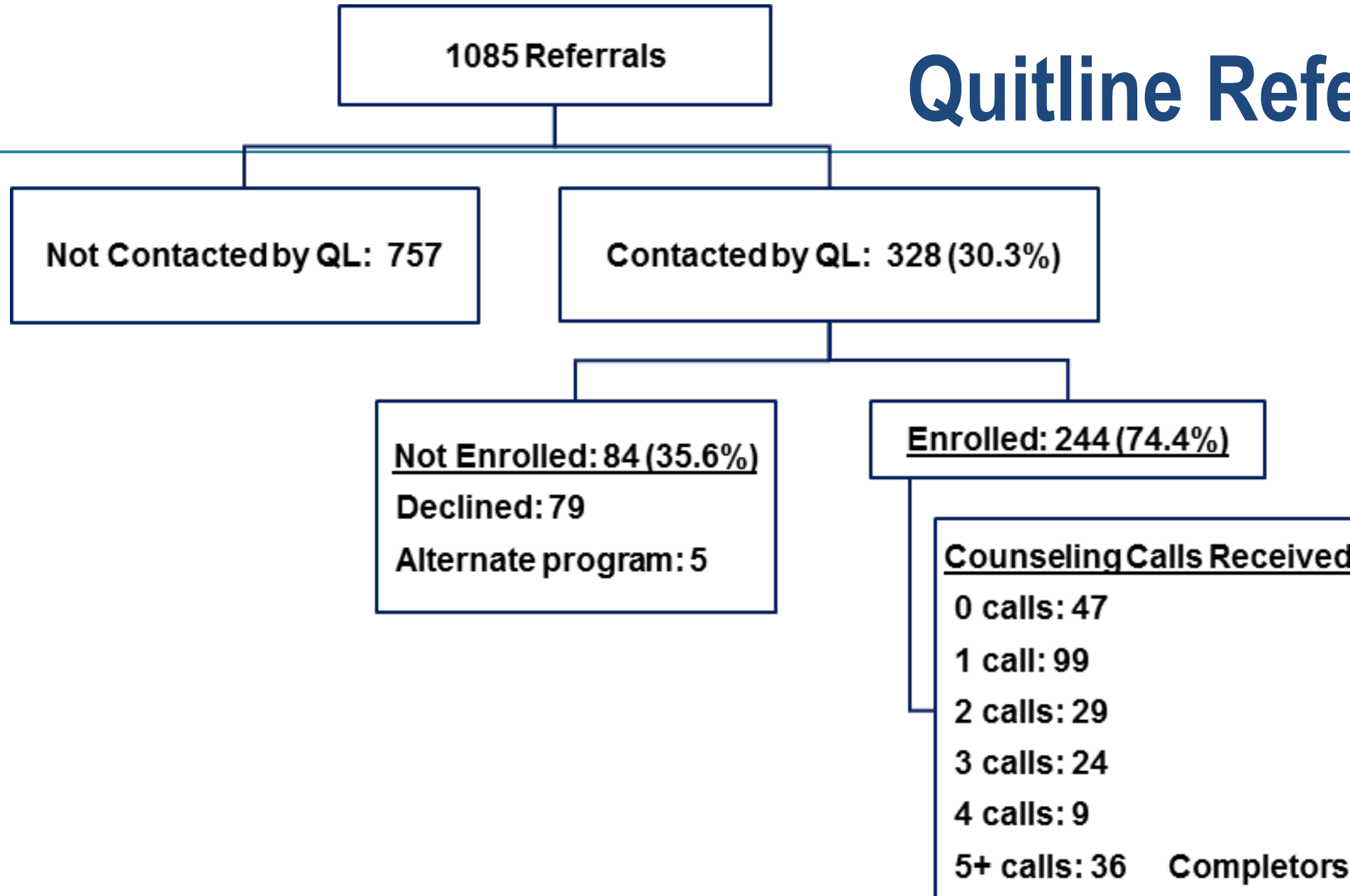
Summary points

- This systems-based strategy resulted in substantial and sustained increase in:
  - documentation of smoking and advice
  - connection to assistance for cessation
- The contact and enrollment by the quitline is modest.
  - Much to learn about individuals who say they are ready and want help, but are not able to be contacted.

Patient narratives of the experience

- Qualitative interviews of patient experience
  - 55 interviews – 'unreachable,' disenrolled, completors
  - Reasons for not engaging with the quitline:
    - Misunderstandings of what is offered
    - Discomfort with phone counseling
    - Already quit smoking
    - Life circumstances and events making cessation unviable
  - Completors: valued experience, wanted more follow up

- **Lack of information about or differing expectations regarding the quitline**
  - "I had other expectations. It truly wasn't what I was expecting." [Participant 21]
  - "You know, and I just wasn't sure (what to expect). To be honest with you, I thought it was a program like a friend of mine went through some years ago where he actually went like to one of the clinics in the evenings." [Participant 08]
  - "I wanted patches. So that's what I thought I was gon' get, some patches. Like I was saying, that's not what I wanted to do - them checking on me and this and that and all that… So you know, I told them, 'That's all right.' If I couldn't get the patches, that's all right. That was the end of that conversation. [Participant 25]."

- **Changing life circumstances and stressors**
  - "My mother had a stroke, and but she wasn't doing too good and wasn't nobody here to take care of her, but me. You know how hard that was on me. She was bedridden, and she died like in August of last year. Yeah, and trying to take care of myself and trying to take care of her. It was a lot." [Participant #]
  - "I just had a lot going on. A lot of issues with family, things going on lately. Our home was just burglarized a couple weeks ago. I've just had a lot going on… I mean it's definitely something I'd like to do eventually. It's just gotta be the right time, and a lot of times when you try to quit something and then you go back to it, becomes, you know it just becomes worse, I guess." [Participant 33]
  - "Well they sent me the brochures and everything. My dad and I had a few talks with them and stuff. But my mindset wasn't in the right frame of mind at that point, 'cause my dad was in a nursing home. And he just recently passed away, so I wasn't really in the right state of mind back then. It was kind of stressful, and that was like the stress-relief to get out the nursing home and have me a cigarette and go home." [Participant 44]

- **Unable to find time for counseling**
  - "I've been at work so much that I never get a chance to conversate with them, 'cause I'm at work like from morning 'til late evening." [Participant 13]
  - "I actually received a couple calls that I missed because I was at appointments, or I was either at my kids' school or something and didn't answer the phone." [Participant 12]
  - "Usually when they call, sometimes I don't answer because I'm either picking up my kid, or taking him to school… and then with Christmas, holidays. Everything is just, you know, and then trying to figure out with the doctor 'cause well I just had another episode, so I was in the hospital." [Participant 22]

- **Cell phone disruption or difficulties**
  - "They probably tried to call me, but my phone's been stupid… I cracked it, so sometimes it answers and sometimes it doesn't." [Participant 54]
  - "Yeah, and then the phone I had, I lost it, and I ain't been able to afford me another phone, but I got a birthday soon coming. I guess they'll pitch in and buy me a phone, and I'm using a temporary phone now until I get me another real good phone. I had phones and kept having problems with them." [52]

Teachable Moment Communication Process

- A communication strategy to be used in specific visit situations (potential teachable moments) to discuss tobacco cessation.

- Training in groups at clinical practices
  - Interactive video
  - Skill practice with 6 standardized patient scenarios and coaching
  - Support with new EHR document flowsheet

Study Design:

Teachable Moment Communication Process was implemented in Year 2.

- **Sites:** 8 community-based primary care clinics
- **Design:** Randomized stepped wedge
- **Time frame:** Ask-Advise-Connect period vs. 6 months post-implementation

Outcomes measured

- Uptake of the approach: use of the document flowsheet

- Orders for cessation support
  - Referrals for counseling
  - Tobacco cessation medication orders

Teachable Moment Findings

- 44 of 60 eligible clinicians received training

- Median module quiz score - 80% correct

- 68% used the doc flowsheet 1 or more times after training.
  - Median 15, IQR 2-33
  - 17 used it more than 10 times; 4 used it more than 50 times.
  - 660 visits out of 8199

Teachable Moment Findings

- Increase in tobacco cessation medications ordered
  - 30% vs 9%, OR=4.82 (95% CI=3.90, 5.94)

- No improvement in referrals, contact or enrollment.

Summary points

- Systems change research requires substantial commitment to collaboration & quality improvement on the part of all partners.
- The Ask-Advise-Connect strategy resulted in substantial and sustained increase in tobacco assessment and assistance.
- Teachable Moment, when used improved medication orders
- Integration of interventions via the EHR was not fully realized.
- Patient perspective -- want ongoing help with follow-up. The quitline services meet the needs of some, but not the majority.

What's next for this study?

Next study will examine the impact of a tobacco specialist navigator

- resource options and choices

- texting as a first method of contact

- training for clinicians on best practices for tobacco cessation medications

- follow up to encourage engagement

Questions and comments?

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Questions?

Please type your questions into the Q&A pod.

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