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)
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
Thank you to our funders
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
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
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/quititobacco
# Quit Campaign – Ignite a Movement!

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

<table>
<thead>
<tr>
<th>ASK</th>
<th>about tobacco <strong>USE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>ADVISE</td>
<td>tobacco users to <strong>QUIT</strong></td>
</tr>
<tr>
<td>ASSESS</td>
<td>readiness to make a <strong>QUIT</strong> attempt</td>
</tr>
<tr>
<td>ASSIST</td>
<td>with the <strong>QUIT ATTEMPT</strong></td>
</tr>
<tr>
<td>ARRANGE</td>
<td><strong>FOLLOW-UP</strong> care</td>
</tr>
</tbody>
</table>
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
Tobacco Cessation
Classes and Resources

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

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

Adult Smoking Prevalence KPNC

<table>
<thead>
<tr>
<th>Year</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>9.5</td>
</tr>
<tr>
<td>2013</td>
<td>9.1</td>
</tr>
<tr>
<td>2014</td>
<td>8.8</td>
</tr>
<tr>
<td>2015</td>
<td>8.7</td>
</tr>
<tr>
<td>2016</td>
<td>8.5</td>
</tr>
</tbody>
</table>
HEDIS Performance Results

CAHPS Smoking Results
2015¹ vs 2016²

<table>
<thead>
<tr>
<th>Topic</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advising Smokers to Quit</td>
<td>76%</td>
<td>76%</td>
</tr>
<tr>
<td>Discussing Strategies</td>
<td>47%</td>
<td>52%</td>
</tr>
<tr>
<td>Discussing Medications</td>
<td>48%</td>
<td>51%</td>
</tr>
</tbody>
</table>

Rank:
- Advising Smokers to Quit: 36th | 26th
- Discussing Strategies: 26th | 11th
- Discussing Medications: 47th | 19th

¹ 2015 # of health plans = 78
² 2016 # of health plans = 58
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%\(^1\)
25% one year quit rate is attainable

\(^1\) Warner DO Smoking behavior and perceived stress in cigarette smoking undergoing elective surgery Anest 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**

- **Referring Provider**
  - Initial smoking cessation intervention attempt

- **Surgical Clinic Visit**
  - Smoking cessation counseling and referral

- **POM Visit**
  - Smoking cessation counseling and referral (reiteration)

**Measurement**

- **Day of Surgery – Pre-op**
  - Measurement of 24 pre-op smoking cessation

- **Day of Surgery – Post-op**
  - Reiteration of cessation importance

- **Follow-up**
  - 30-day cessation status check (for pilots)
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

![CO Monitor Image]

### CO Analyzer

- **Date/Time:** 8/31/2012 6:19:00 AM
- **Result:** 12

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

### PWA Information

<table>
<thead>
<tr>
<th>Description</th>
<th>Status</th>
<th>Date</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verify Informed Consent</td>
<td>Complete</td>
<td>30 Aug 12</td>
<td></td>
</tr>
<tr>
<td>Assessment Verified</td>
<td>Yes</td>
<td>31 Aug 12</td>
<td>Yes</td>
</tr>
<tr>
<td>ID/DOB/Allergy Verify</td>
<td>Yes</td>
<td>31 Aug 12</td>
<td>Yes</td>
</tr>
<tr>
<td>VerbOfMD/Proced/Site</td>
<td>PerPatient</td>
<td>31 Aug 12</td>
<td>PerPatient</td>
</tr>
<tr>
<td>SurgSite/BandInitial</td>
<td>NA</td>
<td>31 Aug 12</td>
<td>NA</td>
</tr>
<tr>
<td>VerbalizConsist With</td>
<td>eSHA</td>
<td>31 Aug 12</td>
<td>eSHA</td>
</tr>
<tr>
<td>Antibiotic Location</td>
<td>Obtain OR</td>
<td>31 Aug 12</td>
<td>Obtain OR</td>
</tr>
<tr>
<td>CurrentCigTobaccoUse</td>
<td>Yes</td>
<td>31 Aug 12</td>
<td>Yes</td>
</tr>
<tr>
<td>CO Analyzer</td>
<td>12</td>
<td>31 Aug 12</td>
<td>12</td>
</tr>
<tr>
<td>Warming Device</td>
<td>Off</td>
<td>31 Aug 12</td>
<td>Off</td>
</tr>
</tbody>
</table>
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: Critical Moves

<table>
<thead>
<tr>
<th></th>
<th>Smoking Cessation: Critical Moves</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Screen and document tobacco status</td>
</tr>
<tr>
<td>2</td>
<td>Notify provider of + tobacco status</td>
</tr>
<tr>
<td>3</td>
<td><strong>Provider advise</strong> &quot; quitting tobacco is the most important thing you can do for your health&quot;</td>
</tr>
<tr>
<td>4</td>
<td>Educate re the importance of medical management</td>
</tr>
<tr>
<td>5</td>
<td>Provider to offer nicotine gum/patch when appropriate</td>
</tr>
</tbody>
</table>
Teachable Moments- Inpatient

Adults with recent Dx:

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

3.2 x more likely to quit then those without concurrent dx*

# Tobacco Treatment National Hospital Inpatient Quality Measures

<table>
<thead>
<tr>
<th>Set Measure ID #</th>
<th>Measure Short Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOB-1</td>
<td>Tobacco Use Screening</td>
</tr>
<tr>
<td>TOB-2</td>
<td>Tobacco Use Treatment Provided or Offered</td>
</tr>
<tr>
<td>TOB-2a</td>
<td>Tobacco Use Treatment</td>
</tr>
<tr>
<td>TOB-3</td>
<td>Tobacco Use Treatment Provided or Offered at Discharge</td>
</tr>
<tr>
<td>TOB-3a</td>
<td>Tobacco Use Treatment at Discharge</td>
</tr>
<tr>
<td>TOB-4</td>
<td>Tobacco Use: Assessing Status After Discharge</td>
</tr>
</tbody>
</table>
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
50,000 Quitters

...and Counting
Questions ?
Questions and Answers

• Submit questions via the chat box
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
Co-hosted with Truth Initiative, our next webinar will be on **October 26th**.

*Registration is coming soon!*
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