

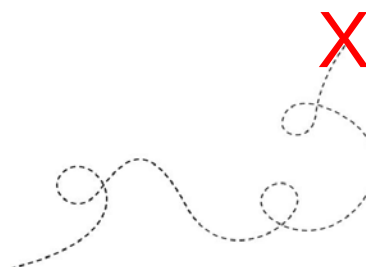
Collective Systems Change to Reduce Tobacco Use among Patients in a Safety-Net Health-Care System: Milestones, Outcomes and Lessons Learned

Ava Cannon and Theresa Mickiewicz
March 23, 2017

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Road Map

- Denver Health & Hospital Authority
- Vision
- Components of Implementation
- Barriers and Solutions



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What is Denver Health?



- Safety net hospital in metro Denver
- 600,000 outpatient visits each year
- High-risk patient population
 - Low SES, ethnically diverse
 - Smoking prevalence 10% higher than state rate



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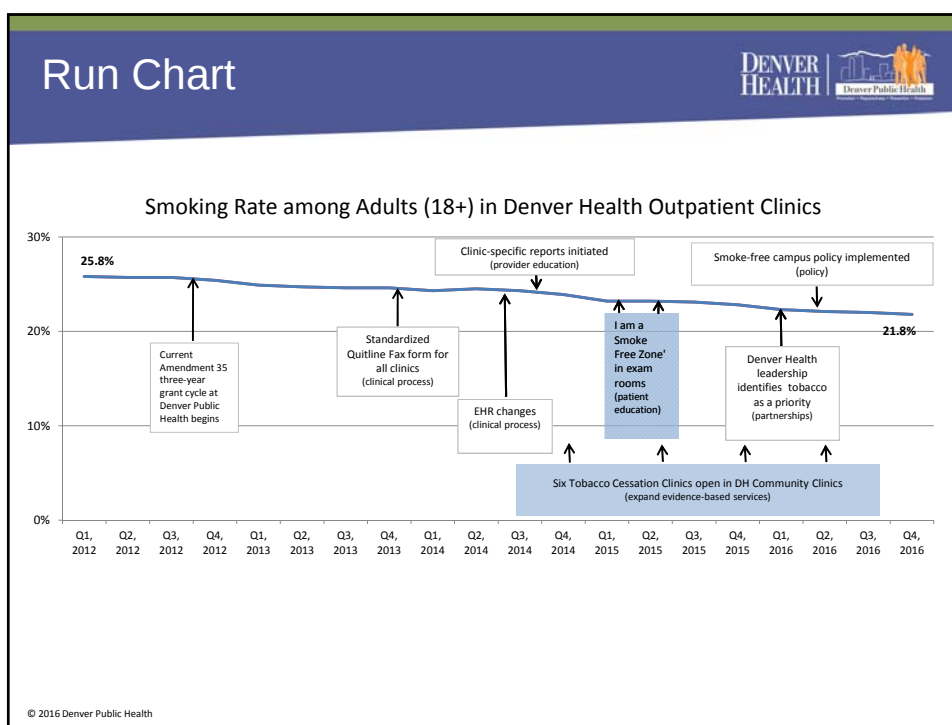
A Vision



- Evidence-based
- Based on need
- Remove barriers for patient access
- “Every patient, every time”



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Comprehensive Tobacco Treatment

- “Ask, Advise, & Refer”
- Colorado Quitline
- Tobacco Cessation Clinic
- Formulary and reduced co-pays
- Inpatient management of cravings and transition to outpatient care

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Partnerships



1. Identify those who will be affected
 - Providers, medical assistants, facility coders, clerical staff
2. Identify those with expertise in affected areas
 - Billing, clinical nursing managers, pharmacy, appointment scheduling staff
3. Leadership and Champions
4. Meet regularly- delegate tasks appropriately



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Identify and Build Support



Support from above
+ Support from below



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Enhance Clinical Processes



- Standard referral form for the Colorado Quitline
- EHR:
 - Capture “Advise” and “Refer” →
 - Epic optimization
 - Dashboards for easy visualization
- Clinical workflow optimization
- Written guidelines



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Employee Education



- “Ask, Advise, & Refer” training
- Referral options
- Health effects
- Monthly QI reports
- Training and ongoing technical assistance

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Employee Education



Community Health Clinics Tobacco Report: Montbello

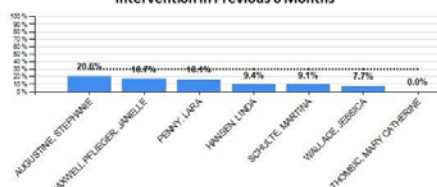
1/1/2015-3/31/2015

Your Interventions Save Lives!

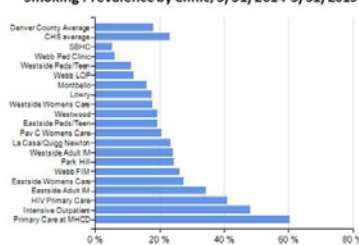
The graph to the right is a new metric we are using to ensure that patients who use tobacco receive the support and resources they need to quit.

Check out how your tobacco interventions line up against the CHS clinic average (represented by dotted line)!

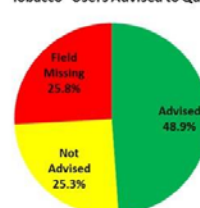
Percent of Smokers Seen in Q1 2015 who Received at least 1 Tobacco Intervention in Previous 6 Months



Smoking Prevalence by Clinic, 3/31/2014-3/31/2015



Tobacco* Users Advised to Quit



*Tobacco includes cigarettes, cigars, pipes, e-cigarettes and chew

For more information about the data included within this report, please contact the tobacco team at DPH.TobaccoTeam@dhha.org

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Patient and Visitor Education



Patient and Visitor Focus

- Improved campus signage
- Leveraging of “I Am A Smoke-Free Zone” campaign
- Updated hospital communication of smoke-free campus policy



Where you smoke matters.

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Supportive Policy



Policy

- Smoke-free campus policy (2008 vs 2014)
- Missing Person/Leaving AMA policy
- Employee training module



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Lessons Learned



Administrative Burdens

Barrier		Solution
Time spent submitting referrals	➔	Revamped QuitLine fax referral form
Inefficient scheduling practices	➔	Created standard work for Appointment Agents

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Lessons Learned



Financial Burdens

Barrier		Solution
Unsustainable provider model	➔	New provider model
Expensive prescriptions	➔	Denver Health Foundation partnership
Poor medication coverage	➔	Updated medication formulary and algorithm

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Lessons Learned



Policy Burdens

Barrier		Solution
Existing culture difficult to change	➔	Established workgroups, built support

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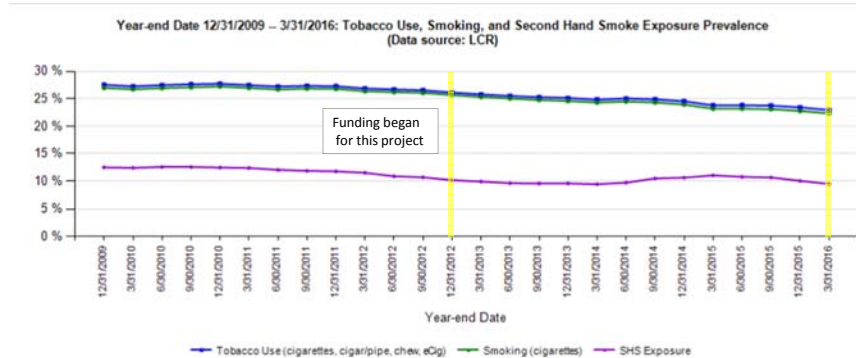
Outcome Data



- Increased tobacco use screening through AAR to **nearly 100%**
- Increased referrals to QuitLine by **200%**
- Enrolled more than **350 patients** in TCC
- Lowered overall smoking prevalence by **4+%**

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Our Success



Smoking rate decreased by 4.2% over 3 years

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Thank you!



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