Incorporating Best Practice Tobacco Treatment into a Large Integrated Health System

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Background

What is Health Systems Change?

Health systems change is a sustainable, integrated solution implemented at the organizational level that supports clinicians and health care systems to address tobacco use consistently and effectively. Systems change leads to improvements in the way that health care systems operate and in patient care.[1,2] However, data from Minnesota illustrate that there is still substantial room for improvement in integrating comprehensive tobacco dependence treatment into routine care. Although almost all smokers report being asked by their health care provider if they smoke and 78.9 percent report being advised to quit, only 52.6 percent of current smokers report receiving a referral for quitting assistance.[3]

Why is Health Systems Change Important?

The Institute for Healthcare Improvement describes the need to optimize health system performance in order to meet the "Triple Aim" – improving the patient experience of care (including quality and satisfaction), improving the health of populations and reducing the per capita cost of health care.[4] Addressing tobacco use with patients aligns with the Triple Aim: It increases patient satisfaction with their health care[5]; helps patients quit, thereby improving their health[6]; and has a positive return on investment. [7]

Health Systems Change Project

Essentia Health (Essentia) received a two-year grant award from ClearWay Minnesota[SM] to implement health systems changes that would improve Essentia's ability to address tobacco use among their patients. The grant period was from May 1, 2015, to April 30, 2017. ClearWay Minnesota is an independent nonprofit organization working to improve the health of all Minnesotans by reducing the harm caused by tobacco.* Professional Data Analysts, Inc. (PDA), was hired by ClearWay Minnesota to conduct a process evaluation of its health systems change grants. This case study summarizes key activities implemented by Essentia and lessons learned through their systems change work.

ClearWay MINNESOTA

PDA PROFESSIONAL DATA ANALYSTS, INC.

An electronic version of this case study can be found online at: http://clearwaymn.org/policy/cessation-policy/

* www.clearwaymn.org

Essentia Health (Essentia)

is an integrated healthcare system headquartered in Duluth, Minnesota, accredited as an Accountable Care Organization by the National Committee for Quality Assurance since 2013.* As of 2017, Essentia has facilities in four states (Minnesota, Wisconsin, North Dakota and Idaho) and includes 75 clinics, 15 hospitals and 15,000 employees serving approximately one million patients. In Minnesota, the primary location of the systems change grant efforts, Essentia serves 28 counties through 36 clinics and 11 hospitals.

In 2014, approximately 19.3 percent of Essentia patients in Minnesota were documented as being current tobacco users, higher than the statewide average of 14.4 percent[3]. Essentia's rural patients and those with chronic conditions such as diabetes, vascular disease, depression or anxiety, had the highest tobacco use rates. While tobacco treatment resources have been available to patients, electronic health record (EHR) data indicated that treatment options were not being consistently offered to patients across the system. Together, high tobacco use rates and inconsistent offering of treatment options indicated that a more concerted, systemic effort was needed to help patients quit tobacco.

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Systems Change Grant Goal

Essentia's goal for the grant was to integrate evidence-based tobacco use identification, engagement and treatment into the continuum of care for patients that use tobacco across all Essentia Health Primary Care Clinics in Minnesota.

Key Strategies

- Create Core, Multi-Level Tobacco Teams and Conduct a Needs Assessment
- Develop Supportive Infrastructure to Fully Integrate Tobacco Dependence Treatment
- Implement Ongoing Process and Quality Improvement Mechanisms

Key Project Team Members

- **Tobacco Treatment Integration Specialist (Project Manager)**– Position established to conduct daily systems change grant activities; system-wide position within the Quality Department.
- **Quality Improvement Manager** – Oversight of systems change grant; member of the tobacco steering committee member and Primary Care redesign leadership team
- **System Director of Primary Care** – Oversight of all primary care clinics; ensures use of similar processes/tools across clinics
- **Technology Support Analyst** – Development of EHR assessment, documentation, patient tracking and communication tools
- **Senior Analyst (Information Technology)** – Data analysis and feedback through EHR reports
- **Senior Research Scientist** – Assistance with program evaluation and data analysis
- **Medical Director of Primary Care** – Physician champion; connects process changes to organizational mission, accreditation requirements and patient outcomes

Strategy 1: Create Core, Multi-Level Tobacco Teams and Conduct a Needs Assessment

While Essentia has made efforts over the past several years to identify patients that use tobacco and to increase awareness of tobacco cessation resources among providers and patients, the system has struggled to adopt a more robust, systematic standard of care for addressing tobacco dependence. Additional resources and system-level support were needed to catalyze movement toward a standard of care.

Hire Dedicated Staff

Essentia hired a Tobacco Treatment Integration Specialist (Project Manager) to lead the tobacco systems change work. The Project Manager joined the team with many years of tobacco cessation policy and advocacy experience. Shortly after being hired, the Project Manager attended Tobacco Treatment Specialist (TTS) training at the Mayo Clinic to gain a better understanding of tobacco cessation treatment and to be a better resource for providers and staff.

"[The Project Manager's] ability to bring a group of resources together has been one of the greatest accomplishments. "
- Quality Improvement Manager

Assemble Teams

Essentia developed two teams to oversee and plan health systems change grant activities. First, a multi-disciplinary steering committee consisting of 26 diverse department and leadership-level members from across the system was developed to provide oversight and recommendations on grant activities. This committee met quarterly and included key leadership from primary care, cardiology/vascular, diabetes, quality, information systems (IS), operations and research, in addition to key tobacco project team members (see page 3).

"The [grant] Steering Committee is a really robust group of providers, nurse managers, data team members, community health staff, TTS counselors and primary care leadership."
- Project Manager

Second, a Tobacco Cessation Workgroup was formed. This workgroup developed the first iteration of a new standard tobacco cessation workflow soon after the grant started (June 2015). Over time, the workgroup continued to revise the workflow and support key project activities. The Quality Improvement Manager and Project Manager were two key members of this workgroup.

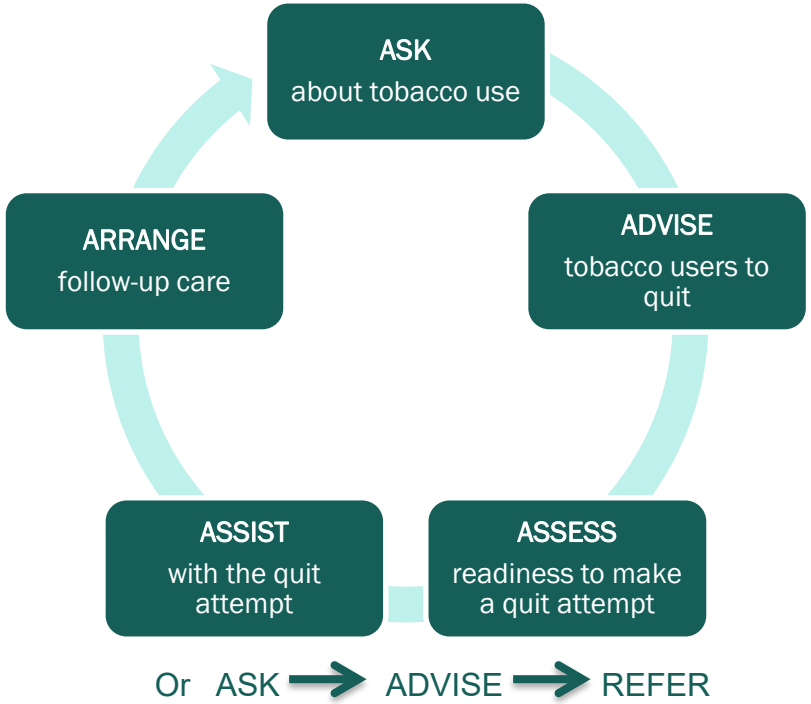
Conduct Needs Assessment & Train Staff

Seven clinics in northeastern Minnesota serving patients with some of the highest tobacco use rates within the Essentia Health system were chosen to participate in an initial needs assessment and provider training. The Project Manager met face to face with staff and providers at each of these clinics. During the visits, the Project Manager presented on how to address tobacco use during office visits, implement the new standard workflow, monitor referrals via "performance boards" and use best-practice clinical guidelines to treat patients that use tobacco. Continuing nursing education credits were provided for nurses that attended the training. Staff and providers were also asked to discuss barriers they encountered to providing tobacco treatment and what resources or training they needed to address tobacco use with patients.

After the trainings, the providers and nurses filled out evaluation forms and provided feedback and suggestions to the Project Manager on both the training and the tobacco work overall. Providers shared valuable insights on assessing and addressing tobacco use with patients, such as not having enough resources on providing referrals or conducting brief (three-minute) interventions with patients. All sites expressed disappointment with using current referral options and wanted more internal or onsite options. They also felt that the tools within the Electronic Health Record (EHR) needed to be more robust and user-friendly, and they wanted higher-quality patient education materials and additional training for providers and staff.

"When we did the assessment, physicians said, 'We don't have time to do this. I don't know how to do this and I don't have anyone to send [patients] to.'. . . So, we tried to answer those questions by providing resources and training."
-Quality Improvement Manager

Figure 1. 5A's and 2A's + R Model of Tobacco Intervention[2]



Successes

In the first few months of the grant, the project team leveraged key staff and leadership to oversee the direction of the project, act as champions for tobacco cessation efforts across the system and develop and implement a standard workflow for tobacco cessation which was implemented across all Essentia primary care clinics. This included featuring the CEO of Essentia, a tobacco cessation advocate, in a video describing how to use clinic performance boards to track tobacco referrals, which was sent to all Essentia employees.

Additionally, hiring a dedicated staff member (Project Manager) to implement the day-to-day activities of the grant proved essential to moving the work forward and elevating tobacco cessation as a priority. The meetings the Project Manager had with clinic staff and providers early on helped the project team understand how to meet staff and provider needs around tobacco cessation. For example, based on feedback from these meetings, the Project Manager provided additional education for providers on how to conduct a brief tobacco intervention, including developing an instructional video. With the assistance of IS staff, provider feedback was used to improve the design of EHR modifications (modifications described on the next page, under *Strategy 2*).

Challenges

Initially, it was challenging to find someone to fill the Project Manager role. The Project Manager was not hired until the second quarter of the grant; however, having the Steering Committee and a small group of core Cessation Workgroup members convened was invaluable to the start-up of the grant work, including obtaining initial buy-in from leaders across the system.

Due to the large size of the health system, it was difficult to identify specific sites with which to conduct a needs assessment and initial trainings. Since a few key team members were involved with the redesign of primary care, they decided to start with primary care clinics. In reviewing tobacco use prevalence data by clinic and region, they identified clinics with the highest rates of tobacco use and began with those clinics. Once the Project Manager was hired, she carried out the needs assessment and trainings with these sites. In retrospect, the project team wished they had selected sites with wider geographic representation to help spread initial buy-in for tobacco cessation efforts. However, working with clinics with the highest tobacco use rates helped prepare them with the information and insights they needed to implement tobacco cessation changes more broadly.

Strategy 2: Develop Supportive Infrastructure to Fully Integrate Tobacco Dependence Treatment

Before the grant period, Essentia had cessation referral options such as the statewide quitline fax referral program, tobacco-related clinical decision supports embedded in the EHR and a few tobacco cessation counselors; however, these resources were not being consistently utilized. Initial discussions with primary care staff and providers revealed a preference for new counseling referral options throughout the entire Essentia Health system, updated clinical decision supports, as well as newer, more appealing tobacco cessation materials for patients.

Refine EHR Tools

As all Essentia clinics utilize the same EHR system, any changes made to the EHR are rolled out to all clinics simultaneously. EHR tools already existed for rooming staff, nurses and providers including a best practice alert (BPA) that fires when a primary care patient is documented as a tobacco user.* However, needs assessment feedback from clinic staff and providers prompted an upgrade to allow providers to search by clinic and filter by geographic region to find clinics within the Essentia system with an onsite counseling option (see next page under *Expand Internal Cessation Counseling Capacity*).

Implement a Quality Improvement Cycle

The standard workflow for tobacco cessation in primary care that had been developed in 2015 was updated in early 2016 (see Appendix 1) . Subsequently, the project team monitored implementation of the standard of work, via review of Clarity Reports, utilizing data extracted from the EHR, and found implementation to be inconsistent across clinics, including a decrease in fax referrals to state quitlines. Due to these inconsistencies in implementation, a three-month Plan-Do-Study-Act (PDSA) focus was implemented across all primary care clinics.[8]

As part of the PDSA cycle, there was a feedback loop, including monthly communications with each clinic's administrator or nursing supervisor and daily or weekly communication with clinic providers and staff on project outcomes. PDSA outcome measures included internal and external counseling referral and medication orders. To keep the PDSA cycle in the forefront, the "flow board" (a white board near the nurses station) was utilized to track the number of tobacco using patients that had appointments that day and whether those patients left their appointment with a medication or referral order.

* The BPA triggers a SmartSet, which includes internal, online, or telephonic cessation referral resources, fields to document provider counseling/time spent, and a list of best-practice based pharmacotherapy options.

Essentia leadership wanted an approach to tobacco cessation that increased patient access to onsite services while aligning with state and federal health care reform efforts such as the Affordable Care Act.

Expand Internal Cessation Counseling Capacity

Based on the feedback provided during the initial needs assessment and the process improvement cycle, the project team advocated for an investment in additional internal tobacco cessation resources to be spread throughout all of Essentia's primary care clinics. Simultaneously, Essentia's Community Health Needs Assessment (CHNA) had also identified tobacco cessation as a community health priority. Due to this convergence of project and systemwide priorities, dedicated internal funding was provided to support additional staff training. In March 2016, the Mayo Clinic Nicotine Dependence Center's Tobacco Treatment Certification[9] course was conducted on-site at Essentia. Twenty staff from Essentia and six community partners attended this week-long training to become Certified Tobacco Treatment Specialists (CTTSs).

With the influx of new CTTS resources across Essentia, the project team developed key systems change processes, such as a CTTS standard workflow (see Appendix 2) and additional EHR documentation tools. Another key resource was Basecamp, an online project management tool, which was integral to sharing important documents, upcoming opportunities and monthly meeting updates and provided a venue for online discussions between CTTS across the system (see Appendix 3 for Basecamp screenshot).

Create Counselor-Specific EHR Tools

One of the EHR modifications made at Essentia was to create clinic-specific referral orders for a CTTS visit. Another workgroup was formed, consisting of a few CTTS staff, the project manager and IS staff to create a new 'Tobacco Treatment Counselors' SmartSet. This allowed CTTS to send a pre-visit electronic tobacco use questionnaire to patients, input visit notes, indicate cessation medications, develop a patient treatment plan, set up follow-up appointments and reminders, and document the amount of time spent at each visit using cessation counseling billing codes. Treatment plans can also be printed to hand out to patients as an after-visit summary. Pulling all these documentation pieces into one SmartSet made for consistent and efficient documentation during the counseling visit.

Above: Essentia Health staff that attended the 2016 Mayo Clinic Nicotine Dependence Center's Tobacco Treatment Certification course

Redefining the Role of Nurses in Primary Care

The project team, facilitated by the System Director of Primary Care, revised the primary care registered nurse (RN) role to include tobacco treatment counseling and ensured that the RN CTTS had the time and space to counsel patients. Protecting this time was essential to creating patient access and helping RN CTTS to maintain their TTS certification.

"We need to make sure [the TTS] have the time and space they need to see patients for tobacco cessation counseling . . . to maintain this important resource in our clinics."
-Project Manager

The RN CTTS can bill their cessation counseling time using the same billing codes as providers (99406 for < 3-9 minutes; 99407 for > 10 minutes). The codes are built into the tobacco treatment counselor EHR SmartSet. The additional duties of the RN CTTS (e.g., annual wellness visits, diabetes education, anticoagulation) also help bring in revenue to support their positions. Patients can now schedule counseling appointments with RN CTTS, just as they would for a physician appointment. Additionally, a dedicated 1-800 number was established for patients to have the option to call and set up a CTTS visit on their own.

Left: Janet Ellevold, RN, CTTS, displaying a carbon monoxide (CO) monitor

Develop and Disseminate Materials

Clinic staff and providers expressed a need for updated cessation materials for patients. After leveraging additional internal funding, new patient education and marketing materials were developed and disseminated across primary care clinics, specialty clinics and retail pharmacies, and to community partners that completed the CTTS course (see Appendix 4 for example patient materials).

Information about the new program, including how to access marketing and patient education materials, were communicated through internal communication networks such as Essentia's "STAT" provider newsletter and their employee-wide "Daily Dose" newsletter. Tobacco treatment program information was integrated into employee general orientation materials as well as their "MyHR – Wellness" page for all employees.

Successes

A key success was the ability of project staff and champions to leverage additional internal resources to enhance their systems change efforts. The team was able to leverage additional funding, roughly three times the size of the systems change grant award.

Due to updated EHR tools, clinic staff and provider education, quality improvement cycles, and increased on-site CTTS resources, the number of referrals to tobacco treatment increased significantly. Between April 2015 and May 2017, patients with documented tobacco-related care increased 34 percent (from 52 percent to 87 percent, respectively), almost meeting their grant target (90 percent) and exceeding their internal Clinical Quality Dashboard target (79 percent). At the end of the two-year grant period, face-to-face tobacco treatment counseling resources were available at 43 clinic and hospital locations (up from 13 at the start of the grant) (see Appendix 5 for before and after map of CTTS resources). In the first year of implementation, over 3,000 patients were referred to a CTTS for face to face counseling and 550 patients reported being quit for six or more months.

Additionally, momentum from primary care cessation efforts led to a new push to implement more robust inpatient tobacco treatment within Essentia hospitals (to leverage additional "golden opportunities" to provide cessation support). Internal foundation (implementation and research) funding has been leveraged to provide support for hiring a dedicated inpatient tobacco cessation specialist and an associated evaluation of inpatient cessation efforts at Essentia's largest hospital in Duluth, Minnesota.

At the end of the two-year grant period:

- **30 more locations with an on-site Certified Tobacco Treatment Specialist**
- **3,000+ patients referred to face-to-face counseling**
- **550+ patients quit for six or more months**

Challenges

While a standard workflow for tobacco cessation had been developed and implemented early in the grant period, the large number and geographic dispersion of primary care practices posed a challenge for both training and encouraging use of the standard workflow and its related tools. To address these challenges, the project team leveraged support for a system-wide quality improvement initiative to increase tobacco treatment referrals, had staff available to conduct on-site education of clinic teams, and was able to leverage resources to support building a specialist model for tobacco treatment.

Strategy 3: Implement Ongoing Process and Quality Improvement Mechanisms

The third grant strategy was to monitor the implementation of the new tobacco cessation processes and measure how their efforts were impacting patient care and health outcomes. While the EHR was capable of capturing all necessary data, the project team needed to ensure that the appropriate data could be extracted and shared in a meaningful way. In particular, they needed to show how the new cessation efforts were positively impacting key heath system goals, including optimal diabetic and vascular disease care.

Build Data Reporting Capabilities

Project staff worked with the IS department to enable extraction of key tobacco-related data, such as tobacco use prevalence by region and co-morbid chronic conditions (e.g., diabetes, vascular disease, depression). Reports now include data such as the number of counseling referral orders by month, location, and provider, as well as the number of completed counseling appointments, utilization of cessation medications, patient satisfaction, and quit status.

A Data and Evaluation Workgroup, which included representatives from IS and Nursing Informatics, Information Management, a Senior Research Scientist, Patient Outreach (System Quality), and two CTTS, was pulled together in year two of the grant period. This group developed documentation and tools and ensured that key data from the EHR could be extracted. They also developed the CTTS documentation workflow and SmartSet elements, which were refined with additional CTTS feedback.

The Workgroup also determined that a centralized process for conducting follow-up with patients at six and twelve months after receiving a referral to counseling was needed to assess patient satisfaction, quit status and/or whether additional support was needed.

Share Data and Conduct Targeted Outreach

Clarity reports were created to show how the tobacco standard workflow is being implemented, such as number of referrals to face to face counseling and medication prescribed. These data are shared on a regular basis during clinic staff meetings, team huddles, and on clinic performance boards.

Although it is a high performing health system, Essentia consistently struggles to meet the Clinical Quality Measures (CQMs)[10] for diabetes and vascular care, solely due to the high rate of patient tobacco use. The project team tracks the number of diabetic and/or vascular care patients who are not meeting the CQM due to tobacco use. They developed a report that lists these patients and their next primary care appointment, which they encourage clinics to use to identify tobacco cessation intervention opportunities. Essentia also used these data to mail letters, addressed from individual primary care providers, to all diabetic patients that were not at-target solely due to tobacco use. The letters included information about the risks associated with continuing to smoke and cessation resources available. A CTTS then followed up via phone call with each patient.

Successes

By implementing more robust data collection and reporting mechanisms within the EHR system, the project team, primary care teams, and leadership were better able to monitor adherence to the tobacco standard workflow and address any issues that arose. The project team highlighted the need for targeted tobacco intervention throughout the health system by emphasizing the connection between tobacco cessation and the CQMs. They further supported the clinics by developing lists of their diabetic and vascular care patients who need to quit tobacco. Through these efforts, Essentia saw improvements in patient care around tobacco cessation and improved patient outcomes (e.g., quit successes). This has been motivating for both staff and providers and has helped garner broader support for tobacco cessation efforts across the system.

In 2015, the EHR indicated that 42.4 percent of tobacco using patients had documentation that they were offered cessation services. This rate is now closer to 87 percent, which exceeded the target goal of 79 percent.

A six month follow-up assessment with all patients referred to face to face counseling with a CTTS between May 2016 – April 2017 found that 36.5 percent were currently quit. For patients who were prescribed a medication and who had three or more counseling visits, 50.5 percent were currently quit. One in six patients who identified as relapsed at six months follow-up have scheduled an appointment with a CTTS counselor to make another attempt.

Challenges

Within a large health system, it takes time to build custom reports within the EHR system. There are multiple competing priorities for EHR changes placed on IS staff. The tobacco systems change project benefitted from having key IS representation on their grant Steering Committee and Tobacco Workgroup. This helped ensure that the necessary reporting capacity was built and the project team was able to continue working with IS staff to establish a streamlined reporting process to share with staff and providers.

Another challenge was the time-consuming nature of following up with patients. While outreach staff were leveraged to conduct follow-up phone calls, they soon realized that they needed more resources and staff time than they currently had available. Because the outcome data collected during follow-up was found to be so valuable, the Quality Department decided to put resources toward a 0.5 FTE position within the department, solely dedicated to patient follow-up.

At six month follow-up:

36.5 percent of patients referred to in-person counseling (and had a documented quit attempt) were quit

50.5 percent of patients who received best practice treatment (medication or 3+ counseling visits) were quit

Lessons Learned

Hire dedicated project staff

Large health systems such as Essentia need a position(s) dedicated to implementing and coordinating tobacco cessation efforts at a system-wide level, particularly if efforts involve CTTS integration similar to what has been implemented within Essentia. This dedicated staff person should be knowledgeable about tobacco cessation and skilled in project management, advocacy and leadership. It is important to have someone that can manage multiple project components and is able to leverage different spheres of influence needed to make larger, systemic changes. Through this project, Essentia determined the value of employing a full-time staff member to coordinate and sustain tobacco cessation efforts across the health system and so has utilized internal resources to hire the Project Manager in a permanent position.

Garner and maintain buy-in at multiple levels

Involve staff from multiple levels of leadership (e.g., CEO, primary care, IS, community health, providers, nurses) across the health system starting at the beginning of the project to help facilitate and promote key elements of the systems change work.

Acknowledgements

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Creatively leverage system resources

Rather than trying to convince system leadership to invest limited internal resources (especially during tough budget cycles), look for other internal grant or funding resources. Health systems may have a foundation that would be willing to fund some of the work, especially if project staff are able to demonstrate return on investment and how it affects the health of the broader community.

Collect and share data

Collect and produce reports from the EHR system on key process and outcome data to stimulate practice changes and encourage continued buy-in and implementation. Share this data and reporting with staff and providers in a variety of mechanisms. Show how implementation of the tobacco systems change work can help improve clinical quality measures, as well as advance patient care system-wide (i.e., the Triple Aim).

Work with an eye toward longer-term sustainability

Set sights on not just meeting the goals of a specific funding stream, but toward broader change throughout the health system. For Essentia, this was operationalized by shifting the project from a smaller pilot project to a larger system-wide integration. This also led to the launch of an inpatient integration plan with their largest hospitals.

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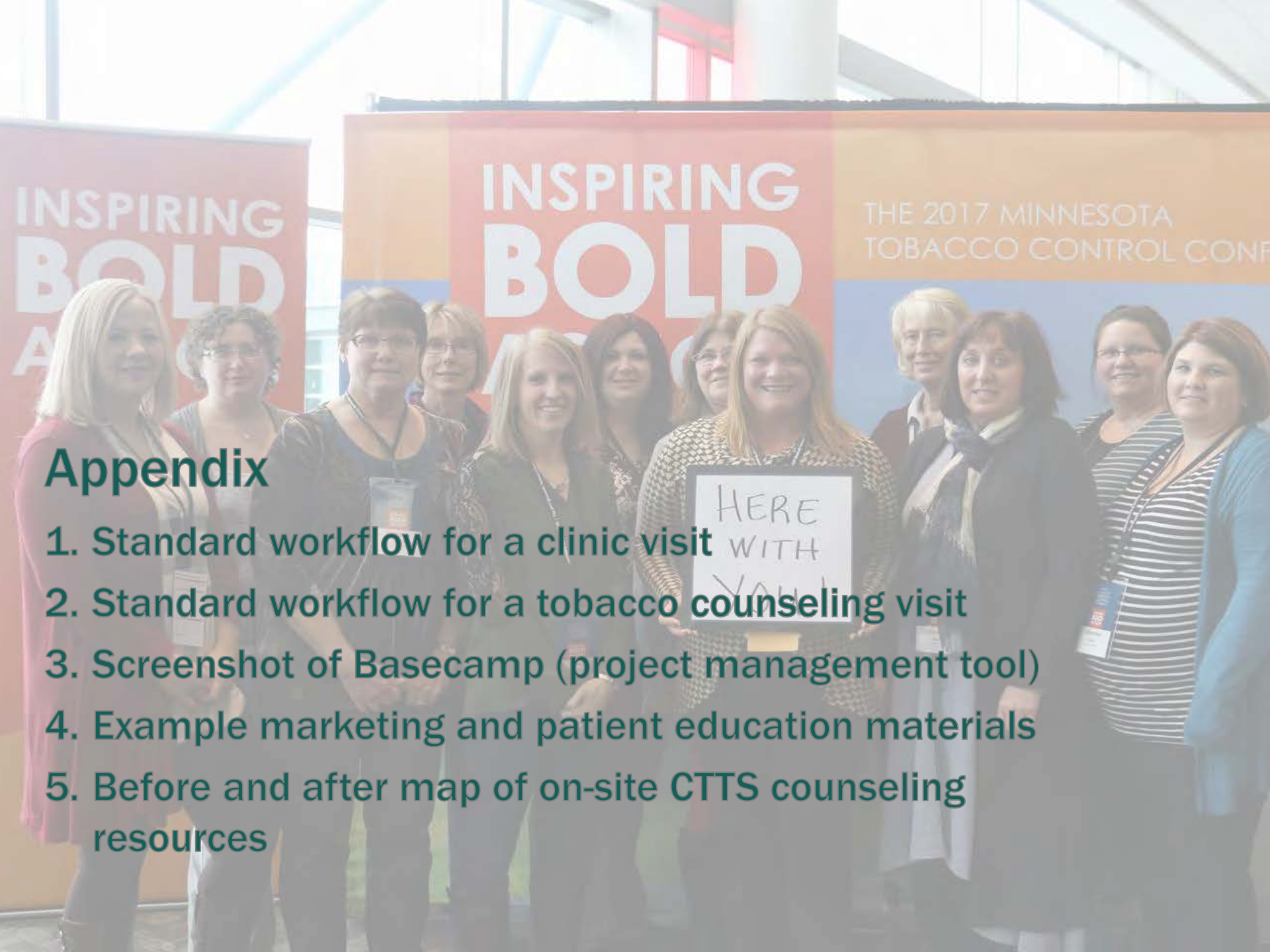


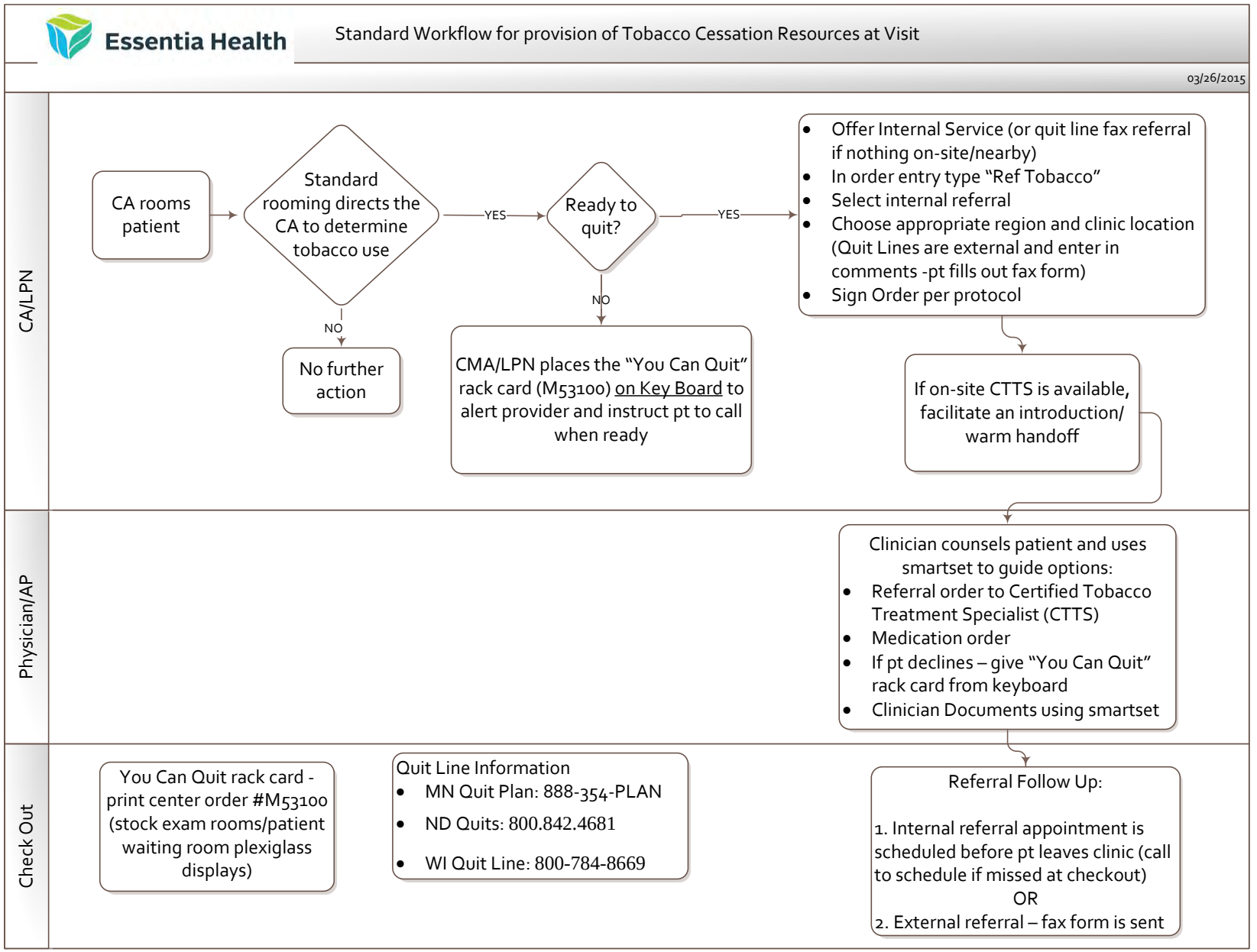
Appendix

1. Standard workflow for a clinic visit
2. Standard workflow for a tobacco counseling visit
3. Screenshot of Basecamp (project management tool)
4. Example marketing and patient education materials
5. Before and after map of on-site CTTS counseling resources

Essentia Health

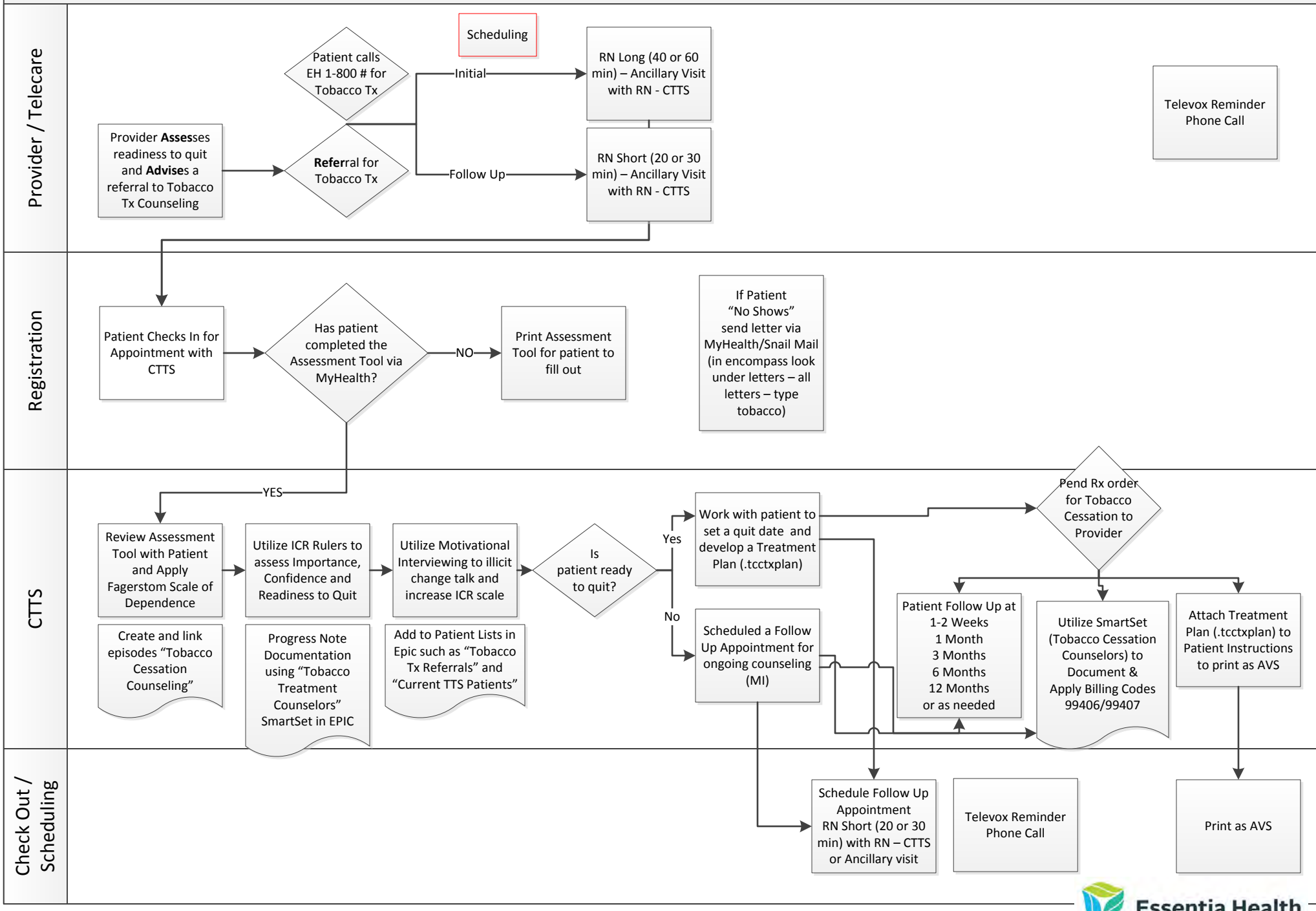
Standard Workflow for provision of Tobacco Cessation Resources at Visit

03/26/2015



Standard Workflow for an Appointment with a Certified Tobacco Treatment Specialist (CTTS) for Tobacco Cessation Counseling

May 16, 2016



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Tobacco Treatment Specialist Resource Page

Tobacco Treatment Resources

Invite more people
40 people on this project

Catch up
on recent changes

39 Discussions | 1 completed to-do | 31 Files | Events | Add the first: Text document

Upcoming Events

June 1
- Bi-Weekly Check-In Call with CTTS

July 6
- Monthly Check-In/Case Study Call with CTTS

All upcoming events...

Latest project updates

May 25 JoAnn B. posted a message: First referrals!
May 25 JoAnn B. commented on Marketing/Materials - What's Needed
May 25 Brenda L. posted a message: No Show

See all updates

Discussions

Post a new message

Watch a quick video about Discussions

JoAnn B.	**First referrals!** - I checked the chart of a person that was referred to me today. Under the referral tab in Epic it states APPT WITH TOBACCO CESSATION	May 25	
JoAnn B.	**Marketing/Materials - What's Needed** - My thoughts: It would be good if the business cards had our name and	May 25	11
Brenda L.	**No Show** - I have a patient who "no showed" twice for initial TCC appointment. Any suggestions?	May 25	
Janet E.	**Another CEU Webinar (2 CEU's)** - Can one still watch this without having to pay for the CEUs? When I go to the site it asks for either a code for the free	May 25	1
Sherry J.	**Co-sign** - good question! I'd like to know too :)	May 25	17

34 more discussions

To-do lists

Add a to-do list

Watch a quick video about To-Do Lists

1 completed to-do

Completed lists: Tobacco Treatment Counselor Integration

Files

Add files

Watch a quick video about Files

Get ready to quit smoking

Issue: November 2016, **Posted Date:** 11/15/2016

Like 1 Tweet G+1 0

It's hard to quit smoking. Quitting takes time, patience and practice. And you may need more than one try, so don't give up.

Jill Doberstein
Certified tobacco treatment specialist

"Research shows the most effective way to quit smoking is face-to-face counseling and medications," says Jill Doberstein, Essentia Health's tobacco treatment integration specialist. "And you don't need to do it alone. We have a quit coach near you."

Specially trained coaches are now available at 20 Essentia Health clinics in northeastern Minnesota and northwestern Wisconsin (see map below). All it takes to get an appointment is a toll-free call to 844.403.7010.

Try these tips to help you prepare to quit:

- Know why you are quitting. For better health, for a family member or to save money are all good reasons. Write them down and post them as a daily reminder.
- If you'd like their support, tell your family and friends that you plan to quit.
- Learn how to handle your triggers and cravings by finding healthier habits that give you the same sense of pleasure.
- Find ways to avoid nicotine withdrawal. Many medications that make quitting easier are free or inexpensive.
- Calculate how much money you could save. For more motivation, create a money jar and tape a picture of something that you'll reward yourself or your family with using the money saved.
- Explore your quit-smoking options.

An Essentia Health quit coach can help you prepare to quit and develop a plan that fits your life. Your coach will be there to support you every step of the way so you can find success.

Here with you
to make quitting *easier*

TOBACCO CESSATION SPECIALISTS

Lisa Goerdt, RT
Virginia Clinic

Linda Wright, RN
Northern Pines Clinic (Aurora)

Brenda Loeb, RN
Hibbing & Chisholm Clinics

Walt Passi, RN
Ely & Babbit Clinics

Jessica Carlson, RN
International Falls Clinic

If you want to quit smoking, you don't need to do it alone.
Essentia Health's certified tobacco treatment specialists are here to help. They'll create a personalized plan that fits your life and support you every step of the way. You'll get one-on-one help from a certified tobacco treatment specialist who can suggest medications proven to make quitting easier and provide research-based tips and advice to help you succeed. To get started and request an appointment, call your local clinic or call Essentia Health's Tobacco Cessation Services toll-free at **844.403.7010**.

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Here with you

When you're ready to quit, *we're here to help*

Quitting is hard. It takes time, patience and practice to quit smoking. It may take more than one try to quit for good. ***Don't give up!***

We can offer you:

- Individual counseling with a local Certified Tobacco Treatment Specialist (CTTS)
- Discuss medication options to help you quit
- Personalized quit plan with on-going follow up and support along the way

Schedule an appointment today by calling us toll-free at 844.403.7010.

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Your Body After You Quit

20 minutes after quitting: Your blood pressure improves and the temperature of your hands and feet goes back to normal.

8 hours after quitting: The carbon monoxide level in your blood drops to normal.

2 weeks to 3 months after quitting: Your blood circulation improves and your lung function increases up to 30 percent.

1 year after quitting: Your risk for heart disease may be half that of a smoker.

5 years after quitting: Your stroke risk can be close to that of a nonsmoker (this can take between 5 and 15 years).

10 years after quitting: The risk for cancer of the mouth, throat, esophagus, bladder, kidney, and pancreas goes down.

How much money will you save?

Based on smoking a pack each day
(average price per pack in MN = $7.50)

1 Month = **$225**
1 Year = **$2,737.50**
5 Years = **$13,687.50** ←

Learn more today by calling us toll-free at **844.403.7010**.

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Tobacco Treatment Specialist On-Site

13 hospital & clinic locations

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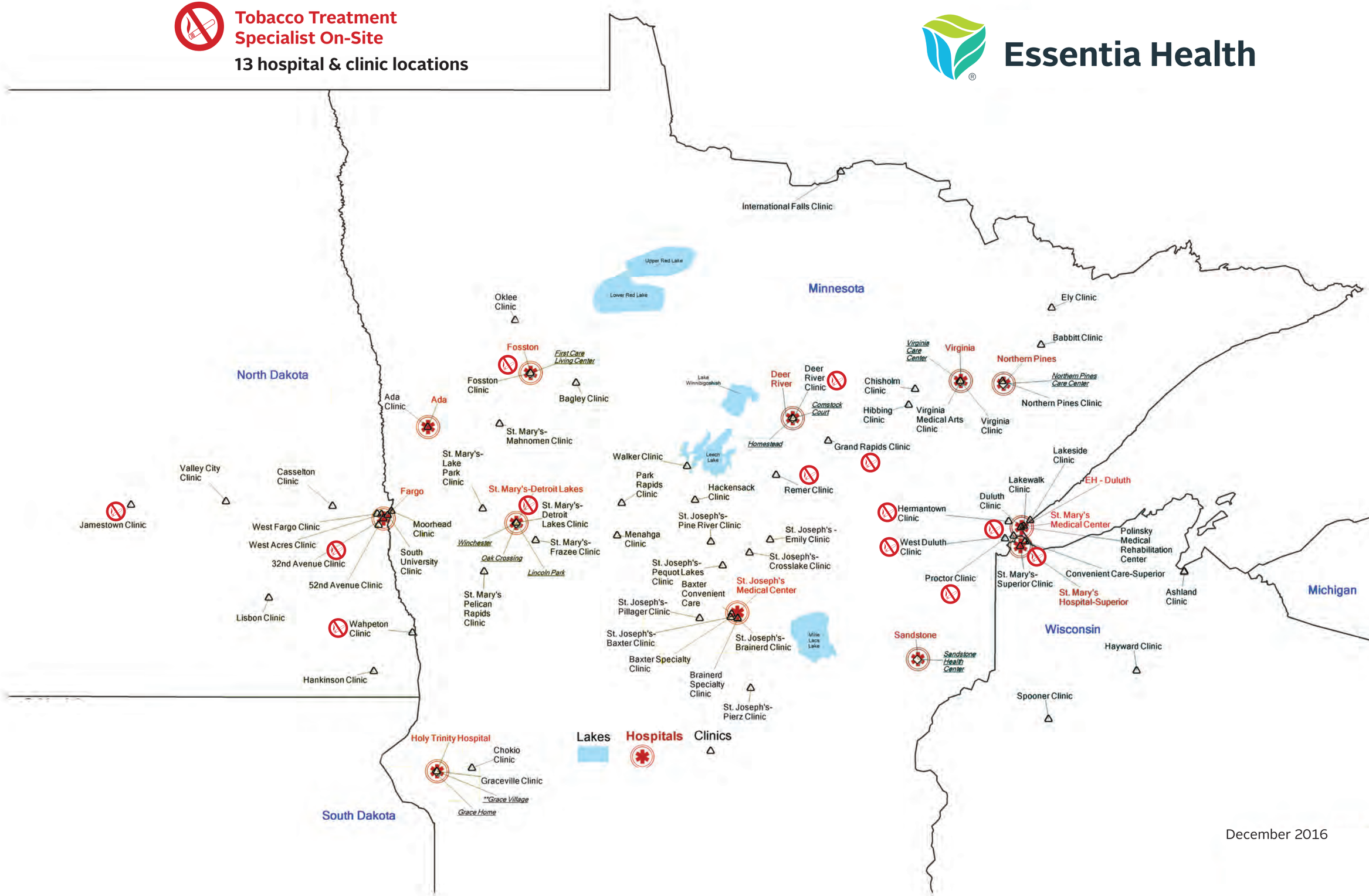
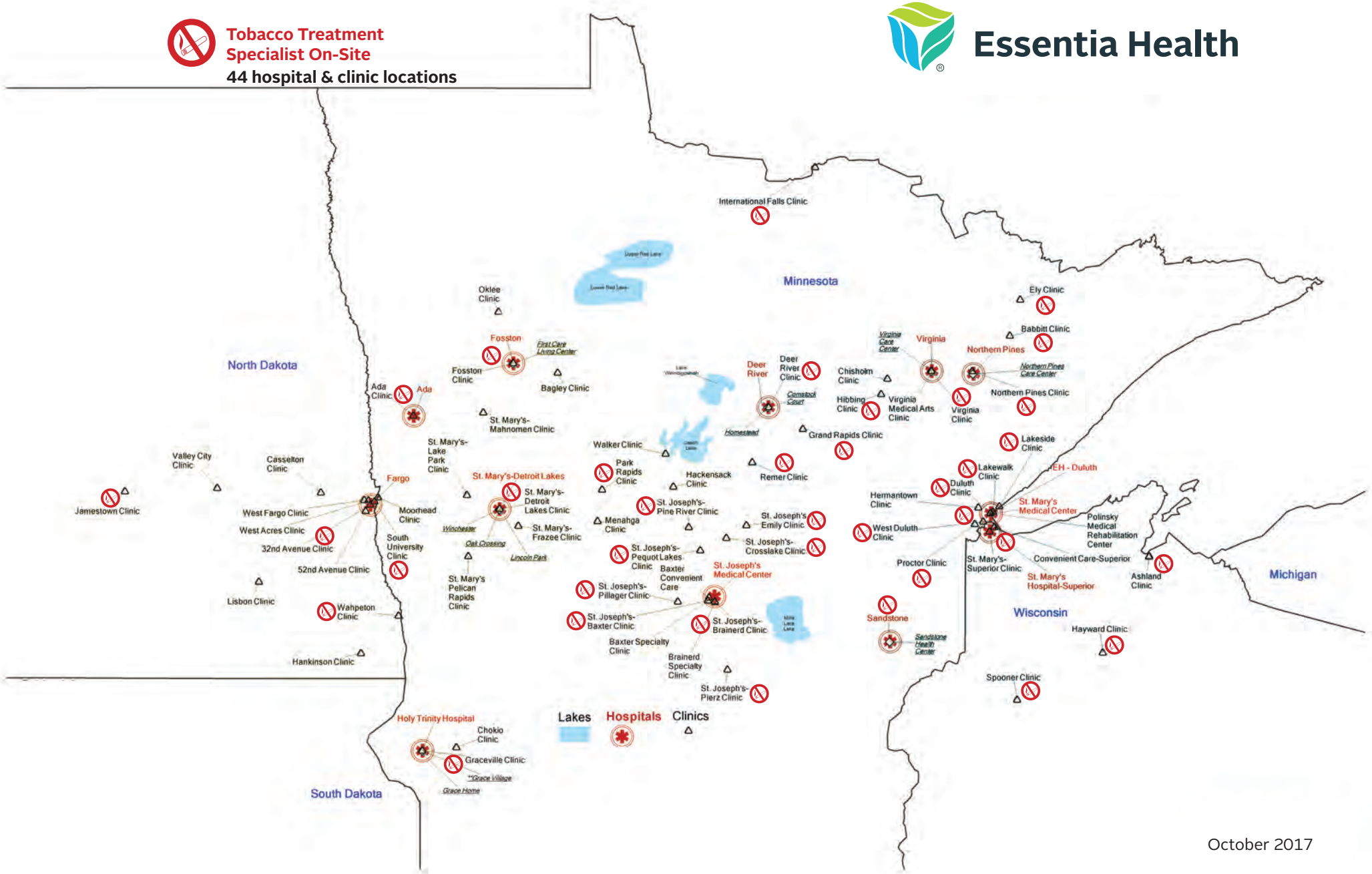


December 2016

Tobacco Treatment Specialist On-Site

44 hospital & clinic locations

Essentia Health



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