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Public Health Roadmap
to Coaching a Clinical Team to use the
Million Hearts® Tobacco Cessation
Change Package

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Introduction

Tobacco prevention and control professionals and clinicians have two new resources to support their efforts. This roadmap serves as a tool to guide professionals in how best to use them.

The Million Hearts® Tobacco Cessation Change Package (TCCP) was created by the Centers for Disease Control and Prevention (CDC) with the purpose of helping healthcare professionals in outpatient, inpatient and behavioral health settings, to implement systems level process improvements and strategies that improve care for patients who use tobacco. It complements the Million Hearts® Tobacco Cessation Intervention Protocol and the Million Hearts® Identifying and Treating Patients Who Use Tobacco: Action Steps for Clinicians by focusing on how to implement interventions at a systems level. The TCCP is built on five Focus Areas: Key Foundations; Equipping Care Teams; Screening; Treatment; and Referral and Follow-Up. Each focus area is divided into Change Concepts and Change Ideas that detail a set of process improvements, tools and resources. It was developed to give clinical teams a practical resource to increase the reach and effectiveness of tobacco cessation interventions and to incorporate these interventions into the clinical workflow.

While the TCCP is directed toward clinicians, the CDC has also developed resources for the public health professionals at state and local tobacco control programs, particularly the Best Practices User Guides for Tobacco Prevention and Control created by the Center for Public Health Systems Science at Washington University in St. Louis. These User Guides are evidence-based tools to help states develop and sustain comprehensive tobacco control programs. There are currently six Guides[1], with the most recent, Best Practices User Guide: Cessation, published in 2020. The Cessation Guide focuses on promoting cessation through population-wide efforts. Like the TCCP it promotes health systems change as a critical strategy for success.

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[1] Best Practices for Comprehensive Tobacco Control Programs – 2014; Best Practices: Health Communications User Guide; Best Practices: Health Equity User Guide; Best Practices: Program Infrastructure User Guide; Best Practices: Youth Engagement User Guide.

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Much of the information in the Million Hearts® Tobacco Cessation Change Package and the Best Practices User Guide: Cessation is similar, but the intended audience is different.

- If your tobacco control staff plans a hands-on role with a health system such as coordinating the health system's team and directing their work, the Best Practices User Guide: Cessation is written for you and describes the role of "initiative coordinator." It offers important resources to help public health professionals identify partners and make the case for a broad spectrum of health system change options as well as improving insurance coverage and use of evidence-based cessation treatments and supporting state tobacco quitlines.

- If your tobacco control staff is coaching, supporting or providing technical assistance to a clinical team that is leading its own health systems change, we suggest starting with the TCCP. The TCCP is written for clinicians, so it will assist you in your coaching role. The American Lung Association has developed this roadmap to help tobacco control public health staff work with the TCCP document to support efforts to coach clinical teams working on incorporating tobacco cessation into their workflows. However, because both the TCCP and the Best Practices User Guides provide value in implementing health systems changes, this roadmap will also point to sections of the Best Practices User Guide: Cessation.

The following assumptions inform this roadmap:

1. Tobacco control staff has selected a health system with whom it will be working

2. Tobacco control staff knows what kind of system it is and has some background or basics on the system's environment (federally qualified health center (FQHC), primary care, critical access/rural, nonprofit hospital etc.)

3. The health system has already agreed that tobacco cessation is a priority – that is, you have "made the case" to address tobacco

If you need more information regarding what kind of health systems to consider, the different issues facing different systems (e.g. FQHCs, hospitals etc.), and how to make the case to address tobacco, we suggest you refer to the Best Practices User Guide: Cessation and Lung.org.

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How to Use the Public Health Roadmap to Coaching a Clinical Team to Use the Million Hearts® Tobacco Cessation Change Package

Three quick steps will get you on the road to where you need to be:

1. Click on a *Roadmap Pin* – these are situations or resource needs that a public health professional may encounter on the road to health systems change.

2. Find the *Care Setting* that is most appropriate to your need (e.g. inpatient, outpatient, and/or behavioral health)

3. Click on the *Resource Description* that matches your need and you will be taken to the specific section, page, or paragraph of the document that should guide you.

What if your destination or need is not reflected in the Roadmap?

If you have questions on issues surrounding tobacco cessation coverage and/or health systems change, contact the American Lung Association Cessation Technical Assistance Team at CessationTA@Lung.org. Additional resources can be found at Lung.org.

Tobacco Cessation Change Package — Quick Reference Focus Areas

- **Key Foundations:** Approaches and tools to assess the current status of tobacco dependence treatment in your practice area or system and to make tobacco dependence treatment a priority.

- **Equipping Care Teams:** Approaches and tools to prepare and motivate healthcare staff to consistently address tobacco use.

- **Screening:** Approaches and tools that promote consistent universal screening for tobacco use.

- **Treatment:** Approaches and tools to help ensure patients or clients who use tobacco are consistently advised to quit, assessed forwillingness to make a quit attempt, and offered assistance in quitting tobacco use.

- **Referral and Follow-Up:** Approaches and tools for arranging follow-up and for providing referral(s) to resources that can serve as anadjunct to treatment provided by the clinician.

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Roadmap Pins

This Roadmap is structured around "roadmap pins" that represent resource needs that have been identified to assist public health professionals in the Key Foundations Focus Area of the TCCP. Click on the map pins below to jump to the corresponding resource section of the Roadmap:

- I need to support the health system as they identify one or two key champions

- I would like to help the key champion assemble the right multidisciplinary team

- I would like to suggest a meeting agenda for the multidisciplinary team

- I would like to help the multidisciplinary team with the assessment of a clinic or the whole system

- I would like to help the multidisciplinary team with the plan to address current gaps

- I would like to support the team by providing an example of a unit, practice or policy that reflects prioritization of tobacco treatment

- I want to introduce the concept of going tobacco-free in a brief, non-intimidating manner

- I am helping the entity understand that they do not have to start from scratch and that I can provide lots of sample material geared to their institution

- I would like to share examples that are either state-specific or industry-specific (e.g. BH clinic)

- I am working with an entity that has not been as effective as they hoped in their effort to go tobacco-free and I want to help them identify what went wrong and how to fix it

- I would like to provide some easy, affordable materials that cater to the specific needs of the health system's population – patients, providers, etc.

- I would like to offer tools that help the health system assess its own employee coverage related to tobacco cessation

Roadmap Care Settings:

- ◆ All Settings (Behavioral Health, Inpatient, Outpatient)

- ☐ Behavioral Health Setting

- ▲ Inpatient Setting

- ⬭ Outpatient Setting

- ⬒ Both Inpatient and Outpatient Settings

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Key Foundations

Change Concept: Make Tobacco Cessation a Practice and System Priority	
Change Idea: Identify one or two key champions and assemble a multidisciplinary team	

📍 **Public Health Need**: I would like to help the health system identify one or two key champions.	
UW-CTRI — Treating Tobacco Use and Dependence in Hospitalized Patients: A Practical Guide (p. 9)	◆ **Useful for All Settings (Behavioral Health, Inpatient, Outpatient):** See: "Step 1: Assemble a multidisciplinary team to develop the program" for a definition of a "Physician Champion."
SAMHSA — Implementing Tobacco Cessation Programs in Substance Use Disorder Treatment Settings: A Quick Guide for Program Directors and Clinicians (p. 8)	☐ **Useful for Behavioral Health Settings:** See: "Additional Implementation Tips" for information about identifying a program champion with a description of the type of person that needs to be selected.
UCSF SCLC — Destination Tobacco Free: A Practical Tool for Hospitals and Health Systems (p. 19)	▲ **Useful for Inpatient Settings:** See: "1. Build a multi-disciplinary team with strong champions" for a description of the "clinical champion".

📍 **Public Health Need**: I would like to help the key champion assemble the right multidisciplinary team	
	◆ **Useful for All Settings (Behavioral Health, Inpatient, Outpatient):**
UW-CTRI — A Practical Guide (p. 9)	◆ See: "Step 1: Assemble a multidisciplinary team to develop the program" for a list of the types of staff that should be included for an inpatient setting. Note: Though this information is specific to an inpatient setting, it can be translated to behavioral health and outpatient settings as well."
Center of Excellence for Health Systems Improvement for a Tobacco-Free NY — Supporting Evidence-Based Tobacco Dependence Screening & Treatment (p. 155)	◆ See: "Step 1: Form the Improvement Team and Designate Responsibilities" which defines the various roles that should be occupied by members of the multidisciplinary team.

■ All Settings (Behavioral Health, Inpatient, Outpatient)　■ Behavioral Health Setting　■ Inpatient Setting　■ Outpatient Setting　■ Both Inpatient and Outpatient Settings

UCSF SCLC — A Practical Tool for Hospitals and Health Systems (p. 19)	▲	**Useful for Inpatient Settings:** See: "1. Build a multi-disciplinary team with strong champions" for a description of the type of team members to engage.
📍 **Public Health Need**: I would like to suggest a meeting agenda for the multidisciplinary team		
ICSI — Tobacco Health Systems Change Starter Toolkit for Clinics (pp. 5-6)	◆	**Useful for All Settings (Behavioral Health, Inpatient, Outpatient):** See: 2. "Understand the current practice for addressing tobacco." for agenda items for the multidisciplinary team. 3. "Identify small tests of change" to guide later agendas.
SAMHSA — A Quick Guide for Program Directors and Clinicians (p. 8)	◻	**Useful for Behavioral Health Settings:** See: "Additional Implementation Tips" for information about identifying a program champion with a description of the type of person that needs to be selected.
UCSF SCLC —A Practical Tool for Hospitals and Health Systems (p. 19)	▲	**Useful for Inpatient Settings:** See: 1. "Build a multi-disciplinary team with strong champions," the third paragraph addresses what the qualified team can do, which could populate an agenda.

Change Concept: Make Tobacco Cessation a Practice and System Priority

Change Idea: As a multidisciplinary group, assess your clinic/system and develop an action plan to address current gaps

📍 **Public Health Need**: I would like to help the multidisciplinary team with the assessment of a clinic or the whole system

	◆	**Useful for All Settings (Behavioral Health, Inpatient, Outpatient):**
ICSI —Starter Toolkit for Clinics (pp. 5-6)	◆	See: 2. "Understand the current practice for addressing tobacco" for steps in the assessment.
AAFP — Treating Tobacco Dependence Practice Manual: A Systems-Change Approach (pp. 4-6)	◆	• Worksheet for assessing practice environment that could be used across all settings • Demonstrates evaluating the patient flow and creating a new patient flow chart that couldbe used across all settings.

■ All Settings (Behavioral Health, Inpatient, Outpatient) ■ Behavioral Health Setting ■ Inpatient Setting ■ Outpatient Setting ■ Both Inpatient and Outpatient Settings

OK Health Care Authority and OK State Department of Health, Center for Chronic Disease Prevention and Health Promotion Primary Care Practice Facilitation Curriculum, Module 12 – An Introduction to Assessing Practices: Issues to Consider	◆	• Module 12 is applicable across all settings. Very general worksheet to use during assessment with suggestions for identifying tools, identifying assets and challenges and leveraging data resources. • The Site Visit Report/Practice Overview worksheets can guide the assessment. • The Clinical Practice Self-Evaluation Summary walks through the 5 A's with questions on how each area is addressed.
Cessation in Tobacco Prevention and Control: Best Practices User Guide (p. 17)	◆	See: Table 2. Menu of Health Systems Change Strategies. The planning questions can be used to assess clinics or systems and identify gaps across all settings.
	▪	**Useful for Behavioral Health Settings:**

CU Anschutz Medical Campus — Build a Clinic Learning Community: Summary Report and Playbook (pp. 65-84)		Survey tool that includes:
		   • Staff demographics (pp. 65-69)
		   • Staff knowledge and behaviors (p. 70-73)
		   • Use of EHR (p. 77)
		   • Use of tobacco cessation strategies (pp. 78-82)
		   • Sustainability (pp. 83-84)

KS Health Foundation and NAMI KS — Implementation Self-Assessment: Kansas Tobacco Guideline for Behavioral Health Care		Broad assessment of counseling, medication, treatment plans, quality improvement, staff capacity and tobacco-free environment (p. 4)
UW-CTRI —A Practical Guide (p. 9)	▲	**Useful for Inpatient Settings:** See: "Step 2: Conduct an assessment of existing hospital tobacco use treatment services," there are directions for an inpatient setting that are fairly translatable to outpatient and behavioral health.

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	◆ **Useful for All Settings (Behavioral Health, Inpatient, Outpatient):**
Center of Excellence for a Tobacco-Free NY (pp. 154-160)	◆ This overview of Plan-Do-Study-Act cycles is applicable for all settings and can be used to guide an action plan to address current gaps.
UW-CTRI —A Practical Guide (p. 9)	◆ Appendix 1 is the Hospital Assessment of Tobacco Use Procedures and Policies Worksheet that lists questions to help guide the assessment for a sample program procedures and policies worksheet) that also has applicability for outpatient and behavioral health.
ICSI —Starter Toolkit for Clinics (pp. 5-6)	◆ See: 3. "Identify small tests of change" guides the action plan to address current gaps.
AAFP —A Systems-Change Approach (pp. 4-6), (p. 19)	◆ • Page 6 guides "define a new system" to address current gaps. • Page 21 gives a template implementation plan to document the plan to address current gaps.
Best Practices User Guides: Cessation in Tobacco Prevention and Control: (p. 13)	◆ See Creating an Action Plan. This outlines the steps to take in addressing current gaps (and refers back to the Million Hearts® Tobacco Cessation Change Package).

Change Concept: Make Tobacco Cessation a Practice and System Priority

Change Idea: Adopt or update a unit, practice, or system-wide policy to reflect prioritization of tobacco treatment

📍 **Public Health Need**: I would like to provide the team an example of a unit, practice or policy that reflects prioritization of tobacco treatment

UCSF SCLC —A Practical Tool for Hospitals and Health Systems (Appendix N)	▲ **Useful for Inpatient Settings:** Sample UMass Medical Center clinical practice guideline for treating patients with discussion of various pharmacotherapies.

■ All Settings (Behavioral Health, Inpatient, Outpatient) ■ Behavioral Health Setting ■ Inpatient Setting ■ Outpatient Setting ■ Both Inpatient and Outpatient Settings

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Key Foundations

Change Concept: Create a Supportive Environment for Cessation

Change Idea: Implement and strengthen hospital or clinic-wide tobacco or smoke-free campus policies

📍 **Public Health Need**: I want to introduce the concept of going tobacco-free in a brief, non-intimidating manner

National Behavioral Health Network for Tobacco & Cancer Control – How to Implement a Tobacco-Free Policy: An Infographic	◆ **Useful for All Settings (Behavioral Health, Inpatient, Outpatient):** A helpful one-page infographic that includes Action Steps and "Why go tobacco-free?" Note: This resource could be applicable in any health system but some elements are focused heavily on behavioral health.

📍 **Public Health Need**: I am helping the entity understand that they do not have to start from scratch and that I can provide lots of sample material geared to their institution

CU Anschutz Medical Campus – DIMENSIONS: Tobacco-Free Policy Toolkit	◆ **Useful for All Settings (Behavioral Health, Inpatient, Outpatient):** Offer this free toolkit which can be used by a wide range of organizations to initiate, implement, and sustain the process of going tobacco or smoke-free. • Includes sections on special populations (e.g. Behavioral Health, justice-involved) • Checklists and assessment tools for each step along the way Public health professionals can also extract relevant sections depending on the stage or needs of the health system they are working with.
UCSF SCLC Destination Tobacco Free: A Practical Tool for Hospitals and Health Systems	◀▶ **Useful for Inpatient and Outpatient** This toolkit is directed more at hospitals and health systems than other community organizations. • Includes items such as billing, formulary recommendations, discharge protocols, staff-patient-visitor messaging. • Many sample forms, templates (e.g. policy, EHR), and letters are provided with embedded permission to use and adapt by others. *Note: Although this could be used with Behavioral Health settings, the language is geared primarily toward hospitals and health systems.*

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	◆ **Useful for All Settings (Behavioral Health, Inpatient, Outpatient):**

Smokefree Oregon— Help Your Patients Quit Tobacco Use: An Implementation Guide for Community Health Centers (pp. 41-49)	◆ Case Studies include
	   • Oral Health in Massachusetts
	   • Free Clinics in North Carolina
	   • FQHCs Patient Self-Management in Oregon
	   • Health Centers in Utah

	☐ **Useful for Behavioral Health Settings**
SAMHSA — Implementing Tobacco Cessation Programs in Substance Use Disorder Treatment Settings: A Quick Guide for Program Directors and Clinicians (pp. 2-3)	☐ Provides some specific data specific to the intersection of tobacco use and substance use disorders. The "How To" component is very brief and not as instructional as the DIMENSIONS Tool Kit.
SAMHSA – Tobacco Cessation Treatments for Individuals with Serious Mental Illness: A Quick Guide for Program Directors and Clinicians (pp. 2-7)	☐ Similar to the SAMHSA Guide for Substance Use Disorder Treatment Settings, this guide provides specific insight into tobacco cessation treatment for individuals with serious mental illness. Intersection of tobacco use and serious mental health (pp. 2 – 3) "How To" guide (pp. 3-7)
National Behavioral Health Network for Tobacco & Cancer Control — Implementing Tobacco- Free Policies in Community Behavioral Health Organizations Webinar	☐ A webinar presented on March 3, 2015 by three community behavioral health organizations on their individual efforts to implement tobacco-free policies. Copy of the webinar slides

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WiNTiP – Recommendations and Guidelines for Policies and Procedures in Tobacco-Free Facilities and Services in Wisconsin's Substance Use & Mental Health Treatment Programs (pp. 2-5)	◻	A helpful example and "How To" that is specific to Wisconsin's Substance Use and Mental Health Treatment Programs.
Northern Lakes Community Mental Health – Tobacco-Free Initiative Information Kit (p. 9)	◻	A helpful example and "How To" that is specific to Northern Lakes Community Mental Health system.
Cessation in Tobacco Prevention and Control: Best Practices User Guide: Help Your Patients Quit Tobacco Use: An Implementation Guide for Community Health Centers (2013) (pp. 56-58)	○	**Useful for Outpatient Settings** Resource C: Implementing Tobacco Cessation Services in Community Health Centers - Sample Objectives, Goals, and Strategies.
📍 **Public Health Need**: I am working with an entity that has not been as effective as they hoped in their effort to go tobacco-free and I want to help them identify what went wrong and how to fix it		
CU Anschutz Medical Campus – DIMENSIONS: Tobacco-Free Policy Toolkit (pp. 53-54)	◆	**Useful for All Settings (Behavioral Health, Inpatient, Outpatient):** Evaluation section provides tools for assessing how effective the program has been and ways to identify what has and has not worked.

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Change Concept: Create a Supportive Environment for Cessation

Change Idea: Leverage mass-reach media campaigns to encourage and normalize quitting (e.g. with media in waiting rooms, throughout clinic or hospital system)

📍 **Public Health Need**: I want to provide some easy, affordable materials that cater to the specific needs of the health system's population – patients, providers, etc.

CDC — *Tips From Former Smokers®* — Campaign Resources	◆ **Useful for All Settings (Behavioral Health, Inpatient, Outpatient):** This site has material and posters that a health system can order. Material is customized to: • Specific types of providers (e.g. pharmacists, dentists, obstetricians) • Patients in general • Multiple languages • Support material for launch (e.g. Notepads for providers)
New York City and State campaigns My Doctor Saved My Life Talk to Your Health Care Provider (English and Spanish)	◆ New York State and New York City both had campaigns directed at providers as well as tobacco users and produced a number of posters and material. Although they are specific to New York, they may provide some ideas about how to link patients and providers in a call to action.

Change Concept: Create a Supportive Environment for Cessation

Change Idea: Support employees and their family members in quitting smoking by providing health benefits for tobacco cessation.

📍 **Public Health Need**: I would like to offer tools that help the health system assess its own employee coverage related to tobacco cessation

UCSF SCLC Destination Tobacco Free: A Practical Tool for Hospitals and Health Systems (p. 5), (p. 9)	◆ **Useful for All Settings (Behavioral Health, Inpatient, Outpatient):** Information on how to assess employee coverage, ways to structure the benefit and information on Affordable Care Act requirement for coverage. (p. 5) Information on reimbursement requirements for private insurance coverage for employees. (p. 9)
CU Anschutz Medical Campus – DIMENSIONS: Tobacco-Free Policy Toolkit (p. 10)	☐ **Useful for Behavioral Health Settings** Provides information specific to cessation coverage for employees in a Behavior Health setting.

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Last Update: August 2021

The American Lung Association has funding from the Centers for Disease Control and Prevention to provide technical assistance to states and the tobacco control community on tobacco cessation coverage policy and health systems change to increase tobacco cessation. If you have questions or need support on issues surrounding health systems change and/or tobacco cessation coverage–please email CessationTA@Lung.org for technical assistance.

In addition to one-on-one technical assistance, the Lung Association has many resources available, on-demand at Lung.org/CessationTA. Resources include:

- Toolkits, recorded webcasts and a podcast series

- Cessation Technical Assistance Listserv

- State Cessation Coverage Database

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