



May 11<sup>th</sup>, 2022

*Public Health Roadmap:*

# Hospitals Helping People Quit



# Commercial Tobacco Products



All references to “tobacco” and “tobacco products” within this presentation refer to commercial tobacco products and not the tobacco and/or other plant mixtures grown or harvested and used by American Indians and indigenous people for ceremonial purposes.

References:  
National Native Network. (2021). *Traditional vs. Commercial*. <http://keepitsacred.itcmi.org/tobacco-and-tradition/traditional-v-commercial/> Tobacco  
CDC. (2021). *American Indians/Alaska Natives and Tobacco Use*. <https://www.cdc.gov/tobacco/disparities/american-indians/index.htm>

# Public Health Roadmap: Hospitals Helping People Quit

## Today's Agenda

- **Welcome!**
- **Building Partnerships to Promote Cessation**– Elizabeth Chery-Mullen, MPH Oklahoma State Dept. of Health
- **Spotlight on Hospital Associations** – Dave Pearson, FACHE American Hospital Association
- **Hospitals Helping People Quit** – Eric Finley, Meagan Carter, and Kelly Willingham Oklahoma Hospital Association
- **Q & A** – Panel Discussion

# Technical Assistance in Action

From Cohort Meetings to Resource Guides & More...

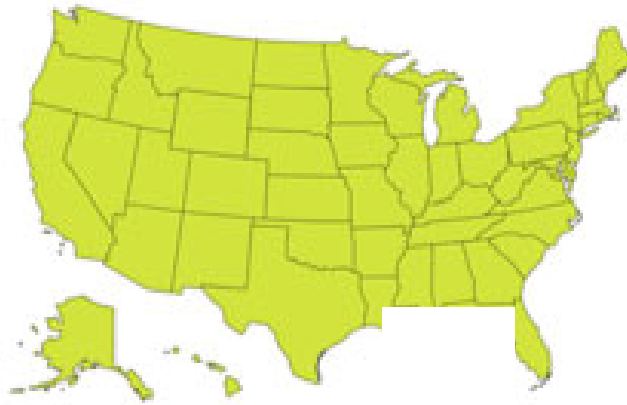
Direct 1-1  
Technical  
Assistance



Cohort  
Groups



Peer-to-Peer  
Network  
Groups



 **Resource Library**

 **Cessation TA Listserv**

 **Webcasts**

 **Toolkits**



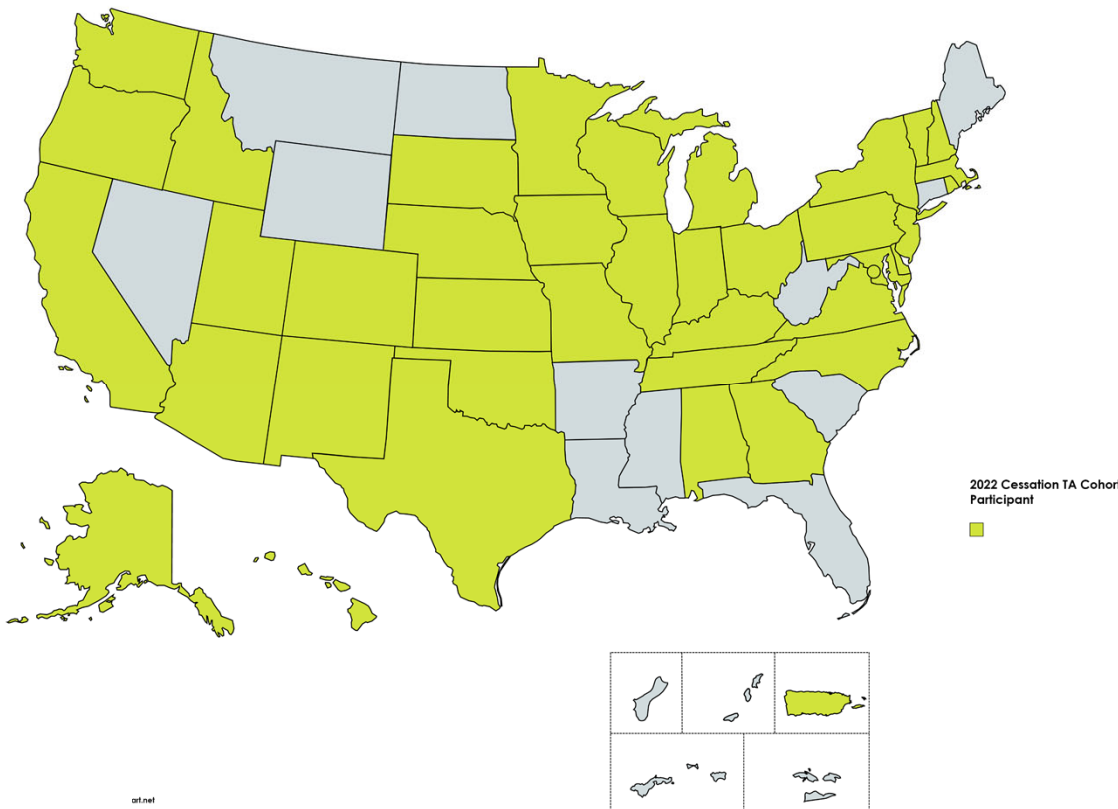
Visit: [Lung.org/CessationTA](https://Lung.org/CessationTA)



# Inspiration for this Webcast

2022 American Lung Association Cohort Group: Cessation Coverage & Health Systems Change

*Collaborative Technical Assistance focused on Cessation & Clinical Care Extenders*



## Cohort of 50+ Participants

- *Tobacco Control Program Managers*
- *Cessation Specialists*
- *Public Health Professionals*
- *Subject Matter Experts*





**Elizabeth Chery – Mullen, MPH**  
**Tobacco Control and Prevention Manager**

**OKLAHOMA**  
**State Department of Health**



# Building Partnerships to Promote Cessation in Oklahoma

Elizabeth Chery-Mullen, MPH

OKLAHOMA  
State Department of Health





# Why is Tobacco Cessation Unique in Oklahoma?

- Oklahoma State Health Department
- The Tobacco Settlement and Endowments Trust
- The Oklahoma Tobacco Helpline



# Lay of the Land in Tobacco Cessation in Oklahoma

- The Oklahoma State Health Department-Tobacco Control Division
  - Oklahoma Tobacco Helpline
  - Tribal Cessation Workgroup
  - Guiding Right Inc.
- The Oklahoma Tobacco Helpline
  - My Life, My Quit
- The Tobacco Settlement and Endowment Trust
  - TSET Health Communication Team
  - The Health Systems Initiatives Grantees (HSI)
    - The Oklahoma Health Care Authority (Medicaid)
    - Oklahoma Department of Mental Health and Substance Abuse Services
    - Oklahoma Hospital Association



# Efforts to Reduce The Duplication of Efforts

## Coordination of Efforts

- Funding
- Communication/Media
- Priority Population
- Capacity Building and Technical Assistance
- Combined Strategic Planning



# Lessons Learned

- There is enough work to go around for all of us
- Resources are limited
- Collaborate
- Communicate



Oklahoma State Department of Health |  
Building Partnership to promote  
Cessation in Oklahoma | 05.11.22



**Elizabeth Chery-Mullen, MPH**  
Tobacco Use and Prevention Manager



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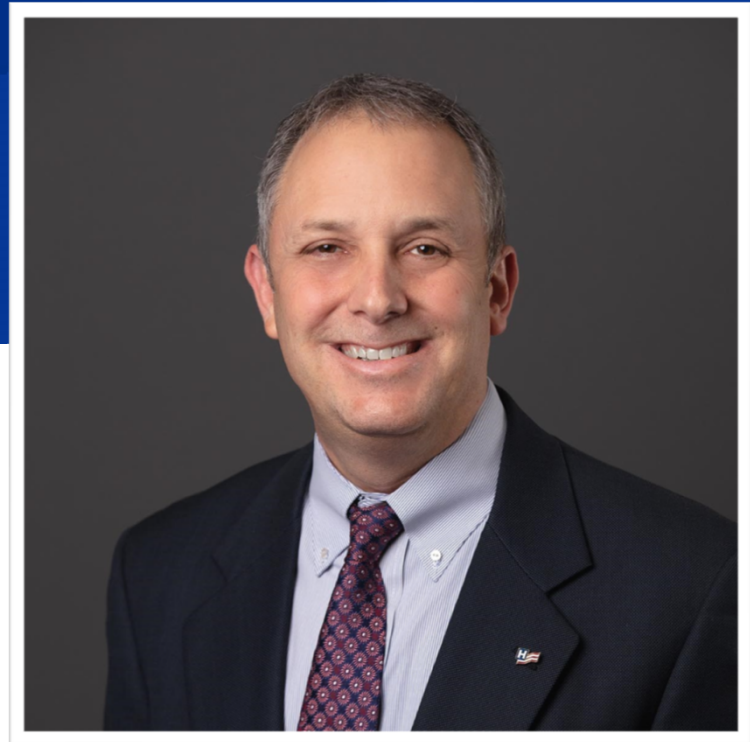




**American Hospital  
Association™**

*Advancing Health in America*

**Dave Pearson, FACHE**  
Regional Executive  
American Hospital Association







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*Advancing Health in America*

# ***Meet the American Hospital Association***

May 11, 2022

## ***The AHA vision and mission***

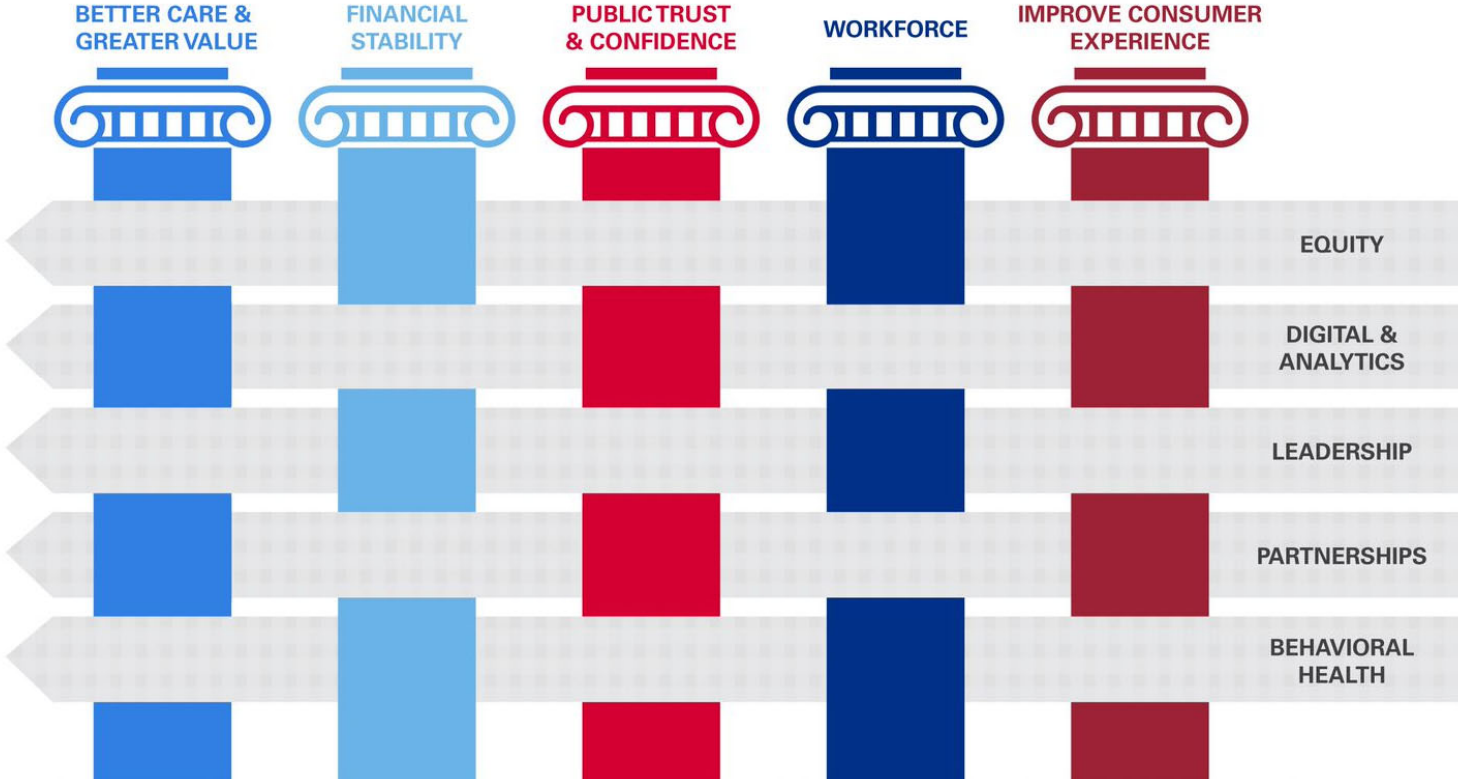


***Our vision:*** A just society of healthy communities where all individuals reach their highest potential for health.

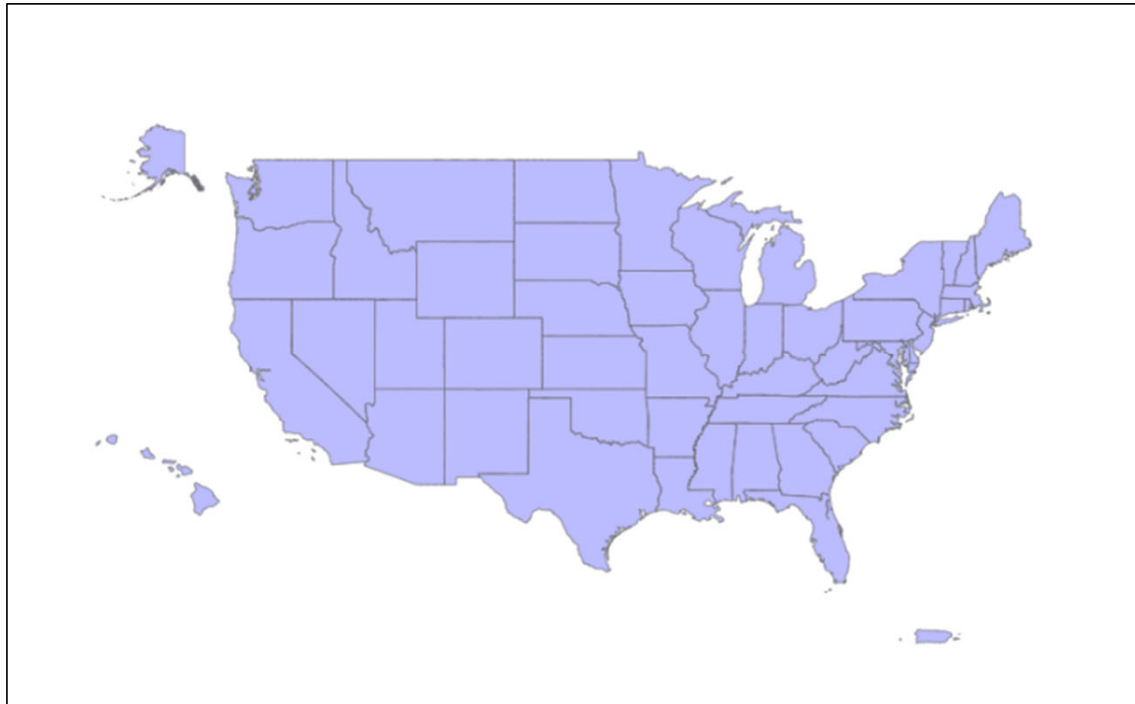
***Our mission:*** To advance the health of all individuals and communities. The AHA leads, represents and serves hospitals, health systems and other related organizations that are accountable to the community and committed to equitable care and health improvement for all.



# AHA strategic framework



# Our State Partners



 The Link to this Interactive Map is included in the *Webcast Resources!*

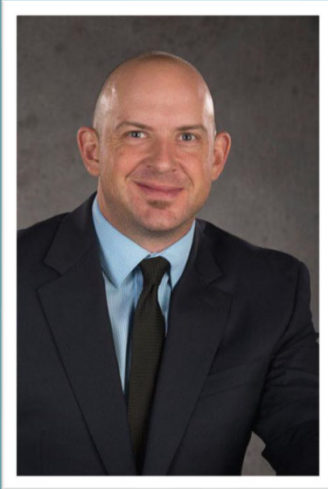


**Dave Pearson, FACHE  
Region 7 Executive**

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**Eric Finley, MPH**

Health Improvement Initiatives Manager



**Kelly Willingham**

Health Improvement Initiatives Specialist



**Meagan Carter, MS**

Rural Health Improvement Specialist



# Public Health Roadmap: Hospitals Helping Patients Quit

Wednesday, May 11, 2022

Oklahoma Hospital Association (OHA)

Eric Finley, Health Improvement Initiatives Manager

Meagan Carter, Health Improvement Specialist – Rural

Kelly Willingham, Health Improvement Specialist - Metro/Systems



# Outline

1. Overview of the Hospitals Helping Patients Quit Program (HHPQ)
2. Implementation / Roadmap
3. Addressing Barriers and Challenges
4. Tips for Project Implementation



# Hospitals Helping Patients Quit



# HHPQ Highlights



Initiative of the Oklahoma Hospital Association (OHA). Launched in 2009, serving OHA hospital members.



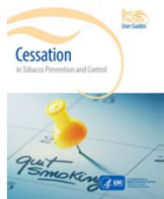
Funding – Oklahoma Tobacco Settlement Endowment Trust.



71 hospitals and 342 clinics have implemented tobacco cessation support for patients.



Since 2011, HHPQ partners have sent **over 50,000** referrals to the Oklahoma Tobacco Helpline. Which has resulted in \$17.6 million health care dollars saved and 35,000 years of life saved.



Recognized by the CDC as a National model in Best Practice User Guide.



# Hospitals Helping Patients Quit (HHPQ)

The Oklahoma Hospital Association (OHA) provides member hospitals & their clinics with support to implement evidence-based tobacco treatment protocol.

Additional benefits include:

- Access to the comprehensive HHPQ Assessment
- Facilitating the implementation of a tobacco-free culture
- Tobacco-free policy development and promotion
- Guidance with employee tobacco cessation
- Training on tobacco treatment best practices
- Liaison to the Oklahoma Tobacco Helpline
- Support for implementing preventative lung cancer screening programs
- Assistance calculating community benefit for activities related to tobacco cessation



# Implementation and Roadmap



# Tobacco Use Systems Change

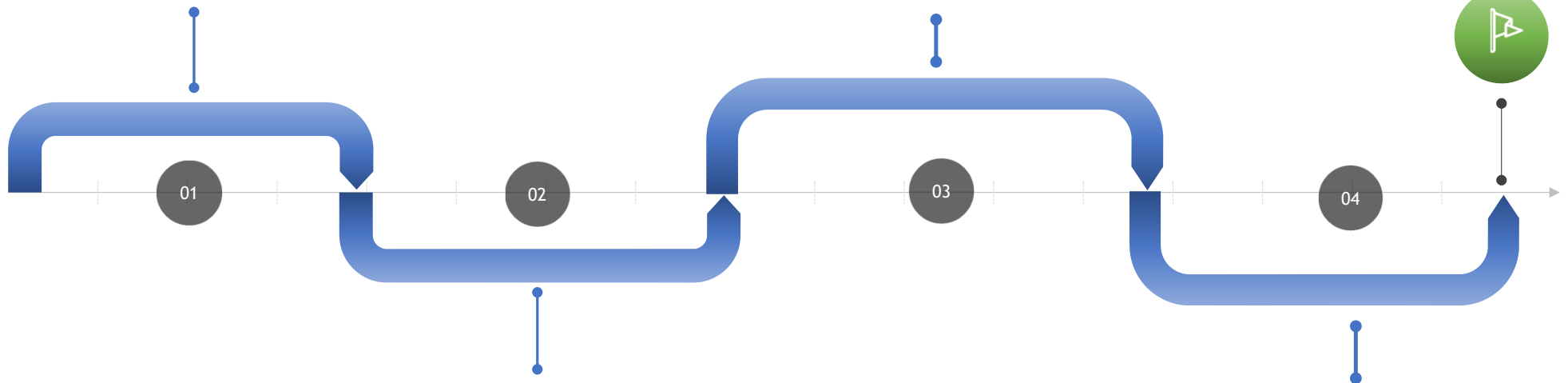
Create a multidisciplinary team with administrative champion

Ex: physicians, nurses, respiratory therapists, HR, pharmacists, quality, IT and case managers

Embed tobacco cessation workflow into EMR:

- Comprehensive tobacco use screening question
- Notify designated staff to provide the tobacco cessation consult
- Modify EMR to include Mayo Clinic pharmacotherapy recommendations
- Proactive electronic referral to your state quitline

Launch



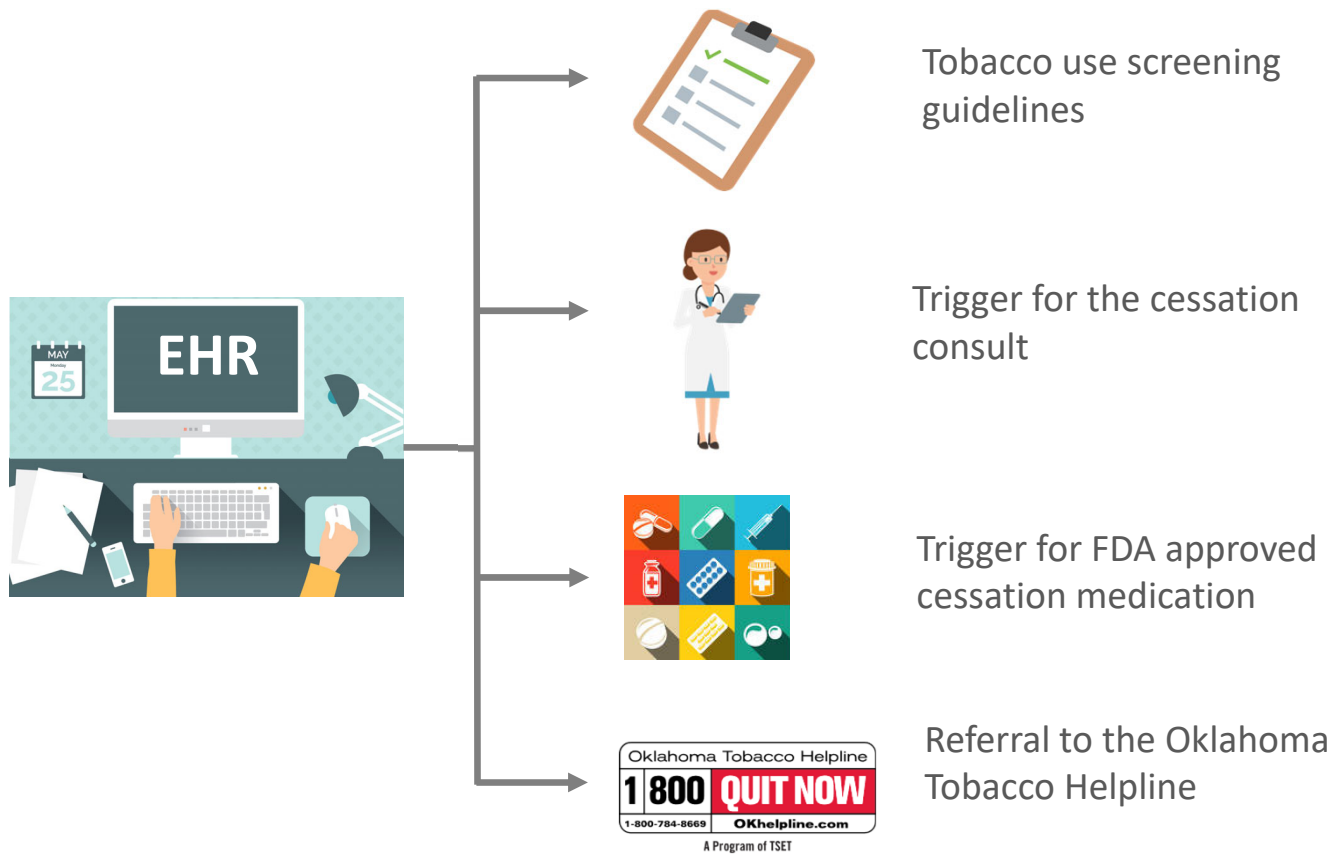
Review tobacco free policy, patient and employee cessation via HHPQ Assessment

- Develop communication plan
- Train staff on compliance
- Establish patient protocols
- Review employee cessation efforts

Training

- Educate providers and staff on evidence-based tobacco treatment systems change

# Tobacco Treatment Best Practices



# Tobacco Treatment EMR Screenshots

Tobacco History/Referral	
Tobacco Use History	<input type="radio"/> Current Everyday Smoker <input type="radio"/> Current Someday Smoker <input type="radio"/> Former Smoker <input type="radio"/> Never Smoked <input type="radio"/> Smoker current status UNK <input type="radio"/> Smokeless Tobacco <input type="radio"/> Unknown if ever smoked <input type="radio"/> Heavy Tobacco Smoker <input type="radio"/> Light Tobacco Smoker <input type="radio"/> eCigs/Vapor w/Nicotine <input type="radio"/> eCigs/Vapor w/o Nicotine
	<b>Smoking Status Definitions:</b>  Current Every Day Smoker= has smoked at least 100 cigarettes during lifetime and still regularly smokes every day.  Current Some Day Smoker= has smoked at least 100 cigarettes during lifetime and still regularly smokes periodically.  Former Smoker= has smoked at least 100 cigarettes during lifetime but does not currently smoke.  Never Smoked= has NOT smoked 100 or more cigarettes during lifetime.  Heavy Tobacco Smoker= smokes more than 10 cigarettes per day, or an equivalent quantity of cigar or pipe smoke.  Light Tobacco Smoker= smokes less than 10 cigarettes per day, or an equivalent quantity of cigar or pipe smoke.
Have you used ANY Tobacco Products in the last 12 months?	<input type="radio"/> Yes <input type="radio"/> No Comment: <input type="text"/>
Date Last Used Tobacco Product	<input type="text"/>
What type of Tobacco Product	<input type="checkbox"/> Cigarettes <input type="checkbox"/> Smokeless Tobacco <input type="checkbox"/> Pipe <input type="checkbox"/> Cigar <input type="checkbox"/> Hookah
Request OKLA Tobacco Helpline Referral	<input type="radio"/> Yes <input type="radio"/> No Comment: <input type="text"/>
Select Time for OKLA Tobacco Helpline to contact patient	<input type="checkbox"/> 6am to 9am <input type="checkbox"/> 9am to 12pm <input type="checkbox"/> 12pm to 3pm <input type="checkbox"/> 3pm to 6pm <input type="checkbox"/> 6pm to 9pm
OKLA Tobacco Helpline may leave message on voice mail	<input type="radio"/> Yes <input type="radio"/> No Comment: <input type="text"/>
Contact Phone number	<input type="text"/> Only enter numbers in this field, no free text. (123-456-7899)



## Tobacco Treatment EMR Screenshots continued...

Tobacco Education	
Tobacco Education Status	<input checked="" type="radio"/> Tobacco Counseling >3min <input type="radio"/> Tobacco Counseling >10mins <input type="radio"/> Refused
Tobacco Education	<input type="checkbox"/> Tobacco Cessation Handout <input checked="" type="checkbox"/> Tobacco Educ Complete <input checked="" type="checkbox"/> NRT Discussed <input checked="" type="checkbox"/> NRT Orders Requested
Tobacco Education Comments	<p>Pt wants to stop smoking. Has had a difficult time stopping cold turkey while inpatient since yesterday. Ordered Patches. Spoke to nurse about getting patch as soon as it is available. Pt has signed up for Quit now line. The patient will call today to get the ball rolling.  </p>

Respiratory Therapist documents that they completed a tobacco cessation consult with patient and what was discussed

# Tobacco Treatment EMR Screenshots continued...

**Risk Factors**

**Tobacco**

**Tobacco Use:** Required for patients age 13 & older

Reviewed No Changes

current  
  quit  
  never  
  unknown

Year Started:

Every day?  yes    no  
 Some days?  yes    no

cigarettes   Amt:  packs/day  
 cigars   Amt:  # per week  
 pipes   Amt:  bowls per week  
 smokeless/chewing   Amt:  pouch / tin per day

Second hand smoke exposure:  yes    no

**Tobacco Cessation Counseling Form**

EMMI - Smoking Cessation - Thinking About Quitting Smoking Ordered

EMMI - Smoking Cessation Medications Ordered

EMMI - Benefits Of Quitting Tobacco Ordered

Tobacco Counseling-Referral Information Added To Clinic Summary.  
 Patient was referred to the Oklahoma Tobacco Helpline. (800)784-8669  
 Patient was prescribed the Emmi Module on Tobacco Cessation Counseling.

**Previous Values**

Tobacco Use: never (12/14/2014 5:39:25 PM)

Year Started:

Year Quit:

Pack Per Day:

Cigarettes: never smoker (12/14/2014 5:39:25 PM)

Cigars:

Pipes:

Smokeless/Chewing:

Second Hand Smoke Exp: no (12/16/2013 10:26:29 AM)

Smoking advice given: yes (12/07/2015 11:08:11 AM)

Tobacco Comments:

**Nicotine Reviewed No Changes**

Patient currently uses E-Cigarettes  
 Patient does not currently use E-Cigarettes

Tobacco Use Comments:



## Tobacco Treatment EMR Screenshots continued...

Smoking Cessation Protocol	
Smoking	
Smoking status	<input type="radio"/> Former smoker <input type="radio"/> Smoker current status unknown <input type="radio"/> Never smoker <input type="radio"/> Unknown if ever smoked <input checked="" type="radio"/> Current every day smoker <input type="radio"/> Current some day smoker <input type="radio"/> Light tobacco smoker (Less than 10 cigarettes daily) <input type="radio"/> Heavy tobacco smoker (Greater than 10 cigarettes daily)
Smoking stop date	
How many cigarettes do you smoke per day?	15
How many cigars do you smoke per day?	0
Does patient use an electronic or vapor cigarette?	<input type="radio"/> Yes <input checked="" type="radio"/> No Comment:
How many vapor cigarettes do you use per day?	
Does patient dip or chew tobacco?	<input type="radio"/> Yes <input checked="" type="radio"/> No Comment:
How many cans/pouches per week?	
Do you want to quit smoking?	<input checked="" type="radio"/> Yes <input type="radio"/> No Comment:
Smoking cessation education given?	<input checked="" type="radio"/> Yes <input type="radio"/> No Comment: Smoking Cessation education should be provided to all patients and/or smoking caregivers. Document Education in the Teaching Record.
Is this a cardiac diagnosis?	<input type="radio"/> Yes <input checked="" type="radio"/> No Physician order required to initiate smoking protocol for all cardiac diagnoses.
Smoking protocol initiated?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Help Line has previously been accessed by patient or CM?	<input type="radio"/> Yes <input type="radio"/> No Enter date of access in the date field if not already there.
Helpline called for smoking cessation?	<input type="radio"/> Yes <input type="radio"/> No Comment:



# EPIC eReferral Screenshot

**Smoking Cessation - OK Tobacco Helpline for Counseling** ✓ Accept ✗ Cancel

Priority:

Frequency:

Starting:    At:

First Occurrence: **Today 1445**  
Scheduled Times: [Hide Schedule](#)  
12/23/16 1445

I have discussed tobacco cessation counseling with the patient. Patient agrees to referral to the Oklahoma Tobacco Quit Line, and agrees to information exchange between the quit line and health plan, including patient contract and outcomes information.

Yes  No

Patient contact number:

Best contact time:

Is it ok to leave a message on your voice mail?  
 Yes  No

NRT Authorization:

Comments (F6):

Class:

ⓘ Next Required Link Order ✓ Accept ✗ Cancel



# Addressing Barriers and Challenges



# Addressing Buy-In & Competing Priorities

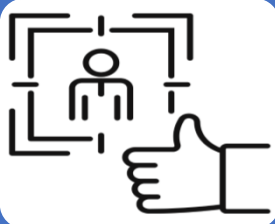


## Leadership buy-in

- Align tobacco cessation with their priorities



## Lighten the load



## Promoting outcomes to other systems

- OHA convention, OHA newsletter, Relationships

# Time & Capacity Challenges

## Review admissions data

- Total number of admissions compared to number of positive tobacco screens OR county level tobacco use rates

## Realistic expectations

- Workload is shared
- Who is available to do interventions most consistently
- Brief intervention (3-5 minutes)
- Every user won't be reached every time
- A patient declining intervention/referral is OKAY!

# Funding Challenges

- Non-profit hospitals: Community Benefit
  - ALA Toolkit
  - OHA Community Benefit Toolkit
    - Oklahoma case study
- Leverage state CDC cessation dollars
  - Subcontract
  - Shared FTE
  - Use funds for EMR changes and workflow development

Example case study from large metro hospital with a network of clinics

Community Benefit	Value based on reimbursement rates or cost to organization
Hospital Visits	\$23,093
Pharmacotherapy	\$25,771
<b>Total</b>	<b>\$48,864</b>



# Addressing Staff Turnover



Systems change with a shared workload protects against staff turnover



Leadership buy-in = project commitment

- A single champion model is much more sensitive to staff turnover
- Sometimes you have to settle for something instead of nothing



Buy-in from multiple disciplinary teams creates the culture of “it’s just what we do here” or “why would we stop doing that”

- This is built in years not months

# Take Home Points



# Take Home Points



EARLY DATA  
COLLECTION



CONTINUALLY EXAMINE  
SUSTAINABILITY



STAYING RELEVANT /  
ONGOING  
RELATIONSHIP  
BUILDING



START WITH EASY  
VICTORIES AND  
TARGETS THAT  
MAXIMIZE POTENTIAL



PROMOTE SUCCESSES  
AND OUTCOMES

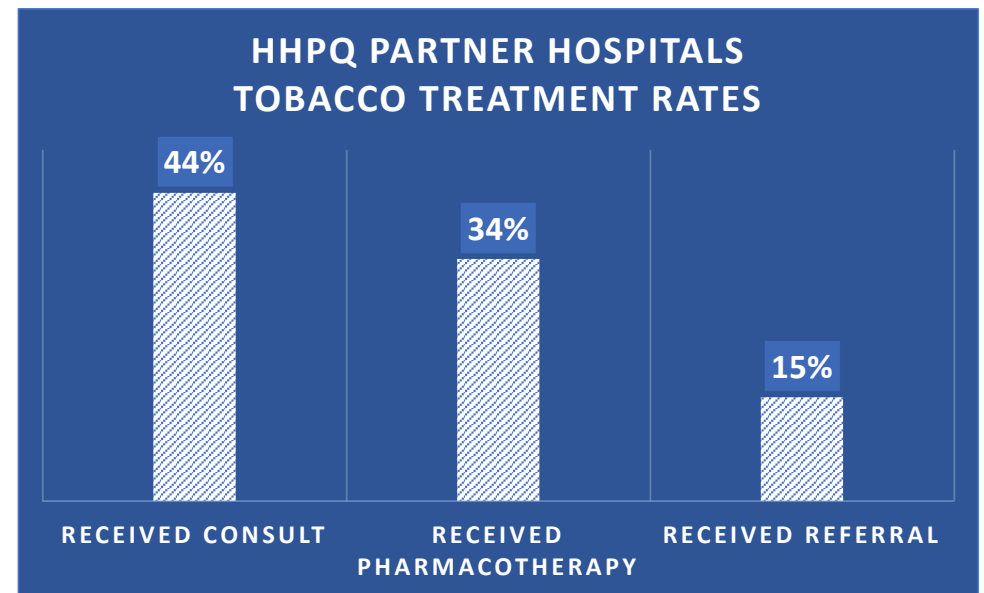


# Tobacco Treatment Data Collection



## Data Collection:

- # Patients screened for tobacco use
- # Patients provided with tobacco cessation consult
- # Distribution / utilization of tobacco cessation medications
- # Referrals to the Tobacco Helpline



# Start with Easy Victories / Target for Largest Impact



Where do you have the best relationships



Which EMR in your state has the most eReferral connection to your state Quitline

- EPIC, Meditech, Direct Messaging – quickest/easiest build



Multiple hospitals and clinics on same EMR

- Biggest bang for your buck / most people on board

# Continually Build Sustainability



Ongoing relationship building and engagement – multi year executive reports / thank you letters and emails / lots of public recognition / press releases



Assess and improve sustainability – [Program Sustainability Tool](#)



Embed workflows into the EMR and across the system

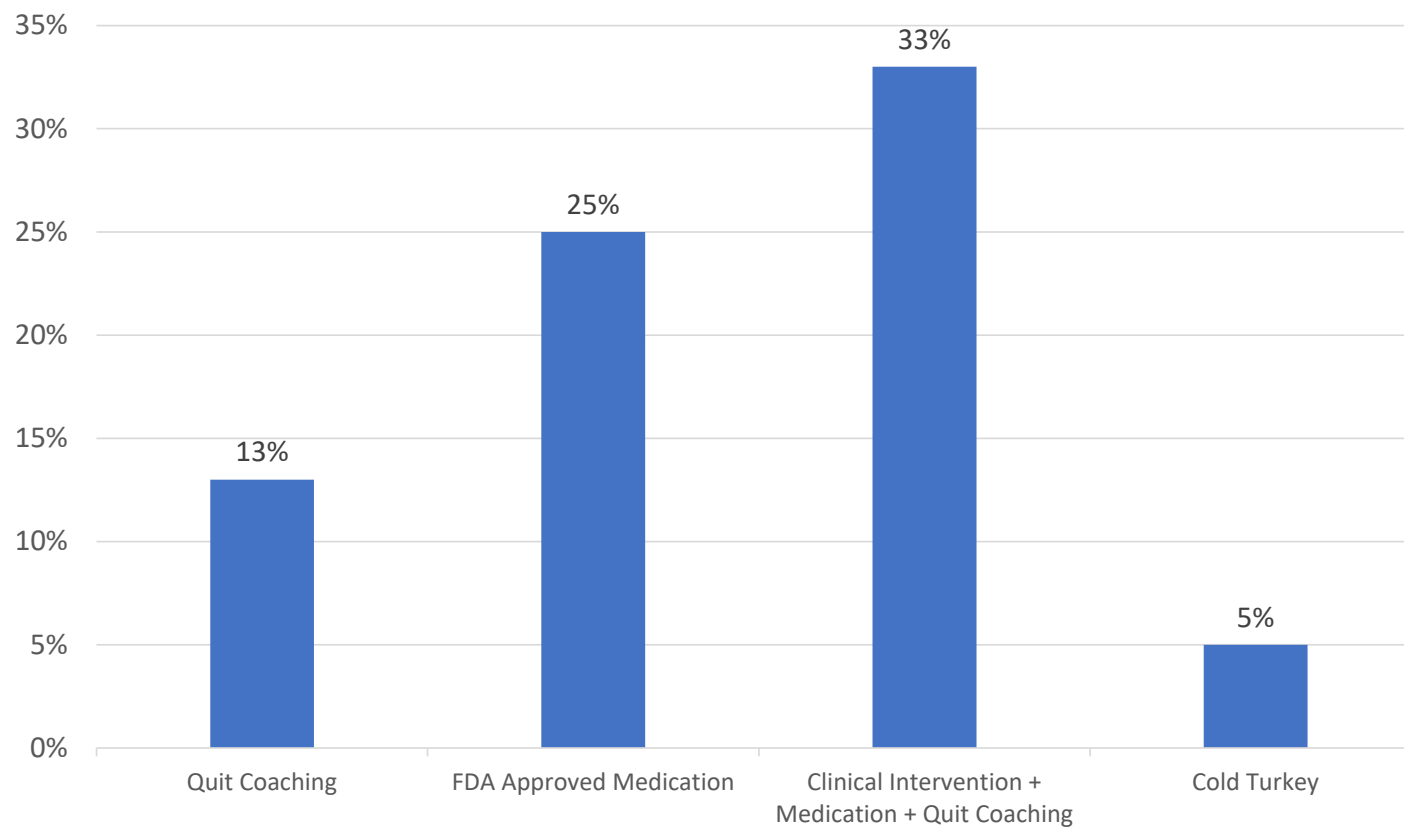


Find creative ways to promote excitement – awards at annual business meeting



Add new project layers and teams– LDCT / Community Benefit / Research and Presentations

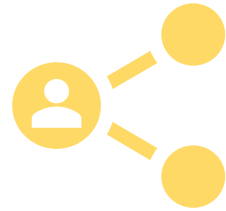
# Best Practice - Efficacy



Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. s.l. : U.S. Department of Health and Human Service. Public Health Service. 2008.



# Contact the Team



Hospitals Helping Patients Quit Team  
[HHPQ@OKoha.com](mailto:HHPQ@OKoha.com)





 **NEW 2022 Roadmap!**

# Our Vision

A World Free of Lung Disease

[Lung.org/CessationTA](https://Lung.org/CessationTA)

[CessationTA@Lung.org](mailto:CessationTA@Lung.org)

