

# Meeting Quality Standards by Addressing and Treating Tobacco Dependence With Your Patients

Ann Wendland, MSL – Cessation Programs Manager NYSDOH  
Tobacco Control Program

Didi Raxworthy – Director, POW'R Tobacco Cessation Center

Julie Wright – Director, Glens Falls Tobacco Cessation Center

Donna Gorton, RN - Director of Nursing, Hudson Headwaters Health  
Network

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[TalkToYourPatients.org](http://TalkToYourPatients.org)



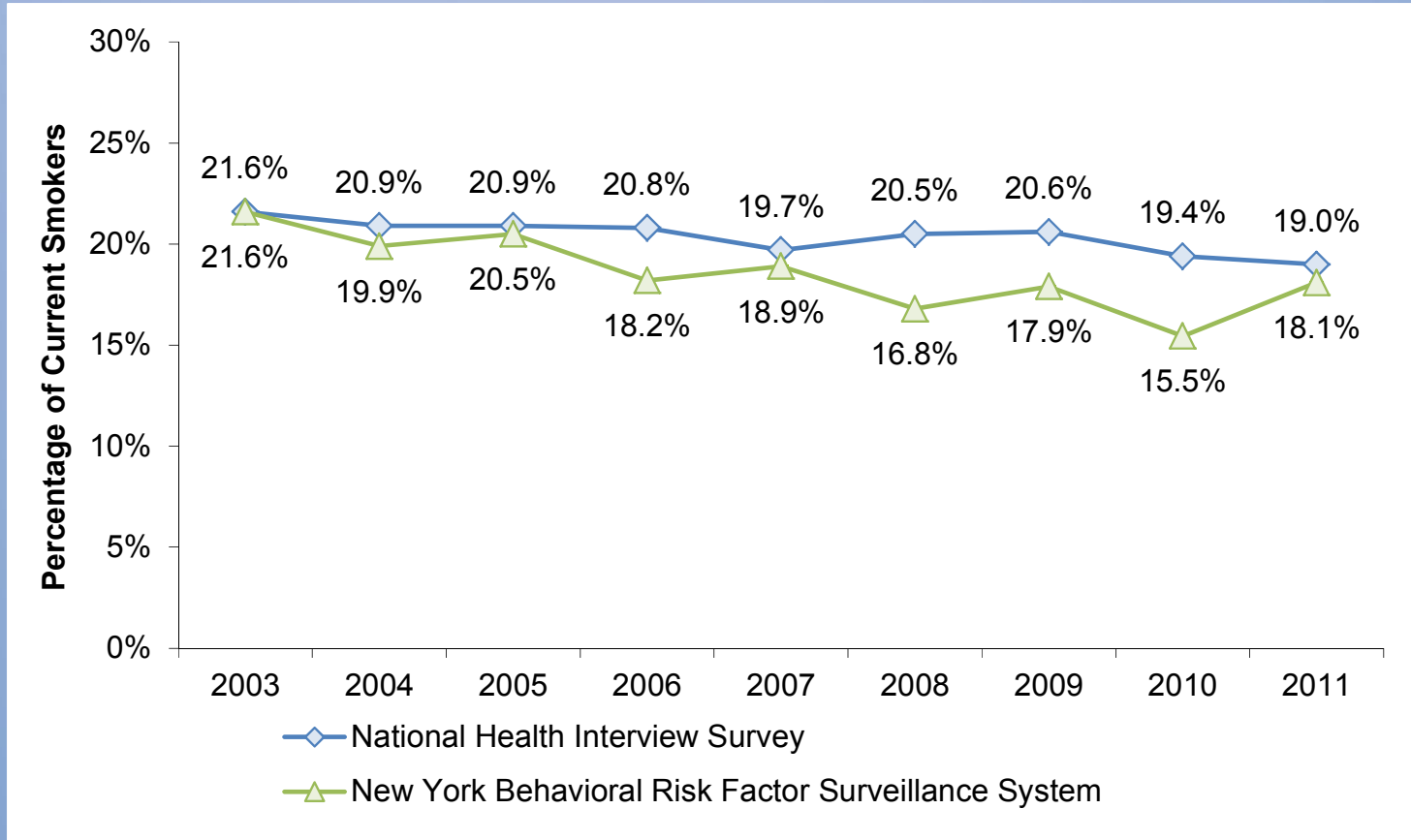
# Learning Objectives

1. Participants will understand how NYS Tobacco Cessation Centers can assist community health centers with addressing tobacco dependence treatment to meet and/or improve quality standards.
2. Participants will understand how the NYS Tobacco Cessation Centers can assist community health centers with incorporating a systems change for treating tobacco dependence without disrupting workflow.
3. Participants will learn how a community health center has implemented a policy and practice change to screen for and treat tobacco dependence with all patients.

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# Adults Who Currently Smoke in NY



NY BRFSS and NHIS 2003-2011

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*Note: Statistically significant decrease in New York and national adult smoking prevalence between 2003 and 2011. Statistically significant downward trend from 2003 to 2011 in New York and nationally, with a steeper decline in New York than nationally.*

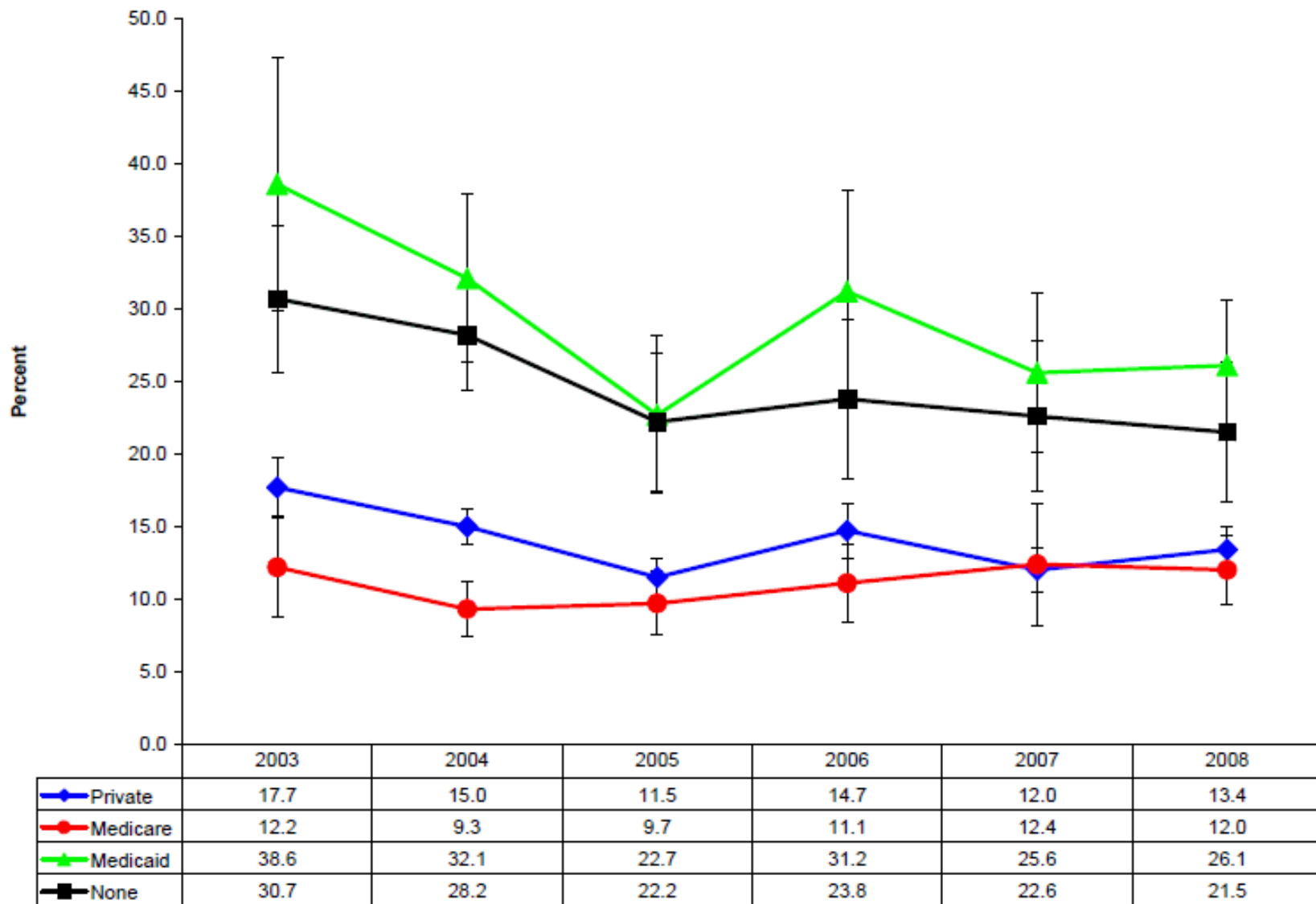


According to the Centers for Disease Control and Prevention, smoking rates are higher among people under age 65 with Medicaid insurance (31%) and those without any health insurance (32%) than among U.S. adults overall (19%). Efforts to reduce tobacco use, especially among Medicaid participants and the uninsured, could significantly reduce healthcare spending.

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# Percentage of Adult Current Smokers by Health Insurance Type in New York



# Trends in Smoking by Demographic Groups

Group	2003–2004	2011	Relative % Change
Overall	<b>20.8%</b>	<b>18.1%</b>	<b>-13%</b>
Race/Ethnicity			
<b>Caucasian</b>	<b>21.5%</b>	<b>17.9%</b>	<b>-16%</b>
African American	23.3%	21.6%	-8%
Hispanic	18.3%	17.4%	-5%
Education			
< High school	27.5%	26.6%	-3%
<b>High school or GED</b>	<b>27.0%</b>	<b>23.8%</b>	<b>-12%</b>
Some college	<b>21.9%</b>	<b>17.3%</b>	<b>-21%</b>
<b>College graduate or higher degree</b>	<b>12.5%</b>	<b>9.2%</b>	<b>-27%</b>

*Note: Bold font signifies a statistically significant change.*

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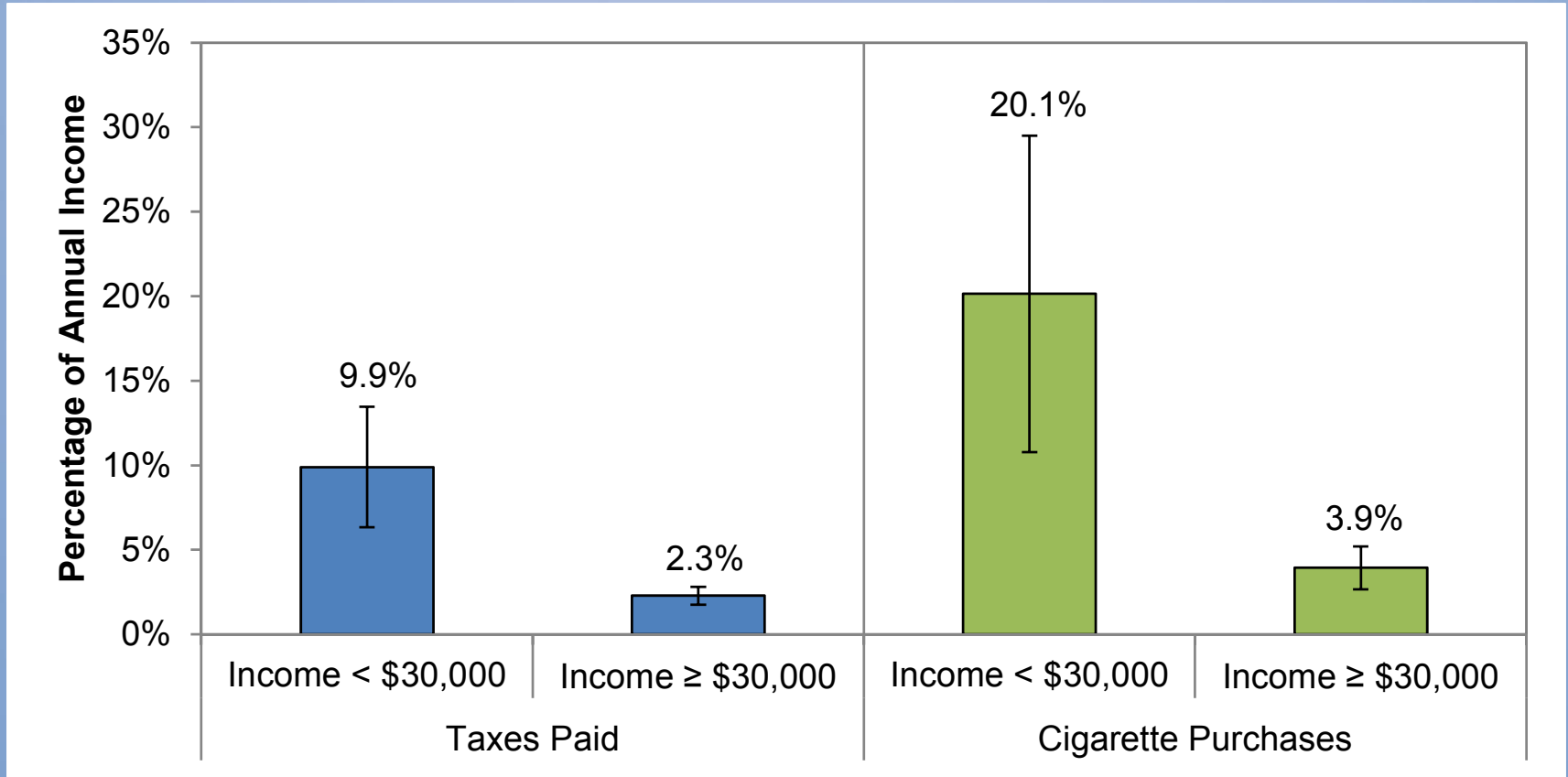
# Trends in Smoking by Demographic Groups

Group	2003–2004	2009–2010	Relative % Change
Income			
Less than \$25,000	26.9%	28.2%	5%
<b>\$25,000–\$49,999</b>	<b>23.2%</b>	<b>18.4%</b>	<b>-21%</b>
<b>\$50,000–\$74,999</b>	<b>20.1%</b>	<b>13.8%</b>	<b>-31%</b>
<b>\$75,000 and more</b>	<b>14.3%</b>	<b>10.2%</b>	<b>-28%</b>
Mental Health in Past Month			
<b>Good</b>	<b>19.2%</b>	<b>16.1%</b>	<b>-16%</b>
Not good	35.6%	31.8%	-11%

*Note: Bold font signifies a statistically significant change.*

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# Share of Smokers Income going to Cigarette Taxes and Purchases (Includes Excise Taxes)

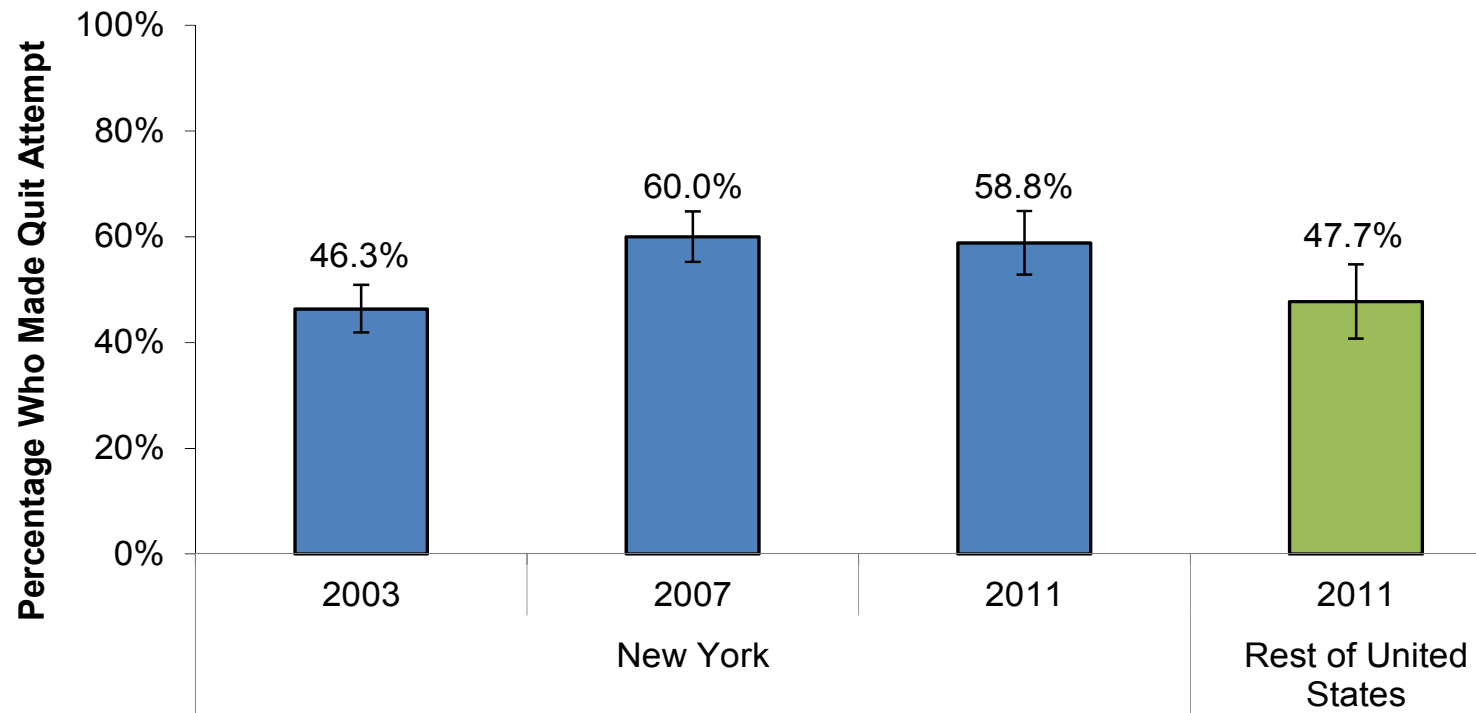


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# Adult Smokers Who Made a Quit Attempt in the Past 12 Months



NY Adult Tobacco Survey 2003-2011, NATS 2011

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*Note: Statistically significant increase between 2003 and 2007 and between 2003 and 2011 among New York adult smokers. Statistically significant difference between New York and the remaining United States in 2011.*

# 3 Key Tobacco Control Programmatic Strategies



866-NY QUITs or Smokefree.com

**Statewide and  
Community  
action**



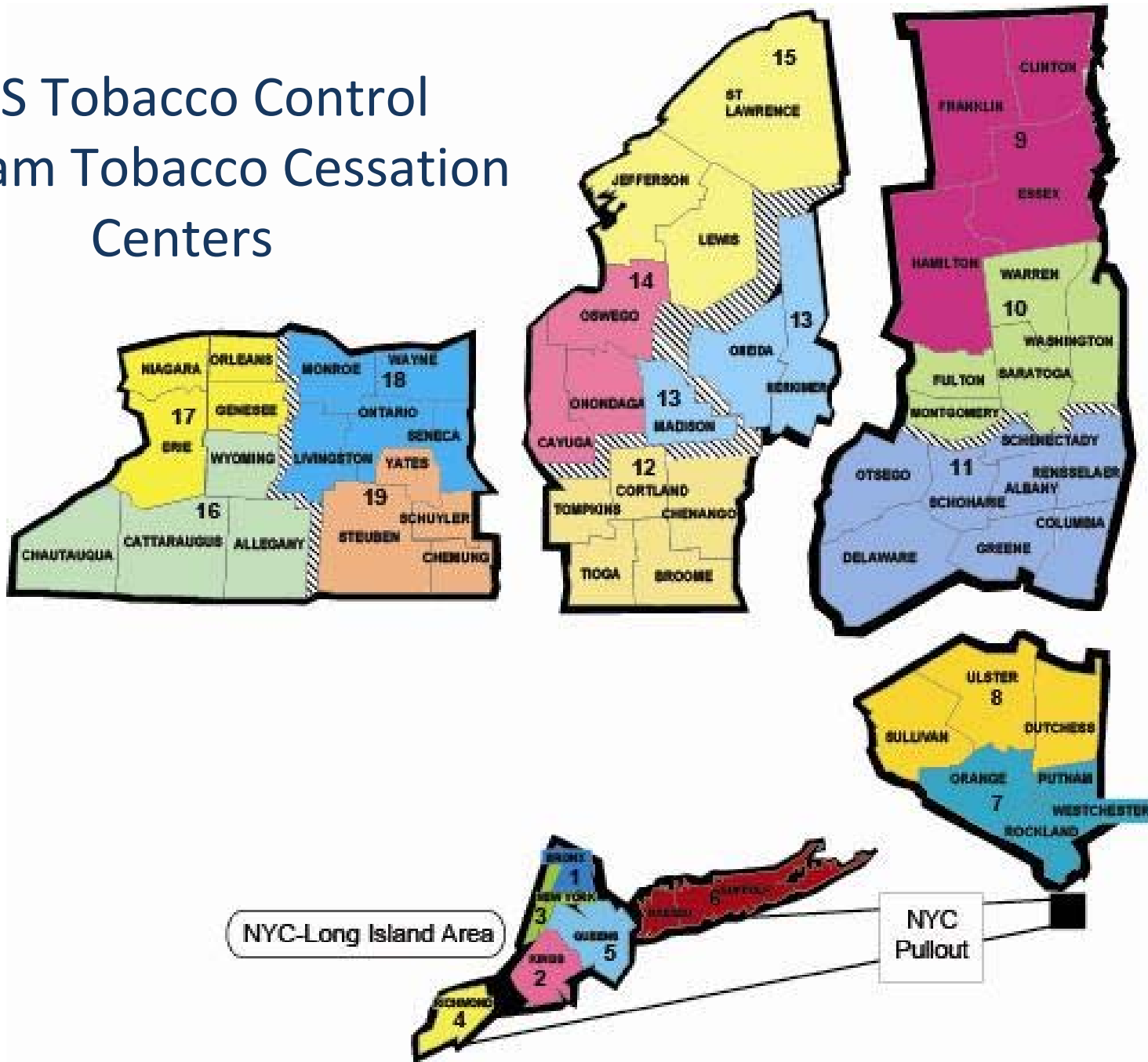
**Cessation  
interventions**

**Public Health  
communication**

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# NYS Tobacco Control Program Tobacco Cessation Centers



NYC-Long Island Area

NYC Pullout



# NYS Tobacco Control Program Tobacco Cessation Centers

System to:

- Screen or ask all patients about tobacco use
- Prompt providers to discuss treatment options
  - Cessation Medication
  - NYS Smokers' Quitline services
- Prompt providers to offer advice and motivation to assist an individual with quitting tobacco use

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# NYS Tobacco Control Program Tobacco Cessation Centers

## UPCOMING CALL: "Five Essential Strategies in Motivating Patients to Quit Smoking"

Nov 7, 2012  
12:00 - 1:00pm

*Presented by:*

Marilyn Herie, PhD, RSW

Director of the Collaborative Program in Addiction Studies at University of Toronto,

Registration is open at:

<http://www.nysmokefree.com/confcalls/default.aspx>

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Tobacco Cessation  
Treatment  
Evidence-based  
Recommendations

Available at:

<http://www.ahrq.gov/path/tobacco.htm>

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QUICK REFERENCE GUIDE FOR CLINICIANS  
2008 UPDATE

**Treating  
Tobacco Use  
And  
Dependence**

U.S. Department of  
Health and Human Services  
Public Health Service

# Tobacco dependence treatment policy

## – minimum criteria to be effective

**Ask** - Centralized system, preferably within electronic medical records, that identifies tobacco-use status with the collection of vital signs and features clinician reminder elements

**Advise & Assist** - Provision of counseling and medication to assist all individuals making a quit attempt; Promote utilization of the NYS Medicaid cessation medication benefit

**Refer** - Refer tobacco users to the NYS Smokers' Quitline to support treatment intervention and follow-up – tobacco users enrolled in Opt to Quit program (unless actively refuses enrollment)

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# Meaningful Use – Tobacco Dependence Treatment related criteria

## STAGE 1:

### Smoking Status Objective:

Record smoking status for patients 13 years old or older.

### Measure:

More than 50% of all unique patients +13 years seen have smoking status recorded as structured data.

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# Meaningful Use – Tobacco Dependence Treatment related criteria

The screenshot displays the eClinicalWorks interface for a patient named Robert Test, 65 years old, male. The main window shows a Social History (SH) note dated 10/11/2010. A dropdown menu for 'Smoking Status' is open, showing options: Current every day smoker, Current some day smoker, Former Smoker, Never Smoker, Current Status Unknown, and Unknown if ever smoked. The 'Current every day smoker' option is selected and circled in red.

**Smoking Status**

Name	Value	Notes
Smoking Status	Current every day smoker	

Smoker

- Current every day smoker
- Current some day smoker
- Former Smoker
- Never Smoker
- Current Status Unknown
- Unknown if ever smoked

# Meaningful Use – Tobacco Dependence Treatment related criteria

## **STAGE 1: Menu Objective - Tobacco**

**Menu Objective 4: Send reminders to patients per patient preference for preventive/follow up care**

NYS Smokers' Quitline referrals meet this objective

**Menu Objective 6: Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate**

Quitline fact sheets link can be imbedded in EHR to meet this objective.

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# Treating Tobacco Dependence

## Implementing Systems Change

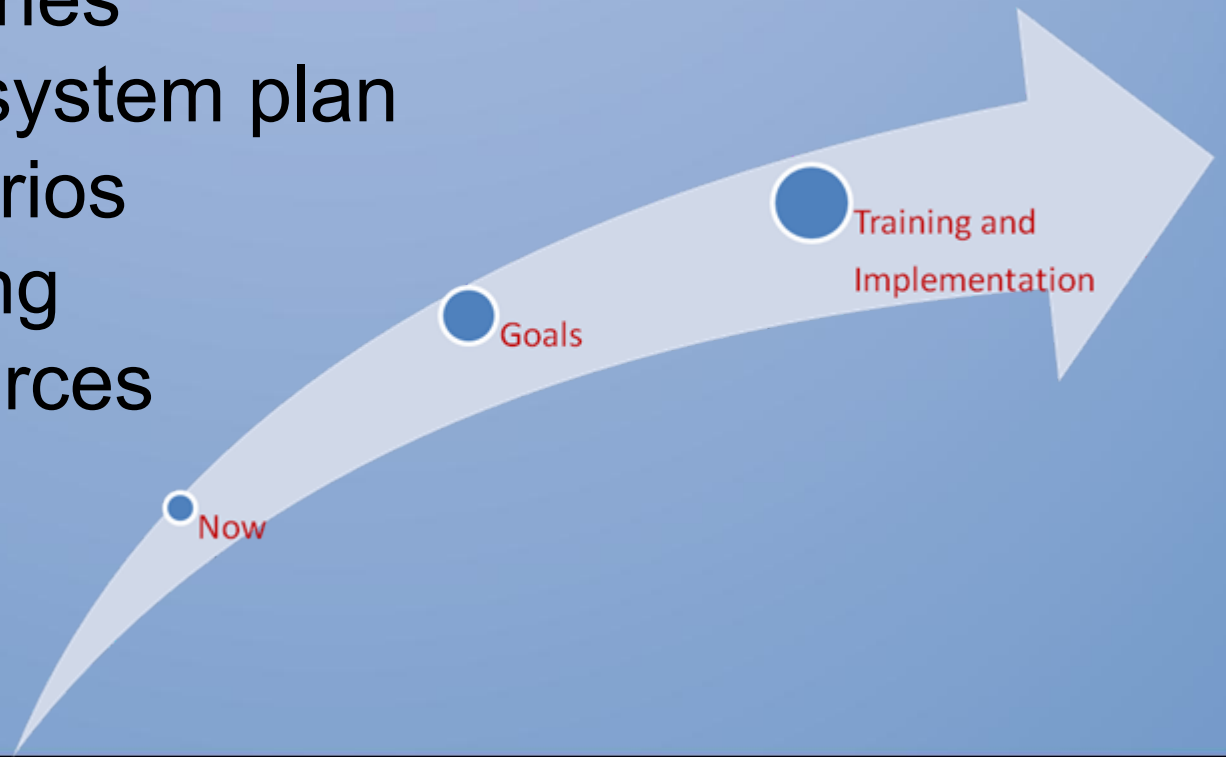
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# Objectives

- Meaningful Use
- Baseline Data – Current System
- Flowchart – The Clinical Practice Guidelines
- EMR system plan
- Scenarios
- Training
- Resources



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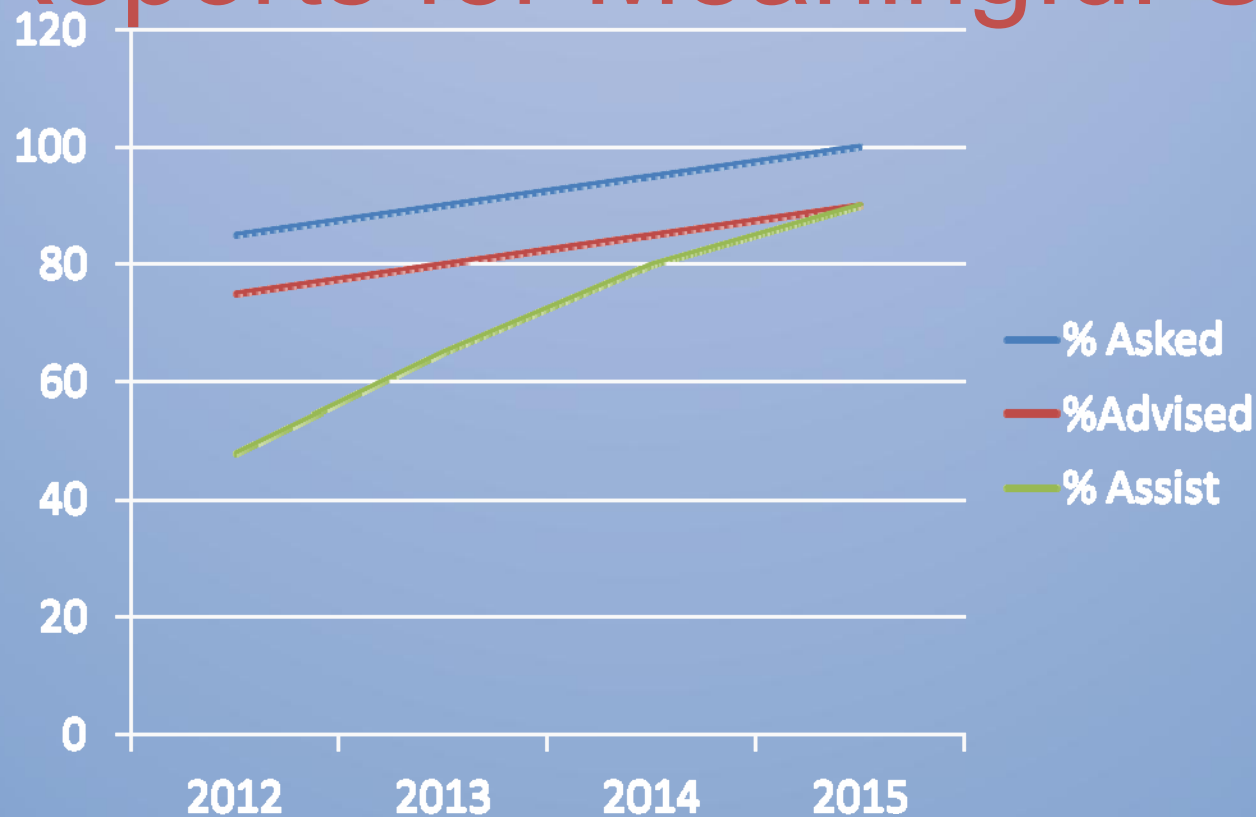
# Reports for Meaningful Use

- Percentage of Smokers in patient population – Every patient is Asked
- Quit Rates
- Percentage of Smokers receiving:
  - Advice
  - Assistance- 48%
  - Follow up (Arrange)

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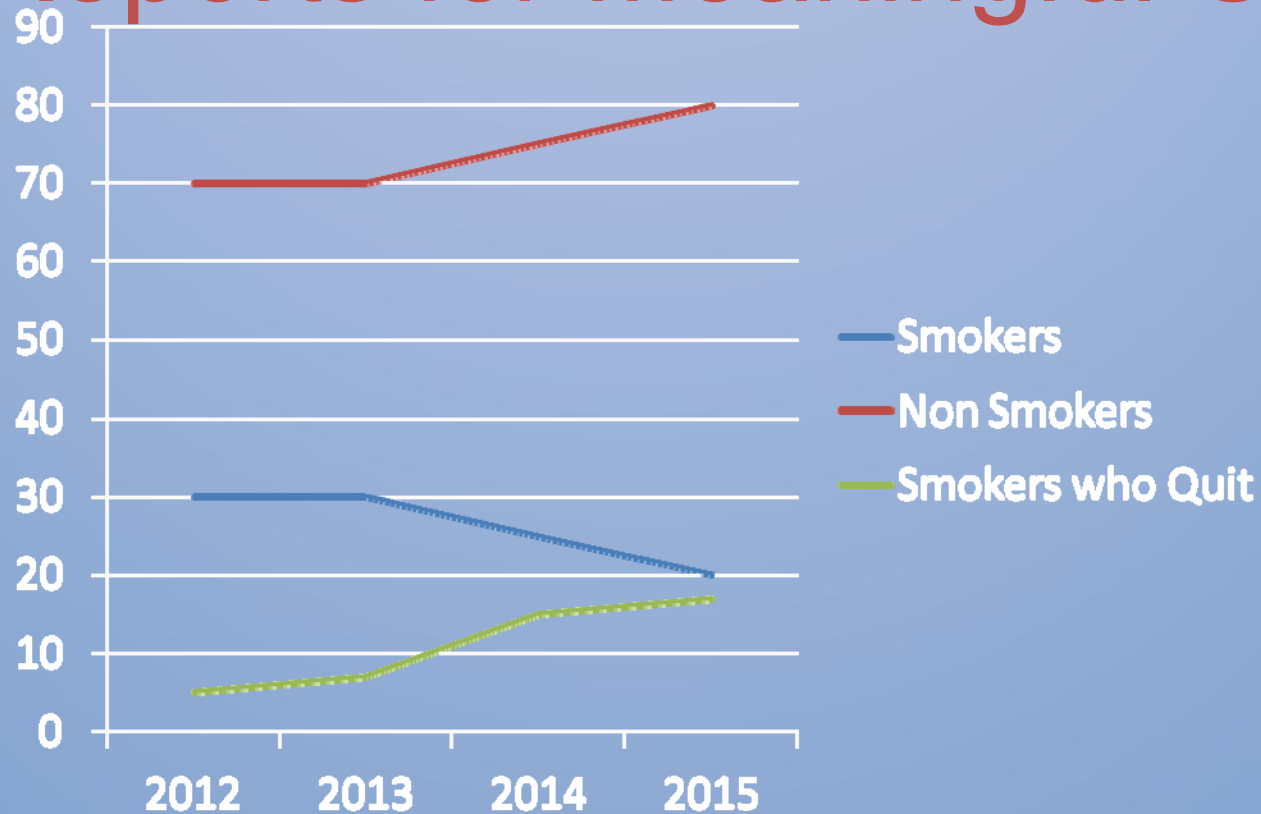
# Reports for Meaningful Use



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# Reports for Meaningful Use



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# Baseline Data

## Environment and Systems – Current

- Attitudes toward
  - Tobacco and
  - EMR systems
- Work Flow
- Barriers
- Expectations
- Who is trained?
  - In Tobacco Dependence Treatment
  - When were they trained



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# Treating Tobacco Use and Dependence: Standard of Care

**1) ASK every patient about tobacco use**

**FORMER SMOKERS**

Relapse prevention

**CURRENT SMOKERS**

**2) ADVISE**

Discuss cessation benefits, threats to abstinence, and side effects

**2) ADVISE**

Provide clear, strong and personalized advise

**3) ASSESS**

No

**UNWILLING TO QUIT**

Provide motivational intervention

Yes

**WILLING TO QUIT**

Provide appropriate tobacco dependence treatments

**4) ASSIST**

Set a quit date (ideally within 2 weeks)  
Encourage Pharmacologic Treatment (M.D.)  
Provide personal or group counseling  
• Cessation Consult • 3-10 min. (M.D.)

**5) ARRANGE FOLLOW-UP**

Schedule follow-up contact  
Refer to Quit Program

Back End- Database  
and Billing and  
Scheduling

Front End – What  
the screens look  
like.

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# EMR System Planning

- Tobacco Use noted in Vital Signs
  - Chronic Condition
- Screen prompts and check boxes (less dialogue unless where necessary)
- Flowcharting
- Goal – Data that is meaningful, Best Practice, Improved patient outcomes

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# Patient Information Screen

Weight	<input type="text"/>	Height	<input type="text"/>
Temperature	<input type="text"/>		
Pulse	<input type="text"/>		
Systolic	<input type="text"/>	Diastolic	<input type="text"/>
Tobacco Status	<input type="text"/>		
	New Patient	<input type="checkbox"/>	

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# ASK

Have you used Tobacco in the past 30 days?

Yes – Cigarettes

How many per day:

5 -10

11- 20

21- 40

41-60

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Clinician Note – *Smokes 1.5 packs per day, started smoking at age 17*



# Advise

- Advised smoker that “quitting smoking would be the best thing for their health and that I (or we) can help”. *Personalize if possible*



Clinician Note – *Patient was listening*

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# Assess Willingness to Quit

## Scenario One

Are you interested in Quitting?

Yes

No

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Physician Note --



# Assist

Gave the following to the patient:

New York State Smokers' Quitline information



BreakLoose Guide



Refer to Quit Program



3-10 minutes counseling for quit date readiness

(Pull-down menu for ideas)



Code, to billing



Set a Quit Date for

Calendar



Pop Up  
Calendar

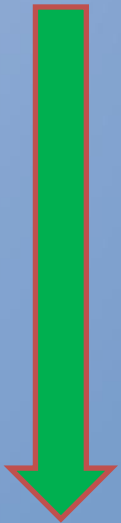


Physician Notes – *Must describe counseling*



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# Assist



**New York State Smokers' Quitline**  
1-866-NY-QUITS (1-866-697-8487)  
The NY State Department of Health Tobacco Control Program

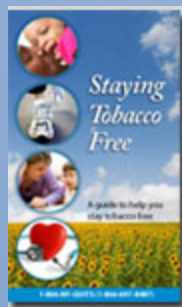
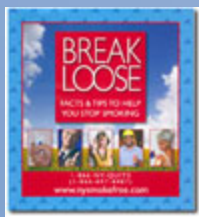
Home Quit Now Stay Smoke-Free Facts & Myths Resources Employ



**QUITTING ASSISTANCE** ▶



**NICOTINE**



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## HEALTH PROVIDERS & PARTNERS



### Refer-To-Quit Online We do the rest!

1. Register here - contact [quitsite@roswellpark.org](mailto:quitsite@roswellpark.org)
2. Log-in to our secure Refer-To-Quit online form
3. Refer your patients
4. Check the status of your patients

- [Members log-in](#)

### Refer-To-Quit [Refer-to-Quit Member Log-in](#)

### The New York State Smokers' Quitline Provider Referral Program

#### Step 1 - Register for the program

The Refer-To-Quit Online program is secure and easy

To register, please email the New York State Smokers' Quitline; [quitsite@roswellpark.org](mailto:quitsite@roswellpark.org).

#### Step 2 - Refer your patients

Sample Refer-To-Quit login

Talk to your patients

Collaborative Call

▶ Refer your patients

Refer-To-Quit

▶ Refer-To-Quit Online

Opt-To-Quit

Provider Resources

Outline for Practice Transformation

Guide to Build a Better Office System

Clinician & Clinical Practice

Joint Commission

Collaborative Call

OASAS

Reports

Insurance Reimbursement

Medicaid Benefits for



# Assist

## Pharmacotherapy:

NRT 

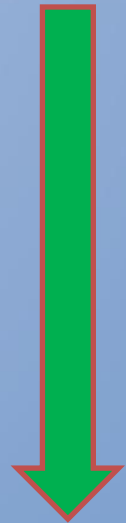
(pop up for dosing)

Bupropion/Zyban 

(pop up for dosing)

Chantix 

(pop up for dosing)





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Clinician Note – *Prescribed the Patch (21mg)  
and Zyban for depression*

# Arrange for Follow Up

- Refer to Quit to follow up 
- Internal follow-up with Health Educator 
- Position Specific
- Date prompts phone call from \_\_\_\_\_ 3 months, 6 months, etc.

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Physician Note -





# Arrange for Follow Up

Schedule an appointment for 3 – 6 months from now. 



Send to Scheduler

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# Ask – Scenario Two

Have you ever smoked?

No -

Yes – I quit:

More than 5 years ago

1 – 4 years ago

This year

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Clinician Note – *Started smoking at 17, has been quit for 6 months*



# Relapse Prevention

Recently quit challenges

Cravings

Traumatic Events

Triggers, Support

Adjust Pharmacotherapy

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Physician Notes –





# Arrange for Follow Up

Schedule an appointment for 3 – 6 months from now. 



Send to Scheduler

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# Assess Willingness to Quit Scenario Three

Are you interested in Quitting?

Yes 

No 

Clinician Note – *Has not thought about quitting but starting to have breathing problems.*

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# Assist

Gave the following to the patient:

New York State Smokers' Quitline information



BreakLoose Guide

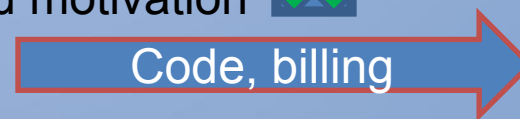


3-10 minutes counseling for increased motivation



(Pull-down menu with the five R's)

Code, billing



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Clinician Note – *Patient starting to think about quitting. Discussed possible use of NRT to help with cravings*





# Assist

## •Confidence and Motivation

0---1---2---3---4---5---6---7---8---9---10

- On a scale of 0-10, with 0 being not at all important/confident and 10 being very confident
- Why did you pick a (#), and not a *lower* (#)?
- What do you think it would take to get from (# they chose) to (a higher #)
- Summarize both sides
- Ask – so what are your next steps?

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Physician Note -



# Arrange for Follow Up

Schedule an appointment for 3 – 6 months from now. 



Send to Scheduler



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# Arrange for Follow Up

- Designate \_\_\_\_\_ to make a phone call to make a follow up appointment in 3 months....
- Real world ideas – what happens to the patient who is a smoker but not ready to quit...



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# Treating Tobacco Use and Dependence: Standard of Care

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**FORMER SMOKERS**

Relapse prevention

**CURRENT SMOKERS**

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the screens look  
like.

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# Working with Cessation Centers

- Bring in early – present on the systems change, partnership, taskforce, training, resources, posters, NYS Quitline
- Cessation Center 1-hour training
  - Why tobacco cessation is so important
  - Tobacco Addiction
  - Clinical Practice Guidelines (the 5 A's)
  - Pharmacotherapy
- Medical Director shows EMR screens to attendees

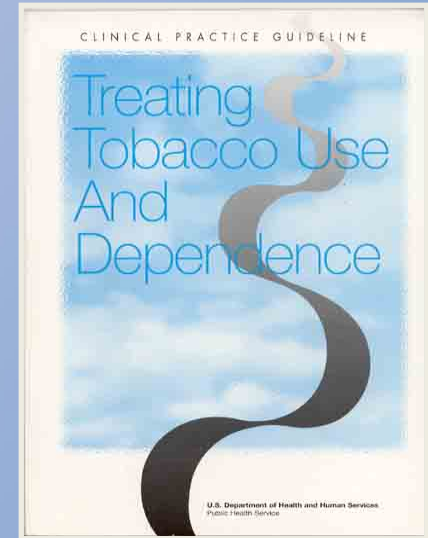
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# Resources

*Treating Tobacco Use and Dependence, Clinical Practice Guideline, 2008 update*



*Treating Tobacco Dependence Practice Manual, Ask and Act*  
[www.aafp.org/askandact](http://www.aafp.org/askandact)

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The NYS Smokers' Quitline  
[www.nysmokefree.com](http://www.nysmokefree.com)

# Resources

The screenshot shows a web browser window displaying the NYeC website. The browser's address bar shows the URL <http://nycehealth.org/for-health>. The website's navigation menu includes Home, News, Blog, Get Updates, and Contact. The main header features the NYeC logo (New York eHealth Collaborative) and the tagline "Better Healthcare Through Technology". A navigation bar below the header lists categories: WHAT WE DO, UNDERSTANDING eHEALTH, FOR HEALTHCARE PROVIDERS (highlighted in blue), RESOURCES, EVENTS, and ABOUT NYeC. A large teal banner reads "For Healthcare Providers". On the left, a sidebar lists topics: Considering Adoption, Choosing a Vendor, Achieving Meaningful Use, EHR Incentive Programs, Joining the SHINY, and Ask the Expert. The main content area is titled "Considering Adoption" and contains two paragraphs of text. The right sidebar is titled "RELATED LINKS" and lists several external resources.

Home | News | Blog | Get Updates | Contact

Search

**NYeC**  
NEW YORK eHEALTH COLLABORATIVE

Better Healthcare Through Technology

WHAT WE DO | UNDERSTANDING eHEALTH | **FOR HEALTHCARE PROVIDERS** | RESOURCES | EVENTS | ABOUT NYeC

**For Healthcare Providers**

Considering Adoption

Choosing a Vendor

Achieving Meaningful Use

EHR Incentive Programs

Joining the SHINY

Ask the Expert

**Considering Adoption**

To ease the transition from paper-based to electronic health records, we provide consulting and training services for healthcare providers through our [Regional Extension Center](#) program. We can also connect you to [resources](#) close to your practice.

We offer guidance from [adoption](#) of new technologies to achieving Meaningful Use, along with providing guidelines for how to go about selecting the right software and hardware vendor for your practice.

**RELATED LINKS**

- [HealthIT.gov: Leading National Resource on Health IT](#)
- [New York Digital Health Accelerator Information & Networking Event](#)
- [Events](#)
- [NYeC News: Vol 16: April 2012](#)

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[www.nycehealth.org](http://www.nycehealth.org)

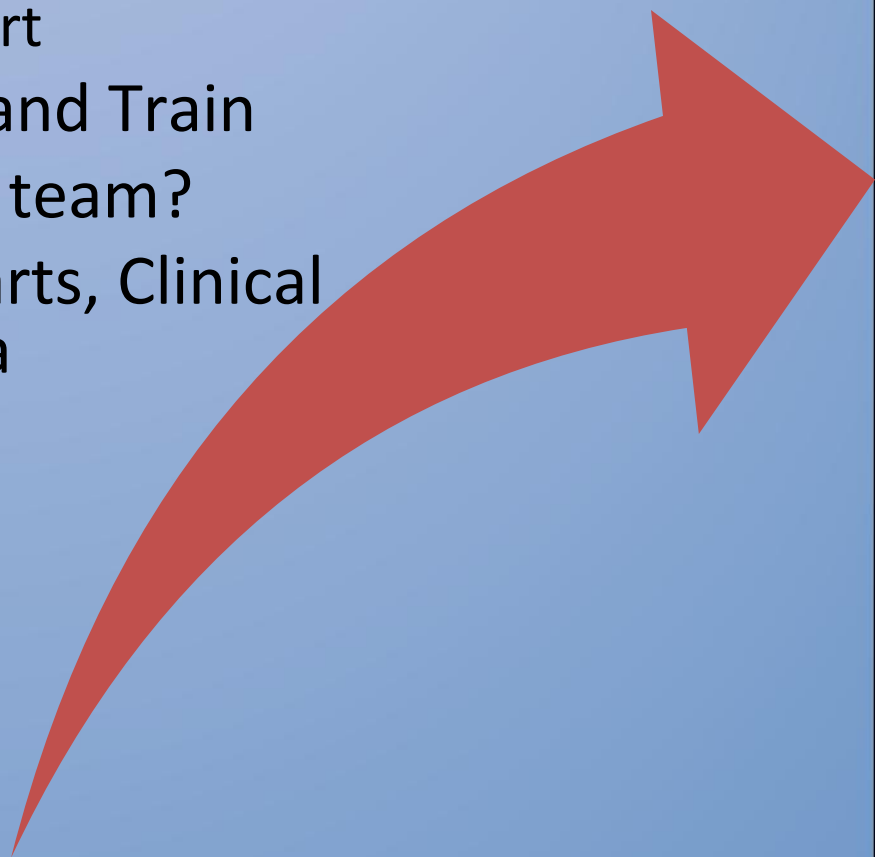
# Summary

- Top down, tobacco is a priority
  - Cessation Center Support
- Goals, Plan, Implement and Train
- Who needs to be on the team?
- Showcase success – Charts, Clinical Quality Measures , Media

Case Study – Welcome....

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# Glens Falls Hospital's Tobacco Cessation Center (TCC)

## Glens Falls Hospital:

- Founded in 1897
- 410-bed, not-for-profit, community hospital serving a six-county region in Upstate New York
- 3,000 employees and 29 regional locations; largest health care provider between Albany and Montreal
- Offering inpatient and outpatient services, including emergency, coronary, and cancer care; medicine/surgery; obstetrics; physical and occupational rehabilitation; and community services

## Tobacco Cessation Center:

- Serves five counties - Fulton, Montgomery, Saratoga, Warren and Washington
- Established through NYS DOH TCP grants in 2004

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# Hudson Headwaters Health Network (HHHN)

Hudson Headwaters Health Network is a not-for-profit system of community health centers providing care to the residents and visitors of a region more than twice the size of Rhode Island, 3,700 square miles of the Adirondack/ Lake George/Glens Falls area in upstate New York.

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# The Beginning

- Identified the largest providers to ensure greatest number of tobacco interventions - Glens Falls Hospital and HHHN
- Approached Hudson Headwaters Health Network
  - Initial Conversation with Medical Director and Quality Assurance Director
  - Timing was important
  - QA/QI Initiative
  - Organizational Champion - Director of Nursing
- Aim was to get entire staff involved in promoting tobacco cessation
- Top-down approach

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# Barriers

- Multiple sites with multiple systems
- Need for additional training for staff
- Need for better tobacco cessation systems
- Staff concerns

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# Standard of Care

HHN's transition to patient-centered medical home (PCMH) became the ideal time to incorporate a standard of care that ensures every patient is screened and treated for tobacco use at every visit.

PCMH is based on a continuous relationship between patient, physician and patient care team to ensure the best quality of care for their patients.

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# HHHN and Cessation Center

TCC supports HHHN:

- Provides on-site trainings for all staff
- Customizes trainings for specific disciplines
- Offers CME trainings in central location
- Provides free materials for patients
- Provides visual cues to be used throughout organization

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# HHN Screen Shots

Marital status	Single	Notes	
Sexual orientation	Heterosexual	Notes	
Number of children	4	Notes	
Contraception	None	Notes	
Advance directive	No	Notes	Given to Patient on 11/07/2011
Living Will	No	Notes	
DNR	DNR	Notes	/DNI
HIV Testing Offered	Yes - Patient Accepted	Notes	
Smoking Status	Current every day smoker	Notes	Started at age 12, Smoked 1 PPW, Quit 2/02/
Smoking - How much?	1 PPW	Notes	
Has smoked since age	12	Notes	
Chewing tobacco		Notes	
Alcohol intake	Moderate	Notes	1=2 beers daily
Illicit drugs		Notes	
Caffeine intake	Occasional	Notes	1-2 cups of coffee daily
Diet	Gluten free	Notes	
Exercise level	None	Notes	
General stress level	Medium	Notes	

# HHN Screen Shots

Was patient asked about smoking status?	Yes ▾	Notes	
If yes, was patient advised to quit smoking?	Yes ▾	Notes	02/02/2012
Provider assisted patient in their cessation efforts by prescribing or recommending any of the following	Nicotine Patch ▾	Notes	
Did the Provider suggest a specific date to stop smoking?	Yes ▾	Notes	Quit Date 12/31/2011
Did the Provider suggest or refer a smoking cessation class, program, or counseling?	Yes ▾	Notes	
Did the Provider suggest a telephone quitline?	Yes ▾	Notes	
Did the Provider hand out booklets, videos, or other materials to assist the patient with quitting smoking?	Yes ▾	Notes	
Are any of the following current health conditions influenced by the patient's smoking?	Diabetes ▾	Notes	
Did the Provider schedule a follow-up visit to discuss the patient's progress?	▾	Notes	



# HHN Screen Shots

				09/20/2011	
◆ ▶ <u>Tobacco Cessation</u>	Satisfied	09/20/2012 09/20/2013	Note: Coached to call for NRT	<u>STOPPING SMOKING: AFTER YOUR VISIT, 09/20/2012</u>	Mixed
◆ ▶ <u>Record vital signs</u>	Satisfied	10/24/2011 10/24/2013		<u>OFFICE VISIT 30 10/24/2011</u>	Once
▶ <u>Alcohol Use Assessment</u>	Satisfied	12/20/2011 12/20/2013		<u>MEDICARE AWV 30 12/20/2011</u>	Every 2 years
◆ ▶ <u>Tobacco Use Inquiry</u>	Satisfied	06/13/2012 06/13/2014		<u>Documented in Social History</u>	Every 2 years
◆ ▶ <u>Tobacco cessation intervention</u>	Satisfied	09/20/2012 09/20/2014		<u>STOPPING SMOKING: AFTER YOUR VISIT, 09/20/2012</u>	Mixed

# How are things going?

- Data Collection
- EMRS
- Staff Training
- Expansion of Preventive Care Intervention

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# The Future

With all QA:

- Data are necessary and feedback essential
- Formal, regular communication built into system
- Up-to-date data provided with benchmarks or targets
- Re-evaluate regularly
- Create ways to improve the system

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# How do I start this in my practice?

- Work with local Cessation Center to develop a systems change and train staff accordingly
- Start with a team meeting to assess practice systems and environment
- Identify potential barriers and possible solutions
- Identify systems to track preventive services
- Develop responsible expectation when working with patients - chronic disease and conditions

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# Questions and Answers

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# Contact Information



SMOKING IS A DISEASE  
**TREAT IT!**

You wouldn't let a patient with heart disease or diabetes leave your office without being treated. But every day, doctors in New York State fail to treat their patients who smoke.

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Ann Wendland: [amw06@health.state.ny.us](mailto:amw06@health.state.ny.us)

Didi Raxworthy: [draxworthy@lungne.org](mailto:draxworthy@lungne.org)

Julie Wright: [jwright@glensfallshosp.org](mailto:jwright@glensfallshosp.org)

Donna Gorton: [dgorton@hhhn.org](mailto:dgorton@hhhn.org)