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Michigan
Oncology
Quality
Consortium

Michigan
Cancer
Consortium

Tobacco
Cessation
Initiative

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Transforming Oncology Care Together

Improving Tobacco Cessation in Oncology Patients

Overview:

There is growing evidence that using tobacco compromises the effectiveness of cancer treatments including chemotherapy and surgery, reduces treatment tolerance, and increases both the risk of complications and the risk for a secondary primary cancer. Many professionals believe it is too stressful and /or too late to advise the cancer patient to stop tobacco use. However, stopping tobacco use immediately after being diagnosed with cancer gives patients the best chance for their cancer treatment to work.

<http://www.cancer.gov/cancertopics/pdq/supportivecare/smokingcessation/healthprofessional>

Oncologists play a vital role in tobacco cessation by providing the recommendation and education to patients to help them quit. However, many offices do not have the resources available to assist patients with quitting nor are they aware of the free tobacco cessation counseling services available to all cancer patients in Michigan or other cessation services in their provider network. Clinicians can make a difference with even a minimal intervention (less than 2 minutes).

Modeled after the Institute of Healthcare Improvement (IHI) improvement efforts, MOQC in partnership with Michigan Cancer Consortium is sponsoring the Tobacco Cessation Initiative:

Initiative Goal: To change clinical culture and practice patterns to ensure that every patient being treated for cancer who uses tobacco is identified, advised to quit, and offered scientifically sound treatments.

Target Change: Create a process within your practice to automatically refer cancer patients who smoke/ use tobacco to the Michigan Tobacco Quitline, or in-house cessation service.

Teams will be provided the tools, training materials, and the necessary support to implement the improvements and measure success.

Best practices and lessons learned from national experts will be shared with participants and will guide the rapid cycle implementation process. Initiative success will be measured by improvements in ASCO QOPI[®] performance on smoking status assessment and recommendation for cessation counseling measures in addition to project-specific metrics.

Approach:

Each participating practice will put together a COLLABORATIVE CORE TEAM of three (3) members that includes a PHYSICIAN, CLINICAL LEAD (e.g., NP/PA, nurse, social worker), and TEAM COORDINATOR (e.g., office manager, quality manager). Core teams will participate in a two hour training session and a one hour call where faculty/subject matter experts will share implementation and change management strategies.

Participation Requirements:

The entire team is expected to actively test changes and make improvements as well as:

- ☐ Submit application; fax to 734-998-1447
- ☐ Complete a Data Use Agreement (DUA) with MOQC
- ☐ Participate in QOPI®
- ☐ Participate in a two hour training session and a one hour call within 90 days
- ☐ Use improvement metrics and tools designed to assess progress and guide future improvements

Additional Benefits:

- Opportunity to meet ABIM quality improvement requirements
- Opportunity to meet Meaningful Use Requirements
- Opportunity to publish and participate in public speaking events

Additional Information:

Website: www.moqc.org

E-mail: CC-MOQC-TEAM@med.umich.edu

Or contact Jane Severson, Phone: 734-763-7398



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Tobacco Cessation Initiative Application

Fax completed application to 734-998-1447

Practice Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

QOPI Site # (REQUIRED): _____ **# Physicians:** _____ **# Exam Rooms:** _____

Primary Contact Person (person to be listed on Michigan Tobacco Quitline fax referral form):

Name: _____

E-mail: _____

Physician Lead:

Name: _____

E-mail: _____

Clinical Lead (e.g., NP/PA, RN, MSW):

Name: _____ **Title:** _____

E-mail: _____

Team Coordinator (e.g., Office Manager, QI Specialist):

Name: _____ **Title:** _____

E-mail: _____

3 Hour Orientation: (Physician required to attend first 30 minutes)

Preferred Dates: _____

Preferred Times: _____

Location: _____ **Expected # Attendees:** _____