

# **MOQC/MCC Tobacco Cessation Demonstration Project**



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# There are many risks associated with continuing to smoke after a cancer diagnosis:

- Treatments less likely to be successful
- More side effects from surgery and a slower recovery time
- More side effects from chemotherapy, such as infection and heart and lung problems
- More side effects from radiation therapy, including short-term and long-term complications
- Increased chance of the cancer returning
- Increased risk of other serious illnesses, such as heart and lung diseases or getting a second 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.
- Oncologists play a vital role in tobacco cessation by providing the recommendation and education to patients to help them quit. Clinicians can make a difference with even a minimal intervention (less than 2 minutes).
- 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.

### **Current Conditions Documentation of Smoking/Tobacco Use and Cessation Counseling Rates** MOQC QOPI Fall 2012 100% 90% 80% **Quality Gap** 70% 60% **Gap Widens** 50% OOPI Data 40% 30% **QOPI Data** 20% 10% **MOQC Data** 0% **ASK ADVISE or REFER REFER** ■ Smoking status/tobacco use documented in past year

- Smoking status/tobacco use documented in past year Source: MOQC QOPI Fall 2012, n=1009/14 (records/practices)\*
- Smoking/tobacco use cessation counseling recommended to smokers/tobacco users in past year Source: MOQC QOPI Fall 2012, n=208/14 (records/practices)\*
- Average rate of referral of smokers/tobacco users to Michigan Tobacco Quitline or other program

  Source: MOQC Tobacco Cessation Demonstration Project Chart Audit Spring 2013 (Baseline), n=106/18 (records/practices)

\* Practices only include those participating in the MOQC Tobacco Cessation Demonstration Project

### Goals/Targets

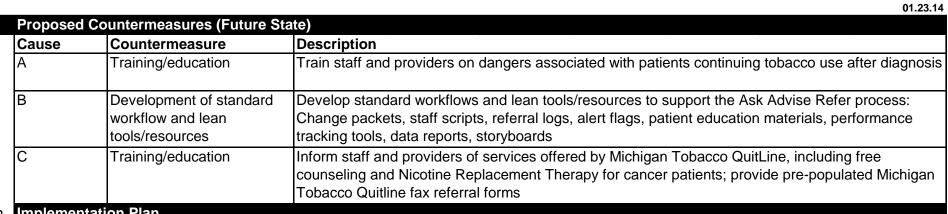
- Change clinical culture and practice patterns to ensure that every patient being treated for cancer who uses tobacco is identified, advised to quit, and offered scientifically sound treatments
- Build practice leadership capacity in quality improvement and change management
- Improvement in QOPI performance >90% for Tobacco Cessation Demonstration Project participating practices: Smoking/ tobacco use cessation counseling recommended to smokers/tobacco users in the past year

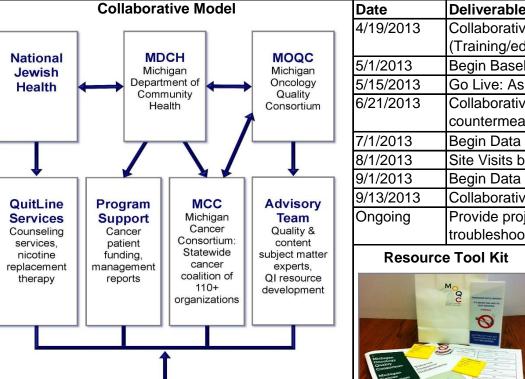
Cessation	counseling reconfinenced to smokers/tobacco	doero in the past year	
Goal:	ASK about tobacco use for every patient	ADVISE patients IT MATTERS: Tobacco	REFER ALL current tobacco users to the
	at every visit and document in the medical	use can reduce the effectiveness of	Michigan Tobacco QuitLine
	record - 6th vital sign	cancer treatment	(or other program)
Target:	Percent of target population with tobacco	n/a	Percent of tobacco users with
	use STATUS DOCUMENTED in the		REFERRALS to Michigan Tobacco
	medical record		QuitLine (or other program)
			DOCUMENTED in the medical record
	TARGET: 100%		TARGET: 90%

### **Root Cause Analysis**

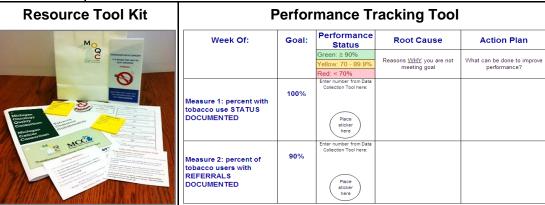
## Low referral rate to tobacco cessation counseling services for cancer patients who use tobacco:

- A. Staff and providers not educated on effects of tobacco use in cancer patients and implications for treatment
- **B.** No standard workflow or resources in clinic to ensure patients are asked if they use tobacco, advised to quit, and referred to tobacco cessation counseling
- **C.** Staff and providers not aware of Michigan Tobacco QuitLine and free services for cancer patients



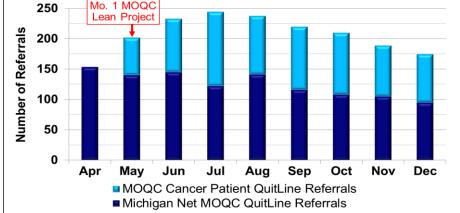


Date	Deliverable		
4/19/2013	Collaborative Kick Off Meeting #1		
	(Training/education, resource distribution)		
5/1/2013	Begin Baseline Data Collection		
5/15/2013	Go Live: Ask Advise Refer		
6/21/2013	Collaborative Meeting #2 (Status updates, identify barriers and		
	countermeasures, share best practices)		
7/1/2013	Begin Data Collection #2		
8/1/2013	Site Visits by MCC/MOQC		
9/1/2013	Begin Data Collection #3		
9/13/2013	Collaborative Summit Meeting #3		
Ongoing	Provide project support to participating sites (Answer questions,		
	troubleshoot barriers, provide resources, phone calls, site visits)		



# MOQC Assessment & Referral Rates 100% 80% 60% 40% 20% May (Baseline) Assessment Rate Referral Rate

Participating Sites (n=18)



MOQC vs. Michigan Referrals

Assessment Rate: Number of patients in target population with tobacco use status documented in medical record divided by number of patients in target population Referral Rate: Number of tobacco users in target population with referrals to Michigan Tobacco QuitLine (or other program) documented in medical record divided by number of tobacco users in target population

Data Source: MOQC Chart Audit, 2013

-- Assessment Rate Target

MOQC Cancer Patient QuitLine Referrals: Number of Michigan Tobacco QuitLine referrals received for cancer patients from MOQC practices participating in Tobacco Cessation Demonstration Project

**Michigan Net MOQC QuitLine Referrals:** Number of Michigan Tobacco QuitLine referrals received for all patients in the state, excluding referrals received for patients from MOQC practices participating in Tobacco Cessation Demonstration Project

Data Source: Michigan Tobacco QuitLine, 2013

### **Next Steps**

**Preliminary Results** 

- Sustain: Maintaining progress and continually building upon it
- Spread: Actively disseminating best practices and knowledge to other populations and practices (2 hour new practice enrollment)

-- Referral Rate Target