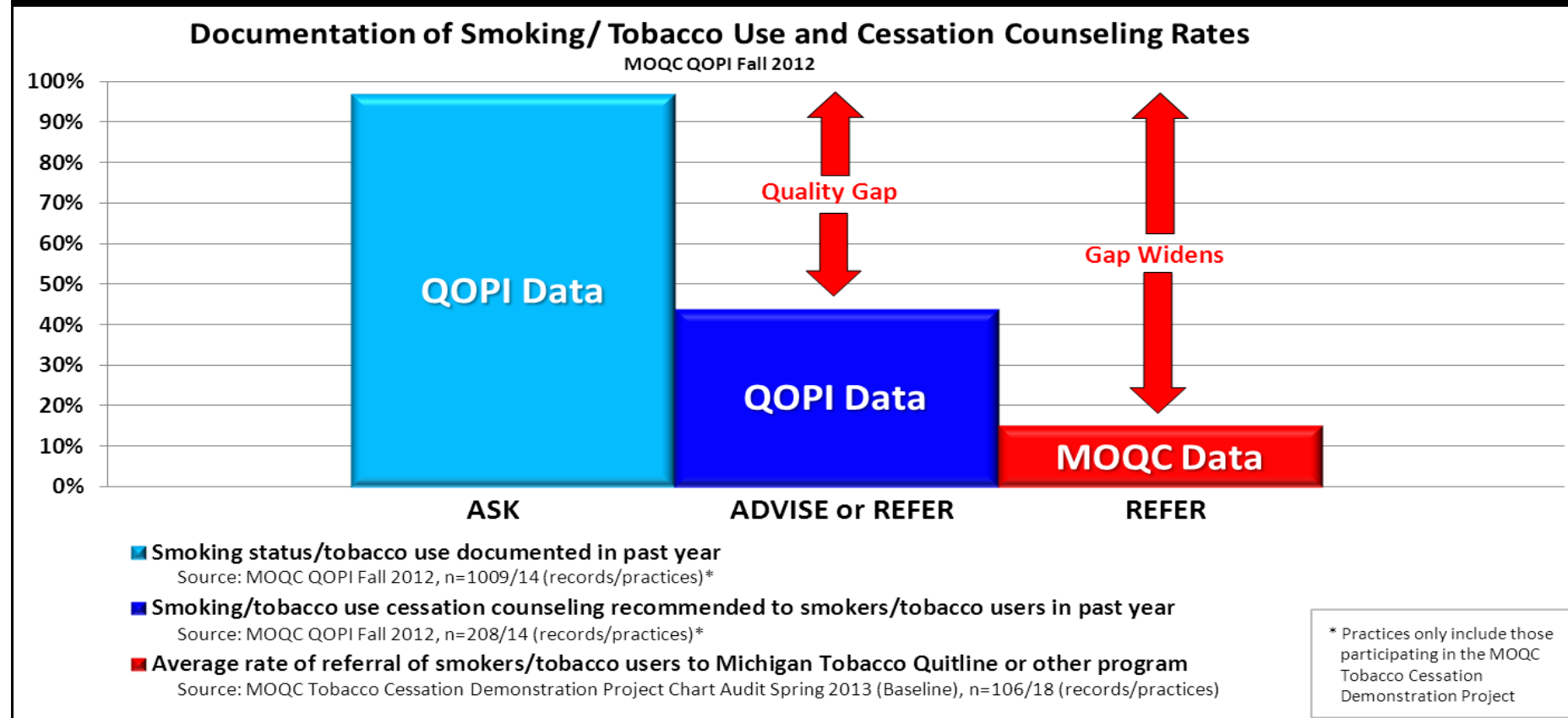


Background

- 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



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

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

Root Cause Analysis

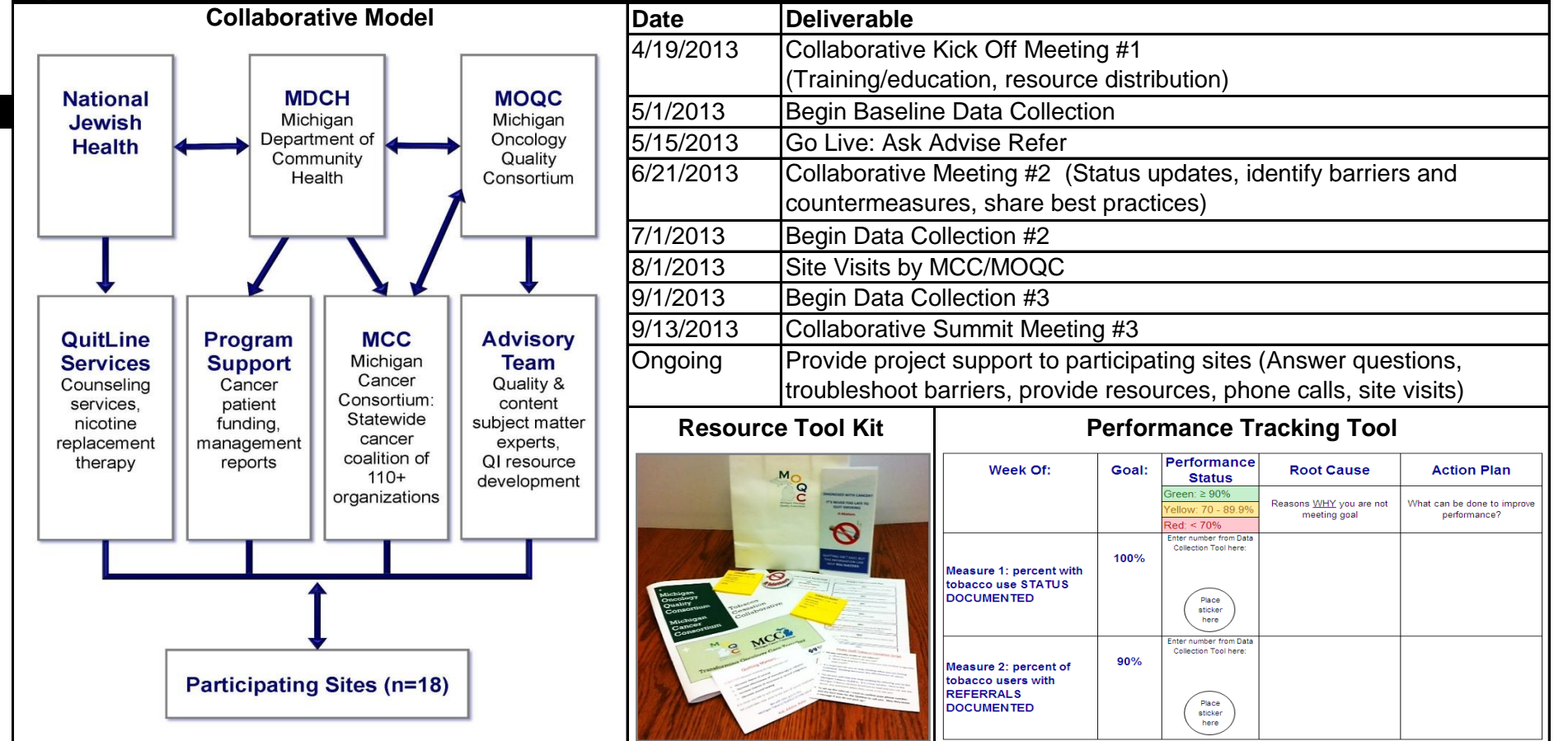
Low referral rate to tobacco cessation counseling services for cancer patients who use tobacco:

- Staff and providers not educated on effects of tobacco use in cancer patients and implications for treatment
- 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
- Staff and providers not aware of Michigan Tobacco QuitLine and free services for cancer patients

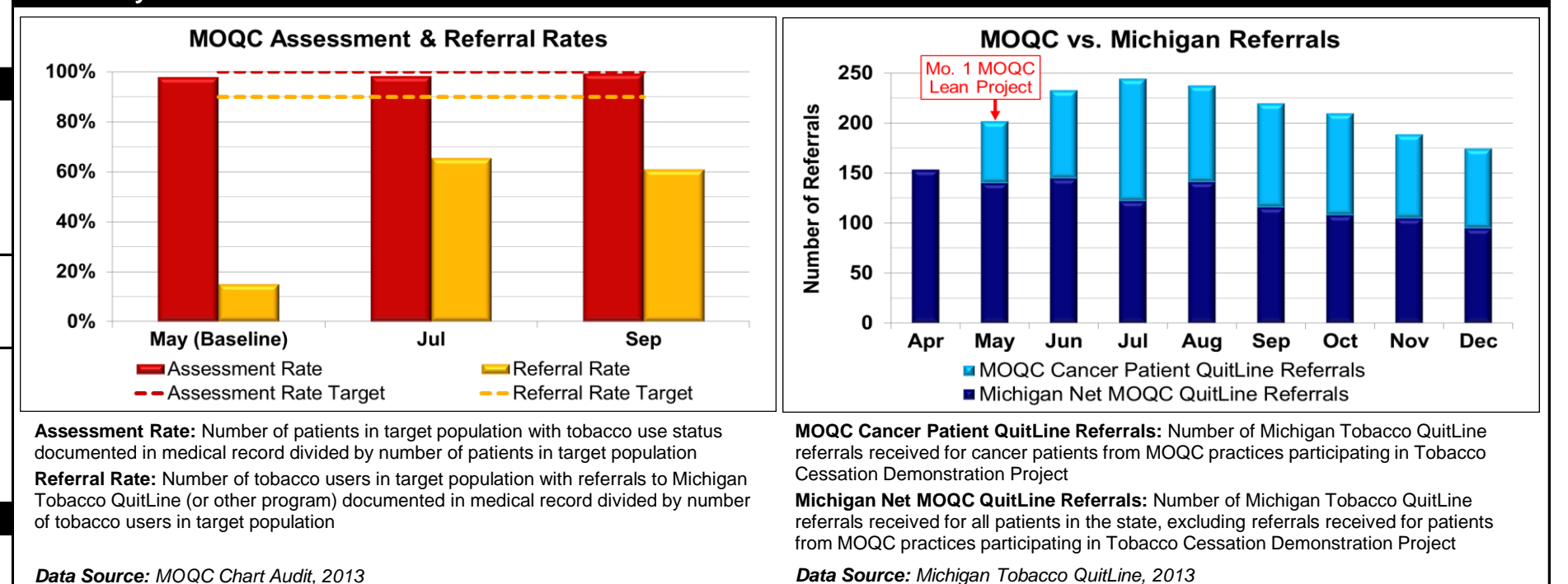
Proposed Countermeasures (Future State)

Cause	Countermeasure	Description
A	Training/education	Train staff and providers on dangers associated with patients continuing tobacco use after diagnosis
B	Development of standard workflow and lean tools/resources	Develop standard workflows and lean tools/resources to support the Ask Advise Refer process: Change packets, staff scripts, referral logs, alert flags, patient education materials, performance tracking tools, data reports, storyboards
C	Training/education	Inform staff and providers of services offered by Michigan Tobacco QuitLine, including free counseling and Nicotine Replacement Therapy for cancer patients; provide pre-populated Michigan Tobacco Quitline fax referral forms

Implementation Plan



Preliminary Results



Next Steps

- 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)