

## Wisconsin Primary Health Care Association Takes Systematic Approach to Tobacco Intervention

Tobacco dependence is hard enough to treat when you've got a plethora of resources at your disposal; it can be even more daunting when you don't. But the Wisconsin Primary Health Care Association (WPHCA) has a lot of will and, by partnering with the University of Wisconsin and state Department of Health Services (DHS), they've found a way.

WPHCA, DHS, the UW Center for Tobacco Research and Intervention (UW-CTRI) and the UW Comprehensive Cancer Center (UW-CCC) are pooling resources to grant \$25,000 over a year to each of four community health centers. Together, these clinics provide access to affordable primary medical care to 50,000 Wisconsin individuals who have significant financial, cultural, linguistic or other barriers to accessing health care.



From Left: UW-CTRI Assistant Director for Intervention Services **Lezli Redmond** has worked with WPHCA to ensure every patient has access to treatment to quit tobacco use. Lately, she has teamed with WPHCA's Stephanie Harrison, Tricia Brein and Pam Crouse.

"The incidence of smoking is so high in our rural community," said Mari Freiberg, executive director of one of the participating clinics, Scenic Bluffs Community Health Centers. "Improvements in data, patient-intervention strategies and staff education is critical to make a meaningful, lasting impact on the care we offer."

"Our mission is to provide patient-centered primary healthcare focusing on disease prevention and education," said Lynne Polodna, clinical director at Scenic Bluffs Community Health Centers. "This initiative is exciting because it specifically targets improvements in patient interventions aimed to increase a person's chance of success. We look forward to the work because we know the outcomes are so important."

### Implementing Guidelines Into EMR

With the grant money, the health centers are incorporating systematic tools into their electronic medical records (EMR) to help clinic staff treat tobacco use among patients.

The recommendations come from the U.S. Public Health Service's Clinical Practice Guideline: *Treating Tobacco Use and Dependence*. The clinics are developing a system that includes a pop-up screen prompting medical staff to ask every patient about tobacco use at every visit. They must fill in data and click "accept" to continue.

*"Success has nothing to do with what you gain in life or accomplish for yourself. It's what you do for others."*

*- Danny Thomas*

### **The EMR system walks patients through the "5 A's" of tobacco treatment:**

1. Ask about tobacco use (and document results).
2. Advise the patient to quit.
3. Assess the patient's willingness to make a quit attempt.
4. Assist by:
  - a. Expressing your support.
  - b. Helping the patient set a quit date.
  - c. Prescribing appropriate medications.
  - d. Referring the patient to the Wisconsin Tobacco Quit Line, 1-800-QUIT-NOW.
5. Arrange follow-up.

Stephanie Harrison, executive director of WPHCA, said the guideline is based on decision-tree methods. "What's really exciting about this approach is that it is systematic. When you look at diabetes care, there is a place to record data, to use the data to improve clinical practice, and ultimately to improve patient outcomes. That's what we're doing for tobacco treatment." WPHCA and UW-CTRI are also providing training, technical assistance and follow-up on implementing Guideline recommendations.

The EMR will provide ability to track staff performance on tobacco treatment. "Having this data will allow health centers to improve and maintain quality care," Harrison said. "It will drive clinics to say, 'This team is asking and this team isn't—let's help them.' Or, maybe a team is asking about tobacco use, but isn't referring to the Quit Line. So putting this system in place will be key."

Dedicating specific fields to tobacco treatment in EMR will allow clinical teams to regularly capture data consistently across the state. They can use that data to highlight what is working and to shore up what is not, fueling their continuous quality improvement in this critical area that has an impact on myriad chronic diseases. Harrison said the goal is ultimately to make these improvements sustainable and doable for other health centers. "Our member health centers are passionate about serving their patients," Harrison said. "They're really good about sharing lessons learned."

This isn't the first time WPHCA has teamed with UW-CTRI to fight the leading cause of preventable disease and death. Back in 2002, the dynamic duo ran a two-year program distributing free nicotine patches to Wisconsin health centers. "I remember the staff at the centers speaking glowingly about the patch program," Harrison said, "because it gave patients strapped for resources a chance to access the medicines they needed."

"We treated a lot of people with free patches," said Lezli Redmond, UW-CTRI outreach director. "That was great. But we also learned that, without systematic tools in place to help clinics train staff and track results, it's difficult to maintain progress." UW-CTRI also manages the Wisconsin Tobacco Quit Line, which provides free medication and tailored, confidential coaching to any Wisconsin resident who calls 1-800-QUIT-NOW.

"The Quit Line medications have been important because they give health-center staff something to offer patients for treatment," said Tricia Brein, a program coordinator at WPHCA.

"And the support and planning the Quit Line provides is something the clinic staff don't have time to do," said Pam Crouse, M.S., R.N., WPHCA's clinical and quality improvement director. "The Quit Line is a true treatment extender." UW-CTRI staff have also provided ongoing training on tobacco treatment to WPHCA, in person and via conference calls. "That has been so helpful," Harrison said. "It's so clear UW-CTRI understands the needs and barriers of the health centers and their patients. I value this partnership and I'm excited about this project."

