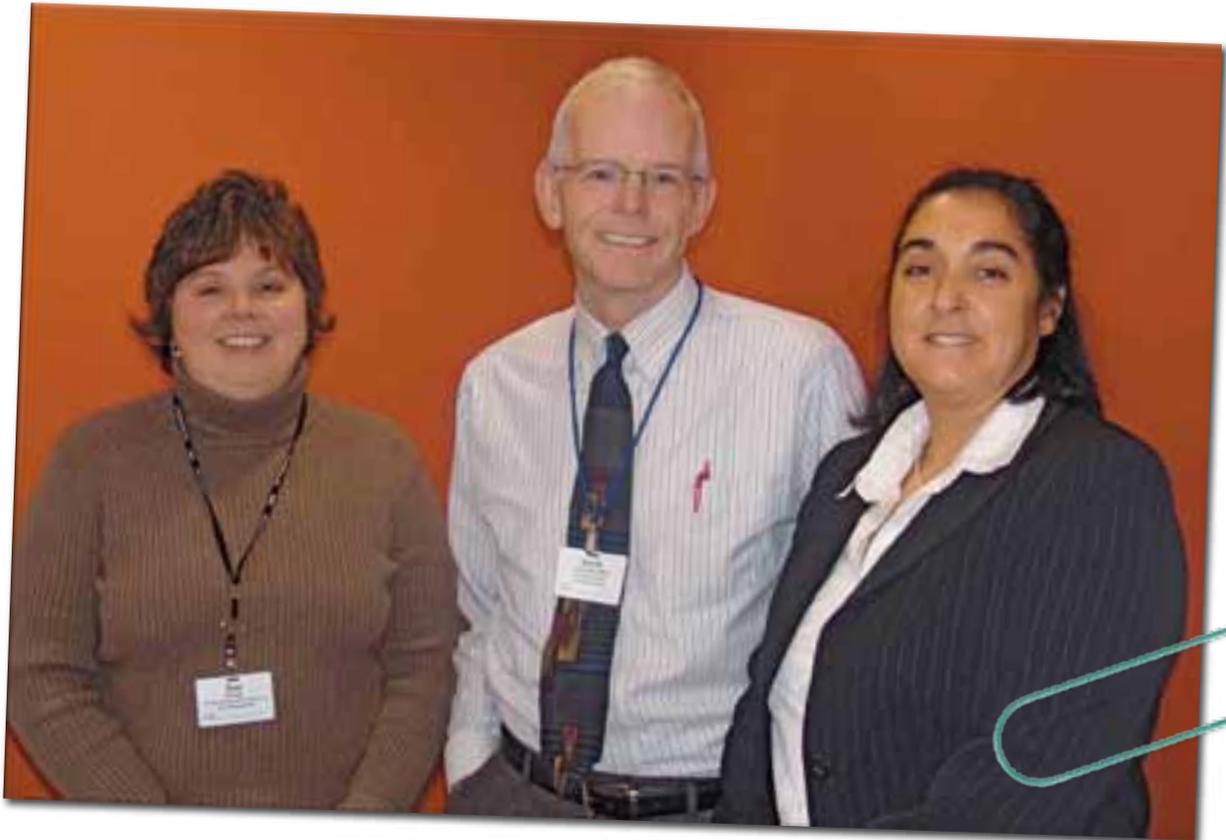


Aurora Health Care's Systematic Program Helps Patients and Staff Quit Tobacco



From left: Sue Scholz, RHIA, CPHQ, and Dr. David Smith, medical director for care management, have been champions of tobacco treatment at Aurora. They've received free training and technical assistance from UW-CTRI Regional Outreach Specialist Jennifer Youngblood.

The patient-smoking rate at Aurora Health Care has dropped from 24 percent in 2000 to 19 percent in 2008. That's a 20-percent decrease due in part to efforts by Aurora to implement a systematic approach to helping patients and employees quit tobacco use.

"It's the leading cause of preventable disease and death in the state and nation," said Dr. David Smith, medical director for Aurora Care Management. "It's a critical issue. We encourage our nursing staff and anyone who handles rooming duties to leverage relationships with their patients to ask about tobacco use, assess willingness to quit and intervene to help the patients break their addiction to tobacco." They also encourage their providers to assist patients who want to quit with coaching and medications whenever appropriate.

The employee smoking rate has dropped, too. "That's a big key," said Dr. Smith. "Once your organization buys into the concept that helping staff to quit smoking creates a healthier, more efficient workforce with lower overhead for employee health insurance, it's much easier to gain support for investment in programs to help patients quit. Everyone sees the benefits of quitting smoking."

Dr. Smith readily admits that policy changes—such as local smoking ordinances and a higher state tobacco tax—have contributed to improved smoking rates. But he added that Aurora has used a diverse set of strategies to create success:

- 1) Tobacco Champion.** Sue Scholz, quality improvement manager for care management, spearheads efforts to help employees and patients quit smoking. Without a champion like Scholz, it's very difficult to keep a quit-smoking program at a high standard. On a management level, Dr. Smith presents the latest information and programmatic data to his board of directors.

2) Staff Education. Aurora provides continuing education to new and veteran employees on how to effectively treat patients addicted to nicotine products. The UW Center for Tobacco Research and Intervention (UW-CTRI) also provides free training and technical assistance to Aurora and other systems. “I tell our staff to use the resources available by calling their regional outreach specialist at UW-CTRI,” Scholz said.

3) Smoke-Free Campus. Dr. Smith said it was difficult to encourage patients to quit when smoking was allowed in the hospital and medical staff contributed to the second-hand smoke in and around the building. Aurora is now totally smoke-free and has offered employees—and their spouses and adult children—discounted FDA-approved medications to help break their addiction. Dr. Smith, who completed his boards in occupational medicine, noted that eight out of the top 10 employer-healthcare costs are related to employee smoking.



4) Tobacco Use as a Vital Sign. Aurora’s protocol is to ask every patient at every visit if they use tobacco, and whether they’d consider quitting. This is a major tenet of the U.S. Public Health Service Clinical Practice Guideline: *Treating Tobacco Use and Dependence*. The chairman of the panel that created and updated that guideline, Dr. Michael Fiore, is a huge proponent of the tobacco vital sign for the same reasons he sees value in taking blood pressure and checking for heartbeat irregularities.

5) Refer to the Wisconsin Tobacco Quit Line. It’s available to any Wisconsin resident who wants free coaching and medication to quit tobacco. Simply call 1-800-QUIT-NOW from 7 a.m. to 11 p.m. seven days a week. Aurora even offers to sign patients up for the Fax to Quit program so the Quit Line makes the initial call to the patient at a time specified by the patient. Aurora also disseminates so many Quit Line materials that Aurora adds its own logo and prints large quantities.

6) Track Results in EMR. Scholz said that staff compliance with addressing tobacco use with every patient at every visit has improved over the years, especially since the dawn of electronic medical records (EMR). That has allowed Scholz to collect electronic data for each specific clinic and even each provider. “There are currently 484 providers and 80 clinics activated for the tobacco-cessation initiative,” Scholz said. “This means that 484 providers receive individual data. This count includes family practice, internal medicine, ob/gyn, nurse practitioners, midwives, physician assistants and geriatric providers. They can get stats by e-mail or the Intranet. It sparks that bit of competition: ‘How come they’re at 93-percent compliance, and we’re at 87 percent?’” Scholz and Smith said that they can quickly spot issues in the data, and encourage the staff involved to redouble efforts.

Moving the Mountain

It took years to build such a successful program through systematic change. Aurora began in the late 1990s to meet Joint Commission requirements and enact clean-indoor-air initiatives; in the early 2000s, they piloted treatment programs at specific clinics.

Now, they’re exploring new horizons like incorporating motivational-interviewing techniques into their tobacco treatment. It’s all part of an effort to get more patients who aren’t quite ready to quit to consider setting a quit date in the near future. Aurora has also partnered with UW-CTRI to test the latest tobacco treatments in Aurora clinics. “It makes our team feel on the cutting edge,” said Dr. Smith. “We know we’re contributing to the world’s knowledge base to help people quit smoking.”

Aurora by the Numbers

Aurora’s systematic approach to helping staff and patients quit tobacco use is especially impressive when considering the scope of the task.

Aurora employs 27,000 people in 75 communities across eastern Wisconsin. This includes 1,000 physicians at 13 hospitals, 150 clinics and 150 pharmacies.