Teaching, Engagement and Systems Change with Prenatal Providers
Best Practices Used by the South Carolina Tobacco Quitline
Agenda

- Introductions
- Overview of Best Practice for Tobacco Cessation health systems change
- Benefits of Tobacco Cessation Health System Change
- The South Carolina Tobacco Quitline Prenatal Program, the Health Systems Change Training and Engagement Program:
  - Services
  - Project Milestones
  - Early Outcomes
Targeted engagement with health care providers to encourage their pregnant patients to quit

BTIs offered by clinicians can double the odds that a person will quit

Health care providers lack the necessary knowledge, confidence and skills

Training specialists teach health care providers and their clinic staff how to address tobacco use with pregnant patients
Learning Objectives

- Identify how tobacco cessation health systems change benefits patients and providers
- Describe the South Carolina Tobacco Quitline Prenatal Program
- Identify the recommended tasks for engaging in tobacco cessation health systems change through the Prenatal Program
- Describe the impact expected once health systems change is implemented
Building the Prenatal Program

- Needs Assessment
- Key Informant Interviews
- Logic Model
- Provider Groups and Territory Development
- Materials Development
- Customer Relationship Management Database
- Systems Change Survey Tool
- Systems Change Specialist Recruiting and Hiring
- Systems Change Specialist Training
Infant Mortality in South Carolina

Low birth weight is often the result of the mother’s smoking during pregnancy.

We will continue to encourage pregnant women to quit smoking.

The SC Tobacco Quitline will provide them the tools they need to quit.
Smoking During Pregnancy in South Carolina

Statewide Rate:
11.28% - 2012
13.40% - 2010

South Carolina still has hot spots that are unacceptably high.

★ SC Counties with the highest rates of smoking during pregnancy – from 14.10% to 27.15%
Statewide Initiatives

- SC Medicaid SBIRT
- South Carolina Birth Outcomes Initiative (BOI)
- Maternal and Child Health State Plan: SC Healthy Mothers, Healthy Babies
- SC Infant Mortality COIIN Participation

But none are purely Tobacco-Focused
Alignment with National Efforts

<table>
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<th>Initiative</th>
<th>Description</th>
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<td><strong>CDC Best Practices 2014 – Smoking Cessation Interventions</strong></td>
<td>• Promoting health systems change among prenatal providers</td>
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<td><strong>Meaningful Use Initiative</strong></td>
<td>• Enabling Quitline EHR/eReferrals for Prenatal Providers</td>
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<td><strong>The Joint Commission Hospital Cessation Performance Measures</strong></td>
<td>• Cessation Referral for Hospitalized Women at Post-Delivery Discharge</td>
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<td><strong>NCQA PCMH Recognition</strong></td>
<td>• Addressing smoking cessation to comply with PCMH Standards #3 &amp; #4</td>
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<td><strong>Infant Mortality Collaborative Improvement and Innovation Network (COIIN)</strong></td>
<td>• Priority Strategy: Smoking Cessation Among Pregnant Women</td>
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South Carolina’s Vision, Purpose, Plan

**GOAL:** By 2020, **90%** of South Carolina Prenatal Providers and Systems are conducting an evidence-based Brief Tobacco Intervention (BTI)

**PURPOSE:** Provide statewide leadership to increase smoking cessation among pregnant women.

**PLAN:** Engage prenatal providers in health systems change through innovative practices that advance improved birth outcomes in South Carolina.
South Carolina’s Approach

1. **IDENTIFY** all patients who smoke during pregnancy.
2. **ADVISE** and counsel them to quit.
3. **REFER** them to evidence-based cessation support/Quitline.
4. **TRAIN** prenatal providers in a Brief Tobacco Intervention.
5. **EQUIP** them with the tools to enable success and improved clinical outcomes.
A National Action Plan for Tobacco Cessation recommends that comprehensive cessation assistance be made available to all smokers who want to quit.

Effective tobacco dependence treatments now exist.
What are the top 3 methods to help pregnant women engage with the tobacco Quitline?
Health Systems Change

“The complexity of modern medicine exceeds the inherent limitations of the unaided human mind.”

- Dr. David M. Eddy (1990)
Tobacco Cessation Systems Change

Provider Benefits:

✓ Increases patient satisfaction with their prenatal provider\(^1\)
✓ Improves pregnancy-related health outcomes
✓ Improves quit rates for pregnant women

Tobacco Cessation Systems Change

Patient Benefits:

✓ Improves the health and quality of life for both the mother and baby.

✓ Greatly reduces their risk of disease and premature death.\(^1\), \(^2\)

✓ Benefits are greater for women who stop earlier in pregnancy, but quitting tobacco use is beneficial at any point.

Tobacco Cessation Systems Change

**Practice Benefits:**

- Increases revenue
- Increases accountability
- Meets local, State, and Federal pregnancy care initiative standards
- Improves performance in routine prenatal care
South Carolina

Tobacco Quitline
Prenatal Program

Health Systems Change Training and Engagement
Scenario

10 pregnant women in the last trimester are sitting in their OB waiting room.

How many will likely smoke before or after this appointment?
Tobacco Use & Pregnancy

22.6% smoke before getting pregnant. ¹

10% smoke in the last trimester of pregnancy. ¹

The prevalence of smoking during pregnancy is as high as 27% in South Carolina. ²

¹ 2011 Pregnancy Risk Assessment Monitoring System (PRAMS) data
² SC Birth Certificate data on smoking during pregnancy
Best Practices

- Strategy 1
  - Identify tobacco users

- Strategy 2
  - Training, resources, feedback

- Strategy 3
  - Dedicated staff
Best Practices

The CDC recommends 5 keys to establishing a sustainable tobacco treatment system:

Key 1
- Organizational commitment

Key 2
- A team approach to intervention delivery

Key 3
- Integrating tobacco-related measures into quality improvement efforts

Key 4
- Developing certified Electronic Health Records

Key 5
- Integrating care with internal or community resources
Program Services

- **Technical Assistance for Systems Change**
  - Consultation to strengthen systems of care for tobacco treatment

- **BTI**
  - Training on how to conduct a Brief Tobacco Intervention

- **South Carolina Cessation Services**
  - Training and consultation related to the South Carolina Tobacco Quitline Services

- **Referral Resources**
  - Training and consultation related making referrals to the South Carolina Tobacco Quitline, Intensive Pregnancy Program

- **Other Resources and Materials**
  - Consultation related to the provision of resources and materials
Program Services

- 3 to 6 months
- Meetings every 2-3 weeks
- 45 minutes for each training
Program Services

Where are we now?

Where do we want to be?

How will we get there?

How will we know we are there?
Program Services

Plan Do
Study Act

Model for Improvement

What are we trying to accomplish?
How will we know that a change is an improvement?
What change can we make that will result in improvement?
Program Services

1. Set goals
2. Provide staff trainings
3. Define Roles and responsibilities
4. Document tobacco use in medical records
5. Leverage community resources
6. Educate your patients
Prenatal Program Operations

Prioritize contact with FQHCs.
Research providers and prenatal organizations.

Prioritize contact with providers in high prevalence counties.

Make initial phone or email contact

Identify tobacco champion(s).

Program introduction.

In-person office visits.

Provide program and SC Quitline materials.

Promote Brief Tobacco Intervention online training

Conduct tobacco treatment practice assessments

Provider and Staff Training

Lead consultation meetings.

Communicate with providers and champions.
Foundation

The 5A’s

- Ask
- Advise
- Assess
- Assist
- Arrange
Foundation

The 2As+R
Brief Tobacco Intervention

Ask → Advise → Refer

Assess
Assist
Arrange
Program Milestones and Progress

Program Development
October 2014 - March 2015

Program Launch
April-May 2015

Site Recruitment
May 2015 - Ongoing

Site Assessments, Training and Technical Assistance
June 2015 - Ongoing

First Program Outcomes
June 2015

First Program Outcomes
June 2015
Outcomes

We regularly report on process and outcome measures

116 introductions to the Prenatal Program

4 sites recruited for Technical Assistance

3 Trainings conducted and 4 scheduled in August

3 Systems Change Assessments conducted

Qualitative quality reports from providers
Tobacco Cessation Systems Change for Prenatal Care

**Impact:**

- Reduces the incidence of low birth weight births and infant mortality.
- Increase awareness of SC Tobacco Quitline and the Intensive Program for pregnant patients.
- Tobacco treatment is sustainably integrated into routine prenatal to postpartum care.
- Reduces tobacco use prevalence among pregnant women.
- Reduces tobacco-related medical costs related to prenatal to postpartum women.
Tobacco Treatment Integrated into Routine Prenatal Care

**Successful Tobacco Intervention:**

- Improves the risk for neonatal death, still birth, low birthweight, and premature birth.
- Reduces the risk for ectopic pregnancy, pre-eclampsia, intrauterine growth restriction, placenta previa, placental abruption.
- Improves oxygen flow to the developing baby.
Impact

The infant mortality rate in SC will decline over time as more pregnant women successfully stop smoking.
Early Feedback from Prenatal Organizations

We want to provide any and all resources to benefit our patients.

OB/GYN AVP with a large South Carolina hospital system.

This is a good initiative and we hope that its positive impact would reach the intended recipients.

Obstetric Supervisor interested in Prenatal Program support.

In-depth Quitline training would be advantageous.

Clinical Nursing Manager, OB/GYN Clinic.
Thank You!
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