



Using A Statewide Collaborative Approach To Improve Tobacco Cessation Referral Rates for Cancer Patients



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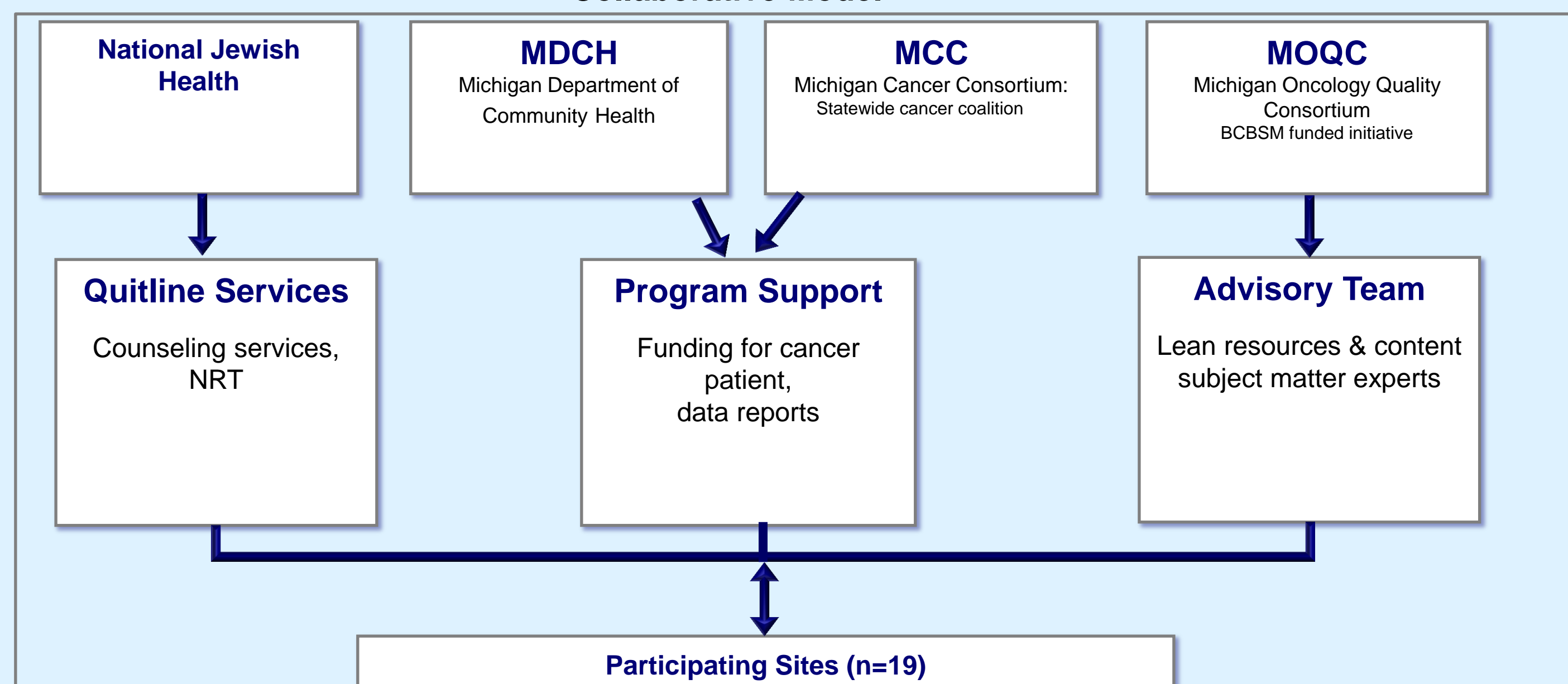
BACKGROUND

Continued tobacco use by cancer patients decreases the effectiveness of cancer treatment, increases treatment toxicity, increases the risk of developing a second primary cancer, and increases mortality.¹ Stopping tobacco use may reduce many of these adverse effects and outcomes.¹ Examination of Fall 2012 baseline Michigan Oncology Quality Consortium (MOQC) Quality Oncology Practice Initiative (QOPI®) data demonstrated that <47% of patients who use tobacco were advised to quit or referred for tobacco cessation (n = 574 charts / 44 sites); equivalent to the national QOPI® mean.² Root cause analysis of low tobacco cessation referral rates identified healthcare teams' limited knowledge of the effects of tobacco use in cancer patients and implications for treatment. Also identified were significant operational barriers including lack of a standardized outpatient process to identify and refer tobacco users, and limited tobacco cessation resources despite existence of statewide tobacco program .

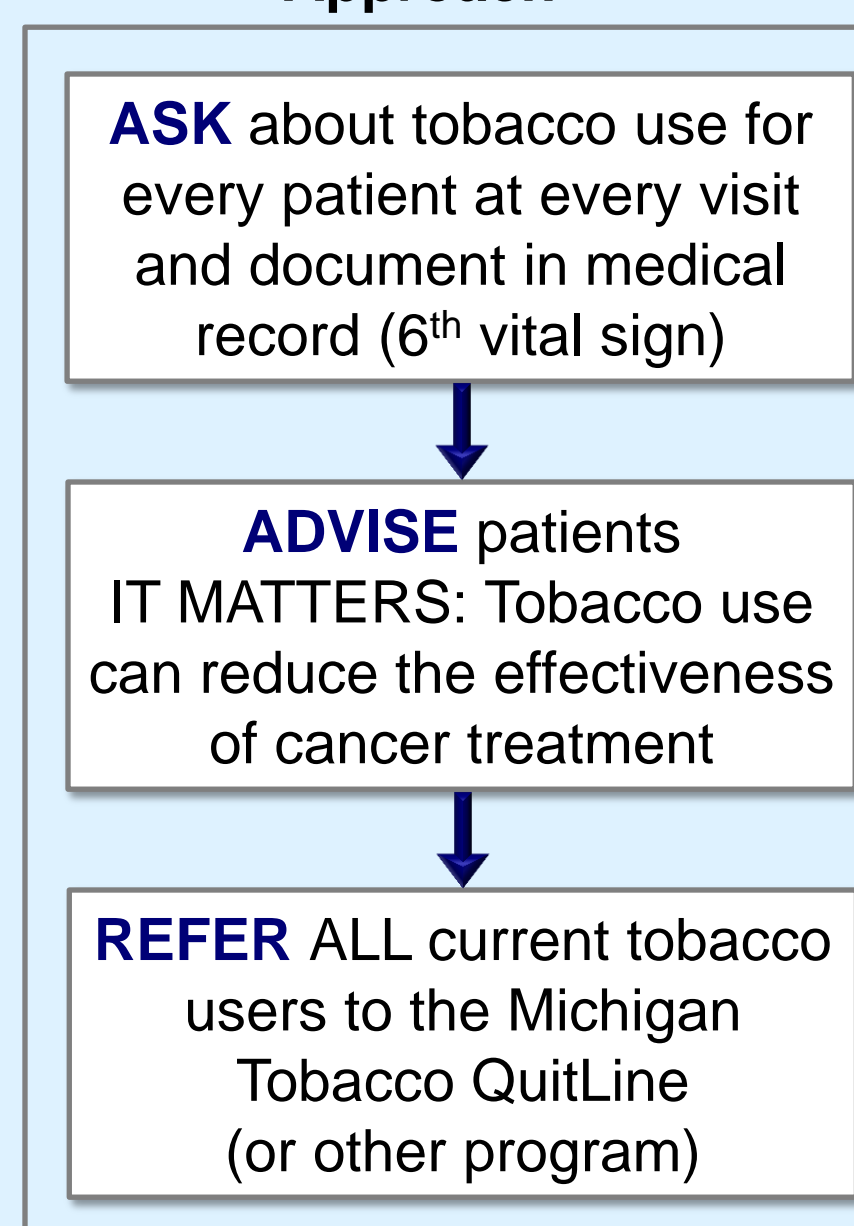
METHOD

MOQC collaborated with the Michigan Department of Community Health (MDCH) and the Michigan Cancer Consortium (MCC) to implement a statewide Tobacco Cessation Demonstration Project that included referrals to the Michigan Tobacco QuitLine telephone counseling services provided by National Jewish Health and free nicotine replacement therapy (NRT) for cancer patients. A lean problem solving approach was deployed at the level of the oncology practices that included site-specific QuitLine data reports, standard workflows, and visual management tools to support frontline staff to identify cancer patients who use tobacco and referring those patients to the Michigan Tobacco QuitLine. Nineteen practices participated in three learning sessions during which the following were provided: education by subject matter experts, management reports, lean management tools, and the sharing of barriers and successes.

Collaborative Model

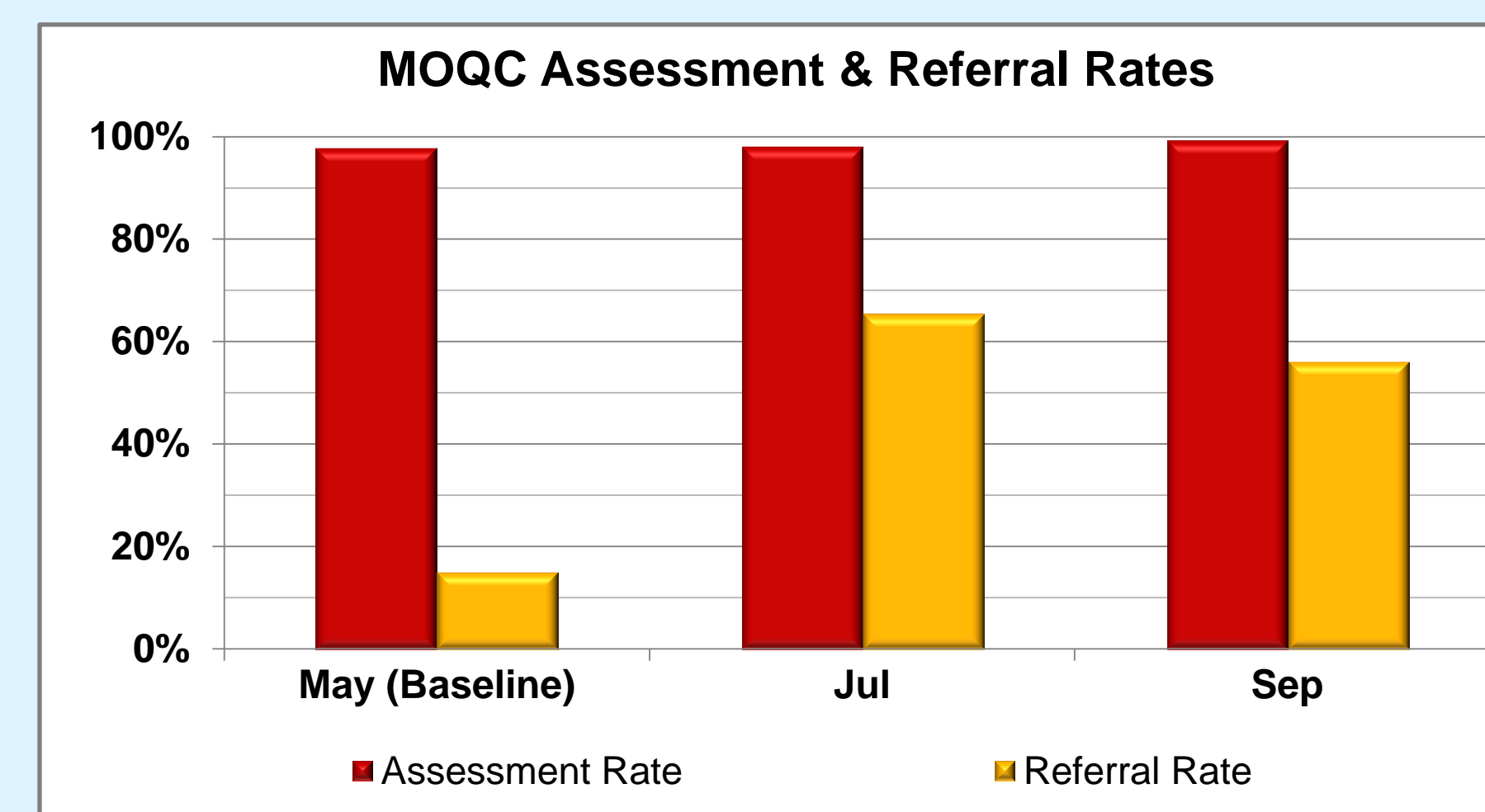


Approach



RESULTS

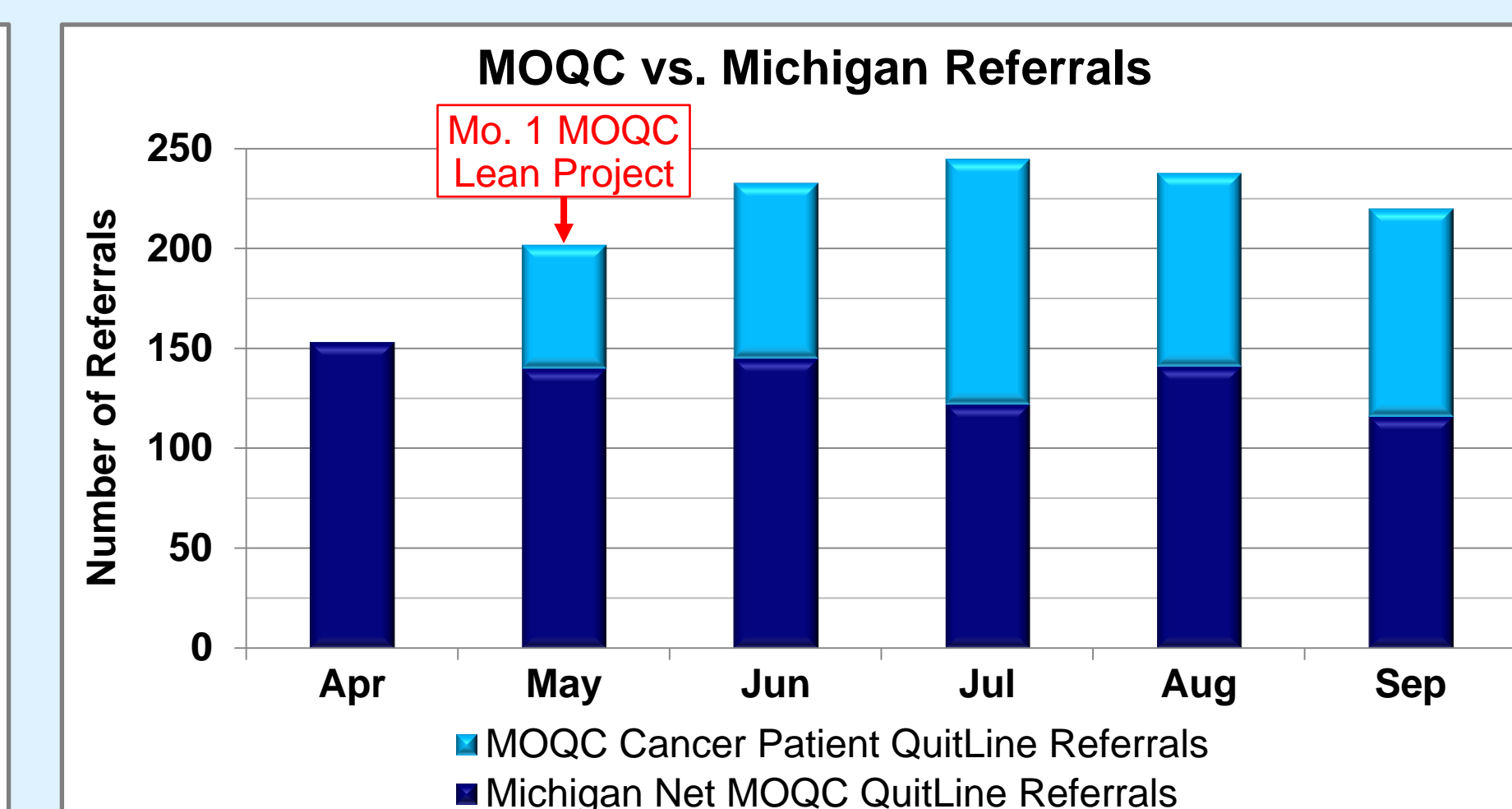
Implementation of the Tobacco Cessation Demonstration Project increased the tobacco cessation referral rate for participating practices more than four-fold from baseline, a statistically significant improvement ($p < .001$). Moreover, total statewide referrals to the Michigan Tobacco QuitLine increased by between 32% and 60% over the first 5 months, with an increasing proportion of patients (between 31% and 50%) being cancer patients referred by MOQC participating sites.



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



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

CONCLUSION

Reducing patient barriers to access to tobacco cessation services and supplying outpatient teams with scientific evidence, standard workflows, and lean tools improved the referral rate to a tobacco cessation program for oncology patients. Critical success factors for high performing practices included strong physician leadership, adoption of an auto referral process, and front line staff accountability for identifying all patients who use tobacco and assessing their tobacco cessation status at subsequent clinic visits.

REFERENCES

- Toll BA, Brandon TH, Gritz ER, Warren GW, Herbst RS; AACR Subcommittee on Tobacco and Cancer. Assessing tobacco use by cancer patients and facilitating cessation: an American Association for Cancer Research policy statement. Clinical Cancer Research. 2013;19(8):1941-8. doi:10.1158/1078-0432.CCR-13-0666.
- American Society of Clinical Oncology (ASCO) Quality Oncology Practice Initiative (QOPI®) Data, Fall 2012.



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