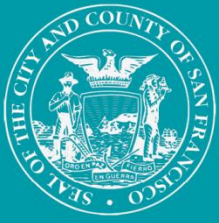




Smoking Cessation Improvement in SFHN Primary Care, 2015-16



- David Silven, PhD,
Supervising Psychologist, SFHN Primary Care Behavioral Health
- Ellen Chen, MD,
Director of Quality, SFHN Primary Care



Why smoking assessment and counselling in primary care?

- Tobacco use is a leading cause of preventable death*
- Tobacco dependence is a chronic condition*
 - Repeated interventions and multiple attempts to quit needed
 - Primary care provider and care team can influence decision to quit

SFHN Primary Care:

- High risk populations
- Tobacco use among top 10 diagnoses
 - 2009 SFGH study using blood testing of ED pts:
 - >40% of ED pts were heavy tobacco users
 - 14% were tobacco users
- Opportunity:
 - Average almost 3 medical visits/yr & high patient satisfaction with providers

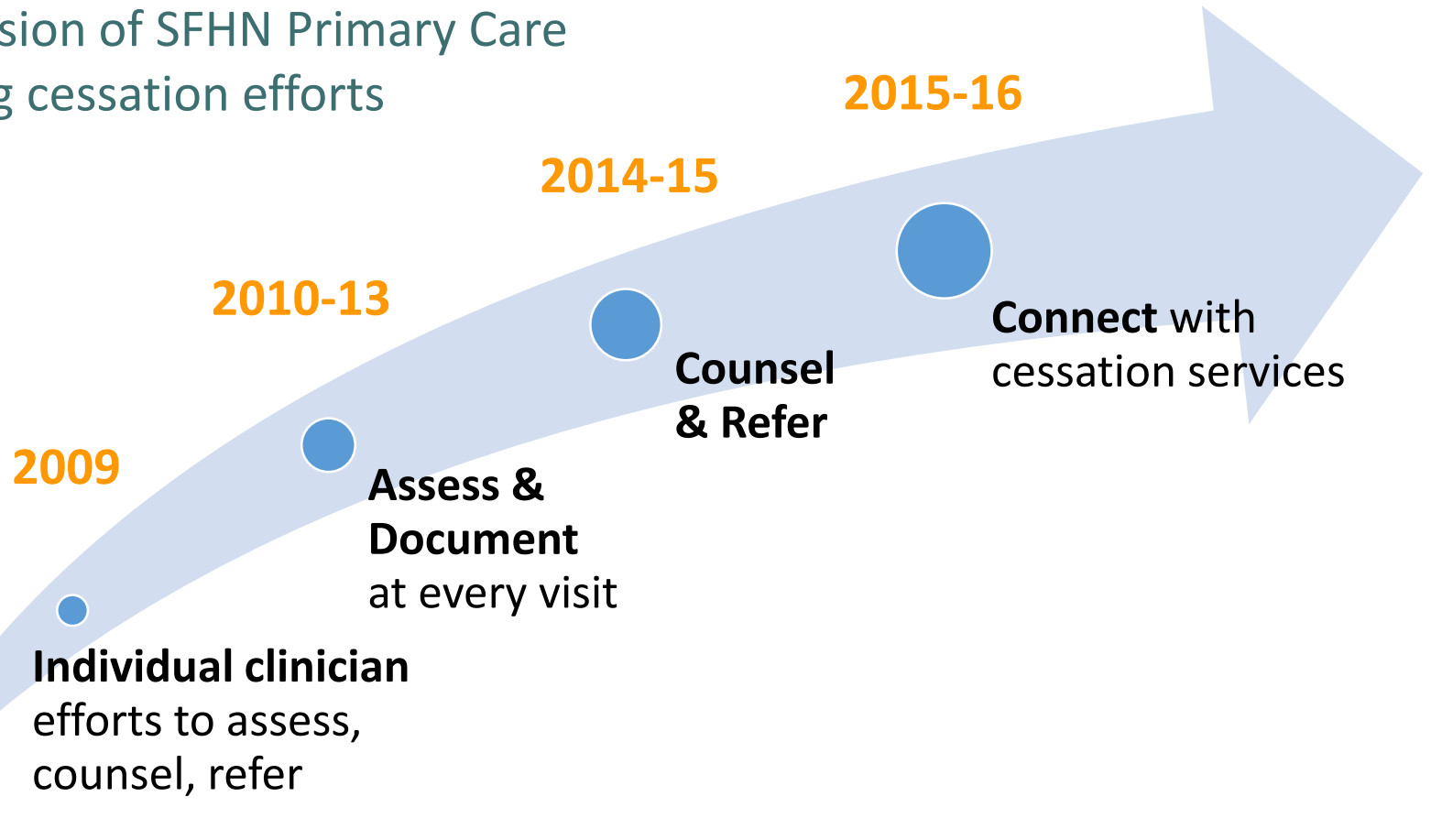
*Fiore MC, Jaén CR, Baker TB, et al. Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. May 2008. < http://www.tcn.org/cessation/pdfs/treating_tobacco_use08.pdf >

**Kaiser State Health Facts: California: Diabetes. < <http://www.statehealthfacts.org/profileind.jsp?sub=22&rqn=6&cat=2> >



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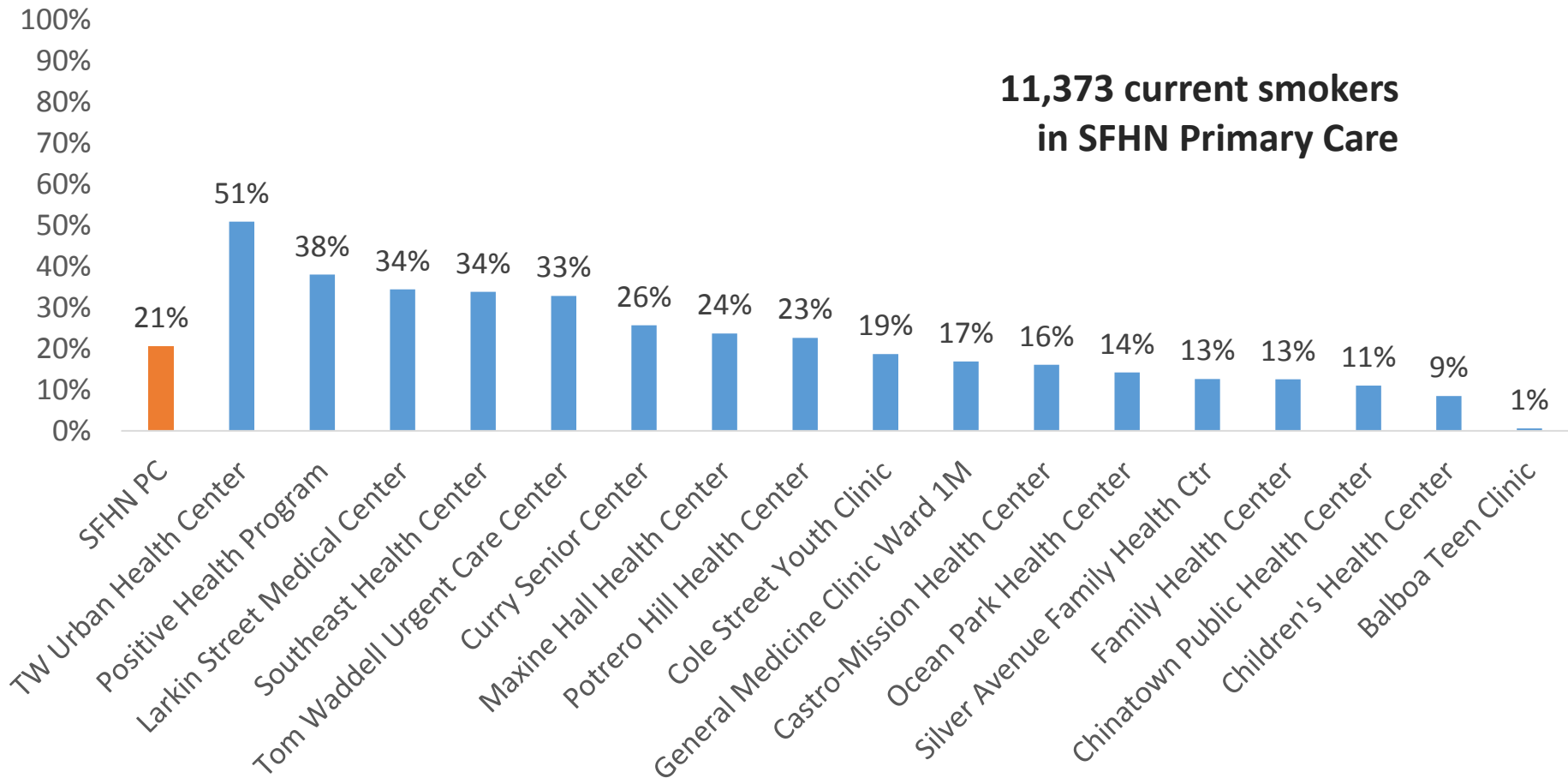
Progression of SFHN Primary Care
smoking cessation efforts





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% of patients age 18+ with a medical visit in past 24 months at each clinic who were identified as current smokers, Dec 2015

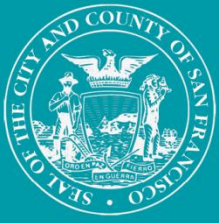




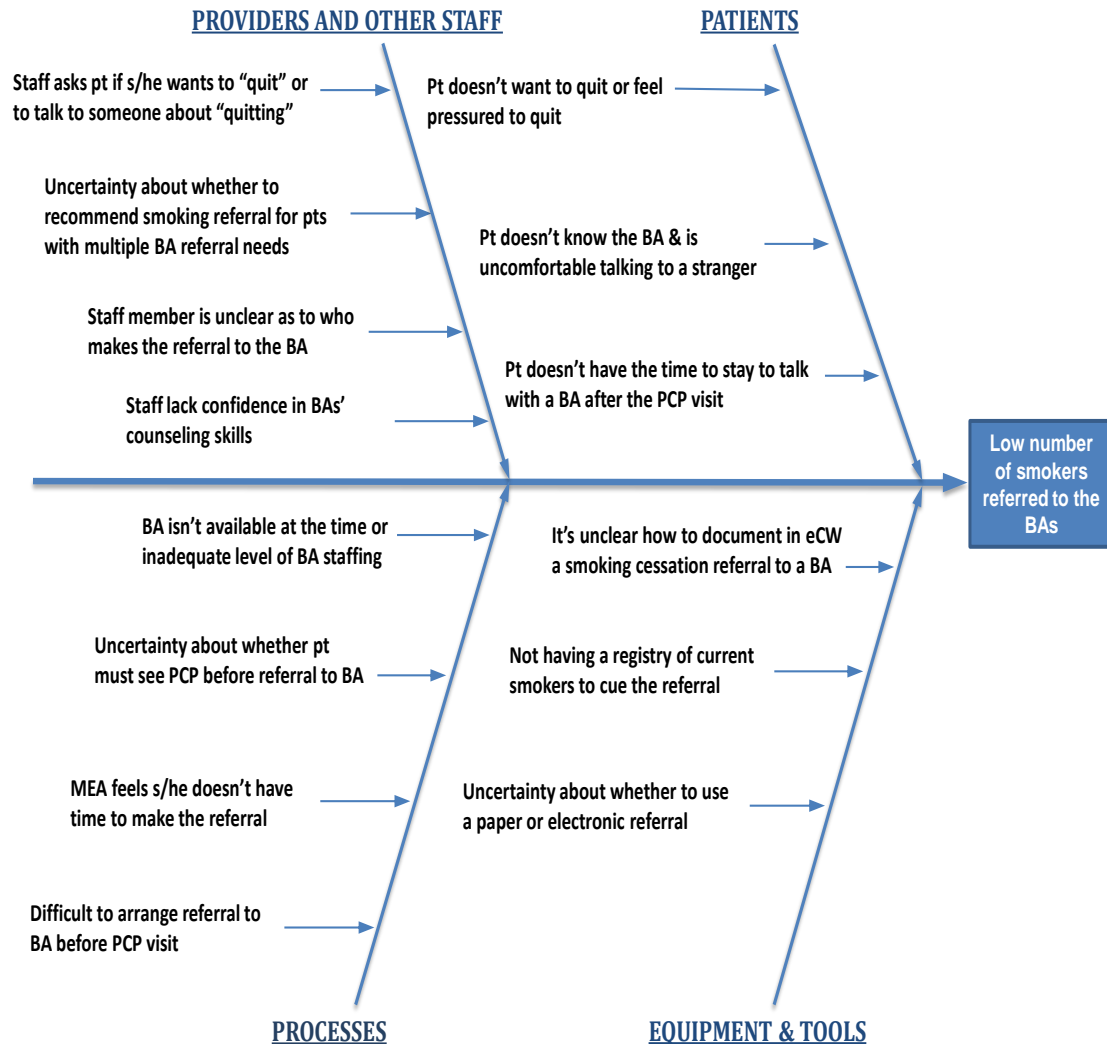
Quality Improvement (QI) focus in 2015

In 2014, only 48% of patients identified as current smokers seen in SFHN Primary Care were referred to smoking cessation counseling.

- Set goal for 2015: Increase the percentage of referrals to 58%
- Engaged Quality Improvement representatives from all primary care clinics
- Included all members of the PC care team in screening for smoking, counselling, and referrals for cessation
- Trained Behavioral Assistants (BAs) to counsel patients to quit
- Reminded teams to refer smokers to BAs at daily team huddles
- Collaborated with CHEP to begin developing a joint strategy

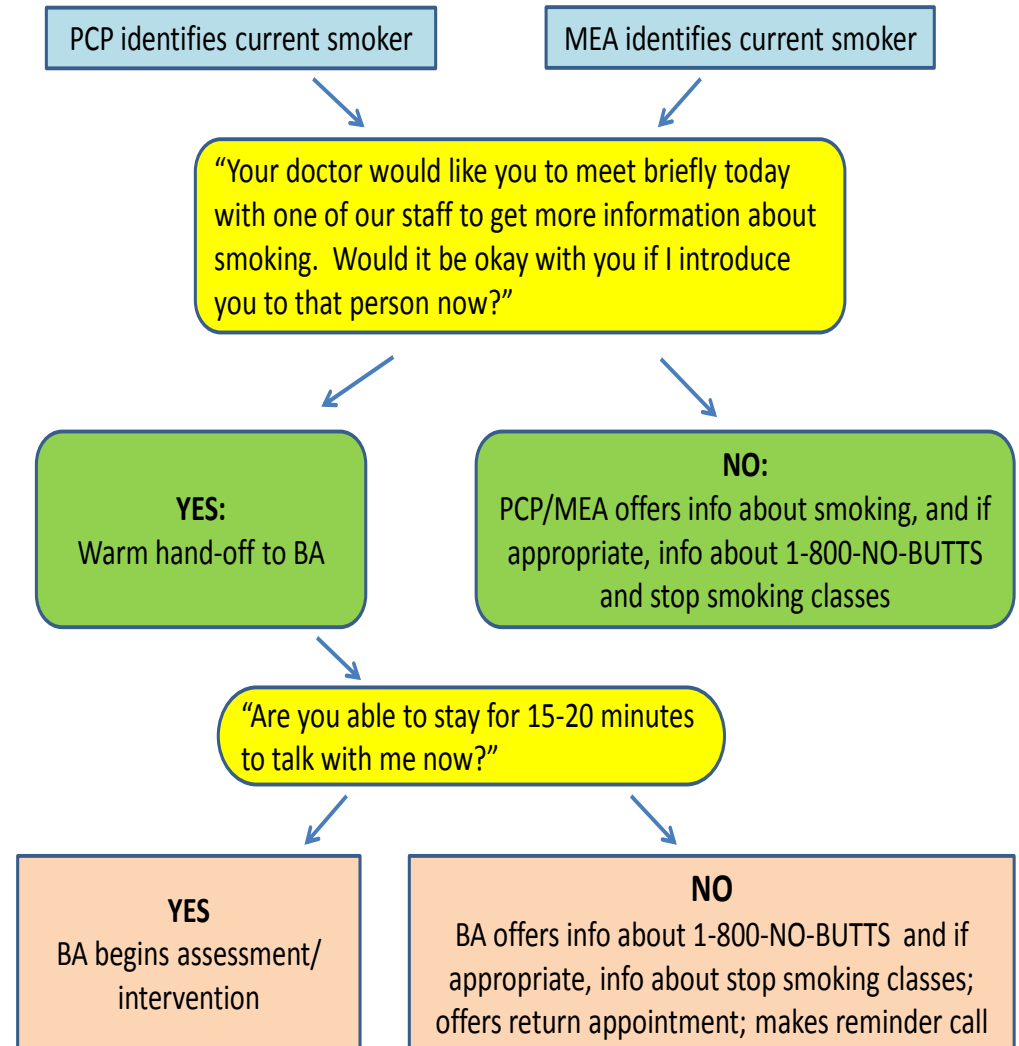


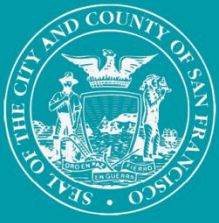
- Engaged the QI representatives
- Included all members of the Primary Care care team
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- BAs reminded teams at staff huddles
- Collaborated with CHEP





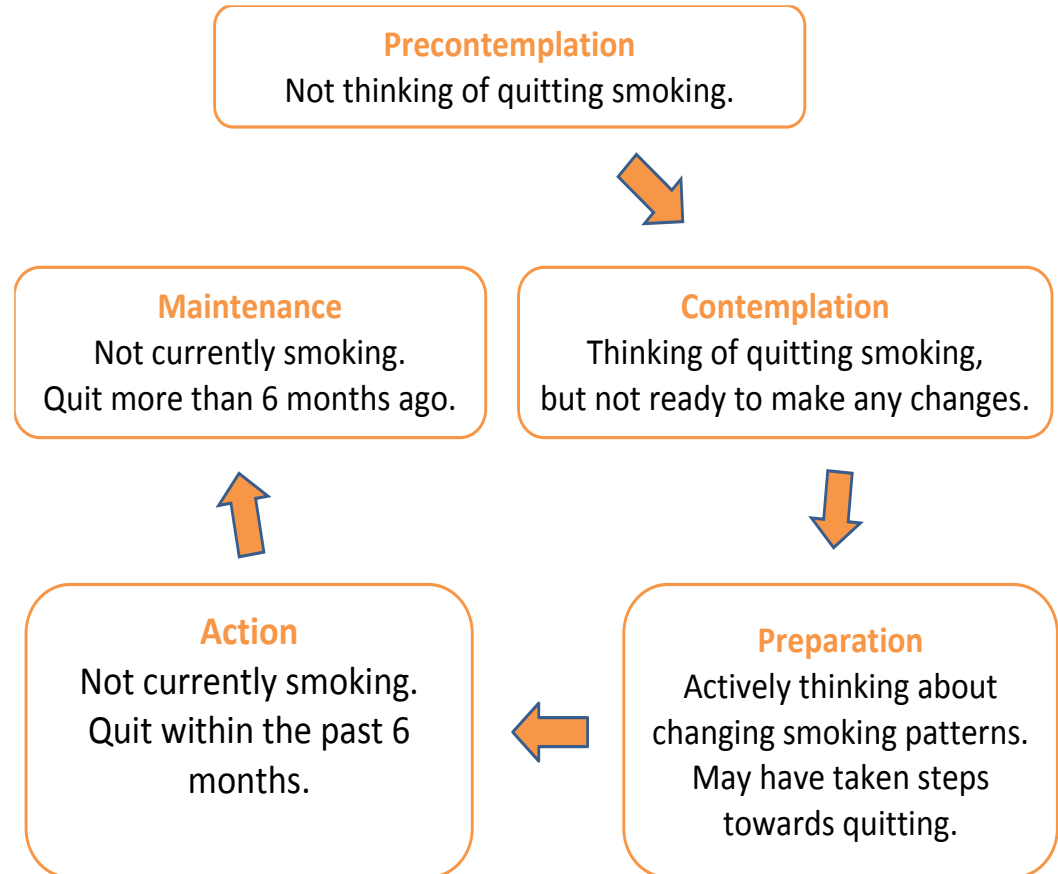
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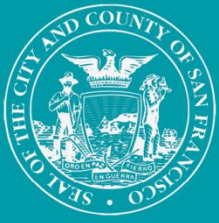




- Engaged the QI representatives
- Included all members of the Primary Care care team
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Stages of Change and Motivational Interviewing

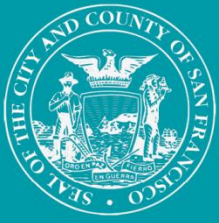




- Engaged the QI representatives
- Included all members of the Primary Care care team
- Trained Behavioral Assistants (BAs) to counsel to quit
- **BAs reminded teams at staff huddles**
- Collaborated with CHEP

Standard “script” for staff:

“Your doctor would like you to meet briefly today with one of our staff to get more information about smoking. Would it be okay with you if I introduce you to that person now?”



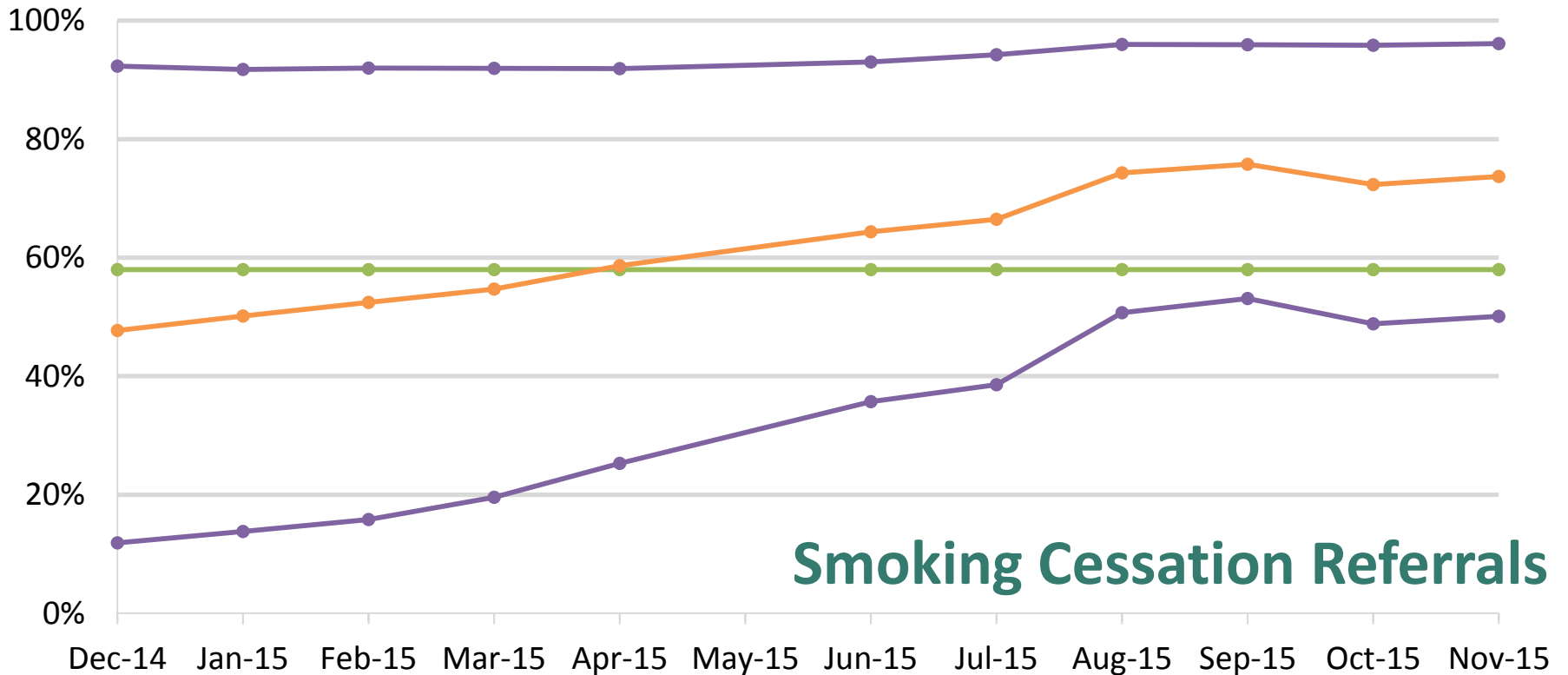
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Areas being explored for joint strategy:

- Increase tobacco cessation referrals to the BAs
- Enhance skills of BAs in providing tobacco cessation counseling
- Improve referrals to community resources for tobacco cessation counseling



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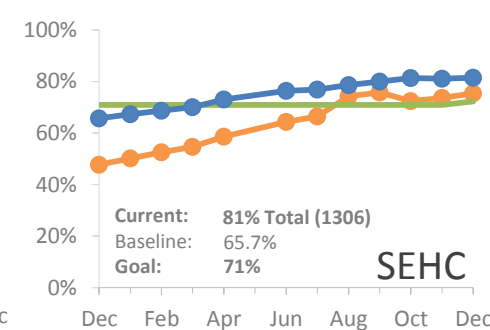
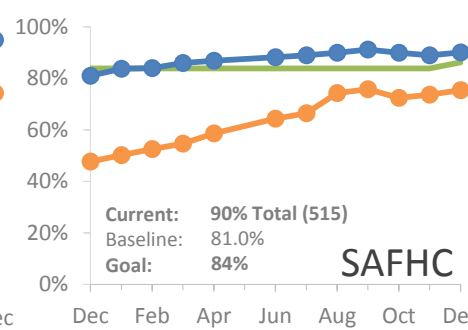
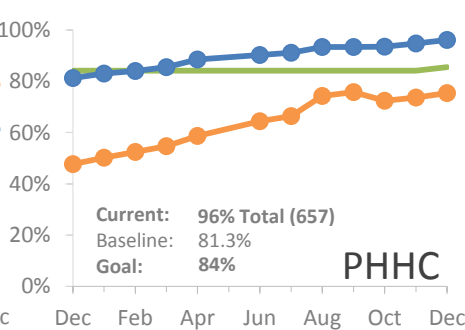
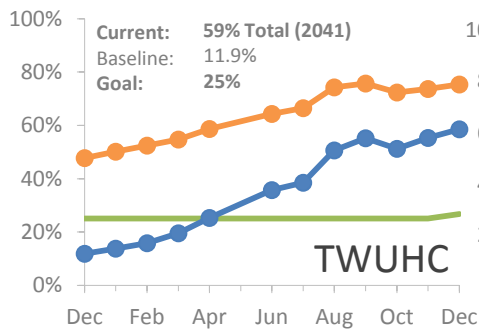
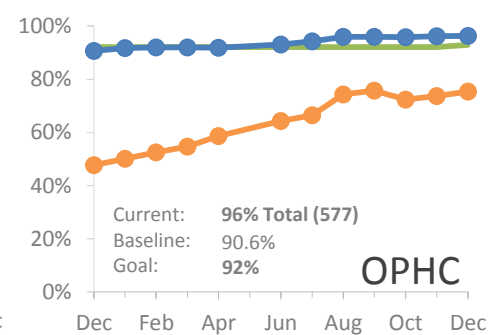
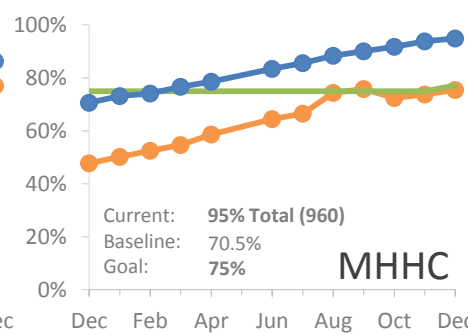
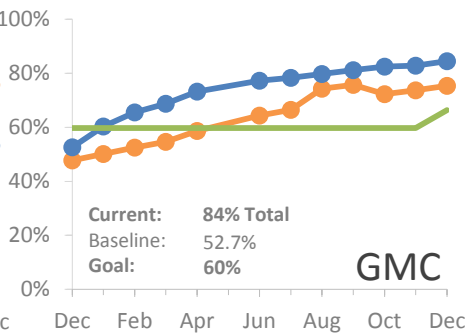
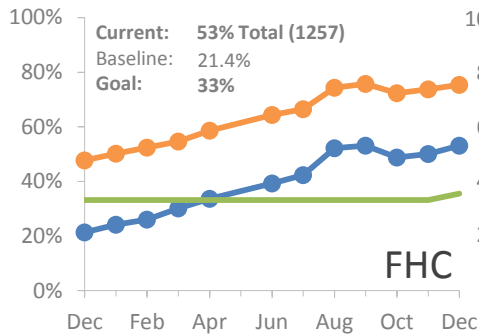
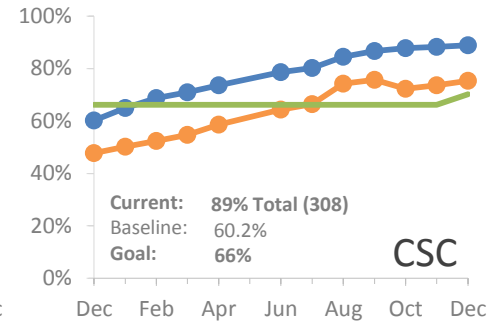
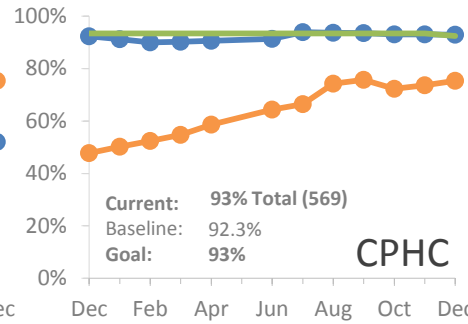
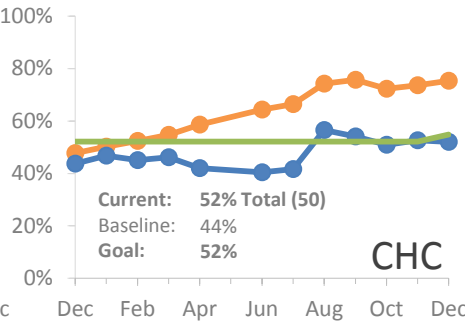
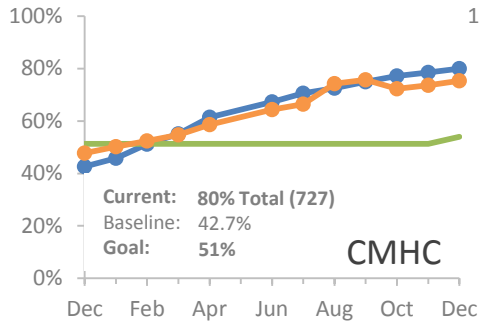
Smoking Cessation Referrals

SFHN Primary Care
2015 Quality Council Goals
Maximum & Minimum

Baseline: 47.7%
Goal: 58%
Current: 75.4% (11,371)



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December 2015: successful effort to screen for smoking and refer all smokers for smoking cessation counselling

- 55,134 active patients age 18 or older
- 44,929 or 81.5% with smoking status assessed/documentated in past one year
- Among current smokers, 8,571 or 75.4% were referred to tobacco cessation services in the past two years: exceeded goal of referring 58% of smokers



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2016: taking smoking cessation efforts to the next level

- Continue to monitor the percentage of smokers referred to smoking cessation counseling
- Monitor the percentage of smokers who actually *receive* smoking cessation counseling (Mandated by new statewide PRIME program)
- Identify core competencies for providing smoking cessation counseling, and assess BAs' attainment of those competencies



Primary Care True North & Driver Metrics

Strategic Theme	Quality	Safety	Equity	Care Experience	Develop People	Financial Sustainability
SFHN True North Outcomes (DRAFT)	<ul style="list-style-type: none"> Appropriate utilization Preventive care 	<ul style="list-style-type: none"> Zero patient harm Zero workplace injuries 	<ul style="list-style-type: none"> BAAHI initiative REAL/SOGI data 	<ul style="list-style-type: none"> Likelihood to recommend Timely access 	<ul style="list-style-type: none"> Staff engagement (Gallup) HR measures TBD 	<ul style="list-style-type: none"> Meets budget Productivity
Primary Care True North Metrics 2016-2018	<ul style="list-style-type: none"> Improve population health through timely preventive care and chronic condition management 	<ul style="list-style-type: none"> Improve timely coordination of care to prevent high risk events 	<ul style="list-style-type: none"> Reduce health disparities Increase workforce diversity strategically through standard work and HR processes 	<ul style="list-style-type: none"> Increase number of patients with positive response to CG-CAHPS "would you recommend" question 	<ul style="list-style-type: none"> Improve workforce engagement, as measured by the Gallup engagement score 	<ul style="list-style-type: none"> Increase annual revenue
Primary Care (or True North) Driver Metrics (PCDM) 2016	<ul style="list-style-type: none"> ★ HTN BP Control ★ Smoking Cessation ★ Fluoride Varnish 	<ul style="list-style-type: none"> ★ 7 Day Post-Discharge Follow Up 	<ul style="list-style-type: none"> ★ HTN BP Control / Racial Disparities 	<ul style="list-style-type: none"> ★ CG CAHPS likelihood to recommend ★ TNAA (Non-Urgent) 	<ul style="list-style-type: none"> No Monthly Data 	<ul style="list-style-type: none"> ★ Unlocked notes





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Questions?