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

---


Progression of SFHN Primary Care smoking cessation efforts

Individual clinician efforts to assess, counsel, refer

Assess & Document at every visit

Counsel & Refer

Connect with cessation services

2009

2010-13

2014-15

2015-16
% of patients age 18+ with a medical visit in past 24 months at each clinic who were identified as current smokers, Dec 2015

11,373 current smokers in SFHN Primary Care
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 team
- Trained Behavioral Assistants (BAs) to counsel to quit
- BAs reminded teams at staff huddles
- Collaborated with CHEP
- Engaged the QI representatives
- Included all members of the Primary Care team
- Trained Behavioral Assistants (BAs) to counsel to quit
- BAs reminded teams at staff huddles
- Collaborated with CHEP

PCP identifies current smoker

MEA identifies current smoker

“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?”

YES:
Warm hand-off to BA

NO:
PCP/MEA offers info about smoking, and if appropriate, info about 1-800-NO-BUTTS and stop smoking classes

“Are you able to stay for 15-20 minutes to talk with me now?”

YES
BA begins assessment/intervention

NO
BA offers info about 1-800-NO-BUTTS and if appropriate, info about stop smoking classes; offers return appointment; makes reminder call
- Engaged the QI representatives
- Included all members of the Primary Care team
- Trained Behavioral Assistants (BAs) to counsel to quit
- BAs reminded teams at staff huddles
- Collaborated with CHEP

**Stages of Change and Motivational Interviewing**

- **Precontemplation**
  - Not thinking of quitting smoking.
- **Contemplation**
  - Thinking of quitting smoking, but not ready to make any changes.
- **Preparation**
  - Actively thinking about changing smoking patterns.
  - May have taken steps towards quitting.
- **Action**
  - Not currently smoking.
  - Quit within the past 6 months.
- **Maintenance**
  - Not currently smoking.
  - Quit more than 6 months ago.
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?”
- Engaged the QI representatives
- Included all members of the Primary Care team
- Trained Behavioral Assistants (BAs) to counsel to quit
- BAs reminded teams at staff huddles
- Collaborated with CHEP

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
San Francisco Department of Public Health

SFHN Primary Care
2015 Quality Council Goals
Maximum & Minimum

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

<table>
<thead>
<tr>
<th>Strategic Theme</th>
<th>Quality</th>
<th>Safety</th>
<th>Equity</th>
<th>Care Experience</th>
<th>Develop People</th>
<th>Financial Sustainability</th>
</tr>
</thead>
</table>
| SFHN True North Outcomes (DRAFT) | • Appropriate utilization  
• Preventive care | • Zero patient harm  
• Zero workplace injuries | • BAAHI initiative  
• REAL/SOGI data | • Likelihood to recommend  
• Timely access | • Staff engagement (Gallup)  
• HR measures TBD | • Meets budget  
• Productivity |
| Primary Care True North Metrics 2016-2018 | • Improve population health through timely preventive care and chronic condition management | • Improve timely coordination of care to prevent high risk events | • Reduce health disparities  
• Increase workforce diversity strategically through standard work and HR processes | • Increase number of patients with positive response to CG-CAHPS "would you recommend" question | • Improve workforce engagement, as measured by the Gallup engagement score | • Increase annual revenue |

### Primary Care (or True North) Driver Metrics (PCDM) 2016

- **HTN BP Control**
- **7 Day Post-Discharge Follow Up**
- **HTN BP Control / Racial Disparities**
- **CG CAHPS likelihood to recommend**
- **TNAA (Non-Urgent)**
- **No Monthly Data**
- **Unlocked notes**
Questions?