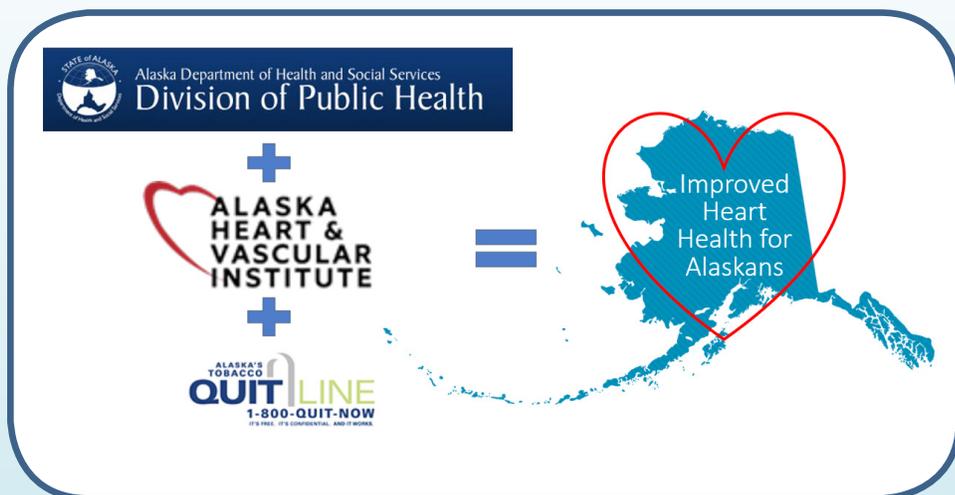


PUTTING PUBLIC HEALTH INTO PRACTICE - A PARTNERSHIP: Public Health and Clinical Systems link to deliver evidence-based smoking cessation interventions

Prepared by Alaska's Tobacco Prevention and Control Program, 2019

Background

About one in five (20%) of Alaska's adults still smoke cigarettes, which is greater than the national average.¹ Although there have been significant declines in the state's adult smoking prevalence during the past 10 years, tobacco use remains the leading cause of death in Alaska, and about 700 people per year still die as a result.¹ The greatest share of these deaths are from heart disease and stroke.²



Two out of three adult smokers (68%) want to quit, and more than half (56%) tried to quit in the past year.¹ Helping people quit is one of the primary goals of Alaska's Tobacco Prevention and Control (TPC) Program.³ The program provides supportive services, including free nicotine replacement medication and counseling, through Alaska's Tobacco Quit Line (ATQL),⁴ a best practice recommended by the Centers for Disease Control and Prevention (CDC).⁵ The services are free, and available through phone, web or text 24/7. Alaska's quit line provider serves a total of 29 state's. All "quit coaches" receive specialized training to understand Alaska Native culture.

Healthcare providers can also help their patients to quit; supporting healthcare system interventions is another CDC-recommended approach.⁵ Providers should routinely ask patients about tobacco use, give brief advice to quit among those who use, and refer patients to resources for quitting, such as ATQL. There are two key barriers to effectiveness. First, providers are addressing complex issues in a limited time, so it can be difficult to integrate tobacco interventions. Second, patients may not follow through calling ATQL for assistance.

Intervention

Alaska Heart and Vascular Institute (AHVI) is a specialty clinic for cardiovascular care in Alaska, and provides about 90% of this type of care delivered in the state.⁶ Despite their cardiovascular risks, about 22% of the clinic's patients report smoking; the Anchorage clinic sees about 25 tobacco users per day. AHVI's Quality Improvement Medical Director (Dr. Gene Quinn) and the TPC program partnered to pilot an improved model for provider advice to quit – "Ask-Advise-Connect" – in the AHVI system.⁷ This intervention includes direct referral with the quit line making proactive calls to people who agree, rather than relying on patients to make the initial contact. This intervention addressed the partners' shared goal of improving heart health, by increasing quitting among people who smoke.

"Ask-Advise-Connect" was delivered within the AHVI clinic system during 2018-2019.

- TPC provided training and materials to support brief interventions and knowledge about the ATQL services; negotiated procedures for AHVI to directly refer patients to the ATQL; provided monthly quit line reports for feedback; and met regularly to help with troubleshooting the process.

- *AHVI provided* staff time for receiving training and engaging clinical teams in a rapid cycle quality improvement approach (including enhanced data collection about patient experiences to support developing conclusions from the pilot project); modified clinical processes to assure patients were screened and given a “warm handoff” to the quit line if they agreed; and changed Electronic Medical Record (EMR) systems to largely automate referral to the quit line, including authorization for nicotine replacement medication when not contraindicated by cardiovascular risks.

Results

AHVI found their patients during the intervention were three times more likely to connect with the Alaska Tobacco Quit Line, and four times more likely to make a quit attempt. AHVI collected baseline data in the client population prior to implementing the project. Among the baseline group (n=49), 61% were offered a quit line referral, 12% had connected with the ATQL and 4% made a quit attempt. Among the intervention group from the first 30 days (n=96), 100% were offered a referral and 61% accepted a proactive referral to the ATQL, 39% connected with the ATQL, and 16% made a quit attempt.

Based on ATQL utilization data, during the initial 7 months of the pilot (May-November 2018) 150 total patients were referred to the quit line by AHVI. About half were successfully contacted by the quit line, and 70% of those contacted enrolled in services to make a quit attempt. Results have been sustainable: one year after the original project, AHVI continues to refer more patients to ATQL than all other Alaska providers combined.

In addition to outcomes, this project was also a positive experience for the partners. Dr. Quinn shared “It’s something that Alaska Heart is really proud of... It’s been a big win for us, and for population health.” To share this story with other clinical systems, the TPC recently partnered with AHVI to develop a short video about the project that includes interviews with the AHVI team.⁸

Conclusion

Partnership between AHVI and the TPC successfully improved a clinical system, and increased quitting attempts and success among patients. AHVI continues to implement the “Ask-Advise-Connect” model, and TPC is working to similarly partner with other clinic systems in the state.

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7. Ask Advise Connect: A New Approach to Smoking Treatment Delivery in Healthcare Settings. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3858085/>
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