

Integrating Tobacco Cessation with Chronic Disease Management

Smoking is a risk factor for heart disease, diabetes, chronic lung diseases including asthma, many types of cancers and other chronic diseases.¹ To help reduce risk and better manage disease, tobacco dependence treatment is increasingly integrated into the management of chronic disease. Specialists treating chronic diseases may know little about tobacco dependence treatment. New programs combining tobacco dependence treatment with chronic disease management need to be designed to help streamline care for treatment providers while providing quality care for patients.

As programs develop, quitline referral systems (including fax referral systems) are becoming an important means of integrating tobacco dependence treatment with chronic disease management. Examples of fax referral systems can be found on the TCLN website at www.tcln.org under “Topics and Resources/Health Systems.”

The following three case studies illustrate different approaches for integrating tobacco dependence treatment and chronic disease management. The first is through a health insurer, Blue Cross and Blue Shield of Minnesota. The second is an outreach initiative to involved provider networks in Maine. The third features a combined public health approach through the tobacco control and asthma programs at the Oregon Department of Human Services.

Blue Cross Blue Shield of Minnesota: Integrating tobacco cessation through health plan operations.

- Not-for-profit insurer with 2.7 million member providing services through a statewide network of providers.
- Home to “Prevention Minnesota” a long-term statewide prevention plan funded through the tobacco lawsuit settlement.
 - Goal to reach all Minnesotans and address the root causes of heart disease and cancer.
 - Collaborate with organizations and communities.
 - www.PreventionMinnesota.com
- Offers stop smoking programs through several insurance products including BluePrint for Health and Health at Work.
 - Uses vendor: Free & Clear.
 - No cost to BC/BS members.
 - Phone based with Quit Coach for 12 months.
 - 5 counseling calls.
 - Direct mail order NRT based on criteria.
 - Spanish language programs and materials.
- Integrates stop smoking programs through a variety health plan operations including:
 - *Healthy Start prenatal program*: a telephone care management program focused on reducing pre-term births. OB case manager identifies tobacco status, determines readiness to quit, and makes fax referral to stop-smoking program. Outcome: 1354 referrals in four years and 191 enrollments.

- *BluePrint for Health Care Support disease management*: core programs for asthma, CAD, CHF, diabetes, and COPD, supported by experienced clinicians by phone and mail. Tobacco use status is asked during every call, readiness is determined, warm transfers and fax referrals are made to stop smoking programs. The stop-smoking program number is also provided to members. Outcomes: 8705 referrals in four years, 374 enrollments.
- *SCRIPS (Smoking Cessation Referrals in Pharmacies)*: supports pharmacists filling prescriptions to stop smoking program. Prescription drug service claim is entered into system and then requires action by pharmacists. Actions are 1) pharmacy not interested, 2) patient not interested, or 3) patient accept (code is entered). Warm transfer or fax referral is made to stop smoking program. In 2.5 years, 4051 referrals made resulting in 1593 enrollments.
- Future integration initiatives include:
 - In-patient care management: focus on members with respiratory and cardiac conditions recently released from hospital. Care managers assess smoking status and readiness to quit with fax referral to stop smoking program.
 - Hospital cardiac rehab program: rehab staff provide 30 minutes of stop smoking consultation to patients in program and refer patient to a central triage area. Individual is then referred to state quit line or to their health plan's stop-smoking program.

Maine Center for Tobacco Independence (CTI): Using provider networks to integrate tobacco cessation into chronic disease management programs.

- CTI delivers Maine's comprehensive statewide tobacco treatment program supported by the Partnership for a Tobacco-Free Maine. Treatment program includes:
 - Maine Tobacco Helpline,
 - NRT program, and
 - Professional Education and Training.
- Helpline and Helpline fax referrals are primary tools for integrating efforts.
 - 20.5% of Helpline callers report COPD or asthma.
 - 6.3% report diabetes.
 - 4.3% report coronary artery disease.
- Provider networks are the means to accomplish integration of tobacco treatment and chronic disease management.
 - Maine Network for Health.
 - Maine Medical Center Physician Hospital Organization.
 - Maine Primary Care Association.
- Program targets practices or health clinics within the network to target patients with chronic disease who smoke.
- Intervention is to:
 - Document tobacco status.
 - Assess quitting interest.
 - Provide tobacco treatment including brief counseling and medication prescription.
 - Referral to Maine Tobacco Helpline.
- Three approaches to integration:
 - *Maine Network for Health (MNH)*: collaborative approach for pilot testing. 12 COPD practices participated in 3 learning sessions to help with integration. MNH provided TA and site visits as needed.

- *Maine Medical Center Physician Hospital Organization*: Targeted adult smokers with diabetes and cardiovascular disease. Maintains clinical improvement registries to track tobacco treatment integration at each individual office. Offers monetary incentives to practices for documenting tobacco status (\$3), brief intervention (\$10), and faxing referrals to the Helpline (\$30).
- *Maine Primary Care Association (MPCA)*: Invited rural health clinics to participate in pilot project to test implementation of fax referral system for patients with chronic disease. Two large clinics participated. MPCA provided TA and site visits as needed.
- Outcomes
 - Maine Network for Health - 6 out of the 12 practices sent a total of 50 fax referrals to the Helpline.
 - Maine Medical Center Physician Hospital Organization: 75% documentation of users, 10% documented quit interest, 6% fax referrals from pediatric group.
 - MPCA- waiting results.
- 3 very different groups, goals, programs. All are working to integrate tobacco cessation programs in health care to address chronic disease.

Oregon Department of Human Services: Integrating Tobacco Cessation and Asthma Control

- Why asthma and tobacco cessation?
 - Common disease: 9.7% adults and 6.9% of children in Oregon.
 - Smoking worsens asthma: decreased lung function, increased hospitalizations, healthcare use, and death.
 - Smoking affects quality of life for asthmatics; smoking cessation has immediate benefits.
- Program integration through data collection and analysis, partnerships, quality improvement, infrastructure.
 - Data collection and analysis:
 - Surveillance data.
 - Chart audits.
 - Focus groups.
 - Partnerships:
 - Work with same partners and organizations on both asthma and tobacco issues.
 - Integrating programs with partners is more effective. Usual partners are health systems, Medicaid, health care providers, local health departments, tribal programs, and individuals with asthma and tobacco addiction.
 - Quality improvement:
 - Medicaid Quality and Performance Improvement Project. Oregon has population-based guidelines for asthma and tobacco cessation. Medicaid is currently measuring both asthma and tobacco indicators. Medicaid program (OPH) has health education promotion combining asthma and tobacco cessation through quitline. Sample on TCLN website at <http://www.tcln.org/resources/reports-tools.html>.
 - Asthma Learning Collaboratives

- Chronic Disease Learning Collaboratives (Diabetes Rural Health Collaboratives and Federally Qualified Health Centers)
- Chronic Care Model Implementation Grant: combines asthma, diabetes, heart disease and stroke, tobacco prevention and education programs.
- Infrastructure
 - Asthma program moved into Health Promotion and Chronic Disease Prevention Section with Tobacco Control program.
 - Shared staff – four work on both programs.
 - Programs meet regularly to identify where collaboration makes most sense.
- Lessons
 - It is not easy. There are different “cultures” and scope of work between programs.
 - Do not have to collaborate on all aspects of programs.
 - Collaboration does strengthen both programs.

Questions and Discussion:

Q: Blue Cross and Blue Shield: “How receptive are HCP’s to doing referrals?”

A: The number of referrals is on the rise. Currently 13-15% of enrollment is from HCP referrals.

Q: What is enrollment rate for fax referral program? Is there a screening process?

A: Pilot data shows a 27% enrollment rate from fax referral.

Comment: Maine Center for Tobacco Independence from Wisconsin program:

Agrees that each group needs and wants to address issues differently, but organization and a plan are essential and help track successes. Most clinics and providers in Wisconsin are receptive and fax referrals have increased (connection rate is 50%, enrollment is 40%). That technical assistant and training are critical to success. Fax referrals are an important tool for Medicaid and HMO providers to help with outreach. The Wisconsin program uses fax referrals as a way to measure outreach by the providers. Fax program must be supported and promoted to be successful.

References

1. The health consequences of smoking: A report of the Surgeon General. Atlanta, GA. Dept. of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; Washington DC. 2004

For more tools & resources on quitline referral systems visit the TCLN website:

www.tcln.org/cessation/health_systems

Fax to Quit Manual: A Step-by-Step Guide for Healthcare Organizations

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