

PLAN
Develop and implement OHCA policy changes in an effort to reduce barriers to tobacco cessation coverage

1. Getting Started

Tobacco use contributes to conditions such as cancer, heart disease, respiratory disease, and pregnancy complications. According to the CDC, Oklahoma ranks 45th in adult smoking prevalence across all states and D. C. Approximately 6,200 Oklahomans die each year from tobacco related causes.¹ Both The Oklahoma State Department of Health (OSDH) and The Oklahoma Health Care Authority (OHCA) have been involved in a variety of smoking cessation activities and are working to lessen the number of Oklahomans who use tobacco products.

2. Assemble the Team

- Oklahoma Health Care Authority
- Oklahoma State Department of Health

3. Examine the Current Approach

Currently, OHCA staff work with external stakeholders, including the Tobacco Settlement Endowment Trust, and internal agency staff to promote best practices in tobacco cessation within the SoonerCare population through:

- Provider education
- Mass media campaigns
- Health promotion
- Member and community outreach

Additionally, organizations across the state have entered into a Health Systems Partnership (HSP) seeking to:

- Build and maintain an association of key stakeholders that are dedicated to reducing the harm to health caused by tobacco use.
- Act as a statewide resource to local community coalitions, organizations, agencies and health care providers in their respective specialized areas.

4. Identify Potential Solutions

- Review existing barriers to coverage as defined by the Mortality and Morbidity Weekly Report.
- Review OHCA claims data to better understand where change is needed.
- Engage OHCA leadership in policy discussion.
- Initiate internal policy or administrative change process.

5. Develop an Improvement Theory

- By removing barriers for SoonerCare members to receive counseling and pharmacotherapy, more tobacco cessation attempts will be made.
- An increased number of tobacco cessation attempts by SoonerCare members can be expected.
- OHCA policy change is a sustainable and far-reaching approach to improve access to tobacco cessation services for SoonerCare members.

Aim: Our aim is to improve access to tobacco cessation services for the SoonerCare population by implementing 2 new joint strategies within the Clinical Practice Guidelines by Dec 31, 2014 as measured by Oklahoma Tobacco Helpline and other available data sources.

DO
Remove barriers to obtaining tobacco cessation products through policy change

6. Test the Theory

- The workgroup selected to address two barriers to remove co-pays and prior authorizations for tobacco cessation products.
- The policy change process began by looking at available data and assessing possible budget impacts.
- After analysis, OHCA leadership determined cost savings would be sufficient to pursue an administrative policy change process for both barriers.

- The effective dates of change and implementation were set by the Health Policy Unit; the changes went into effect September 1, 2014.

CHECK
Use data to check the results

7. Check the Results

- Policy changes to remove barriers have been approved and implemented. Due to the success of this process, they will be continued through phase II (2015) of the project.
- At this time, implementation has been in place for two months. It is too early to begin analyzing claims data based on recent policy changes. The team will begin doing this in phase II (2015).

ACT
Standardize the improvement and establish future plans

8. Standardize the Improvement or Develop New Theory

- Pursuing the policy change process as a means of creating sustainable systems change has been fruitful. The team met its objective of removing two barriers to obtaining tobacco cessation medications. The workgroup will look into the possibility of removing other barriers to coverage via the policy change process.

9. Establish Future Plans

- As the team moves into phase II (2015), our ongoing commitment to improve access to tobacco cessation services for Oklahomans will focus on collaboration from both agencies.

PLAN

Reduce tobacco use and increase access to cessation services among target populations.

1. Getting Started

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2. Assemble the Team

- Oklahoma State Department of Health
- Oklahoma Health Care Authority

3. Examine the Current Approach

Oklahoma's Tobacco Cessation Programs include:

- OSDH Cessation Systems
- Clean Indoor Air
- OHCA Sooner Quit
- OHCA Population Care Management (PCM) outreach to SoonerCare members who utilize tobacco
- Community Outreach
- School & Youth Programs

4. Identify Potential Solutions

- Provider education to OB/GYNs and Patient Centered Medical Homes (PCMH) to increase OK Tobacco Helpline referrals
- Expand OHCA's OB outreach letter to additional members – ex. non pregnant members, teen/young adults
- Identify OK Tobacco Helpline call center staff champions that have high acceptance rates paired with best practices
- Remove prior authorization for nicotine replacement therapy
- Explore 'stay quit' efforts

5. Develop an Improvement Theory

OSDH and OHCA have current processes and programs that include tobacco cessation as a component of the outreach to Oklahomans. These agencies have identified a system change necessary to:

- Increase the number of referrals to the Oklahoma Tobacco Helpline
- Remove barriers to obtaining tobacco cessation products to SoonerCare members
- Motivational Interviewing (MI) is a goal-oriented & client-centered strategy that helps clients to explore and resolve ambivalence. "It is designed to strengthen an individual's motivation for and movement toward a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion."²
- PCM staff has been trained in MI techniques to help facilitate and engage motivation within the client in order to change behavior.

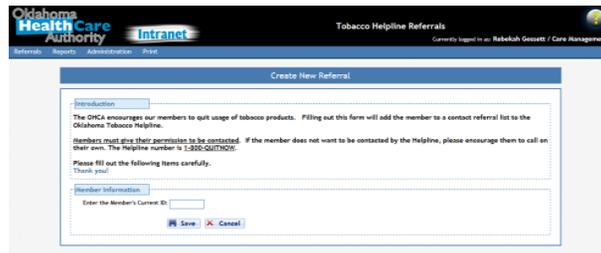
Aim: Our aim is to improve access to tobacco cessation services for the SoonerCare™ population by implementing two new joint strategies within the Clinical Practice Guidelines by Dec 31, 2014 as measured by Oklahoma Tobacco Helpline and other available data sources.

DO

Increase the referrals to Tobacco Helpline and increase the acceptance rate among SoonerCare members.

6. Test the Theory

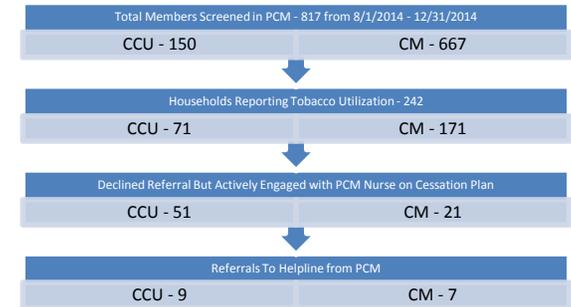
- Create an automated referral database to assist in referrals to the OK Tobacco Helpline
- Train PCM staff on utilization of referral database system and integration into daily processes



CHECK

7. Check the Results

- The target group slightly improved fax referring during the reporting period.
- Clients preferred to work towards tobacco cessation with the PCM Case Manager.
- Others accepted referrals to the Helpline.



ACT

Standardize the improvement and establish future plans

8. Standardize the Improvement or Develop New Theory

- The referral process has been incorporated into PCM processes and outreach.
- Training continues for PCM staff with a desktop procedure to assist in utilizing the referral system.

9. Establish Future Plans

As the team moves into phase II (2015), our focus will explore interagency collaboration to improve outcomes for our shared target audience.

References: 1. Centers for Disease Control and Prevention (2013). Behavior Risk Factor Survey [data file and codebook]. National Center for Chronic Disease Prevention and Health Promotion: Division of Population Health [distributor] (2014). Retrieved <http://motivationalinterviewing.org/>.

PLAN

Reduce tobacco use and increase access to cessation services among target populations.

1. Getting Started

Tobacco use contributes to conditions such as cancer, heart disease, respiratory disease, and pregnancy complications. According to the CDC, Oklahoma ranks 45th in adult smoking prevalence across all states and D. C. Approximately 6,200 Oklahomans die each year from tobacco related causes.¹ Both The Oklahoma State Department of Health (OSDH) and The Oklahoma Health Care Authority (OHCA) have been involved in a variety of smoking cessation activities and are working to lessen the number of Oklahomans who use tobacco products.

- 67 County Health Departments are able to fax refer patients to the Oklahoma Tobacco Helpline. 41 County Health Department sites were referring clients through the fourth quarter of reporting in CY13.²
- In FY 2013, 5,049 fax referrals were submitted by health professionals across the state. County health departments accounted for 757 referrals across the county health system, or 15% of total fax referrals.³

2. Assemble the Team

- Oklahoma State Department of Health
- Oklahoma Health Care Authority

3. Examine the Current Approach

- Currently, OSDH tobacco staff work toward providing county health department staff with best practices in tobacco treatment, training, fax referral support and helpline consultation.

4. Identify Potential Solutions

- Hosting focus groups at several county health sites to assess challenges and solutions around systems change in the tobacco cessation process.
- Providing web-based training via OKTrain™ for new employees in tobacco use prevention and treatment using the USPH Clinical Practice Guidelines.

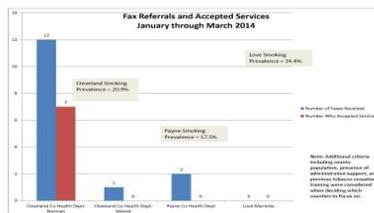
- Conduct process facilitation at county health sites that could lead to an increased understanding of internal process using quality improvement tools.
- 5. Develop an Improvement Theory**
Systems change is achieved by shifting system thinking, components and sequence. The implementation team had the goal of helping system users make system change happen, through awareness based on quality improvement process mapping and facilitated conversation.

Aim: Our aim is to improve access to tobacco cessation services for the SoonerCare™ population by implementing 2 new joint strategies within the Clinical Practice Guidelines by Dec 31, 2014 as measured by Oklahoma Tobacco Helpline and other available data sources.

DO

Target four county health departments with the aim of increasing fax referrals to Tobacco Helpline and increase the acceptance rate among adult smokers in these counties.

Counties were selected based on adult tobacco smoking rates, current volumes of fax referrals and acceptance rates by members, total county populations, SoonerCare populations in the counties, and administrator support of the effort.



6. Test the Theory

- The team developed focused interactions with target county health departments which concentrated on:
 - Conducting purposeful discussions.
 - Surfacing new ideas and solutions.
 - Deepening understanding of diverse perspectives.
 - Stimulating candid feedback.
- This process begins with a high level map; this is a simple process map.
 - Develop a big picture, their understanding of the system
 - Promote ownership of the system
 - Improve the system flow/process



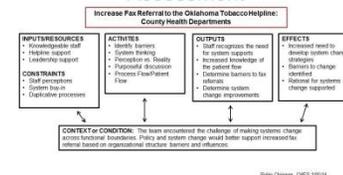
CHECK

Use data to check the results

7. Check the Results

- Preliminary reports show an increase in fax referrals in two of the four target counties.
- The PRECEDE – PROCEED Model best illustrates the need for system support and organizational change as identified by system users (county health staff).

Precede – Proceed Model Based on Four County Assessment



ACT

Standardize the improvement and establish future plans

8. Develop New Theory

- While this approach provided broader understanding of how county health staff fax refer to OTH, the team recommends making tobacco referrals available within the *Public Health Oklahoma Client Information System (PHOCIS)* for sustainable change.

9. Establish Future Plans

As the team moves into phase II (2015), our ongoing commitment to improve access to tobacco cessation services will focus on exploring additional interagency collaborations to improve outcomes for our shared target audience.

References: 1. Centers for Disease Control and Prevention (2013). Behavior Risk Factor Survey [data file and codebook]. National Center for Chronic Disease Prevention and Health Promotion: Division of Population Health [distributor]. 2. University of Oklahoma Health Sciences Center: College of Public Health. Evaluation of the Oklahoma Tobacco Helpline: Annual Report Fiscal Year 2013. 3. University of Oklahoma Health Sciences Center: College of Public Health. Helpline Special Report November 2014. 4. Fiore, et al. (2008). U.S. Department of Health and Human Services -Public Health Service: *Clinical Practice Guidelines: Treating Tobacco Use and Dependence*.