STARMHAC
Update for Regional Collaboratives and Stakeholders

Tue, September 16, 2014
Class of 2015

TEXAS STARMHAC
Statewide Association for Regional Medical Home Advancement
(Title V, Texas Children’s Health Plan, Texas Pediatric Society, and Texas Parent2Parent)
What is STARMHAC?

- Health Resources and Services Administration for inclusive community-based systems of services for CSHCN (D70)
- TX: Statewide Association for Regional Medical Home Advancement
- Title V, Texas Children’s Health Plan, Texas Pediatric Society, and Texas Parent2Parent
Components of STARMHAC?

1. Build partnerships
2. Engage family and youth
3. Recruit teams to use continuous quality improvement techniques to increase access to a medical home
4. Promote change and sustainability
5. Transition QI
Agenda

- 12:00-12:05pm
  Welcome- Dr. Tapia

- 12:05-12:10pm
  Introductions- Ekiria Collins

- 12:10-12:40pm
  Tobacco cessation resources for healthcare systems- Shelley Karn

- 12:40-12:55pm
  TTUHSC El Paso regional collaborative update- Dr. Shokar

- 12:55-1pm
  Sustainability and next steps- Dr. Tapia and Leslie Baldwin

- Open forum
Save the Dates

• Tuesday, **November 18, 2014**- 12:00-1:00pm CDT
• Tuesday, **January 20, 2015**- 12:00-1:00pm CDT
• Tuesday, **March 17, 2015**- 12:00-1:00pm CDT
• April/May 2015- STARMHAC Conference in Austin, TX (More information to come)
Tobacco Cessation Resources for Healthcare systems
2015

Shelley Karn, EdD
Ann Marie Newman
Overview

• Why focus on tobacco?
• Solutions for healthcare providers
• App Solutions
• EHR Solution
• Questions
Why focus on tobacco

• Over $17 billion in Texas healthcare and productivity lost each year.

• In Texas, over 24,000 deaths per year.

• Number one cause of preventable death.

• Tobacco impacts every chronic disease.
Why focus on Children?

• Secondhand smoke causes numerous health problems in infants and children, including more frequent and severe asthma attacks, respiratory infections, ear infections, and sudden infant death syndrome (SIDS).
Negative effects on kids/teens

• Girls who smoke are more likely to grow excess facial hair.
• Smoking as few as 5 cigarettes a day can reduce teens' lung function growth, with teenage girls being especially vulnerable.
• 40% of teenagers who smoke daily have tried to quit and failed.
• About 2/3 of teen smokers say they want to quit smoking, and 70% say they would not have started if they could choose again.
Negative effects on kids/teens

• Teenagers who smoke have significantly more trouble sleeping than those who do not smoke.
• 1 out of every 3 young people who become regular smokers will die of a smoking related disease.
• If current smoking patterns in the United States persist, approximately 5 million of today's children will die prematurely of tobacco-related diseases.
• Most people start using tobacco before they finish high school. This means that if you stay smoke-free in school, you will probably never smoke.
Negative effects on kids/teens

• Kids who smoke 2 or 3 cigarettes a day can get hooked in as short as two weeks.
• Teens who smoke are more likely to catch a cold than people who don't - and their symptoms will probably be worse and last longer.
• Teenagers who smoke use more medications than those who do not smoke.
• Teens who smoke break out more. Zits last longer for teens who smoke.
Other statistics

• Each day, more than 3,000 kids in the United States try their first cigarette; and another 700 additional kids under 18 years of age become new regular, daily smokers.

• The longer adolescents are exposed to a parent’s smoking when the parent is addicted to nicotine, the more likely they are to begin smoking and to become regular smokers in the future.
Solutions for tobacco users and providers

• The Texas Quitline
• The Texas Quitline app (available on Android and iPhone with a “Texas Quitline” search)
• Online referrals: www.yesquit.org
• Electronic Health Record options
Quitline is Value added at no cost to Texas Residents

- Quitline counseling is offered in English and Spanish; other languages available through a simultaneous interpretation service
- Calls answered and counseling available on a 24/7 basis
- Up to 5 counseling sessions
- Nicotine Replacement Therapy (NRT) available for qualified callers 18 and older who are enrolled in counseling (includes patch, gum or lozenges for up to 8 weeks)
- Thirteen years old: can seek help from the Quitline (no NRT)
- Health care systems with eTobacco Protocol that make referrals receive feedback on their patient’s progress
- Emphasize privacy of information.
Texas Quitline App

**REFER**

You can make a difference!

- Assess if the patient is ready to quit.
- Use a referral system to tobacco cessation support services, such as the Quitline.
- Refer the patient to local tobacco cessation programs when available.

You can refer patients to the Texas Quitline directly from this app using the Refer tab below.

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**ADVISE**

Patients listen to and respect the advice of their health providers.

- Urge every tobacco user to quit in a clear and personalized way.
- Remind the patient that most smokers attempt to quit 3-8 times before quitting for good.
- Link the patient's current situation to reasons for quitting.

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Texas Quitline App

Badges

Badges you earned

You have earned this badge after your first patient referral to the Texas Tobacco Quitline!

Badges you not yet earned

You will earn this badge after your 5th patient referral to the Texas Tobacco Quitline!

For Patient Referrals

1. **ASK** patients if they use tobacco and whether they want to quit.
2. If yes, **ADVISE** patients to quit and educate them on treatment options.
3. **REFER** patients to the Quitline, explaining the benefits and success rate of doing so when coupled with Nicotine Replacement Therapy or prescription medication.

**ASK**

At every visit, ask patients about their smoking status.

- Are you a current or former user?
- What type of tobacco is used (including any exposure to secondhand smoke)?
- How often is tobacco used?
- Document the information in the
Texas Quitline App

Are you in Texas?
- Yes
- No

Clinic / Facility
ACME Clinic

Please tell us where you work.

Clinic Phone #
(512) 555-1111

Clinic Fax #
(512) 555-1112

Clinic Zip Code
78736

Your Name
Jane Roe

Patient Name
John Doe

Date of Birth MM/dd/yyyy
10/10/1960

Primary Phone
(512) 555-2222

Tobacco Types (check all that apply)
- [ ] Cigarettes
- [ ] Smokeless Tobacco
- [ ] Cigar
- [ ] Pipe

The patient is ready to quit tobacco in the next 30 days and requests the Quitline contact him or her with quit plan help.

The patient DOES NOT give permission to the Quitline to leave a message when
Texas Quitline App

Carrier 6:37 PM

Language
- ☐ English
- ☐ Español

Best time to call
- ☐ 6 am - 9 am
- ☐ 9 am - 12 pm
- ☐ 12 pm - 3 pm
- ☐ 3 pm - 6 pm
- ☐ 6 pm - 9 pm

Refer this patient

Carrier 6:38 PM

Patient Name  John Doe
Date of Birth  10/10/1960
Patient Phone  (512) 555-2222
Tobacco  Cigarettes
Ready to quit in 30 days?  Yes
Can leave message?  Yes
Language  English
Best contact time  9 am - 12 pm

Referer Information

<table>
<thead>
<tr>
<th>Referrer Name</th>
<th>Jane Roe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic</td>
<td>ACME Clinic</td>
</tr>
<tr>
<td>Phone</td>
<td>(512) 555-1111</td>
</tr>
<tr>
<td>Fax</td>
<td>(512) 555-1112</td>
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</table>
Benefits of eTobacco Protocol

• Efficient counseling and referral option
• Feedback to EHR (bidirectional interface)
• Technical assistance
• System impact
• Public health impact
• Revenue: bill Medicaid up to 3 minutes for counseling
• Eradicate the #1 cause of preventable death
• Protect adults and children
The process for healthcare provider: Ask-Advise-Refer

• **Ask** if the patient uses tobacco.

• **Advise** the patient to quit.

• **Refer** the patient for assistance if ready to quit within 30 days by clicking a button in the HER.
At intake

Tobacco Cessation Intervention:

Ready and willing to quit tobacco?
- Ready to quit within 30 days
- Thinking about quitting at some point
- Not interested in quitting

Consent to referral to:
- Refused Referral
- Quit Line
- Tobacco Resource Center

Print Education:
- Tobacco cessation discussed

Cessation Counseling:

<table>
<thead>
<tr>
<th>Education Date</th>
<th>Class Outcome</th>
<th>Counseled By</th>
<th>Education Materials/Service</th>
<th>Referred To</th>
<th>Reason For Refusal</th>
<th>Service</th>
</tr>
</thead>
</table>

Assessment/Plan:

- History of Tobacco use (V15.82)
- Tobacco use disorder (305.1)
- Tobacco use disorder complicating pregnancy (649.01)

Techniques Discussed:

- Aversion Conditioning
- Delaying tactics
- Mentor program
- Smoke free car
- Substituted behavior
- Daily diary
- Literature given
- Remove triggers and cues
- Smoke free house
- Support program

Patient education:

- Benefits of quitting
- Nicotine dependence
- Secondhand smoke (passive smoking)

- Hazards of tobacco
- Nicotine withdrawal
- Ways to quit tobacco

Recommended Treatment:

- Hypnotherapy
- Nicotine lozenge
- Nicotine Inhaler
- Acupuncture
- Nicotine nasal spray
- Nicotine Patch
- Cognitive behavioral therapy
- Nicotine gum
- Nicotine Patch
- Counseling
- Varenicline/Chantix
- None

Return to office in:
Questions?

Shelley Karn, EdD
or Ann Marie Newman
University of Texas at Austin
Tobacco research and evaluation team
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Annmarie.newman@Austin.utexas.edu
TCH-HRSA
STARMHAC Webinar Presentation
9/16/14

TTUHSC El Paso
Paul L Foster School of Medicine
Department of Family and Community Medicine
Goals

- Current pediatric patients
  - Improve Recall for Preventative Care
  - Identify Overweight and Obese Children
  - Develop Self Management Plans
  - Provide Outreach and Support after Transitions of Care
- New pediatric patients
  - Coordinate Health Plan Member Lists for Well Child Visits
Improve Recall for Preventative Care

- Hire Coordinator
- Decode list of eligible patients from the unfiltered list received from El Paso First
- Educate Nursing and Provider Staff
  - Use age-specific EMR forms with appropriate prompts for service opportunities
  - Easy % BMI curves
  - Reference tables for pediatric BP normals
Identify Overweight and Obese Children

- Use of Percent BMI for age curves
- Entry into Problem List
  - Childhood Overweight **V85.53** Body Mass Index, pediatric, 85th percentile to less than 95th percentile for age
  - Childhood Obesity **V85.54** Body Mass Index, pediatric, greater than or equal to 95th percentile for age
Develop Self Management Plans

- Community Resource Investigation
  - Exercise
  - Nutrition Counseling
  - Weight Control
Provide Outreach and Support after Transitions of Care

- Negotiate with Carrier to receive immediate notification when ED &/or hospitalization occurs
- Immediate outreach for care coordination
Challenges:
- Very labor intensive.
- Volume of Members assigned from Health Plan is significantly large.
- Lists provided by Health Plan has outdated, incorrect, and missing information.
- Large number of duplicate entries of members when comparing lists received by health plan on a month to month basis.
- Difficulty in reaching parent or caregivers to schedule well child visits.
Created a data base via Excel to sort, track, create staff call list, and report on monthly member lists submitted by Health Plan.

Looking at calling patients after hours to get a better response to scheduling well child visits

Report back to Health Plan list of patients on our list that are not part of our Member list or whom we cannot reach due to incorrect or nonexistent contact information