

It's
Time

Becoming Tobacco-Free

MaineHealth Tobacco Workgroup
Report to Management Team
December 5, 2002

The MaineHealth Tobacco-Free Initiative
It's time we helped

Overview of the Initiative

As the region's leading healthcare system, become as "tobacco-free as possible" by December 31, 2002, working in partnership with MaineHealth member and affiliate organizations.

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Why focus on tobacco?

#1 preventable cause of illness and death

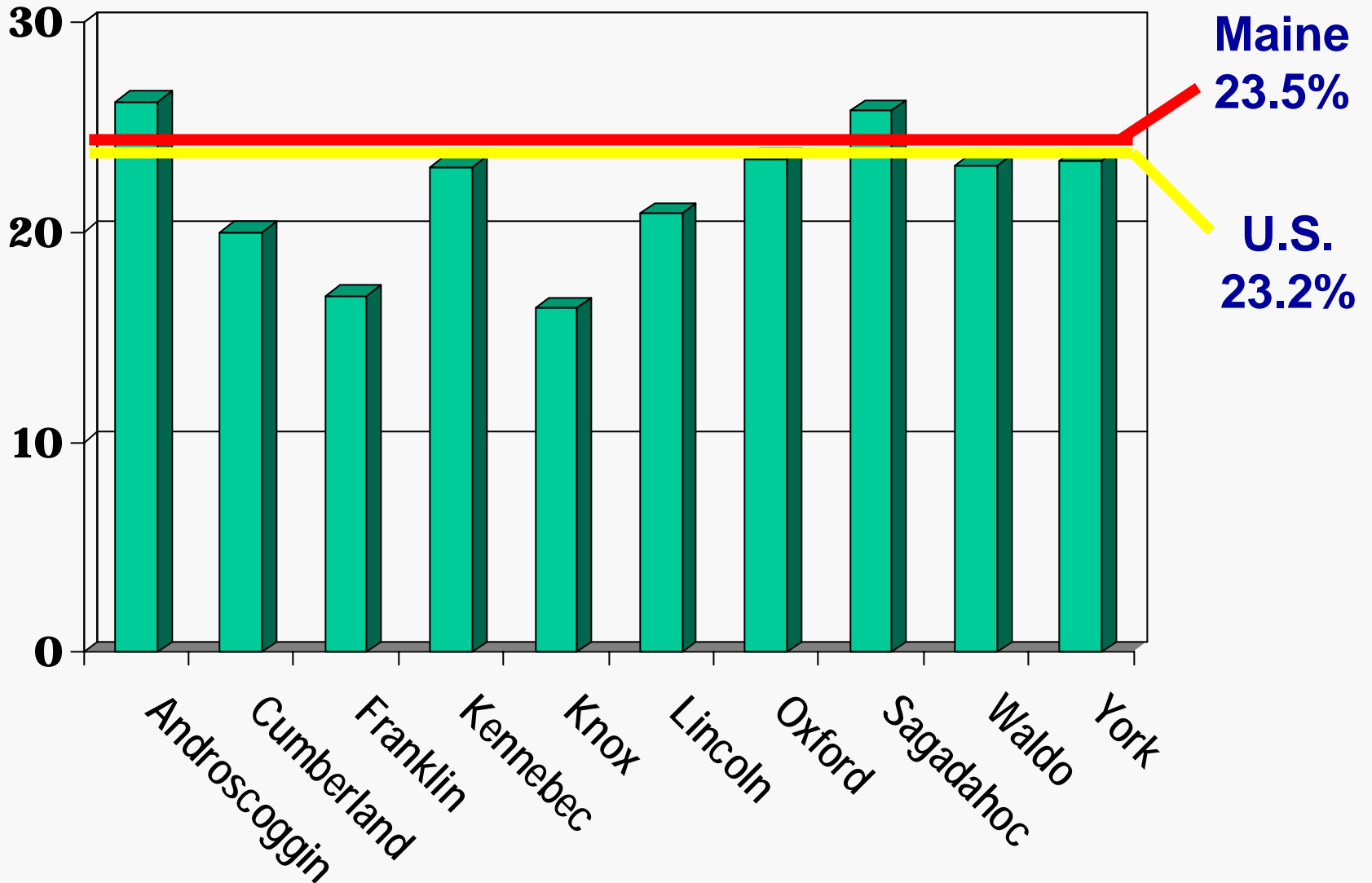
MaineHealth is comprised of healthcare providers and we are looked to as experts.

Our vision and mission is to improve the health of our communities.

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Tobacco Use in MaineHealth Counties



“Big Picture” Strategy

- Engage stakeholders: Tobacco Workgroup
- Target specific aims/outcomes: Action Plan
- Create system capacity/center of excellence (Center for Tobacco Independence)
- Support implementation: region/community
- Document outcomes, expand and sustain

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What we did NOT do . . .

- Target the initiative to the general public
- Survey all employees to determine smoking status, pre/post
- Duplicate CTI's resources in each community
- Track quit rates at the system level

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Objective 1: Increase awareness

- **Presented to Board and Management Team**
- **Conducted Grand Rounds**
- **Provided outreach**
 - Patient brochure (MMC)
 - Direct mail to employees (system-wide)
 - Newsletter (Western Maine Healthcare, SMMC)
 - Poster (3 poster series, system-wide)
 - Mugs (to all quitters)
 - Website (MaineHealth)
 - Parade (St. Andrews)

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It's Time.

Tobacco addiction among members of the MaineHealth family is a serious problem. You know it and we know it. Now we can do something about it.

An improved smoking cessation benefit is now part of HealthPartners and Personal Choice Health Plans, and it really works. It offers members and dependents the best chance of quitting, by supporting

counseling and medication treatment over the time it takes to quit, **NO MATTER HOW LONG THAT IS.**

Call your HR Office for more details, today. There's no time to waste.

The MaineHealth Tobacco-Free Initiative
It's time we helped

MaineHealth®

The care you need, the people you trust

For Employees Trying to Quit



TOBACCO

Continued from Page 1A

settlement fund to help resolve the deficit.

Ed Miller, chief executive officer of the American Lung Association of Maine, said the tobacco settlement budget problems in

"We've given all settlement money used as a second he said.

Maine is not the at its tobacco pr for help during According to the cutting their pro

Massachusetts after state offici tobacco preven cent this fiscal to \$31 million,

It now ran behind Maine pi, Maryland,

The report 15 states and sold all or p settlement return for ments up fr

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prevention programs are now revisiting their budgets based on fiscal problems, according to the report.

Newell Augur, spokesman for the Department of Human Services, said the governor's recommendation to take \$6.5 million from the tobacco settlement fund would still leave prevention programs in good shape.

In Maine, all tobacco settlement funds are dedicated to health pro

governor's recommendation to cut \$6.5 million from the Fund for a Healthy Maine, \$5 million would come from money allocated in 2001 that was never spent, Augur said.

The remaining \$1.5 million would be equal to a 3 percent budget cut, the same as King has asked from every other sector of state government, Augur said.

Maine would remain above the CDC's recommendation that it spend a minimum of \$11.2 million on prevention funding in 2003.

Maine tops U.S. in spending to combat tobacco

● Health officials fear that program funds could be diverted to help cover the state's budget gap.

By GRACE MURPHY
Staff Writer

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AUGUSTA — A national report released Tuesday by a tobacco prevention group ranks Maine first in the nation for using its tobacco settlement money on anti-smoking and cessation programs.

The report by the Campaign for Tobacco-Free Kids also lists Maine as one of four states funding tobacco prevention programs at or above the minimum amounts recommended by the U.S. Centers for Disease Control and Prevention.

Dora Anne Mills, director of Maine's Bureau of Health, said the state supports tobacco control programs because it believes doing so is an investment in health.

"This investment is a critical one in terms of health," she said.

Survey finds health varies by county

● Sharp differences are discovered on such topics as how many people smoke or have insurance.

By JOSIE HUANG
Staff Writer

Obesity, tobacco use and lack of health insurance are significant problems throughout the state, but some counties are harder hit than others.

The information is included in a county-by-county health survey intended to help communities in southern and central Maine identify health problems and develop solutions.

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Objective 2: Improve treatment services

- **Surveyed treatment capacity**
- **Systems to identify smokers and refer (MMC)**
- **Standard treatment protocols (MidCoast, MMC)**
- **Disseminated provider Tool Kit**
- **Collaborated on Medication Voucher Program**
- **CTI materials for Clinical Integration and Community Health packets**
- **Pilot at MGH 2000-01**

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CLINICAL PRACTICE GUIDELINE

Treating Tobacco Use And Dependence

U.S. Department of Health and Human Services
Public Health Service

Educated Providers
Using Clinical
Practice Guideline

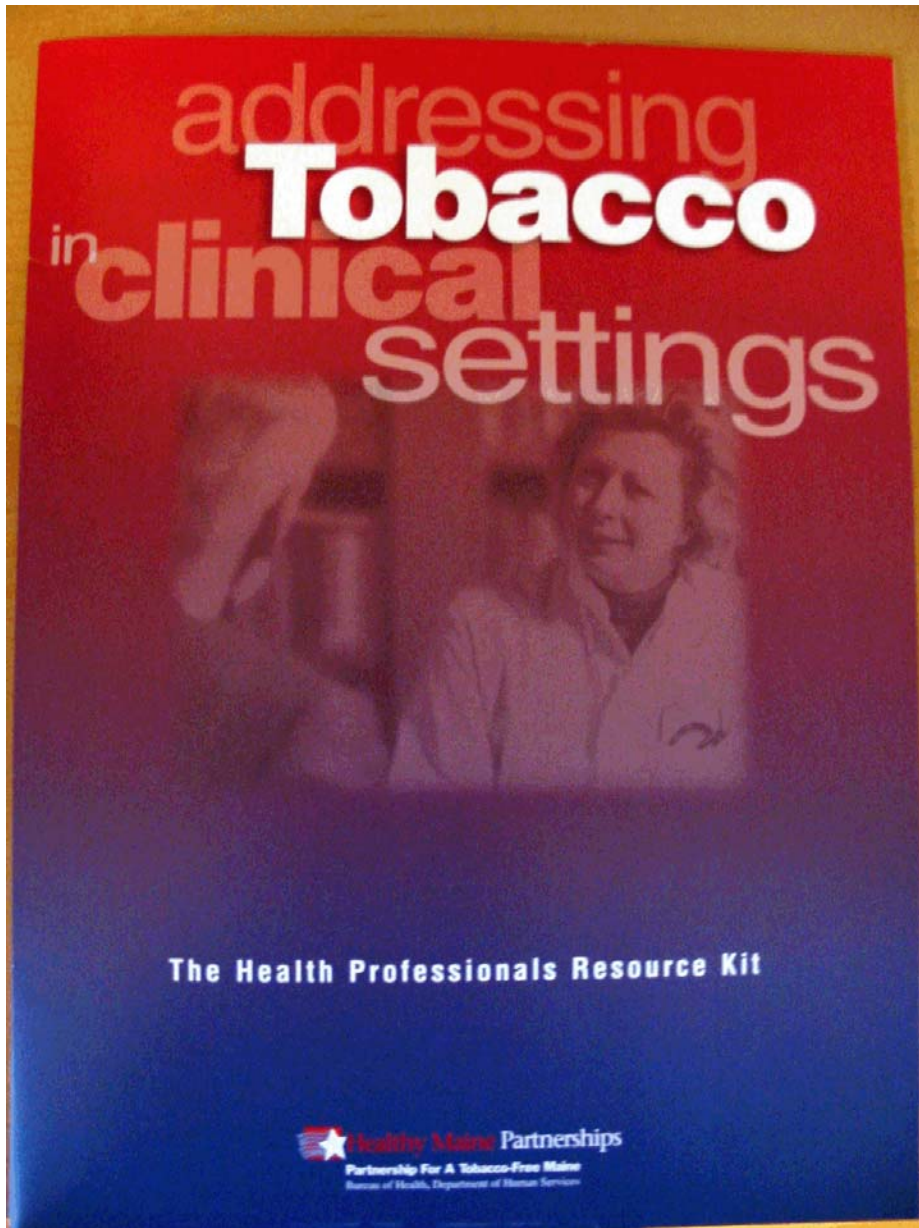
Objective 3: Expand training and education for providers

- **Collaborated on Training Conferences** provided by CTI and TWG
- **Provided Grand Rounds** for clinical leadership
- **Collaborated on 6 Basic Skills Conferences and Certification Program** with ALA

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Tools for Clinicians



Center For Tobacco Independence

Tobacco Treatment Quick Clinician Guide

All health professionals play an essential role in helping patients stop tobacco. Most smokers want to quit, and half of smokers make a serious attempt each year. Without effective treatments — counseling and medications — long term success with quitting is difficult.

Clinicians and staff can provide supportive messages and deliver brief counseling to all tobacco users. The first step is to routinely ask about tobacco use and interest in quitting. Interventions can then be individually tailored to a patient's motivation to change. Using this strategy enhances patient-provider interactions, and is more effective.

Remember: quitting is a process. Tobacco use is complex, chronic and relapsing. Tobacco dependence starts during teenage years. Permanent quitting can be preceded by multiple periods of abstinence. Stay positive and offer treatments to those wanting to change.

% Increase in 1-Year Quit Rates with Various Treatments
Summary of Randomized Controlled Trials

Approaches	You Can say
If Patients Say: I don't want to quit	<ul style="list-style-type: none"> Legitimize difficulty Encourage talking about smoking Remind them you'll bring it up again <p>"Quitting can be hard." "Have you tried to quit?" "How did it feel?" "Can we talk next visit?" "Treatments are available."</p>
I want to quit but not now	<ul style="list-style-type: none"> Identify reasons to quit Discuss past quitting Praise any abstinence Educate about treatment Offer help when ready <p>"Many smokers have quit." "What might motivate you to try to quit?" "Counseling and medications can help you." "See us when you're ready"</p>
I want to quit	<ul style="list-style-type: none"> Set a quit date Identify coping strategies Offer medication Refer to counseling HelpLine: 800-207-1230 Follow-up after quit date <p>"Pick a date to quit." "Medications decrease withdrawal symptoms." "How will you cope with urges to smoke?" "I want to hear from you."</p>
I tried to quit and relapsed	<ul style="list-style-type: none"> Change "failure" into a small "success" Recognize a slip vs. a true relapse Set another quit day Remain supportive <p>"You did a great job staying off cigarettes." "What would you do differently next time?" "There's help if you're ready again."</p>

Public Health Service Practice Guidelines for the Treatment of Tobacco Use and Dependence

ASK about and document tobacco use

- Use vital sign, stamp or chart summary.

ADVISE quitting

- Be clear, avoid lecturing.
- Connect problems to smoking.

ASSESS interest in quitting

- ASK, "Are you interested in quitting in the next 6 months?" "Are you ready to quit in the next 30 days?"

ASSIST with quitting

- Educate about withdrawal symptoms.
- Offer treatments—meds, counseling.
- If ready to try, set a **quit date**. If not ready, encourage **talk**ing about smoking. Use open-ended questions.

ARRANGE follow-up

Plan for relapse—praise any success.

From: Fiore MC et al. *Treating Tobacco Use and Dependence: Clinical Practice Guideline*. Rockville, MD: US Dept of HHS, Public Health Service. June 2000.

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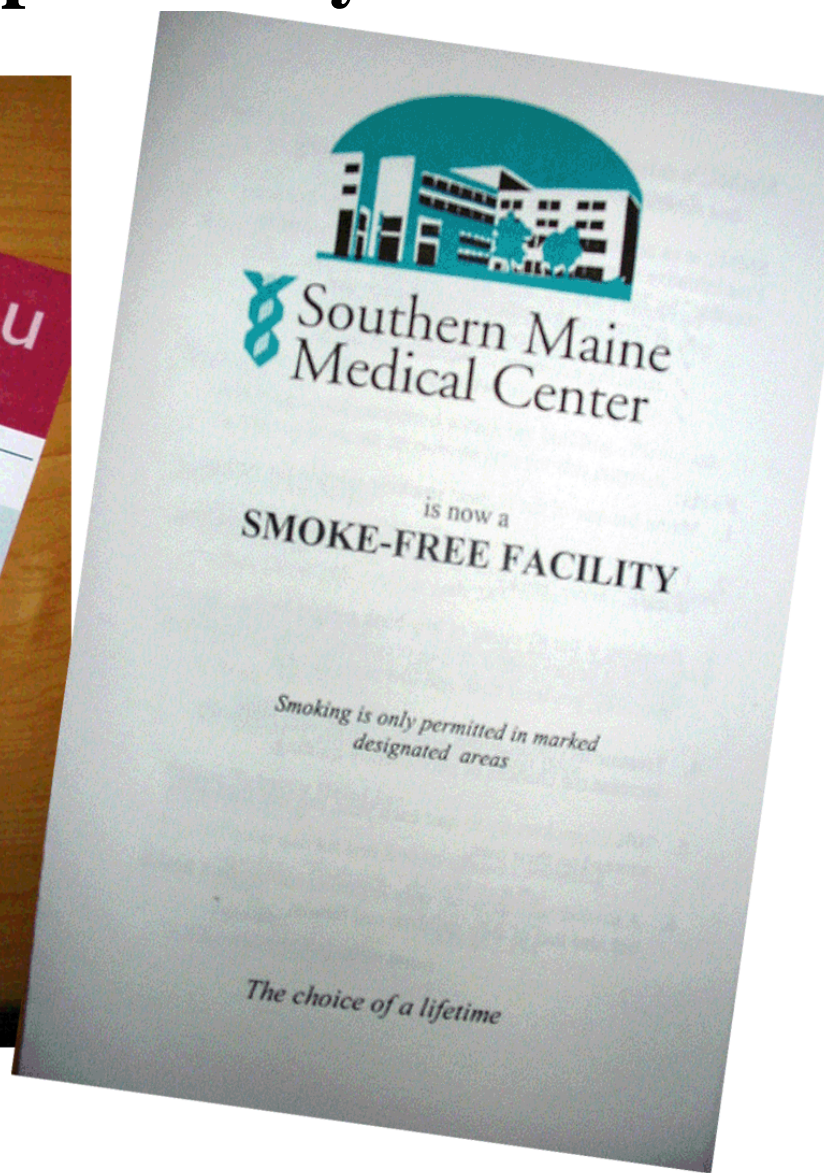
Objective 4: Enhance organizational and public policies

- **Worked with HR Council**
 - enhanced treatment benefit
- **Supported public policies**
 - inpatient psychiatry, schools, tobacco tax
- ***Guide to Smokefree Healthcare Organizations***
- **Collaborated to achieve smoke-free policies**

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Tobacco-Free Campus Policy Brochures



Outcomes: Awareness

- 173 posters distributed
- 5,442 employee letters sent
- 54 newsletters published; distributed to thousands of employees
- 327 mugs distributed (Members/Affiliates)

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Outcomes: Treatment

- ⚡ Treatment capacity increasing (MMC)
- ⚡ Calls to Helpline increased from 35 per week to >110 per week (2% of Maine smokers)
 - ☎ HelpLine quit rates at 6 mos = 22%
- ⚡ MMC: 48 employees seen 2002 (4 in 2000)
- ⚡ Maine General - model program

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Maine General Program Outcomes -- -- Applied to MaineHealth system

<u>Year</u>	<u>Employees</u>	<u>Rx Cost</u>	<u>Rx Cost/Participant</u>
2000	33	\$2,727	\$83
2001	68	\$6,259	\$92
Total	101	\$8,986	\$89

Participation = 2% of employees

Quit Rate = 23%

Applied ACROSS MaineHealth system:

97 Participants

Currently paying \$97,980 in excess costs/year

Costs of Rx *and* counseling: about \$29,100/year

Outcomes: Education and Training

- ⚡ 410 trained in Basic Skills
- ⚡ 302 trained from MaineHealth areas
- ⚡ >6000 Provider Quit Kits distributed
>4000 in MaineHealth areas

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Outcomes: Policy

- ⚡ *Guide to Smokefree Healthcare Organizations*
 - sent to 100% of Maine hospitals
- ⚡ 12,287 employees eligible for benefit
 - MHIC and CORE analysis of utilization
- ⚡ \$1.4m per year generated by CTI contracts
- ⚡ \$0.6m grant from RWJ - Smoke Free Families
- ⚡ All psychiatry beds affected by change in law
- ⚡ \$20m revenue from excise tax increase

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Becoming Tobacco- Free

A Guide for
Healthcare
Organizations

MaineHealth®

**MaineHealth Guide for
Healthcare Organizations**


Next steps

- Sustain effort through Tobacco Workgroup
- Monitor outcomes using MH data
- Promote treatment through health plan(s)
- Support continuation/expansion of CTI
- Refine systems/tools for patients and providers (Chronic Care Model)
- Share experience with other employers, systems

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Summary

- Addressing a complex, major public health issue
- Taking on several target groups, at multiple levels
- Need to institutionalize system changes and modify social norms 
- Anticipate greater outcomes over time

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