Exploring the Use of Electronic Health Records to Support Tobacco Cessation and Million Hearts

Presented by:
The Association of State and Territorial Health Officials (ASTHO)
&
The National Association of County and City Health Officials (NACCHO)

April 13, 2015
1:00-2:30pm ET
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Webinar Agenda

• Welcome
  • Diana Karczmarczyk, ASTHO & Erica Haller-Stevenson, NACCHO

• Employing EHRs to Improve Blood Pressure Control and Tobacco Cessation in Your Practice: Lessons Learned from New Hampshire’s Million Hearts Work
  • Rudy Fedrizzi, Director of Community Health Clinical Integration, Cheshire Medical Center/Dartmouth-Hitchcock Keene

• Increases in Smoking Cessation Interventions After a Feedback and Improvement Initiative Using Electronic Health Records in New York City
  • Shannon Farley, Tobacco Evaluator/Acting Director of the Research & Evaluation Unit, NYC Dept of Health and Mental Hygiene, Bureau of Chronic Disease Prevention and Tobacco Control

• Resources (ONC/NAQC/NACCHO/ASTHO):
  • Diana Karczmarczyk, ASTHO & Erica Haller-Stevenson, NACCHO

• Questions and Answers
Million Hearts Overview

• Million Hearts seeks to improve care for people who do need treatment by encouraging a focus on the "ABCS":
  • Aspirin for people at risk
  • Blood pressure control
  • Cholesterol management
  • Smoking cessation
Employing EHRs to Improve Blood Pressure Control and Tobacco Cessation in Your Practice: Lessons Learned from New Hampshire’s Million Hearts Work

Rudy Fedrizzi, MD
Director of Community Health Clinical Integration
Cheshire Medical Center/Dartmouth-Hitchcock Keene
• Similar to the national rates, data from the Behavioral Risk Factor Surveillance System (BRFSS) indicate that the NH rate of hypertension is over 30%

• Heart disease is the second leading cause of death in NH, and the rate of hypertension has increased significantly from 23% (95% CI: 22%, 25%) in 2001 to 31% (95% CI: 29%, 32%) in 2011

• New Hampshire has identified cardiovascular disease as a health priority in its 2011 State Health Profile and 2013 State Health Improvement Plan
• In October 2013, New Hampshire was awarded Million Hearts funding by ASTHO and CDC

• Partners included:
  ✓ New Hampshire Division of Public Health Services
  ✓ Institute for Health Policy and Practice at UNH
  ✓ Cheshire Medical Center/Dartmouth-Hitchcock Keene (CMC/DHK)
  ✓ City of Manchester Health Department
  ✓ Manchester Community Health Center
  ✓ Nashua Department of Community and Public Health Services
  ✓ Lamprey Health Care - Nashua

• The work plan was based on successful strategies developed and implemented by CMC/DHK and replicated in the more urban and diverse communities of Manchester and Nashua

• CMC/DHK provided technical support
In November 2014, CMC/DHK BP control rates are sustained at 84%
Million Hearts funding led to the development of a step-by-step manual

- Documents proven strategies at CMC/DHK
- Provides implementation guidance
- Depicts replication experiences in Manchester and Nashua

Available online at http://chhs.unh.edu/ihpp/public-health-and-health-promotion
What percent of adult hypertensive patients within my panel have a blood pressure less than 140/90? Target is 81%.
Step 7: Manage Patient Registries

In combination with a no-cost nurse clinic for BP rechecks, the use of a HTN registry is believed to be the most important element in rapidly and sustainably improving BP control.
Click the box next to Tobacco Cessation Program Referral
Thank You

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Increases in Smoking Cessation Interventions After a Feedback and Improvement Initiative Using Electronic Health Records – 19 Community Health Centers, New York City, October 2010-March 2012

Shannon M. Farley, MPH, and Sarah C. Shih, MPH
NYC Department of Health & Mental Hygiene

April 13, 2015
Background

Primary Care Information Project (PCIP):
- Established in 2005
- Supported adoption and use of information systems (e.g., EHR)

Smoking prevalence disparity among Medicaid enrollees:
- 18.9% smoking prevalence among New Yorkers with Medicaid insurance compared with 14.8% of New Yorkers overall

Health eQuits Program:
- Pay-For-Improvement Program
  - Large medical practices (e.g., community health center)
  - Incentive payments for cessation interventions
- Funded by CDC Communities Putting Prevention to Work (CPPW)
Program Design

Timeframe:
• Baseline data collected between October 2009-September 2010
• Program implemented October 2010-March 2012

Intervention:
• Document smoking status in EHR for all patients 18 and older
• Provide at least one cessation interventions with smoker:
  • Physician counseling
  • Prescriptions for cessation medications
  • Fax referrals to New York State Quitline
• Practice receives $20 incentive for each additional smoker receiving an intervention above baseline
• Goal: reach an additional 18,000 smokers with an intervention
Program Design Continued

Data Collected from Participants:
• At baseline and quarterly from each center’s EHR:
  • Total number of patients with at least 1 visit
  • # of patients with a visit with documented smoking status
  • # of Smokers receiving at least 1 cessation intervention

Feedback to Practices:
• Quarterly reports showing smoking status and intervention rates
• Program staff conducted phone calls and visits to centers

Other Assistance to Practices:
• Provider-level reports (if requested)
• Training for motivational interviewing
Subjective:

Chief Complaint(s):

HPI:
- Current Medication:

Medical History:
- Allergies/Intolerance:

Gyn History:
- OB History:
- Surgical History:
- Hospitalization:
- Family History:
- Social History:
- ROS:

Objective:

Vitals:
- Post Results:
- Examination:
  - Physical Examination:

Smoking status
## Tobacco Control (TCNY 2)

**Name:** Smoking Quit  
**Date:** 09/02/2010

### Are you a:

- [x] Current smoker  
- [ ] Former smoker  
- [ ] Never smoker

**If 'Current smoker': How often do you smoke cigarettes?**

- [x] Every day  
- [ ] Some days, but not every day

**If 'Current smoker': How many cigarettes a day do you smoke?**

- [x] 5 or less  
- [ ] 6-10  
- [ ] 11-20  
- [ ] 21-30  
- [ ] 31 or more

**If 'Current smoker': How soon after you wake up do you smoke your first cigarette?**

- [ ] Within 5 min  
- [x] 6-10 min  
- [ ] 11-20 min  
- [ ] 21-30 min  
- [ ] 31-60 min  
- [ ] After 60 min

**If 'Current smoker': Are you interested in quitting?**

- [ ] Ready to quit  
- [x] Thinking about quitting  
- [ ] Not ready to quit

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EHR Fields
Data

Number of patients per center:
• Ranged from 632 up to 124,582
• Proportion of Medicaid patients ranged from 0% to 83%

Baseline:
• Mean smoking rate was 24%
  • Median of 14% and range of 0% to 75%
• 7 out of 19 practices had baseline smoking rates of <10%

Endline:
• Mean smoking rate was 27%
  • Median of 17% and range of 3% to 79%
• 5 out of 19 practices had baseline smoking rates of <10%
• 13 practices showed an increase in the proportion of documented smokers
Data Continued

Baseline among documented smokers:
• 23% received at least 1 cessation intervention
  • Median of 16% and range of 0% to 54%

Endline among documented smokers:
• 54% received at least one smoking intervention
  • Median of 58% and range of 12% to 91%
• 18 out of 19 centers had an increase in receipt of cessation interventions

Additional Endline data:
• 36,572 smokers received at least 1 cessation intervention compared with 6,515 in the baseline period
• A total of $220,000 in incentives were paid to practices
FIGURE. Number of documented smokers, number of smokers with an intervention, and intervention rate, by quarter — 19 community health centers, New York City, October 2010–March 2012

* Baseline data were collected during October 2009–September 2010.
Summary

EHRs CAN facilitate smoking cessation interventions by:

• Prompting providers to screen for and document tobacco use as part of clinical workflow
• Data from EHR can be used to generating feedback on tobacco screening and intervention performance
• Tracking impact of clinical cessation and health systems change initiatives on longer-term smoking-related outcomes:
  • Smoking rates
  • Quit rates*
  • Outpatient visits*
  • Hospitalizations*

*Note: These indicators would require other data than EHR to determine these measures
Limitations

- Data was unavailable for some practices on the number of patients screened for smoking, the specific cessation intervention conducted, and actual quit rates
- Effectiveness of the cessation interventions were not assessed
- Intervention was conducted only in NYC and results may not be generalizable elsewhere
- EHR changes were coupled with incentives and the individual effects cannot be separated
- NYC’s population-based tobacco control interventions may have contributed to the increase in cessation interventions
Conclusions

EHRs alone will not improve cessation interventions:
• Clinical workflows need to be considered
• Incentives have been shown to be effective
• Assistance with and sustaining quality improvement is also needed
• Clinical interventions are a supplement to population-based tobacco control interventions, and can help reach more elusive smokers
Thank-you!

Email: sfarley@health.nyc.gov

Visit: www.nycreach.org
Resources: Office of the National Coordinator

Under “For Providers & Professionals”:

- Take the First Step Toward EHR Implementation
- Achieve Meaningful Use
- Get Local Technical Help

Success stories: http://www.healthit.gov/providers-professionals/case-studies-data
Resources: NAQC
North American Quitline Consortium

• NAQC has established a workgroup on eReferral to ensure that
  1) all state quitlines are prepared to implement eReferrals with health care providers no later than 2016;
  2) NAQC works with the health care system; and
  3) EHR vendors are informed about NAQC activities.

• As of February 2015, the NAQC workgroup on eReferral is comprised of members from 6 states, quitline service providers and health care partners. The workgroup has produced 11 case studies on quitlines, service providers and health care partners engaged in eReferral projects and published a paper on eReferral (2012).

• Currently, a technical guideline on eReferral is being developed and will be available to NAQC members in spring 2015.

Email: naqc@naquitline.org  Website: http://www.naquitzline.org/
NACCHO Resources

Tobacco Webpage
www.naccho.org/topics/HPDP/tobacco/

Chronic Disease Prevention Toolkit
www.naccho.org/toolbox

Technical assistance:
tobacco@naccho.org

Informatics Webpage
http://www.naccho.org/topics/information/informatics/index.cfm

ePublic Health Blog
https://ephinformatics.wordpress.com/

Technical assistance:
phinformatics@naccho.org
NACCHO Resources (cont.)

Million Hearts Webpage
http://www.naccho.org/topics/HPDP/chronicdisease/million-hearts/index.cfm

• Webinar series
• Local Engagement Guide
• Toolkit
• Model Practices Database

Technical assistance:
chronicdisease@naccho.org
ASTHO Tobacco Resources

[Link to ASTHO Tobacco Resources]

Comprehensive Tobacco Control: Guide for State & Territorial Health Officials

- Role of state and territorial health agencies
- Recommendations
- Resources
- State examples
Million Hearts Tools for Change and Map

- **Tools for Change**
  - Community-clinical linkages
  - Data-driven action
  - Evidence-based programs
  - Financing and policy
  - Standardizing clinical practice

- **State Initiatives Map**
Q & A

If you would like to ask a question, please type it into the chat box on your screen.
Thank you for joining us!

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www.astho.org/Programs/Prevention/Tobacco/

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