

Changing Clinical Practice, Helping People Quit: The Wisconsin Cessation Outreach Model

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ABSTRACT

Six University of Wisconsin-Center for Tobacco Research and Intervention (UW-CTRI) Regional Outreach Specialists, based in 5 regions across the state, provide training and technical assistance on evidence-based tobacco cessation interventions to clinics, hospitals, health systems, insurers, community organizations and worksites through academic detailing methods. The core of this approach involves individualized training on the US Public Health Service Clinical Practice Guideline, "Treating Tobacco Use and Dependence" as well as follow-up technical assistance to achieve sustainable system changes and a reduction in barriers to tobacco cessation services. The program's scope includes health systems, managed care organizations, hospitals, worksites, and community organizations. The program also links organizations and the communities they serve to the Wisconsin Tobacco Quit Line and related cessation services. Since 2001, over 10,000 health care providers in over 500 clinics and 26 health systems and managed care organizations have received Guideline-based cessation training through the Outreach program. This paper examines research supporting this Cessation Outreach Model, describes its operation, discusses key outcomes, and reviews future directions and applications.

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BACKGROUND

In the late 1990s, over 1 million Wisconsin residents smoked. Approximately 80% of these smokers said they wanted to quit, and about 50% tried to quit each year, but most were unsuccessful. According to the Centers for Disease Control and Prevention (CDC), youth tobacco use was rising and tobacco use among pregnant women in Wisconsin was higher than the national average.

In 2000, the University of Wisconsin Center for Tobacco Research and Intervention (UW-CTRI) received funding from the Wisconsin Tobacco Control Board to provide statewide, evidence-based cessation services to all tobacco users. The goal of the UW-CTRI Wisconsin Cessation Outreach program is to provide training and technical assistance on cessation services to clinicians and health systems. To work toward this goal, UW-CTRI developed 2 primary cessation outreach components, the first of which is the focus of this paper:

1. Statewide Education and Outreach Programs. Six Outreach Specialists coordinate with regional public health staff to provide on-site training and technical assistance to clinics, physicians, hospitals, and businesses about evidence-based treatments to help people quit using tobacco.
2. The Wisconsin Tobacco Quit Line (877.270.STOP) provides free, proactive, telephone counseling services for callers anywhere in Wisconsin. Quit Line services include individualized help in quitting tobacco through phone counseling and mailed cessation kits.

The benefit to Wisconsin residents of an effective statewide cessation program is significant. Tobacco use is the single greatest preventable cause of disease and premature death. In Wisconsin, more than 7000 lives per year are lost due to tobacco use and over \$1.6 billion are spent on tobacco-related health care each year.



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Figure 1. UW Center for Tobacco Research and Intervention regional outreach staff.

THE WISCONSIN CESSATION OUTREACH MODEL

In 2001, UW-CTRI developed the Education and Outreach Program as the core component of its population-based tobacco cessation strategy. The Wisconsin Cessation Outreach model relies on 6 regionally-based tobacco cessation specialists (Figure 1). To support cessation interventions by clinicians, UW-CTRI adopted this model, which consists of 5 components: (1) CME, (2) academic detailing, (3) in-depth training and consultation for clinicians regarding tobacco cessation counseling, (4) system change strategies, and (5) resources

beyond the clinic or hospital. This outreach model enables clinicians and health care delivery systems to provide the most current cessation services.

Continuing Medical Education (CME)

Training for clinicians is a well-documented element for implementation of the US Public Health Service (PHS) Clinical Practice Guideline: "Treating Tobacco Use and Dependence."¹⁻⁸ UW-CTRI developed a CME program based on the PHS Guideline, which is now available nationally on-line (MedScape) and in-person in Wisconsin through the Regional Outreach Specialists.

Figure 2. Public Health System 5A Tobacco Use Intervention

ASK about tobacco use at every visit
ADVISE all tobacco users to quit
ASSESS tobacco users willingness to quit
ASSIST tobacco users with quitting
ARRANGE follow-up

Source: US Public Health Service Clinical Practice Guideline:
Treating Tobacco Use and Dependence, 2000.

Academic Detailing

On-site assistance is actively promoted within clinics and health systems with a goal of implementing strategies that enhance use of evidence-based treatments. The public identifies clinicians as a main source of reliable, trustworthy health information. Moreover, 7 out of 10 smokers see a primary care clinician each year.⁹ Thus, clinicians are in a prime position to ask about tobacco use and advise people to quit.

For many years, the pharmaceutical industry has used a “drug detailing” approach to acquaint clinicians with new products and to reinforce the use of existing products. This face-to-face model of clinician education, in which the pharmaceutical representative delivers a brief targeted message to the clinician in the office setting, has led to similar efforts to influence clinical decision-making and practice within public health.¹⁰⁻¹⁴

The UW-CTRI Wisconsin Cessation Outreach Model has adapted the academic detailing model to promote evidence-based cessation practices. In the practical implementation of this approach, the Regional Outreach Specialists go to clinics, hospitals, and health care systems for brief visits and trainings with staff. The initial visit includes an assessment, an overview of potential resources (discussed later), and discussion of a tobacco “cessation champion” for the site. This “champion” becomes the main contact person and is instrumental in systematizing tobacco cessation training, practices, and policies.

After the initial contact, the Regional Outreach Specialists continue to follow up with individualized, on-site technical assistance—developed in conjunction with the clinic or hospital—that helps advance and enhance the sites’ tobacco dependence treatment practices and policies.

In-Depth Training and Consultation for Clinicians Regarding Tobacco Cessation Counseling^{4,15}

Many clinicians aren’t equipped and/or don’t have time to go beyond asking about tobacco use at every visit. The Regional Outreach Specialists provide training for physicians, as well as other health care staff, on the PHS

Guideline brief (3-5 minute) “5A” tobacco use intervention (Figure 2).

Once trained, these individuals help clinics advance from just identifying tobacco-users to providing motivational and other support services that are often needed to help a patient make a successful quit attempt. Counseling training videos, one for clinic settings and one for hospital settings, have been developed and successfully utilized as a clinician tool. Training manuals for clinic settings and hospital settings provide steps for developing and implementing PHS Guideline-based practical strategies to help patients quit.

System Change Strategies

These strategies include medical screening procedures (e.g., smoking status as a vital sign), recordkeeping, billing, and health care coverage. This work is based on research that has identified barriers to change in health care.^{13,16,17} UW-CTRI outreach staff work with health care systems and employers across the state to institutionalize the identification of and intervention with tobacco users. Staff also work with insurers to provide evidence-based information on the importance of providing and/or increasing insurance coverage for FDA-approved cessation medications and counseling. Continued, effective implementation of the tobacco cessation guidelines requires system support.

Resources Beyond the Clinic or Hospital

A significant barrier for clinical settings identified by Outreach Specialists is the lack of trained staff or resources to provide counseling support during a quit attempt. This kind of counseling is shown in the Guideline to be a critical factor in success for many tobacco users.¹⁸ UW-CTRI Education and Outreach Programs developed a fax referral program to link counseling available through the Wisconsin Tobacco Quit Line directly to tobacco users identified during a regular visit who are interested in quitting.

RESULTS

Since its inception in 2001, the UW-CTRI has collected data on the use and impact of its Education and Outreach Programs. These data include process measures such as the use and acceptance of the program among medical professionals, clinics, hospitals, and health care systems, and outcome measures such as rates of insurance coverage for tobacco dependence treatments in Wisconsin. Because the program is translational in nature—applying evidence-based strategies population-wide rather than randomized assignment of groups to different interventions—the process measures

and outcomes described below can only be associated with the implementation of the UW-CTRI Education and Outreach Programs.

Process Measures

In the first 4 years of Education and Outreach Programs, UW-CTRI has

- Trained over 10,000 health care providers in every Wisconsin health care delivery system.
- Worked with over 100 hospitals and hundreds of clinics, dental offices, and pharmacies across Wisconsin.
- Worked with 26 managed care organizations, several of which have made formal system-wide commitments to full implementation of the PHS Guideline.
- Provided CME credits to over 900 Wisconsin clinicians. Of these 900 participants, 288 (32%) were physicians. Others included nurses, pharmacists, physician assistants, and dentists.
- Visited 500 clinics and hospitals and 26 health systems as part of the academic detailing effort.
- Distributed over 500 PHS Guideline-based “Practical Strategies To Help Patients Quit” clinic training manuals and 150 PHS Guideline-based “Practical Strategies To Help Patients Quit” hospital training manuals and made these available on the web for all Wisconsin clinics and hospitals.
- Trained over 300 physicians, nurses, nurse practitioners, physician assistants, health educators, case managers, dental professionals, pharmacists, and cessation counselors in day-long cessation workshops. Evaluations showed high satisfaction (average 4.5 out of 5) and high levels of commitment to change, including willingness to prescribe appropriate pharmacotherapy for all tobacco users, to use counseling techniques, to understand treatment resources for special populations, and to access tobacco cessation resources. Interestingly, 19% of the participants created their own commitment statements to enhance clinical systems and educate other clinicians within their system.
- Established 450 fax referral sites.
- Worked with dozens of worksites and employers in establishing tobacco cessation programs for employees.

Core Tools—CME, counseling video/training, and clinic and hospital “how-to” packets have been extremely popular and widely distributed throughout the state. Use of these tools has been endorsed by key professional groups.

One factor in successful implementation of change that has emerged from the data is that working in col-

Table 1. Percentage of Wisconsin Health Plans Covering Smoking Cessation Treatments

Covered Benefit	2002 (n=19 plans)	2004 (n=23 plans)
At least one type of pharmacotherapy	56%	74%
Over-the-counter nicotine replacement therapy	19%	46%
At least one type of behavioral intervention	58%	76%

Source: UW-CTRI, Coverage of Tobacco Cessation Treatments, Wisconsin 2002 and 2004 surveys.

laboration with professional organizations enhances outcomes. For example, in 2004, collaboration with the Wisconsin Hospital Association led to rapid and effective implementation of the PHS Guideline recommendations in hospitals across Wisconsin. Based on this success, the Wisconsin Association of Physician Assistants, Pharmacy Society of Wisconsin, First Breath, Planned Parenthood of Wisconsin, and the Wisconsin Association of Health Plans have been identified as potential partners for similar efforts.

The 6 UW-CTRI Outreach Specialists have helped clinics identify staff to take lead responsibility for tobacco control. This application of a PHS Guideline recommendation has been critical to ongoing identification, referral, and treatment of tobacco users. Outreach Specialists work closely with these key people and others to regularly assess progress toward implementing the PHS Guideline, making systemic change, and helping tobacco users quit.

The data summarized above indicate wide acceptance of the Wisconsin Cessation Outreach Model in support of evidence-based practice in clinical settings around the state.

Outcome Measures

UW-CTRI Education and Outreach Programs staff have actively worked to increase insurance coverage of FDA-approved cessation medications and counseling. Table 1 demonstrates the substantial increase in coverage from 2002 to 2004.

DISCUSSION

Over the last 4 years, UW-CTRI has developed and implemented a Cessation Outreach Model designed to improve the quality and availability of evidence-based tobacco dependence treatments. Process measures (acceptance of tools, provider participation) and outcome measures (referrals for Quit Line counseling and levels

of insurance coverage for tobacco cessation) indicate that the program has achieved many of its goals.

UW-CTRI is working to develop additional tools to assess the efficacy of its program. Over the last 6 months a Guideline Assessment Survey has been developed and pilot-tested. The survey assesses current tobacco cessation efforts in clinics and hospitals and aids in planning individualized technical assistance and training.

Finally, there is need for more intensive evaluation of intermediate and long-term outcomes of the Wisconsin Cessation Outreach Model. This evaluative research can help establish connections between outreach practices and outcomes in the field and will focus outreach activity on practices that generate the greatest outcomes.

CONCLUSION

The implementation of an academic detailing outreach model and the establishment of ongoing relationships with clinics, hospitals, health care systems, community organizations, and worksites have been achieved during the 4 years of the UW-CTRI Wisconsin Cessation Outreach Model. Process measures indicate that these working relationships have been successful in helping health systems translate tobacco cessation research into practice. Continued effort is needed to build and expand upon the work, including research to further evaluate the effectiveness of the Wisconsin Cessation Outreach Model.

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