HEALTH SYSTEMS CHANGE IN TREATING TOBACCO DEPENDENCE IN DENTAL CLINICS

Michigan Primary Care Association
www.m pca.net
CDC
- Prevent Block Grant
  - Increase healthy lifestyle
  - Decrease tobacco use
  - Decrease obesity
- Focus on high-risk, vulnerable populations in one urban (Washtenaw County) and one rural (Northwest Michigan – Antrim, Charlevoix, Emmet, and Otsego Counties) setting

MDHHS
- Getting To The Heart Of The Matter (GTHM)
  - GTHM strategies contribute toward the accomplishment of State Innovation Model (SIM)
    - Reduce adult obesity by 5%
    - Reduce adolescent obesity by 10%
    - Increase adequate physical activity for adults by 20%
    - Increase reported recent dental visits by 5%
    - Reduce proportion of adult tobacco use by 15%
- MDHHS aims to increase the number of health systems and dental clinics that have institutionalized tobacco cessation interventions into routine clinical care

MPCA
- Health Systems Change for Treating Tobacco Dependence in Dental Clinics
  - Application process based on focus area of the CDC Prevent Block Grant
    - 6 Health Centers
      - 2 in South East (Working with Washtenaw County Public Health Department)
      - 4 in North West (Working with Health Department of Northwest Michigan)
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Health Systems Change for Treating Tobacco Dependence in Dental Clinics

- Advantage Health Centers
- Baldwin Family Health Care
- Hackley Community Care Center
- Muskegon Family Care
- Northwest Michigan Health Services
- Western Wayne Family Health Centers
Background

Michigan currently has 42 Health Centers with 260+ services sites, and serves 640,000 patients annually.

Michigan Health Center population using tobacco: 50% 2015 UDS Reporting


- Advantage Health Centers: 11%
- Muskegon Family Care: 20%
- Hackley Community Care Center: 27%
- Baldwin Family Health Care: 39%
- Northwest Michigan Health Services: 45.2%
- Western Wayne Family Health Centers: 50%
Aligning our efforts

• HEDIS measures
• Meaningful Use
• HRSA/BPHC goals

• Health Center population using tobacco 50% (2015 UDS)
• State of Michigan population using tobacco 21.3% (2015 Vital Records)
• HRSA Goal is to reduce adult smoking rate to 12%
Health Systems Change for Treating Tobacco Dependence in Dental Clinics

MPCA Strategies

- Professional Development
- Medical & Dental Collaboration
- Increase Dental Provider
- Optimize IT
- Align with Meaningful Use and IDS
Sustainability

Review and Revise

Do it

Workflow

Staff Trainings

Gather Resources

Develop plan

Process

Electronic Dental Record

Policies and procedures for tobacco dependence treatment

Workflow Assessment

Site Assessment

MPCA Check in and reporting

Give feedback to staff

Monitoring

Sustainability

Share successes

Review and Revise

Develop plan

MPCA Check in and reporting

Review and Revise

Gather Resources

Staff Trainings

Monitoring

Give feedback to staff

Workflow Assessment

Electronic Dental Record

Policies and procedures for tobacco dependence treatment

Workflow Assessment

MPCA Check in and reporting

Give feedback to staff

Monitoring
Professional Development

Clinical Practice Guidelines using the 5 A’s of Behavior Change Model Training and the Michigan Tobacco Quitline

- Provided by MDHHS Staff from the Tobacco Section
  - Over 90 staff in the 6 Health Centers have been trained since June 2016.
Professional Development cont.

- Motivational Interviewing Training
  - 4 hour training
  - Over 130 Medical and Dental staff were trained since June 2016

- Monthly Network TA calls facilitated by MPCA staff
  - Peer Learning/Sharing of best practices, challenges, and opportunities.
Future Opportunities through MPCA

- Limited funding expansion into 1 more Health Centers in FY 17-18
- Motivational Interviewing 2.0 Training and Train the Trainer on Motivational Interviewing and Clinical Practice Guideline trainings for new staff due to turnover
Questions?

For more information, please contact:

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Clinical Program Manager
517-827-0889
lsailor@mpca.net
www.m pca.net
WHO WE ARE – WHY A TOBACCO PROJECT?
NORTHWEST MICHIGAN HEALTH SERVICES, INC. (NMHSI)

• 50 year history as migrant health center, now FQHC
• 4 sites in northwest Michigan
• 4,759 patients served in calendar year 2016
• Major focus on quality and growth in our strategic plan
• 32% NMHSI adults seen identified as tobacco users; 21% at test site
• Oceana County - 22% of adults smoke
• At time project started we had remodeled and expanded dental at the test site
THE OPPORTUNITY – ORGANIZATIONAL IMPACT

System change goals in applying for this project:

- Test use of a CHW within dental to navigate patients to smoking cessation resources
- Have an on-site expert for tobacco cessation as a resource to medical and dental staff
- Improve integration with medical, dental and behavioral health at the test site
- Use this as a QI project “guinea pig” within the organization
THE WINS – ORGANIZATIONAL IMPACT

System change results in rolling out this project:

• Learned what doesn’t work:
  • Adding a diverting path in the dental flow
  • Sustainability for smoking cessation navigator (non-billable)
  • One-time trainings for motivational interviewing and prescribing nicotine replacement therapy (will consider train-the-trainer in future)

• Created mechanism for NMHSI to Charter Teams

• Increased services for smoking cessation and increased awareness of importance

• Created clinical protocols for Nicotine Replacement Therapy
AIM STATEMENT – PATIENT OUTCOMES

• The goal of the TACT team is to increase compliance with tobacco use screening and cessation intervention to 95% within one year.
TEAM COMPOSITION

• Shannon Larson, RDH – Team Leader
• Dr. Ramandeep Jhandi – Provider Champion
• Kelsi Bromley, DA – Clinical Team Member
• Melony Woirol, DA – Clinical Team Member
• Flor Garcia, MA – Clinical Team Member
• Gwen Williams – QA Officer
• Bree Myers – QI / Data Coordinator
TEAM ACCOMPLISHMENTS:

- We are proud to have accomplished incorporating support for the project into the existing dental team workflow.
- We are proud to be actively prescribing NRTs within dental.
- A protocol was created to support providers in the prescribing of NRTs.
- We are proud to be a first year pilot site.
- We are proud of our current percentage rate of nearly 93%.
- We are proud to have been asked to present at the National Network for Oral Health Access Conference in November.
- Our patients thank us for supporting them.
- National Smoke-Out Day hypnosis was a success.
CHALLENGES

- It was a challenge getting providers on board with prescribing NRTs
- Workflow around incorporating a CHW in the dental staff was difficult
- Being able to pull proper data out of eCW for reporting was a challenge
- Documenting in the proper locations in eCW for reporting to count was a challenge
- Holding consistent meetings
DATA

Tobacco Use Screening and Cessation Intervention
Percent of Patients Compliant

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<th>Location</th>
<th>June 2016</th>
<th>December 2016</th>
<th>August 2017</th>
<th>Goal</th>
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<td>57.45</td>
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NEXT STEPS

- Spread the project to Benzonia site
- Continue to meet on a regular monthly schedule
- Request to extend the team
- Obtain a better follow up process on patients that have been prescribed an NRT
REDEFINING ORAL HEALTH: ENGAGING THE PRIMARY CARE PROVIDER IN ORAL HEALTH

Joshua Joshua, DDS, Dental Director
Allan Mingus, Quality Manager
HCCC Philosophy

• Our philosophy is to serve the whole person in every aspect of their lives that includes: medical, dental, economic, social, psychological and spiritual. We treat each of these areas for an individual to achieve overall health.
HCCC Guiding Principles

• Is it good for the patient?
• Is it good for the staff?
• Is it good for the organization?
• Is it good for the community?
HCCC Values

• Quality - High degree of excellence. Going above and beyond. Making a difference.
• Integrity - Sincerity, honesty and candor. Doing the right thing.
• Respect - High or special regard for patients and each other. Treating others as you want to be treated.
• Compassion - Giving, comforting and bringing hope. Being there for others.
About Us

- Multiple sites serving the Muskegon County community:
  - Baker site, Leahy site, Integrated Health Clinic (HealthWest), Muskegon High School Teen Health Center, Oakridge High School Teen Health Center, Nelson Elementary School, Covenant Charter Academy, Marquette Elementary School, Muskegon Heights Academy, Muskegon Middle School
- Services offered: Medical, Dental, Behavioral Health, Pharmacy, OB/Women’s Health, and MIHP
About Us (Continued)

• Total staff – 218
• Medical providers – 25
• Dental providers – 9
• RN Care Managers – 7
• Community Health Workers – 4
• Behavioral Health providers – 14
• Pharmacists – 3
Why Participate in the MPCA Grant?

• Work aligns with HCCC Strategic and Quality Work Plans
  • Goal is to reduce the number of active smokers
    • Increase the percentage of patients that receive smoking/tobacco use documentation and cessation intervention (Ages 13-17 and 18+)
  • Identify the number of patients that quit smoking in the current year
How to Apply Grant Funding to Impact Patient Care?

• Researched two interfaces: 1) Dentrix to Allscripts 2) Dentrix to i2i Systems
How to Apply Grant Funding to Impact Patient Care? (Continued)

- Implementation of Patterson Dental’s Caesy Cloud Patient Educational Services
  - Installed monitors in all Dental operatories (3 locations)
  - Allows dental staff to provide patient educational materials in video format
  - Multilingual and easy to understand
  - Good animations
  - Entertaining for children
  - Flexible and customizable
How to Apply Grant Funding to Impact Patient Care? (Continued)

• Created English/Spanish versions of a patient reference that highlights ways the practice can assist in quitting
• Currently researching adding additional digital x-ray equipment:
  • Provide immediate images without the need for scanners, etc.
  • Provide better manipulation of images
  • Provide higher quality images to aid in diagnosing oral cancer and other diseases
Struggling to Quit? We can help!

Hackley Community Care Center offers smoking/tobacco use cessation engagements with an HCCC Life Coach.

Some tools you will learn in your quit smoking/tobacco engagements, include:

- Muscle relaxation
- Mind distraction
- Deep breathing techniques
- Kick the snack attacks
- Learning to say no one cigarette at a time
- Custom plan designed for you
- And many more

If you are interested in signing up for these smoking cessation engagements, please contact our Life Coach at:

Callie
231-735-6864
SierraC@hccc-health.org

HCCC offers multiple tobacco cessation prescription products to aid in quitting, like:

- Gum
- Patches
- Lozenges

Referrals to the Michigan Tobacco Quitline
http://michigan.quitgix.org

2700 Baker St
Muskegon Heights, MI 49441
Phone: 231-735-1333

HACKLEY COMMUNITY CARE
Building the Process to Support the Work

- What data is currently available?
  - Dentrix allows users to populate patient smoking history - focused on cigarette smoking only
- How do we track specific data points in Dentrix to report for the grant work?
  - Need to identify patient’s willingness to quit
    - Responses lead to different process paths
Building the Process to Support the Work (Continued)

• Dentrix smoking history options don’t provide enough detail – added questions to Medical Alerts section to track supplemental data
  • Types of tobacco/smoking usage (ex: cigarette, e-cig, hookah, marijuana, etc.)
Building the Process to Support the Work (Continued)

• Who’s going to do the work?
  • Dental Assistant or Hygienist will document smoking status and discuss willingness to quit
    • If tobacco user, then will review options for quitting
  • If patient requests NRT prescription, then the DDS is advised
  • HCCC Life Coach is provided weekly reports to identify patients that identified as a tobacco user and will outreach
  • Dental Administrative Assistant performs reporting functions
Hackley Community Care Center Dental Smoking/Tobacco Grant Workflow

Dental Patient Presents for Appointment

- Dental Assistant or Hygienist Review Health History and Smoking Status/Documents in Dentrix

  - Patient Identifies as a Non-Smoker/Tobacco User
    - Continue with Care
    - Revisit Smoking Status at Future Visits and Document Changes

  - Patient Identifies as a Smoker/Tobacco User
    - Dental Assistant or Hygienist Provide Education and Review Pamphlet that Includes Treatment Options
    - Dental Assistant or Hygienist Discuss and Document Patient’s Willingness to Quit in Dentrix

Willing to Quit (Patient Can Select Multiple Options)

  - HCC Life Coach or CHW to Follow Up Within 2 Weeks
  - HCC Life Coach or CHW to Follow Up Within 2 Weeks
  - If Patient Shows Interest in Prescription Therapy-Staff Notify DDS for Rx
  - If Patient Shows Interest in the Michigan Tobacco Quitline-Staff Documents in Dentrix (Weekly Reports Will Be Utilized to Submit Referrals Either by Fax/Email)

  - HCC Life Coach or CHW Will Contact Patients Within 2 Weeks of Visit to Discuss Cessation Engagements

  - Document in Dentrix and Continue with Care
  - Revisit Smoking Status at Future Visits and Document Changes

Not Willing to Quit at this Time
Building the Process to Support the Work (Continued)

• How will we extract the data and report?
  • Dentrix: Requires a separate module to report the smoking history details - tied to a MU component ($$$)
  • MPCA: Working with Dentrix to capture the information for the four practices utilizing this EDR participating in the grant
• Work Around:
  • Worked with HCCC IT department to obtain Dentrix data dictionary
  • Identified two tables needed to acquire needed information
  • IT pulled raw data from database tables and created Excel spreadsheets
  • Utilized Access to link data and generate final report that can be modified to provide counts/details on patient smoking status
Building the Process to Support the Work (Continued)

- How do we best communicate/collaborate with Medical?
  - Shared pamphlet to be provided to patients in both groups on quitting resources
  - HCCC Life Coach has been provided Dentrix training to allow for documentation of dental only patients (currently proficient in Allscripts)
  - HCCC Life Coach is a shared resource and is receiving referrals from both groups
  - Any prescription written by a dental provider is reported to the medical group to be included in Allscripts
Building the Process to Support the Work (Continued)

• How do we best communicate/collaborate with Medical?
  • Dental providers have been provided access and training to Allscripts (review medical charts)
  • Developed referral process to direct concerns to the appropriate medical resource
    • FYI: email or EHR message to provider
    • Information request: Referral Supervisor
    • Findings: Lead Care Manager
    • Behavioral Health: send patient to medical for potential same day appointment or provide contact information to schedule appointment
    • Requires medical attention: follow the process flow
START

Dental provider feels their patient needs to be evaluated by an HCCC PCP

Is the Dental patient an HCCC Medical patient?

Yes

Dental Administrative Assistant will contact Switchboard and ask to speak with the specific PCP’s Care Manager as an 11-11 call.

Switchboard calls an 11-11 call over Walkie-Talkie and the PCP’s Care Manager or triage Care Manager responds to have it transferred to their phone. Front desk employees will create a patient EHR account when patient arrives upstairs.

No

Dental Administrative Assistant contacts Switchboard and states there is an 11-11 call without a PCP.

Switchboard calls an 11-11 call over Walkie-Talkie and the first available Care Manager or triage Care Manager responds to have it transferred to their phone. Front desk employees will create a patient EHR account when patient arrives upstairs.

Patient will be scheduled into a Care Manager’s schedule to be evaluated and have a chart worked up.

If needed, the patient will be “flipped” into a provider’s schedule to be evaluated after visit with Care Manager.

Dental Administrative Assistant will complete referral follow up for Dental Provider by looking patient up in Allscripts EHR and utilizing the “snipping tool” to copy only the specific reason the patient was referred to HCCC PCP. Then the patient’s PHI will be pasted into a Word document, scanned to the Dental Administrative Assistant’s e-mail and attached into the patient’s dental record for review.

HCCC Dental Referral Process (Patient Needs Medical Evaluation)
Lessons Learned

• Interfacing is great……BUT when researched, it may not provide the efficiencies that were initially expected
• It can be challenging to modify/change vendor systems - end up building work arounds
• We identified a number of process issues that needed to be worked through when dealing with systems that don’t connect or “talk” to each other (Dentrix/Allscripts)
• Dental providers are identifying a significant number of patients that identified as interested in quitting have been prescribed an NRT from their medical provider
• Dental providers had varying comfort levels with prescribing NRT medications (not traditionally done) - it is becoming more common place as it is good for the patient and within the scope of a DDS/DMD
Questions?

Thank you