



Assessing and Addressing Tobacco Use Through Health Systems Change: Insights from ClearWay MinnesotaSM

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Executive Summary:

Health care provider organizations play a critical but underutilized role in addressing tobacco use. Systems change interventions can improve the delivery of tobacco treatment; however, barriers can prevent systemic implementation of such changes to improve tobacco treatment within clinics and health systems. ClearWay MinnesotaSM, an independent nonprofit organization, funded two health systems change initiatives, a granting initiative and a capacity-building project, to help overcome these barriers. Key lessons learned from these initiatives include: ensure the goals of the systems change work align with each health system's and clinic's priorities; cultivate relationships with key partners, stakeholders and clinic champions; use quality improvement processes to support and sustain change; and support health systems in dissemination efforts. Tobacco control programs, health care organizations, healthcare improvement organizations and others seeking to improve how tobacco use is assessed and addressed can consider these insights to help inform future work.

Introduction

Health care provider organizations must be fully engaged players in providing evidence-based care to assist their patients in quitting tobacco. In Minnesota, nearly all health care providers are asking about smoking, and many are advising their patients to quit; however, only half actually assist their patients in the quitting process.¹ A similar gap is seen nationally.² Implementing evidence-based systems changes within the clinic setting can be an effective way to improve the delivery of tobacco dependence treatment.³⁻⁷

Despite the evidence supporting systems change, implementing these changes can be difficult. Studies have identified barriers that prevent systemically integrated treatment of tobacco use within the clinic setting. These include lack of information and training among providers and staff on how to intervene with their tobacco-using patients and how to assist them in the quitting process, insufficient use of technology (e.g., electronic health records (EHR)), and limited time.⁸ In addition, staff turnover, lack of administrative support⁶ and competing demands⁹ also contribute to lower rates of systems change implementation. This represents a missed opportunity to improve both clinic practice and population health.

State tobacco control programs and regional healthcare improvement organizations can support efforts to overcome these barriers and improve systems' ability to implement health systems change. To help such efforts, ClearWay MinnesotaSM, an independent nonprofit 501(c) (3) organization with a mission to reduce the harm tobacco use and exposure to secondhand smoke causes Minnesotans, funded two initiatives to support Minnesota clinics and health systems considering systems changes. This paper describes these initiatives and discusses lessons learned for state agencies, regional healthcare improvement organizations and others seeking to implement such changes.

Funding initiatives

One of ClearWay Minnesota's goals is to make addressing tobacco use a standard practice in health care. We first conducted an environmental scan to understand how we could reach this goal by engaging clinics in health systems change. Key themes that emerged from this scan included capitalizing on current health care trends (e.g. Meaningful Use) to increase interest in systems change, and supporting activities to build capacity for systems change implementation.

We designed a two-level approach to align with the findings from our environmental scan. The granting initiative allowed us to support health systems that were ready to implement a comprehensive approach to systems change. The capacity-building project allowed us to provide support to health systems statewide that were interested in learning more about tobacco dependence health systems change.

Health systems change grants

ClearWay Minnesota provided grants to health systems to foster comprehensive integration of health systems changes to improve tobacco dependence treatment. Health systems responded to a competitive request for proposals for up to \$200,000 for a two-year project.

Five health systems were funded: three large integrated health systems (one in the Twin Cities metropolitan area, one in northern Minnesota and one in central Minnesota), a federally-recognized Minnesota Chippewa Tribe and a safety-net dental practice. Grantees defined activities that aligned with scientific evidence, their systems' goals, and their organizational capacity to implement health systems change. Activities included establishing cross-disciplinary teams to engage all levels of staff in system change efforts, developing new care delivery processes to improve tobacco treatment delivery, modifying the electronic health record (EHR) to better identify tobacco users and support treatment delivery, implementing system-wide trainings to improve staff performance, and implementing quality improvement processes to both monitor and improve compliance with new protocols.¹⁰

Capacity-building project

We also funded an initiative to provide resources and trainings to multiple health systems and clinics to increase capacity to assess and address tobacco use. A competitive request for

qualifications process identified a quality improvement organization to design and implement these activities over a two-and-half-year period. An advisory group provided input on proposed activities.

The capacity-building project had multiple components. Resources to support systems change implementation were provided through a website, electronic newsletter and toolkit. Two statewide in-person events and three webinars provided information and real-world examples of how systems changes were implemented by other clinics and health systems. Two regional workshops delivered hands-on training on implementing systems change and quality improvement initiatives to improve treatment of tobacco use. Brief in-person trainings (“Jump Starts”) were conducted at Federally Qualified Health Centers to provide clinic staff with motivational interviewing skills and current cessation medication information to empower them to address tobacco use with patients.¹¹ Lastly, our contractor provided one-on-one coaching and training on implementing health systems changes to three organizations.

Over 1,000 participants from more than 40 clinics and health systems, as well as several other organizations (e.g., health departments) statewide, participated in this project.

Lessons learned

ClearWay Minnesota identified several lessons learned from these initiatives. These lessons were drawn from funder observations, informal feedback from grantees and participants, a process evaluation of the systems change grants,¹⁰ and evaluations from the capacity-building activities.

Meet clinics’ and health systems’ unique needs by being flexible and tailoring activities

We recognized that tailoring activities and allowing flexibility was essential to increase engagement and foster systems change implementation, as well as to ensure that systems change

goals and strategies supported those of the organization. As a funder, this meant we needed to be flexible and allow grantees and our capacity-building project contractor to adapt project activities to best meet the organization's needs. For example, one grantee made the case to leadership that addressing tobacco use through systems change supported the health system's priority of focusing on population health.¹⁰ Another system focused on improving care delivery processes and increasing systemwide capacity for treating tobacco use by developing an internal cessation program as a treatment option.¹⁰ Additionally, we sought feedback from the capacity-building project advisory group and program participants to ensure that the trainings and resources offered through this project would meet clinics' needs.

Cultivate relationships with leadership and identify systems change champions

Engaging leadership and utilizing clinic-level champions can improve performance and promote sustainability of cessation interventions.^{8,12,13} Both of these initiatives provided valuable opportunities to engage leadership and identify champions for systems change efforts. Grantees found that building and maintaining strong relationships between departments and with system leadership were key to facilitating systems change efforts.¹⁰ Grantees were also able to integrate clinic champions as a part of their workgroups, which allowed them to develop support from key staff and leadership.¹⁰ The capacity-building project allowed us to develop a network of champions who were interested in sharing their work and advocating for change. These champions were an important resource to build momentum for systems change.

Building relationships and developing champions takes time. Maintaining contact with leadership and champions through regular meetings and ongoing communication was important to facilitate success. The grantees accomplished this by sharing data and process improvements with leadership throughout their projects.¹⁰ During the capacity-building project, we met

regularly with partners and key stakeholders to continue to demonstrate the value of systems change, and to identify emerging needs as well as roadblocks to successful implementation.

Use quality improvement processes to support and sustain change

Health systems routinely conduct quality improvement processes to improve health care delivery. Grantees found that integrating their work into ongoing quality improvement initiatives, and sharing data collected through these activities with both staff and leadership, were key to support and sustain change.¹⁰ Providing practical tools and information on quality improvement initiatives and models through the capacity-building project also assisted clinics and health systems in moving forward with their system change goals.

Quality improvement processes take time to plan, implement and evaluate. Grantees varied in their ability to fully implement quality improvement processes during their two-year grant period. A longer grant period may have helped grantees fully implement quality improvement processes.

Assist with dissemination efforts

Grantees reported that disseminating findings from grant-funded projects was not always a standard practice for their health system. Time and financial support were also cited as barriers to dissemination. Assisting grantees and the capacity-building contractor in dissemination efforts was an effective way to share key results and lessons learned. For example, we provided grantees with the opportunity to apply for dissemination grants to report the results of their projects at regional, state and national meetings. ClearWay Minnesota also developed case studies that highlighted key strategies, challenges and lessons learned from each grantee project. We also reported information about the grant-funded projects and examples from clinics that engaged in

capacity-building activities via the capacity-building project's website, electronic newsletter, trainings and toolkit. The *[Tobacco Health Systems Change Starter Toolkit for Clinics](#)*ⁱ provides key resources and practical tools to help clinics and health systems improve how they address tobacco use. The grantee case studies, toolkit and additional health systems change resources are available on our [Health Systems Change website](#).ⁱⁱ

Conclusion

Tobacco control advocates and health systems have a responsibility to improve quality of care around tobacco dependence. ClearWay Minnesota reached and supported a variety of health systems to help them address some of the barriers to systematically addressing patients' tobacco use. Tobacco control programs, regional healthcare improvement organizations and other funders interested in working with clinics and health systems to improve how they address tobacco use may wish to consider both the structure and insights from these funding initiatives to inform their work.

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ⁱ The Tobacco Health Systems Change Starter Toolkit for Clinics can be found at: http://clearwaymn.org/wp-content/uploads/2018/06/THSC-Starter-Toolkit-for-Clinics_ICSI-FINAL-062618.pdf

ⁱⁱ The Health Systems Change Website can be found at: <http://clearwaymn.org/policy/tobacco-health-systems-change/>

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