

Preventive Health and Health Services Funds (PHHS) Block Grant: Systems Change Approaches to Improve Utilization of the Oklahoma Tobacco Helpline

Oklahoma State Department of Health - Center for the Advancement of Wellness

Summary

The Oklahoma State Department of Health (OSDH) – Center for the Advancement of Wellness (the Center) has made great strides to determine a course of action that would impact the patient populations that utilize the county health department (CHD) system for care. The PHHS funding has allowed the Center to conduct a full assessment of data, CHD system processes, technology capabilities and current policies; which has led to a comprehensive planned approach for ensuring a positive impact on the current tobacco use rate in Oklahoma, as well as treatment reach among those that are disproportionately affected by tobacco dependence.

Challenge

The burden of tobacco continues to disproportionately affect minority and low income groups, with Medicaid members experiencing higher smoking prevalence rates as compared to privately insured populations. The Medicaid population has a smoking prevalence of 33.4 percent (OHCA SoonerCare Member survey, SFY16) among adults, whereas the general adult population in Oklahoma has a smoking prevalence of 21.1 percent (BRFSS, 2014). The CHD systems serve as a clinical point of entry for healthcare services for the aforementioned populations. It is imperative that any CHD that provides clinical services adhere to the clinical practice guidelines and standards as outlined by the U.S., Department of Health and Human Services Treatment Tobacco Use and Dependence Clinical Practice Guidelines. The Center aims to enhance tobacco dependence treatment reach through the utilization of services provided by the Oklahoma Tobacco Helpline (OTH) by local CHDs as part of a sustainable systems change. Due to the nature of the CHD structure, tobacco treatment specialization is not available systematically across all locations and must be addressed to ensure tobacco dependence treatment is provided to all patients utilizing the CHD system for health care.

Solution

The Center completed the necessary system assessment and has compiled system recommendations to ensure the integration of evidence-based practices within all CHDs. The recommendations include:

- Policy change and mandates
- Standardized procedures and treatment processes within all 68 CHDs
- Standardized patient intake and tobacco use documentation
- Standardized data retrieval process
- Imbed system changes within the CHD 'EMR' (PHOCIS)
- Direct referral process to the OTH via PHOCIS
- Accountability and communication plan



Successes

- Utilized existing tobacco dependence Quality Improvement workgroup with the Oklahoma Health Care Authority to gather data, reduce barriers to treatment and develop recommendations for CHD system
- Facilitated the removal of barriers to tobacco cessation among the Medicaid population including co-pay removals and prior authorization
- CHD service code for tobacco cessation counseling increased by 24% in from SFY14 to SFY1515
- CHD service code data indicate more individuals are receiving tobacco cessation counseling and services
- Identification of data gaps and baseline data
- OTH acceptance rates have remained above 30%

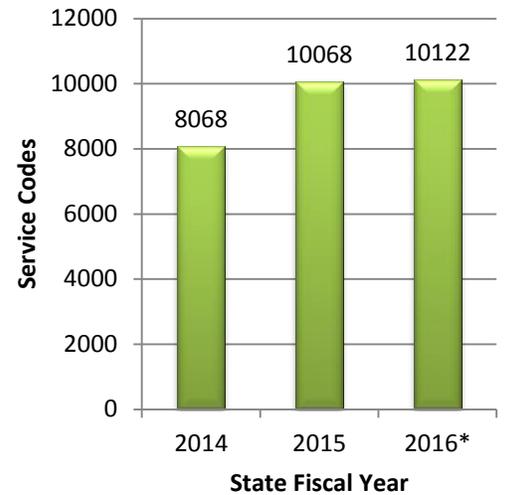
Challenges

- Difficult to identify and understand agency systems processes and procedures
- Agency infrastructure and formal processes were difficult to navigate and change
- Decrease in CHD OTH referrals
- Data retrieval and inconsistent data collection methods
- Systems change is time intensive and difficult to change
- Lack of a centralized tobacco treatment policy across all CHD systems requiring clinical staff to always ask tobacco treatment questions and refer to the OTH for treatment

Results

The assessment has led to the development of baselines and specific data points that will measure success. The CHD cessation counseling services code (1416 – 5 A’s for 3 to 10 minutes) increased by 24.8 percent in SFY15 and SFY16 numbers have already surpassed SFY15 (Figure 1). However, Medicaid tobacco claims from the CHDs have had a 63.0 percent decline from SFY14 to SFY15 and claims in SFY16 are even lower. The Center has identified tobacco billing inconsistencies as well as claims not being processed as a result of the assessment. It was determined that tobacco cessation claims were being rejected by Medicaid and this could be a contributing factor to the decline in claims. There was a steady increase in fax referrals received between SFY10 (79) and SFY14 (849). However, in SFY15 faxes received decreased by 22.0 percent to 662 and further declined in SFY16 to 19.2 percent (Figure 2). The Center is in the process of implementing a direct referral process to the OTH as well as standardizing CHD policies and procedures regarding tobacco dependence treatment.

Figure 1: Cessation Counseling Service Codes from CHD



Source: CHD PHOCIS Data
*July - May

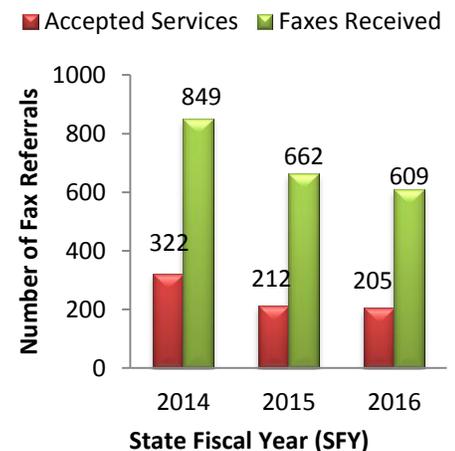
“Systems changes within healthcare organizations complement interventions in state and community settings by institutionalizing sustainable approaches that support individual behavior change.”

CDC – Best Practices for Comprehensive Tobacco Control

Sustainable Success

Technical assistance and training have been the primary method used to increase the tobacco dependence treatment through the utilization of the OTH through CHD fax referrals. Although the tobacco cessation staff and the work they’ve accomplished has proven effective at the sites that they work closely with, resource allocation is not available to ensure that all sites receive the same services. Additionally, as resources continue to be reduced, it is impractical to continue the practice of training site by site with ongoing consultation and training. Once a system change is integrated across all CHDs, training and consultation will be provided to ensure adherence to new protocol. Furthermore, tobacco treatment staff will look to provide education and outreach utilizing other avenues such as webinars and recorded training videos built around the consistent system that will address staff changes. The ongoing implementation and evaluation specific to the PHHS Prevent Block funding will be incorporated within funding opportunities currently awarded to the OSDH by the Center for Disease Control and Prevention (CDC) Enhancing the Quitline grant. The Center will ensure the efforts will be measured by analyzing PHOCIS data, service code utilization, and CHD referrals to the OTH. It is imperative the Center measure the progress of infrastructure and procedural changes recommended to the OSDH health care system to ensure improved patient access to cessation services within the CHDs and ultimately impact treatment reach and the current tobacco use rate in Oklahoma.

Figure 2: CHD Fax Referrals to OTH, SFY 2014 - 2016



Source: Optum (OTH Data)

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