



MEDTAPP Smoke Free Families (SFF) Project



Ohio

Department of Medicaid

Ohio

Department of Health



OHIO COLLEGES OF MEDICINE
GOVERNMENT RESOURCE CENTER

The following is the SFY2019 Final Annual Report for the MEDTAPP Project

A. Key Summary (1/2 page)

Significant Project Outcomes

There were several areas where significant project progress occurred in the second year including:

- engaging sites in PDSA planning and testing,
- beginning data collection and analysis for phase I teams,
- successfully recruiting 12 teams and launching phase II activities,
- collaborating with ODM on adapting the 5As questions for PRAF 2.0, and
- completing a review and working with the Ohio Colleges of Medicine Government Resource Center to update select components of the Ohio For Smoke Free Families toolkit and website.

Progress to Achieving SMART AIMS

SMART Aim: Smoking among pregnant women as measured in the 3rd trimester, will decrease from 25% to 21% in select maternity care providers. The impact on maternal & infant health will be assessed by monitoring the rate of preterm birth less than 37 weeks and the rate of infants with restricted fetal growth (SGA <5thoile).

For pregnant women smoking in the third trimester, OPQC established an initial baseline smoking rate of 24.8% for all patients with PRAF linked to a birth record from participating OPQC SFF sites. Due to the length of gestation, OPQC is just beginning to receive outcome data relevant to third trimester smoking status. As a result, this limited data does not provide sufficient evidence to determine progress toward our aim.

The 5As is a proven method to aid in successful smoking cessation through reliable implementation. Maternity care practices utilizing the 5As Intervention Worksheet anticipate a decrease in smoking rates for patients within their practice. Initial 5A's Intervention Worksheet data collected 592 forms from 3 of the 4 participating sites starting in June 2018 and running through April 2019 produced the following results:

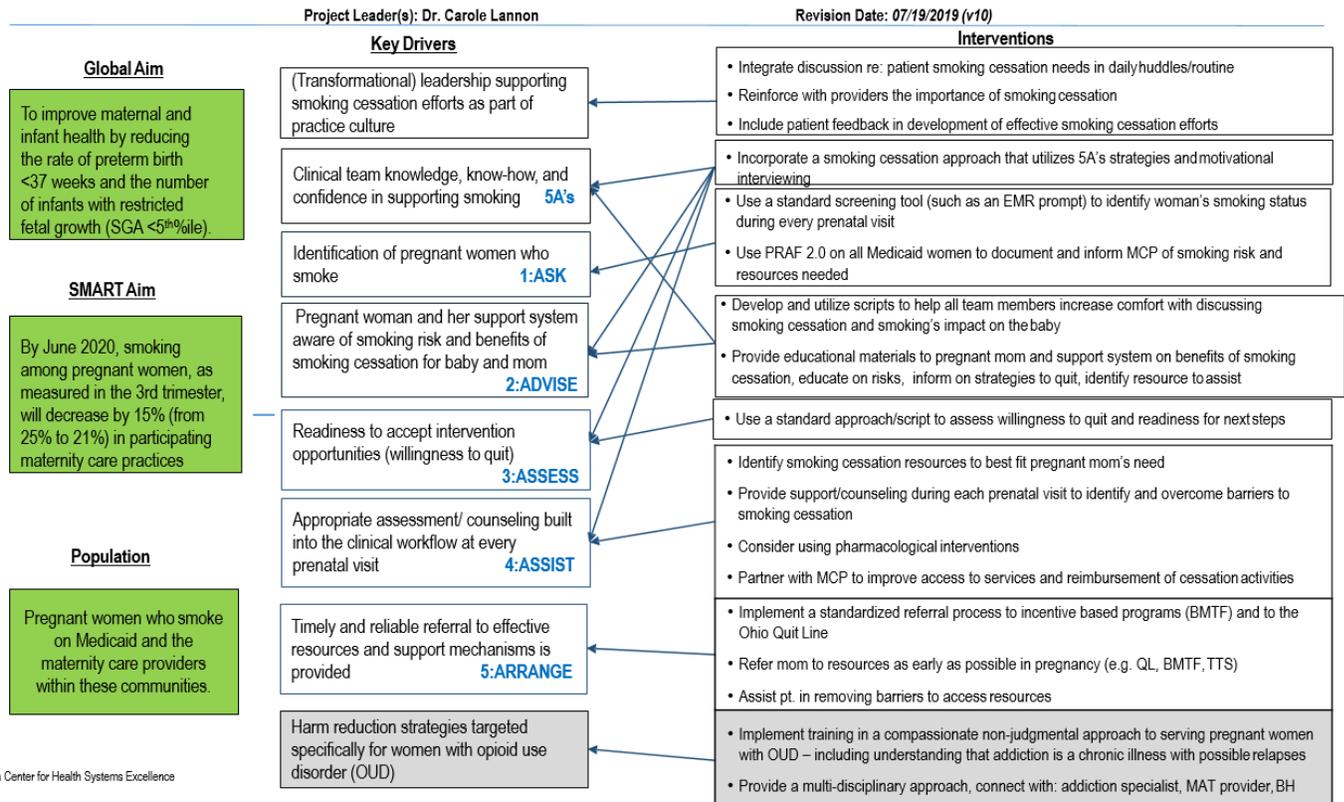
- 28.6% of women screened reported positive tobacco use
- 98.1% of the women identified with tobacco use were advised of the risks of tobacco use during pregnancy
- 86.2% of women assessed where willing to quit using tobacco
- 91.9% of those willing to quit received tobacco cessation self-help materials
- 67.2% referred to an outside smoking/tobacco cessation resource

B. Project Overview

The Ohio Perinatal Quality Collaborative (OPQC) partners with the Ohio Departments of Health (ODH) and Medicaid (ODM) and the Ohio Colleges of Medicine Government Resource Center to improve the rates of smoking cessation in pregnant women on Medicaid across engaged maternity care provider practices in both OEI and non-OEI communities. This project builds on the work of the ODH Ohio Smoke Free Families program. The aims of the OPQC project are to support maternity care providers in adopting effective smoking cessation efforts to: 1) reduce the rate of preterm birth < 37 weeks and 2) reduce the rate of infants with restricted fetal growth. In forming this quality collaborative, OPQC engaged two waves of recruited sites in a quality improvement collaborative. The project’s Key Driver Diagram (KDD), illustrates the interventions and identified key drivers within the context of the global and SMART aims.

The OPQC Smoke Free Families Project uses an adapted Institute for Healthcare Improvement (IHI) Breakthrough Series model (BTS) for engaging and working with teams. OPQC supports a collaborative learning environment for maternity care teams to review individual and aggregate data, learn from successful changes and efforts to address barriers. Teams are supported with periodic webinars to review and interpret hospital-specific and aggregate control charts along with group and individual coaching. The OPQC and Ohio SFF websites allow each team access to multiple useful tools and materials.

OPQC Smoke Free Families Key Driver Diagram (KDD)



C. Project Achievements

Toolkit/Website Revision

Both the Ohio for Smoke Free Families website and toolkit were reviewed, and OPQC Faculty and consultants suggested edits for updated content and increased accessibility and utilization for providers and patients. For the SFF website, updates included enhanced content for Motivational Interviewing, links to updated research on smoking during pregnancy, additional content related to pharmacology, e-cigarettes, and billing, and corrected language on the Spanish version of the patient resource page. Recommended toolkit revisions focused primarily on ease of access for providers when downloading the document and navigating various sections of the toolkit. Further assessment of resources will occur in the final month of SFY19 as phase I sites test the website and toolkit and provide feedback (*actions scheduled for mid-June, report due June 1st*).

5As for PRAF 2.0

Through collaboration with the GRC and sponsors, key questions from the 5As for smoking cessation worksheet was adapted and included in the online Pregnancy Risk Assessment Form (PRAF) 2.0. The PRAF 2.0 has been adapted to include the following questions:

1. Is patient currently smoking or using tobacco products?
 - Yes
 - No
 - Not screened
 - Unknown
2. Is patient willing to quit smoking or using tobacco products during pregnancy?
 - Yes
 - No
 - Not screened
 - Unknown
3. Referral to smoking/tobacco cessation resource? Check all that apply.
 - Yes - request Managed Care Plan connect patient to resources
 - Yes - We will connect patient to additional resource(s)
 - Tobacco Treatment Specialist
 - Baby and Me Tobacco Free
 - Ohio Quit line
 - Other
 - No referral request at this time

Using the PRAF 2.0 as a data tool will substantially reduce the data entry burden for teams by changing the process from manually entering data from a physical form into RedCap (phase I) to answering the questions on the online PRAF 2.0 (phase 2). Utilizing PRAF 2.0 for smoking assessments also increases the safety of patient data by removing paper forms from the process.

Phase I

Recruitment for phase I occurred in SFY18, and although there were many interested teams, participation was hindered due to the associated data burden.

Phase I Smoke Free Families Teams

Site Name	Location	Current Status
My Community Health Center (Aultman)	Canton	Inactive- withdrew January 2019
Genesis Healthcare System	Zanesville	Active
Heart of Ohio	Columbus	Inactive- withdrew Sept/Oct 2018
Miami Valley Hospital	Dayton	Inactive – withdrew August 2018
Mount Carmel Health System	Columbus	Active
Muskingum Valley Health Center	Zanesville	Inactive- team members participating with Genesis
Ohio State University – East	Columbus	Inactive- participating with OSU McCampbell
Ohio State University – McCampbell	Columbus	Active
TriHealth Medical Center	Cincinnati	Active – legal agreements pending

Throughout SFY19, phase I teams engaged in PDSA planning and testing, and they received support and coaching through these efforts from the OPQC QI and faculty during 1:1 calls and monthly action period (AP) calls. Teams also received coaching in Motivational Interviewing (MI) for their residency programs throughout the year.

Useful strategies used by phase I teams include the implementation of Motivational Interviewing (MI) and open-ended questions in smoking cessation counseling, standardized identification of patients who smoke, and standardized communication of smoking status of patient to other clinicians. Phase I teams also tested processes for assessing patients’ willingness to quit smoking, using MI to assist with cessation conversations, and the timeliness and reliability of referral sources. The table below outlines the dates, topics, and attendance of AP calls.

Phase I AP Calls

AP Call Date	AP Call Topic	Attendance
July 25, 2018	Quality Improvement Framework: Testing Changes Clinical Content: 5A’s – Ask and Advise	8 out of 9 project teams
August 22, 2018	Quality Improvement Framework: Smart Aim Baby and Me Tobacco Free Referral Electronic System	8 out of 9 project teams
September 26, 2018	Clinical Content: 5A’s - Assess RedCap Data Entry Quality Improvement Framework: Process Mapping	8 out of 9 project teams
October 24, 2018	Clinical Content: 5A’s - Assist Quality Improvement Framework: Process Mapping Continued	3 out of 9 project teams

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November 28, 2018	Clinical Content: Nicotine Replacement Therapy Quality Improvement Framework: Testing PRAF 2.0 Questions	1 out of 9 project teams
December 2018	No Meeting - Holiday	N/A
January 23, 2019	Clinical Content: 5Rs Quality Improvement Framework: <ul style="list-style-type: none"> • Review 6-month Systems Inventory Results • 5A's Intervention Worksheet 	2 out of 9 project teams
February 27, 2019	Cancelled – teams unable to participate	N/A
March 28, 2019	Improvement Framework: <ul style="list-style-type: none"> • Review 6-month Systems Inventory Results – Revisited • Accessing Sharepoint – Live Demo 	2 out of 9 project teams
April 2019	Cancelled – teams unable to participate	N/A
May 2019	Initiated team 1:1 calls- prepping for enhanced 1:1 call and data review planned for June.	4 teams participated in calls (TriHealth, OSU-McCampbell, Genesis Health and Mt. Carmel)

Phase I Data

In SFY19, the data collection and reporting functions of the project moved from design to full implementation. Data collection for phase I began in July of 2018; however, due to delays in legal agreements, data entry of the 5A's Intervention Worksheet was significantly delayed, and 2 of the 4 remaining teams have not yet entered their collection of 5A's Worksheets into the RedCap data base. Data submissions from the 2 outstanding phase I teams are expected by the end of June SFY19 or in Q1 of SFY20. The OPQC team began receiving site data in SFY19 and, in turn, a fully linked dataset from the GRC. Measure programming began in SFY19, and teams received site-specific and aggregate reports.

A Systems Inventory was administered at the beginning of the project and again at the 6-month mark to assess participating teams' current practices around the 5As and smoking cessation. Gains were made in adoption of all the 5As. Team highlights during this 6 month time span include 100% of teams incorporating the 5As into their smoking/tobacco cessation efforts, providing smoking cessation educational materials to pregnant women, utilizing a standardized approach to assess willingness to quit, offering NRT for appropriate patients, and the ability to refer to the Ohio Quit Line. 75% of teams reported the ability to refer to Baby and Me Tobacco Free, demonstrating the program is not available in all areas. The Systems Inventory highlighted opportunity for improvement in the areas of utilizing standard scripts to increase comfort when discussing smoking cessation, billing and receiving reimbursement for smoking cessation activities with pregnant women, and providing on-site support/counseling for smoking cessation during every prenatal visit. Full reports from the Systems Inventory are in Appendix 1 and Appendix 2.

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Phase II

The design of phase II includes outreach to new sites and the transition of data collection from paper 5A forms and RedCap data entry to the online PRAF 2.0.

Recruitment for phase II teams successfully resulted in the participation of 12 teams from 8 organizations. Recruitment efforts included hosting two publicly advertised webinars to share information on the project, targeted email blasts and individual outreach to organizations who participated in previous OPQC projects, promotion through OPQC webinar series for prenatal clinics about using the PRAF 2.0, faculty outreach to connections within the clinical community, and advertisement through the OPQC website and social media platforms.

Completion of a phase II kickoff webinar and virtual learning session are outlined below, and a full report of each are in Appendix 3 and Appendix 4.

Phase II Smoke Free Families Teams

Site Name	Location	Attended Kickoff Webinar?	Attended Virtual Learning Session?
AxessPointe Women's Health	Akron	No	No
Brown County Women's Health	Georgetown	Yes	Yes
Cleveland Clinic: Fairview	Cleveland	Yes	No
Cleveland Clinic: Hillcrest	Cleveland	Yes	No
Crossroad Health Center: OTR	Cincinnati	Yes	Yes
Crossroad Health Center: East	Cincinnati	Yes	Yes
Grant Outpatient Care Center	Columbus	Yes	Yes
Lane Women's Health	Cincinnati	Yes	Yes
Third Street: OB/GYN	Mansfield	Yes	Yes
Third Street Family Health Services: Medical & Behavioral Health	Mansfield	Yes	Yes
Third Street: Shelby Health and Wellness	Shelby	Yes	Yes
Help Me Grow Brighter Futures (Home Visiting Program)	Dayton	Yes	No

During the Virtual Learning Session, Phase II teams identified their greatest opportunity for improvement based on their System Inventory results. Teams engaged in PDSA planning and testing around one of the 5As at the Learning Session. During the first Action Period call, planned for June 2019, teams will report on the progress made on their first PDSA and plan their next steps.

Phase II Data

Phase II teams will use PRAF 2.0 as their primary data collection tool for the project, and data collection will begin towards the end of Q4 SFY19. Prior to the phase II kickoff, teams completed a Systems

Inventory to assess their current practices around the 5As and smoking cessation. The Systems Inventory highlighted opportunity for improvement in the areas of a standardized approach to assessing willingness to quit, standardized tools to re-evaluate smoking status at every visit, utilization of scripts to increase comfort discussing smoking cessation, offering NRT, and referrals to treatment. A full report is in Appendix 5.

Scale Plan

OPQC developed plan for the SFF project including transitioning phase I teams when ready to sustain work, implementing phase II, and the design and implementation of phase III through FY21. Details of the plan are in Appendix 6.

D. Lessons Learned and Next Steps:

Lessons Learned

A key finding in phase I is that the 5As worksheet, adapted for maternity care providers, provides a framework that can be used consistently across maternity care practices. This knowledge was leveraged to update the PRAF 2.0 to include questions that specifically relate to the 5As worksheet. Phase I also demonstrated that although assessing willingness to quit smoking is a critical part of smoking cessation, it is not done consistently in clinic settings. Additional learnings include the benefits of MI on how clinicians interact with their patients, which resulted in the inclusion of MI training for all phase II teams, and the importance of making patients' smoking status readily available for all clinical staff to see.

Key learnings also emerged regarding referral to cessation programs. Analysis revealed that although sites referred patients to the Baby and Me Tobacco Free program, the referrals did not translate into enrollment into Baby and Me Tobacco Free. Additionally, very few teams reported utilizing the QuitLine, as they do not consider the QuitLine to be an effective resource. Further testing and data are required to improve the enrollment rate from referrals to various resources.

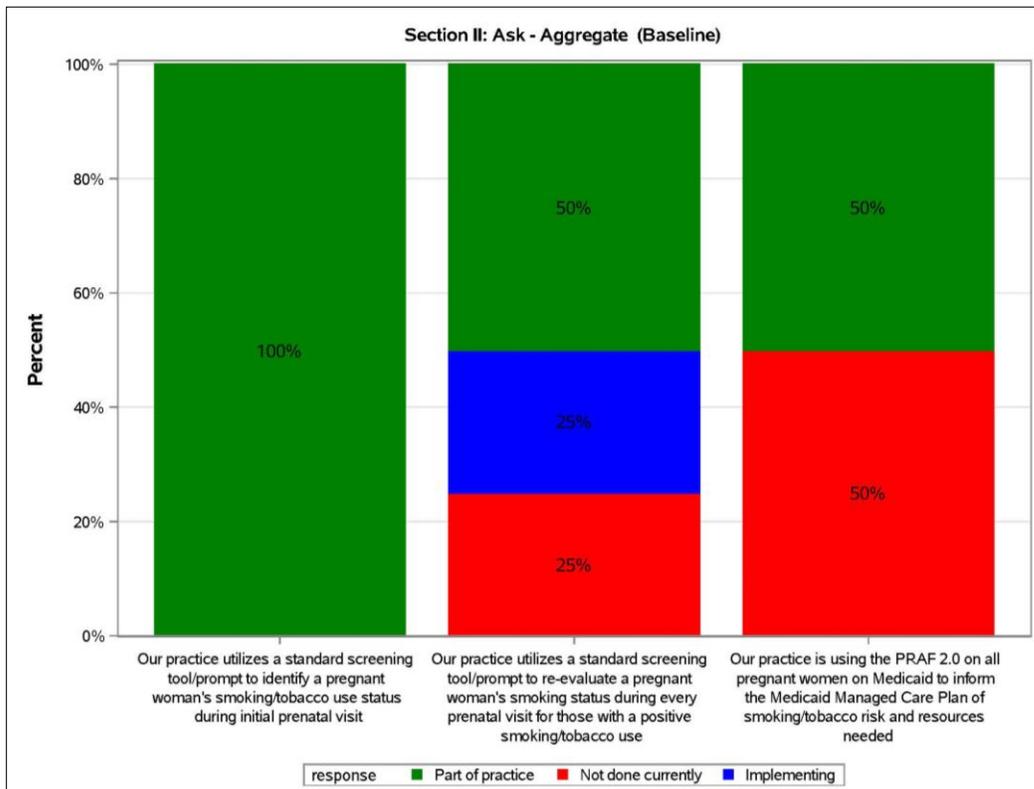
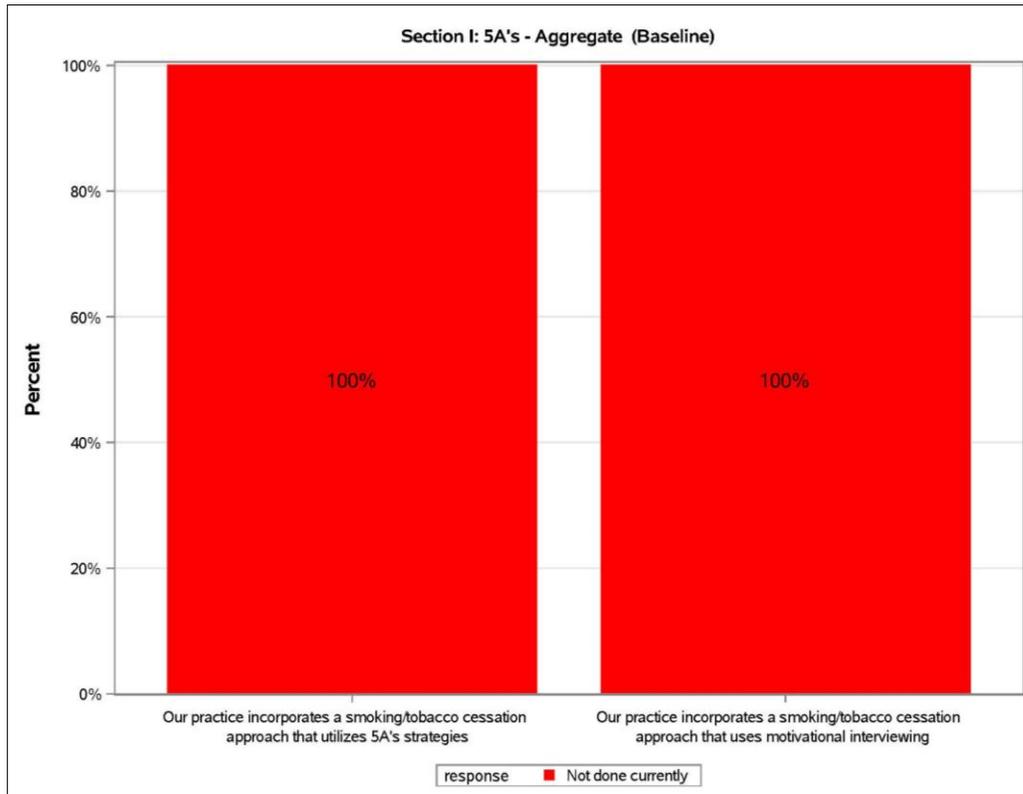
Phase I data collection was delayed due to the necessity of updated legal agreements to cover shared PHI, the lengthy associated review between various sites' legal teams, and the burden of manual data entry from the paper 5As form into the RedCap system. These barriers were addressed for phase II by replacing the paper 5As data collection form with PRAF 2.0 and eliminating the need for legal agreements.

Next Steps

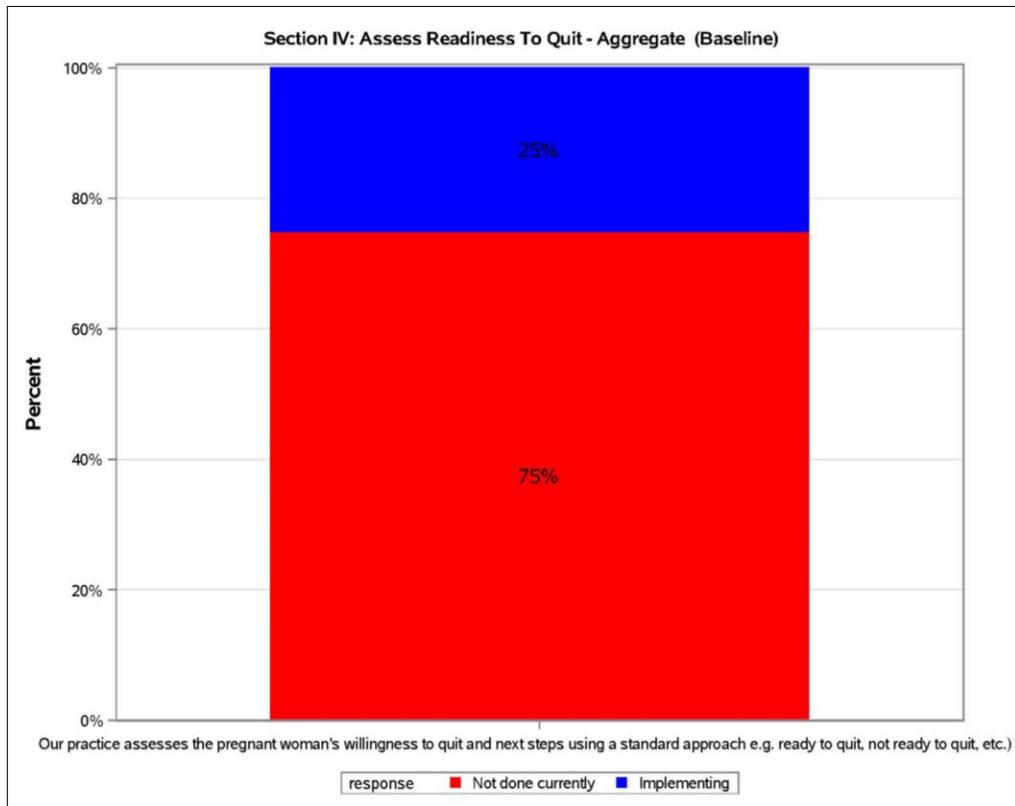
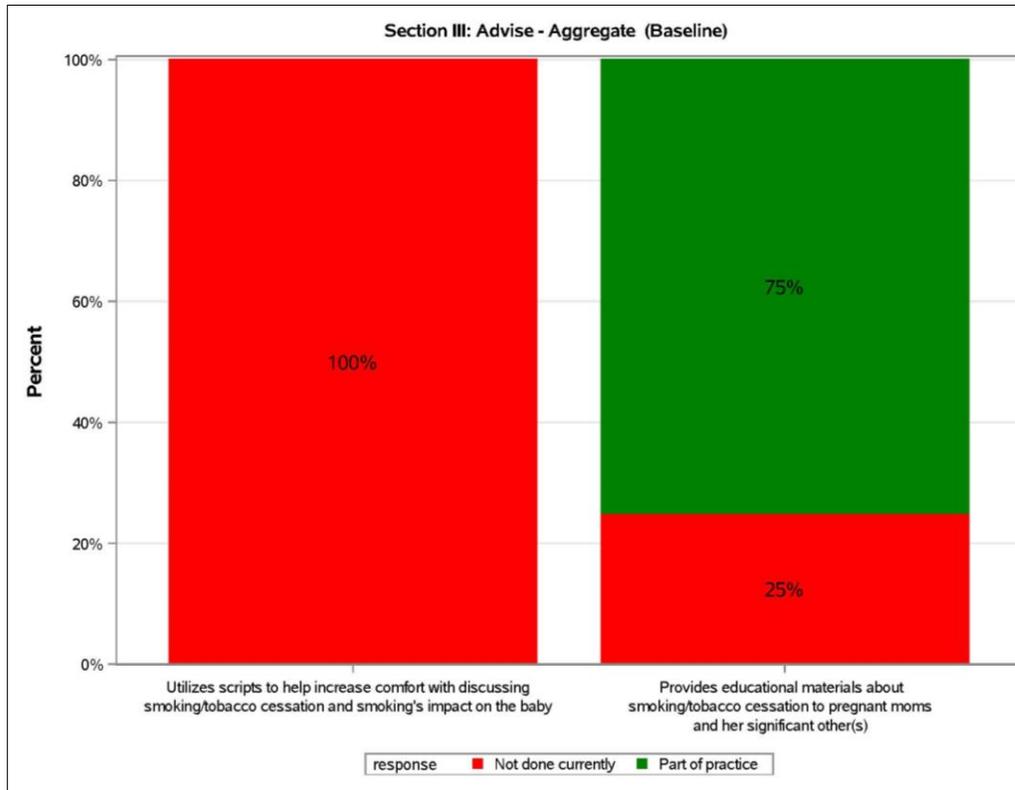
Next steps for Phase I include completing RedCap data collection for phase I sites, further analysis of phase I data once collection is complete, additional 1:1 PDSA coaching, transitioning from the paper 5As worksheet to PRAF 2.0, and merging with the phase II teams through AP calls and in-person learning sessions.

Phase II will continue with monthly AP calls, utilization of PRAF 2.0, analysis of sites' PRAF 2.0 smoking cessation data, continued PDSAs around the implementation of smoking cessation identification, communication, and referrals, and in-person MI training for all participating sites.

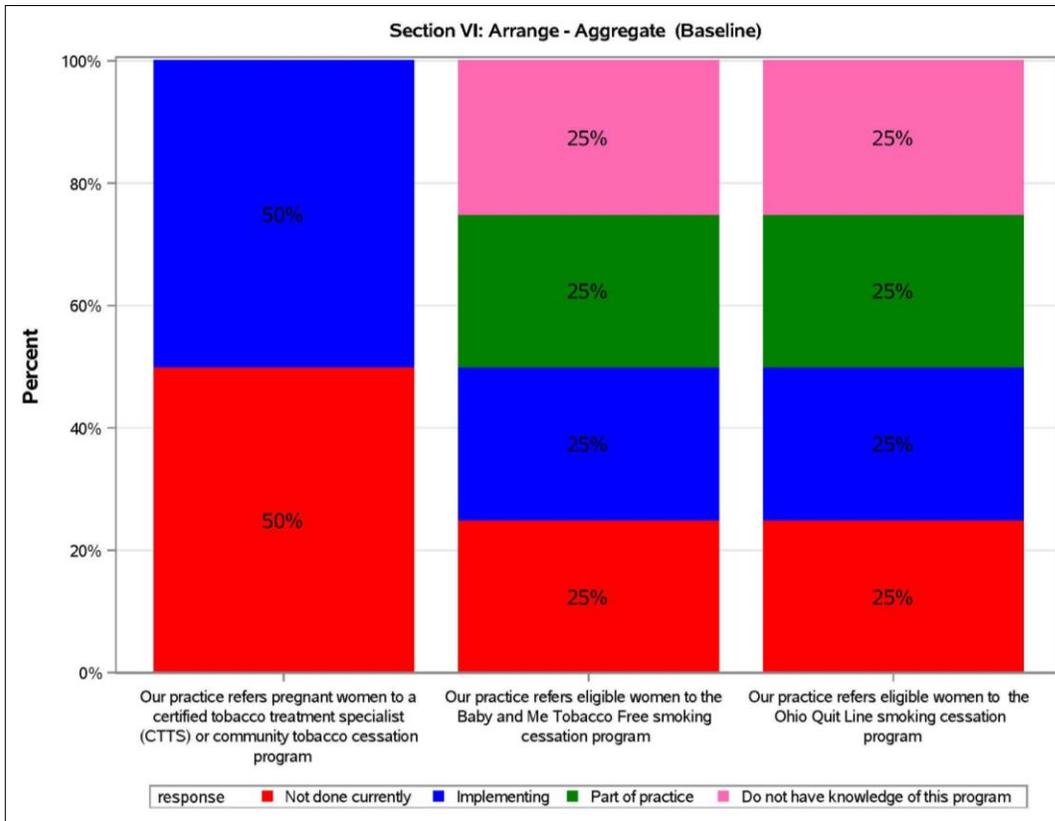
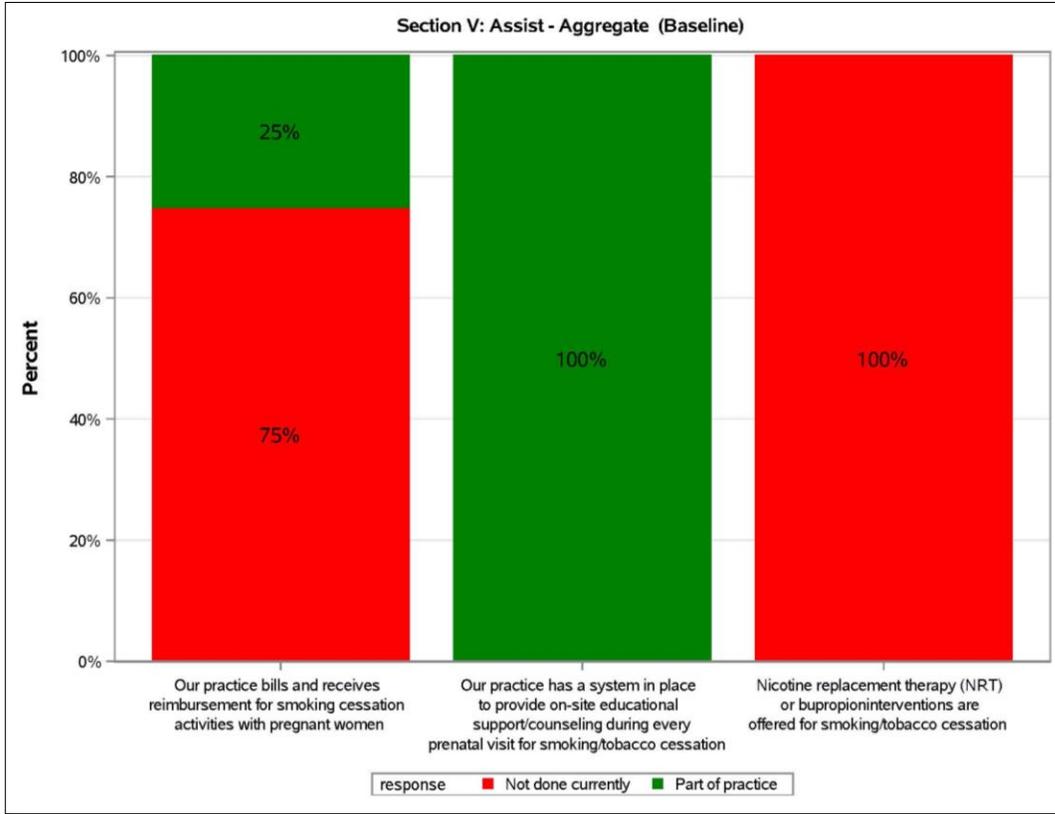
E. Appendix:
Appendix 1: Phase I SI #1



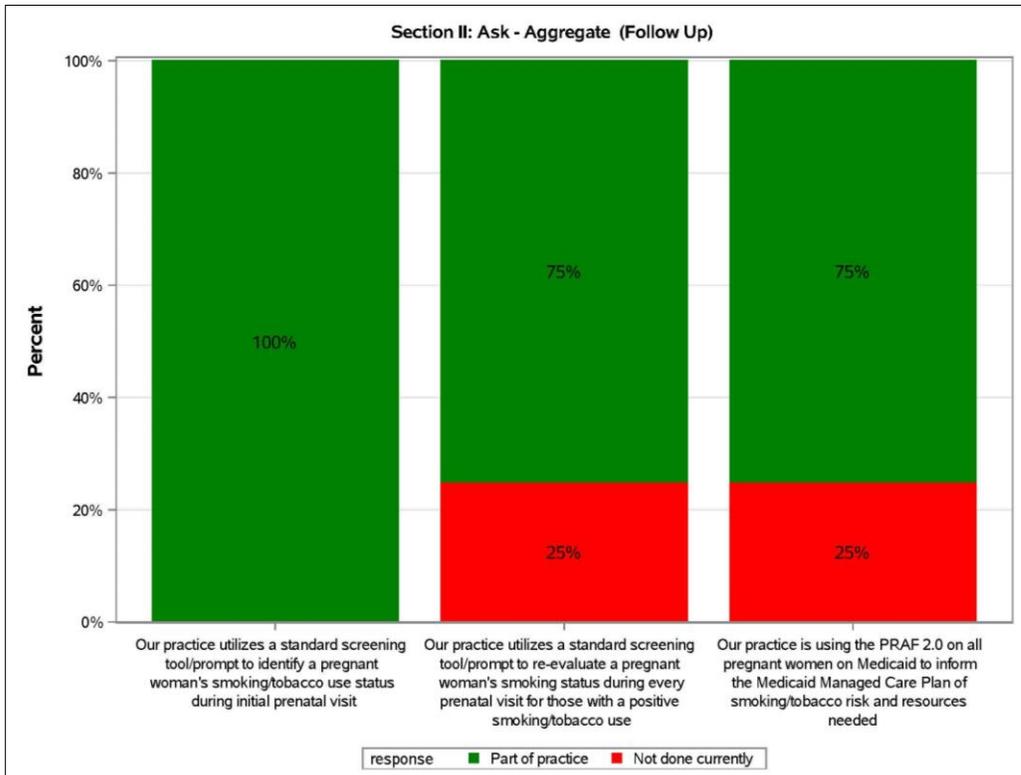
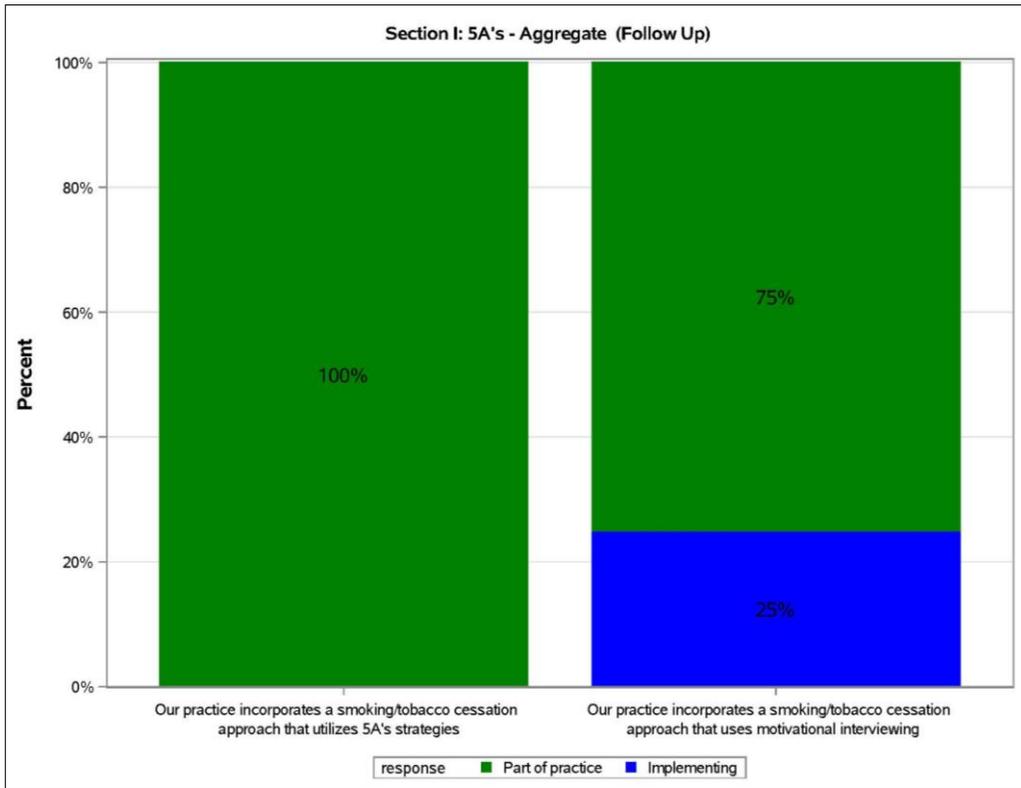
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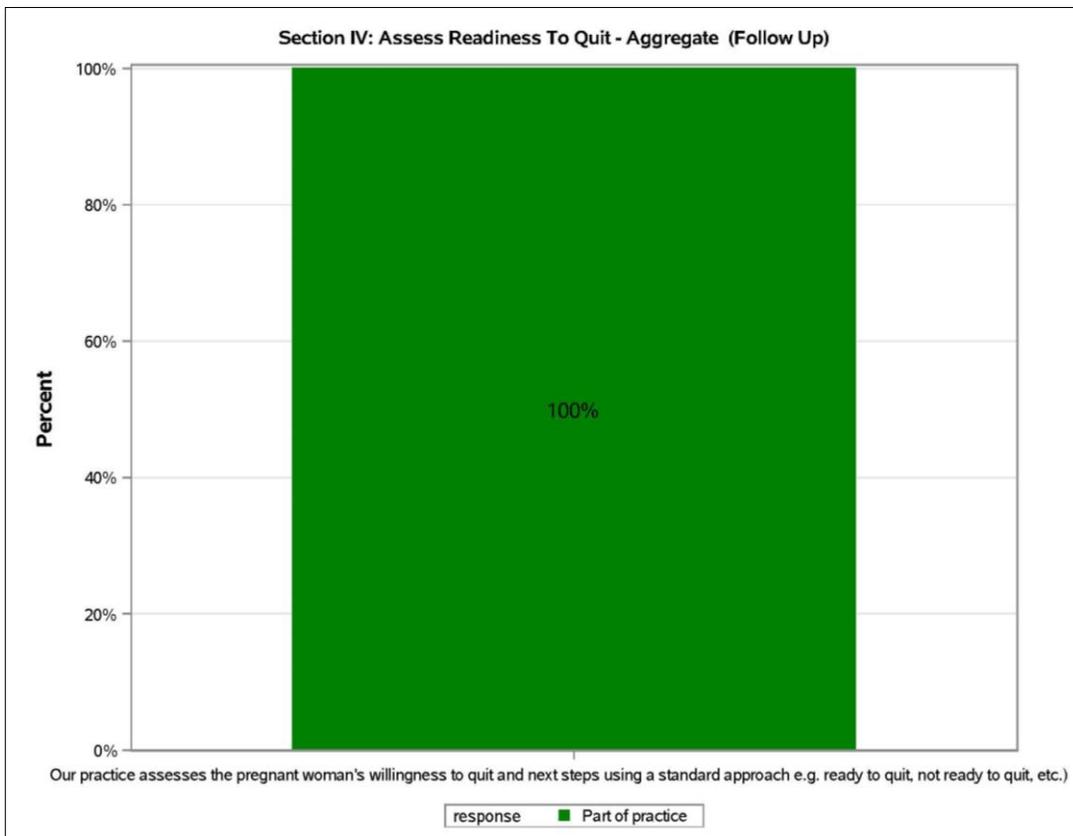
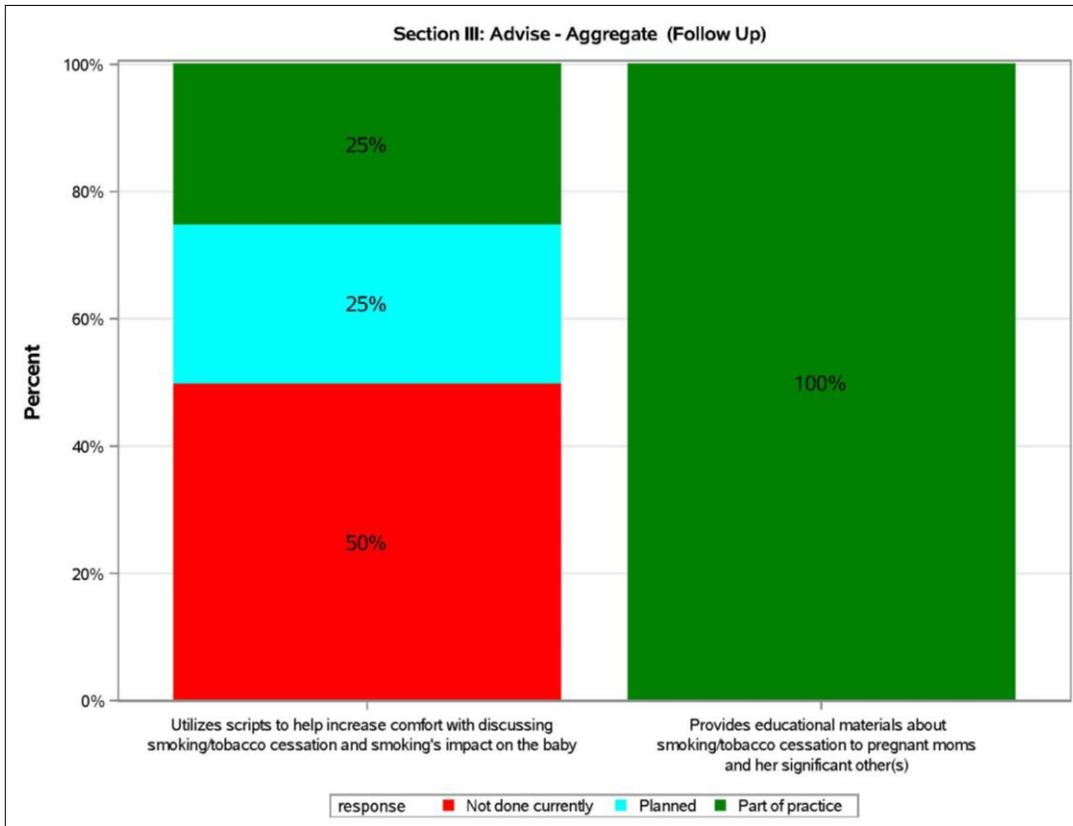
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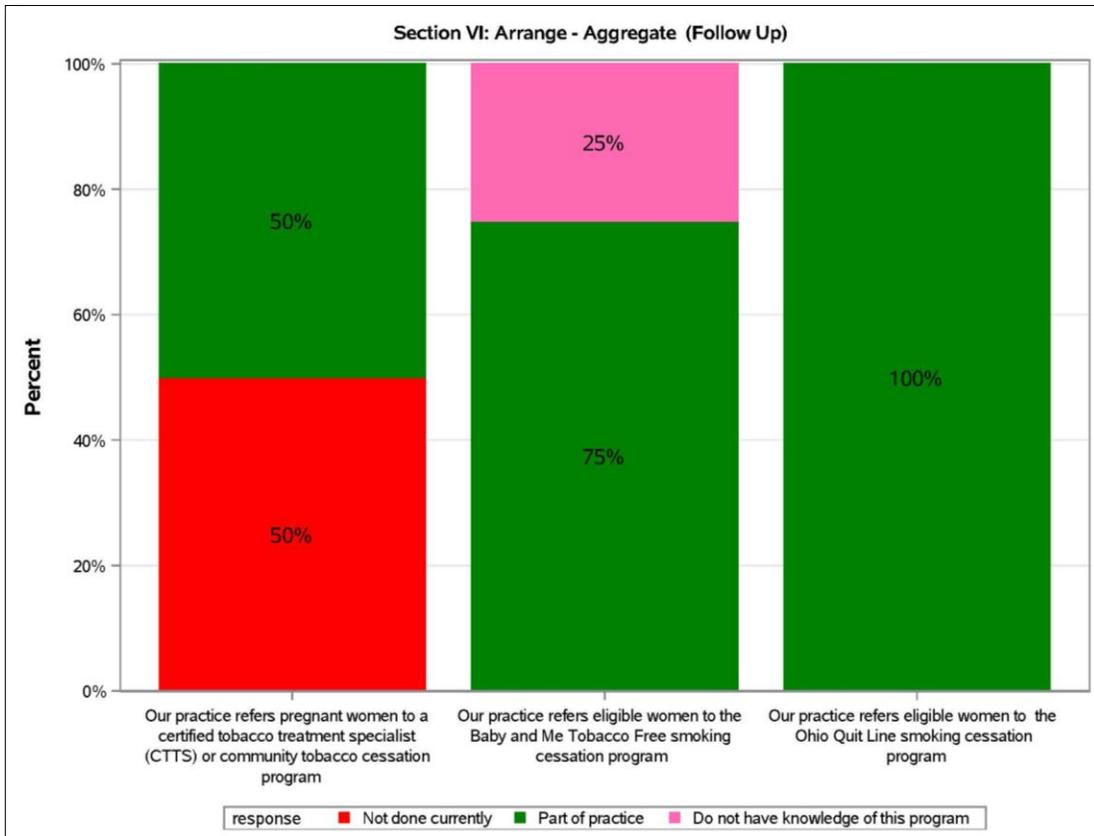
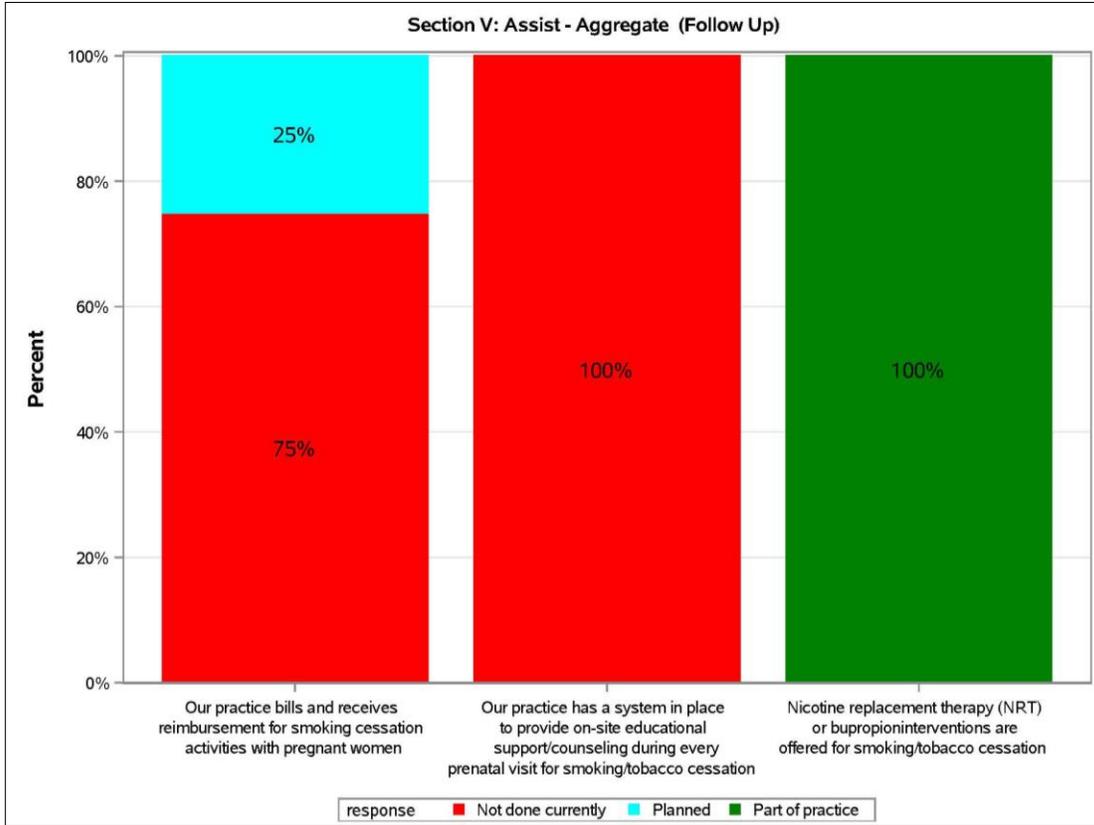
Appendix 2: Phase I SI #2



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Appendix 3: Phase II Kickoff Report

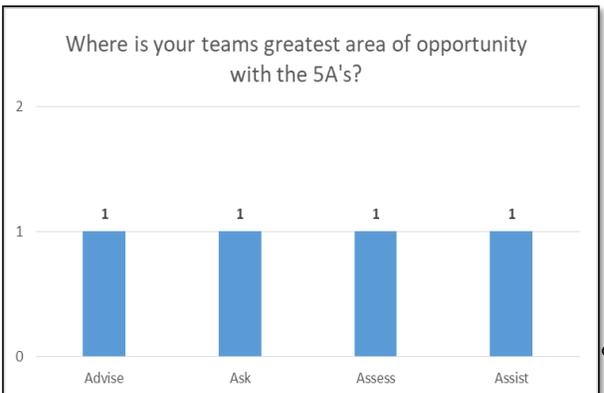
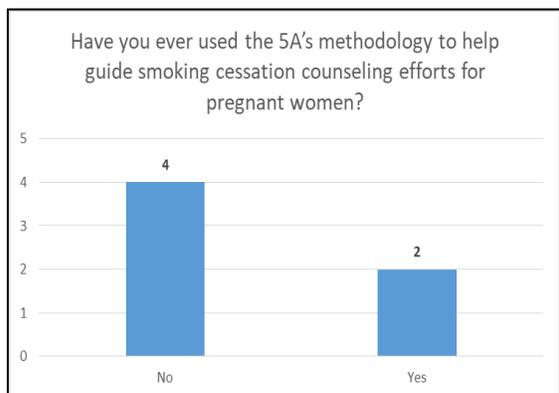
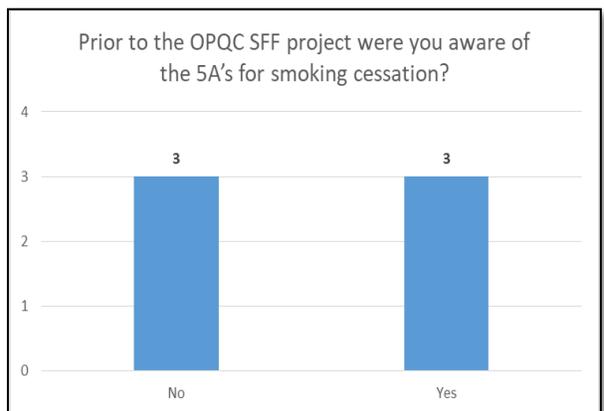
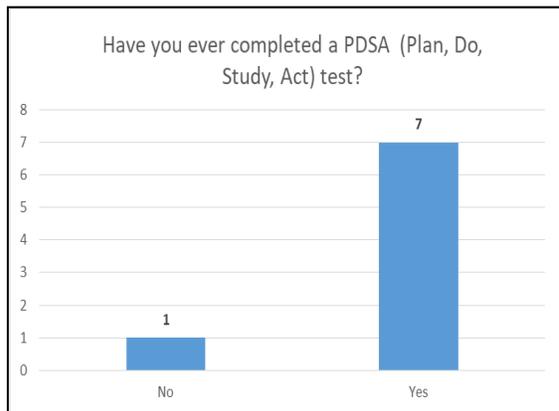
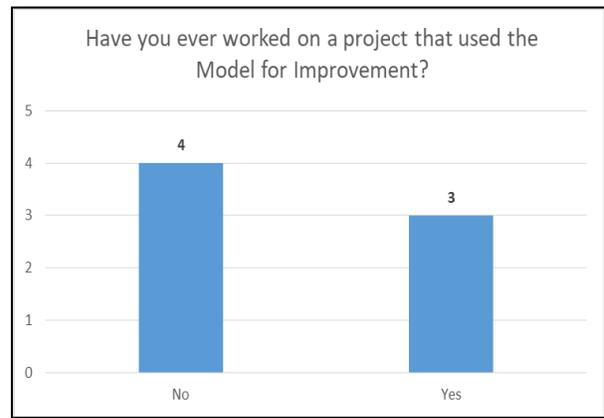
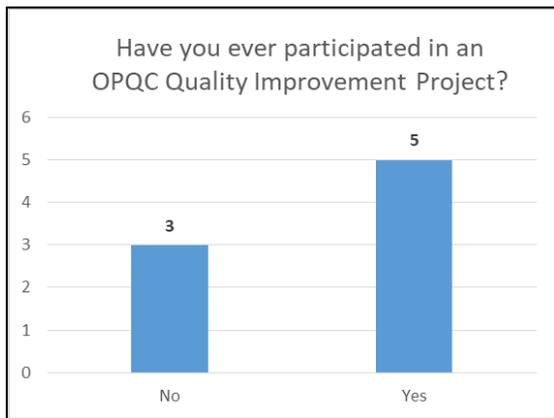
Date of webinar	March 14, 2019	
Number of Registrants	19	
Number of Attendees	10 (adjusted to remove OPQC Staff)	
Topics on Call	<ul style="list-style-type: none"> • Project overview • Clinical impact of smoking during pregnancy • QI framework • 5A's intervention • How to access resources on SharePoint • Project participation expectations 	
Phase II Team Attendance	Site Name	Attended Kickoff Webinar?
	AxessPointe Women's Health	No
	Brown County Women's Health	Yes
	Cleveland Clinic: Fairview	Yes
	Cleveland Clinic: Hillcrest	Yes
	Crossroad Health Center: OTR	Yes
	Crossroad Health Center: East	Yes
	Grant Outpatient Care Center	Yes
	Lane Women's Health	Yes
	Third Street: OB/GYN	Yes
	Third Street Family Health Services: Medical & Behavioral Health	Yes
	Third Street: Shelby Health and Wellness	Yes
	Help Me Grow Brighter Futures <i>(Home Visiting Program)</i>	Yes

Appendix 4: Phase II Virtual Learning Session Report

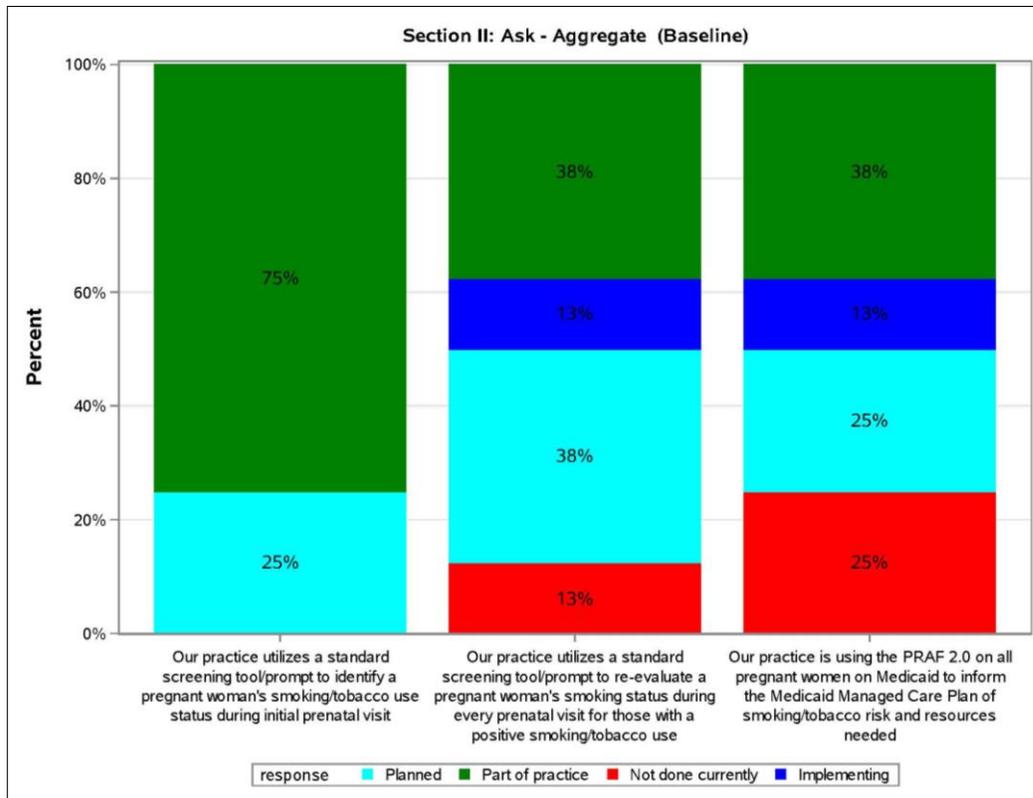
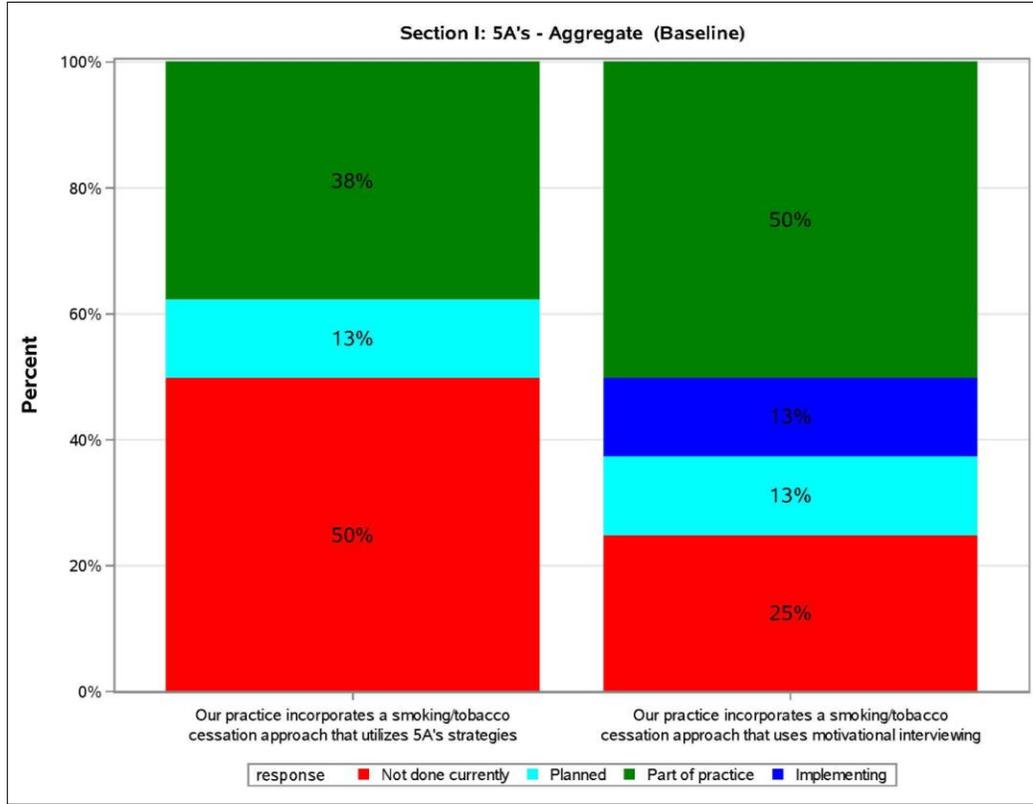
Date of webinar	April 25, 2019	
Number of Registrants	28	
Number of Attendees	14 (adjusted to remove OPQC Staff)	
Topics on Call	<ul style="list-style-type: none"> • Setting the Stage: Impact and Importance of Smoking Cessation • Framework for Change • Exploring the 5A's and Systems Inventory Results • Identifying interventions for improvement using the 5A's • Motivational Interviewing with patients who use tobacco (presented by Dr. Gretchen Clark Hammond) • Next steps for the project 	
Phase II Team Attendance	Site Name	Attended Kickoff Webinar?
	AxessPointe Women's Health	No
	Brown County Women's Health	Yes
	Cleveland Clinic: Fairview	No
	Cleveland Clinic: Hillcrest	No
	Crossroad Health Center: OTR	Yes
	Crossroad Health Center: East	Yes
	Grant Outpatient Care Center	Yes
	Lane Women's Health	Yes
	Third Street: OB/GYN	Yes
	Third Street Family Health Services: Medical & Behavioral Health	Yes
	Third Street: Shelby Health and Wellness	Yes
	Help Me Grow Brighter Futures <i>(Home Visiting Program)</i>	No

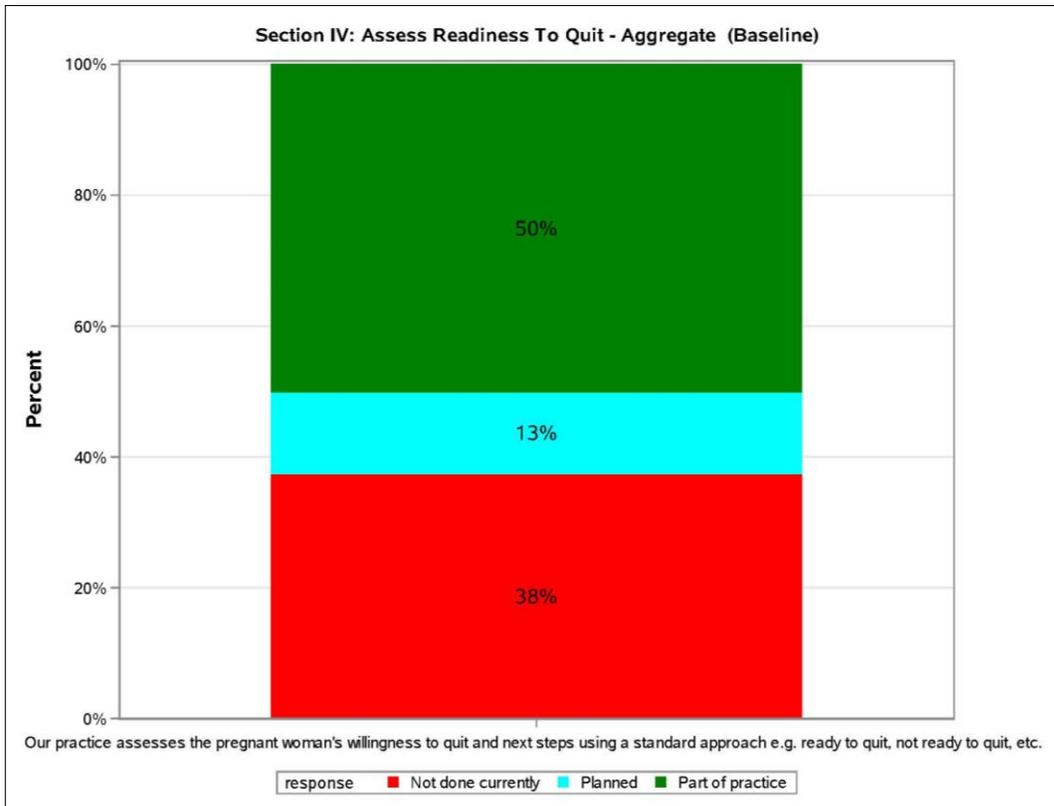
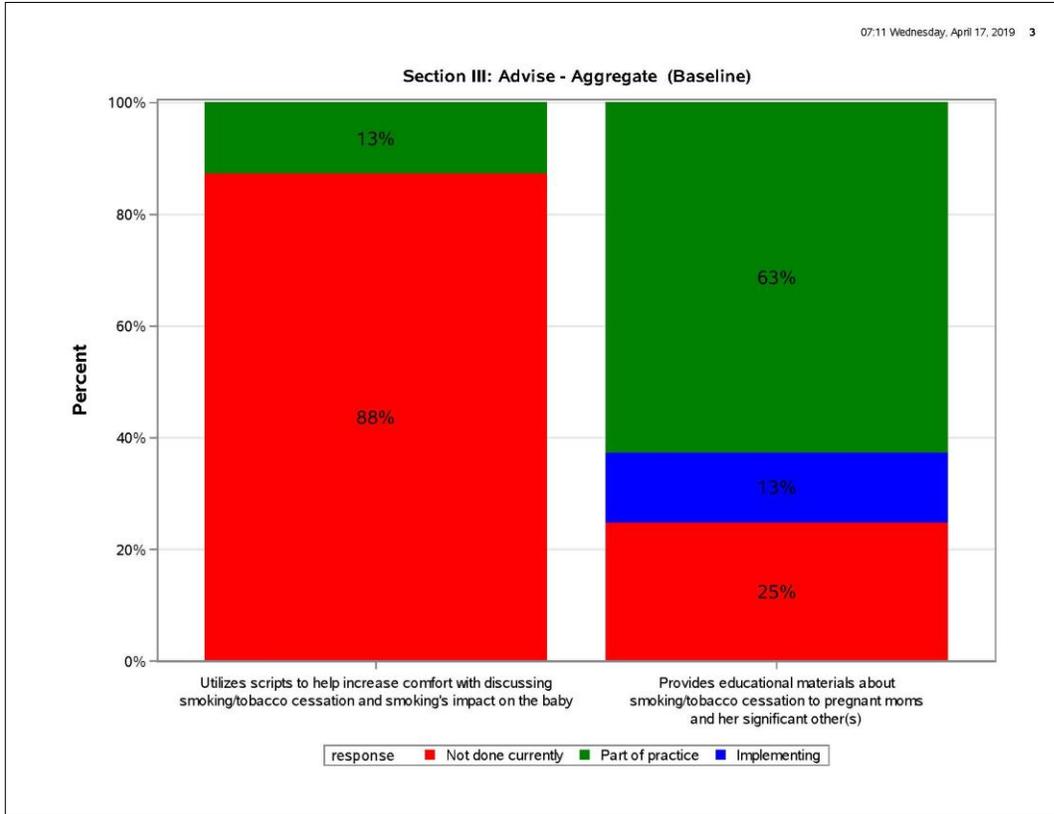
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Organization	Have you ever participated in an OPQC Quality Improvement Project?	Have you ever worked on a project that used the Model for Improvement?	Have you ever completed a PDSA (Plan, Do, Study, Act) test?	Prior to the OPQC SFF project were you aware of the 5A's for smoking cessation?	the 5A's methodology to help guide smoking cessation counseling efforts for pregnant women?	Where is your teams greatest area of opportunity with the 5A's?
Brown County Women's Health		No	No	No	No	Advise
Crossroads Health Center	Yes	No	Yes	No	No	Assess
Grant Outpatient Care Center	Yes	No	Yes			
Lane Women's	No	No	Yes	No	Yes	
OSU	Yes	Yes	Yes	Yes	No	
Third Street	No		Yes	Yes	No	Ask
TriHealth	Yes	Yes	Yes			
TriHealth	No	Yes	Yes	Yes	Yes	Assist

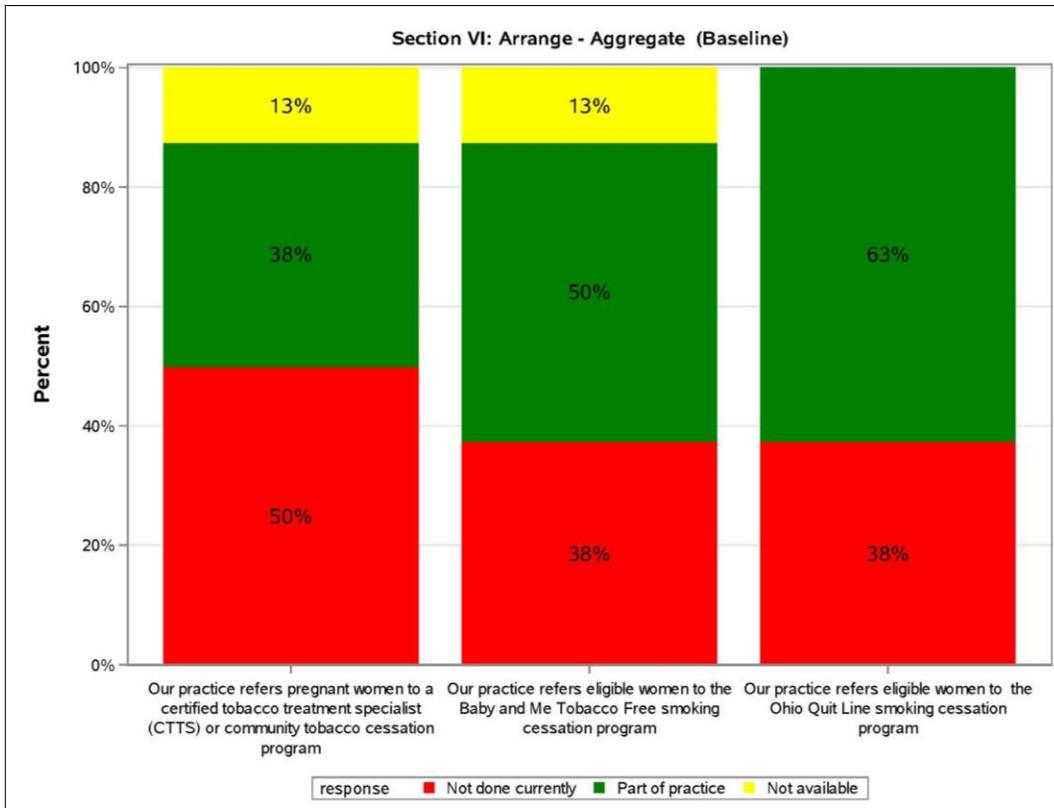
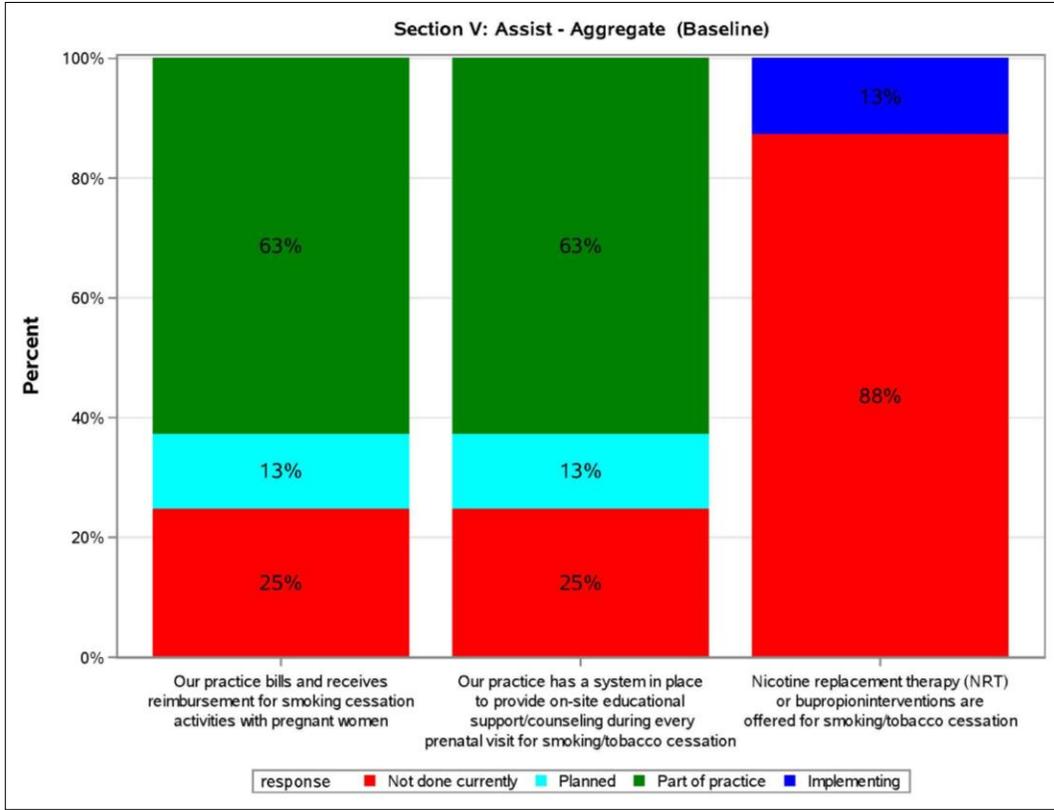


Appendix 5: Phase II SI Report



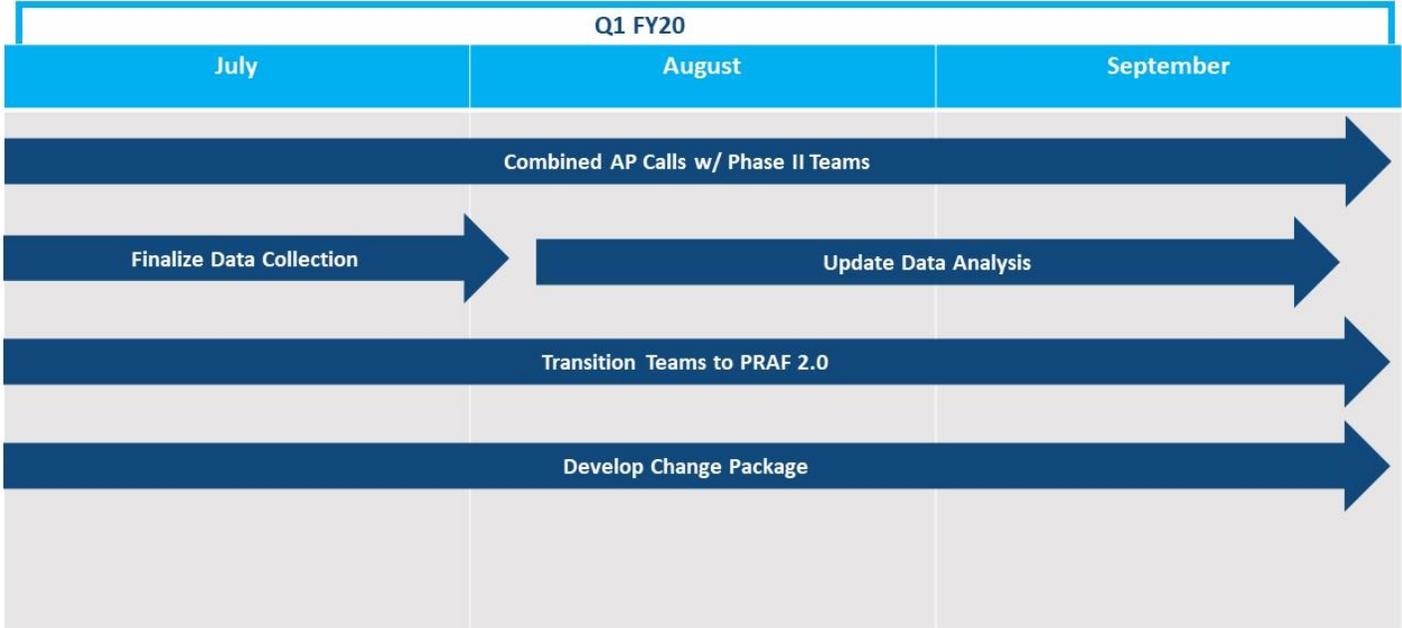


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Appendix 7: Draft Project Schedule

Smoke Free Families: Phase I Timeline



Smoke Free Families: Phase II Timeline

