- Today's presentation is part of a NRI series focused on improving access to tobacco cessation recovery for persons in psychiatric hospitals.

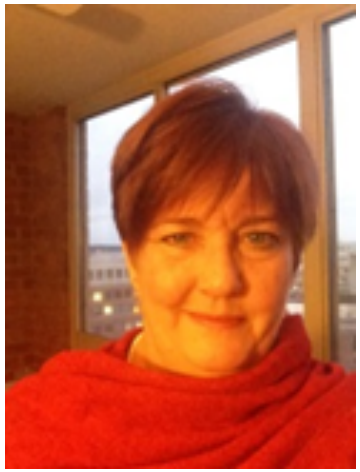
- Complete the **Pre-test** to establish your baseline knowledge now. Cut and paste link to new window: https://wh1.snapsurveys.com/s.asp?k=160554894320

Funding support for this project was provided by the Smoking Cessation Leadership Center

Tobacco Cessation: Improvement Strategies for Inpatient Psychiatric Facilities

Missy Rand, LPC, CSAC
Lucille Schacht, PhD, CPHQ
Glorimar Ortiz, PhD
Heath H. Hayes, MA, MHR, CPRSS

November 18, 2020



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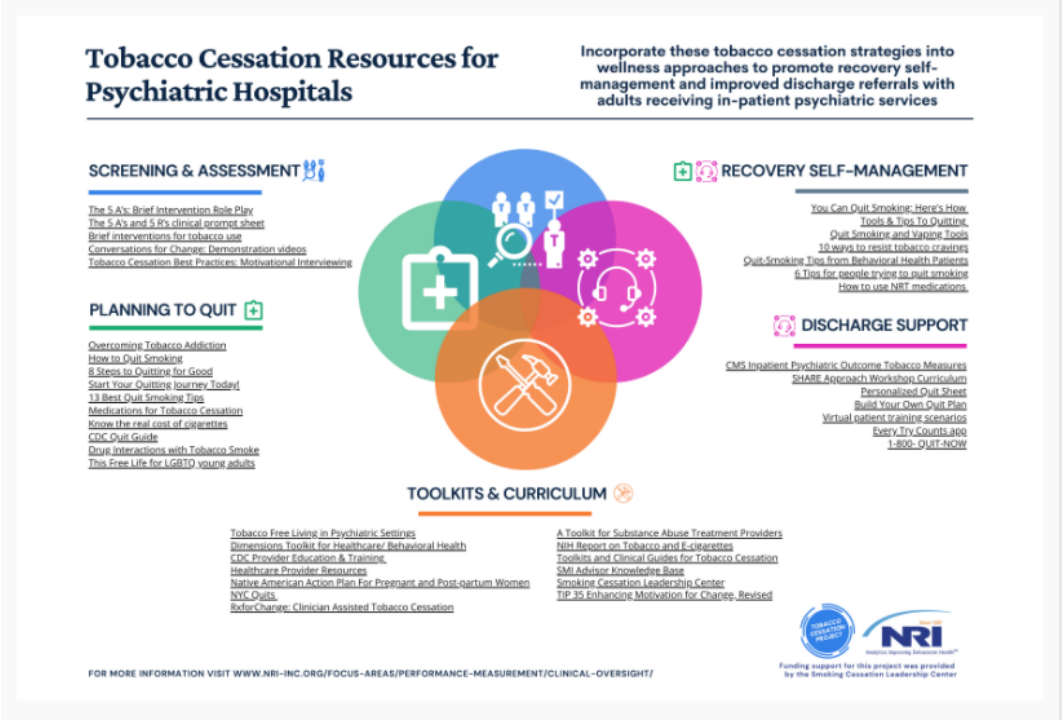
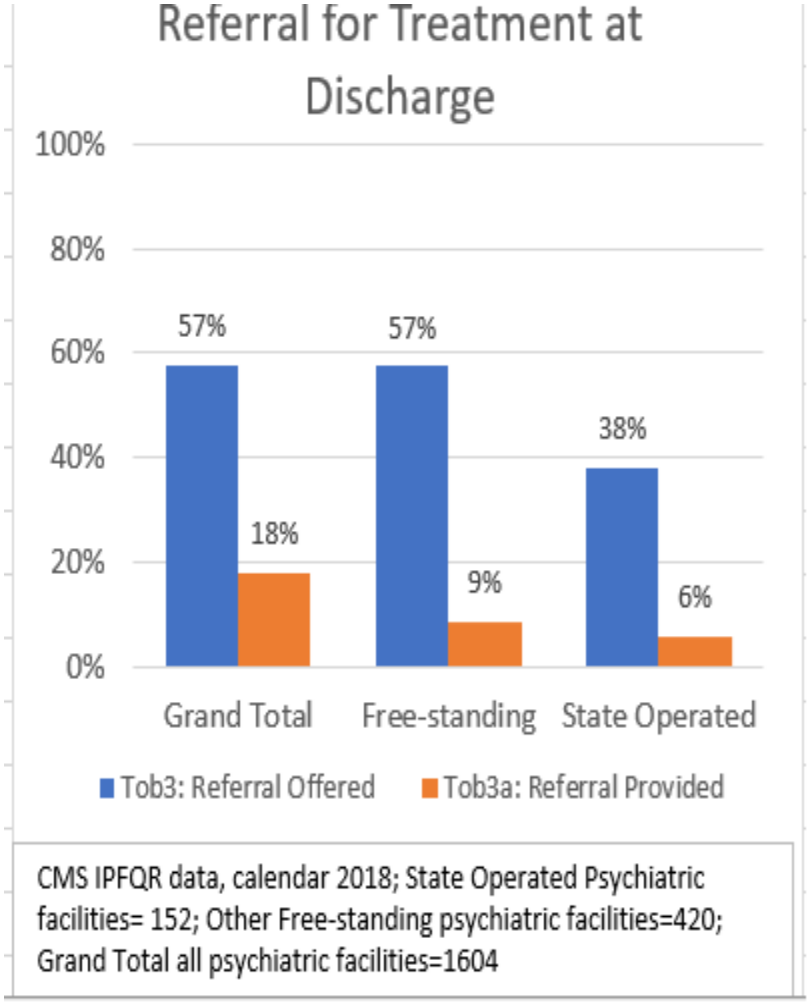
TOBACCO CESSATION PROJECT

- https://www.nri-inc.org/focus-areas/performance-measurement/clinical-oversight/tobacco-cessation/clinical-action/



CMS Tobacco Measures: TOB 3 and 3A



CMS IPFQR data, calendar 2018; State Operated Psychiatric facilities= 152; Other Free-standing psychiatric facilities=420; Grand Total all psychiatric facilities=1604

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LEWIN'S CHANGE MODEL

Tobacco Cessation Change Process

Clinicians endeavor to extend individual client's tobacco cessation gains during inpatient psychiatric hospitalization to ongoing recovery management. Change management theory, coupled with action steps, enable organizational change that can lead quality efforts to have a greater and more enduring impact on tobacco cessation outcomes beyond the point of discharge.

Unfreeze

CDC: MH, Tobacco Use and Quitting
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HHS 2008 Tobacco Use Treatment Guidelines
Tobacco Control Policies 2020

Credit: Lewin Change Model, 1947

Change

CDC Tobacco Cessation Change Package
NIDA Blending Initiative infographic
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Rx for Change
Stage Based Smoking Interventions
OK Cessation Promising Practices
Pharmacist Prescribing Map
OK Funds Tobacco Interventions
Tobacco Cessation Clinical Actions

Change Models

Lewin Change Model
Kotter Change Model
TTM and Stages of Change Model

Refreeze

NRI Performance Measurement Guidance
OK Peer Specialists Enhance Workforce

FOR MORE INFORMATION VISIT WWW.NRI-INC.ORG/FOCUS-AREAS/PERFORMANCE-MEASUREMENT/CLINICAL-OVERSIGHT/TOBACCO-CESSATION/CHANGE-MANAGEMENT

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ORGANIZATIONAL CHANGE

John Kotter Change Process. https://www.kotterinc.com/8-steps-process-for-leading-change/

Individual Behavior Change

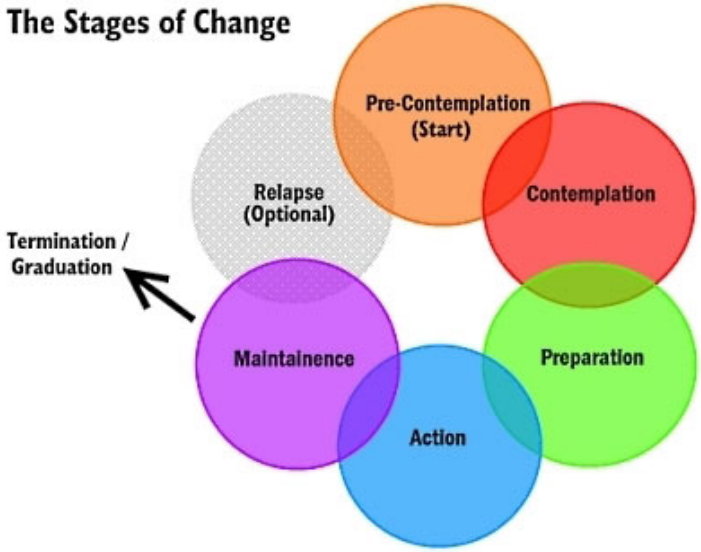


TABLE 5.2. Processes of Change That Mediate Progression Between the Stages of Change.

	Precontemplation	Contemplation	Preparation	Action	Maintenance
Processes	Consciousness raising Dramatic relief Environmental reevaluation				
		Self-reevaluation			
			Self-liberation		
				Counterconditioning Helping relationships Reinforcement management Stimulus control	

Note: Social liberation was omitted due to its unclear relationship to the stages.

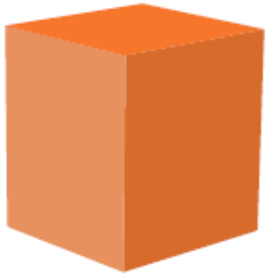
Prochaska, DiClemente, Norcross, Stages of Change and the Transtheoretical Model (TTM)

http://thehubedu-production.s3.amazonaws.com/uploads/3/18722973-f80f-4b55-8ffe-fafa44c21979/health_education.pdf#page=135

LEADERSHIP

- Establishing vision
  - Clear vision of the future AND strategies for producing needed changes
  - Providing the "why now" case and defining why "status quo is not good enough"
  - Connecting new behaviors with organizational success
  - Dealing directly with resistance
- Aligning people
  - Communicating direction in words and deeds
  - Inclusive of all staff who need to be "on-board" with new vision, especially people with power (title, SME, relationships)
  - Creating teams/coalitions that agree with the validity of the vision – serve as role models for other staff
- Motivating and inspiring
  - Encourage outside-the-box thinking and approaches
  - Energizing staff to overcome barriers to change
  - Removing obstacles (outdated policies/procedures)
  - Reinforcing/acknowledging basic human needs (rewards, recognition, respect)

UNFREEZE TOB 3/3A



Education

- **"You cannot understand a system until you try to change it."** ~Kurt Lewin

- 3 components should be present in the organization: dissatisfaction with current TOB-3 outcomes, risk tolerance to try a new approach, provision of organizational safety by leadership to permit facile change
- What are the current forces that maintainTOB-3 outcomes as they currently exist?
- What are the imperatives for change?
- "Action research" tracks the potential impact of any change intervention
- The more transparent and inclusive the process is, the more readily people move through the unfreezing stage

Action

- Assess organizational change readiness
- Review TOB measure definitions
- Research the issue for benchmarking and decision-making including TOB measure control chart data
- Leadership must demonstrate high-level enthusiasm, clinical support and partnership with technology capacity
- Form a diverse team to oversee the project including client voice
- Create a clear aim and timetable
- Gain staff/ client commitment through effective communication
- Align your plan with tobacco screening cessation protocol, treatment process flow to discharge, IT interface, measure outcomes, and rewards for practice change

https://kdads.ks.gov/provider-home/providers/behavioral-health-tobacco-initiatives/self-assessment-kansas-tobacco-guideline-for-behavioral-health-care

The Georgia Experience

- **What evidence did you provide to the clinical/peer provider workforce to engage them in the change effort (scientific evidence, survey results (BRFFS)?**
- CDC estimates smoking rates among individuals with psychiatric disorders to be 2-4 times higher than the general US population.
- The 2015 Behavior Risk Factor Surveillance Survey (BRFSS) in Georgia, 37.3% of adults who reported frequent mental distress were current smokers, and approximately 66.6% of these individuals want to quit.
- Evidence shows that implementing the US Public Health Service (USPHS) 5 A's (Ask, Advise, Assess, Assist, Arrange) in treating tobacco dependence is effective.

Staff Needs and Organizational Barriers to Providing Active Treatment and Referral for Tobacco Cessation: Survey Results

Glorimar Ortiz, PhD
NRI Principal Biostatistician
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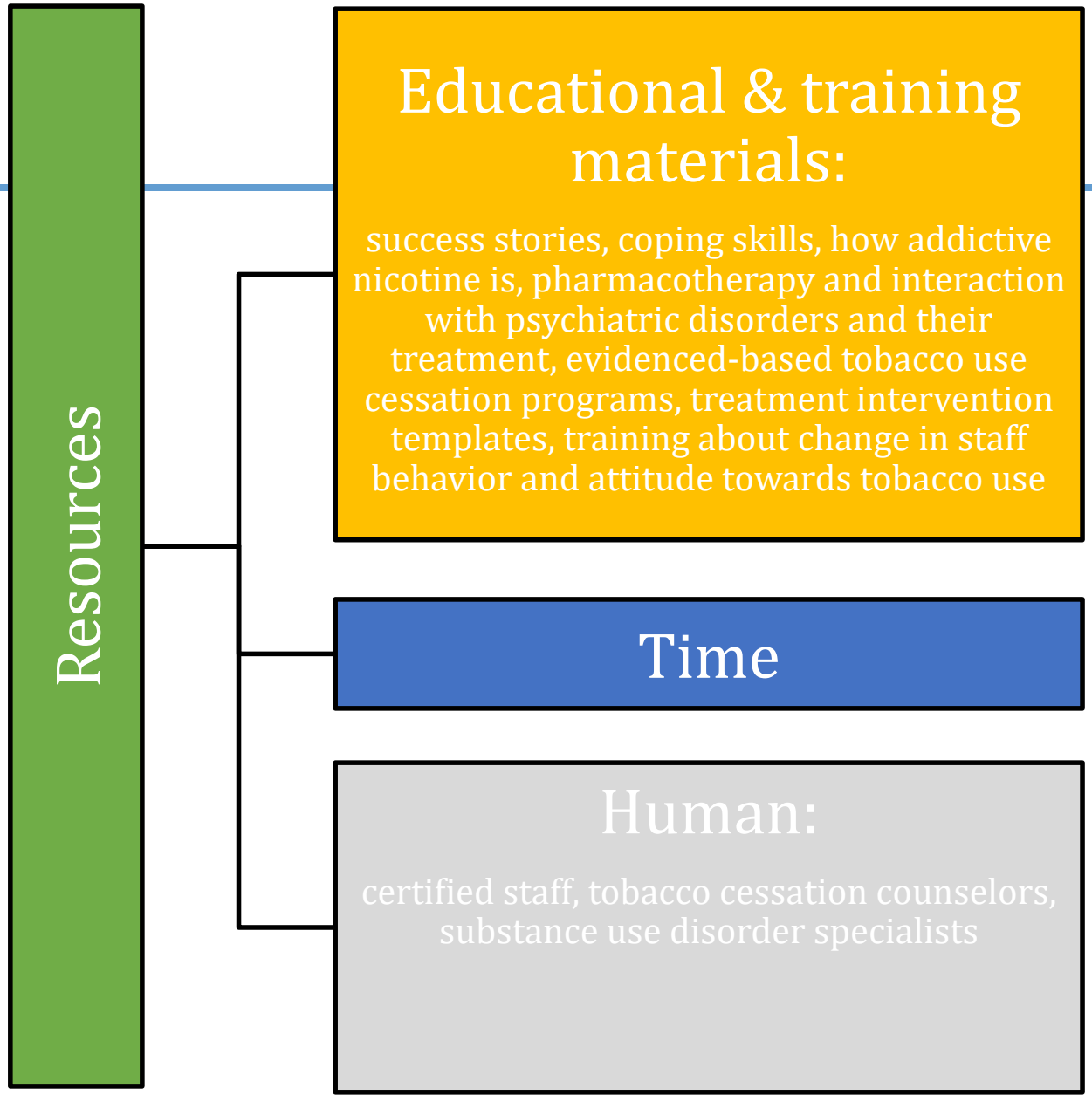
703.738.8168

NRI Facility Tobacco Survey 2020

- To investigate **staff needs** and **organizational barriers** to:
  - 1 - offer active treatment for tobacco cessation
  - 2 - refer patients for tobacco cessation treatment after discharge
- Survey period: July 21 – August 21, 2020
- 165 facilities surveyed
- 108 surveys received
- 70 facilities responded
- 42% response rate

What did staff say they need to offer active treatment for tobacco cessation?



What did staff say are organizational barriers to offering active treatment for tobacco cessation?

Lack of funds

- Shortages of trained/certified staff
- Limited time dedicated for active treatment and counseling services
- Scarce tobacco use cessation resources
- Decreased pharmacotherapy/ medication options

Frail tobacco use cessation culture

- Tobacco use cessation treatment is not a priority
- Tobacco use cessation is not taken seriously
- Physicians are reluctant to prescribe medication for tobacco cessation
- Inappropriate use of some medications

What did staff say they need to refer patients for tobacco cessation treatment after discharge?

Information

- Consistent patient contact information
- List of outpatient programs available with contact information
- List of community resources for patients to use at discharge

Training

- On evidence-based pharmacological interventions
- About requirements for treatment at discharge
- Related to specialized treatment programs

Partnership

- Active relationship with personnel at the tobacco cessation treatment centers
- Improve direction from physicians

What did staff say are organizational barriers to referring patients for tobacco cessation treatment after discharge?

Patient Level	In-patient Level	Out-patient Level
* (Perceived) Resistance to quit	*Staff: Not trained/ enough staff	*No or limited community resources
* (Perceived) Lack of interest/motivation	*Time: Not enough time to make referrals	*Scarce specialized treatments for tobacco cessation
*No reliable contact information at discharge	*Costs: Not enough funds to cover required training costs	*Lack of appropriate programs
*Confidentiality issues: unable to refer		*Quitlines are not interactive

CHANGE TOB 3/3A

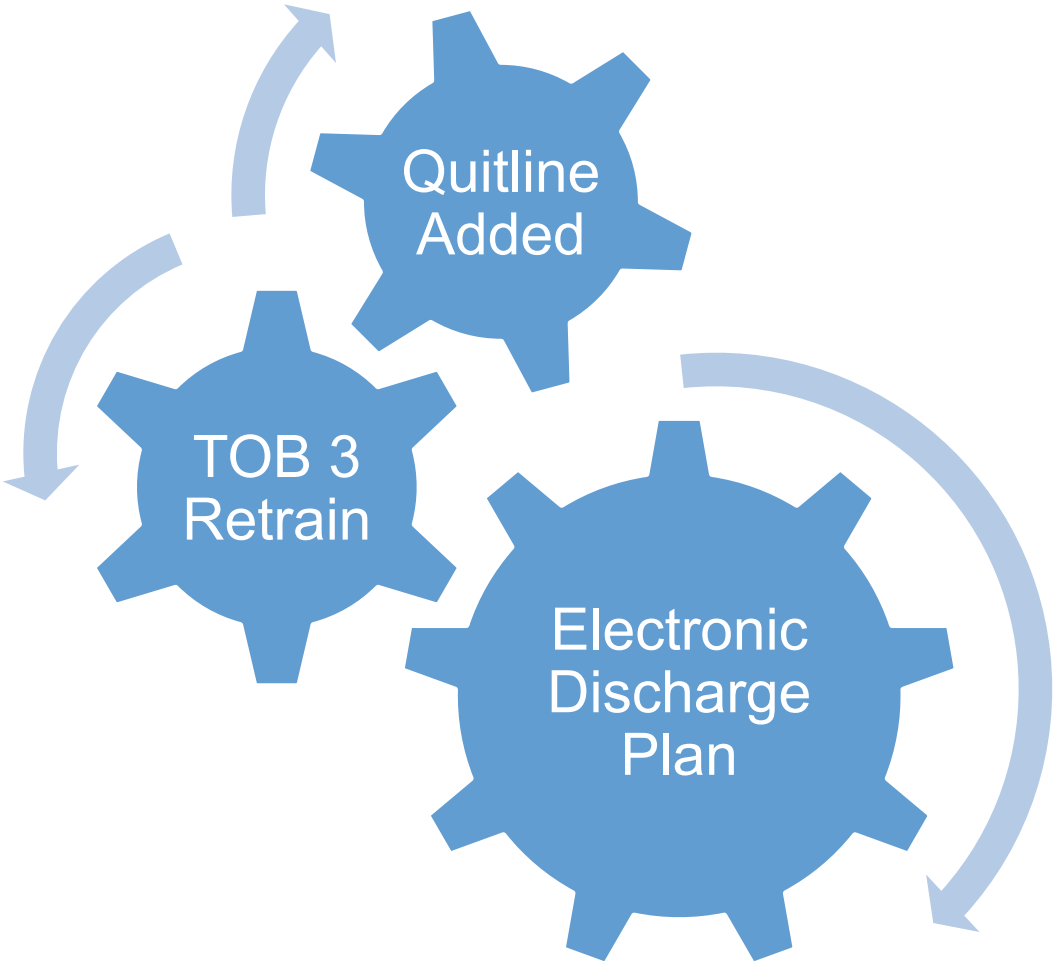
Education

- Identify specific change(s) and make the “Why Now” case
- Process of changing thoughts/ feelings/behavior of staff and systems
- Persuasion that new way is better
- Time consuming, costly, and productive stage
- Implementation of new processes and structures

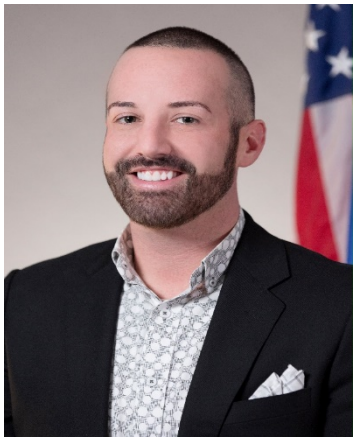
Action

- Use engaging communication and training support to motivate hearts/minds/actions
- Plot change tasks
- Engage and empower “champions”
- Small PDSA cycles, then expand to wider implementation
- Eliminate access to “old” way
- Monitor TOB outcome measures for change impact

The Illinois Experience



THE OKLAHOMA EXPERIENCE



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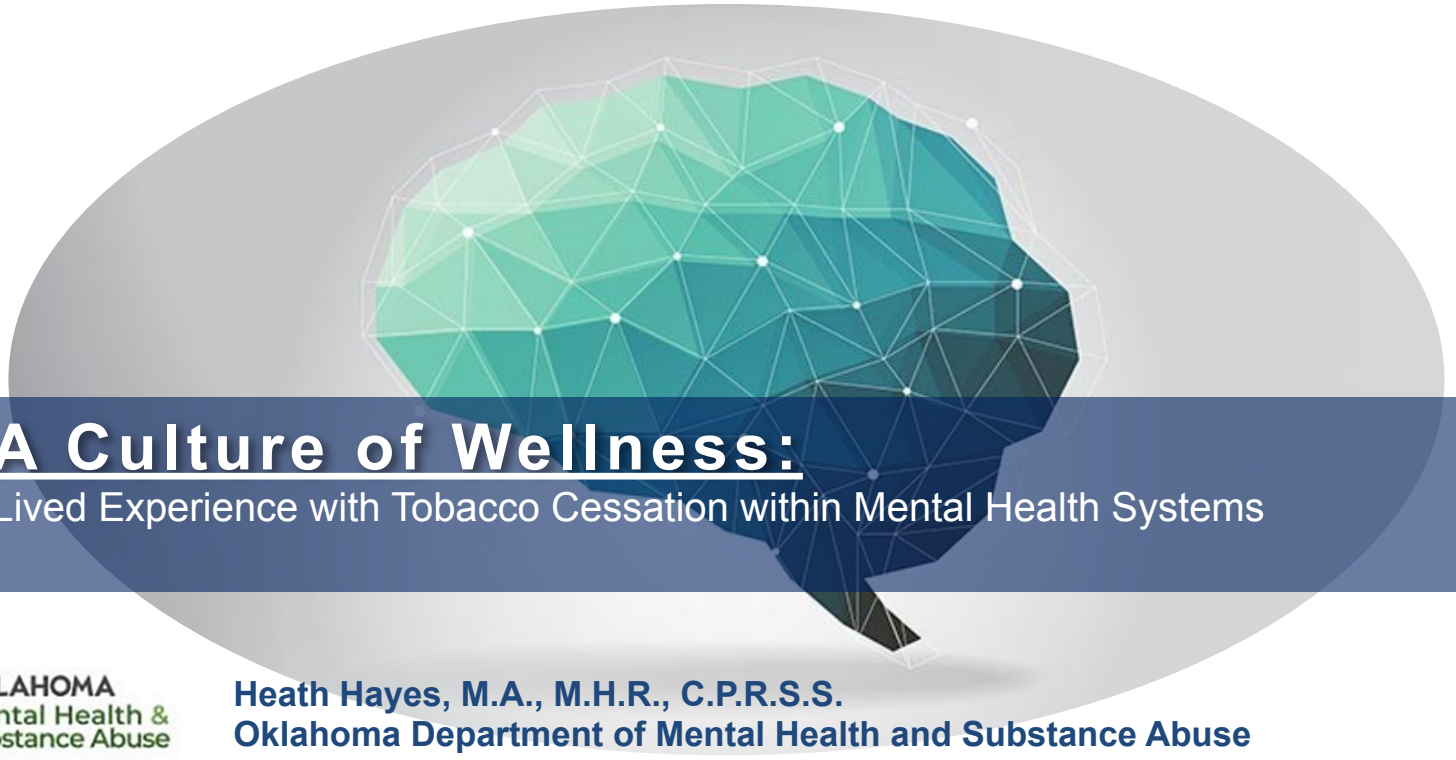

A Culture of Wellness:

Lived Experience with Tobacco Cessation within Mental Health Systems

OKLAHOMA
Mental Health & Substance Abuse

Heath Hayes, M.A., M.H.R., C.P.R.S.S.
Oklahoma Department of Mental Health and Substance Abuse Services Senior Director - Strategic Communications & Engagement

ODMHSAS: What We Do

- ODMHSAS funds and operates a statewide network of behavioral health treatment services that includes:
  - **Contracted community behavioral health providers** that act as **the statewide safety net for services,** in addition to state-operated services.
  - Operating/managing **Oklahoma's Behavioral Health Medicaid System** (Medicaid contract providers; agencies and independents).
- **The department provides** outpatient services, urgent and crisis care, hospital care, an array of substance abuse treatment options, court related services and jail diversion, prison-embedded services, services that impact children and families in the DHS system, services that support the education system, forensic services, prevention services, certification and training, specialized housing needs, transitional care … **EVERYTHING ESSENTIAL TO RECOVERY.**

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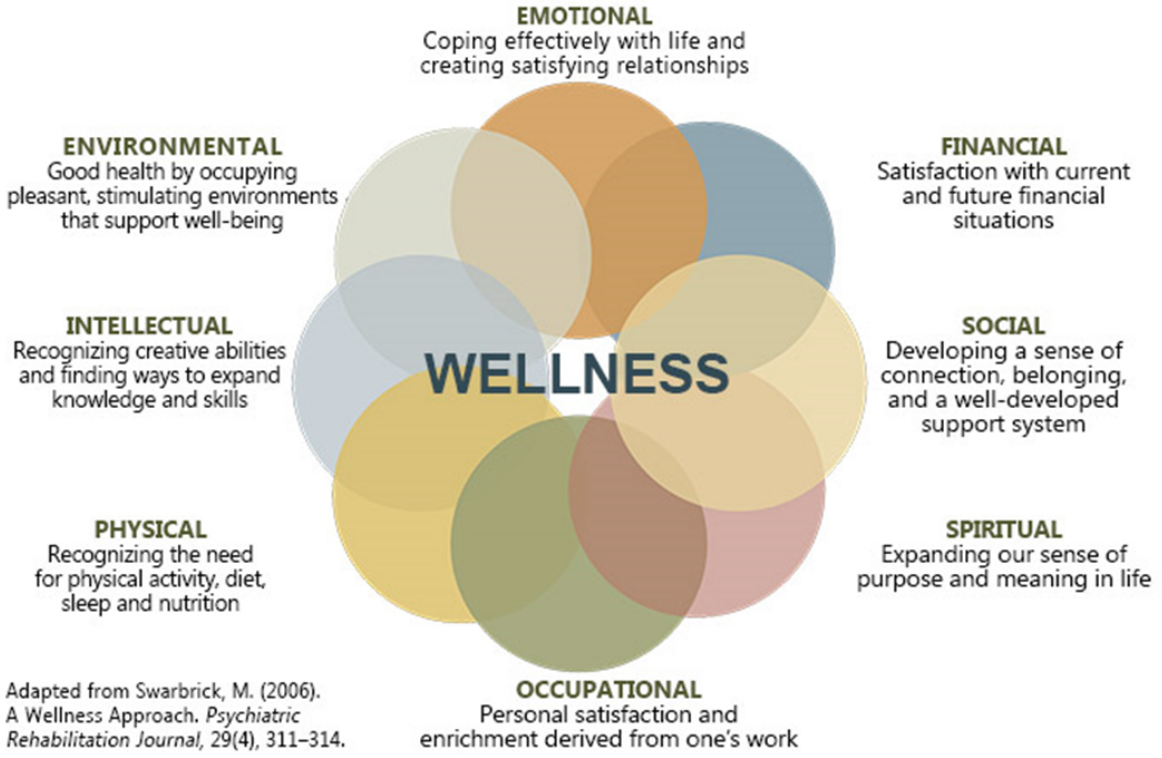
8 DIMENSIONS OF WELLNESS FRAMEWORK



Adapted from Swarbrick, M. (2006). A Wellness Approach. *Psychiatric Rehabilitation Journal,* 29(4), 311–314.

Priming the Organizational Culture

Culture of Wellness Assessment
-Self-Management Language and Messaging
-Organizational Wellness Committee
-Person-Centered Wellness Programing
Workforce Development
-Peer Recovery Support Specialist Continuing Education
-Wellness Coach Credential
Wellness Champion Network
-Community Connections and Resources
-Organizational Policies & Enforcement

Systems Change Timeline

Tobacco-Free Workplace Policy Requirement (FY12)

Peer Recovery Support Specialist Continuing Education Units

- Well Body, Tobacco-Free Support Group, Special Populations in Tobacco

Wellness Coaching Role Introduced (FY13)

Reimbursement opportunities expanded with Behavioral Health Home and Certified Community Behavioral Health Clinics (FY14)

Required state-funded behavioral health agencies to implement the “5 A’s” and refer consumers who use tobacco to the State Quitline (FY15)

Minimum 20% Cessation Referral Requirements for all contracting agencies (FY16)

Systems Change Timeline Continued

Tobacco-Free Workplace Policy Requirement Expansion (FY18)

Gap Nicotine Replacement Therapy (NRT) Project launch for residential, crisis and inpatient programs (FY19)

- FY19: 821 reached with a total budget of $18,060

Inpatient Psychiatric Hospital Cessation focus (FY20)

- FY20: 3,102 reached with a total budget of $62,604
- FY21: $100,000 budget dedicated to GAP NRT expansion

Inpatient Forensic Psychiatric Hospital Cessation focus (FY22)

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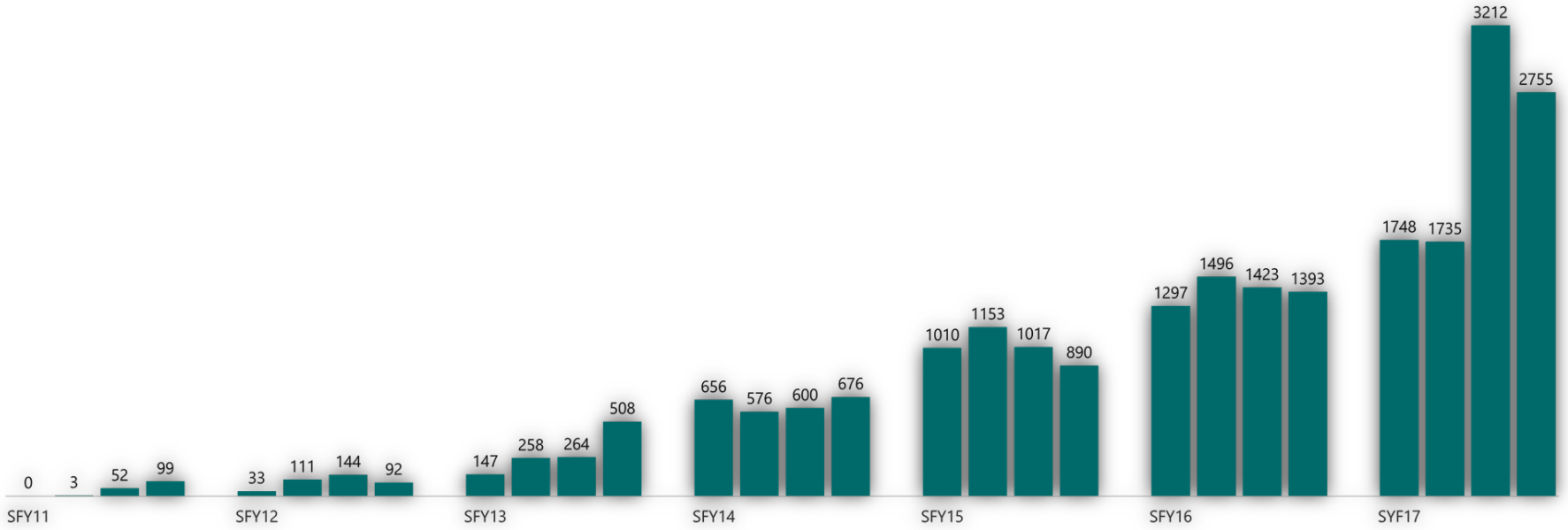
Oklahoma Tobacco Helpline Referrals



Outcome Overview

Oklahoma has the highest proportion of behavioral health treatment agencies in the U.S. that:

- Offer cessation interventions
- Refer to the State Quitline
- Prescribe non-nicotine cessation medications
- Provide tobacco-free campuses

	Substance Use	Mental Health
2012:	77%	71%
2013:	63%	59%
2014:	58%	54%
2015:	56%	49%
2016:	56%	48%
2017:	53%	46%
2018:	**51%**	**45%**

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RE-FREEZE TOB 3/3A

Education

- Acceptance phase
- Use fully incorporated
- Lock in change as SOP
- Leadership voice essential
- Review process effects for longevity and inclusion in any future process or technology upgrades

Action

- Reward, support champions
- Monitor and publish change indicators
- Reassess/ coach for staff competencies retention
- Supervisors manage change fidelity
- Orient new staff to this expected practice
- Use NRI self-monitoring assessment tool to monitor TOB 3/3A outcome performance

MONITORING A CHANGE PROCESS

Self-Assessment Tool to Monitor Performance on Targeted Measures

Lucille Schacht, Ph.D., CPHQ

Many performance measures are a direct assessment of the degree to which best-practices have been incorporated by the psychiatric facility and its clinical staff. Persons served by inpatient psychiatric settings often present with multiple issues, including co-occurring disorders, and a need for community connections to enable continued recovery post hospitalization. Inpatient psychiatric settings have been making strides in quickly identifying tobacco users at the point of admission and providing treatment to support recovery from tobacco use. But this momentum is not continuing through the point of discharge planning to ongoing recovery self-management for persons served by inpatient psychiatric settings.

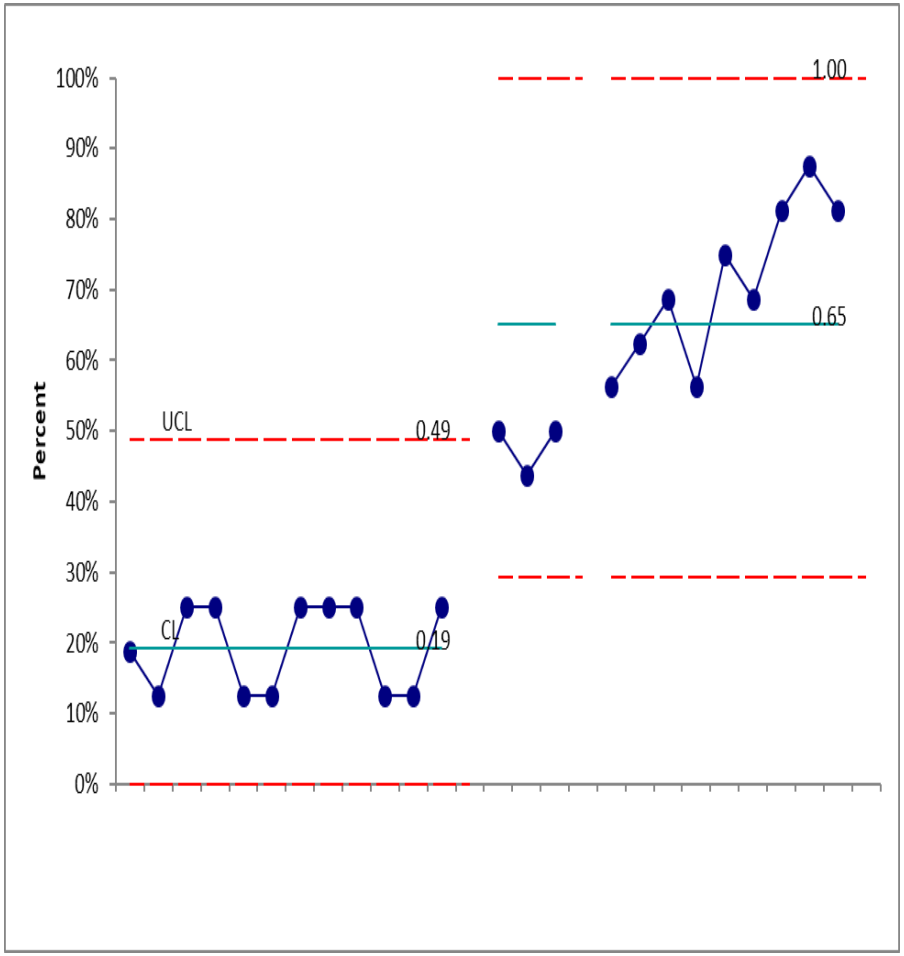
There are well established performance measures related to tobacco cessation treatment and referral that inpatient psychiatric facilities monitor monthly. These measures portray the proportion of adults with mental illness who receive the best practices, both during their inpatient stay and at discharge in a targeted referral for cessation and use of FDA-approved cessation medications.

Below is a self-assessment tool to monitor for changes in the performance rates on selected measures at the start of staff engagement in new practices. The self-assessment is divided into three time periods

- The approach to the self-assessment is to highlight important questions a facility needs to ask itself about its current practice and the interventions it has undertaken.
- The evaluation of the effectiveness of the intervention is described in the post-intervention period.

- Pre-intervention
  - Gather measure definition
  - Gather existing control chart
  - Outline the current practice for each measure (expected to be impacted by the intervention)
  - Decision on change efforts
- Intervention
  - Policy level – organizational direction to staff and informing customers of operating standards
  - Practice level – clinical actions that are changed and expectations
  - Administrative level – support functions such as medical records and communications

- Post-intervention
  - Control chart – expect to see statistical outliers, shifts and trends to indicate practice change
  - Advanced analytics – comparisons across measures that are related
  - Staff competencies – training, assessment of staff knowledge and skills



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Credit: Lewin Change Model, 1947

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NRI RESOURCES

https://www.nri-inc.org/focus-areas/performance-measurement/clinical-oversight/tobacco-cessation/

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