

**Infant Mortality Supplemental Work Plan
Toolkit #6: Systems Change to Treat Tobacco Dependence**

Strategy 1. Implement a Tobacco-User Identification System

Action	Strategies for implementation
<p>Implement an office-wide system that ensures that for every patient at every clinic visit, tobacco-use status is queried and documented.</p>	<p>Office system change: Expand the Vital Signs to include tobacco use or implement an alternative universal identification system.</p> <p>Responsible staff: Nurse, medical assistant, receptionist, or other individual already responsible for recording the vital signs. These staff must be instructed regarding the importance of this activity and serve as nonsmoking role models.</p> <p>Frequency of utilization: Every visit for every patient regardless of the reason for the visit.^a</p> <p>System implementation steps: Routine smoker identification can be achieved by modifying electronic medical record data collection fields or progress note in paper charts to include tobacco use status as one of the vital signs.</p> <p>Vital Signs Blood Pressure: _____ Pulse: _____ Weight: _____ Temperature: _____ Respiratory Rate: _____ Tobacco Use (<i>circle one</i>): Current Former Never</p>

^aRepeated assessment is *not* necessary in the case of the adult who has never used tobacco or not used tobacco for many years, and for whom this information is clearly documented in the medical record.

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Strategy 2. Provide Education, Resources, and Feedback to Promote Provider Intervention

Action	Strategies for implementation
<p>Health care systems should ensure that clinicians have sufficient training to treat tobacco dependence, clinicians and patients have resources, and clinicians are given feedback about their tobacco dependence treatment practices.</p>	<p><i>Educate</i> all staff. On a regular basis, offer training (e.g., lectures, workshops, inservices) on tobacco dependence treatments and provide continuing education (CE) and/or other incentives for participation. Register for free Michigan Department of Community Health webinars by contacting Elaine Lyon at lyone@michigan.gov. Other suggested resources can be found at: http://1.usa.gov/HiwxJo</p> <p><i>Provide resources</i> such as ensuring ready access to the Michigan Tobacco Quitline (1-800-QUIT-NOW), the Blue Cross/Blue Shield Quitline, Quit the Nic (800-775-2583) and other community resources, self-help materials, and information about effective tobacco use medications (e.g., establish a clinic fax-to-quit service, place medication information sheets in examination rooms). See: http://www.michigancancer.org/WhatWeDo/tob-providerstoolkit.cfm</p> <p><i>Report</i> the provision of tobacco dependence interventions on report cards or evaluative standards for health care organizations, insurers, accreditation organizations and physician group practices (e.g., HEDIS, The Joint Commission, and Physician Consortium for Performance Improvement).</p> <p><i>Provide feedback</i> to clinicians about their performance, drawing on data from chart audits, electronic medical records, and computerized patient databases. Evaluate the degree to which clinicians are identifying, documenting, and treating patients who use tobacco.</p>

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Strategy 3. Dedicate Staff to Provide Tobacco Dependence Treatment and Assess Its Delivery in Staff Performance Evaluations

Action	Strategies for implementation
<p>Clinical sites should communicate to all staff the importance of intervening with tobacco users and should designate a staff person (e.g., nurse, medical assistant, or other clinician) to coordinate tobacco dependence treatments. Nonphysician personnel may serve as effective providers of tobacco dependence interventions.</p>	<p><i>Designate</i> a tobacco dependence treatment coordinator for every clinical site.</p> <p><i>Delineate</i> the responsibilities of the tobacco dependence treatment coordinator (e.g., ensuring the systematic identification of smokers, ready access to evidence-based cessation treatments [e.g., quitlines], and scheduling of follow-up visits).</p> <p><i>Communicate</i> to each staff member (e.g., nurse, physician, medical assistant, pharmacist, or other clinician) his or her responsibilities in the delivery of tobacco dependence services. Incorporate a discussion of these staff responsibilities into training of new staff.</p>

Adapted from the U.S. Public Health Service, Treating Tobacco Dependence Clinical Practice Guidelines 2008