Implementing MAT Services for Tobacco Cessation in Integrated Care Settings Innovation Community

Setting the Stage:
Today’s Moderator

Madhana Pandian
Associate
SAMHSA-HRSA Center for Integrated Health Solutions
Slides for today’s webinar will be available on the CIHS website:

www.integration.samhsa.gov

In the About Us/Innovation Communities 2017 tab

To participate

Use the chat box to communicate with other attendees

Use the question box to send a question directly to presenters.
Listserv

Look for updates from:
mat_ic@nationalcouncil
 communitiess.org

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Setting the Stage:
Today’s Facilitator

Aaron Williams
Senior Director of Training and Technical Assistance for Substance Use
SAMHSA-HRSA Center for Integrated Health Solutions

Innovation Community Participants

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5-10 minute presentation should, describe the primary goal of your project and answer the following questions:

• What were you able to accomplish toward your goals during the project?
• What do you plan to do in the next six-months to build on your accomplishments?
• What additional resources do you need to continue moving forward toward your stated goals?

Saban Community Clinic
Smoking Cessation Program

Arnali Ray, Director of Strategy,
Program Evaluation & Policy

integration.samhsa.gov
• **Primary goal:** Develop a Smoking Cessation Program by an integrated team consisting of the medical, dental, and behavioral health department.

Accomplishments

• Development of a 12 week class
• **206** total referrals to the Smoking Cessation Class
• 5 active participants reported smoking reduction or quitting smoking
• Group members expressed interest in extending group sessions
• Identifying area of opportunities during the process
Six Month Plan

• Create an integrated multidisciplinary curriculum
• Schedule regular team meetings
• Confirm logistics for next Smoking Cessation Group (date, time, site, etc.)
• Develop MAT protocols
• Develop a communication plan for staff and patients
• Create a data collection plan
• Provide staff training

Additional Resources Needed

• Education materials
• Discounted medications (for uninsured patients)
• Guest speakers (i.e. MAT for providers, patients who have successfully quit smoking)
Questions?

MAT assisted smoking cessation innovation community
Sara Rutan, Project Director
Burrell Behavioral Health
Springfield, MO

integration.samhsa.gov
Setting a care pathway in a partnered setting with CMHC and FQHC

Plan:
- Identify a threshold for the MAT referral
- Create a protocol based on Health Indicators
- Add Heaviness of Smoking Index with Health Indicator reviews
- Standardize use of the protocol in daily operations
- Review outcomes of MAT and smoking cessation counseling

Final Webinar Report Out

What were you able to accomplish toward your goals during the project?
- Threshold and Protocol developed
- Protocol reviewed and brief survey completed to demonstrate the use of Heaviness of Smoking Index as an indicator for use of MAT services
- Protocol revised to include Hof S Index and referrals made based on Health Indicators
- Beginning to standardized use of protocols with new staff
Report Out continued

- What do you plan to do in the next six-months to build on your accomplishments?
  ➢ Develop training in protocols in new staff training
  ➢ Continue to collect outcomes for review and revision as needed – review during treatment team meetings and administrative oversight meetings
  ➢ Develop NRT education information approved by both agencies

Report Out continued

What additional resources do you need to continue moving toward your stated goals?
  ➢ options for affordable NRT’s with self pay individuals
  ➢ strategies when NRT intervention fails to bring positive outcomes
  ➢ development of EHR alerts to notify providers MAT threshold has been met
A Harm Reduction Approach to Tobacco Use among PLWH

Housing Works, Inc.
Cheyanda Onuoha, MPH

integration.samhsa.gov
Overall Goal

• To further improve the health and well-being of people living with or affected by HIV/AIDS and homelessness, Housing Works will provide quality tobacco cessation services using a harm reduction framework.

• Our goal is to strengthen our internal capacity to ensure that quality care, services, and resources are provided to all clients who are ready to quit smoking.

Work Plan Identified Steps

• Increase the knowledge of healthcare providers to accurately assess clients’ readiness to quit.

• Develop a comprehensive tobacco cessation intervention toolkit and utilize it as part of a general treatment plan.

• Strengthen our internal data tracking and reporting of tobacco cessation efforts.
Accomplishments

• Held calls with the NYCDOHMH and out of state affiliates to discuss best practices in creating a harm reduction-centered tobacco cessation program

• Housing Works’ Technical Assistance Specialist presently creating the workflow and intervention toolkit

• Quality Improvement Department and Chief Medical Officer building our internal capacity to track all tobacco cessation efforts across the Housing Works primary care network

6-Month Projections

• Finalize intervention toolkit
• Create a program plan for rollout
• Educate and train applicable staff
• Create a marketing campaign to accompany the program
• Begin implementation
• Establish baseline data
Impact

We anticipate that this project will take an anti-paternalistic approach to tobacco cessation by providing clients with an array of resources while strengthening their autonomous ability to reduce their tobacco use.
Lancaster General Health/Penn Medicine

• Our team works as integrative behavioral health counselors at primary care locations doing short-term, solution focused treatment.
  • We see patients for a variety of problems, such as anxiety, depression, uncontrolled diabetes, hypertension, substance use.
• Our primary goal of the Innovation Community was to implement a tobacco use screening tool used at all new patient intakes for those who reported tobacco use.
Lancaster General Health/Penn Medicine

- To accomplish our goal, we first created a screening tool that assessed history of use and quit attempts, motivation and confidence in stopping tobacco use.
- We then created a template to record the screening results in our EMR system.
- We then distributed the screening tool and information on how to record results to all team members, with all team members implementing the screening tool at intake.

Within the LG Health system, there is a tobacco use treatment program accessible to all current LG Health patients at little to no cost.
- In the next 6 months, we would like to track and greatly increase referrals to this program based on our tobacco use screenings.
- We would also like to track how many referred patients follow through with completing the program.
- The only additional resource needed as we continue to move forward is allocated time within staff meetings to discuss progress toward goals.
Questions?

SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

MAT Smoking Cessation Nevada

Southern Nevada Adult Mental Health Services
Debra Kawcak, Tobacco Cessation Coordinator, Division of Public and Behavioral Health, contacts SNAMHS Clinic

- Conceptualized an effective team with Clinic Director
- Target members to participate:
  - Mental Health Clinician
  - Prescribing Physician
  - Peer Support Specialists
  - Intake Counselor

Creating a Team

Recruit Team Members:
- Contacted targeted members to confirm commitment and availability
- Created flyers to generate interest among staff and clients
- Contact American Lung Association
- Schedule training for group facilitators
- Hold training
Identifying Additional Resources

- Contacted Benefits Department for insurance information
- Contacted pharmacy to order medications identified
- Obtained Nevada Tobacco Quitline (1-800-QUIT-NOW) cards for telephonic counseling referrals
- Purchased use of *Freedom from Smoking* workbooks and literature (American Lung Association)

Next Steps

Survey clients to determine %
Reduce smoking by 30%
Continue to market FFS group
Open to staff participation
Open to public
List on American Lung Association Website
For More Information

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Nevada Department of Health and Human Services
DPBH | SNAMHS
6161 W. Charleston
Las Vegas, NV 89130
mgiagni@health.nv.gov
Walker County TLC (The Last Cigarette) Program

Primary Goal

• To learn effective ways to add medication assisted therapy to the tobacco cessation (TC) program we are designing.

• Learn about and incorporate best treatment practices in tobacco cessation in order to increase the chances of our consumers succeeding in TC efforts.
What we have done so far:
1. Preparing the consumers:
   Getting educational material printed to make available in waiting areas. Posters will be posted in exam rooms with information for consumers.
2. Starting the discussion with staff about the TLC program, and what is coming.
3. Screening tools to assess smokers for readiness to quit at every visit, recorded in EMR.

Plans for the coming months:

August-September 2017: Finish developing assessment and documentation materials for EMR collaboratively with FQHC.
October 2017: TTS-C for RN. After training RN will begin teaching staff 1:1 effective methods for assessing consumer readiness to quit, and training them to use documentation. Posters up announcing coming TC program launch in November. FQHC to handle PR for community awareness of program.
November 2017: Launch Walker County TLC Program.
Additional Resources Needed:

Peer support person for TLC Program

Reconnect with the MAT TC IC group in 6 months, to see what results other participants have achieved.

Listserv with regular updates from the group on what is happening with them.
Thank you for being a part of our innovation community. Please take a moment to provide your feedback by completing the survey at the end of today’s webinar.

If you have additional questions/comments please send them to:

Aaron Williams – aaronw@thenationalcouncil.org
Madhana Pandian – madhanap@thenationalcouncil.org