



NYC Health & Hospitals Corporation

Tobacco Cessation Program

Planning, Implementation and Evolution

Brian F Sands MD

Director, Chemical Dependency Services

Department of Psychiatry

North Brooklyn Health Network

State-Wide Call • May 3, 2006

Goal

Establish A Comprehensive Tobacco
Control Program In a Municipal
Hospital System

Who We Are





- Public Benefit Corporation Governing:
 - 11 Acute Care Facilities
 - 4 Long Term Care Facilities
 - 6 Diagnostic and Treatment Centers
 - Over 100 Community Health Clinics
 - A Managed Care Organization with 175,000 Enrollees.
 - A Certified Home Health Care Agency
 - Organized into six Networks

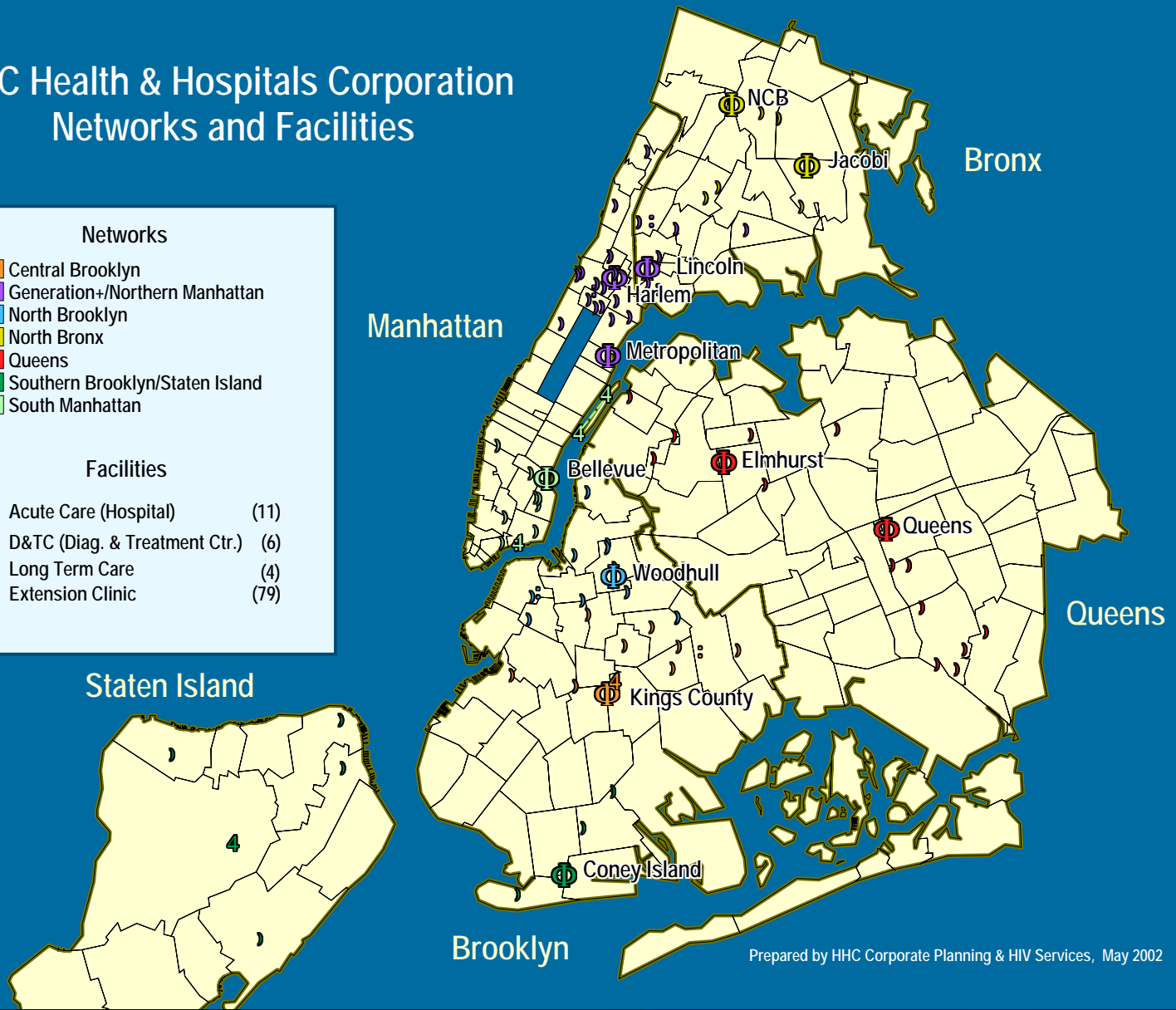
Who Do We Serve

- 1.3 million discrete individuals annually
- 1 out of 6 New Yorkers
- Over 500,000 uninsured patients
- A diverse population:
 - 45% Hispanic
 - 40% African American
 - 10% Asian
 - 5% other

NYC Health & Hospitals Corporation Networks and Facilities

Networks	
■	Central Brooklyn
■	Generation+/Northern Manhattan
■	North Brooklyn
■	North Bronx
■	Queens
■	Southern Brooklyn/Staten Island
■	South Manhattan

Facilities	
	Acute Care (Hospital) (11)
	D&TC (Diag. & Treatment Ctr.) (6)
	Long Term Care (4)
	Extension Clinic (79)

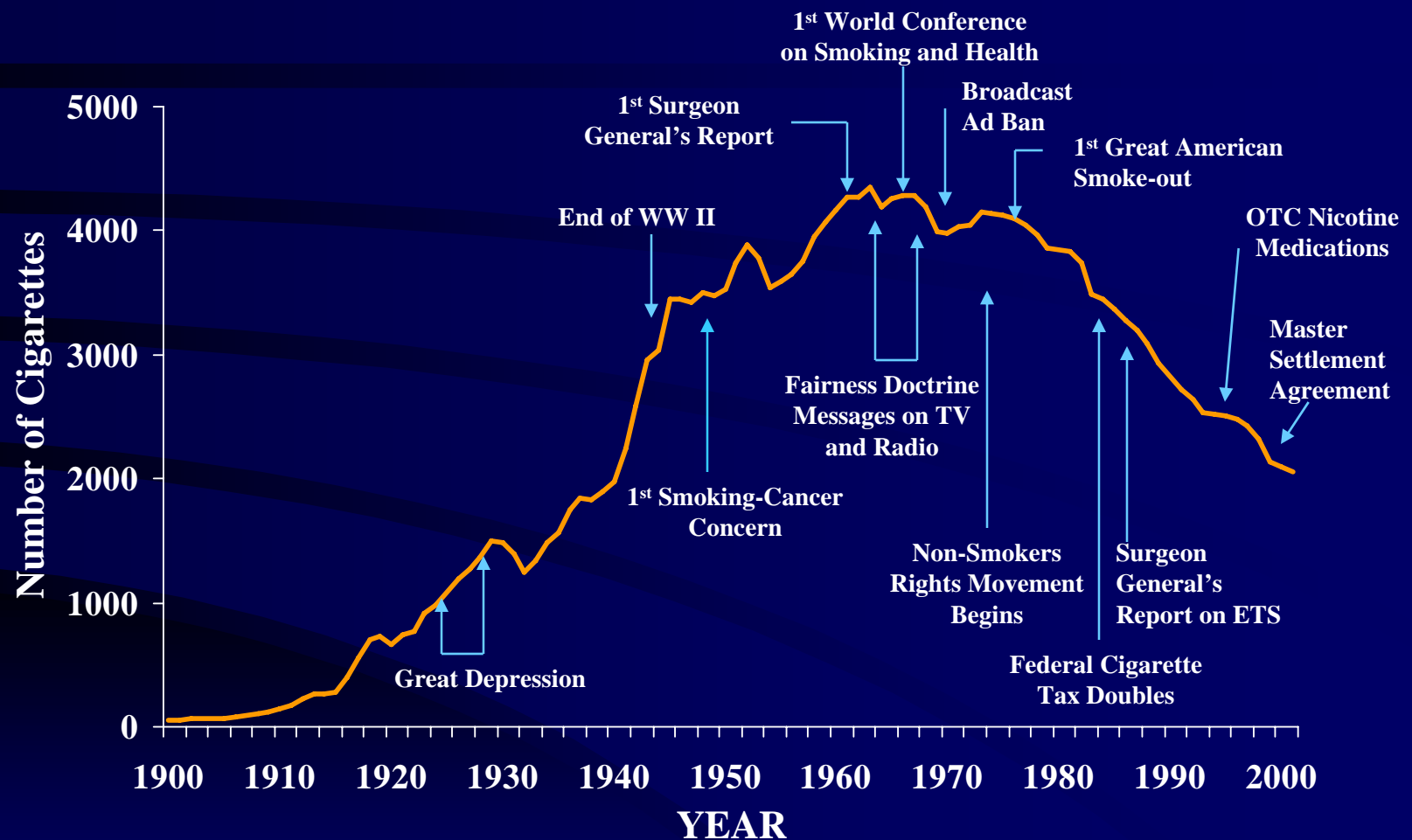


Prepared by HHC Corporate Planning & HIV Services, May 2002

Serving New York City: HHC

- Is responsible for one-fifth of general hospital discharges in New York City
- Provides 40 % of behavioral health services in New York City
- One third of NYC's emergency room and hospital based clinic visits

Adult Per Capita Cigarette Consumption and Major Smoking and Health Events – United States, 1900-2001



Timeline I

- 1990-1998
 - HHC facilities become smoke-free
 - Participation in Coalition for Smoke-Free NYC
 - Master Settlement Agreement
- 1999: Planning begins in anticipation of master settlement funding availability
- Spring of 2000: CDC guidelines followed in how to apportion dollars
 - HHC to provide cessation and some community programs
 - City DoHMH to provide counter-marketing and enforcement

Timeline II

- Spring-Summer 2000
 - PHS model chosen
 - Teams defined and budgets proposed
 - Social Worker
 - Health Educator
 - Clerical / Support
 - Deliverables designed
 - Sites chosen
 - Sites choose program directors
 - Task Force formed with program directors

PHS Methodology

- Primary Care and Dental Providers trained to screen for tobacco use, provide brief counseling and / or referral
- Intensive Cognitive-Behavioral Program with strong pharmacology emphasis formed to help patients who require additional support

Utilization Model

- CDC: 37 % of US Low-Income Adults Smoke
- JAMA 12/3/97: When encouraged to quit smoking, 4.5 % of smokers will enter into a formal cessation program
- Best clinical evidence for adults age 19 and older
- Non-specific loss – 10 %

- **Unique Annual Clinic Encounters X 0.37 X .045 X .9 = [TARGET Year 1]**

Deliverables

- 90% of Primary Care Provider's attend training in cumulative 12 month period
- NYS QARR statewide % on HEDIS III Tobacco Use Measurement
- Quit rate 30 days into treatment plan
- Number of patients seeking cessation services
- Number of patients completing 7 weekly sessions
- Number of patients compliant with pharmacotherapy (and type)

Timeline III

- Winter 2000-2001
 - Two day “Train the Trainer”
 - Medical providers Jan 16 & 17, March 20 & 21
Geoffrey Williams MD
 - Dental Providers May 14 & 18
Robert Mecklenburg DDS MPH
 - Services begin
 - Three day training for Tobacco Cessation Teams [Follows PHS 2001 Guidelines]

Timeline IV

- Spring to Summer 2001:
 - Programs all come on-line
 - Task-Force meets biweekly to share information on best practices and overcoming barriers
 - Corporate-Wide Marketing Begins
 - Number of patients seen grows steadily

Timeline V

- Fall 2001
 - 9/11 terrorist attack
 - NYC / NYS Budget Crises
 - MSA funds re-assigned
 - Enrollment drops

Timeline VI

- Winter 2001-2002:
 - HHC makes strong commitment to continuing programs despite funding loss
 - Pharmaceutical costs shifted to Medicaid wherever possible
 - Enrollment starts to rise again

Timeline VII

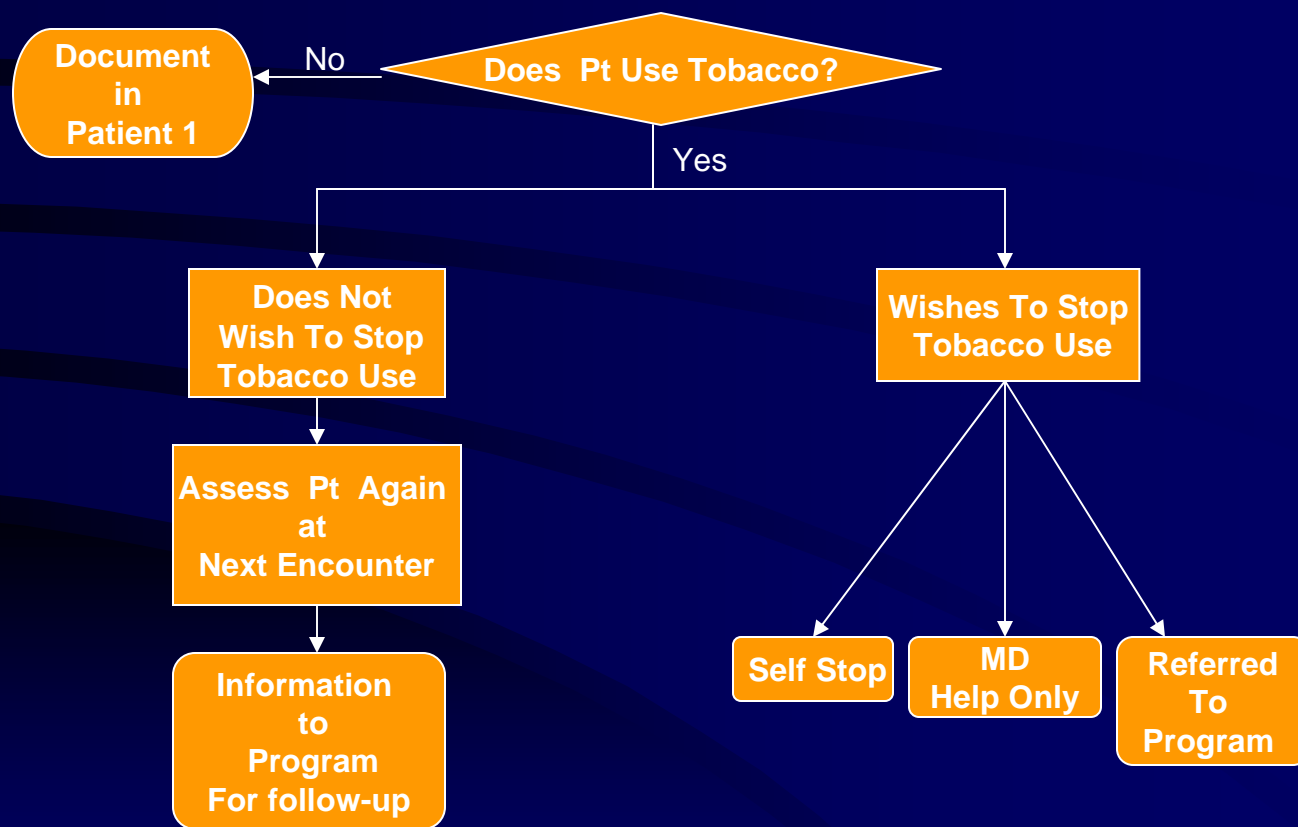
- Spring-Summer 2002
 - Hospital partnerships enhanced
 - Community partnerships enhanced
 - CDoHMH pilot project begun
- Fall 2002-Winter 2002
 - Growth continues
 - Reporting measures refined

Timeline VIII

- March 30 2003: NYC Smoking Ban
- July 24 2003: NYS Smoking Ban

Provider Assessment

Data Collection Flow



Five A's

- **ASK** about tobacco use
- **ADVISE** to quit
- **ASSESS** willingness to make a quit attempt
- **ASSIST** in quit attempt
- **ARRANGE** for follow-up

Five R's to Enhance Motivation

- **RELEVANCE:** Tailor advice and discussion to each patient
- **RISKS:** Discuss risks of continued smoking
- **REWARDS:** Discuss benefits of quitting
- **ROADBLOCKS:** Identify barriers to quitting
- **REPETITION:** Reinforce the motivational message at every visit

2005

- 20,770 Smokers Enrolled in program
- 18,226 with pharmacotherapy
- PCP intervention measure will be most accurate with EMR
- Reporting and feedback on facility level has been an important motivator.