



# **Implementing Right Care for Effective Tobacco Treatment in an Urban Mental Health Clinic**

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# Objectives

1. By the end of this presentation, the participant will be able to recognize the scope and impact of tobacco use on the behavioral health population.
2. By the end of this presentation, the participant will be able to identify the special challenges of treating tobacco dependence in the behavioral health population.
3. By the end of this presentation, the participant will be able to describe the Ask, Advise, and Refer (2 A's and R) model for tobacco intervention.

I have no conflicts of interest to disclose.

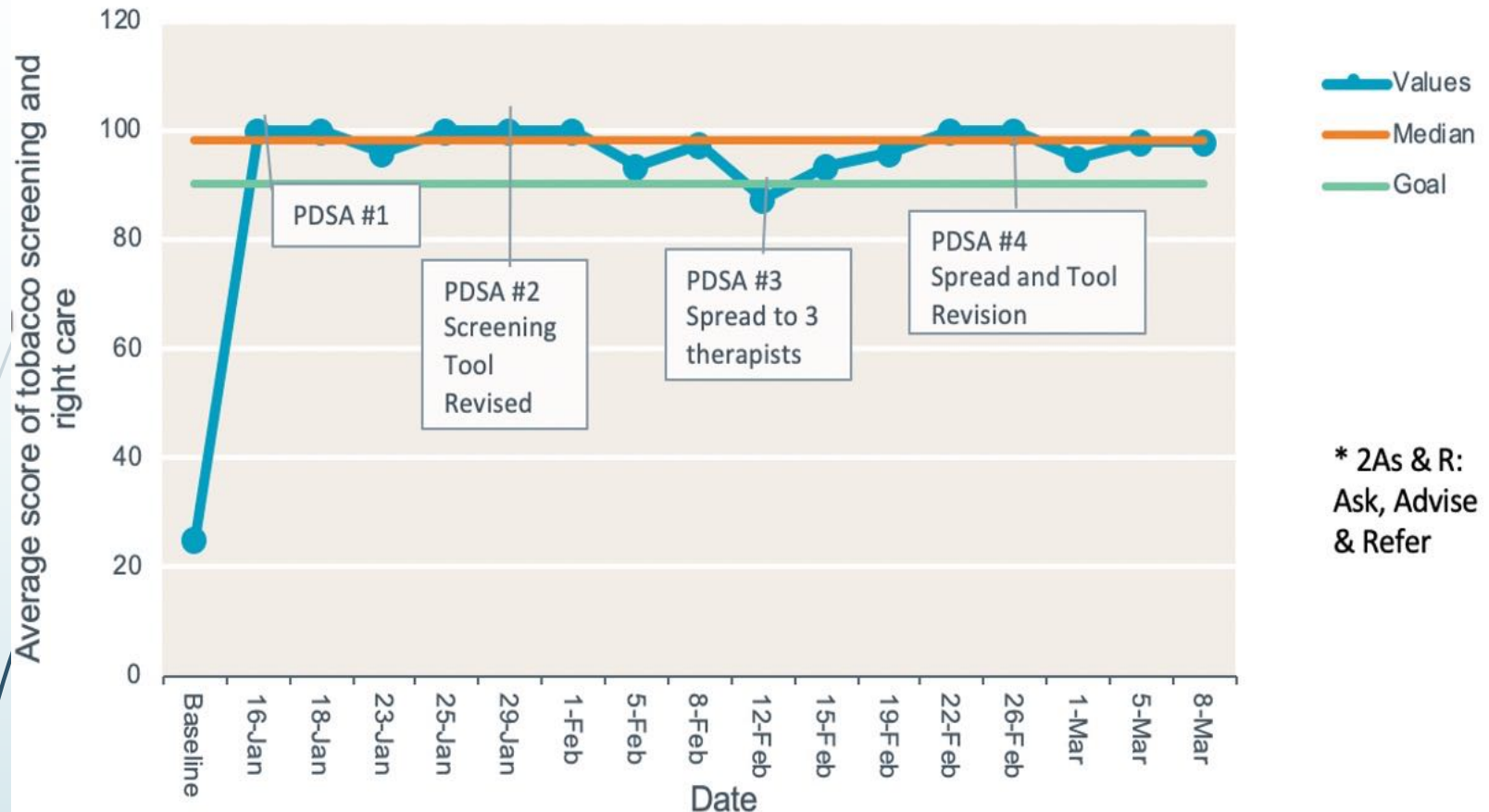
# Background

- Over 70% of people with behavioral health diagnoses smoke tobacco, but only 49% of mental health facilities screen for tobacco use (Centers for Disease Control and Prevention, 2018b).
- Almost half of all annual smoking deaths (200,000) occur in this population, but their unique cessation needs are rarely addressed (Legacy for Longer Healthier Lives, 2013).
- The Tobacco Use and Dependence Guideline Panel (2008) recommends that every patient should be screened for tobacco use, advised to quit, and provided with cessation support.
- At an urban mental health clinic, approximately 57% of the patients smoked tobacco but there was no formal tobacco treatment program offered.

# Methods & Interventions

- The aim of this project was to use the Ask, Advise, and Refer (2As and R) model to increase the efficacy rate of tobacco treatment for clinic patients from 25% to 90% in 90 days.
- A rapid cycle quality improvement project using four plan-do-study-act (PDSA) cycles.
- Each cycle included four concurrent tests of change:
  - Tobacco screening tool
  - Shared-decision making tool to increase patient engagement
  - Case management log to track screening, intervention, and referral to treatment
  - Biweekly quality improvement meeting to increase team engagement
- Data was analyzed using run charts to evaluate the impact of the interventions on outcomes.

# Tobacco Treatment Using 2As & R\*



AIM: After introducing tools to track screening, intervention, and referral to treatment, the mean score for tobacco treatment increased from 25% to 91.5%, indicating that the use of the tools effectively increased the implementation and documentation of tobacco treatment.



# Conclusions

- With the implementation of the 2As and R, effective tobacco treatment in the clinic increased from 25% to 91.5% in 90 days
- Validity may be limited because tools were completed by staff which may have introduced bias.
- A significant limitation was lack of integration of tools into EHR which necessitated manual tracking.
- Sustainability could be improved by integrating the tools into the EHR.
- Tobacco Team meetings should continue to maintain staff engagement.



# References

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