



Healthy Living Clinic Initiative Quality Improvement Strategy



Prevention Policy and Practice Group
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Introduction

Tobacco use remains the leading cause of preventable death and disability in the United States (US), resulting in nearly half a million premature deaths annually among Americans 35 years and older. In California, there are approximately 40,000 deaths/year attributable to tobacco-related disease. Besides the terrible human toll, tobacco-related health care costs are in excess of \$13 billion, annually, in the state. In addition, the tobacco burden falls disproportionately on certain population groups based on geography, race/ethnicity, income, and behavioral health status. Many of the individuals in these groups are served by community clinics. Thus, community clinics represent an important partner in the broader efforts to reduce tobacco use in California.

The Healthy Living Clinic Initiative (HLCI) is a program of the Prevention Policy & Practice Group (3PG) at the University of California, Davis. HLCI is funded by the California Tobacco Prevention Program/California Department of Public Health through a five-year, interagency agreement to provide intensive training and technical assistance to up to 40 community clinics serving at-risk populations. The HLCI will enable these community clinics to:

1. Implement quality improvement methods to improve tobacco cessation efforts;
2. Improve the use of clinical data to track program effectiveness;
3. Provide people who use tobacco with guidance in nutrition, physical activity, and stress management as part of a whole health approach; and
4. Adopt and implement model tobacco-free clinic policies.

In May 2021, the California Tobacco Prevention Program (CTPP) released an important plan, ***California Quits Together: Creating a Tobacco-Free Future***. The HLCI directly addresses Goal 2 in the plan, “Make tobacco screening and treatment a standard of care in health care systems, especially Federally Qualified Health Centers...” The HLCI will be coordinating with CTPP, and other programs and policymakers, to ensure that the HLCI work supports the broader tobacco cessation plan.

Rationale for the Initiative

Quality improvement is central to the HLCI. QI is a systems-based science that enables organizations (in this case, community clinics) to use established QI methods to achieve improved outcomes. QI involves the following steps: (1) identify a specific problem; (2) assess the problem at baseline using credible metrics; (3) determine an intervention plan to address the problem; (4) set targets to achieve through the intervention plan over a defined interval; (5) assess performance, relative to the selected targets, using the same metrics employed at baseline; (6) modify the intervention plan, as necessary, and set new targets, based on the analysis of these data. These steps constitute the Plan-Do-Study-Act (PDSA) Cycle. QI has been used successfully in manufacturing, health care, and consulting to improve the quality of products, health care, and organizations. QI is currently used in most outpatient and inpatient healthcare settings. Significant institutional improvements through QI have been seen in areas

such as: hypertension control, colorectal cancer screening, and diabetes management. However, QI has been underutilized for tobacco cessation in California and across the nation. With leadership, commitment, technical assistance, and shared learning, tobacco cessation can be significantly improved in community clinics that serve a large number of current tobacco users.

Quality Strategy Concepts

Innovation. The 3PG will work closely with each community clinic to develop new ways of addressing tobacco cessation that help to advance health and well-being. A clinic-specific plan will be created that aligns with the clinic's culture and vision and which builds on a baseline assessment of tobacco cessation activities. 3PG will provide evidence-based resources and consultation to inform development of the clinic-specific plan.

Systems Perspective. Community clinics deliver services with a comprehensive view toward health. For example, approaches such as team-based care are often used to address the varied and sometimes complex needs of individuals and families. In addition, a systems perspective speaks to the need to coordinate a variety of health-related services addressing individual and population health needs of the community. Advancing tobacco cessation will be done while maintaining the efficiency of current workflows.

Whole Health Approach. The HLCI envisions a Whole Health approach to advancing health and well-being, with tobacco cessation as a central goal. Whole Health is encompassed in the 1946 World Health Organization definition of health as "...a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." More recently, the US Department of Veterans Affairs (VA) has adopted the Whole Health perspective for its clinical services (Figure 1). The VA describes Whole Health as an approach that, "...centers around what matters to you, not what is the matter with you." Whole Health is also described as a means to, "...develop a personalized health plan based on your (the patient's) values, needs, and goals." Such an approach is valuable for the HLCI because it is patient-centered and accounts for the physical, mental, and social health contexts of each individual, increasing the effectiveness of program efforts.



Figure 1. The VA Whole Health Concept

HLCI Technical Assistance

QI Training. HLCI staff will provide QI training for each clinic, incorporating the concepts of Innovation, Systems Perspective, and Whole Health.

Learning Collaboratives. The HLCI will support QI learning collaboratives among participating community clinics. Collaboratives have a long track record of fostering improvement in quality metrics among participating members and have the potential of catalyzing more rapid improvements across systems by sharing newly discovered, effective techniques, methods, and approaches.

Consultation and Resources. HLCI staff will be in regular communication with each clinic, providing consultation and technical assistance on all aspects of the clinic's plan for systematic improvement in tobacco cessation. In addition, an array of materials designed for clinic staff and patients will be provided in the context of the clinic's QI plan. Curated information related to the HLCI will be maintained on the 3PG website and Microsoft Teams for ready access by the clinics.

Advancing Tobacco Cessation in Community Clinics Project

In January 2022, CTPP released a Funding Opportunity Alert for the Advancing Tobacco Cessation in Community Clinics Project (ATCP). The subsequent Request for Applications led to the funding in fall 2022 of the first of three planned cohorts of community clinics to work in conjunction with the HLCI. A second cohort of clinics has been funded under the ATCP and is slated to begin work August 1, 2023. The ATCP funding, combined with the technical assistance and materials support provided by the HLCI, will help achieve the following specific aims for each clinic:

1. Make tobacco cessation a practice and system priority;
2. Create a supportive environment for cessation;
3. Equip clinic staff to engage in tobacco cessation efforts with linkages to Kick It California (California Tobacco Cessation Counseling Provider); and
4. Establish, report on, and achieve improvements in specific, measurable performance and QI goals.

Related Tobacco Cessation Programs

Kick It California. This is a comprehensive, tobacco cessation program at the University of California, San Diego. It provides evidence-based cessation counseling for clients and technical assistance to providers to advance tobacco cessation. The HLCI will be working with each clinic to ensure effective linkage with this nationally known resource.

Smoking Cessation Leadership Center. Based at the University of California, San Francisco, the Smoking Cessation Leadership Center (SCLC) has been a pioneer in developing innovative and effective approaches to reduce smoking through system transformation. An important ongoing SCLC project is advancing tobacco cessation in behavioral health settings, an area of high need. The HLCI team will be working closely with the SCLC staff to identify and implement relevant best practices based on the SCLC's 17 years of practice experience.

CA Quits. CA Quits is a statewide project to help health systems, such as Medi-Cal health plans, advance tobacco cessation. The experience of the CA Quits group has been used to inform and support the efforts of the HLCI.

Evaluation

The HLCI Evaluation Plan details how the initiative will be evaluated. There will be both process and outcome evaluation components using mixed methods approaches and baseline and follow-up data collection. The HLCI evaluation will be undertaken with a QI lens and will directly support clinic-level QI activities. HLCI technical assistance, as described above, will be assessed and adjusted, based on evaluation findings, both within and between each of the three clinic cohorts. Clinic assessments of tobacco cessation workflow, tobacco-free policy, patient metrics, etc. will serve as the foundation for each clinic's quality improvement strategy, enabling the measurement of intervention impacts at the clinic and broader initiative levels.

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