

# QI Plan Guide for ATCP Clinics

This guide highlights essential elements of *system-based tobacco cessation* that should be included in your Quality Improvement Plan (QIP). Please consult with your assigned HLCI Quality Improvement Specialist (QIS) throughout the development of your QIP.

## The Three Essential Components of Tobacco Cessation:

1. Conduct tobacco use assessment (Ask)
2. Encourage quitting (Advise)
3. Arrange for counseling, cessation medications, follow-up (Act)

Review, below, the elements of system-based tobacco cessation and identify *who, will do what, by when*, for each project within the QIP.

Think through the questions that follow to help develop the details of your QIP.

### Conduct Tobacco Use Assessment (Ask)

- Every patient should be screened for tobacco use at every visit.  
Is this already a policy and consistent practice? If yes, please describe.  
How are staff trained and supported in services related to tobacco cessation?  
How are performance and progress tracked?
- Use a clear communication method to let a provider know that their patient has screened positive for tobacco use.  
What is your clinic's method (e.g., a checklist is handed to the provider, a color-coded flag is attached to the exam room door, a 30-second verbal update is provided)?
- Tobacco use assessment should occur for telehealth visits in addition to in-person encounters.  
How will you develop an implementation plan for telehealth?  
How will you overcome actual or perceived barriers?

## Encourage Quitting (Advise)

- Use Very Brief Advice (VBA) as a communication theme.  
Reference the *VBA Guide and Ask-Advise-Act Clinician Script Tool*. When, how, and from whom does a patient receive advice to quit tobacco?  
How are staff trained and supported around VBA?  
How are performance and progress tracked?
  
- Kick It California (KIC) should be a major referral resource.<sup>1</sup>  
What is your standard procedure for referring patients to KIC?  
Are responsible staff trained and kept up-to-date on KIC referral procedures?  
How are you tracking referrals to KIC?
  
- Develop and implement an outreach strategy.  
How do you communicate the importance of cessation to all patients, including those who do not have a clinic visit in a given year?  
How do you ensure that patients can access tobacco cessation resources, such as KIC?  
What are your specific strategies and desired outcomes for outreach efforts through various communication channels (e.g., text, portal, mail)?  
How are performance and progress tracked?

## Ensure Access To Cessation Medications (Act)

- Every patient that uses tobacco should have ready access to recommended cessation medications.  
Does your clinic routinely discuss, and prescribe when appropriate, cessation medications with patients that use tobacco?  
How do you ensure that staff and patients are knowledgeable about coverage for cessation medications?

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<sup>1</sup> Kick It California (KIC) is the state tobacco quit line, formerly known as 1-800 NO BUTTS. KIC provides phone counseling in English, Spanish, Korean, Vietnamese, Mandarin and Cantonese (these last 4 languages through the Asian Smokers' Quitline). KIC also provides texting services, self-guided materials, and other modalities to support people in quitting tobacco / nicotine.

- Clinics should establish a practical approach to ensure that every clinician is skilled at prescribing cessation medications.

What is your prescribing guideline for cessation medications?

How are clinicians trained on prescribing cessation medications?

### Arrange For Follow-Up (Act)

- Clinics should think about follow-up strategies to optimize the effectiveness of cessation at the system level.

What are your treatment strategies for patients who are contemplating quitting, who are in the process of quitting, or who have relapsed?

How will your clinic track follow-up with these patients?

What resources do you have in place to equip patients to stay quit for good?

### Other Considerations

- Where pilot projects are conducted to test an approach, address how the approach will be scaled up or disseminated across the adult clinic population.

Which interventions will be tested on a smaller scale first?

How will you share encouraging results?

How will you provide training to expand cessation efforts across your organization or clinic network?

- Ensure that the QIP details how the clinic will optimize its alignment with the tobacco-free model policy provided by HLCI.

What policy changes may be needed to improve alignment of current clinic policy with the benchmark model policy?

You may have to review how policies are changed at your clinic and determine who needs to be involved (e.g., leadership, HR, legal).

## Tips for Successful Planning

Engage your organization's relevant experts at your clinic early, to help develop a practical QIP:

- Leadership endorsement can help communicate the overall objective and keep staff motivated.
- MAs/Nurses/Clinic Managers have knowledge of current workflow and staff's capacity to receive training and/or help implement changes.
- Clinical champions can help communicate ATCP goals and get everyone on board with necessary improvements.
- IT/EHR staff can provide information on existing structured data fields, reporting capabilities, and possible changes to forms and reports.
- Case Managers can provide essential insight for hard-to-reach populations.
- Health Education staff may understand effectiveness of various outreach and communication methods.
- Assembling a workgroup for the ATCP project will help you to prioritize needed interventions and to organize the QIP activities to support effectiveness.

## Reference This Document Alongside Other HLCI Resources:

- Baseline Assessment – evaluation activities to assess current performance.
- QIP Template – a form to jumpstart development of your QIP.
- Ask-Advise-Act Guide – an overall framework for system-based tobacco cessation.

