Arkansas's Systems Training Outreach Program:

Using Academic Detailing to Reach Health Care Providers

CDC

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Program Description

Tobacco use is the leading cause of death and preventable disease in Arkansas and is responsible for nearly 5,000 state deaths annually.[1] In 2012, the state's adult smoking rate was 25.0%, which is higher than the median rate of 19.6% for the overall United States.[2] To help reduce tobacco use in Arkansas, state officials used a public-private partnership to develop the Systems Training Outreach Program (STOP).

This face-to-face outreach program is designed to build the capacity of health care providers and organizations to

- Systematically and routinely identify tobacco users.
- Advise tobacco users to quit.
- Refer those ready to quit to the appropriate treatment resources, such as the Arkansas Tobacco Quitline.[3]

STOP is an academic detailing outreach program developed by the Arkansas Department of Health's (ADH's) Tobacco Prevention and Cessation Program (TPCP) in partnership with Alere Wellbeing, Inc. (AWI). *Academic detailing* is defined as structured visits by trained personnel to health care practices for the purpose of delivering tailored training and technical assistance to health care providers to help them use best practices.

STOP provides consultation and training to providers and organizations on resources such as

- A brief tobacco intervention called "Ask, Advise, Refer" that can be used to identify and help tobacco users in health care settings.
- The Arkansas Tobacco Quitline.
- Quitline referral methods (e.g., Click to Call, 1-800-QUIT NOW, E-referral, fax referral).
- Other tobacco cessation referral resources (e.g., online training, resource lists).

The program also provides tools and technical support to help health care systems improve their treatment protocols, workflows, and electronic health records.

In 2009, the TPCP and the AWI began their partnership by developing a training curriculum and tools and by setting up a stakeholder advisory board. They also launched a Technical Assistance Systems Change pilot project that provided consultation and training by telephone, e-mail, and online webinars to providers from a select area of Arkansas.

In October 2011, STOP was set up in two of the state's five local health regions (Northeast and Central). These regions were selected because the ADH has made it a priority to address tobacco-related health disparities. Some population groups have more health and economic problems, including higher prevalence of tobacco use and less access to effective treatment.[4]

During October–November 2012, STOP was expanded to the state's other three local health regions (Southeast, Southwest, and Northwest). This expansion made outreach services accessible to health care, mental and behavioral health, and substance abuse providers in all 75 counties in Arkansas.

STOP was designed to focus on underserved populations, including uninsured, underinsured, and low-income populations. The TPCP also made it a priority to integrate tobacco treatment into existing mental health and substance abuse treatment settings by partnering with the Arkansas Department of Human Services' Division of Behavioral Health Services (DBHS). Specific goals set by the TPCP included reaching mental health and substance abuse providers through STOP and the Technical Systems Change Pilot Project.

As a result of this partnership, all DBHS-funded substance abuse providers are required to implement tobacco-free policies by June 2014 and to include tobacco treatment in their existing programs. STOP outreach specialists work with these providers to help them make policy and system changes in their organizations.

One STOP Outreach Specialist is assigned to each of the ADH's five local health regions. Each

specialist has a minimum of a bachelor's degree, experience in public health, or experience training health care providers. They receive 80 hours of initial training on the academic detailing approach, weekly one-on-one coaching, and weekly team training. A program manager also observes the specialists in the field quarterly to ensure the quality of services delivered.

STOP Outreach Specialists provide face-to-face training, consultations, and technical assistance tailored to the needs of each health care provider or organization (e.g., medical clinics, dental clinics, hospitals, mental health facilities). During their initial contact, they seek to ensure that the providers and organizations in their region have access to online training and tobacco cessation referral resources.

They meet regularly with health care providers to encourage providers to refer more tobacco users to treatment resources, reinforce behaviors and processes learned through the trainings, and help providers test and make system improvements. Figure 1 provides an overview of STOP's activities and intended outcomes.

Program Infrastructure

The STOP infrastructure aligns with the five core components of the Component Model of Infrastructure, which are networked partnerships, multilevel leadership, engaged data, managed resources, and responsive planning.[4]

Networked Partnerships

Partnerships extend the reach of STOP and help to continue the program.

- The Arkansas TPCP partners with its local grantees to promote STOP. These grantees have connections with providers and organizations in their community that can help encourage providers to participate in the program.

- Outreach specialists build relationships and trust with providers and organizations. These relationships allow networks of providers to be developed within and across regions.

- Providers and organizations are partners in STOP. Once they are involved, they support and promote the program and ask outreach specialists to speak at conferences and outreach events. Some providers have recommended STOP services to other providers.

- The Arkansas TPCP and the AWI have a long-standing partnership. They have worked together to develop STOP, train outreach specialists, gather and analyze data, and report on program outcomes.

Multilevel Leadership

Leaders and champions are necessary at all levels to develop relationships and to ensure STOP's progress toward achieving health goals.

- The STOP advisory board includes a diverse array of health care professionals who serve as champions across the state's health care system, including in the DBHS, Veterans Administration, Oral Health, Rural Health and Primary Care University of Arkansas Medical Sciences, Arkansas Hospital Association, and Harding University College of Pharmacy.

- Outreach specialists identify a champion when they meet with a health care provider or organization the first time. Ideally, champions are in leadership or decision-making positions that allow them to support the program effectively. In larger organizations, partnering with quality assurance departments has helped to achieve system change.

- Outreach specialists also identify a second champion or contact person as soon as possible to ensure that services continue in the event of staff turnover.

Engaged Data

STOP collects and uses data in ways that can help STOP staff, health care providers and organizations, partners, decision makers, and local programs achieve public health goals. STOP staff achieve this goal by providing training and technical assistance and by tailoring their data-sharing methods to the specific needs of each provider or organization.

- During 2009–2010, the ADH and the TPCP surveyed health care providers in Arkansas to assess their knowledge and use of clinical tobacco cessation interventions. The survey found that more than half of providers (54%) had never heard about the Arkansas Tobacco Quitline.[5] This assessment was essential to planning the direction of STOP.

- The AWI develops quarterly and annual reports for STOP. The data are reviewed by STOP staff and presented at quarterly advisory board meetings. The data are used to identify program goals, regions in need, and priority populations.

- System assessment surveys are used to analyze each organization's readiness for change according to the Chronic Care Model's six components of systems change.[3] Data are gathered early in the process to engage providers and organizations in the

process of customizing STOP services to achieve desired system changes.

- Outreach specialists share individualized data reports with providers and organizations to engage them in the monitoring process. Regular data reporting helps providers track their progress and see the benefits of STOP.

Managed Resources

STOP's infrastructure requires resources beyond funding, including an adequate number of qualified staff and partners and effective training programs.

- CDC funding for STOP paid for planning and development for technical assistance from Outreach Specialists by telephone, e-mail, conference call, or webinar. The ADH paid for the development and implementation of STOP with funding from the Master Settlement Agreement (MSA). The MSA is a 1998 accord between the major tobacco companies and 46 states and 5 US territories for recovery of tobacco-related health care costs.

- CDC's *Best Practices for Comprehensive Tobacco Control Programs* recommends using 31% of MSA funding for cessation services, including counseling and medication to help tobacco users quit.[4] Currently, 28% of Arkansas' MSA funding is allocated to fund the TPCP's cessation services budget. Of these funds, 8% is used to pay for STOP services in three of the state's five local health regions. CDC funds the program in the other two regions.

- Personnel (35%) and benefits (18%) make up the majority of program costs. These costs include five Outreach Specialists and one program manager, and these staff members dedicate 80% of their time to the program. Travel expenses for Outreach Specialists to meet with providers account for 35% of the budget. Program supplies account for the remaining 12%.

- STOP is designed to adapt as the health care environment changes, and outreach specialists receive regular training. For example, trainings have been developed to address changes related to the Affordable Care Act, the Centers for Medicare & Medicaid Services' incentive program for "meaningful use" of electronic health records, and Joint Commission accreditation requirements.

- Outreach specialists assess the systems used by each provider or organization to identify their specific needs and tailor STOP services to these needs. For example, providers in rural communities may have limited access to the Internet or other technology resources. In these cases, Outreach Specialists use printed materials, provide access to online training, or refer providers to other resources.

Responsive Planning

STOP uses a collaborative planning process that includes multiple stakeholders. This approach allows the program to be responsive to changes in the environment, data, and stakeholders.

- Recruiting, hiring, and sustaining key leaders in the field for the STOP advisory board was a key step. The board helps the Arkansas TPCP and the AWI set priorities and make adjustments to the program as needed. The board meets quarterly to review the program's progress. It meets annually to review accomplishments, set goals for the next year, determine the best use of resources, and decide if adjustments are needed.

- The program's initial planning year allowed staff to determine who needed to be involved, set priorities, develop program content and training curriculum, and fully train the outreach specialists.

- To ensure program sustainability, initial planning outlined ways to create a sustainable infrastructure, set up outreach services, and teach providers how to use effective tobacco cessation interventions. Training sessions and materials used during consultations and trainings are updated regularly. Many of these materials are posted on the state's Stamp out Smoking (SOS) Web site.

Program Outcomes

The Arkansas TPCP and the AWI have monitored referrals to and use of treatment resources since STOP started. They collected information about program reach, provider use of cessation interventions, and provider referral to cessation treatments.

Program Reach

- During October 2011–June 2012, STOP services were provided in two of Arkansas' local health regions. Outreach specialists contacted 591 providers and 320 organizations.[6] During December 2012–June 2013, STOP services reached the entire state, and outreach specialists contacted 2,685 providers and 1,065 organizations. Organizations contacted included
    - Medical clinics (57%).
    - Dental clinics (27%).
    - Hospitals (8.5%).
    - Mental health facilities (5.5%).
    - Partner organizations (2%).[3]
- During 2012–2013, STOP delivered 1,599 services to organizations. Services included
    - Program introductions (53%).
    - Systems consultations (24%).
    - Trainings (20%).
    - Ongoing systems consultations (3%).[3]
- During 2012–2013, STOP trained 1,328 providers, focusing on
    - Use of the Ask, Advise, Refer intervention for the Arkansas Tobacco Quitline (65%).
    - Use of quitline materials (12%).[3]

Provider Use of Cessation Interventions

- Before STOP started, the ADH and the TPCP surveyed health care providers in Arkansas to assess their knowledge and use of clinical tobacco cessation interventions. The findings indicated that during 2009–2010,

only 7% of providers were using the Ask, Advise, Refer intervention.[5]

- In 2013, outreach specialists began surveying providers and organizations annually to monitor progress in their use of Ask, Advise, Refer. They found that 31% of providers statewide reported using this intervention.[7] Although the results of this survey cannot be compared with the 2009–2010 survey, the findings provide information about the use of Ask, Advise, Refer among providers and organizations served by STOP during the program's first year.

Provider Referral to Cessation Treatment

- STOP staff reported an increase in the percentage of calls to the state's quitline in which the caller reported hearing about the quitline from a health care provider after STOP was fully implemented.
    - 20.6% of calls before STOP (July 2010–June 2011).
    - 24% of calls after STOP covered the entire state (July 2012–June 2013).[3]*
    - Fax referral data also indicated an increase in fax referrals to the quitline.
    - 1,908 fax referrals before STOP (July 2010–June 2011).
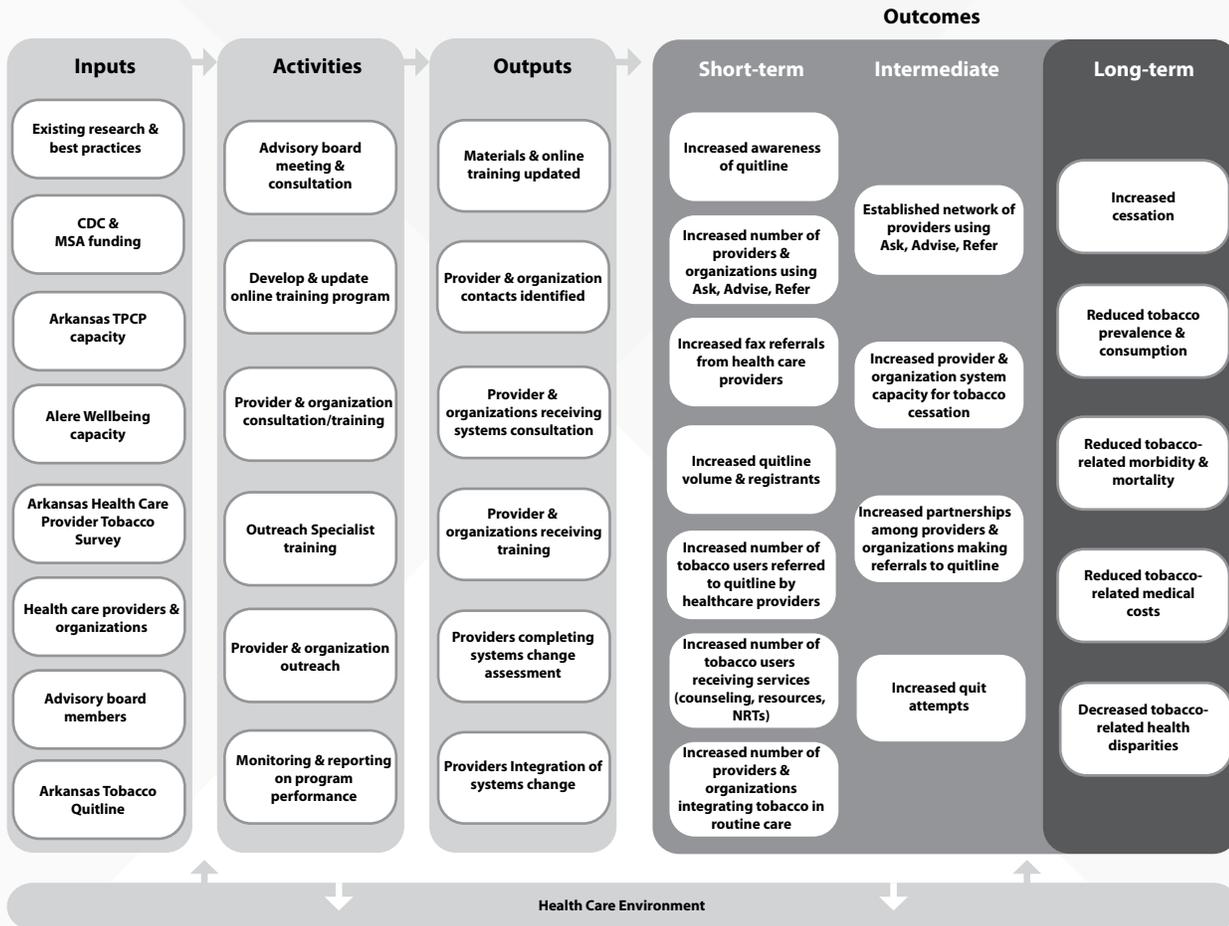   - 3,775 fax referrals after STOP covered the entire state (July 2012–June 2013).[3]*

*These figures may underestimate the change in provider referrals because all local health regions in the state were not served by STOP until November 2012.

Lessons Learned

- Outreach specialists' consistent contact with providers and organizations helps build the relationship and trust needed to keep tobacco cessation work a priority.

- Planning for changes in staff at STOP and among providers and organizations helps prevent a gap in services. Outreach specialists identify more than one champion or contact person at each organization to ensure continuity in the event of staff turnover.

- Strategic planning every year provides time to review program progress and needs. This process allows the program to make adjustments based on progress, needs, and changes in the health care environment.

- Planning for program sustainability from the beginning helps to ensure that a sustainable infrastructure is created, outreach services are implemented properly, and providers learn to use interventions correctly.

- Planning for monitoring and evaluation of the program from the beginning helps define and develop methods to collect meaningful process and outcome measures.

- Using a tool (e.g., online training) that offers continuing education credit gives providers an incentive to complete the training. This approach helps address provider concerns about lack of time or knowledge. Online trainings can reduce training costs and allow providers to learn on their own time. These trainings can also be included with health care organizations' routine staff trainings, increasing their reach.

- Putting printer-friendly materials and resources on a Web site allows providers and organizations to order and print materials at any time.

- Regularly sharing data with providers and organizations helps them to see the benefits of the program. It also promotes discussions about important outcomes to look for and the timeframe in which changes should be expected to occur. The academic detailing approach gives STOP a clear structure and helps build relationships with providers and organization. Openly talking with providers about their attitudes and their patients' attitudes toward the program provides information needed to tailor services to meet specific needs.

- Identifying a champion in the state health department who knows the value of the program and can communicate its benefits to key stakeholders can keep the work moving forward.

Figure 1. Arkansas Systems Training Outreach Program (STOP) Logic Model

Outcomes

Inputs	Activities	Outputs	Short-term	Intermediate	Long-term
Existing research & best practices	Advisory board meeting & consultation	Materials & online training updated	Increased awareness of quitline	Established network of providers using Ask, Advise, Refer	Increased cessation
CDC & MSA funding	Develop & update online training program	Provider & organization contacts identified	Increased number of providers & organizations using Ask, Advise, Refer	Increased provider & organization system capacity for tobacco cessation	Reduced tobacco prevalence & consumption
Arkansas TPCP capacity	Provider & organization consultation/training	Provider & organizations receiving systems consultation	Increased fax referrals from health care providers		Reduced tobacco-related morbidity & mortality
Alere Wellbeing capacity	Outreach Specialist training	Provider & organizations receiving training	Increased quitline volume & registrants	Increased partnerships among providers & organizations making referrals to quitline	Reduced tobacco-related medical costs
Arkansas Health Care Provider Tobacco Survey	Provider & organization outreach	Providers completing systems change assessment	Increased number of tobacco users referred to quitline by healthcare providers		Decreased tobacco-related health disparities
Health care providers & organizations	Monitoring & reporting on program performance	Providers Integration of systems change	Increased number of tobacco users receiving services (counseling, resources, NRTs)	Increased quit attempts	
Advisory board members			Increased number of providers & organizations integrating tobacco in routine care		
Arkansas Tobacco Quitline					

Health Care Environment

MSA=Master Settlement Agreement, TPCP=Tobacco Prevention and Cessation Program, NRTs=Nicotine Replacement Therapies

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