Center for HOPE at Huntsman Cancer Institute

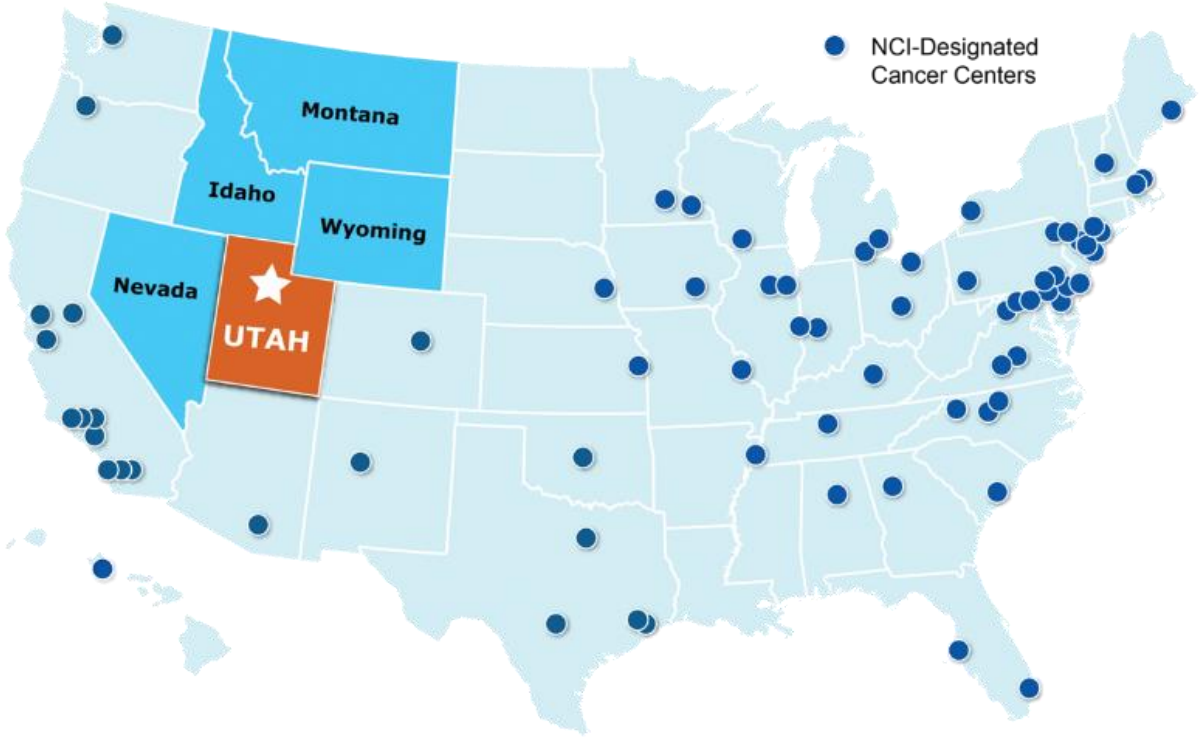
and the University of Utah

Agenda

Approach to partnership work
Evidence-based health technology practices to optimize electronic health records
Best practices and lessons learned from quality improvement projects
Implications for workforce and health outcomes

Huntsman Cancer Institute

The only National Cancer Institute-Designated Cancer Center in the Mountain West



NCI Comprehensive Cancer Center

A Cancer Center Designated by the National Cancer Institute

Overall Rating: Exceptional

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Center for Health Outcomes and Population Equity (HOPE)

Mission:
Bring communities and researchers together to **create long-term solutions** to prevent and control cancer, chronic and infectious disease, and improve health among underserved populations.

mHealth

Community-Engaged Research
Implementation science

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Community–Engaged Dissemination and Implementation Research

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Schlechter, C. R. et al. Application of Community – Engaged Dissemination and Implementation Research to Improve Health Equity. (under review)

Why Health Information Technology?

- Health information technology evidence based interventions (EBI) streamline workflows and data collection
- EBI implementation into workflow leads to the long-term sustainability of measure improvement
- EBIs incorporate easily and ease staff burden

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Quit SMART Utah

Interventions

Clinic Level	Ask-Advise-Connect (AAC)
Patient Level	Text messaging
	Coaching calls (MAPS)

SCALE-UP Utah

Interventions

Text messaging campaign for screening, testing, and vaccination

Patient Navigation

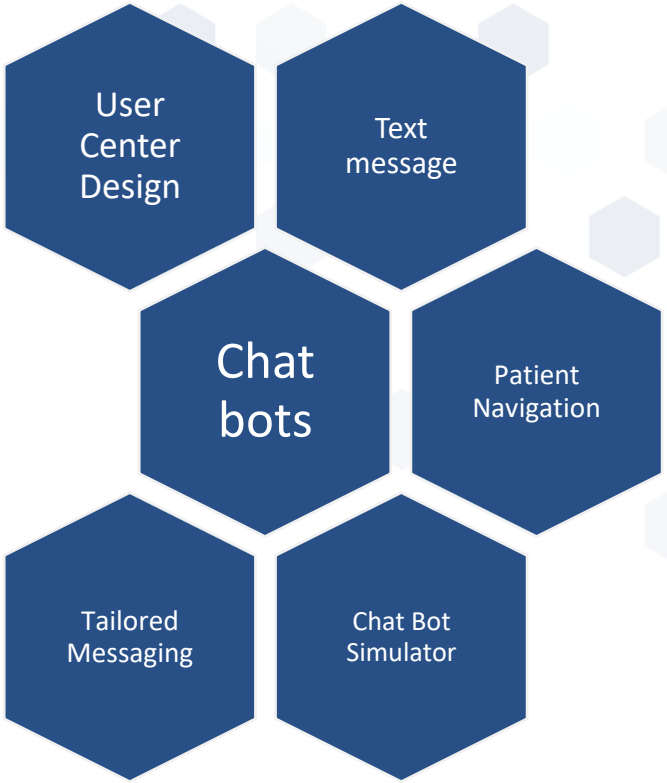
Population Health Management Tool

SCALE UP Utah II

Population health infrastructure focused on finding user friendly ways to engage patients in COVID-19 management.

Varying types of patient engagement to determine usability by patient group

Sustainable, Engaging, and Usable



Taking Interventions to Scale

QuitSMART Utah

SCALE-UP Utah (RADxUP)

Grand Challenges with Intermountain Healthcare

SMART Randomized Clinical Trial

- 10 Community Health Center Systems (33 clinics)
- Enrolled >11,000 low SES tobacco users to date

Randomized Clinical Trial

- Reached ~110,000 diverse, low SES, and rural patients with COVID-19 messaging
- 37% of messages were in Spanish
- 37 different message workflows across 227 different cohorts

Stepped Wedge

- Implemented in 113 Clinics in 5 wedges
- Anticipate screening ~500,000 patients for tobacco use (~20% of the adult population in Utah)
- Have screened >325,000 patients to date

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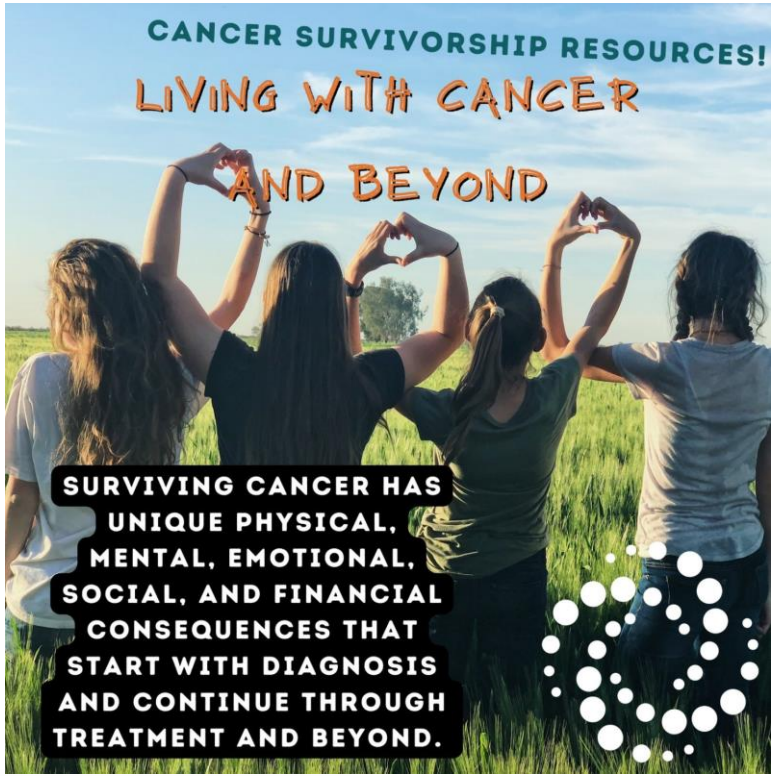
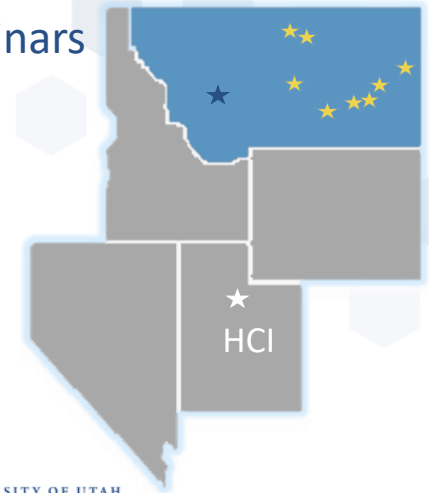
Montana Survivorship



- Identified service gaps for rural survivors
- Developed resource and training guides
- Implemented processes connecting survivors to resources
- Established process to chart survivor interactions
- 11 provider education webinars

★One Health Clinics
★Montana Cancer Control Program



@onehealthbighorn

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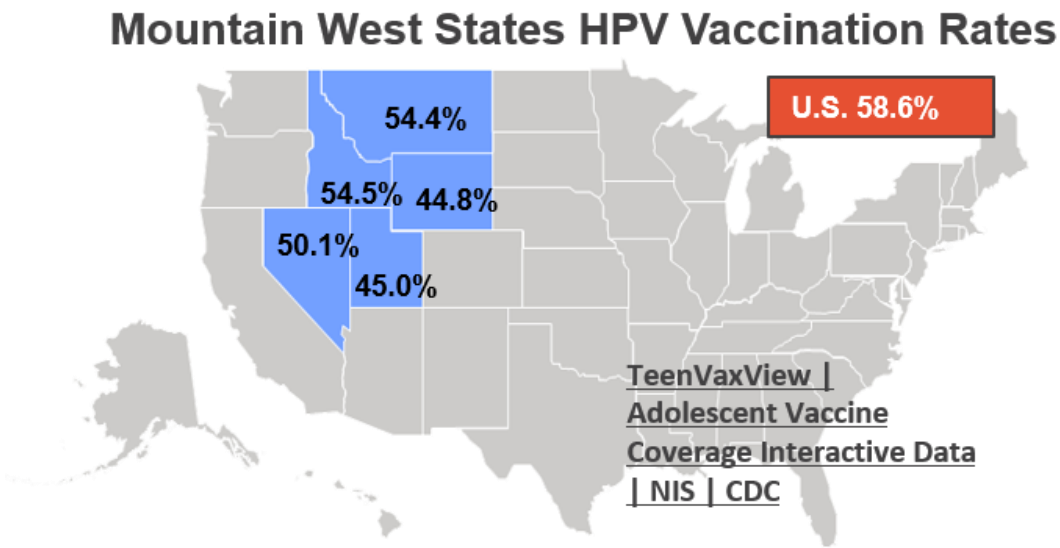
HPV Vaccination in the Mountain West



Interventions

- Standing orders
- Provider reminders
- Patient reminders
- Provider assessment and feedback

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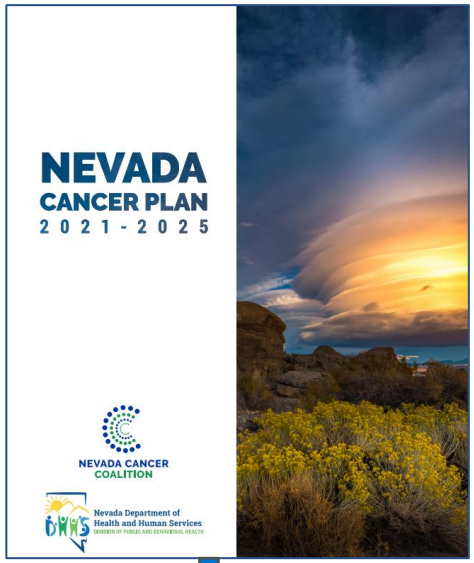
Nevada AAC – Research Practice Partnership

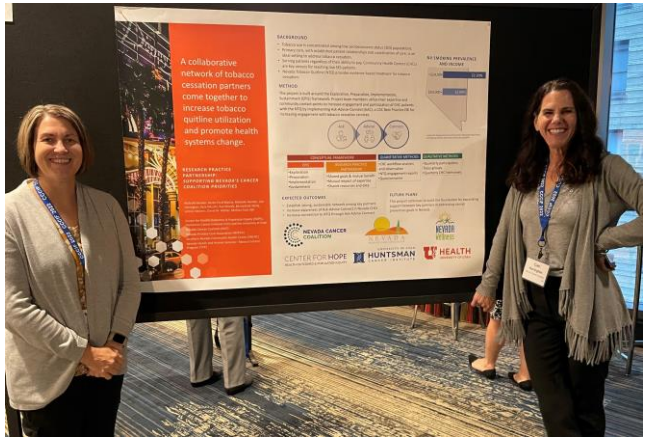


Nevada DHHS

Southern Nevada CHC

Nevada PCA

Nevada Cancer Coalition



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Nevada AAC Project Micro-Cost Analysis

	Tobacco cessation workflow observation and assessment	Establish bi-directional connection with Quitline	Configuration of tobacco workflow to align with AAC	Optimization of tobacco cessation workflow	Report Mapping	Training	TOTAL
Research Project Team	$204.00	$81.50	$47.19	$143.00	$816.00	$204.00	$ 1,495.69
Health System	$221.11	$71.79	$38.79	$221.11	$470.16	$324.68	$ 1,347.64
DHHS		$189.00					$ 189.00
TOTAL	$425.11	$342.29	$85.98	$364.11	$1,286.16	$528.68	$ 3,032.33

State Quitline also pays **$10,000** per health system to implement eReferrals with quitline service provider

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Nevada AAC Participation Time Estimates

Research Project Team

14 Hours

Health System

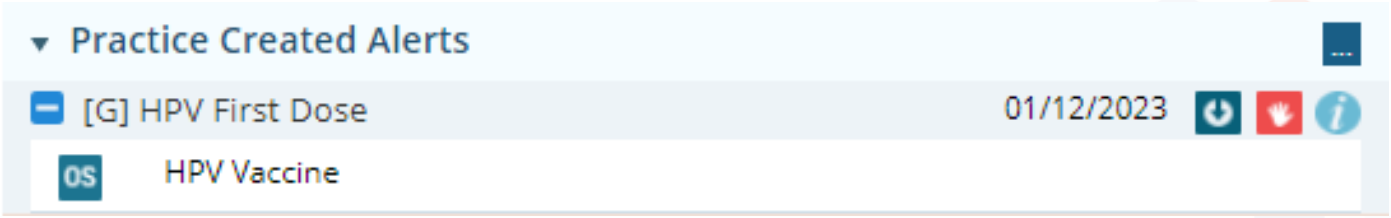
8 Hours

DHHS

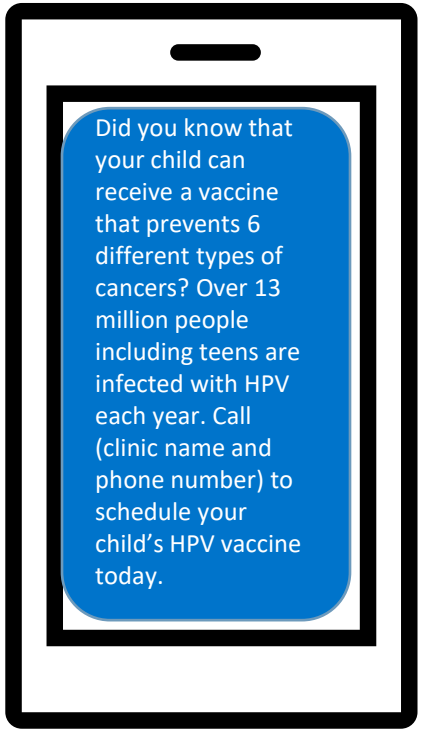
3 Hours

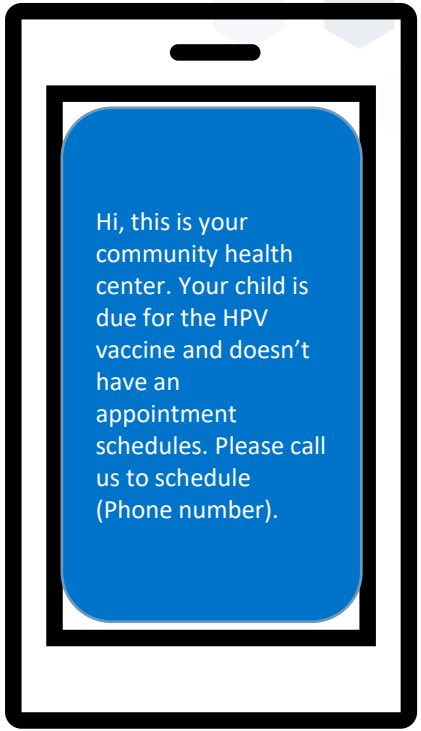
Now Let's Implement!

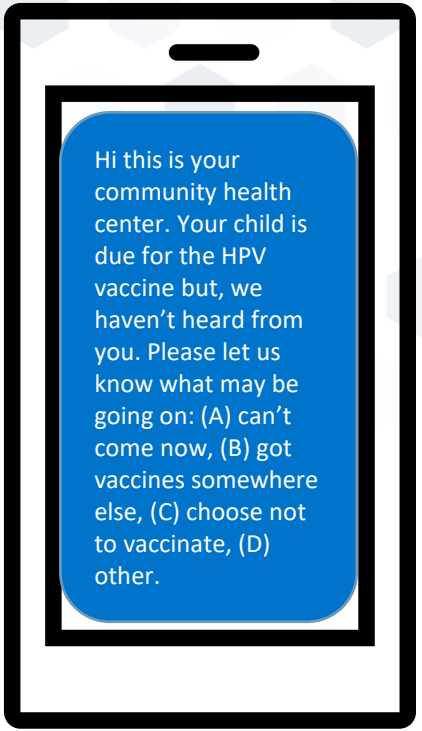
HPV Provider Reminders (eClinicalWorks)



Patient Reminders







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2 Hours 40 Minutes to Increased HPV Vaccinations

Step	Action	Time
Step 1: Baseline Survey	Pull vaccination rates and answer questions about current practices	30 minutes
Step 2: Overview Meeting	Discuss elements of implementation and review available interventions	20-30 minutes
Step 3: Observation & Workflow	Observe &/or discuss current workflow using EHR	30-45 minutes
Step 4: Implementation	Outline implementation for selected interventions	30-45 minutes
Step 5: Implementation Check-In	Work with our informatics to review how implementation is gong	10-20 minutes
Step 6: Follow-up	Send updated HPV vaccination rates at 6 months & 1 year check points	20 minutes

Ask – Advise – Connect

Old Standard of Care

Ask - Advise – Refer (AAR)

- Ask – systematically identify all tobacco users at every visit
- Advise – strongly urge all tobacco users to quit
- Refer – refer patients to Quitline for assistance and provide a referral card

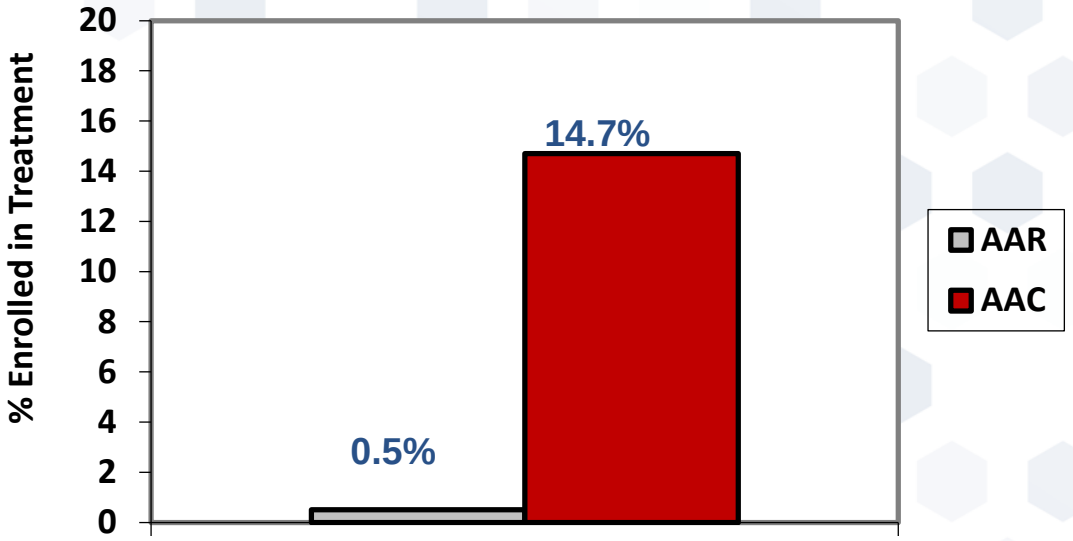
New Approach

Ask - Advise – Connect (AAC)

- Ask – systematically identify all smokers at every visit
- Advise – strongly urge all smokers to quit
- Connect – directly send patient information to Quitline through the Electronic Health Record (EHR); Quitline proactively calls patient within 48 hours (5 attempts)

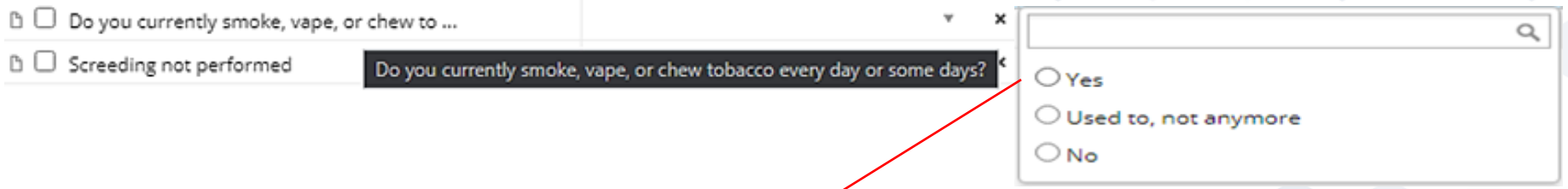
Ask – Advise – Connect

- AAC associated with a **29-fold increase** in smoking cessation treatment enrollment compared to AAR
- AAC is recommended by the CDC and North American Quit Line Consortium

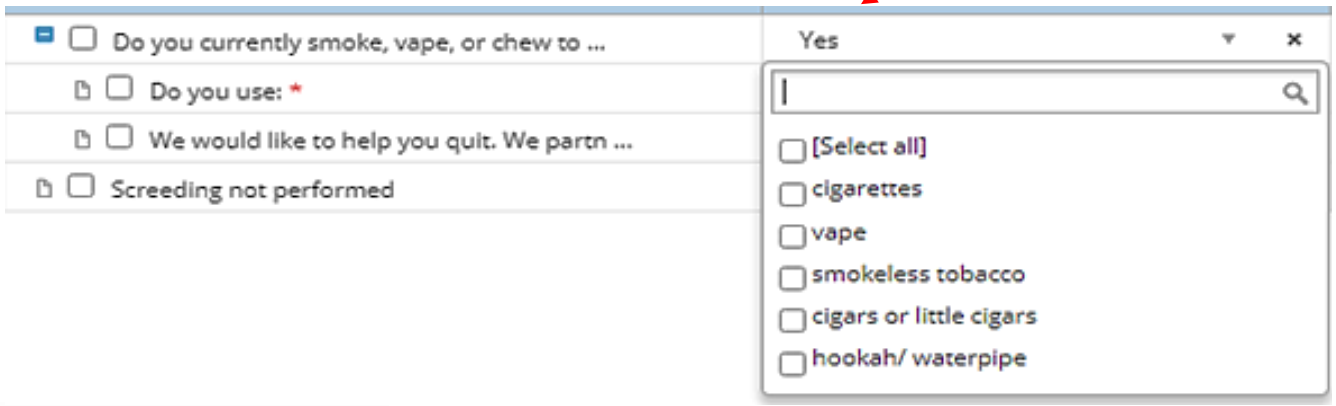


Standardized AAC Questionnaire and Workflow (eClinicalWorks)

Question 1:

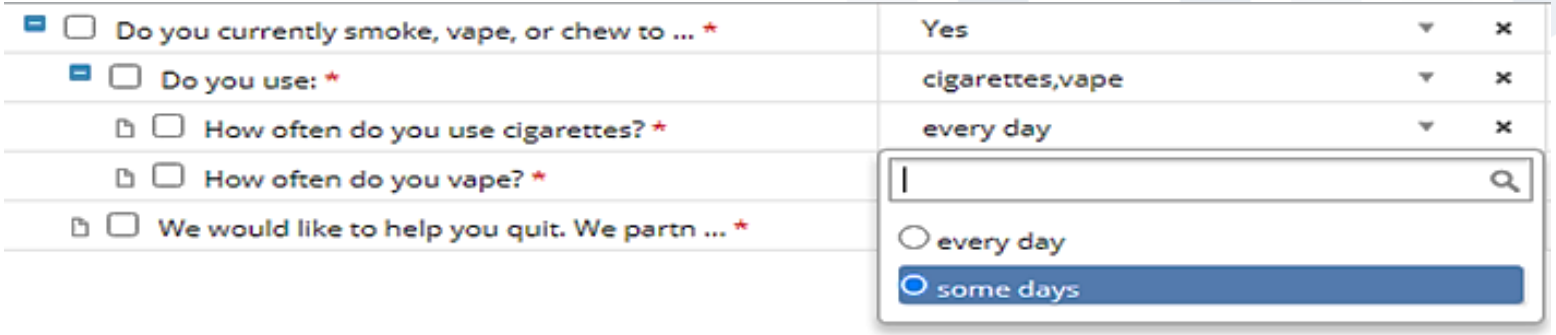


Question 2:

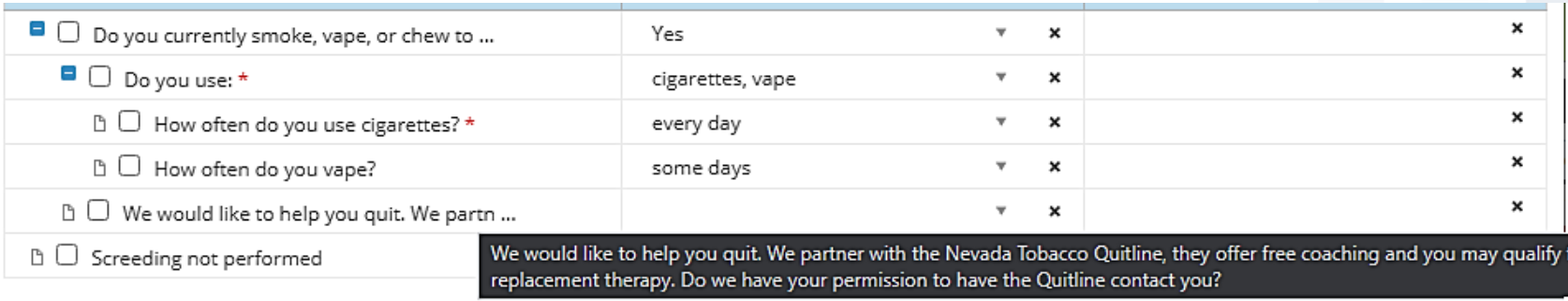


Standardized AAC Questionnaire and Workflow (eClinicalWorks)

Question 3:



Question 4:



Nevada Tobacco Quit Line General Information

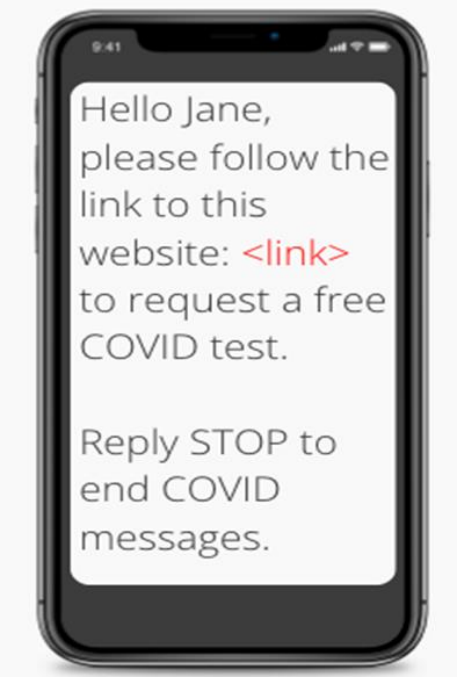
Provides **FREE** health coaching and some patients may qualify for nicotine replacement therapy (NRT)

- Services
  - Available to all Nevadans up to twice per year
  - 24 hours a day, 7 days a week
  - Translation services in 140 languages

- **Individuals can enroll by:**
  - Phone: 1-800-QUIT-NOW / 1.855.DEJELO YA
  - Online: nevadatobaccoquitline.com

- Special Programs
  - Pregnancy
  - Youth
  - American Indian
  - Young Adult

SCALE UP Utah II - CHATBOT



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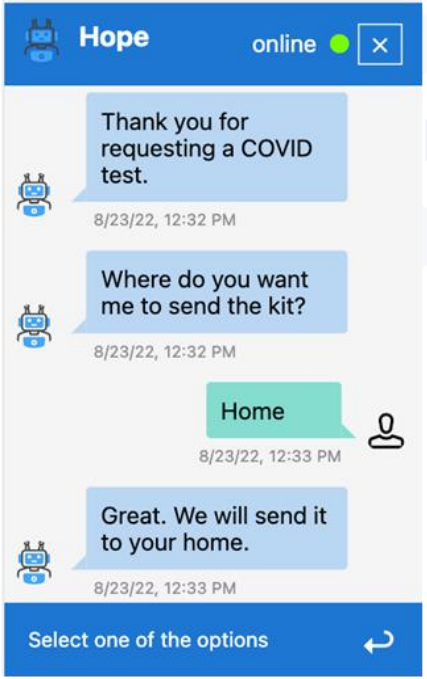

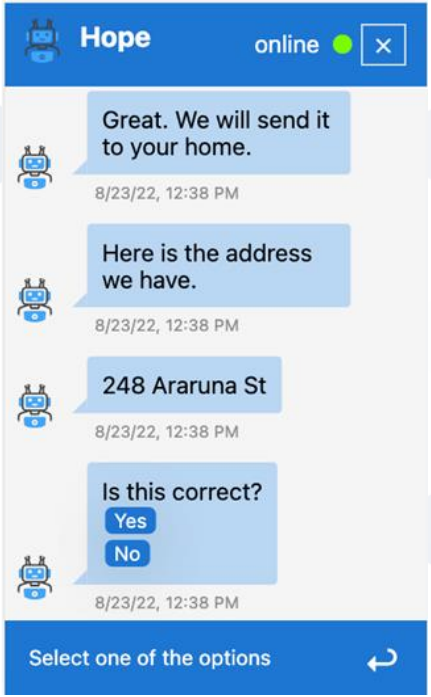

Adolescent Tobacco and Oral Health

Cancer plan objective: *Decrease the percentage of youth (grades 9-12) who have reported smoking or using electronic vapor products.*

Project Procedures

- Clinical workflow observation
- Clinic focus groups

TIMELINE: One year project

January 1, 2023 - December 31, 2024

Procedures start March, 2023.

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How Can We Use Health Information Technology to Support You?

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How to Get Support with Health Information Technology

To join the Nevada Ask-Advise-Connect or Adolescent Vape Projects:

Please email Dr. Kara Kikuchi: Kara.Kikuchi@utah.edu

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