4.b.i Promote tobacco use cessation, especially among low SES populations and those with poor mental health (Focus Area 2; Goal #2.2)

Project Objective: This project will promote tobacco use cessation, especially among low SES populations and those with poor mental health.

Project Description: Tobacco addiction is the leading preventable cause of morbidity and mortality in New York State (NYS). Cigarette use alone results in an estimated 25,000 deaths in NYS. There are estimated to be 570,000 New Yorkers afflicted with serious disease directly attributable to their smoking. The list of illnesses caused by tobacco use is long and contains many of the most common causes of death. These include many forms of cancer (including lung and oral); heart disease; stroke; chronic obstructive pulmonary disease and other lung diseases.

The economic costs of tobacco use in NYS are staggering. Smoking-attributable healthcare costs are $8.2 billion annually, including $3.3 billion in annual Medicaid expenditures. In addition, smoking-related illnesses result in $6 billion in lost productivity. Reducing tobacco use has the potential to save NYS taxpayers billions of dollars every year.

Although there have been substantial reductions in adult smoking in NYS, some tobacco use disparities have become more pronounced over the past decade. Smoking rates did not decline among low-socioeconomic status adults and adults with poor mental health. This project is targets decreasing the prevalence of cigarette smoking by adults 18 and older by increasing the use of tobacco cessation services, including NYS Smokers' Quitline and nicotine replacement products.

Project Requirements: The project must clearly demonstrate the following project requirements. In addition, please be sure to reference the document, **Domain 1 DSRIP Project Requirements Milestones and Metrics**, which will be used to evaluate whether the PPS has successfully achieved the project requirements. The implementation must address a specific need identified in the community assessment and address the full service area population.

1. Adopt tobacco-free outdoor policies.
2. Implement the US Public Health Services Guidelines for Treating Tobacco Use.
3. Use electronic medical records to prompt providers to complete 5 A's (Ask, Assess, Advise, Assist, and Arrange).
4. Facilitate referrals to the NYS Smokers' Quitline.
5. Increase Medicaid and other health plan coverage of tobacco dependence treatment counseling and medications.
6. Promote smoking cessation benefits among Medicaid providers.
7. Create universal, consistent health insurance benefits for prescription and over-the-counter cessation medications.
8. Promote cessation counseling among all smokers, including people with disabilities.

Partnering with Entities Outside of the PPS for this Project
Please provide the name of any partners included for this project outside of the PPS providers. This may include an entity or organization with a proven track record in addressing the goals of this project.

Entity Name

Project Response & Evaluation (Total Possible Points – 100):

1. **Project Justification, Assets, Challenges, and Needed Resources (Total Possible Points – 100)**

    a. Utilizing data obtained from the Community Needs Assessment (CNA), please address the identified gaps this project will fill in order to meet the needs of the community. Please link the findings from the Community Needs Assessment with the project design. For example, identify how the project will develop new resources or programs to fulfill the needs of the community.

Tobacco use remains the leading preventable cause of morbidity and mortality (Reference: SGR report, Bureau of Tobacco Control Independent Evaluation Report). WNY has some of the state's highest smoking rates. Our counties (Erie, Niagara, Chautauqua and Orleans) are among the worst ten, with 2009 smoking rates of 26.6%, 27.1%, 26%, and 29.9%, respectively. (Data from NYSDOH, 2008-2009) This amounts to nearly 300,000 current adult smokers in five counties within the catchment area for this proposal (based on 2010 Census population). Among those surveyed for the WNY Community Needs Assessment, smoking rates were much higher in Medicaid and uninsured populations (49% and 48%, respectively), compared to only 16% among those with employer-based insurance. (WNY CNA, p. 18) Approximately half of all smokers have a high school diploma or less (Who's Quitting in New York, 2011, p.3). While overall NYS smoking rates have dropped between 2003 and 2011, particularly among those with higher education and income, rates remain unchanged for those with less than a high school education, household incomes less than $25,000 per year, and those with poor mental health. WNY counties have lower incomes and education levels compared to New York State as a whole, thus bearing a disproportionately large share of the burden tobacco places on public health. While preventing youth from starting tobacco use is an important public health goal, helping current smokers quit will result in larger more immediate health gains (Youth Prevention and Adult Smoking in New York, 2011, p.7), which is why this program focuses on smoking cessation. Evidence-based treatments for smoking cessation, such as counseling and pharmacotherapy, increase the chances that quit attempts are successful; however, most quit attempts by smokers are unaided and do not use evidence-based approaches (Who's Quitting in New York, 2011, p.20-25).Many community resources exist to help smokers quit smoking. We propose to augment the programs below in order to boost their reach and utilization among smokers, which will result in improved health and decreased hospitalizations. We focus on three NYS-funded programs: 1) The Opt to Quit program with the NYS Smokers Quitline; 2) the Health Systems Change program; and 3) the Advancing Tobacco Free Communities initiative (more details below). These programs reach smokers through their healthcare providers (#1 and #2) as well as from grassroots efforts in low income multiunit housing complexes (#3).

b. Please define the patient population expected to be engaged through the implementation of this project. The definition of patient population *must be specific and could be based on geography, disease type, demographics, social need or other criteria.*

Through the Opt to Quit and Health Systems Change programs described below we will identify smokers through physicians' offices. The Advancing Tobacco Free Communities effort will identify smokers living in the multiunit housing properties we have identified to work with. We have a particular focus on Medicaid beneficiaries in poor mental health; however, the programs we propose to expand reach the broader population but provide additional tools to help those who need more help quitting smoking.

c. Please provide a succinct summary of the current assets and resources that can be mobilized and employed to help achieve this DSRIP Project. In addition, identify any needed community resources to be developed or repurposed.

We will expand 3 assets to support this initiative. Roswell Park Cancer Institute (RPCI) holds the contract for the DOH-funded Smokers Quitline (NYSSQL), providing phone and web-based cessation support and medication to 100,000 New Yorkers each year. Client volume is traditionally driven by DOH anti-tobacco media, but NYSSQL has programs to foster referrals from providers directly to NYSSQL for services. The flagship referral program, Opt to Quit (OTQ), works with providers to enact systems change such that each patient's tobacco use is identified at each visit. Patients are referred to NYSSQL for contact regarding the quit process, and offered Quitline services, unless they opt out. All patients identified as tobacco users are automatically referred to cessation services unless they decline. OTQ is gaining momentum with providers (including in WNY) generating 800 referrals to the NYSSQL each month or ~10,000 per year (about 10% of client volume). We propose to recruit additional providers to participate in OTQ by adding a staffer to educate them about program benefits, and an IT person to facilitate data transfer from the provider to NYSSQL and patient reports back to the provider. Initial efforts will implement OTQ among collaborating PPS partner organizations, including those primarily serving Medicaid and patients with disabilities. The providers would be educated in PHS Guidelines for Treating Tobacco Use. This would also provide an opportunity to work toward increasing Medicaid and insurance coverage of tobacco dependence treatment and medications, and a platform for creating health insurance benefits for prescription and OTC cessation meds. Second, RPCI holds a DOH contract to foster Health Systems Change (HSC) in Federally Qualified Health Centers and clinics primarily serving persons with mental health comorbidities in 8 WNY counties. HSC exclusively focuses on populations with high smoking rates and serves populations with diverse health needs by providing more 'boots on the ground' to change providers' systems by automating the identification of tobacco users and their referral to evidence-based cessation treatments. This could involve adoption of OTQ or some other referral program such as the less tech-driven 'Fax to Quit', where providers manually refer to NYSSQL via fax. HSC is in its first year so recruitment has just commenced; we propose to expand this existing asset by adding a staff person to enhance efforts made to educate providers about the program. Because HSC makes changes at the systems level, successful program adoption by providers will result in significant patient yields into smoking cessation treatment services. This would provide an opportunity for providers, assisted by their EMR systems, to complete the "5 A's". Third, RPCI holds three contracts under the DOH Advancing Tobacco Free Communities (AFTC) initiative. ATFC is a grassroots program to advance

chronic disease prevention with a community-based strategy including community education, mobilization, and public education to develop/reinforce tobacco-free norms via youth action and community engagement. One AFTC initiative is to reduce secondhand smoke exposure in shared multiunit housing environments. This program currently has staff working with landlords, public housing authorities and others to promote smokefree policies, including advocating for tobacco-free outdoor policies. One in 12 WNY smokers live in multiunit housing and persons with low SES disproportionately reside there, making it a rich location to educate about tobacco use and smoking cessation. Because of the significant community partnership built, we propose to expand this current asset by adding a staffer who would focus on smoking cessation within multiunit housing. We will work directly and through our partners with the companies managing the largest number of multiunit rentals and with municipal housing authorities to promote smoking cessation among these residents.

d. Describe anticipated project challenges or anticipated issues the PPS will encounter while implementing this project and describe how these challenges will be addressed. Examples include issues with patient barriers to care, provider availability, coordination challenges, language and cultural challenges, etc. Please include plans to individually address each challenge identified.

The largest gains will come from the rapid adoption of the OTQ program by many providers. We face four barriers: First, providers don't know about or understand the OTQ program. Second, technology barriers make it challenging to exchange patient information across systems. The additional staff request will help address these barriers. A third challenge is that the focal clinics for the HSC initiative serve a complicated patient profile that is difficult to reach; however, these are the populations that stand to gain the most from smoking cessation and there are successful models to follow. Additional staff will allow for a stronger field team to work with these clinics to push for systems change. Lastly, gaining access to multiunit housing tenants can pose challenges; however, we will work with and through community-based partners such as the Urban League to facilitate our program.

e. Please outline how the PPS plans to coordinate on the DSRIP project with other PPSs that serve an overlapping service area. If there are no other PPS within the same service area, then no response is required.

Community Partners WNY is the only PPS in the region undertaking project 4.a.i. Our PPS expects to collaborate broadly across the 8 counties of WNY to meet the goals of this project.

f. Please identify and describe the important project milestones relative to the implementation of this project. In describing each of the project milestones relative to implementation, please also provide the anticipated timeline for achieving the milestone.

For OTQ, we project 25% increase in patient participation in Year 1 via recruitment of at least 4 providers. We project subsequent annual 33% increases in participation or a 4-fold increase from current levels (800 patients monthly from 17 providers). For HSC, we project that by the end of Y1, negotiations will be advanced with at least 2 FQHCs, and in years 2-5 health systems policy changes will be adopted in at least 2 clinics per year for a total of at least 8 clinics. For AFTC, in each year we aim to have agreements in place with at least 4 property mgt. firms holding at least 5% of the multiunit housing market share, to allow our team to work directly with their residents

to promote smoking cessation, for a total 20 firms covering at least 25% of multiunit housing residents.

2. Project Resource Needs and Other Initiatives (Not Scored)

a. Will this project require Capital Budget funding? ***(Please mark the appropriate box below)***

Yes	No
☐	☒

If yes: Please describe why capital funding is necessary for the Project to be successful.

b. Are any of the providers within the PPS and included in the Project Plan PPS currently involved in any Medicaid or other relevant delivery system reform initiative or are expected to be involved in during the life of the DSRIP program related to this project's objective?

Yes	No
☐	☒

If yes: Please identify the current or expected initiatives in which the provider is (or may be) participating within the table below, which are funded by the U.S. Department of Health and Human Services, as well as other relevant delivery system reform initiative(s) currently in place.

Please note: *if you require more rows in order to list all relevant initiatives, please make a note of this in your response to question (c.) immediately below and attach a separate document with these projects listed.*

Name of Entity	Medicaid/Other Initiative	Project Start Date	Project End Date	Description of Initiatives

c. Please describe how this proposed DSRIP project either differs from, or significantly expands upon, the current Medicaid initiative(s) identified above. A PPS may pursue a DSRIP project that exists as part of another effort if the PPS can demonstrate a significant enhancement to the existing project.

3. Domain 1 DSRIP Project Requirements Milestones & Metrics:

Progress towards achieving the project goals and project requirements specified above will be assessed by specific milestones for each project. Domain 1 Project Milestones & Metrics are based largely on investments in technology, provider capacity and training, and human resources that will strengthen the ability of the PPS to serve its populations and successfully meet DSRIP project goals.

PPS project reporting will be conducted in two phases: A detailed Implementation Plan due by March 1, 2015 and ongoing Quarterly Reports throughout the entire DSRIP period. Both the initial Implementation Plan and Quarterly Reports shall demonstrate achievement towards completion of project requirements.

a. Detailed Implementation Plan: By March 1, 2015, PPS will submit a detailed Implementation Plan to the State for approval. The format and content of the Implementation Plan will be developed by the Independent Assessor and the Department of Health for the purpose of driving project payment upon completion of project milestones as indicated in the project application.

b. Quarterly Reports: PPS will submit quarterly reports on progress towards achievement of project requirements as defined in the application. Quarterly reports to the Independent Assessor will include project status and challenges as well as implementation progress. The format and content of the quarterly reports will be developed by the Independent Assessor and the Department of Health for the purpose of driving project payment upon completion of project milestones as indicated in the project application.