

## PERFORMANCE IMPROVEMENT STORY BOARD



PROGRAM NAME: Oral Health & Tobacco Control Programs  
PROJECT TITLE: Training Dentists in Smoking Cessation  
DPH STRATEGIC GOAL/OBJ.: Work with health care organizations to adopt and implement a standard protocol for tobacco use screening and referral to cessation services  
PROJECT TIMELINE: June 2013 - 2014  
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### PLAN

Identify an opportunity and Plan for Improvement

#### 1. Getting Started

Despite previous attempts by the Tobacco Control and Prevention Program (TCPP) to motivate healthcare providers to deliver tobacco cessation services, adoption of these practices among dentists in Los Angeles County remains dismal. From 1/2012 to 1/2013, thirteen smokers (1/month) were referred by Los Angeles County dental providers to the California Smokers' Helpline (1-800-NO-BUTTS). To better address this issue, a collaborative QI project involving Department of Health Services, Oral Health Program and TCPP was proposed.

#### 2. Assemble the Team

Team members were identified based on their experience or expertise with clinical preventive services, tobacco control and training healthcare providers. The team consisted of Director of Oral Health Program, former Director of TCPP as well as a physician who is a Tobacco Treatment Specialist.

#### 3. Examine the Current Approach

To identify factors related to suboptimal performance, reviews of the literature and examination of their current practices were performed. Concerns regarding effectiveness of cessation interventions, lack of time, inadequate training, and lack of appropriate resources were commonly cited problems.

#### Aim statement:

By June 30, 2014, the team will

1. Train 40 % of Healthy Way Los Angeles (HWLA) dentists in brief clinical tobacco cessation using "Ask, Advise, Refer" model.
2. Assess impact of training on perception and performance.
3. Increase number of tobacco users referred by dentists to 1-800-NO-BUTTS by 15%.

#### 4. Identify Potential Solutions

After several meetings and analysis of previous unsuccessful efforts (online training), team members concluded the following strategies would be most practical:

- Provide education on evidence-based practices focusing on enhancing skills and outcomes
- Pilot test intervention prior to conduction of in-person training
- Offer ongoing technical assistance and utilize a "Champion"

#### 5. Develop an Improvement Theory

If dentists receive instruction on evidence-based practices, along with incorporation of the above strategies, the number of tobacco users referred to 1-800-NO-BUTTS will increase.

### DO

Test the Theory for Improvement

#### 6. Test the Theory

From June 2013 to June 2014, the QI project was implemented among 64 HWLA dentists. To assess if the number of tobacco users referred by dentists increased, data was obtained from 1-800-NO-BUTTS six months before and after training. To measure effect of training on

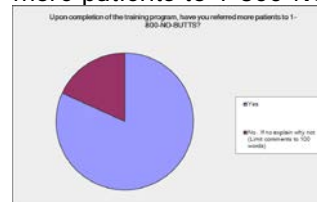
perception and performance, a post-training survey was administered.

### CHECK

Use Data to Study Results of the Test

#### 7. Check the Results

A total of 32 (50% of 64 HWLA) dentists completed training. Data from 1-800-NO-BUTTS showed a fourfold increase in the number of smokers referred six months after the training. Results from post training survey revealed 81.2% of dentists indicated they referred more patients to 1-800-NO-BUTTS.



Also, data showed increases in:

- Comfort level advising smokers to quit
- Comfort level referring smokers to 1-800-NO-BUTTS
- Ability to help patients quit
- Likelihood to refer a smoker who wants to quit to 1-800-NO-BUTTS

### ACT

Standardize the Improvement and Establish Future Plans

#### 8. Standardize the Improvement or Develop New Theory

Based on improvements in performance, the training intervention will be adopted and standardized as a method to enhance the delivery of smoking cessation services among providers. The training may be modified if any further needs are identified.

## **9. Establish Future Plans**

Continuous improvement efforts will occur and trainings will expand to other providers. However, additional work to sustain improvements is needed. Although the project positively impacted performance, referrals decreased one-year after trainings ceased. Protocols/policies, along with CME training to promote consistency and repetition will be developed. Efforts to obtain more accurate data from 1-800-NO-BUTTS using fax or electronic referrals are being explored.