

# Build a Clinic

2016



***Welcome Packet***



## Build A Clinic

Learning Community | Tobacco Cessation | Primary Care Settings

Congratulations again!

We look forward to the opportunity to work more closely with you over the next several months. Your commitment to reduce tobacco use in rural or otherwise underserved communities is truly commendable. Through the Build a Clinic (BAC) project, we hope to support your practice's next steps integrating tobacco cessation screening and treatment into daily practice.

This is the BAC Welcome Packet. It will provide you with the materials you will need to successfully participate in this program including a letter of commitment form, core implementation team form, important dates and an overview of the project.

Sincerely,

Chad D. Morris, PhD  
Director  
Behavioral Health & Wellness Program  
Chad.Morris@ucdenver.edu



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## Build a Clinic Program Executive Summary

*The Behavioral Health and Wellness Program, with the help of its partners, will recruit and train two cohorts of 10-15 integrated primary care clinics operating in rural, provider shortage, or medically underserved areas that are ready to add or augment tobacco cessation services and supports into existing clinical practice. Build a Clinic program participants in each cohort will partake in six monthly webinars, six monthly collaborative learning activities, and receive 1.5 hours of one-on-one tailored technical assistance. Collectively the six themed webinars and collaborative learning activities comprise a comprehensive series on the skills and knowledge necessary to create, integrate, and operate an efficient tobacco cessation workflow within normal clinic operations.*

## Program Overview

Over seven months, the 2016 **Build a Clinic Learning Community (BAC)** will instruct and assist practices providing primary care services across the nation to integrate tobacco cessation services into established clinical workflows. **BHWP's** unique multi-modal educational design employs a combination of webinars, interactive learning communities, and individualized tailored technical assistance. We believe this approach will increase your knowledge and facilitate efficient service modifications.

By participating in the BAC, organizations will be able to:

- Screen and assess nicotine dependence;
- Recommend adequate levels of cessation medications;
- Analyze and adapt workflows;
- Code and bill for tobacco cessation services;
- Integrate tobacco cessation services into quality improvement initiatives;
- Understand the impact of tobacco on individuals and impacted communities;
- Develop a supportive network of peer practices to sustain change.

Results of an initial workflow assessment will guide the development of a **DIMENSIONS: Action Plan** aimed at setting meaningful and reasonable project goals and tracking progress towards meeting them.

## Getting Started

This Welcome Packet contains important information and several resources so your organization can hit the ground running right away. We have a lot of information to share and very limited time to cover it all!

### Before Module 1 Webinar

All sites are asked to perform six activities prior to the first webinar:

1. Fill out the Letter of Commitment ([page 6](#));
2. Fill out the Build a Clinic Project Committee form ([page 7](#));
3. Register for Zoom ([page 9](#));
4. Obtain/send an electronic copy of your organization's logo in .JPG, .TIF, .GIF, .PDF or .PNG format;
5. Complete the Organizational Self-Assessment described below by March 11, 2016;
6. Watch the "Introduction to the Build a Clinic Program" between March 15-22 ([link forthcoming](#)).

**Email materials to [Jim.Pavlik@UCDenver.edu](mailto:Jim.Pavlik@UCDenver.edu) by March 11, 2016.**



## Pre-Program Surveys

BHWP is an advocate for the use of real data to drive decision-making and in making continuous quality improvements. Over the course of guiding hundreds of organizations to achieve their tobacco cessation-related goals we have refined two surveys and one tool to inform goal setting and measure improvements:

- An **organizational self-assessment** measuring attitudes related to providing or prioritizing nicotine dependence-related services at the organizational level;
- A **staff survey** measuring the clinical staff's tobacco-related knowledge, skills, and attitudes;
- A **rapid improvement form** (DAP) for articulating short-term, rapid-improvement goals.

## Organizational Self-Assessment

The Organizational Self-Assessment is very short; it should only take about 20 minutes to complete. A link to the survey is here:

<https://www.surveymonkey.com/r/2016BAC1orgpre>

A hard-copy preview is also included at the end of the packet (**page 16**). The preview will not exactly match the survey you see online as the online version contains minor alterations for this program.

We have run this survey with several organizations, and while we've made every attempt to make the survey as objective as possible, as with any survey, there's always room for interpretation. We have found we get more accurate results when the same person fills it out during the post-survey period as filled it out during the pre-survey period. Please identify that person and have them fill out the survey by March 11, 2016.



## Staff Survey

Participating practices will be developing or enhancing plans for integrating tobacco cessation services. In an effort to gain insight into staff experiences and perspectives on tobacco cessation services, each practice will administer a staff survey. These surveys are anonymous and will be conducted during the 2nd and 3rd weeks of March.

The Staff Level Survey will be sent out to all staff that work directly with patients, that is, your clinical and perhaps your intake staff. It is due by March 18. Again, it is very short – about 20 questions – and is designed to give us a quick snapshot of the tobacco-related knowledge, behaviors, and attitudes of your staff.

A link to the Staff Level Survey is here:

<https://www.surveymonkey.com/r/2016BAC1staffpre>

Please introduce your clinical staff to this survey and request they fill it out. The survey is very short and should take no more than 5 minutes to complete. A hard copy preview is attached at the end of this document ([page 19](#)).

Staff without regular access to a computer may need to be provided with both a computer and the time necessary to answer the questions.

For the staff surveys, we need your help encouraging staff to take the survey and to directly provide them the time they need to take it. The closer to 100% participation among the direct patient care staff we can get, the more useful survey findings will be for your practice.

Both of the surveys will be conducted twice – at the start and the end of the program.

## DIMENSIONS: Action Plans

Participating agencies will be completing the DIMENSIONS: Action Plan (see hard copy on [page 24](#)) now and after Modules 3 and 6. The DIMENSIONS: Action Plan (DAP) will be used to track and monitor progress towards meeting your tobacco cessation goals over time.

We ask that all participating agencies complete a DAP after the introductory session on March 15. Completing a DAP is simple. We would like you to name two goals related to your participation with the program. This should be easy as you named at least one goal already during the application process. We do ask however that the goals you identify be SMART goals.

## DAP GOALS ARE:

**S** SPECIFIC  
Target a specific area for improvement

**M** MEASURABLE  
Identify indicators for progress

**A** ATTAINABLE  
Challenging but possible to achieve

**R** REALISTIC  
Achievable through available resources

**T** TIMELY  
Timeline in which goals will be achieved

Put your SMART goals into the structure seen at the bottom of this page to help you write the S, M, and T components of your goal.

A and R will be determined by what your practice is willing and ready to do (*Attainable*) and what resources it has at its disposal complete your goals (*Realistic*).

It is important to create your practice goals as close to the beginning of the project as possible to ensure that the goals each practice chooses to pursue are relevant and attainable. It is also important to collect this information at the project's close to capture any improvements that have occurred as a result of participation.

We will review, revise, and revisit your goals during the course of the BAC program. You will also make one final DAP goal at the end.

By \_\_\_\_\_ (DATE), \_\_\_\_\_ (NAME OF RESPONSIBLE ORGANIZATION, COMMITTEE, OR INDIVIDUAL) will have \_\_\_\_\_ (ACCOMPLISHED ACTION). We will know that action is completed because \_\_\_\_\_ (OBSERVABLE CHANGE).



## Letter of Commitment

The Build a Clinic team greatly appreciates your commitment to achieving health equity among patients in hard to serve areas and is excited to support the critical work you do. Participation in the BAC requires significant time, dedication, thought, energy, and enthusiasm. This ensures we are able to support you in the best way possible. Therefore, we ask all participating organizations to agree to an important set of commitments as outlined below.

I hereby agree to:

- Assemble a BAC Project Committee consisting of decision makers who will provide adequate time, energy, and enthusiasm to participate in the process; complete the BAC Project Committee form ([page 7](#)); and return it to Jim Pavlik by March 11, 2016, 5:00pm MST. Project Committee members typically include:
  - A member of the organization's senior management team (such as the Executive Director or Chief Medical Officer)
  - A healthcare professional
  - Staff person/project manager who is able and willing to oversee data collection
- Identify BAC project lead(s) who will consistently attend the webinars and Project ECHO collaborative discussions
- Complete the Organizational Self-Assessment by March 11, 5:00p (MST)
- Actively participate in sharing and dissemination of lessons learned, successes, and challenges with other BAC members during webinars, collaborative discussion, and individualized technical assistance (TA) sessions

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Build a Clinic Project Committee Form

*Please complete the BAC Project Committee Form and return to  
Jim.Pavlik@UCDenver.edu by March 11, 2016, 5:00pm MST.*

Project Lead  
Print name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Team Member  
Print name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Co-Project Lead OR Team Member  
Print name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Team Member  
Print name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Team Member  
Print name: \_\_\_\_\_  
Email: \_\_\_\_\_  
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Team Member  
Print name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Team Member  
Print name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone #: \_\_\_\_\_



## Program Design

The BAC is made up of six training modules and an introductory webinar. The introductory webinar explains why BHWP created the Build a Clinic program and why we think its design is uniquely effective. It explains your responsibilities as BAC participants and goes into further details about the two surveys and the DIMENSIONS: Action Plan.

Training modules are divided into six webinars on different topics, which, when combined as a series, form a comprehensive introduction to the knowledge, skills, practices, and helpful resources necessary to implement and sustain nicotine dependence treatment in an integrated primary care setting.

Every other webinar (Modules 2, 4, and 6) is followed by an individualized technical assistance telephone call where practices are free to describe their unique challenges and develop a short-term goal related to any BAC topic area.

See the timeline on [pages 10-11](#) for scheduled activities and dealines.

## What is ECHO Colorado?

Each webinar is followed by a collaborative discussion using the ECHO Model. These sessions are exclusive to BAC participants. The discussion will be led by BAC's team of subject matter experts.

ECHO Colorado is a professional education initiative aimed at connecting health workforces with topic experts to increase access to specialty care and expert knowledge. Using video-conferencing technology to provide virtual training experiences that blend brief didactic presentations and case-based learning, ECHO Colorado builds multi-disciplinary learning communities across rural and underserved areas.

ECHO Colorado utilizes the ECHO model, a knowledge sharing strategy originally developed at the University of New Mexico which engages learners using bi-directional video in content presentation, case sharing, and peer discussion. Topic experts have designed a curriculum and dynamic learning experience.

Practices are encouraged to share their challenges and help other practices brainstorm solutions to those challenges. Additionally, they will be encouraged to share their short-term goals and any actions they have taken toward achieving those goals.



To join this ECHO series, participants will need access to Zoom, a video conferencing program. Please click the link below to download the browser extension.

Participants will also need to join these sessions via video and audio and therefore need access to both a webcam and mic. Participants can join by desktop, laptop, tablet, or smart phone.

It is also possible to join the ECHO sessions via your iPhone or Android. To do so, download the Zoom app from the appropriate app store.

Zoom browser add-on link:

<https://support.zoom.us/hc/en-us/articles/201362593-Zoom-Launcher-Plugin>

## Resources

BHWP maintains a BAC Resources page (link below). Here you will find copies of the BAC surveys, a fillable PDF version of the DAP form, a copy of this Welcome Packet, toolkits, and other resources.

Link:

<https://www.bhwellness.org/materials/build-a-clinic-materials>



## Build a Clinic Timeline

Pre-Program Tasks	Deadline
Fill out Letter of Commitment	March 11, 2016
Fill out Wellness Committee Form	March 11, 2016
Register for Zoom	March 11, 2016
Obtain/send a copy of logo	March 11, 2016
Fill out Organizational Self-Assessment	March 11, 2016

Module 0: Introduction to the Build a Clinic Program		
	Webinar	ECHO
Date	March 15, 2016	
Facilitator(s)	NA	
Presenter(s)	Jim Pavlik	
Panelist(s)	NA	

Module 1: Tobacco Cessation Counseling Best Practices: An Introduction		
Date	March 29, 2016, 12-1p (MST)	April 5, 2016, 12-1p (MST)
Facilitator(s)	Jim Pavlik	Jamie Pfahl
Presenter(s)	Chad Morris	Chad Morris
Panelist(s)	NA	Matthew Simpson & Shandra Brown Levey

Staff Level Survey	March 18, 2016
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Module 2: Tobacco Cessation Best Practices: Pharmacotherapy		
Date	April 12, 2016, 12-1p (MST)	April 26, 2016, 12-1p (MST)
Facilitator(s)	Jim Pavlik	Jamie Pfahl
Presenter(s)	Christine Garver-Apgar	Christine Garver-Apgar
Panelist(s)	NA	Matthew Simpson, Liza Wilson, TBD

Individualized Technical Assistance Calls	April 13-25, 2016 TBD
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Module 3: Tobacco Cessation Counseling Best Practices: Motivational Interviewing		
Date	May 10, 2016, 12-1p (MST)	May 24, 2016, 12-1p (MST)
Facilitator(s)	Jim Pavlik	
Presenter(s)	Kathie Garrett	Kathie Garrett
Panelist(s)	NA	Rebecca Richey

## Build a Clinic Timeline

<b>Module 4: Analyzing and Adapting Clinical Workflow</b>		
Date	June 14, 2016, 12-1p (MST)	June 28, 2016, 12-1p (MST)
Facilitator(s)	Jim Pavlik	Jamie Pfahl
Presenter(s)	Shandra Brown Levey & Matthew Simpson	Shandra Brown Levey & Matthew Simpson
Panelist(s)	NA	TBD

Individualized Technical Assistance Calls	June 15-27, 2016 TBD
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<b>Module 5: Special Populations and Cultural Sensitivity</b>		
Date	July 12, 2016, 12-1p (MST)	July 26, 2016, 12-1p (MST)
Facilitator(s)	Jamie Pfahl	Jamie Pfahl
Presenter(s)	Jim Pavlik	Jim Pavlik
Panelist(s)	Matthew Simpson & Shandra Brown Levey	Matthew Simpson & Shandra Brown Levey

<b>Module 6: Tobacco Clinic Scalability and Sustainability</b>		
Date	August 16, 2016, 12-1p (MST)	August 30, 2016, 12-1p (MST)
Facilitator(s)	Jim Pavlik	Jamie Pfahl
Presenter(s)	Chad Morris	Chad Morris
Panelist(s)	NA	Matthew Simpson & Shandra Brown Levey

Individualized Technical Assistance Calls	August 17-29, 2016 TBD
Post Staff Survey	August 18-September 5, 2016
Post Org Self-Assessment	September 5-9, 2016
Final DAPs	September 12, 2016

Lessons Learned/Looking Forward		
Date	Sept. 13, 2016, 12-1p (MST)	NA
Facilitator(s)	Jim Pavlik	NA
Presenter(s)	Chad Morris	NA
Panelist(s)	BAC Participants	NA

## BAC Project Team

**Chad Morris, PhD** is an Associate Professor at the University of Colorado Anschutz Medical Campus, Department of Psychiatry, and Director of the Behavioral Health & Wellness



Program (BHWP) and interdisciplinary Wellness Leadership Institute. He is the principal investigator of multiple studies exploring the effectiveness of organizational, psychosocial, and pharmacologic tobacco control and wellness strategies. Dr. Morris has provided clinical, public policy and program evaluation consultation across 30 states and internationally.



**Susan Young, PhD**, and **Christine Garver-Apgar, PhD**, from BHWP will be responsible for program evaluation.

Drs. Young and Garver-Apgar have extensive experience conducting program evaluation, including qualitative and quantitative analyses, organizing and managing



large datasets, developing survey materials, and evaluating changes in behavior before and after program implementation.



**Jim Pavlik, MA** serves as the Program and Policy Analyst for BHWP and has over ten years of public health experience specifically in communications and policy analysis. He has worked for community advocacy organizations, community mental health centers, the Indiana Department of Health, and U.S. Department of Health and Human Services. He is the Program Manager for the BAC project.



**Jamie Pfahl** is a Community Liaison at BHWP. In her 4 years of experience in health promotion and evidence-based public health practice, Jamie has trained over 600 individuals in health related topics, primarily tobacco cessation and healthy living. Currently, she provides trainings and technical assistance on health behavior change, tobacco cessation, and tobacco free policy to health professionals, community organizations, and peer advocates across the US. She has experience providing consultation on implementation of wellness initiatives, tobacco free policies, and wellness programs. Jamie has experience working with and training diverse groups including healthcare providers, behavioral health populations, youth, Spanish speakers, veterans, justice-involved individuals and others.



**Rebecca Richey, PsyD** is a clinical psychologist as well as a licensed clinical social worker. She has been a practicing therapist for over ten

years. Currently, she is the Assistant Clinical Director for BHWP. Dr. Richey has taught courses at the college and graduate level for the past five years including Introduction to Psychology, Abnormal Psychology, Lifespan Development, Child and Adolescent Development, Emerging Adulthood, and Social and Personality Psychology. In addition, Dr. Richey presents and trains healthcare workers across the nation in the DIMENSIONS: Tobacco Free Program.

**Kathleen Garrett MA, TTS-C**, is a Research Senior Instructor in the Colorado School of Public Health and a Clinical Associate at BHWP. Her research interests include applied models of behavior change, motivational interviewing, and coping mechanisms across a wide range of chronic illnesses. She has developed or collaborated on the development of five stress and coping interventions for cancer patients, survivors and caregivers and three MI interventions for obesity prevention and tobacco cessation that have been evaluated in large NIH funded randomized controlled trials.

*University of Colorado, Department of Family Medicine faculty will participate as Learning Community experts. In this capacity faculty will co-create webinar content and educational materials, present webinars, and help facilitate national learning communities. The Department is the second largest family medicine department in the country and has founded 2040 Partners for Health, which convenes and facilitates health discussions, research, programs, and other community based action.*



**Shandra Brown Levey, PhD** is a licensed clinical psychologist and Director of Integrated Clinical Behavioral Services. One of the Department's

focal areas is smoking cessation. Health coaching, including tobacco cessation coaching, is delivered by staff who have extensive training and experience in health-focused clinical and behavioral strategies. The Department is testing cessation workflows including Electronic Medical Record (EMR) Integration, treatment planning, onsite consult, referral models, and telephonic follow-up.





**Matt Simpson, MD** is a family doctor who works at the Department of Family Medicine and Denver's Rose Medical Center and

will be collaborating on this project. He has experience in on- the-ground smoking cessation workflow and implementation.



**Liza Wilson, PharmD** is an Assistant Professor with the Department of Clinical Pharmacy at the University of Colorado Skaggs School

of Pharmacy and Pharmaceutical Sciences. Dr. Wilson is board certified in ambulatory care and is a member of ASHP, ACCP, AACP and STFM. She is a member of the interdisciplinary care team at A.F. Williams Family Medicine Center, the primary family medicine residency training site for the University of Colorado School of Medicine.

**Frank deGruy, MD**, Chair of Family Medicine, is a nationally recognized expert on primary and integrated care and will provide guidance on project content. Dr. DeGruy has received recognition as a member of the National Academies Institute of Medicine and has been principal investigator on approximately \$5 million of training and research grants.

**Don Neese, MD**, Associate Director, Practice Based Research Network, will offer consultation to ensure that BAC approaches are reality-based and low burden.

*The Colorado School of Public Health, at the University of Colorado will provide the technology platform for the Learning Community through **Project ECHO**, a project funded through a 3M grant.*

**Tim Byers, MD, MPH** is Director of the Center for Public Health Practice. BHWP has a long-standing partnership with the Center to provide statewide technical assistance and training to statewide tobacco cessation grantees. Through his leadership, the University of Colorado has disseminated the ECHO model which “breaks down the walls between specialty and primary care by linking expert specialist teams at an academic ‘hub’ with primary care clinicians in local communities.”

## BAC Contacts

### **Behavioral Health & Wellness Program**

University of Colorado, School of Medicine  
Anschutz Medical Campus  
1784 Racine Street, MS #F478  
Aurora, Colorado 80045

Jim Pavlik  
Program Manager  
303.724.8007  
[jim.pavlik@ucdenver.edu](mailto:jim.pavlik@ucdenver.edu)

Chad Morris  
BHPW, Director  
303.724.3709  
[chad.morris@ucdenver.edu](mailto:chad.morris@ucdenver.edu)

### **Department of Family Medicine**

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Fax: (303) 724-9747

Shandra Brown Levey  
[shandra.brownlevey@ucdenver.edu](mailto:shandra.brownlevey@ucdenver.edu)

### **ECHO Colorado**

University of Colorado  
Anschutz Medical Campus  
12477 E 19th Avenue  
Aurora, CO 80045

Erin Bishop  
[erin.bishop@ucdenver.edu](mailto:erin.bishop@ucdenver.edu)



## Organizational Self-Assessment Preview

<u>Area</u>	<u>Strategy</u>	Not currently considering/ decided against	Considering but not yet actively planning	Actively planning for 3-6 months from now	Scheduled in the next 3 months	Currently occurring
<b>Tobacco Education and Support</b>	Provide tobacco education to consumers					
	Provide training to staff on evidence-based tobacco cessation strategies and interventions					
	Development of tobacco cessation materials (brochures, posters, literature, handouts)					
	Please provide any additional details regarding your organization's tobacco education & support initiatives.					
<b>Tobacco Screening and Treatment Planning</b>	Ask/document tobacco use for all clients at intake					
	Ask/document tobacco use for all clients at every visit					
	Advise tobacco users to quit at every visit and document					
	For tobacco users, treatment plans include cessation goals					
	Please provide any additional details regarding your organization's tobacco screening and treatment planning.					
<b>Tobacco Usage Interventions: Onsite NRT and Medication Prescribing</b>	Nicotine Replacement Therapy (NRT) prescribed onsite					
	Bupropion /Zyban /Wellbutrin prescribed onsite					
	Varenicline/Chantix prescribed onsite					
	Please provide any additional details regarding your organization's tobacco usage interventions for onsite nicotine replacement therapy and medication prescribing.					

## Organizational Self-Assessment Preview

<u>Area</u>	<u>Strategy</u>	Not currently considering/ decided against	Considering but not yet actively planning	Actively planning for 3-6 months from now	Scheduled in the next 3 months	Currently occurring
<b>Tobacco Usage Interventions: Onsite Psychosocial Services</b>	Motivational interviewing for tobacco cessation occurring onsite					
	Individual tobacco cessation counselling occurring onsite					
	Tobacco cessation groups occurring onsite					
	Please provide any additional details regarding your organization's tobacco usage interventions for onsite psychosocial services.					
<b>Tobacco Usage Interventions: Community Referrals</b>	Referrals offsite for Nicotine Replacement Therapy or other medication					
	Referrals to Quitline					
	Referrals to other agencies for tobacco support services					
	Please provide any additional details regarding your organization's tobacco usage interventions for community referrals.					
<b>Tobacco Usage Interventions: Peer Services</b>	Peer-led services onsite for tobacco cessation					
	Peer-led services onsite not focused on tobacco					
	Please provide any additional details regarding your organization's tobacco usage interventions utilizing peer services.					

## Organizational Self-Assessment Preview

<u>Area</u>	<u>Strategy</u>	Not currently considering/ decided against	Considering but not yet actively planning	Actively planning for 3-6 months from now	Scheduled in the next 3 months	Currently occurring	
<b>Tobacco Control Policy</b>	Tobacco-free agency (interior)						
	Campus/facility tobacco-free (entire grounds)						
	Tobacco-free signage & advertising onsite						
	Specific enforcement procedures and policies						
	Tobacco cessation support for staff						
	Please provide any additional details regarding your organization's tobacco-free policy initiatives.						
<b>Tobacco Control Outcomes</b>	Create and utilize tobacco indicators and measures						
	Monitor and evaluate tobacco indicators and measures						
	Please provide any additional details regarding your organization's tobacco control measures and outcomes.						
<b>Tobacco Control Sustainability</b>	Electronic health record infrastructure includes tobacco use and treatment fields						
	Determine if tobacco cessation services will be available to community members						
	Process in place to track how individuals/clients were referred/heard about tobacco cessation services (marketing)						
	Organization bills for tobacco prevention and cessation services						
	If your organization currently bills for tobacco prevention and cessation services, who do you bill? Please mark all that apply.		<input type="checkbox"/> Not applicable to my organization - we do not currently bill for tobacco cessation services <input type="checkbox"/> Grants <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Private Insurance <input type="checkbox"/> Other (please specify): _____				
	Please provide any additional details regarding your organization's tobacco control sustainability.						

# Staff Survey Preview

Thank you for completing this brief survey about tobacco use and treatment. We are conducting this survey because we have been selected to participate in an intensive 6-month learning community designed by the Behavioral Health & Wellness Program at the University of Colorado, School of Medicine. The survey results will help us to get a current snapshot of employee knowledge and attitudes about tobacco. They will also provide information about what is currently being done to address tobacco use with the people we serve.

The results of this survey will help BHWP to tailor the next 6 months of technical assistance and guide our activities related to tobacco use and treatment as a part of our employee and client wellness programs.

Organization: \_\_\_\_\_ Date: \_\_\_\_\_

## Section 1: Information

### Age:

- |                                |                                |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> 18-24 | <input type="checkbox"/> 45-54 |
| <input type="checkbox"/> 25-34 | <input type="checkbox"/> 55-64 |
| <input type="checkbox"/> 35-44 | <input type="checkbox"/> 65+   |

### Gender:

- Female
- Male
- My gender is not listed
- Prefer not to disclose

### Race/Ethnicity (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> White/Non-Hispanic     | <input type="checkbox"/> Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> Hispanic/Latino        | <input type="checkbox"/> American Indian/Alaska Native   |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Other (please specify):         |
| <input type="checkbox"/> Asian                  | _____  |

### Role/Position:

- |  |  |
|--|--|
| <input type="checkbox"/> Senior Leadership/Executive | <input type="checkbox"/> Case Manager                              |
| <input type="checkbox"/> Program Manager             | <input type="checkbox"/> Administrator - Reception/Front Desk      |
| <input type="checkbox"/> Clinical Supervisor         | <input type="checkbox"/> Support Staff - Security/Facilities/IT/HR |
| <input type="checkbox"/> Intake Counselor            | <input type="checkbox"/> Other (please specify):                   |
| <input type="checkbox"/> Clinician/Counselor         | _____  |

## Staff Survey Preview

### Section 1: Information (continued)

Please indicate how much training you have received around tobacco use and cessation:

- No training
- Some training
- Extensive training

Which of the following categories describe the populations you serve (check all that apply)?

- Low-socioeconomic
- Pregnant/postpartum women
- Mental illness
- Addictions
- Incarcerated/justice-involved
- Patients with chronic conditions (e.g., diabetes, hypertension, CVD, COPD, etc)
- Lesbian, gay, bisexual, transgender (LGBT)
- Other (please specify):  
\_\_\_\_\_

Have you ever REGULARLY used any tobacco product(s) in your lifetime? ("Regularly" is at least a few times every few days) (If no, skip to Section 2)

- Yes
- No

In your lifetime, which products have you REGULARLY used (check all that apply)?

- Cigarettes
- Smokeless tobacco (e.g., chewing tobacco, snuff, snus)
- Cigars
- Pipe
- E-cigarettes or vaping
- Hookah/waterpipe
- Other tobacco products (please specify):  
\_\_\_\_\_

Have you used any tobacco in the past 3 months? (If no, skip to Section 2)

- Yes
- No

Which of the follow best describes you (check all that apply)?

- I have successfully quit within the past 3 months.
- I have tried to quit unsuccessfully within the past 3 months.
- I would like to try to quit over the next month.
- I would like to try to quit over the next 6 months.
- I have no interest in quitting.

## Staff Survey Preview

### Section 2: Knowledge

Please answer the questions below even if you do not have direct contact with clients.

Which category describes your knowledge of the following interventions for tobacco cessation and prevention (regardless of whether or not you use these services)?

	No Knowledge	Little Knowledge	Some Knowledge	Good Knowledge	Extensive Knowledge
Asking about tobacco use					
Advising not to use tobacco					
Documenting tobacco use status in the electronic health record or patient chart					
Nicotine replacement therapy (e.g., patches, gum, nasal spray)					
Other cessation medications (e.g., Chantix, bupropion)					
Cognitive behavioral strategies					
Motivational interviewing and enhancement					
Individual or group tobacco cessation counseling					
Referral to a quitline					
Referral to web-based or mobile phone cessation programs and resources					
Evidence-based messaging around Electronic Nicotine Delivery Systems (ENDS) (e.g., e-cigarettes)					
Culturally competent/ tailored interventions to priority populations					
Tobacco-free policies					



## Staff Survey Preview

### Section 3: Attitudes

Please check how much you agree or disagree with the statements below:

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Given my existing roles and responsibilities as a healthcare provider, supervisor, or administrator, it is feasible to also provide tobacco prevention and cessation services.					
Smoking cessation is possible for the populations we work with.					
It is important for the populations we work with to receive tobacco prevention and cessation services.					
We do not have sufficient time during a routine visit to help a client quit.					
There is no safe level of exposure to secondhand smoke.					
People are less likely to seek services if an agency is tobacco-free.					
I would/do support a tobacco-free policy at this agency.					

Do you currently provide direct evaluation, assessment, or clinical services as part of your job? (If no, skip Section 4)

- Yes
- No

## Staff Survey Preview

### Section 4: Behaviors

Please answer the questions below as they relate to the population and age range you primarily serve.

How often do you currently provide the below tobacco cessation and prevention services?

	Never	Rarely	Sometimes	Often	Always
Ask if patient/ client/ consumer uses tobacco					
Advise patient/ client/ consumer not to use tobacco					
Document tobacco use status in electronic health record or patient chart					
Encourage/prescribe nicotine replacement therapy (e.g., patches, gum, nasal spray)					
Encourage/prescribe other cessation medications (e.g., Chantix, bupropion)					
Use cognitive behavioral strategies					
Use motivational interviewing and enhancement					
Provide individual or group tobacco cessation counseling					
Refer to a quitline					
Refer to web-based or mobile phone cessation programs/resources					
Provide culturally competent and tailored interventions					
Provide evidence-based messaging around Electronic Nicotine Delivery Systems (ENDS) (e.g., e-cigarettes)					
Promote tobacco-free policies					

Thank you for your time in completing this survey. Your input is greatly appreciated.

If you have any questions regarding this survey, please contact Jim Pavlik, Build a Clinic Program Manager at [jim.pavlik@ucdenver.edu](mailto:jim.pavlik@ucdenver.edu) or by phone at 303.724.8007.

# DIMENSIONS: Action Plan Preview

## DIMENSIONS Action Plan

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Training Location: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Best Way to Contact You:

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Position (check all that apply):

Administrator  Other (specify): \_\_\_\_\_

Peer Advocate \_\_\_\_\_

Provider \_\_\_\_\_

**DIMENSIONS training attended:**

- Tobacco Free Policy – Fundamentals
- Tobacco Free Program – Advanced Techniques
- Tobacco Free Program – Fundamentals
- Well Body Program – Advanced Techniques
- Well Body Program – Fundamentals
- Other (specify): \_\_\_\_\_

**Readiness for change (check one):**

- Pre-contemplation: *Not considering change*
- Contemplation: *Considering change*
- Preparation: *Making concrete plans for change*
- Action: *Actively taking steps toward change*
- Maintenance: *Sustaining changes already made*

Based on readiness for change, I will work to achieve the following goal(s) over the next 3-6 months. Consider SMART goal criteria (Specific, Measurable, Achievable, Realistic, Timely).

Goal #1:

Completion of Goal #1 will be evidenced by:

Potential barriers to achieving Goal #1:

Goal #2:

Completion of Goal #2 will be evidenced by:

Potential barriers to achieving Goal #2:

Signature: \_\_\_\_\_



*The Build a Clinic Learning Community is a program of the Behavioral Health & Wellness Program at the University of Colorado, Anschutz Medical Campus — School of Medicine. The curriculum has been developed with assistance from program partners, the University of Colorado, Department of Family Medicine, and ECHO Colorado. Build a Clinic is funded by a grant from Pfizer, Inc.*

Credits

Build a Clinic logo: Element Art + Design  
Crane icon: Rahul KULKARNI, The Noun Project





## **Build A Clinic**

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