



Indiana
Department
of
Health

Tobacco Prevention and Cessation

Health System Change
Request for Application (RFA)
Training

OUR MISSION:

**To promote, protect, and improve
the health and safety of all Hoosiers.**

OUR VISION:

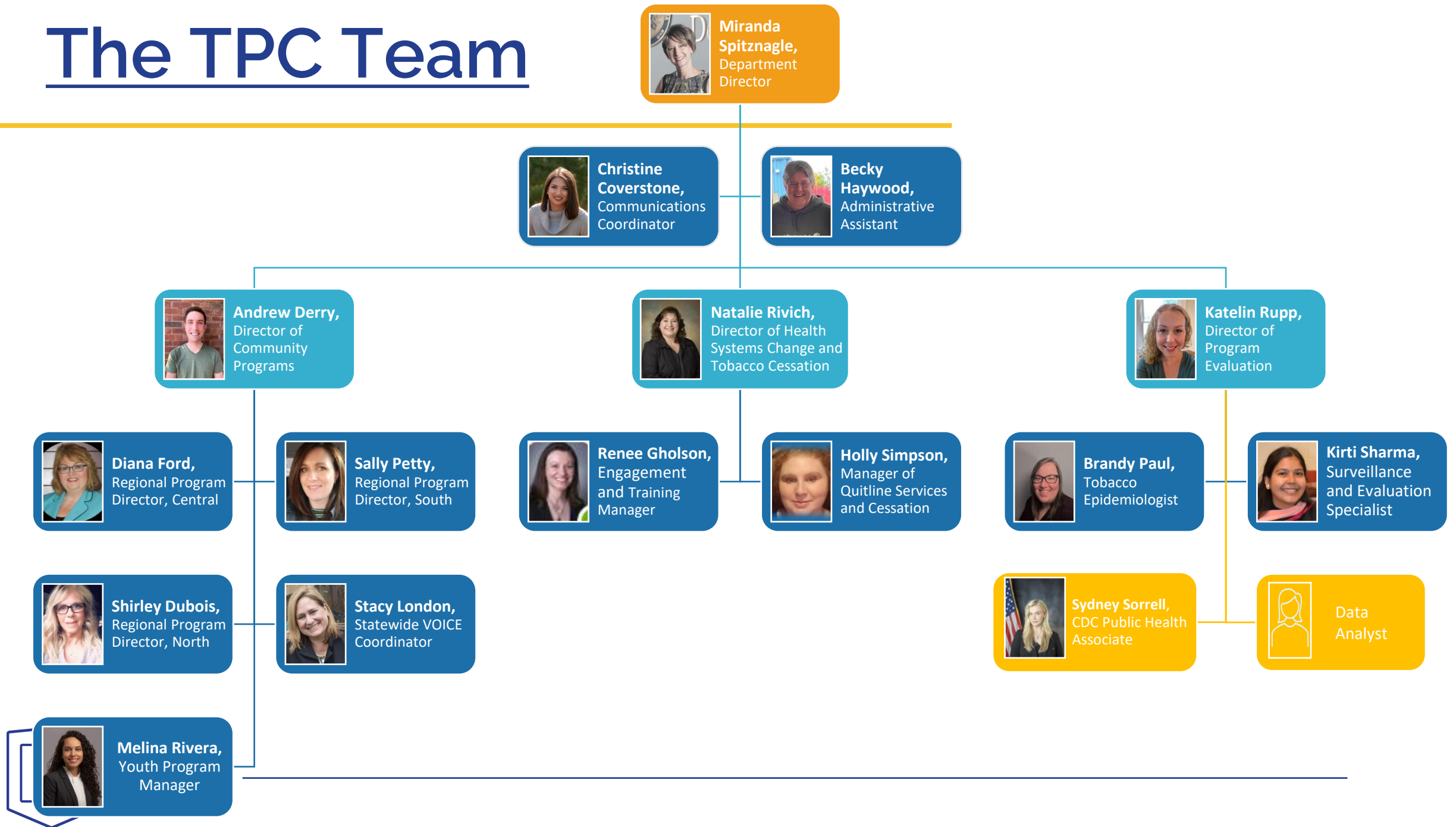
**Every Hoosier reaches optimal health
regardless of where they live, learn,
work, or play.**



Agenda

1. Welcome and Overview of TPC
2. 2025 Strategic Plan
3. Health System Change
4. RFA Overview
5. Application Timelines and Forms
6. Budget Process
7. Review and Resources
8. Q & A

The TPC Team



2025 Indiana Tobacco Control Strategic Plan



Our Vision

An Indiana where all are free from tobacco addiction and exposure to commercial tobacco products. *



Our Mission

Indiana Tobacco Prevention and Cessation seeks to achieve optimal health by eliminating the disease and economic burden associated with tobacco addiction and exposure to commercial tobacco products.



Our Values

We recognize that all Hoosiers are affected differently across racial, ethnic, and socioeconomic groups, and these disparities must be addressed.

FY 2024 outcomes

- **VOICE** is active in 18 counties with 143 core team leaders, 357 action squad members, and 57 members in the VOICE Alumni Network
- Findings from the **2022 Youth Tobacco Survey** were disseminated to a variety of audiences, with **listening sessions** held in eight communities with more than 200 in attendance
- Indiana High School Athletic Association (IHSAA) partnership campaign, **Don't Puff This Stuff**, reached 2.8 million during the last school year.
- The **Behind the Haze** campaign focusing on youth and young adults implemented two ads, totaled more than 29 million impressions across social media platforms.
- TPC local partners completed over **3500 tobacco retailer audits** in 42 counties, collecting observational data on tobacco product availability and marketing at the point of sale.

FY 2024 outcomes

- The **Quit Now Indiana Champions** program launched in SFY 2024, with resources for participating healthcare providers.
- **Quit Now Indiana** has a high satisfaction rate of 80% among respondents, and 91% would recommend QNI to another person who was trying to quit tobacco. The 30-day quit rate among respondents across all QNI programs was over 33%
- **Health Systems Change** partners screened over 21,000 for tobacco use and 13 Tobacco Free Recovery providers are implementing tobacco free grounds and treatment strategies
- TPC funded **43 community, capacity-building, and regional partnerships** in 41 counties, reaching approximately three-fourths of Indiana's population



Youth and Young
Adults



Secondhand
Smoke Exposure



Adult Cessation



Infrastructure

Youth and Young Adult

Objective Highlights

- Decrease the current e-cigarette/vape prevalence rate among young adults age 18 - 24 years in Indiana to 10%
- Decrease flavored product use prevalence rate, including menthol, among middle school students who use tobacco to 40%
- Decrease cigar, cigarillo, and little cigar use prevalence rate among African American high school youth to 5%



Strategies

- School engagement and policy
- Youth empowerment
- Education campaigns
- Reducing access to tobacco products
- Reducing tobacco marketing
- Access to resources for treatment
- Monitoring tobacco product use trends



Secondhand Smoke

Objective Highlights

- Increase the percentage of current smokers that report living in a smoke-free home with children in the household to 65%
- Increase the prevalence of smoke-free homes among African American households to 85%
- Increase the percentage of behavioral health centers that have a tobacco-free campus to 100%



Strategies

- 100% smoke free air in all environments
- Education on dangers of tobacco smoke exposure
- Smoke free environments prevent acute and chronic health conditions
- Smoke free environments support cessation/treatment
- Reduces disparities



Cessation

Objective Highlights

- Decrease adult smoking prevalence rate to 15%
- Decrease smoking prevalence rate among pregnant women to 6%
- Decrease adult smoking prevalence rate among Medicaid members in Indiana to 25%



Strategies

- Health systems change
- Training and tools for health care providers
- Quitline promotion and engagement
- Meeting consumer needs
- Focused engagement with marginalized communities
- Increase coverage of tobacco treatment services



Infrastructure

Sufficient capacity is essential for program sustainability, efficacy, and efficiency, and enables programs to plan their strategic efforts, provide strong leadership, and foster collaboration among the state and local tobacco control communities.

In order to achieve optimal health for all, investment in marginalized communities and organizations that serve those communities is essential.



Strategies

- Synergistic partnerships
- Leveraging current contracts to support smoke free environments, Quitline promotion, and cessation support
- Disaggregation of data
- Data collection strategies
- Sharing training opportunities
- Increase awareness of intersectionality of work





Best Practices in Commercial Tobacco Control

Tobacco Control Toolbox

Foundational Approaches



Tobacco
Price
Increases



Smokefree
Policies



Hard-hitting
Media
Campaigns



Cessation
Access

Complementary Retail Strategies



Product
Availability



Pricing &
Promotion



Advertising



Age of Sale

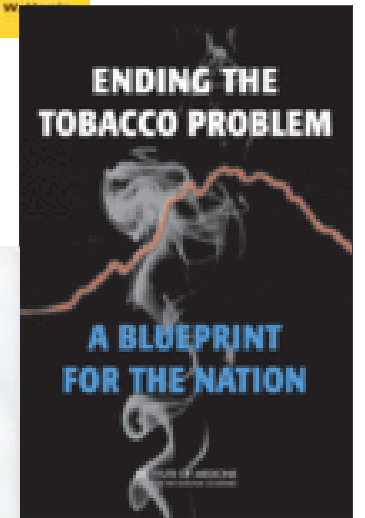
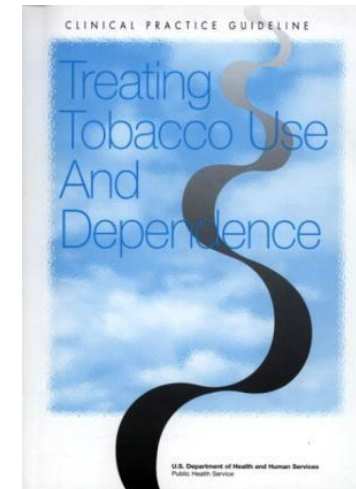
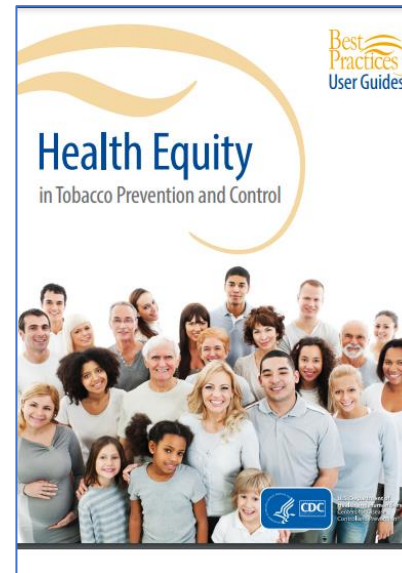
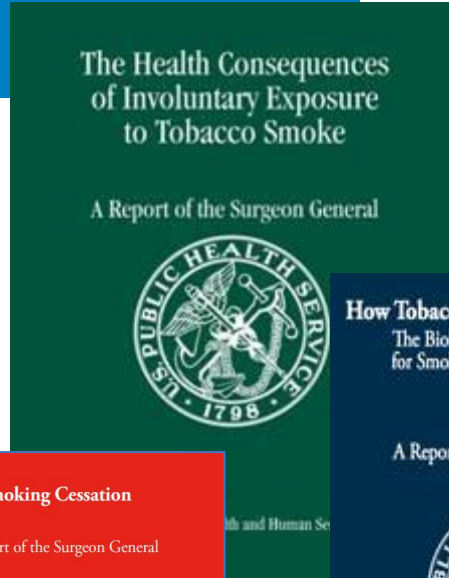
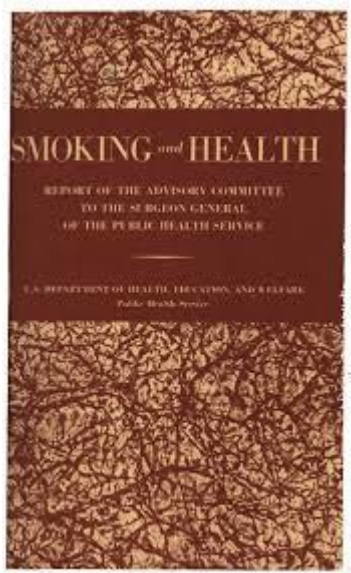
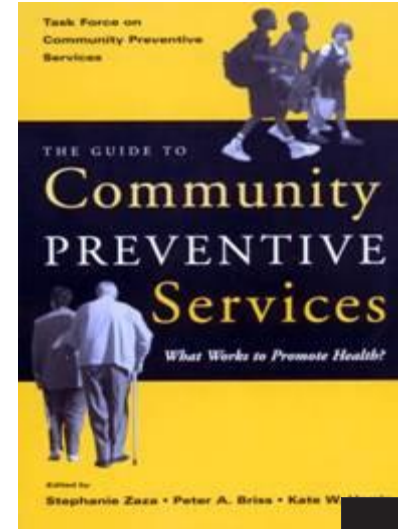
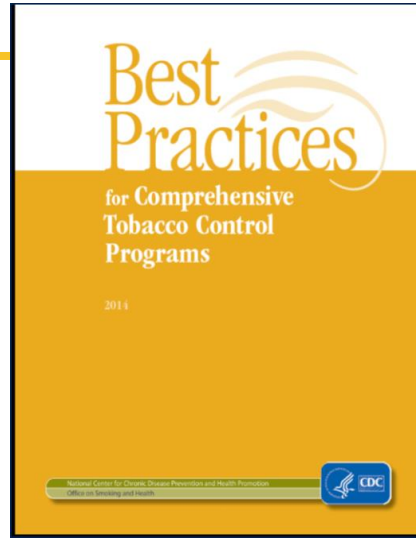
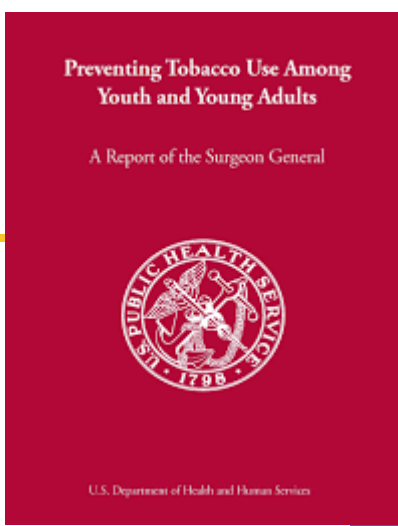


Retail
Licensure

To be effective, these strategies must each be carried out in a way that improves health.

Evidence Based Tobacco Control

- State and community outreach
- Access to effective tobacco treatment services and comprehensive tobacco cessation benefits
- Smoke free air policies
- Higher prices on cigarettes and other tobacco products
- Well-funded, continuous mass media campaigns about the dangers of commercial tobacco





health first
INDIANA

Your Community Info

Connections to Health
First Indiana



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Health First Indiana

- Historic, FIRST of its kind investment in public health
- Investment in prevention leads to healthier communities and workforce, which attracts businesses and benefits economy
- Brings together local elected officials, public health, clinical health and community partners
- Partnerships allow us to organize care as a community, reduce duplication of services, be more efficient
- Benefits rural communities that often have fewer resources



Funding

Before HFI

LHDs received state appropriation of \$6.9 million

With HFI

With new legislation, LHDs received \$75 million in 2024 and \$150 million in 2025

- Established process for counties to opt-in to enhance local public health funding and maintained local control throughout
- Defined core public health services and parameters for use of funding
- Made changes to Local Health Board appointments

Funding Status

92 local health departments have opted in for 2025

**100% of the State of Indiana will receive
Health First Funding in 2025**

Advancing Commercial Tobacco Treatment

The Health Systems Change partnerships (HSC) grant supports health systems to implement, maintain and expand tobacco and nicotine dependence treatment.

Types of Partnerships:

- Inpatient care
- Outpatient care (primary/specialty)
- FQHC/Lookalikes
- Community health centers
- Behavioral health
- Dental and Vision centers
- Technical Assistance/Training
- Quality Improvement/Evaluation

TOBACCO NATION

An Ongoing Crisis

Alabama
Arkansas
Indiana
Kentucky
Louisiana
Michigan
Mississippi
Missouri
Ohio
Oklahoma
South Carolina
Tennessee
West Virginia



ADULT SMOKERS
Tobacco Nation
represents states
ranked in the
top 25% of adult
smokers since 2011

**TOP
25%**



LIFE EXPECTANCY
Tobacco Nation
residents **live 3 years
less** on average and
are more likely to **die
from cancer** than the
the rest of the U.S.

**↑
20%**

HEALTH
Tobacco Nation residents
report more than **20% more**
**"poor" physical and mental
health days** than the
average American

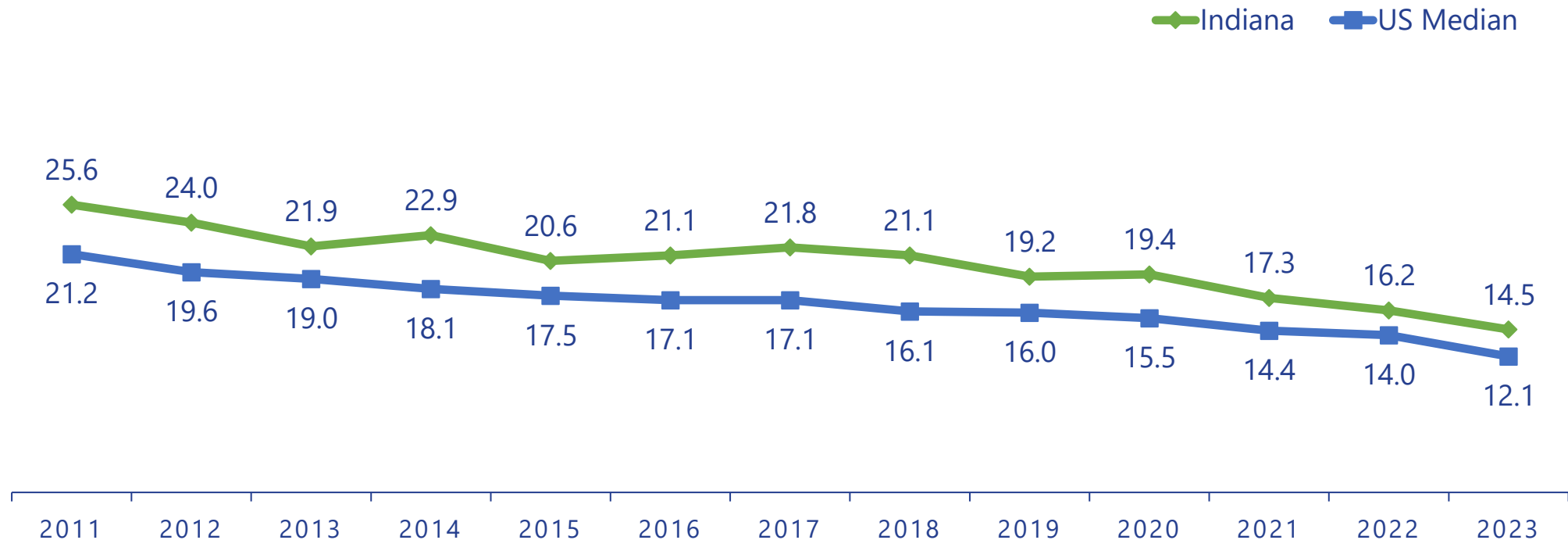
**25%
↓**

FINANCES
Tobacco Nation residents
earn nearly 25% less per year
than the rest of the U.S.

**TOBACCO
NATION**

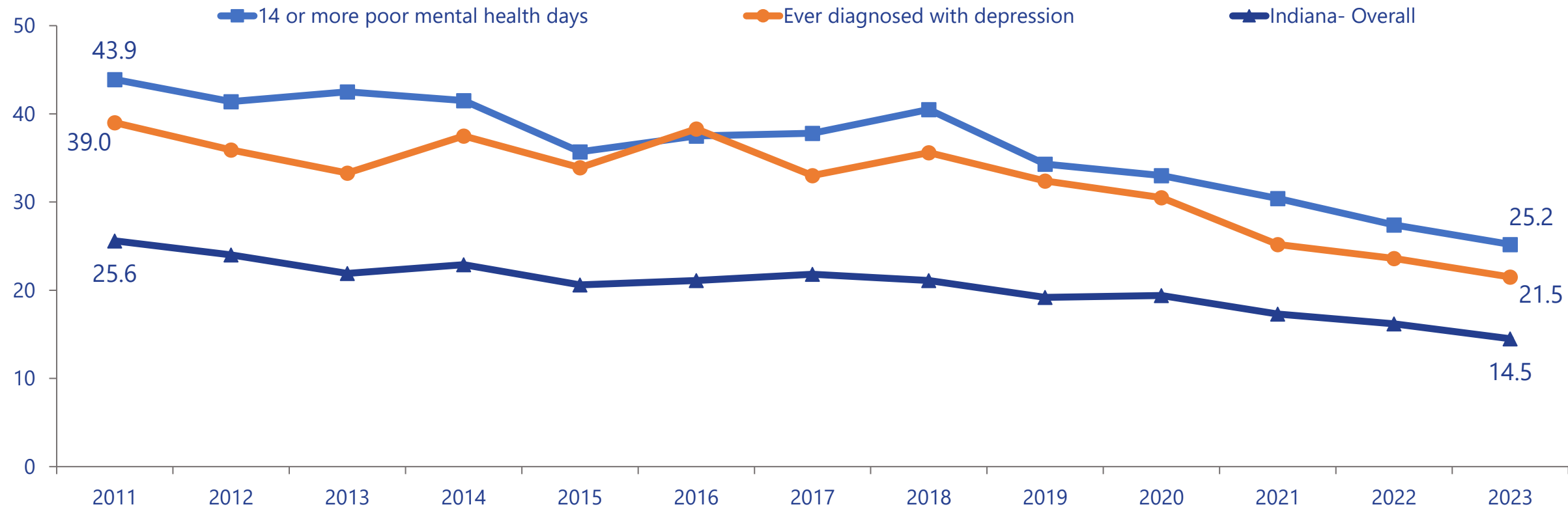
CURRENT SMOKING TRENDS, 2023

Indiana's 2023 cigarette smoking rate is significantly lower than the smoking rate in 2022, but Indiana's current smoking rate continues to be higher than the US rate (median).



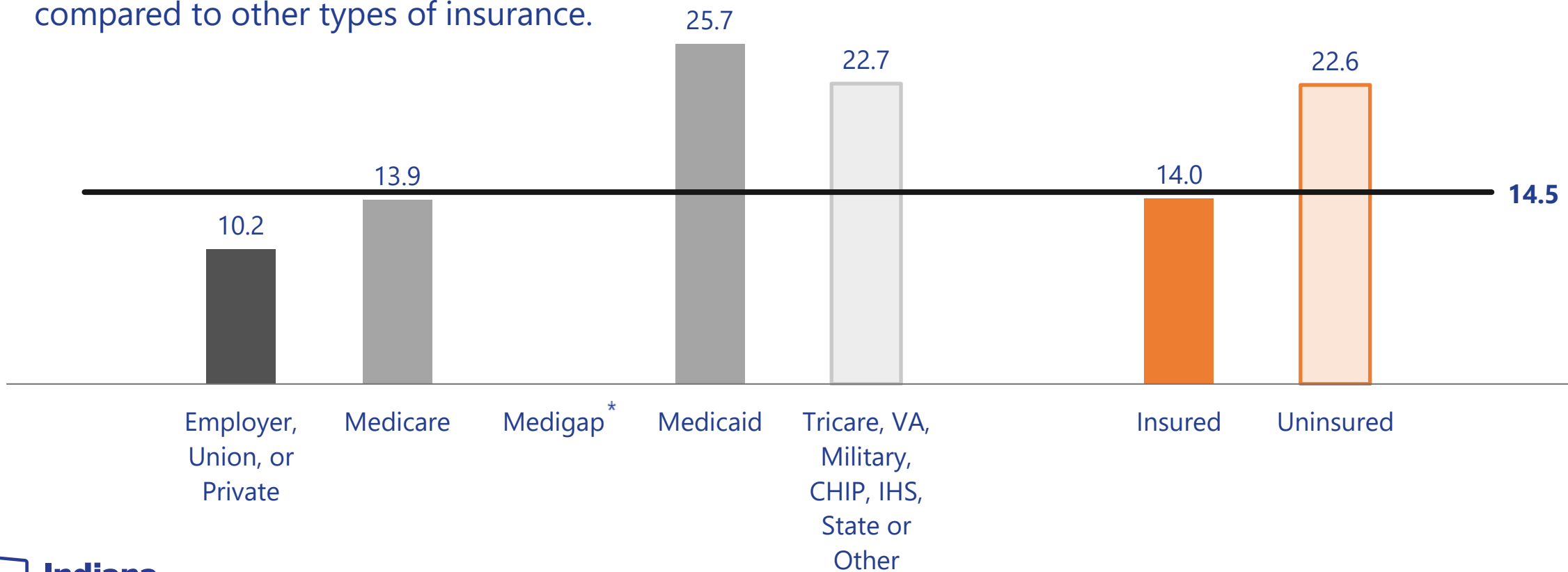
CURRENT SMOKING - TRENDS, 2023

Since 2011, Hoosier adults who **have reported 14 or more poor mental health days** or **have ever been diagnosed with depression** have also reported smoking at **significantly higher rates**



CURRENT SMOKING DEMOGRAPHICS, 2023

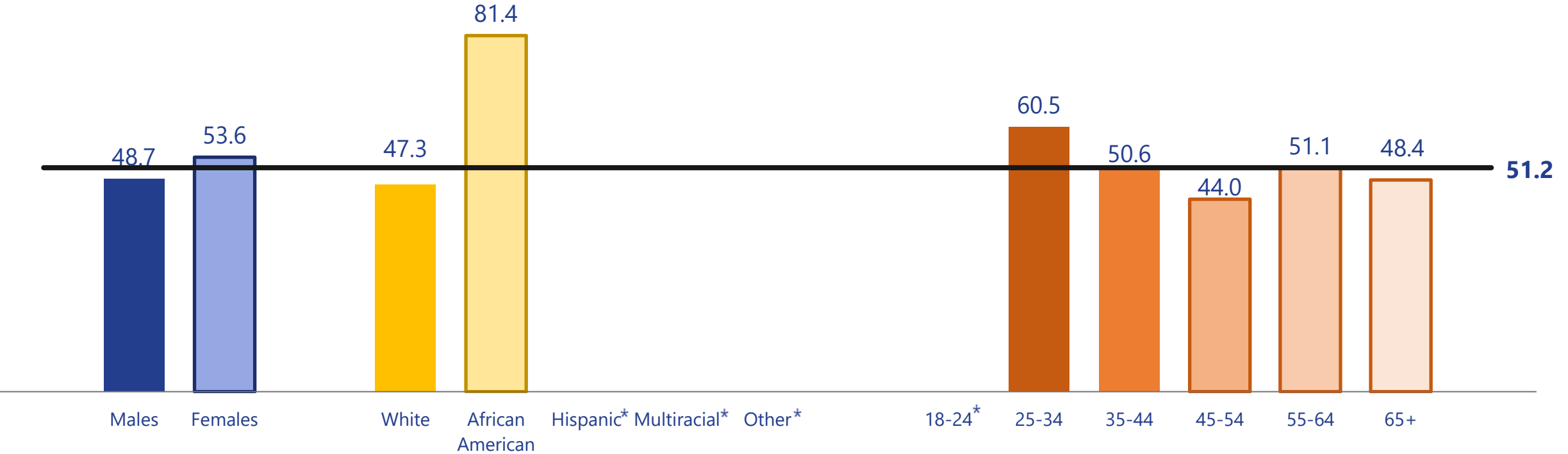
Hoosier adults **who are uninsured see significantly higher rates of smoking** compared to those that are insured. Among Hoosier adults that have insurance, **those who have Medicaid or Tricare, VA, Military or some other type of state insurance** reported smoking at **significantly higher** rates compared to other types of insurance.



* Note: Data for Medigap insurance are suppressed as the rate was statistically unstable.

QUIT ATTEMPTS, 2023

About **51%** of adults, that reported currently smoking, made at least one quit attempt in 2023 and **African American adults who currently smoke, reported significantly higher quit attempt rates** compared to white adults.



* Note: Data for Hispanic, Multiracial and Other racial groups as well as the 18-24 age group were suppressed the rates were statistically unstable.



Health Systems Change



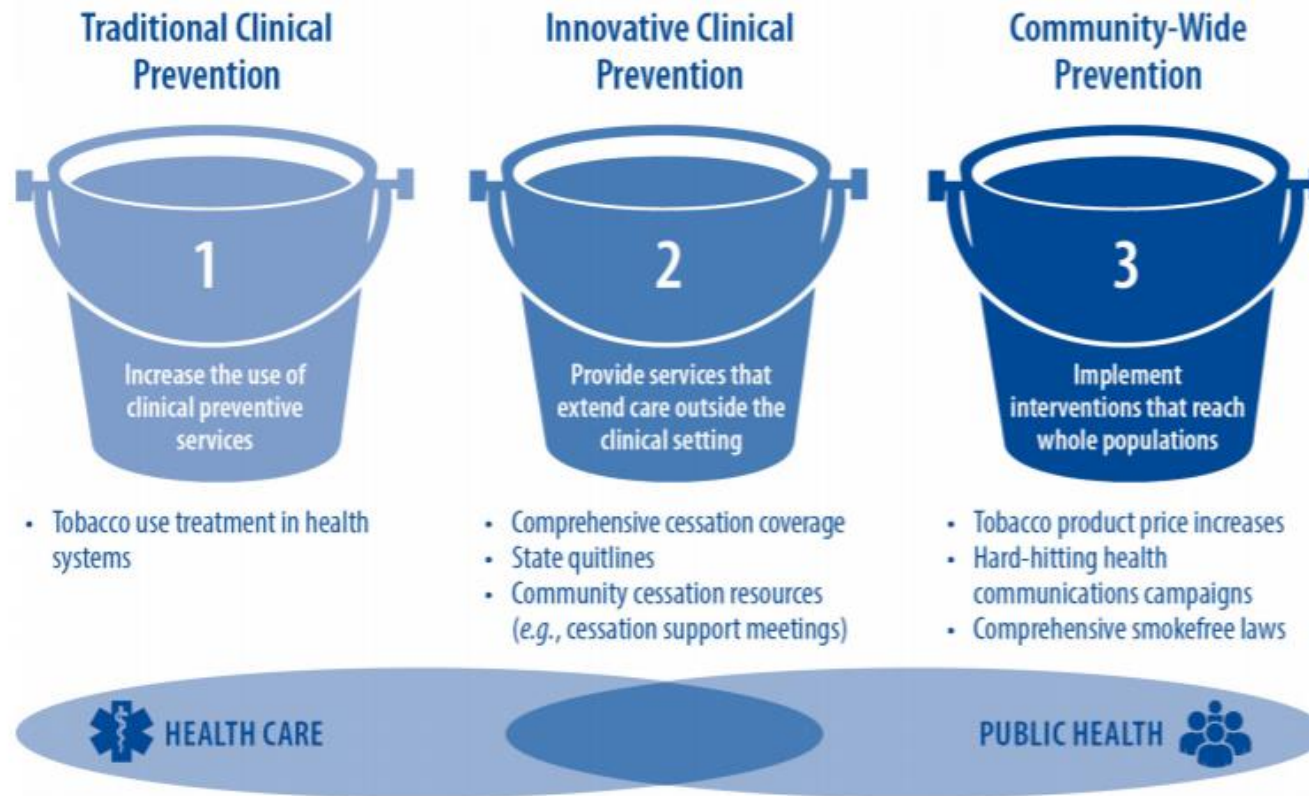
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Health Systems Change

- Clinicians play a critical role in delivering long term support and interventions.
- Patients expect physicians to address tobacco use.
- Almost 80% of those who use commercial tobacco see a health care provider annually.
- Integrating tobacco treatment in a systematic way increases consistent screening and interventions.
- Health system workflows promote interventions and can increase patients' opportunity to address tobacco treatment.

“Organizations should identify what resources and processes are already in place that could support their systems change goals. If some foundational work exists, there may not be a need to “reinvent the wheel”.

Figure 4. Tobacco Cessation in CDC's Three Buckets of Prevention



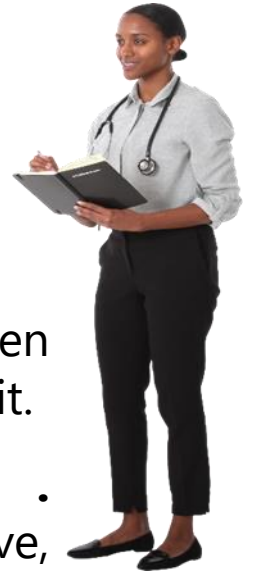
Source: Auerbach⁵³

Clinical Practice Guidelines

The overarching goal is that clinicians use effective tobacco dependence counseling and medication treatments and systems and insurers reinforce this by making such effective treatments available

Clinical Practice Guideline Highlights:

- **Tobacco dependence is a chronic disease** that often requires repeated intervention and multiple attempts to quit.
- Brief tobacco dependence treatment is effective. . . **Individual, group, and telephone counseling** are effective, and their effectiveness increases with treatment intensity.
- **Seven first-line medications** (5 nicotine and 2 non-nicotine) reliably increase long-term smoking abstinence rates: bupropion SR, nicotine gum, nicotine inhaler, nicotine lozenge, nicotine nasal spray, nicotine patch, and varenicline.
- **Counseling and medication are effective** when used by themselves for treating tobacco dependence. **The combination of counseling and medication, however, is more effective than either alone.**



Clinical Practice Guidelines- cont'd

- It is essential that clinicians and health care delivery systems **consistently identify and document tobacco use status and treat every tobacco user** seen in a health care setting.
- Clinicians should offer **every patient who uses tobacco at least the brief treatments**. Clinicians should encourage every patient willing to make a quit attempt to **use the counseling treatments and medications recommended**. Clinicians should encourage [medication] use by all patients attempting to quit smoking—except when medically contraindicated.
- Both clinicians and health care delivery systems should **ensure patient access to quit lines** and promote quit line use.
- Tobacco dependence treatments are both **clinically effective and highly cost-effective** relative to interventions for other clinical disorders.
- Insurers and purchasers should ensure that **all insurance plans include the counseling and medication identified as effective** . . . as covered benefits (Fiore et al. 2008, pp.vii–viii).
- If a tobacco user currently is unwillingly to make a quit attempt, clinicians should **use the motivational treatments**



RFA Overview

Approach #1

Implementing Best Practices for Tobacco Dependence Treatment Care Coordination

Health systems develop processes to ensure that tobacco dependence treatment is fully integrated into care and sustained over time.

Strategies:

- Establishing a multidisciplinary team across departments.
- Conduct an assessment of the health system and develop an action plan to address identified gaps.
- Equipping all staff to address tobacco treatment efforts through continuous staff training and education
- Creating workflows and processes to ensure that delivery of tobacco dependence treatment is coordinated as patients navigate their continuum of care.
- Establishing relationships with community agencies or partners.

Approach #2

Utilization of Electronic Health Record (EHR) System

Health systems may demonstrate meaningful use of the EHR system.

Strategies: (Must support one or more)

- Asking patients about nicotine use at each visit.
- Including documentation in EHR or on nicotine use.
- Integrating tobacco dependence diagnoses in problem lists and creating order sets.
- Documentation of follow-up care; support care coordination.
- Collecting and reporting data to identify gaps and outcomes in the tobacco treatment program.

Approach #3

Quality Improvement

Health systems may implement quality improvement processes to enable *integration of tobacco dependence treatment* best practices into routine care.

Strategies: (Must support one or more)

- Providing training and technical assistance to health systems utilizing rapid cycle improvement, continuous improvement and lean methodologies or other models that improve care and health outcomes.
- Implementing pharmacist-led medication therapy management initiatives.
- Providing evaluation and data collection services to support, improve, and maximize outcomes.

Approach #4 – Apply to HSC Cohort

Health Systems Change Technical Assistance Cohort

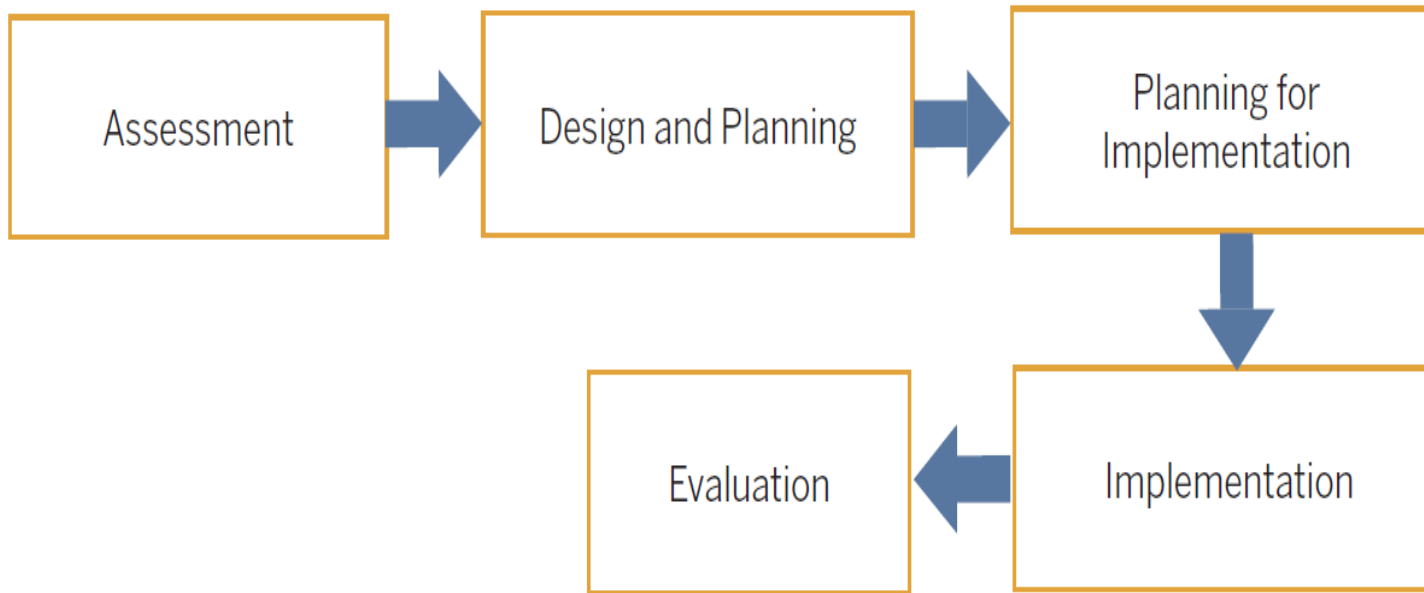
Health Systems with established workflows and tobacco treatment protocols can work to sustain and expand tobacco treatment efforts by participating in the cohort.

Possible Strategies: (Must support one or more)

- Identifying 1-2 champions to lead a multidisciplinary team.
- Improving delivery system design through quality improvement strategies
- Increasing evidence based brief interventions for patients who use tobacco.
- Incorporating treatment extenders such as Quitline and web-based cessation interventions into protocols.
- Assessing strategies for quality improvement practices like Plan-Do-Study-Act (PDSA) cycles

Tips on Getting Started

Figure 1. Five Key Processes Essential for Goals



“Must Haves” to support progress toward Health System Change:

1. Leadership Buy-in
2. Champions
3. Staff/Frontline Buy-In
4. Collaborators/Team
5. IT Support
6. Organization Priority
7. Specialty trained staff

Standard Metrics

- Current tobacco use
- Diagnosis of tobacco use
- Referrals to treatment
- Pharmacotherapy
- Quit Attempts/Follow up



Set SMART Objectives

Identify Your Goals and Vision of Success

- Why is this work important?
- Be sure your goals are SMART
 - Specific, Measurable, Attainable, Relevant, Time-based, Enter these into your Action Plan

S-M-A-R-T Objectives

SMARTIE Objectives are...

Specific: What is the goal you're trying to realize?

Measurable: How much? How often? How many?

Attainable: Is it achievable?

Relevant: Is it relevant to your overall vision?

Time-based: When will it happen? What is a realistic timeframe?

Beware of Barriers but *Forge Ahead*

Lessons learned have taught us that barriers and challenges will come, but the work of tobacco prevention/cessation is paramount to overall public health outcomes. No matter the barrier, the work must continue.

Potential barriers:

- Time Constraints
- Staffing issues
- IT/EHR challenges/issues
- Lack of buy-in
- Healthcare Crisis i.e. COVID-19
- Lack of funding



Eligibility and Specifications



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Applicant Eligibility Requirements

There are general eligibility standards that will apply to all applicants as well as specific requirements for each applicant type. Please refer to the RFA for detailed information

Funding Specifications

- Funding period July 1, 2025 – June 30, 2027.
- Grant award will vary by need, program model and available funding.
- Application submissions do not guarantee receipt of funding.
- All applications must include justification for the selected project objectives, timeline, and budget to support the requested award amount and duration.
- **All grants are contingent upon the availability of funding.**

Fiscal Accountability:

Activities are reported quarterly on a state evaluation survey. Funds will be reimbursed monthly (or quarterly) upon receipt of invoice and compliance with program and fiscal reports.



Refer to RFA for activities that can not be funded.

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Use of Funds

Funds allocated through this request for applications will only support:

- Program development
- Program implementation
- Program coordination for the proposed project

Application

1. Cover Sheet
2. Project Narrative
 - Organization Profile
 - Organization Strategic Approach
 - Evaluation Plan

*Note page limits in RFA

words money format forms res
concise implementation projects
grant
delines technical reports & Writings
development of letter visibility intent

Application Documents

Itemized Budget

Audited Financial Statements

Declarations Page

Appendix

1. *Letters of Support*
2. *Staff bios and Resumes (Not guaranteed that these items will be considered in the review process)*



Application Timelines



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Timeline

January 24 - RFA released

January 28 - Virtual Training Workshop

February 28 - Deadline to submit questions in writing

March 7 - Responses posted on TPC website

March 24 - Submit completed applications

March-April - Evaluation by TPC Review Teams

May - Target date for award announcements

July 1 - Start of Grant Cycle

How to apply

The completed application narrative, forms and all attachments must be submitted electronically via email at TPCApplications@health.in.gov

APPLICATIONS ARE TO BE SUBMITTED TO THE EMAIL ABOVE ONLY.



Budget Process/Forms



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Budget

The Budget Section describes the operation costs needed to fund tobacco control program and the development of strategic work plan from July 1, 2025- June 30, 2027.

All grants are contingent upon the availability of funding

Financial Reporting Requirements

- Monthly/Quarterly Invoices
- Budget Change Requests are submitted on the Invoice document

Note: Invoices are not approved for payment if Monthly Program reports are delinquent

Scope Of Work Form

- Summary of Program
- List 2-4 bullet points for each area which best describe the expected outcome of the work plan.
- Do not use abbreviations or acronyms without explanation- spell out the term and designate the abbreviation.
- Include evaluation measures on SOW form.

	FY 2022 Budget	FY 2023 Budget	TOTAL 2022-2023 Budget
1. Personnel			
a. Salaries/Wages			
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
TOTAL SALARIES/WAGES >	\$ -	\$ -	\$ -
b. Fringe Benefits			
			\$ -
			\$ -
			\$ -
			\$ -
TOTAL FRINGE BENEFITS >	\$ -	\$ -	\$ -
4. Subcontracts			
			\$ -
			\$ -
			\$ -
			\$ -
TOTAL CONTRACTS >	\$ -	\$ -	\$ -
5. Other			
			\$ -
			\$ -
			\$ -
			\$ -
TOTAL OTHER >	\$ -	\$ -	\$ -
6. Paid media (not to exceed 20% of total grant awarded)			
			\$ -
			\$ -
			\$ -
			\$ -
TOTAL PAID MEDIA >	\$ -	\$ -	\$ -
7. Furniture and Equipment			
			\$ -
			\$ -
			\$ -
			\$ -
TOTAL FURNITURE AND EQUIPMENT >	\$ -	\$ -	\$ -

	FY 2022 Budget	FY 2023 Budget	TOTAL 2022-2023 Budget
1. Personnel			
a. Salaries/Wages			
1. (Insert Position Title)			\$ -
2. (Insert Position Title)			\$ -
3. (Insert Position Title)			\$ -
Total from extra budget lines worksheet (if applicable)	\$ -	\$ -	\$ -
TOTAL SALARIES/WAGES >	\$ -	\$ -	\$ -
b. Fringe Benefits			
1. (Insert Position Title)			\$ -
2. (Insert Position Title)			\$ -
3. (Insert Position Title)			\$ -
Total from extra budget lines worksheet (if applicable)	\$ -	\$ -	\$ -
TOTAL FRINGE BENEFITS >	\$ -	\$ -	\$ -
2. Travel			
a. In-State			\$ -
b. Out-of-State			\$ -
TOTAL TRAVEL >	\$ -	\$ -	\$ -
3. Supplies			
a. Office supplies			\$ -
b. Program supplies			\$ -
TOTAL SUPPLIES >	\$ -	\$ -	\$ -
4. Subcontracts			
a.			\$ -
b.			\$ -
c			\$ -
Total from extra budget lines worksheet (if applicable)	\$ -	\$ -	\$ -
TOTAL CONTRACTS >	\$ -	\$ -	\$ -
5. Other			
a.			\$ -
b.			\$ -
c			\$ -
Total from extra budget lines worksheet (if applicable)	\$ -	\$ -	\$ -
TOTAL OTHER >	\$ -	\$ -	\$ -
6. Paid media (not to exceed 20% of total grant awarded)			
a.			\$ -
b.			\$ -
c			\$ -
Total from extra budget lines worksheet (if applicable)	\$ -	\$ -	\$ -
TOTAL PAID MEDIA >	\$ -	\$ -	\$ -
7. Furniture and Equipment			
a.			\$ -
b.			\$ -
c			\$ -
Total from extra budget lines worksheet (if applicable)	\$ -	\$ -	\$ -
TOTAL FURNITURE AND EQUIPMENT >	\$ -	\$ -	\$ -

Budget Worksheet

- Set up as a two-year budget but present each year separately – two columns; one for FY2026 and one for FY2027 then total for two years.
- Bottom Line: Each annual total must represent half of the request. TPC is required to allocate 1/2 in year one and 1/2 in year two. There cannot be two different annual totals.
- No dollars rollover after the first year of the grant cycle

Budget Narrative

BUDGET NARRATIVE

Personnel:

* Provide a written job description in the Grant Application for all funded positions. Make sure the job titles are the same as in the Budget Narrative.

Salaries (List each employee separately. Include name and job title.)

Be specific and show how salaries are determined:

- Percent of FTE dedicated to grant x Annual Salary x # Years = Salary

OR

- Hourly Wage x Hours per week dedicated to grant x # Weeks = Salary

Benefits (List each employee separately. Include name and job title.)

Be specific and show how benefits are determined:

- Percent of FTE dedicated to grant x normal and customary fringe benefits to all employees by lead agency = Benefits
- Please list all types of fringe benefits provided such as health insurance, social security tax, vision, life, paid time off, and sick leave.

Budget Narrative Sample

Salaries – (list each employee separately)

- Be specific and show how personnel expenses are determined
 - $\text{Percent FTE} \times \text{Annual Salary Wage} \times 1 \text{ year} = \text{Personnel Expenses}$
 - $\text{Hourly Wage} \times \text{Hours per Week} \times 52 \text{ Weeks} = \text{Personnel Expenses}$
 - List names (if known) and job titles
 - Provide a written job description in the Grant Application for all funded positions. Make sure the job titles are the same as in the Budget Narrative
-

Budget Narrative Sample

Personnel	%FTE or Wage	Annual Salary or Hours Per Week	1 Year or 52 Weeks	Annual total that is shown on the Budget Worksheet
Director	5% (%FTE)	\$85,000 (annual salary)	1 year	\$4,250
Tobacco Coordinator	100%	\$40,000 (annual salary)	1 year	\$40,000
Tobacco Coordinator	50%	\$40,000 (annual salary)	1 year	\$20,000
Tobacco Coordinator	\$7.75 (Wage)	20 hrs/week	52 weeks	\$8,060

Budget Narrative Sample

- Benefits - (list each employee separately)
- Percent FTE dedicated to grant x Normal & Customary Fringe Benefits to All Employees by Lead Agency
- Please list all types of fringe benefits provided such as health insurance, social security tax, vision, life, paid time off, and sick leave.

Budget Notes

- Paid Media – no more than 20% of the total request per year
- No Indirect Charges allowed
- A detailed Budget Narrative is required
- NRT - no more than 10% of total request per year

Budget Notes

- Be specific in every aspect of the application.
- A budget amount must include specific details in the Budget Worksheet and in the Budget Narrative.
- Provide evidence in the work plan of what you request in the budget.

Budget Notes

- Calculate the personnel expenses correctly. Include all necessary information on the forms
- Maintain all supportive documentation for monitoring engagement purposes

Budget Notes

- Promotional items and paid media require prior approval
- Budgets may be amended. The amendment is changed on the invoice and once the invoice is approved by the Director, the money is reallocated and can be spent.
- Use state travel guidelines (in RFA)
- No one can be a part of the TPC budget and hold a full-time job elsewhere.
- Nicotine Replacement Therapies (NRT) cannot to exceed 10% of the total budget.

Budget Notes

- See grant application limitations in general
- Pay close attention to the section on what grant money CANNOT be spent on/restrictions.



Forms and Electronic Submission

Accessing the Forms

Visit the Grant Applications webpage under Health System Change section on TPC's website (Community Programs/Grant Applications).

All RFAs, forms and resources are available on this webpage.

<https://www.in.gov/health/tpc/grant-opportunities/>



Submission



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Final Submission

Final email to TPCApplications@health.in.gov should include the following attachments:

- Application Cover Sheet (“Contact and Proposal Information”) – *Excel document*
- Project Narrative – *any format*
- Budget Forms – *Excel document*
 - Includes Budget Worksheet and Budget Narrative
- Scope of Work – *Word document*
- Vendor/Subrecipient Information – *Word document*
- **Other attachments** (*can be in any format, i.e. Word, PDF*):
 - Job descriptions for each employee that would be paid for by grant
 - *If applicable* – Audited financial statements
 - If including letters of support and other supporting documentation

*You will receive email confirmation that your application has been received within 24 hours of submission.

Forms

Indiana Department of Health Vendor/Subrecipient Information

This is an additional separate form that TPC needs completed to expedite the contract process if the grant is approved.

Submission Email Subject Line

- Include:
 - Lead Agency Name
 - Application Type
- Ex.
Sacred Heart Hospital – HSC

Multiple Emails

- If one email with all required attachments exceeds size limit, you can send in multiple emails
 - Be sure to be consistent in naming your subject lines for all your emails and include a number indicator at the end of each email's subject line
 - i.e. 1 of 3, 2 of 3, 3 of 3

Review Criteria

1. Organization Capacity and accomplishments
2. Statement of Need and rationale
3. Soundness of plans, strategies and timelines
4. Proposed budget and cost

Review Process

Review team consists of National,
State and local tobacco control
experts



Resources



Indiana
Department
of
Health

Required Trainings

- In-person Grant Kickoff
- Virtual Monthly Technical Assistance Meetings (1:1)
- Virtual Quarterly Trainings
- Virtual Monthly Technical Assistance Meeting (Cohort)

Million Hearts Tobacco Cessation Change Package

What Is the Tobacco Cessation Change Package?

The Tobacco Cessation Change Package (TCCP) is a quality improvement tool created by the Centers for Disease Control and Prevention (CDC)

- Intended for health care professionals in outpatient, inpatient, and behavioral health settings and public health professionals
- Presents a list of process improvements that clinicians can implement
- Gives clinical teams a practical resource to increase the reach and effectiveness of tobacco cessation interventions



Other Resources

- National Cancer Institute, Division of Cancer Control & Population Sciences. Monograph 23: Treating Smoking in Cancer Patients: An Essential Component of Cancer Care.
- American Lung Association's Health Systems Change Tobacco Cessation. Opt-Out Model: Enhancing the Standard of Care for Tobacco Dependency with Proactive Referrals to Treatment.
- Tobacco Health Systems Change Starter Toolkit for Clinics. ClearWay and Institute for Clinical Systems Improvement.
- RX for Change

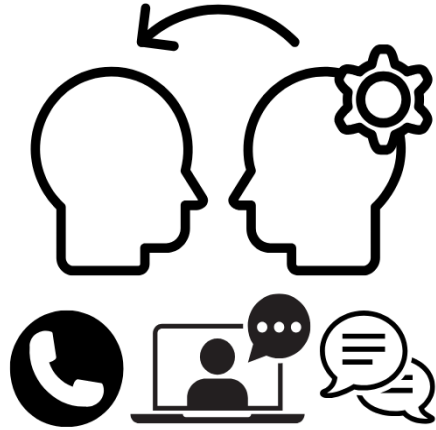


Quit Now Indiana

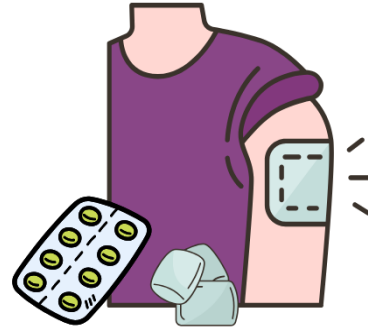


1-800-Quit-Now
1-855-DÉJELO-YA
1-877-777-6534 (TTY)
Text READY to 34191
Text LISTO to 34191
quitnowindiana.com

Services



Coaching



**Nicotine
Replacement
Medications**



**Online Services
&
Support**

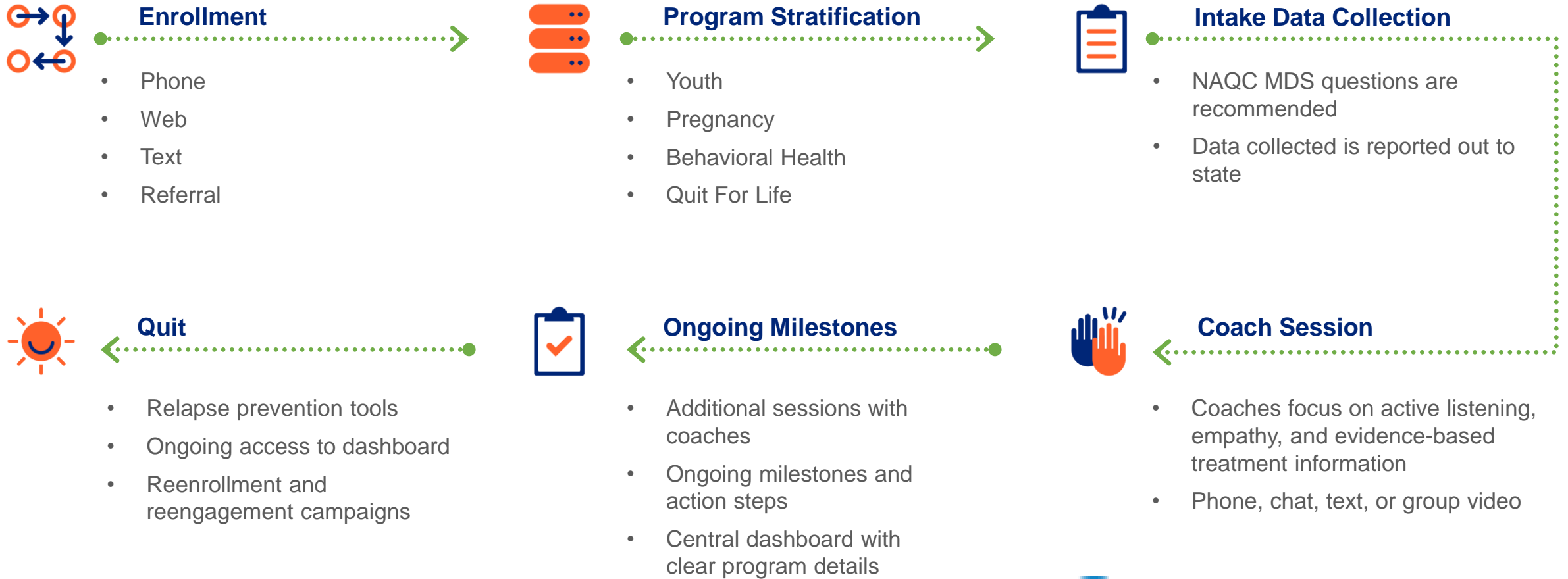


QUIT now INDIANA

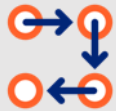


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Member Journey



Quit Now Indiana Standard & Tailored Program Offerings




Program (self-report)	Sessions	NRT	Offering	Amount (subject to change)
Pregnancy	7	Yes*	Patch, Gum, Lozenge, or Combo	12 weeks (4x4x4)
Behavioral Health	7	Yes	P, G, L, or Combo	12 weeks (4x4x4)
Youth Online	6 Steps	No	N/A	N/A
Menthol Enhancement	5 or 7	Yes	P, G, L, or Combo	12 weeks (4x4x4)
Standard Adult	5	Yes	P, G, or Combo	2 weeks

Fax Referral Form

Provider Information

Outcome Report Request

Pre-Authorize NRT

 Quit Now Indiana fax referral form
Fax Number: 1-800-483-3114

Referring facility and healthcare provider information:

<input type="checkbox"/> Clinic <input type="checkbox"/> Pharmacy <input type="checkbox"/> Hospital <input type="checkbox"/> Other		<input type="checkbox"/> I certify that I am HIPAA covered entity
Facility name		Department
Fax number	Phone number	Facility NPI (National Provider Identifier)
Address		Zip
County		
Referring health care professional		
Email		National Provider Identifier (NPI) Number
Would you like an Outcome Report on whether the patient enrolled, declined or was unreachable? (Please select your preferred method) <input type="checkbox"/> I want emailed outcome reports <input type="checkbox"/> I want faxed outcome reports <input type="checkbox"/> I do not want outcome reports		
Use this section to pre-authorize NRT		
<small>*Note: As patients have different benefits, using this form does not guarantee they will get free quit medications.</small>		
Please check the box <input type="checkbox"/> I authorize use of any modality of NRT for which my patient has coverage at dosage consistent with FDA to Pre-Authorize NRT: <input type="checkbox"/> Approved package labeling.		
Provider's name (Print)		Provider's signature

Referral contact information

You agree that we may contact you at the phone number you give us. Note that calls may be automated. Some messages may be pre-recorded.

First name		Middle name	Last name
State	Zip code	Phone number	Date of birth
Language preference <input type="checkbox"/> English <input type="checkbox"/> Other			
May we send text messages to this number? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Patient signature box			Date
Best contact times:	When are good weekday times to call? <input type="checkbox"/> Mornings (8 a.m.-12 p.m.) <input type="checkbox"/> Afternoons (12 p.m.-4 p.m.) <input type="checkbox"/> Evenings (4 p.m.-8 p.m.)	When are good weekend times to call? <input type="checkbox"/> Mornings (8 a.m.-12 p.m.) <input type="checkbox"/> Afternoons (12 p.m.-4 p.m.) <input type="checkbox"/> Evenings (4 p.m.-8 p.m.)	

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HIPAA Certification Box

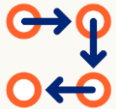
NPI Collection

Text Consent Box



Online Referral Portal

- Easy and secure way for providers to refer
- NRT Pre-Authorization included



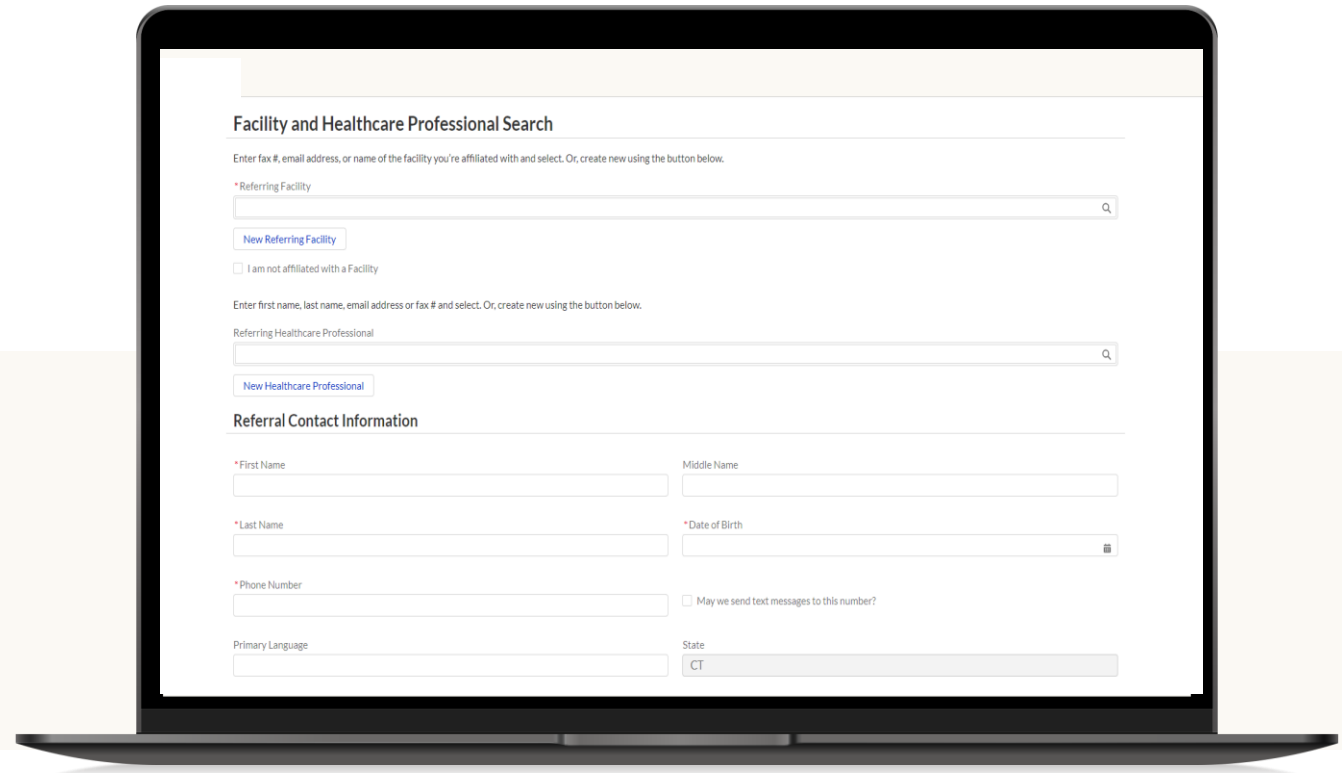
Real time referral



Easy alternative to
EHR or fax



Same outcome
report as fax



The laptop screen shows a web form titled "Facility and Healthcare Professional Search". The form includes sections for searching by facility and healthcare professional, with buttons for "New Referring Facility" and "New Healthcare Professional". Below these is a "Referral Contact Information" section with fields for First Name, Middle Name, Last Name, Date of Birth, Phone Number, Primary Language, and State. A checkbox for "May we send text messages to this number?" is also present.

Facility and Healthcare Professional Search

Enter fax #, email address, or name of the facility you're affiliated with and select. Or, create new using the button below.

*Referring Facility

[New Referring Facility](#)

☐ I am not affiliated with a Facility

Enter first name, last name, email address or fax # and select. Or, create new using the button below.

Referring Healthcare Professional

[New Healthcare Professional](#)

Referral Contact Information

*First Name Middle Name

*Last Name *Date of Birth

*Phone Number ☐ May we send text messages to this number?

Primary Language State

Overview of E-Referrals

- Electronic Referrals send secure, two-way communication between a healthcare provider and RVO Health through the patient's EHR.
- Providers receive progress updates using the same system, allowing the provider to review patient's quit journey progress
- All messages sent through e-referral are HIPAA-compliant to protect patient privacy.



Outcome Report

Includes:

- Referring Provider Information
- Patient Information
- Referral Outcome including NRT & dosage

Outcome	Definition
Accepted	Patient was reached and enrolled in Quit Services
Already Enrolled	Outreach attempts were not made because the patient is already enrolled in Quit Services
Deceased	Determined that the patient is deceased
Declined	Patient was reached and declined enrollment in Quit Services.
Duplicate	Outreach attempts were not made because the referral is a duplicate (previous record created within the last 30 days)
Incomplete referral data	Outreach attempts were not made because the referral is missing one or more of the following: patient first name, patient last name, patient phone number, or valid State
Invalid phone number	Patient was not reached; referral phone number is wrong or invalid
Not eligible	Outreach attempts were not made because the patient is not eligible to enroll in Quit Services (patient is too young and/or we do not operate Quit Services for this State)
Recently declined	Outreach attempts were not made because the patient recently declined enrollment in Quit Services (declined within the last 30 days)
Unable to reach	All attempts to contact the patient during their preferred time were completed, but Coaches were unable to reach the patient



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Thank you for joining us!

Please submit any additional
questions to
TPCapplications@health.in.gov