



Understanding Tobacco Dependence Treatment Practices at a Federally Qualified Health Center:

**LESSONS LEARNED FROM OPEN
DOOR FAMILY MEDICAL CENTER**

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INTRODUCTION

Despite tobacco control efforts, tobacco use remains the leading cause of preventable death and disease in the United States.¹ In New York, approximately 25,500 people die prematurely every year as a result of their tobacco use, and more than 500,000 New Yorkers live with serious tobacco-caused illnesses and disabilities.^{2,3} Health care organizations play a critical role in ensuring their patients are screened for tobacco use and are offered tobacco dependence treatment at every visit, if appropriate.

Open Door Family Medical Center (Open Door) is a Federally Qualified Health Center (FQHC) that serves over 52,000 patients annually in New York State's Westchester and Putnam Counties. To combat the burden of tobacco use, leadership at Open Door have worked together to implement systems and policies and to promote ongoing assessment of tobacco performance measures. Using this strategy, Open Door has been able to successfully integrate tobacco dependence screening and treatment best practices into standard delivery of care to ensure that their tobacco-using patients are receiving the highest quality of care.

As part of the Center of Excellence for Health Systems Improvement for a Tobacco Free New York (COE HSI), funded by the New York State Department of Health Bureau of Tobacco Control, a case study was conducted to examine the strategies employed by Open Door to provide evidence-based tobacco dependence treatment and care for all their patients.

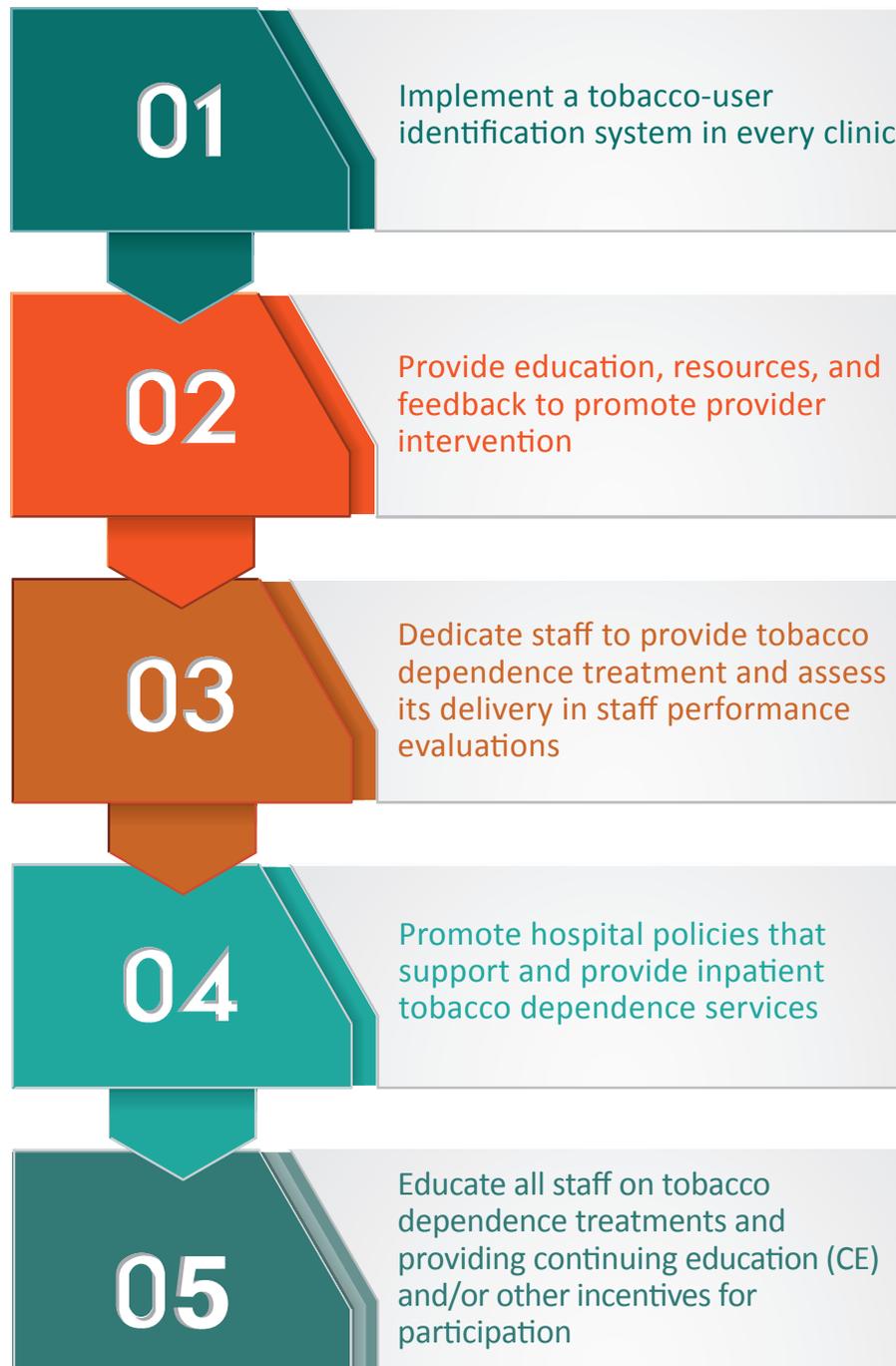
¹ "Smoking and Tobacco Use – Cigarettes and Other Tobacco Products." New York State Department of Health, 1 Apr. 2014. Web. 22 June 2015.

² "State Health Department Urges New Yorkers to Make the Great American Smokeout on November 15 the First Day of a Smoke-free Healthy Life." New York State Department of Health, 1 Nov. 2012. Web. 22 June 2015.

³ "Smoking and Tobacco Use – Cigarettes and Other Tobacco Products."

BACKGROUND

Tobacco is used disproportionately by vulnerable populations, specifically low-income individuals, those with less than a high school education, and individuals with poor mental health. To decrease the burden of tobacco use within these populations, the *Public Health Service (PHS) Clinical Practice Guidelines* recommends integrating tobacco cessation interventions into primary health care delivery using the following four strategies:⁴



⁴ US Department of Health and Human Services. (2011). *Systems Change: Treating Tobacco Use and Dependence*.

Integrating Tobacco Dependence Best Practices

For health care organizations to effectively and efficiently integrate these *PHS Clinical Practice Guidelines* into standard delivery of care, the COE for HSI has identified a five-step approach for leadership and organizations to utilize and adopt in a sustainable manner. The five-step process includes the following components:



In order to implement these steps, health care organizations must first assess current practices are assessed, gaps in clinical policies and systems, and systems to incorporate performance metrics to ensure continuous sustainable systems improvement.

Health care organizations can increase the number and proportion of tobacco users who receive evidence-based treatment by ensuring systems are in place to deliver evidence-based tobacco dependence screening and treatment as part of standard delivery of care. This, in turn, increases quit attempts and decreases tobacco use rates, ultimately leading to decreased tobacco use rates among populations served (depicted below in Figure 1).

Figure 1:
Logic model describing population impact of integrating tobacco dependence treatment into routine clinical care



CASE STUDY SELECTION AND OVERVIEW OF ORGANIZATION

This case study features Open Door Family Medical Center (Open Door), an FQHC serving Westchester and Putnam Counties. Open Door has been serving its local community since 1972, first operating out of the basement of the First Baptist Church. Currently, Open Door serves over 52,000 local residents each year in an ever-growing number of sites: five health centers, six school based health centers, and two mobile dental vans. The organization’s aim is to provide high quality health care that is affordable, accessible, and efficient, with a specific focus is on prevention (such as tobacco cessation), with the goals of identifying illness early and decreasing the need for more costly treatment down the road.

From prevention and wellness programs, to the treatment of diseases, Open Door sees its primary mission as keeping the people of Westchester and Putnam Counties healthy and strong, regardless of their ability to pay. Open Door was selected to be highlighted in this case study because it is considered a regional leader in promoting healthy communities and health equity. Open Door also has successfully demonstrated to their network of clinicians the importance of addressing patients’ tobacco use, regardless of the reason for those patients’ visits.

Tobacco Prevalence Rates

According to the 2013 - 2014 New York Expanded Behavioral Risk Factor Surveillance Survey (eBRFSS), the statewide smoking rate was 15.9%, higher than the overall tobacco use rates in Westchester County (11.7%) and Putnam County (13.9%). Individuals earning less than \$25,000 used tobacco at higher rates (19% in Westchester County and 24.3% in Putnam County, compared to 24.2% in New York State). Similarly, individuals who report poor mental health also have higher tobacco use rates than the general population, with rates of 24.2% and 19.4% in Westchester and Putnam County, respectively (compared to a statewide tobacco use rate among this population of 29.9%).⁵

Although tobacco use rates in the counties Open Door serves are lower than the New York State average across all populations, populations with less than a high school education and individuals reporting poor mental health in Westchester and Putnam use tobacco at disparate rates, underscoring the importance of providing tobacco cessation services and care to these subpopulations at Open Door.

Table 1:
Comparing tobacco prevalence rates in New York State and Westchester and Putnam Counties

New York State and Westchester and Putnam Counties			
	New York State	Westchester	Putnam
Current tobacco users	15.9%	11.7%	13.9%
Current tobacco users earning less than \$25,000	24.2%	19%	24.3%
Current tobacco users who report poor mental health	29.9%	24.2%	19.4%

⁵ “2013 – 2014 New York Expanded Behavioral Risk Factor Surveillance Survey.” <http://www.health.ny.gov/statistics/brfss/expanded/2013/county/docs/putnam.pdf>

In order to decrease the burden of tobacco use in their community, leadership at Open Door saw an opportunity to significantly address and improve health care practices related to tobacco treatment. Leadership at Open Door consists of three key individuals:

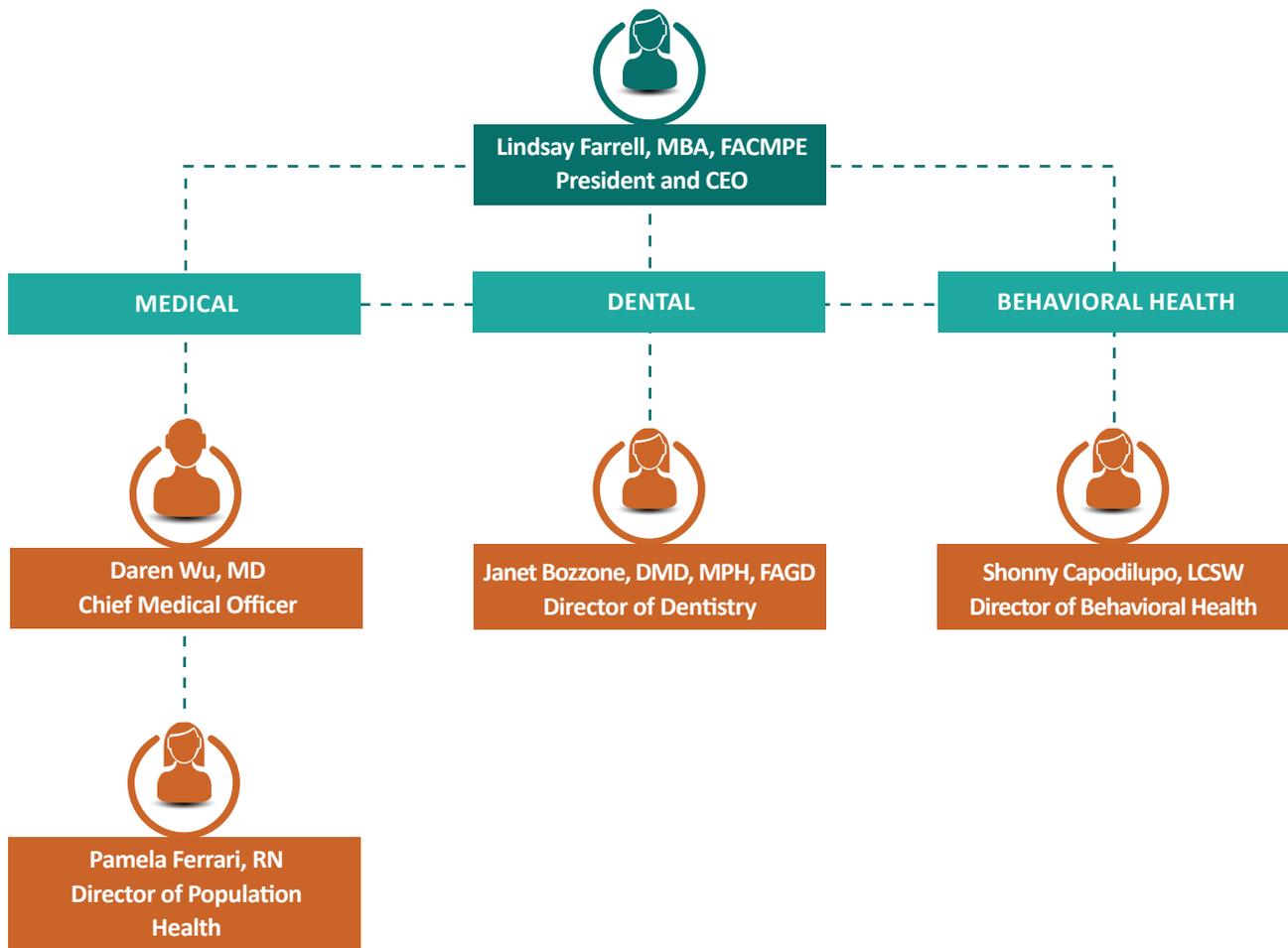
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Open Door is led by President and Chief Executive Officer (CEO), **Lindsay Farrell**. During Ms. Farrell’s tenure, Open Door has grown significantly, doubling its patient population. Ms. Farrell oversees the operation of all Open Door’s health centers and also serves as Open Door’s Director of Operations and Director of Development.
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To assure clinical standards are met, Ms. Farrell works closely with **Dr. Daren Wu**, Chief Medical Officer (CMO), who oversees clinical care and service delivery at all sites. As the CMO, Dr. Wu directs the recruitment and review of clinicians and allied health care workers and interfaces with affiliated hospitals.
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Dr. Wu works closely with **Pam Ferrari**, Director of Population Health, to conduct analyses and report out key clinical and performance measurement data to clinicians and the broader community. Ms. Ferrari, a registered nurse (RN), works closely with the CMO on all quality improvement projects, including tobacco cessation.

Figure 2:
Open Door Key Leadership Organizational Chart



CASE STUDY METHODOLOGY

In April 2016, CAI conducted a series of in-person interviews with the three key leaders from Open Door, including the President and CEO, the CMO, and the Director of Population Health. Given the goal of this case study – to describe the system-wide implementation of best practices in tobacco screening and treatment – CAI recognized the importance of understanding different leadership roles’ perspectives. Table 2 outlines the amount of time spent with each interviewee and a detailed description on their professional background.

Table 2. Interviewee Overview

Interviewee Overview			
Interviewee	Interviewee Title	Interview Length	Interviewee Background
Lindsay Farrell, MBA, FACMPE	President and CEO	1 hour	Ms. Farrell has been at Open Door for 30 years. She has full responsibility for the operation of all Open Door’s health centers and facilities. She began as a volunteer and also serves as Open Door’s Director of Operations and Director of Development.
Daren Wu, MD	CMO	1.5 hours	Dr. Wu has been at Open Door for 15 years. He oversees the quality of clinical care and service delivery at all Open Door sites. He leads recruitment and review of clinicians and allied healthcare workers and also sees patients. Dr. Wu has served in the role of CMO for ten years, before which he served as Medical Director of Open Door’s Family Health Practice at Northern Westchester Hospital in Mount Kisco and a staff physician at Open Door’s Rye Brook site.
Pam Ferrari, RN	Director of Population Health (previously: Director of Performance Improvement)	1 hour	Ms. Ferrari has worked at Open Door for 15 years. Initially hired to do performance improvement for the Open Door HIV Program, Ms. Ferrari later transitioned to conducting performance improvement work for all of Open Door’s programs and services. Right before the time of the interview, she served as the Director of Performance Improvement and was in charge of data collection and analysis which included compiling data “report cards.” In addition, Ms. Ferrari was responsible for providing technical assistance and support to low-performing initiatives throughout the system. Presently, she is the Director of Population Health.

During the three interviews, lasting roughly one to one-and-a-half hours each, the COE for HSI team asked interviewees questions pertaining to a series of topics in order to better understand key drivers influencing tobacco screening and treatment success. These broad topics included: systems-level characteristics; patient experience; financing; data and performance measures; leadership support; staff capacity, attitudes, and motivation; and training and technical assistance opportunities. The questions included in the interview guide were developed specifically to address key drivers that have been shown to impact change and success associated with tobacco cessation efforts within the FQHC setting.

Each interview was audio-recorded and then transcribed and analyzed using Atlas.ti software. Interview transcripts were analyzed for key themes, reflecting the domains of questions asked, in order to determine factors impacting Open Door’s success.

RESULTS

The interviews conducted with three Open Door leaders revealed common themes related to the organization's ability to implement and prioritize change initiatives. Specifically, during the interview process, it became clear that Open Door's success in tobacco screening and intervention can be attributed directly to the organization's overall strengths in identifying, communicating, and implementing organizational priorities.

Open Door has developed strong systems for integration of priorities across all levels of the organization, tobacco screening and treatment being one of them, which is supported by strong leadership and effective organizational communication, as well as a clear dedication to collecting and using data for both reporting and quality improvement purposes. In the case of tobacco screening and intervention, once it was identified as an organizational priority, these system characteristics successfully fell into place, resulting in positive implementation and clinical outcomes.

Systemic Integration

At Open Door, tobacco screening is fully integrated into routine clinical care. The CMO attributed this systems integration to an organizational culture deeply rooted in preventative care, a team-based approach to tobacco screening and interventions, and the integration of tobacco approaches into user-friendly data and technological systems. Tobacco screening and intervention are understood by Open Door staff as preventative measures that can sustain patients' health. On the day-to-day level, the CMO, as well as the Director of Population Health, explained how integration results in daily conversations with patients involving discussions on a number of preventative topics including tobacco use cessation, vaccination, depression, nutrition, physical exercise, and alcohol use.

As the CMO explained, *"In primary care, where you have medical professionals trained to take care of people in a way that is about prevention, you automatically start thinking, 'What can I do to keep things from getting very bad?'"*

In addition to focusing on preventive care, findings from the qualitative interviews indicate that Open Door ensures that tobacco screening and interventions are not the responsibility of clinicians alone; rather, the larger clinical team, including nurses, medical assistants, and other staff members, work to the full extent of their education and training to conduct tobacco use screening.

The CMO, the Director of Population Health, and CEO all indicated that clinical support staff are encouraged to prioritize asking patients about their tobacco use status and behavior change in order to reinforce the importance of quitting. This means that patients are reminded of tobacco use cessation on multiple occasions by multiple members of the health care team. In addition to receiving reminders in the primary care setting, the CMO indicated that Open Door's Dentistry Department provided patients with reminders and encouragement for tobacco behavior change. Open Door's behavioral health programs also have started to address tobacco use cessation.

The Director of Population Health indicated expectations for tobacco use screening from clinicians and other health care providers, *"I expect, truthfully, if the patient sees a social worker, for them to ask. If they see the dentist, they're supposed to ask. If they go to the obstetrician, they're supposed to ask."*

Additionally, all three interviewees emphasized Open Door's team-based clinical care model. Care teams include nurses, doctors, patient advocates, and nutritionists. The Director of Population Health indicated that Open Door uses patient advocates to reinforce treatment plans and do additional research on what patients might need to navigate complex systems. Patient advocates receive training about tobacco reduction strategies and behavior modification; they spend time with patients and often refer patients to tobacco use cessation resources within the community.

Involving staff at multiple levels of the organization in tobacco use screening and interventions not only emphasizes the importance of cessation for patients, but also may boost staff morale. As the CMO suggested, *“If [staff] feel like they are helping and not just rooming someone and getting their vital signs and wiping down the table, but saying ‘Do you smoke? Is there something we can do to help you stop smoking?’ There is something powerful in that for the staff member.”*

To facilitate this team-based work, Open Door makes use of a site-visit online planning tool, Azara, to conduct regular screening of patients. Azara is integrated into the electronic health record (EHR) and identifies intervention recommendations for patients based on sex, age, and history of chronic illnesses, as well as creates automatic reminders for these guidelines. As the CMO explained, once a patient is labeled a “tobacco user,” clinicians can determine which intervention they would like to utilize. Should a clinician decide to offer the patient medication, prescriptions are built into the EHR, resulting in less time spent navigating multiple electronic systems. While none of Open Door’s health centers have on-site pharmacies, pharmacies are within walking distance.

Overall, the thread that was consistent throughout the interviews was that Open Door places importance on involving staff at multiple levels of the organization both when implementing change and in day-to-day operations.

Strong Leadership and Effective Organizational Communication

Interviewed leaders also identified strong leadership and effective organizational communication as two key areas in successfully carrying out and sustaining organizational priorities. Through these strengths, interventions and problems can be identified, prioritized, and effectively communicated throughout the organization and various health centers.

One of the ways leadership is effective in driving change is through open and clear communication of organizational changes and priorities to all staff through a variety of practices. For example, the CEO described regular communication between the CEO and the Board of Directors, CEO and the Clinical Cabinet (comprised of the Chief Medical Officer, the Director of Dentistry, and the Director of Behavioral Health), Clinical Cabinet and health center directors and staff, and health center Medical Directors and clinicians. This communication serves to involve key leaders (i.e., CEOs and Clinical Cabinet) in the review of data, protocols, and policies, which, in turn, results in the identification of potential problems and troubleshooting.

The CMO explained how, in 2014, Open Door transitioned from holding large management meetings with various levels of leadership to smaller meetings with only the CEO and the Clinical Cabinet. This transition allowed for priorities to better “trickle down” through Open Door’s organizational structure, with the CEO now communicating goals and areas for improvement to Clinical Cabinet members, who then use their expertise and understanding of clinician perspectives to communicate priorities to Medical Directors, clinicians, and clinical and administrative support staff at each of Open Door’s sites.

In addition to communication across leadership, the CMO works to routinely communicate to the broader organization, by holding regular team meetings with clinicians and Medical Site Directors at each Open Door’s health centers. Meetings are held twice a month at large sites and once a month at small sites and are used to communicate priorities and address operational items and financial updates.

The CMO also regularly communicates with Medical Directors at each site about organizational priorities, such as tobacco cessation. In this way, various avenues exist for organizational priorities and initiatives to be clearly communicated with site directors and clinicians.

Lastly, the leadership interviewed described a focus on solution-oriented feedback when approaching communicating priorities and areas of improvement with clinicians. Medical Directors at each site meet with clinicians quarterly to discuss any issues; issues may relate to performance around priority areas such as tobacco screening and interventions. Whenever possible, quarterly meetings focus on performance measures that are tracked regularly.

Medical Directors have found the use of clinical data to be particularly helpful in these conversations, as the data illustrates for clinicians their relative performance (as compared to their colleagues) and allows them to identify specific patients to target for interventions. The CMO explained that Medical Directors encourage clinicians to improve in specific areas but do not tell them how to improve; this provides clinicians with autonomy to select their own interventions and take approaches they believe will work best for their respective styles and clinical methodologies and the needs of their patients. Overall, Medical Directors seek to provide clinicians with feedback that allows clinicians the freedom to contemplate why problems exist and how to target them for improvement.

Data Collection & Performance Measures

In addition to an emphasis on systemic integration and strong leadership and communication, Open Door's commitment to data collection and performance management has played an integral role its approach to tobacco cessation. Open Door regularly collects data to gauge performance around organizational priorities and ensures that data makes it into the hands of clinicians to inform their practice.

The CEO described how, as an organization, Open Door places great emphasis and focus on data, developing and then monitoring performance measures to inform clinical decision making. This includes regularly scheduled reviews on data trends and reports with the Board of Directors quarterly. This priority identification and communication approach was implemented a few years ago with tobacco cessation, after the CEO noted less-than-ideal percentages of patients being screened for tobacco and offered an intervention across Open Door's health centers. The CEO contacted the CMO about this performance, and tobacco screening and interventions soon became an organizational priority.

As the CEO explained, *"If something doesn't look like it's moving in the right direction then I'll find out what's wrong. I'll pick up the phone and call Daren or call whomever and ask what we're doing to improve it... I did that on tobacco... and that sort of lit the fire."*

The team meetings and individual-clinician meetings mentioned above involve the use of detailed, modifiable, and comprehensible clinical data. Individualized report cards measuring provider performance on 23 core metrics – including two focused on smoking assessment--percent screened and those smokers receiving an intervention – are compiled each month. Clinicians subsequently receive feedback at quarterly individual meetings with their site Medical Director. As tobacco screening and interventions are included on the report card, the inclusion of the two smoking assessment measures sends a message to clinicians that tobacco screening and interventions are important and worth their time and attention.

The CMO also described how the report card contributes to continuity of care, *"I would forget about the patient who I saw three years ago or two years ago who is not doing well and may not be coming back to see me because they cannot, or is too bogged down in his or her life and challenged to come on in but still my patient. And, when I see my report card, that person's numbers and data is on my report card and I will not know my overall attainment is not as good as I think in my mind because I am only thinking of the last 20 diabetics [I saw] and not what I saw three years ago."*

“Report cards” compare metrics for each provider’s caseload to Healthy People 2020 goals, overall performance at Open Door, and past performance. Metrics are shown in red if a clinician is more than 10% behind the Healthy People 2020 goal. Clinicians are encouraged to improve in the areas in which they are performing in the lowest quartile (compared to their colleagues) and to follow-up with patients that are bringing down their overall scores. In addition, report cards display how sites are performing in comparison to Open Door overall, as well as how Open Door is performing relative to federal guidelines. As the CMO explained, *“You can see where you are doing well and where you are not doing well. If everybody who is not doing well on tobacco is doing something about it that elevates it.”*

The Director of Population Health indicated that clinicians also are able to use a data visualization tool, Tableau, to further breakdown and understand their report card performance. Clinicians can stratify data and narrow their view to look at the specific (high risk/poor outcome) patient populations to which they may wish to target interventions. Through Tableau, clinicians can identify patients screened for tobacco use, patients labeled as current tobacco users, tobacco users offered an intervention, and tobacco users by intervention offered (e.g., counseling, Fax-to-Quit, medication). Clinicians also are able to view colleagues’ performance on key indicators through Tableau. While clinicians have to take the extra step to search for these records, the Director of Population Health believes access to colleagues’ data further motivates clinicians to improve their own metrics.

In addition to their use as a source of feedback and resource for intervention planning by clinicians, report cards serve as an important tools for Open Door’s leadership to communication organizational priorities. This is evident through the emphasis on data and trends over time during team and individual meetings.

As the Director of Population Health explained, *“What has really helped us is to be strong on almost all of our metrics is the report card. Every time we start a new initiative, we add that metric to the report card.”*

Due to this data prioritization and emphasis, leadership interviewed report that clinicians pay close attention to the metrics included on the report card. This is seen when clinicians reach out to leadership when their performance on a metric is below average. As the Director of Population Health explained, clinicians often will question why they are performing poorly on a given metric and will ask for guidance on how to access more data on Tableau to help them improve.

Lastly, Open Door’s approach to data is rooted in making it a useable tool for feedback and quality improvement by clinicians. Of note, the Director of Population Health uses her experience as a nurse to make Open Door’s EHR as user-friendly as possible for clinicians. And, since both the CMO and the Director of Population Health are clinicians who continue to see patients, top leaders emphasize the importance of bridging the gap between clinician workflow and the ability to utilize performance measures to improve provider-level data and patient outcomes. Simultaneously, the CMO and Director of Population Health work together to ensure the organization’s focus on data does not eclipse its clinical focus and the needs of patients, and work to make the data interpretable and useable by both administrators as well as clinicians.

The Director of Population Health explained how she creates “reports so that the providers can use them to improve their care.” The CMO also emphasized the importance of data that clinicians can use, stressing the importance of clinics having “data analyzed and put to their clinicians use at the front line to rationally inform the clinicians where they are.”

While Open Door has instituted a number of organizational policies and approaches that have greatly benefited the delivery of evidence-based tobacco dependence screening and treatment at sites, results from the interviews indicate that there have been challenges along the way. When implementing tobacco use screening and intervention processes, Open Door faced physician burnout and fatigue, difficulties encouraging young staff members who used tobacco themselves to take-up tobacco cessation with patients, and general communication problems across the organization.

The CMO admitted that there are a lot of things asked of primary care clinicians and that their time is limited. Tobacco cessation, like many preventive care measures, is a complex issue that takes time and investment. In continuing to ask more and more of clinicians, there is always the challenge of balancing important measures and initiatives with the risk of overburdening over-worked primary care clinicians. In addition to general fatigue, both the CMO and the Director of Population Health indicated that competing priorities and time constraints also were challenges for getting all staff involved. In addition, the Director of Population Health explained that staff turnover has made it difficult for Open Door to have all staff continually trained and up-to-date in tobacco cessation interventions and techniques.

As the CMO explained, *“Whether it is tobacco smoking cessation, cancer screening, diabetes treatment... We emphasize so much on behavioral health identification at the primary care level. All those things require and deserve a lot more time and all those things need a lot more time. Time is the one element that primary care does not have because of the reimbursement system.”*

DISCUSSION

Open Door was selected for this case study due to its successes with standardizing tobacco dependence screening and treatment across its organization, integrating evidence-based practices for addressing tobacco use into routine patient care. This case study highlights the various systems and structures that need to be in place to support the translation of best practices to the front lines of care delivery. Based on the case study interviews with Open Door’s leadership, including the CEO, CMO, and Director of Population Health, the COE for HSI identified the following components as central to Open Door’s strategy for addressing tobacco use among the patients it serves:



Strong Support by Senior Leadership: Leadership has been able to effectively communicate to clinicians that tobacco dependence screening and treatment is a critical component of patient care, and that all staff members are expected speak with their tobacco users about tobacco’s impact on their health. Leadership also has prioritized tobacco as an important health care issue by: including tobacco dependence treatment measures on clinician report cards, training clinicians on tobacco dependence at required team meetings, and addressing efforts to identify patient’s tobacco use status during morning “clinical huddles.” Once tobacco dependence treatment became a “priority” area of focus, it quickly was integrated fully into routine care. It now is expected that clinicians routinely and comprehensively address patients’ tobacco use as they do with all other priority health issues.



Identification of Tobacco Use as a Priority by the Board of Directors: The Board of Directors assist leadership with identifying priority areas during quarterly meetings, during which time Open Door’s performance metrics are reviewed. The CEO presents data from the previous quarter and the Board of Directors helps identify areas for improvement. Priority areas then are communicated to clinicians by the CEO via the Clinical Cabinet, which includes the CMO. The CMO, with the support of the Board of Directors and the CEO, works with clinician staff to identify areas for performance improvement. Early into the Open Door’s efforts to increase the rate at which tobacco users are identified and provided with treatment, the CEO garnered the prioritization of the Board of Directors. As a result of this buy-in, the Board of Directors continually ask for status updates, which have kept improvement efforts a priority across the organization.



Utilizing the Team-based Care Model for Tobacco Dependence Treatment: Open Door expects that tobacco use be addressed at every clinician encounter and utilizes the team-based care model to foster a team environment where tobacco dependence screening and treatment responsibilities are shared, and where staff to work at the top of their licenses. Open Door facilitates this teamwork by communicating to staff that everyone has a role to play in treating patients for tobacco use.



Inclusion of Tobacco Measures on Clinician Report Cards: Tobacco dependence treatment as a priority topic is reinforced by having tobacco use measures present on clinician report cards (which clinicians receive quarterly). The CMO utilizes report cards for education and as a tool for performance improvement with staff on an individual basis. This practice creates an opportunity to discuss possible discrepancies, areas where clinicians are excelling, and areas for improvement. During these reviews, the CMO allows staff to identify for themselves areas they would like to focus on to improve their overall performance and determine what strategies might work best.



Ability to Bridge the Gap Between Clinical and Data Needs: Because they are clinicians and continue to see patients themselves, the CMO and Director of Population Health are able to bridge the gap between clinician workflow needs and the ability to utilize performance measures to improve provider-level data. This bridge trickles down and impacts overall positive outcomes for patients.

CONCLUSIONS

Open Door’s leadership has demonstrated how to effectively utilize a multidisciplinary team and ongoing quality improvement efforts to provide patients with quality tobacco dependence screening and treatment that is necessary to facilitate quit attempts. This approach – which can be replicated to support the system-wide implementation of other best practices – has made Open Door a leader in reducing the burden of tobacco in New York State and nationwide.