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Technical Difficulties? Call Sara Mumby at 303.724.6327
Chad Morris, PhD
Director

Jim Pavlik, MA
Program and Policy Analyst
Training Series

1. Tobacco Cessation Counseling Best Practices: An Introduction
2. Tobacco Cessation Best Practices: Pharmacotherapy
3. Tobacco Cessation Best Practices: Motivational Interviewing
4. Analyzing and Adapting Clinical Workflow
5. Special Populations and Cultural Sensitivity
6. Tobacco Clinic Scalability and Sustainability
Module 1: Objectives

- Identify low burden means of screening for tobacco use and advising to quit
- Develop skills to assess tobacco use, build rapport, engage patients in ongoing treatment, and make effective referrals
Introduction
Trends in U.S. Adult Smoking

At-risk populations smoke at rates 2-3 times higher than the general population.

17.8% of adults are current smokers
The Triple Aim

Better Health

Better Quality

Lower Cost
Tobacco dependence is a 2-part problem

**Physical**
- The addiction to nicotine
  - Treatment: Medications for cessation

**Behavior**
- The habit of using tobacco
  - Treatment: Behavior change program

Treatment should address both the addiction and the habit.

*Courtesy of the University of California, San Francisco*
# Cessation Rates Across Interventions

<table>
<thead>
<tr>
<th>Treatment Format</th>
<th>Abstinence Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unaided</td>
<td>4-7%</td>
</tr>
<tr>
<td>Self-help</td>
<td>11-14%</td>
</tr>
<tr>
<td>Quitline</td>
<td>11-15%</td>
</tr>
<tr>
<td>Individual counseling</td>
<td>15-19%</td>
</tr>
<tr>
<td>Group counseling</td>
<td>12-16%</td>
</tr>
<tr>
<td>Medication alone</td>
<td>22%</td>
</tr>
<tr>
<td>Medication/Counseling</td>
<td>25-30%</td>
</tr>
</tbody>
</table>
Regulatory Requirements

- Joint Commission (Hospitals)
- Affordable Care Act (Insurance)
- Meaningful Use (Hospitals and Clinics)
- Health Resources and Services Administration (Community Health Clinics)
- National Commission for Quality Assurance (Patient-Centered Medical Home)
Essential Health Benefit

The Affordable Care Act ensures health plans offered in the individual and small group markets, both inside and outside of the Health Insurance Marketplace, offer a comprehensive package of items and services, known as essential health benefits.
Essential Health Benefit

- MH/SA treatment (including meds)
- Preventive and wellness services for tobacco
  - At least 2 attempts per year
  - 4 counseling sessions (individual, group, or telephonic)
  - 90 days of FDA medication
  - No cost sharing
  - No prior authorization

This also applies to Medicaid expansion and third-party insurance
Meaningful Use

- Incentives for hospitals and providers to adopt certified EHR systems
- Includes clinical quality measures that must be reported
- Tobacco is one of 64 Core Quality Measures that can be reported on
Tobacco Cessation: A Foundation for Change
Tobacco Cessation Interventions: The 5 A’s and 2 A’s & R Models

The 5 A’s:
- Ask
- Advise
- Assess
- Assist
- Arrange

The 2 A’s & R:
- Ask
- Advise
- Refer

Tobacco dependence and use (current or former) is a chronic relapsing condition that requires repeated interventions and a systematic approach.
Tobacco Cessation Interventions: 5 A’s

**ASK** all individuals about tobacco use

- “Do you, or does anyone in your household, use any type of tobacco?”
- “How many times have you tried to quit?”
- Explore tobacco use history
Integration into Standard Practice

- Assess tobacco as part of normal assessment & screening
- Add tobacco cessation to treatment plan
Tobacco Cessation Interventions: 5 A’s

ADVISE people who use tobacco to quit

- Provide a clear, personalized and non-judgmental message about the health benefits of quitting tobacco
  - What would motivate the person to quit?
Advice Can Improve Chances of Quitting

Compared to people who smoke who do not get help from a clinician, those who get help are 1.7–2.2 times as likely to successfully quit for 5 or more months.
Tobacco Cessation Interventions: 2 A’s and R Model

- **ASK** if the person uses tobacco
- **ADVISE** by providing a clear, personalized and non-judgmental message about the health benefits of stopping their tobacco use
- **REFER**
  - To Tobacco Free group
  - To a provider/counselor
  - To a quitline or helpline
Referral

Make a referral to your state quitline:

- 1-800-Quit-Now
  - Telephone counseling
  - Referrals for additional support
  - May provide NRT or other medications
  - May be available in multiple languages
5A’s and Stages of Change

5A’s
- Ask
- Advise
- Assess
- Assist
- Arrange

Stage of Change
- Precontemplation
- Contemplation
- Preparation
- Action
- Maintenance

MI
- Set SMART Goals
- Create Action Plan
ASSESS readiness to quit

- “How do you feel about your smoking?”
- “Have you considered quitting?”
- Explore barriers to quitting
- Assess nicotine dependence
Assess Tobacco Use

Assess for:

- Amount
- Frequency
- Duration
- Stage of Change
Common Assessment Questions

1. How soon after you awake do you smoke your first cigarette?

2. Do you find it difficult to refrain from smoking in places where it is forbidden (e.g. church, library, work, airplane)

3. Which cigarette would you hate to give up? (Morning/Other)?

4. How many cigarettes a day do you smoke?

5. Do you smoke more during the morning than during the rest of the day?

6. Do you smoke when you are so ill that you are in bed most of the day?

Fagerström Test for Nicotine Dependence, 1991
Heavy Smoking Index (1989)
Objective Measures of Tobacco Use

There are two main objective measures to monitor tobacco use:

- Carbon monoxide monitor
- Cotinine level assessment
The Stethoscope of Smoking Cessation

- Non-invasive
- Visual motivational tool
- Myth busting
-Severity of dependence
- Likelihood of cravings
Tobacco Cessation Interventions: 5 A’s

**ASSIST** individuals interested in quitting

- Set a quit date or gradually cut down
- Discuss their concerns
- Encourage social support
What if I meet individuals who are not ready to change?

Some people:

- May feel unsure or hopeless about changing their tobacco or other health behaviors
- May have tried to stop their tobacco use in the past and were unsuccessful
- May feel unsupported by people in their lives or stigmatized in their social networks
What if I meet individuals who are not ready to change?

People may be able to:

- Read handouts you give them
- Keep track of their current tobacco use
- Think about the benefits of quitting smoking
Tobacco Cessation Interventions: 5 A’s

**ARRANGE** follow-up visits to track progress

- Encourage individuals to join a tobacco free group
- Discuss ways to remove barriers
- Congratulate successes
- Encourage individuals to talk with their providers
DIMENSIONS:
Tobacco Free Toolkit for Healthcare Providers

Planning for Change

Once you have assessed a person’s readiness to quit, you can start developing a plan of care. However, much of this planning involves continuing to assess an individual’s motivation and potential barriers to change. In addition, the plan needs to be individualized. Motivational interviewing techniques will be vital to assisting individuals to take the next step.

The 5 A’s: Ask, Advise, Assess, Assist and Arrange

http://www.bhwellness.org/resources/toolkits/
An organization of providers dedicated to the promotion of and increased access to evidence-based tobacco treatment for the tobacco user

Listserv provides up-to-date discussion and expert information

http://www.attud.org
Rocky Mountain Tobacco Treatment Specialist Certification (RMTTS-C) Program

- Interactive, 4-day course
- Graduates will leave with the confidence and skills to effectively treat tobacco dependence in any healthcare setting

SAVE THE DATE: May 16-19, 2015 in Aurora, CO
2016 BUILD A CLINIC

New Session Beginning this Fall!
Behavioral Health & Wellness Program

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