

**Treating the Tobacco
Dependent Patient:
Interventions That Work**

**Satellite Conference and Live Webcast
Wednesday, March 11, 2015
12:00 – 1:30 pm Central Time**

Produced by the Alabama Department of Public Health
Video Communications and Distance Learning Division

Faculty

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Objectives

- **Discuss the toll of tobacco use in the United States and Alabama**
- **Demonstrate an intervention with a patient who uses tobacco**
- **Demonstrate a referral to the Alabama Tobacco Quitline and understand its patient protocols**

Objectives

- **List the requirements for Alabama Medicaid recipients to receive their tobacco cessation medication benefit and the medications it covers**
- **Discuss Plan First cessation benefits for eligible recipients**

Tobacco’s Toll: A Brief Review
The Toll of Tobacco in the United States

- **438,000 deaths annually from smoking**
- **42,000 deaths annually from exposure to secondhand smoke (SHS)**

Tobacco’s Toll: A Brief Review
The Toll of Tobacco in the United States

- **16 million people suffer from a smoking - related illness**
- **29 million children are exposed to SHS each year**

Tobacco's Toll: A Brief Review
The Toll of Tobacco in Alabama

- 22% of adults smoke
 - (800,200 adults)
- 18% of high school students smoke
 - (46,200 students)

Tobacco's Toll: A Brief Review
The Toll of Tobacco in Alabama

- 8,600 Alabamians die each year as a result of their own smoking
- 289,000 children are exposed to SHS at home in Alabama

The Good News

**79% of Alabamians
are
Nonsmokers!**

The Bad News

- Tobacco users are disproportionately:
 - Low income / Low Socioeconomic Status
 - Lower levels of education

The Bad News

- Tobacco industry targets specific populations in marketing / advertising:
 - African Americans: menthol
 - Youth: snus, smokeless products (orbs, sticks, strips)

The Bad News

- Women: thin, independent
- Hispanics: Rio, Dorado brands
- American Indians: American Spirit

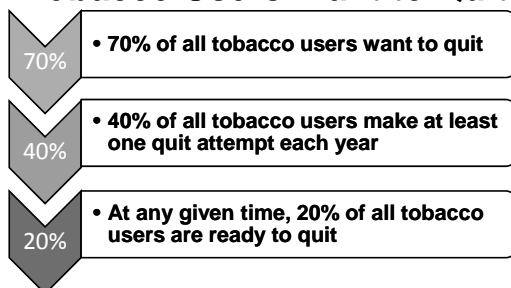
Why Should Healthcare Providers Promote Quitting? What is your role?

- Tobacco use is the leading cause of preventable death in the United States
- Over 70% of smokers see a physician annually and over 50% see a dentist annually = Captive Audience

Why Should Healthcare Providers Promote Quitting? What is your role?

- Evidence - based interventions exist and are cost - effective
- Evidence exists that addressing quitting with patients leads to higher patient satisfaction

Remember... The Majority of Tobacco Users Want to Quit



Motivating Tobacco Users to Quit: Ask, Advise, Refer, Prescribe (AARP)

The 5As: Brief Overview

- Ask about tobacco use at every visit
- Advise tobacco users to quit
- Assess tobacco users' willingness to quit
- Assist with the quit attempt
- Arrange follow - up contacts with patient

The 5As: Brief Overview

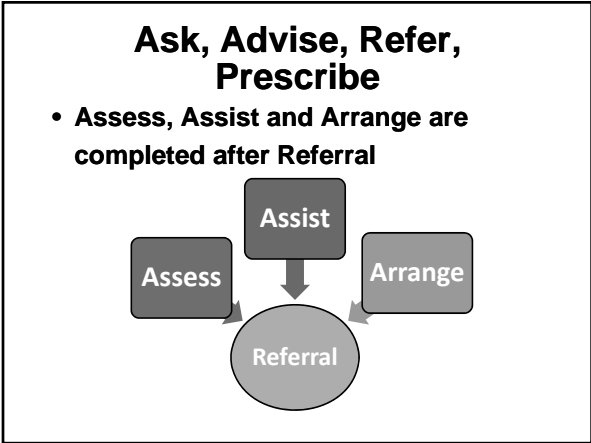
- Known as the gold standard for brief tobacco interventions
- Takes approximately 10 minutes to complete
- Can be used across a variety of healthcare settings

The 5As: Brief Overview

- Full intervention can be completed by several clinic staff over the course of the clinic visit
 - (i.e., office staff, clinic nurse, physician, etc.)

Ask, Advise, Refer, Prescribe

- Abbreviated version of the 5As approach
- Easy to implement
- Helps busy clinics and providers intervene in less than 3 minutes
- Ensures that the full intervention (5As) will be completed



Additional Benefit of AARP

- Additionally, recording and providing cessation interventions are core clinical quality measures that can be used to demonstrate meaningful use

Additional Benefit of AARP
 2014 Clinical Quality Measures (CQMs)
 Adult Recommended Core Measures

CMS eMeasure ID & CQM Number	CQM Title & Description	Measure Steward & Contact Information	Other Quality Measure Programs that use the Same CQM	Domain
CMS 138v1 NQF 0028	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention Percentage of patients aged 18 years and older who were screened for tobacco use one or more time within 24 month AND who received cessation counseling intervention if defined as a tobacco user	AMA Physician Consortium for Performance Improvement (AMA-PCPI): cpe@ama-assn.org	<ul style="list-style-type: none"> • EHR PQRS • ACO • Group Reporting PQRS • UDS 	Population/ Public Health

Ask

- Ask about tobacco at every visit
 - Ask every patient over the age of 10 if they currently use or have ever used any tobacco products
 - Ask parents / guardians about their personal tobacco use if the patient is a child under 10 years old
 - Document response in patient’s medical record

Advise

- Tobacco users should be advised to quit tobacco and advice should be:
 - Clear
 - Strong
 - Personalized

Advise

- Clear advice:
 - “It is important that you quit smoking (or chewing tobacco) now, and I can help you”
 - “Occasional or light smoking is still dangerous”

Advise

- Strong Advice:
 - “As your clinician, I need you to know that quitting is the most important thing you can do to protect your health now and in the future”
 - “The clinic staff and I will help you”

Advise

- Personalized Advice:
 - “Continuing to smoke makes your asthma worse, and quitting may dramatically improve your health”
 - “Quitting smoking may reduce the number of ear infections your child has”

Determine Motivation Level

- On a scale of 0 - 10, with 0 being the lowest and 10 the highest, how ready are you to quit tobacco?

Not Ready Possibly Ready Ready



Tailor Message to Motivation Level

- Low Motivation (0 - 3)
 - Offer information, educational materials on quitting and Quitline information

Tailor Message to Motivation Level

- Moderate Motivation (4 - 6)
 - Encourage patient to call the Quitline, ask about specific concerns and provide literature on quitting

Tailor Message to Motivation Level

- High Motivation (7 - 10)
 - Congratulate patient, discuss medication options and complete Quitline referral form

Refer

FREE call. online site. coaching. nicotine patches.
If medically eligible and enrolled in coaching
1.800.QUITNOW
 QUITNOWALABAMA.COM
 1-800-784-8669

Why Quitlines?

“Quitlines can provide a reliable, easily accessible alternative to healthcare providers who may otherwise not have the time or resources to address tobacco dependence intensively”

1.800.QUITNOW
 QUITNOWALABAMA.COM
 1-800-784-8669

- Free telephone and online coaching from specially trained cessation coaches
 - Up to 5 coaching calls to tobacco user
 - * Free nicotine replacement therapy
 - Access to mobile apps, texting and email program

1.800.QUITNOW
 QUITNOWALABAMA.COM
 1-800-784-8669

- Coaching services available in English and Spanish (other languages available via translator service)
- Educational and self - help materials available
 - Breathe Easy guide
- Referrals to local cessation services when requested and available



How to refer patients to the Quitline

- **Indirect referrals:**
 - Hand out Quitline materials with telephone number
 - Tell referrals about the Quitline



How to refer patients to the Quitline

- **Direct referrals: Preferred Method**
 - Fax referral form
 - Web referral form
- * Additional form for patients with Medicaid who would like to use cessation medications



- **Benefits of fax referral:**
 - Allows Quitline to make proactive call to referred patient
 - Proactive call is made within 24 hours of receipt of referral to enroll the patient in Quitline coaching



– Healthcare provider receives up to 5 feedback letters on referred patients' progress

Contact Information

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