The Role of All Healthcare Professionals in Cessation

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TOBACCO USE IN DC

By the Numbers
TOBACCO USE IN DC

Adult Current Smokers 2011-2018

Data Source: Center for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance Systems (BRFFS), 2011-2019
TOBACCO USE IN DC

DC adults reported smoking **cigarettes** every day or some days.
12.7%

DC adults reported smoking **cigarettes, cigars, or cigarillos** every day or some days.
6.0%

Current smokers in DC report **stop smoking** for at least one day in an attempt to quit smoking.
62.8%

DC adults reported using **e-cigarettes** every day or some days.
2.7%

Data Source: Behavioral Risk Factor Surveillance Systems (BRFFS), 2019 & DC Quitline Data, 2019
THE BURDEN OF TOBACCO

Tobacco Use Disparities
TOBACCO USE PREVALENCE

12.70% Overall DC
20.40% AA/Blacks
6.90% White
25.70% AA/Black men
8.20% White men
Predatory Marketing to Vulnerable Populations

Marketing tactics disproportionately target low-income residents & African-Americans/blacks

Menthol marketed to African-Americans/blacks due to its cooling properties and “less harsh” effects

Menthol smokers less successful in quit attempts

62.8% of smokers want to quit and be tobacco-free!

Sources: Centers for Disease Control & Prevention; Truth Initiative
ASSOCIATED RISKS OF SMOKING

Source: Centers for Disease Control & Prevention
SECONDHAND SMOKE

Annually, about 41,000 deaths among nonsmoking adults and 400 infant deaths are caused by secondhand smoke

Exposure in adults can cause:
• Stroke
• Lung Cancer
• Coronary heart disease

Exposure in children increases risk of:
• Sudden Infant Death Syndrome
• Acute respiratory infections
• Slowed lung growth

Graphic Source: The Tobacco Atlas
Source: Centers for Disease Control & Prevention
Increased risk of:
- Reduced fertility
- Preterm birth
- Low birth weight
- Damage to baby’s lungs and brain development
- Birth defects
- Sudden infant death syndrome
HEALTH OUTCOMES DISPARITIES RELATED TO TOBACCO

Tobacco Use and Disease Prevalence

Source: Behavioral Risk Factor Surveillance System (BRFSS) 2019
BENEFITS OF CESSATION

- Improves overall health immediately
- Reduces risk of harmful health effects (i.e., cancer, cardiovascular disease, respiratory diseases)
- Improves the health of those around you who were exposed to secondhand smoke.
- Reduces risk of preterm birth, low birth weight, birth defects, SIDS

Sources: Centers for Disease Control & Prevention; Truth Initiative
Tobacco Cessation Support
Ask, Advise and Refer (AAR)

Presenter: Charles Debnam, BA, MCHES, CTTS, CACII
Ask, Advise and Refer
Provider Training

Helping Your Clients Quit Tobacco:
Public Health Service Guidelines
The Truth About Quitting

MYTH

Smokers don’t want to quit

7 out of 10 smokers want to quit

MYTH

Health care professionals can’t help

Patients advised by their doctors to quit are more likely to make a quit attempt

MYTH

Treatments don’t work

Well-designed smoking cessation programs that include NRT can achieve 20% to 40% success rates
Treating Nicotine Dependence in Medical Settings

Key role of physicians and other providers

- 70% of smokers visit their physician yearly
- Opportunities for education and intervention
- Majority of smokers report they have never been advised to quit
- Most smokers will make a quit attempt upon advice from their physician

Other health professionals

- Nurses, PA’s, pharmacists, dentists, outreach workers, community health workers, case managers
In fact...

TV commercials are the #1 reason a smoker calls the Quitline. Healthcare provider referral is the #2 reason.(5)

- Up to 46% of calls to the Quitline have been healthcare provider referrals since the Quitline began in DC.
A Look at the Numbers

THE GOOD NEWS

- 35% quit for at least 1 day per year (1)
- In the District, 62.8% of residents stopped smoking for one day (4)
- More than 50% of people who have ever smoked have quit (1)
- Well-designed smoking cessation programs that include NRT can achieve 20% to 40% success rates (1)

THE BAD NEWS

- Less than 10% achieve abstinence for one year

DC Quitline Can Help

- Provide free programs, Quitline referrals, and nicotine replacement therapies to assist smokers in staying in the quit process and increasing abstinence rates for DC residents
What are some ingredients found in tobacco products?
Tobacco Ingredients

- Carbon Monoxide
- Insecticide
- Naphthalene
- Acetone (nail polish remover)
- Arsenic
- Formaldehyde
- Carbon Monoxide
- Rat poison

Toxic substances in tobacco include:

- Ammonia: Toilet bowl cleaner
- Benzene: Rubber cement
- Hydrogen cyanide: Gas chamber poison
- Naphthalene: Insecticide
- Acetone: Acetone (nail polish remover)
- Formaldehyde: Embalming fluid
- Carbon tetrachloride: Dry cleaning fluid
- Carbon monoxide: Car exhaust
For DC Health Care Professionals

Follow PHS’s Clinical Practice Guideline on Treating Tobacco Use and Dependence (2)

- A simple protocol for providers to counsel smokers as indicated in the Guideline increases patients’ quit attempts — the 5 A’s, with one change
- Tailor counseling according to “Stages of Change” in the quitting process
- Use resources provided by the DC Quitline, Breathe DC and DC Health
- Treat tobacco dependence with a “chronic disease model” approach
For DC Visiting Nurses

Follow PHS’s Clinical Practice Guideline recommendations on treating secondhand smoke exposure both pre-natal and post-partum (2)

- Counsel parents of the consequences of active smoking and involuntary exposure to tobacco smoke
- Counsel women on the risks of secondhand smoke exposure to fetal and infant children
- Use resources provided by the Quitline, community-based organizations and DC Health, as appropriate, to encourage pre-natal women to quit tobacco use
Ask - every patient should be asked about smoking status

Advise - discuss the importance of quitting for the individual

Refer - always refer clients to available resources such as the DC Quitline and other BDC programs

Assess – patient’s ability to quit, e.g., determine social support, financial issues, etc., where patient is in behavioral change process

Assist - determine what you can do as a clinician to encourage the patient to quit, e.g., providing Quitline number, materials or programs

Arrange - follow up support, e.g., telephone call
New Model for Healthcare Providers based on PHS Guideline \(^{(1)}\)

Ask, Advise…

Refer to Quitline and other Community Resources

Quitline can:

- Assess abilities and resources
- Assist in quitting and determining needs
- Arrange multiple follow-ups

Benefits to Provider and Patient:

- Can reduce time constraints for provider and improve patient’s interaction in the quit process
The Ask, Advise & Refer offers a brief encounter to get the patient started in the quitting process and using Breathe DC and the Quitline to conduct the remaining steps. Information in this presentation is also taken from the Centers for Disease Control and Prevention (CDC).

**RESOURCES**

**DC Quitline**
1-800- QUIT-NOW
A free, phone-based service with educational materials, coaches, a quit plan, and referrals to local resources to help smokers quit.

**Breathe DC**
- **web**: breathedc.org
- **phone**: 202.574.6789
Free cessation classes and support programs to help residents of DC, MD and VA to quit smoking.

**SmokeFreeTXT**
**Text QUIT to 47848**
The National Cancer Institute’s text-messaging quit smoking program. A mobile service that provides encouragement, advice, and tips to help young adults quit.

**SmokeFree.gov**
A website that provides free, accurate information and assistance to help smokers quit smoking and stay tobacco-free.

This project was funded in part by the DC Health Department.
A New Way of Viewing Progress in Smoking Cessation

- Defining success by the numbers of smokers who quit is discouraging.
- Getting smokers to move from one stage to the next in the quitting process is a more accurate definition of success.
Stages of Change Model (4)
Stages of Change

Characteristics

- Provides a framework for understanding and segmenting the process of behavior change
- Offers an alternative to other approaches that tend to view people as uncooperative, resistant, or in denial if they are not ready to change
- Views motivation as a state of readiness to move through the stages of change
- Proposes a predictable pathway for behavior change
Motivating a Smoker to Make a Quit Attempt

- Personally relevant health and risk education
- Point out links to current and future illness
- Explore motivations and values
- Non-judgmental advice to quit - be clear about the importance to patient’s health
- Address patient fears
- Offer opportunities to sample cessation (e.g., Great American Smoke-Out, smoke-free places)
Ethnic Differences In Nicotine Addiction

African Americans

- Studies show higher levels of nicotine and cancer-causing tobacco by-products in blood and urine
- Higher rates of lung cancer, although they tend to smoke fewer cigarettes
- Prefer higher nicotine and tar levels
- Menthol may enable them to take the smoke deeper into their lungs
References


(4) Center for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance Systems (DC BRFSS), 2019

(5) DC Quitline data, 2020
Thank you for your participation!

For tobacco cessation resources, please contact:

Charles Debnam, BA, MCHES, CTTS, CACII,
Deputy CEO
Community Wellness Alliance
Charles@cwadmv.org
DC Quit Line
Introduction

Jeremy Hulburt
Account Manager, State Quitlines
Today’s agenda

1. Optum & DC Health
2. Services Overview
3. Provider referral options
Optum State Quitline Tobacco Cessation History

- Over 30 Years of Experience
- Quitline provider for 23 state Quitlines
- 20+ years operating state-funded Quitlines
- 11+ years operating the DC Quitline
- Founding member of NAQC
- Selected by ACS to be its operating partner for Quitline services
- Ongoing Research (150+ publications)
Neighboring States

- Same service provider for Maryland and Virginia
- Seamless transition and triage to appropriate Quitline (same staff & coaches)
- Universal phone number for any resident (1-800-QUIT-NOW)
- Promotion and reach opportunities
Services for District residents
How Residents access Quit Line services

Register

Enroll in services

Integrated program
- Phone coaching
- Text2Quit
- NRT
- Web coach
- Quit Guide

Web-only program
- Text2Quit
- NRT
- Web coach
- Quit Guide

Individual Services
- Text2Quit
- NRT (Starter Kit)
- Email program
- Quit Guide
## DC Quit Line Services

### Integrated program

**ENROLLMENT: PHONE OR WEB**

**Materials**
Mailed letters and printed quit guide

**NRT**
Full FDA recommended 8 weeks of Patch or Lozenge available (sent directly in 2 shipments)

**Proactive phone coaching**
Scheduled outbound calls (4) and unlimited inbound support

**Program e-mails**
Custom messages coincide with quit date

**Text2Quit**
Custom messages coincide with quit date

**Web coach**
Trackers, community forums, e-lessons, videos, articles and quit plans

### Web-only program

**ENROLLMENT: PHONE OR WEB**

**NRT**
4 weeks of patch or lozenge

**Program emails**
Custom messages coincide with quit date

**Text2Quit**
Custom messages coincide with quit date

**Web coach**
Trackers, community forums, e-lessons, videos, articles and quit plans

### Individual Services

**ENROLLMENT: PHONE OR WEB**

**Materials**
Mailed letters and printed quit guide

**Options emails**
General resource emails

**Options NRT**
NRT starter kit (4 weeks of Patch) and one medication follow-up call

**Text2Quit**
Custom messages coincide with quit date

**Web dashboard**
Provider referral options
# Referrals

## Methods

<table>
<thead>
<tr>
<th>Method</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fax</td>
<td></td>
</tr>
<tr>
<td>HL7* coming</td>
<td></td>
</tr>
<tr>
<td>Secure Email</td>
<td></td>
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</tbody>
</table>

## Outcomes reports

Outcomes reports are returned to HIPAA compliant providers/organizations.

## Outbound calls

Outbound calls made within 24 hours of receiving a referral. Five or more calls are attempted at the patient’s best time.

Outbound call phone numbers (landline):
- 1-800-QUIT.NOW
- 1-866-QUIT.4.LIFE
Fax Referral Program
Provider faxes a standardized referral form to the Quit Line

Secure Email
Provider emails (via providers secure email system) form to Optum

- Provider sends form to: SupportServices@Optum.com
- PDF or word doc of the form
- Multiple forms can be sent in one email
- Test of secure email should be completed (notify Account Manager)
- Outcomes are faxed back

*Coming soon: HL7 E-Referrals with select organizations
## Outcome reports

What information is included in an outcome report?

<table>
<thead>
<tr>
<th>Clinic information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcome</strong> is generated on the first call, or as soon as an outcome is reached</td>
</tr>
<tr>
<td>Patient name and DOB</td>
</tr>
<tr>
<td>Service status: Unreachable, declined or accepted services</td>
</tr>
<tr>
<td>Program: One call, multiple call, NRT (if applicable)</td>
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</table>
Tobacco Cessation Workflow

September 2021
Background

- 2 sites, DC and Maryland, approximately 4,500 patients
- Mostly Spanish-speaking, immigrant population, approx. 35% uninsured
- Family/internal medicine, HIV
- Integrated behavioral health
- Overall low rates of tobacco use
- Other substances-mostly alcohol
- Many tobacco users are “casual” smokers – 1-5 cigarettes per day
- Sometimes difficult to convince patients that low-level cigarette use is important to address with an intervention
## Snapshot of internal dashboard

| Preventive Care: Tobacco Use Screening 1 | Screened for tobacco use in past 24 months | 2005 | 98% View |
| Preventive Care: Tobacco Users With Cessation Intervention 2 | Tobacco users who received tobacco cessation intervention | 107 | 77% View |
| Preventive Care: Tobacco Users With Cessation Intervention 3 | Tobacco non-users and tobacco users who received tobacco cessation intervention | 1973 | 96% View |
Expectations

• Smoking status assessed at first visit, and updated annually on all patients who have a visit
• Documented on smart form in eClinicalWorks by medical assistant or provider
• If tobacco user, advise to quit
• Assess pattern and quantity of use, readiness for change
• Offer Rx for cessation medication, if appropriate
• Refer for cessation counseling, if appropriate (behavioral health)
• Provide phone number for quit line
Interventions

• Medications: Varenicline (Chantix), Bupropion (Zyban), Nicotine replacement-(various forms) with provider counseling on side effects/use

• Referral to behavioral health specialist-have received training on tobacco cessation counseling

• Provide Quit Line information for advice/support
Clinical Decision Support

- CDSS module in eClinicalWorks
- Alerts user if smoking status questionnaire has not been documented in >1 year
- Shows date last performed
- If patient is tobacco user, alerts user if cessation intervention has not been documented
- Use of structured documentation necessary for alerts to function.
Clinical Decision Support in eClinicalWorks - Illustration

- CDSS indicates when smoking status last documented
- Screening questionnaires documented in progress note
- Dates performed
Progress Note - Example

Surgical History:
- R elbow surgery after fracture, with screws/hardware 1998

Hospitalization:

Family History:

Social History:

Tobacco Use:
- Tobacco Use Form
  - Are you a: *current smoker*
  - How often do you smoke cigarettes? *some days, but not every day*
  - How many cigarettes a day do you smoke? *5 or less*
  - How soon after you wake up do you smoke your first cigarette? *after 60 min*
  - Are you interested in quitting? *Thinking about quitting*
- Additional Findings: Tobacco User *Light cigarette smoker (1-9 cigs/day)*

Drug/Alcohol:
- Alcohol Misuse/Abuse Form
  - Did you have a drink containing alcohol in the past year? *Yes*
  - How often did you have a drink containing alcohol in the past year? *Two to four times a month (2 points)*
  - How many drinks did you have on a typical day when you were drinking in the past year? *3 or 4 (1 point)*
  - How often did you have six or more drinks on one occasion in the past year? *Less than monthly (1 point)*
- Points 4
- Interpretation *Positive*

Alcohol Use
Documentation of Counseling
Counseling/Documentation/Referral to Quitline
Progress Note - Structured Documentation of Counseling

Procedure Orders:
Preventive Medicine: Counseling:
Smoking
Patient counselled on the dangers of tobacco use and urged to quit. 09/14/2021
Smoking Cessation Medication: Discussed
Smoking Cessation Services Referral: 1-800-QUIT-NOW (1-800-784-8669), DC Tobacco Free Families (English/Spanish) 202-333-4488 (Only DC residents/solo residentes de DC)

Disposition & Communication:
Next Appointment:
6 Weeks (Reason: f/u urinary symptoms, foot pain)

Billing Information:
Visit Code:
Visit Summary - With Quitline Information

Modified On: 05/22/2020
W/U Status: confirmed

- M25.50 Arthralgia, unspecified joint
  Modified On: 09/14/2021
  W/U Status: confirmed

- R35.0 Urinary frequency
  Modified On: 09/14/2021
  W/U Status: confirmed

Preventive Medicine
- Counseling:
  Smoking -
  Patient counselled on the dangers of tobacco use and urged to quit: 09/24/2021
  Smoking Cessation Medication: Discussed
  Smoking Cessation Services Referral: 1-800-QUIT-NOW (1-800-784-8669), DC Tobacco Free Families (English/Spanish) 202-333-4488 (Only DC residents/solo residentes de DC)

Quitline information appears in visit summary
Q&A
Stay Involved

Thank you for your participation!
Please stay tuned for announcements about our next webinars.

NEXT WEBINARS:

Tomorrow:
DC Calls It Quit Week Summit
Register via link in Thank You email

Toolkit for Advocates
Talking with government and media about the COVID-19 and tobacco use co-morbidity and policies to protect the health of everyone during the pandemic.
ash.org/covid19